

Patient Name : MR. BADAGHAR ANUJ KUMAR

Age / Gender : 38 years / Male

Patient ID : 24576

Source : MEDI WHEEL

Referral : SELF

Collection Time : Jul 22, 2023, 09:25 a.m.

Reporting Time : Jul 22, 2023, 11:06 a.m.

Sample ID :



668430574

Test Description	Value(s)	Reference Range	Unit
<u>CBC; Complete Blood Count</u>			
Hemoglobin (Hb)* Method : Cynmeth Photometric Measurement	16.3	13.5 - 18.0	gm/dL
Erythrocyte (RBC) Count* Method : Electrical Impedence	4.78	4.7 - 6.0	mil/cu.mm
Packed Cell Volume (PCV)* Method : Calculated	44.6	42 - 52	%
Mean Cell Volume (MCV)* Method : Electrical Impedence	93.31	78 - 100	fL
Mean Cell Haemoglobin (MCH)* Method : Calculated	34.10	27 - 31	pg
Mean Corpuscular Hb Concn. (MCHC)* Method : Calculated	36.55	32 - 36	gm/dL
Red Cell Distribution Width (RDW)* Method : Electrical Impedence	13.9	11.5 - 14.0	%
Total Leucocytes (WBC) Count* Method : Electrical Impedence	8100	4000-10000	cell/cu.mm
Neutrophils* Method : VCSn Technology	66	40 - 80	%
Lymphocytes* Method : VCSn Technology	28	20 - 40	%
Monocytes* Method : VCSn Technology	5	2 - 10	%
Eosinophils* Method : VCSn Technology	1	1 - 6	%
Basophils	0	0 - 1	
Platelet Count* Method : Electrical Impedence	2.00	1.5 - 4.5	Lakhs/cu.mm
Mean Platelet Volume (MPV)* Method : Electrical Impedence	8.9	7.2 - 11.7	fL

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PCT* Method : Calculated	0.178	0.2 - 0.5	%
PDW* Method : Calculated	15.3	9.0 - 17.0	%

Tests done on Automated Three 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

Esr, Erythrocyte Sedimentation Rate (Westergren)	20	0-10	mm/hr
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Interpretation:

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

Urine Routine

Colour*	Pale Yellow	
Transparency (Appearance)*	Clear	Clear
Reaction (pH)*	5.0	4.5 - 8
Specific Gravity*	1.025	1.010 - 1.030

Chemical Examination (Automated Dipstick Method) Urine

Urine Glucose*	Negative	Negative
Urine Protein*	Negative	Negative
Urine Ketone*	Negative	Negative
Blood*	Negative	Negative

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Bilirubin*	Negative	Negative	
Nitrite*	Negative	Negative	
Leucocytes*	Negative	Negative	
Urobilinogen*	Normal	Normal	
Microscopic Examination <small>Urine</small>			
Pus Cells (WBCs)*	2-3	0 - 5	/hpf
Epithelial Cells*	1-2	0 - 4	/hpf
Red blood Cells*	Absent	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Bacteria*	Absent	Absent	

Stool Complete Exam

Blood Group & Rh Type

Blood Grouping & Rh Typing

"A" POSITIVE (+VE)

Method : Forward and Reverse By Tube Method

Methodology

This is done by forward and reverse grouping by tube 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 indicated when the A and B antigen expression and the isoagglutinins are fully developed (2-4 years).

Fasting - Glucose

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Test Description	Value(s)	Reference Range	Unit
Glucose Fasting* Method : Plasma, Hexokinase	73.69	Normal: 70-100 Impaired Fasting Glucose (IFG): 101-125 Diabetes Mellitus: >125	mg/dL

Post Prandial Blood Sugar

Blood Glucose-Post Prandial* Method : Plasma - P, Hexokinase	106.76	80-140	mg/dL
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Fasting Urine Sugar

Fasting Urine Glucose	NEGATIVE	Negative	
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Post Prandial Urine Sugar

Post Prandial Urine Sugar	NEGATIVE		
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HBA1C (Glycosylated Haemoglobin)

Glyco Hb (HbA1C) Method : EDTA Whole blood,HPLC	7.52	Non-Diabetic: <=5.9 Pre Diabetic:6.0-6.4 Diabetic: >=6.5	%
Estimated Average Glucose :	169.12		mg/dL

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.
3. In known diabetic patients, following values can be considered as a tool for monitoring the glycemc control.

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Test Description	Value(s)	Reference Range	Unit
Excellent control-6-7 %			
Fair to Good control – 7-8 %			
Unsatisfactory control – 8 to 10 %			
Poor Control – More than 10 %			

Thyroid Function Test (TFT)

TRI-IODO THYRONINE (T3) Method : CLIA	1.693	0.60 - 1.81	ng/mL
TOTAL THYROXINE (T4) Method : CLIA	11.38	4.2 - 12.0	ug/dL
THYROID STIMULATING HORMONE (TSH) Method : CLIA	2.622	0.46 – 8.10 : 1 Yrs – 5 Yrs 0.36 – 5.80 : 6 Yrs – 18 Yrs 0.35 – 5.50 : >18 Yrs Pregnancy Ranges 1st Trimester :0.1 - 2.5 2nd Trimester :0.2 - 3.0 3rd Trimester:0.3 - 3.0	uIU/mL

Comments:

IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION

Please correlate with clinical conditions.

Note : Serum T3, T4 and TSH form the three components of thyroid screening panel, useful in diagnosing various disorders of the thyroid gland. Primary Hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels. Although elevated TSH levels are nearly always indicative of Primary Hypothyroidism, rarely they can from TSH secreting pituitary tumors (Secondary hyperthyroidism)To confirm diagnosis - evaluate FT3 and FT4.

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Lipid Profile			
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	197.81	Desirable: <= 200 Borderline High: 201-239 High: > 239 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	120.30	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	41.17	<40: Low 40 - 60: Optimal > 60: Desirable	mg/dL
LDL Cholesterol Method : Serum	132.58	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190	mg/dL
Non - HDL Cholesterol, Serum Method : calculated	156.64	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL	mg/dL
VLDL Cholesterol Method : calculated	24.06	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	4.80	3.5 - 5.0	ratio

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LDL/HDL RATIO Method : calculated	3.22	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio

Note: 8-10 hours fasting sample is required.

KIDNEY FUNCTION TEST

Urea * Method : Serum	24.8	15- 50	mg/dL
Blood Urea Nitrogen-BUN* Method : Serum, Urease	11.59	7 - 24	mg/dL
Uric Acid* Method : Serum, Uricase/POD	11.57	3.5 - 7.2	mg/dL
Creatinine* Method : Serum, Jaffe IDMS	1.0	0.7 - 1.3	mg/dL

Liver Funtion Test (LFT) with GGT

Bilirubin - Total Method : Serum, Jendrassik Grof	0.86	0.3 - 1.2	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.45	Adults and Children: < 0.2	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.41	0.1 - 1.0	mg/dL
SGOT Method : Serum, UV with P5P, IFCC 37 degree	35.8	< 50	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	31.41	< 50	U/L
Alkaline Phosphatase-ALP Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	96.48	30-120	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	8.2	6.6 - 8.3	g/dL

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Albumin Method : Serum, Bromcresol purple	4.32	Adults: 3.5 - 5.2	g/dL
Globulin Method : Calculated	3.88	1.8 - 3.6	g/dL
A/G Ratio Method : Calculated	1.11	1.2 - 2.2	ratio

****END OF REPORT****

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