



Name: **NILESH LAXMANBHAI CHAUDHRI**

Ward: opd

Lab ID **00000332**

Registration on: 24/08/2024 10:03:00

Age & Sex: **43 Year | Male**

Reported on: 16:13:56

Reference: **VELOCITY HOSPITAL**

Sample Type: **BLOOD & URINE**

CBC ESR

Test	Observed Value	Unit	Biological Reference Interval
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Haemoglobin	11.96 L	g/dL	13.5 - 17.5
Total RBC	5.20	mill./cm	4.50 - 5.90
Total WBC	6600	/cmm	4000 - 11000
Platelet Count	288700	/cmm	150000 - 450000
HCT	39.2	%	36.0 - 48.0
MCV	75.4 L	fL	80.0 - 100.0
MCH	23.0 L	pg	27.0 - 32.0
MCHC	30.5 L	g/dL	31.5 - 36.0

DIFFERENTIAL COUNT

Neutrophils	70	%	40 - 70
Lymphocytes	25	%	20 - 40
Eosinophils	02	%	02-05
Monocytes	03	%	01-07
Basophils	00	%	00 - 02
Band Cells	00	%	0.0 - 6.0

ABSOLUTE DIFFERENTIAL COUNT

Neutrophils	4620	/cumm	2000 - 7000
Lymphocytes	1650	/cumm	1000 - 3000
Eosinophils	132	/cumm	20 - 500
Monocytes	198 L	/cumm	200 - 1000
Basophils	0	/cumm	0 - 100

GLR / NLR

(Neutrophil/Lymphocyte Ratio)

2.8

MENTZER INDEX

14.5

RDW-CV	14.1	%	11.1 - 14.1
RDW-SD	42.5	fl	
MPV	8.3	fl	
PCT	0.24	%	

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PDW

18.3

%

PERIPHERAL SMEAR EXAMINATION

RBC Morphology

Normochromic and normocytic.

WBC Morphology

Appear normal, Immature cells are not seen .

Platelets in Smear

Adequate.

Malarial Parasites

Not Detected.

ESR

AFTER 1 HOUR

18 H

mm/hr

0.0 - 15.0

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BLOOD GROUP

Test	Observed Value	Unit	Biological Reference Interval
------	----------------	------	-------------------------------

Blood Group

"O"

Rh Factor

POSITIVE

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BLOOD GLUCOSE TEST

Test	Observed Value	Unit	Biological Reference Interval
Sample	FLOURIDE PLASMA		
<u>FASTING (FBS)</u>			
Blood Sugar-F	79.66	mg/dL	70.00-110.00
Urine Sugar-R	Absent		

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HEMOGLOBIN A1c TEST

Test	Observed Value	Unit	Biological Reference Interval
<u>HbA1c</u>	5.6	%	> 8 : Action Suggested 7-8 : Good control < 7 : Goal 6.2-7 : Near Normal Glycemia < 6.2 : Non-diabetic Level
Mean Blood Glucose	114.0	mg/dL	70.0 - 140.0

Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides amuch better indication of long term glycemic control than blood glucose determination
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. , this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).

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LIPID PROFILE

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		
Cholesterol	135.2	mg/dL	<220 Desirable 220-230 Borderline >240 High
Triglyceride	214.2 H	mg/dL	<150 Normal 150-199 Borderline 200-499 High >=500 Very High
HDL Cholesterol	28.20 L	mg/dL	40-60
VLDL	42.84 H	mg/dL	0.00 - 30.00
LDL Cholesterol	64.16	mg/dL	< 130 : Optimal 130 - 159 : Borderline High 160 - 189 : High >= 190 : Very High
LDL Chol. / HDL Chol. Ratio	2.28		1.0 - 3.4
Cholesterol / HDL Chol. Ratio	4.8 H		0 - 3.5
Total Lipid	583.4	mg/dl	400.0 - 1000.0

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Sample Type: **BLOOD & URINE**

RENAL FUNCTION TEST

Test		Unit	
S. Creatinine	1.1	mg/dL	0.5-1.30
Bl. Urea	22.3	mg/dL	10.0 - 40.0
BUN	10.4	mg/dl	6.0 - 22.0
Uric Acid	7.87 (rechecked)	mg/dL	3.5 - 7.2

PROTEINS

Total Protein	6.8	g/dL	6.0 - 8.0
Albumin	3.62	g/dL	3.50 - 5.50
Globulin	3.2	g/dL	2.0 - 4.0
A/G Ratio	1.1		

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LIVER FUNCTION TEST

Test	Observed Value	Unit	Biological Reference Interval
BILIRUBIN			
Total Bilirubin	0.4	mg/dL	0.00 - 1.20
Direct Bilirubin	0.2	mg/dL	0.00 - 0.40
Indirect Bilirubin	0.20 L	mg/dL	0.30 - 1.00
SGPT(ALT)	19.81	U/L	0.0 - 40.0
SGOT (AST)	22.3	U/L	0.0 - 46.0
Alkaline Phosphatase	198.3	U/L	64.0-306.0
PROTEINS			
Total Protein	6.8	g/dL	6.0 - 8.0
Albumin	3.62	g/dL	3.50 - 5.50
Globulin	3.2	g/dL	2.0 - 4.0
A/G Ratio	1.1		

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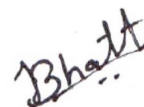




Name: NILESH LAXMANBHAI CHAUDHRI	Ward: opd
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Reference: VELOCITY HOSPITAL	Sample Type: BLOOD & URINE

URINE ANALYSIS

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fresh Urine		
<u>PHYSICAL EXAMINATION</u>			
Quantity	10.0	mL	
Colour	Pale-Yellow		
Appearance	Clear		Clear
pH	6.0		
Specific Gravity	1.020		
Sediments	Absent		Absent
<u>CHEMICAL EXAMINATION</u>			
Protein (Albumin)	Absent		Absent
Sugar	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
Ketone	Absent		Absent
Occult Blood	Absent		Absent
Nitrite	Absent		Absent
Leukocyte Esterase	Absent		Absent
Urobilinogen	Normal		Normal
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	Occasional	/hpf	Absent
Red Blood Cells	Absent	/hpf	Absent
Epithelial Cells	1-2	/hpf	Absent
Crystals	Absent		Absent
Amorphous material	Absent		Absent
Casts	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent



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SERUM IgE LEVEL

Test	Observed Value	Unit	Biological Reference Interval
IgE LEVEL Nephelometry Methodology	82.84	IU/mL	28.0 - 140.0

Interpretation :

Elevated concentrations of total immunoglobulin E (IgE) may be found in a variety of clinical diseases, including allergic disease, certain primary immunodeficiencies, infections, inflammatory diseases, and malignancies.

Elevated total IgE concentrations may be consistent with a diagnosis of allergic bronchopulmonary aspergillosis, provided other laboratory and clinical criteria are fulfilled.

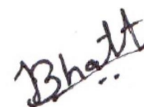
Total IgE concentrations between 30 to 700 KU/L may identify candidates for omalizumab therapy and may help to determine proper therapeutic dosing.

Cautions :

An elevated concentration of total immunoglobulin E (IgE) is not diagnostic for allergic disease, and must be interpreted in the clinical context of the patient, including age, gender, travel history, potential allergen exposure, and family history.

A normal concentration of total IgE does not eliminate the possibility of allergic disease. In patients with a high index of suspicion for allergic disease, testing for allergen-specific IgEs may be warranted.

--- End of Report ---



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