

Name : MRS.TRUPTI SAXENA

Age / Gender : 32 Years / Female

Consulting Dr. : -

Reg. Location

: Mulund West (Main Centre)

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Collected : 27-Nov-2021 / 10:14

Reported :27-Nov-2021 / 12:57

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood			
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	12.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.57	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.8	36-46 %	Measured
MCV	80	80-100 fl	Calculated
MCH	27.2	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	15.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	9600	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABS	SOLUTE COUNTS		
Lymphocytes	31.7	20-40 %	
Absolute Lymphocytes	3043.2	1000-3000 /cmm	Calculated
Monocytes	5.0	2-10 %	
Absolute Monocytes	480.0	200-1000 /cmm	Calculated
Neutrophils	59.8	40-80 %	
Absolute Neutrophils	5740.8	2000-7000 /cmm	Calculated
Eosinophils	3.5	1-6 %	
Absolute Eosinophils	336.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	336000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	13.5	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-
Macrocytosis	_

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Anisocytosis -

Poikilocytosis -

Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

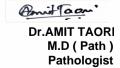
ESR, EDTA WB-ESR 25 2-20 mm at 1 hr. Westergren

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Page 2 of 10



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMAL	E

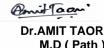
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	87.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	80.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.26	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.11	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	17.2	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	17.7	5-33 U/L	IFCC without pyridoxal phosphate activation
ALKALINE PHOSPHATASE, Serum	79.5	35-105 U/L	PNPP
BLOOD UREA, Serum	20.7	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.7	6-20 mg/dl	Calculated
CREATININE, Serum eGFR, Serum	0.69 104	0.51-0.95 mg/dl >60 ml/min/1.73sqm	Enzymatic Calculated
URIC ACID, Serum	4.1	2.4-5.7 mg/dl	Uricase







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Dr.AMIT TAORI M.D (Path) **Pathologist**

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METHOD

Enzymatic

Calculated

Imm.Turbidimetry

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE MICROALBUMINURIA

Specimen Type, Urine Random sample

URINARY MICROALBUMIN, 3.4 mg/l

Urine

URINARY CREATININE, Urine

URINARY MICROALBUMIN TO

URINARY CREATININE RATIO, Urine

87.57 mg/dl

RESULTS

3.9

Spot Collection (mg/g Creatinine)

1) Normal < 30

2) Microalbuminuria 30 - 300 3) Clinical Albuminuria > 300

Collected

BIOLOGICAL REF RANGE

Method: Fully Automated Immunoturbidimetric Assay

1) Microalbuminuria is a reliable risk indicator for renal and cardiovascular disorders in diabetes and hypertension.

2) Microalbuminuria precedes and is highly predictive of diabetic nephropathy and end-stage renal disease.

3) By measuring Microalbuminuria one can monitor the patients response to the chosen line of therapy.

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L. C. Salvin Dr.LEENA SALUNKHE M.B.B.S, DPB (PATH) **Pathologist**

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)

BIOLOGICAL REF RANGE PARAMETER RESULTS METHOD

Glycosylated Hemoglobin **HPLC** 5.8 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Estimated Average Glucose 119.8 mg/dl Calculated

(eAG), EDTA WB - CC

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIRINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	

Red Blood Cells / hpf Absent 0-2/hpf

Epithelial Cells / hpf 1-2

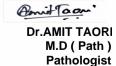
Casts Absent Absent Crystals **Absent Absent** Amorphous debris **Absent Absent**

Bacteria / hpf 1-2 Less than 20/hpf









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Page 6 of 10

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD GROUPING & Rh TYPING

RESULTS PARAMETER

ABO GROUP 0

Rh TYPING Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note: This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti-H lectin.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

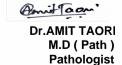
- Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia 1.
- AABB technical manual

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Page 7 of 10



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	107.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	59.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	46.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	60.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	49.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	11.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO,	1.1	0-3.5 Ratio	Calculated

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	20.4	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.87	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

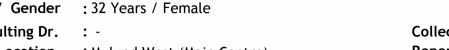


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A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations: Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3. Tietz Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4. Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)







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Page 10 of 10

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