

NAME	: Mr. MUKUL KUMAR SINGH JEET	MR NO.	: 22050248
AGE/SEX	: 31 Yrs / Male	VISIT NO.	: 154587
REFERRED BY	:	DATE OF COLLECTION	: 07-05-2022 at 10:08 AM
REF CENTER	: MEDIWHEEL	DATE OF REPORT	: 07-05-2022 at 04:42 PM

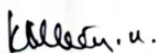


TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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### HAEMATOLOGY

#### COMPLETE BLOOD COUNT (CBC) WITH ESR

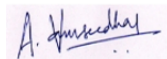
HAEMOGLOBIN <i>Colorimetric Method</i>	14.7 gm/dL	13 - 18 gm/dL
HEMATOCRIT (PCV) <i>Calculated</i>	45.2 %	40 - 54 %
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	5.7 million/cu.mm	4.5 - 5.9 million/cu.mm
PLATELET COUNT <i>Electrical Impedance</i>	2.6 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
MEAN CELL VOLUME (MCV) <i>Calculated</i>	<b>79.7 fl</b>	80 - 100 fl
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	<b>25.9 pg</b>	26 - 34 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	32.5 %	31 - 35 %
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	10810 cells/cumm	4000 - 11000 cells/cumm
NEUTROPHILS <i>VCS Technology/Microscopic</i>	67 %	40 - 75 %
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	<b>26 %</b>	25 - 40 %
<b>DIFFERENTIAL COUNT</b>		
EOSINOPHILS <i>VCS Technology/Microscopic</i>	03 %	0 - 7 %
MONOCYTES <i>VCS Technology/Microscopic</i>	04 %	1 - 8 %
BASOPHILS <i>Electrical Impedance</i>	00 %	
ESR <i>Westergren Method</i>	08 mm/hr	0 - 15 mm/hr
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"B" Positive	



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Lab Seal



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CONSULTANT PATHOLOGIST

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GLYCATED HAEMOGLOBIN (HbA1C)  
*HPLC*

7.3 %

**American Diabetic Association (ADA) recommendations:**

Non diabetic adults : <5.7 %

At risk (Pre diabetic): 5.7 – 6.4%

Diabetic : >= 6.5%

**Therapeutic goal for glycemic control :**

Goal for therapy: < 7.0%

Action suggested: > 8.0%

ESTIMATED AVERAGE GLUCOSE (eAG)  
*Calculation*

162.81 mg/dL

**Comments:**

This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements. This provides a additional criterion for assessing glucose control because glycated hemoglobin values are free of day-to-day glucose fluctuation and are unaffected by exercise or food ingestion.

After a sudden alteration in blood glucose concentration, the rate of change of HbA1c is rapid during initial 2 months, followed by more gradual change approaching steady state 3 months later.

### CLINICAL BIOCHEMISTRY

POST PRANDIAL BLOOD SUGAR  
*Hexokinase*

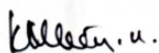
256.5 mg/dl

80 - 150 mg/dl

CREATININE  
*Jaffe Method*

0.75 mg/dL

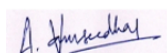
0.8 - 1.4 mg/dL



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### LIPID PROFILE TEST

TOTAL CHOLESTEROL <i>Cholesterol Oxidase-Peroxidase (CHOD-POD)</i>	137 mg/dL	up to 200 mg/dL Border Line: 200 – 240 mg/dL High: > 240 mg/dL	
TRIGLYCERIDES <i>Glycerol Peroxidase-Peroxidase (GPO-POD)</i>	160.1 mg/dL	up to 150 mg/dL Desirable: <150 mg/dL Border Line: 150 – 200 mg/dL High: >200 – 500 mg/dL Very High: > 500 mg/dL	
HDL CHOLESTEROL - DIRECT <i>PEG-Cholesterol Esterase</i>	38.3 mg/dl	40 - 60 mg/dl >= 60mg/dL - Excellent (protects against heart disease) 40-59 mg/dL - Higher the better <40 mg/dL - Lower than desired (major risk for heart disease)	
LDL CHOLESTEROL - DIRECT <i>Cholesterol Esterase-Cholesterol Oxidase</i>	66.7 mg/dL	up to 100 mg/dL 100-129 mg/dL- Near optimal/above optimal 130-159 mg/dL- Borderline High 160-189 mg/dL- High 190->190 mg/dL - Very High	
VLDL CHOLESTEROL <i>Calculation</i>	32.0 mg/dL	2 - 30 mg/dL	
TOTAL CHOLESTROL/HDL RATIO <i>Calculation</i>	3.6	up to 3.5 3.5-5.0 - Moderate >5.0 - High	
LDL/HDL RATIO <i>Calculation</i>	1.7	up to 2.5 2.5-3.3 - Moderate >3.3 - High	

*Krishna M. Murthy*



*A. Vamseedhar*

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FASTING BLOOD SUGAR <i>Hexokinase</i>	174.6 mg/dl	70 - 110 mg/dl	
BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	16.6 mg/dL	15 - 50 mg/dL	
CREATININE <i>Jaffe Kinetic</i>	0.75 mg/dL	0.4 - 1.4 mg/dL	
URIC ACID <i>Uricase-Peroxidase</i>	5.3 mg/dL	3 - 7.2 mg/dL	
<b>SERUM ELECTROLYTES</b>			
SODIUM <i>Ion Selective Electrode (ISE)</i>	138 mmol/L	136 - 145 mmol/L	
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	3.6 mmol/L	3.5 - 5.2 mmol/L	
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	102 mmol/L	97 - 111 mmol/L	
<b><u>LIVER FUNCTION TEST (LFT)</u></b>			
TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	0.31 mg/dL	0.2 - 1.2 mg/dL	
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.23 mg/dL	0 - 0.4 mg/dL	
INDIRECT BILIRUBIN <i>Calculation</i>	0.08 mg/dl	0.2 - 0.8 mg/dl	
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	70.7 U/L	up to 35 U/L	
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	119.1 U/L	up to 50 U/L	
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	225 U/L	36 - 113 U/L	
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	27.4 U/L	15 - 85 U/L	
TOTAL PROTEIN <i>Biuret Colorimetric</i>	7.0 g/dl	6.2 - 8 g/dl	
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	4.0 g/dl	3.5 - 5.2 g/dl	
S.GLOBULIN <i>Calculation</i>	3 g/dl	2.5 - 3.8 g/dl	
A/G RATIO <i>Calculation</i>	1.3	1 - 1.5	

*Krishna Murthy*



*Vamseedhar A*

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### CLINICAL PATHOLOGY

#### URINE ROUTINE & MICROSCOPIC

##### **PHYSICAL EXAMINATION**

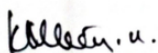
Colour <i>Visual Method</i>	Pale Yellow	Pale yellow- yellow
Appearance <i>Visual Method</i>	Clear	Clear/Transparent
Specific Gravity <i>Strips Method</i>	1.015	1.005-1.035
pH	6.0	4.6-8.5

##### **CHEMICAL EXAMINATION (DIPSTICK)**

Protein <i>Strips Method</i>	Nil	Nil -Trace
Glucose <i>Strips Method</i>	0.5 %	Nil
Blood <i>Strips Method</i>	Negative	Negative
Ketone Bodies <i>Strips Method</i>	Absent	Negative
Urobilinogen <i>Strips Method</i>	Normal	Normal
Bile Salt <i>Strips Method</i>	Negative	Negative
Bilirubin <i>Strips Method</i>	Negative	Negative
Bile Pigments	Negative	NIL

##### **MICROSCOPY**

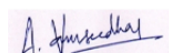
Pus Cells (WBC) <i>Light Microscopic</i>	3 - 4 /hpf	0-5/hpf
Epithelial Cells <i>Light Microscopic</i>	1 - 2 /hpf	0-4/hpf
RBC <i>Light Microscopic</i>	Not Seen /hpf	0-2/hpf
Cast <i>Light Microscopic</i>	NIL	NIL



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Crystal <i>Light Microscopic</i>	NIL	Nil	
FASTING URINE SUGAR (FUS)	0.5 %	NIL	

### IMMUNOASSAY

#### THYROID PROFILE

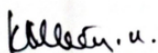
TOTAL TRIIODOTHYRONINE (T3) <i>CMIA</i>	0.96 ng/mL	0.87 - 1.78 ng/mL
TOTAL THYROXINE (T4) <i>CMIA</i>	7.95 µg/dL	6.09 - 12.23 µg/dL
THYROID STIMULATING HORMONE (TSH) <i>CMIA</i>	2.703 µIU/mL	0.38 - 5.33 µIU/mL 1st Trimester: 0.05 - 3.70 2nd Trimester: 0.31 - 4.35 3rd Trimester: 0.41 - 5.18

#### Note:

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

#### Clinical Use:

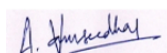
- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic - Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood



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### PROSTATIC SPECIFIC ANTIGEN (PSA)

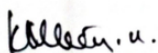
PROSTATIC SPECIFIC ANTIGEN (PSA) <small>CMA</small>	0.70 ng/mL	Up to 4ng/mL: Normal 4-10 ng/mL Hypertrophy & benign genito urinary conditions. >10 ng/mL Suspicious of malignancy.	
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PSA is used for monitoring patients with a history of prostate cancer and as an early indicator of recurrence and response to treatment. The test is commonly used for Prostate cancer screening.

Dispatched by: Sumalatha

\*\*\*\* End of Report \*\*\*\*

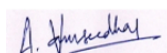
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