Citi Diagnostics
A COMPLETE PATHOLOGICAL UNIT
Regd. No. CUT/00448/2023

At-Mohantypada, P.O-Chandini Chowk,
P.S.-Lalbag, Cuttack-753002, Odisha, India
6370952870
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www.citidiagnostics.in

Patient Name : MR. AASHISH LADHA
Age / Gender : 28 years / Male
Patient ID : 17367
Source : CITI DIAGNOSTIC

Scan to Validate

Referral : MEDIWHEEL ANNUAL HEALTH CHECKUP
Collection Time : May 15, 2024, 09:45 a.m.
Reporting Time : May 15, 2024, 10:04 a.m.
Sample ID : 001013624

Test Particular	Result	Unit(s)	Biological Reference Interval
HAEMATOLOGY			
CBC :- (COMPLETE BLOOD COUNT) *BL			
Hemoglobin (Hb) Method : Cynmeth Photometric Measurement	13.3	gm/dL	13.5 - 18.0
Erythrocyte (RBC) Count Method : Electrical Impedence	4.3	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV) Method : Calculated	40.8	%	42 - 52
Mean Cell Volume (MCV) Method : Electrical Impedence	94.7	fL	78 - 100
Mean Cell Haemoglobin (MCH) Method : Calculated	31.0	pg	27 - 31
Mean Corpuscular Hb Concn. (MCHC) Method : Calculated	32.7	gm/dL	32 - 36
Platelet Count Method : Electrical Impedence	275	$10^3/\mu L$	150 - 450
PCT Method : Calculated	0.22	%	0.2 - 0.5
Total Leucocytes (WBC) Count Method : Electrical Impedence	8,900	$10^3/\mu L$	4.0-11.0
Differential Leucocyte Count (Meth: VCSn Technology)			
Neutrophils	70	%	40 - 80
Lymphocytes	26	%	20 - 40
Monocytes	00	%	2 - 10
Eosinophils	04	%	1 - 6
Basophils	00	%	0-1

Note :

Tests done on Automated Six Part Cell Counter. (WBC, RBC,Platelet count by impedance method, colorimetric method for Hemoglobin, WBC differential by flow cytometry using laser technology other parameters are calculated). All Abnormal Haemograms are reviewed confirmed microscopically.

ESR :- Erythrocyte Sedimentation Rate *BL			
Erythrocyte Sedimentation Rate Method : Westergren	26	mm/1 hr	03 - 15
Blood Grouping RH Typing *BL			
Blood Grouping	"O"		
Rh (D) Typing	Positive		

Methodology

This is done by forward grouping by Slide Agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only. antibody grouping (reverse grouping) is not required.Confirmation of the New-born's blood group is indicatedwhen the A and B antigen expression and the isoagglutinins are fully developed (3–4 years).

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BIOCHEMISTRY			
Fasting Plasma Glucose *BL			
Fasting Plasma Glucose Method : Fluoride Plasma-F, Hexokinase	84.0	mg/dL	Normal: 70 - 99 Impaired Tolerance: 100-125 Diabetes mellitus: >= 126
Post Prandial Plasma Glucose (2hr.)*BL			
Post Prandial Plasma Glucose (2hr) Method : Fluoride Plasma, Hexokinase	122.0	mg/dL	70 - 140
HbA1c (Glycosylated Hb%)*BL			
Glyco Hb (HbA1C) Method : EDTA Whole blood,HPLC	5.9	%	Non-Diabetic: <= 6.0 Pre Diabetic: 6.0 - 6.4 Diabetic: >=6.5

Interpretations

1. HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
2. Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.

Excellent control-6-7 %
Fair to Good control – 7-8 %
Unsatisfactory control – 8 to 10 %
Poor Control – More than 10 %

Uric Acid *BL			
Uric Acid Method : Uricase, PCO	5.5	mg/dL	3.5 - 7.2
Creatinine			
Serum Creatinine Method : By Enzymatic IFCC-IDMS Standardized	0.8	mg/dL	0.54 - 1.5
LFT :- Liver Function Test *BL			
Serum Bilirubin (Total) Method : Serum, Jendrassik Grof	0.6	mg/dL	0.3 - 1.2
Serum Bilirubin (Direct) Method : Serum, Diazotization	0.2	mg/dL	< 0.3
S G O T (AST) Method : Serum, UV with P5P, IFCC 37 degree	27	U/L	5-40
S G P T (ALT) Method : Serum, UV with P5P, IFCC 37 degree	31	U/L	5-45
Serum Alkaline Phosphatase (ALP) Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	**251**	U/L	30-120

Clinical Significance:

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Test Particular	Result	Unit(s)	Biological Reference Interval

Liver functions test(LFT) are a set of tests for checking the amount of proteins, enzymes and bilirubin present in the blood. These tests help diagnose liver infection, liver disease or damage. Elevated or lower levels of one or more of these substances can be a sign of a liver problem.

LIPID PROFILE *BL

Serum Cholesterol Method : CHOD-PAP	182.0	mg/dL	Up to 200
Serum Triglyceride Method : GPO-PAP	171.0	mg/dL	40 - 160
Serum HDLc (Direct) Method : Serum, Direct measure-PEG	45.0	mg/dL	Male 35 - 79 Female 42 - 88
Serum LDLc (Direct) Method : Serum Direct	103.0	mg/dL	<150
Non - HDL Cholesterol, Serum Method : calculated	137	mg/dL	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL
Serum VLDLc Method : calculated	34.20	mg/dL	<35
Total Cholestrol & HDL Ratio Method : calculated	4.04	ratio	Desirable - <3.5 Moderate risk - 3.5- 5.1 High risk - > 5.1
LDL/HDL RATIO Method : calculated	2.29	ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0
HDL/LDL RATIO Method : calculated	0.44	ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0

Clinical Significance :

Lipid profile or lipid panel is a panel of blood tests used to find abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

Total Protein & Albumin (Globulin)

Total Protein Method : Serum, Biuret, reagent blank end point	7.1	g/dL	6.6 - 8.3
Albumin Method : Serum, Bromocresol purple	4.1	g/dL	3.50 - 4.90
Globulin Method : Calculated	3.0	g/dL	2.30 - 3.50

Lab Technician
15/05/24

Dr. Ranjan Kumar Mallick
MD Path. Consultant Pathology

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Test Particular	Result	Unit(s)	Biological Reference Interval
	IMMUNOLOGY		
Thyroid Profile Total *BL			
T3-Total	138.9	ng/dL	69.0 - 215.0
T4-Total	9.67	ug/dL	5.20 - 12.7
TSH- (Thyroid-stimulating hormone)	3.24	ulU/mL	0.30 - 4.56

Method : CLIA (Chemiluminescent Immunoassay)

Interpretation

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSHespecially in the range of 4.7 to 15 m1U/m1 is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy.Post rad-iodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies)Intermittent 14 therapy or T4 overdose •Drug interference-Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease).Multinodular goitre. Toxic nodule •Transient thyroiditis Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute. DeQuervain's).Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in T3 level can be upto 25%

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URINE EXAMINATION			
Urine Routine & Microscopic Examination *BL			
PHYSICAL EXAMINATION			
Quantity	5 ml		
Colour	Pale Yellow		
Transparency (Appearance)	Clear		
Deposit	Absent		
Reaction	Acidic		
CHEMICAL EXAMINATION			
Urine Glucose (Sugar)	Absent		
Urine Protein (Albumin)	Absent		
MICROSCOPIC EXAMINATION			
Pus cells (WBCs)	**2-3/HPF**		
Red blood cells	Absent		
Epithelial cells	6 -8 /HPF		
Crystals	Absent		
Cast	Absent		
Amorphous deposits	Absent		Absent
Bacteria	Absent		
Yeast cells	Absent		

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ashis ladha
Male

15/05/2024 07:08:55

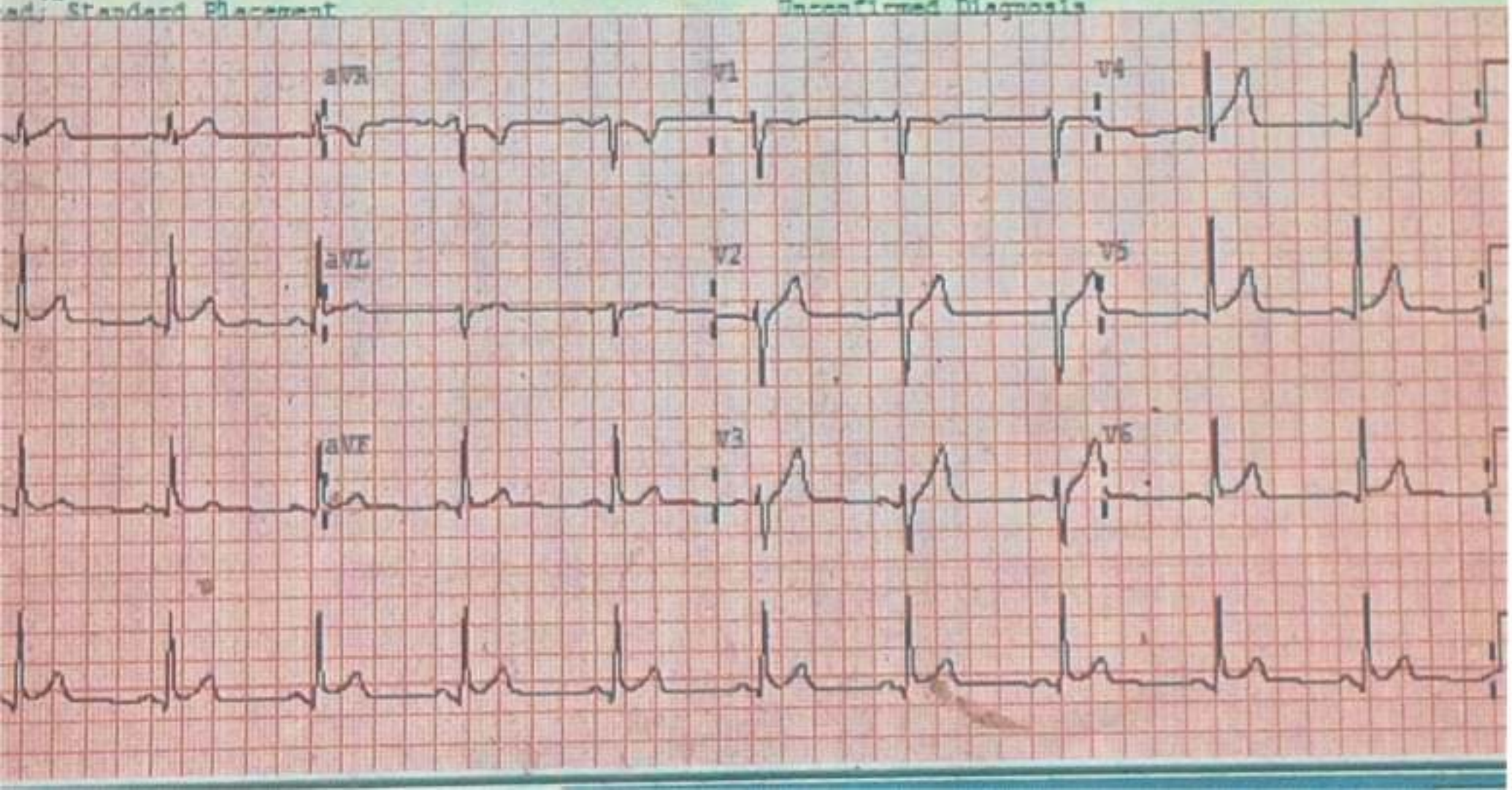
63 . Sinus rhythm.....normal P axis, >
. ST elevation suggests acute pericarditis.....<ST >0.10m>
106 . Baseline wander in lead(s) V6
102
379
388

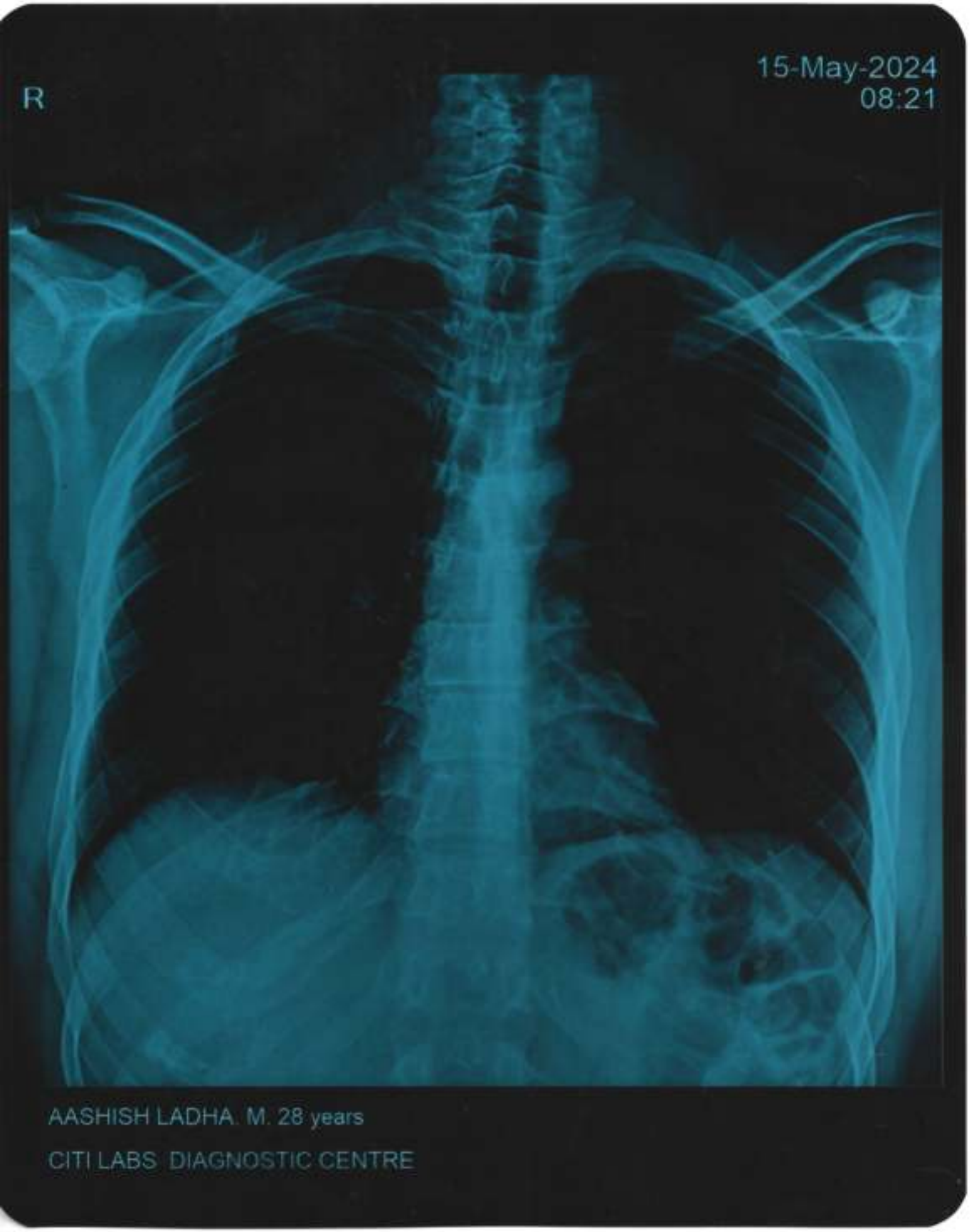
S--
63
76
65

- ABNORMAL ECG -

ad; Standard Placement

Unconfirmed Diagnosis




R
15-May-2024
08:21
AASHISH LADHA. M. 28 years
CITI LABS DIAGNOSTIC CENTRE

Mediwheel
....Your wellness partner

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(Formerly known as Arcofemi Healthcare Ltd)
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Email: wdcare@mediwheel.in, Website: www.mediwheel.in
Tel. +91-11-41695591, Fax: +91-11-20529020
CIN: U24244DL2041PTC216807

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that **Mr.Aashish Ladha** aged,**28yr** .Based on the examination, I certify that he is in good mental and physical health and it is free from any physical defects such as deafness, colour blindness, and any chronic or contagious diseases.

Place: Cuttack

Date: 15/05/2024

Dr. Nitesh Kumar
MBBS
MP5QMK47093

Name & Signature of

Medical officer