Name	: Ms. PRITY SINGH		
PID No.	: MED111622685	Register On : 29/04/2023 8:50 AM	$\sim$
SID No.	: 423029183	Collection On : 29/04/2023 9:36 AM	
Age / Sex	: 31 Year(s) / Female	Report On : 29/04/2023 6:17 PM	medall
Туре	: OP	Printed On : 04/05/2023 12:08 PM	DIAGNOSTICS
Ref. Dr	: MediWheel		

Investigation HAEMATOLOGY	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood'Spectrophotometry)	12.4	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	38.1	%	37 - 47
RBC Count (EDTA Blood)	4.72	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	80.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	26.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.4	g/dL	32 - 36
RDW-CV (EDTA Blood)	15.2	%	11.5 - 16.0
RDW-SD (EDTA Blood)	42.99	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	8400	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	63.2	%	40 - 75
Lymphocytes (EDTA Blood)	28.5	%	20 - 45
Eosinophils (EDTA Blood)	2.1	%	01 - 06
Monocytes (EDTA Blood)	5.9	%	01 - 10





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Basophils (Blood)	0.3	%	00 - 02
INTERPRETATION: Tests done on Automated Five I	Part cell counter. All	abnormal results are	reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	5.31	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.39	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.18	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.50	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.03	10^3 / µl	< 0.2
Platelet Count (EDTA Blood)	163	10^3 / µl	150 - 450
MPV (EDTA Blood)	12.1	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.20	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate)	52	mm/hr	< 20

(Citrated Blood)





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
<b>BIOCHEMISTRY</b>			
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.97	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.32	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.65	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/ <i>Modified IFCC</i> )	21.34	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/ <i>Modified IFCC</i> )	16.06	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	17.86	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ <i>Modified IFCC</i> )	91.9	U/L	42 - 98
Total Protein (Serum/Biuret)	7.69	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.58	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.11	gm/dL	2.3 - 3.6
A : G RATIO	1.47		1.1 - 2.2

(Serum/Derived)



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Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	148.19	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/ <i>GPO-PAP with ATCS</i> )	95.06	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the õusualö"circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	38.33	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/ <i>Calculated</i> )	90.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	19	mg/dL	< 30
Non HDL Cholesterol (Serum/ <i>Calculated</i> )	109.9	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.9		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/ <i>Calculated</i> )	2.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/ <i>HPLC</i> )	5.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

Estimated Average Glucose	96.8	mg/dL
Estimated Trendge Ordeose	20.0	ing, and

(Whole Blood)

### **INTERPRETATION:** Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values. Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
<b>IMMUNOASSAY</b>			
<u>THYROID PROFILE / TFT</u>			
T3 (Triiodothyronine) - Total (Serum/ECLIA) INTERPRETATION: Comment : Total T3 variation can be seen in other condition like press Matchelically active	1.46 gnancy, drugs, neph	ng/ml rosis etc. In such cases, Free	0.7 - 2.04 T3 is recommended as it is
Metabolically active. T4 (Tyroxine) - Total (Serum/ <i>ECLIA)</i> INTERPRETATION:	10.81	µg/dl	4.2 - 12.0
<b>Comment :</b> Total T4 variation can be seen in other condition like preg Metabolically active.	gnancy, drugs, neph	rosis etc. In such cases, Free	T4 is recommended as it is
TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	2.25	µIU/mL	0.35 - 5.50
INTERPRETATION: Reference range for cord blood - upto 20 1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester : 0.3-3.0 (Indian Thyroid Society Guidelines) Comment : 1.TSH reference range during pregnancy depends on Iodi 2.TSH Levels are subject to circadian variation, reaching of the order of 50%,hence time of the day has influence o 3.Values&amplt0.03 μIU/mL need to be clinically correl	peak levels between n the measured serv	2-4am and at a minimum b m TSH concentrations.	etween 6-10PM. The variation can be





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<b>CLINICAL PATHOLOGY</b>			
<u>PHYSICAL EXAMINATION (URINE</u> <u>COMPLETE)</u>			
Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	25		
<u>CHEMICAL EXAMINATION (URINE</u> <u>COMPLETE)</u>			
pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.004		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Leukocytes(CP) (Urine)	Negative		
<u>MICROSCOPIC EXAMINATION</u> (URINE COMPLETE)			
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		

**INTERPRETATION:** Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL





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<u>Unit</u>



Investigation

# **IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)

'O' 'Positive'

Observed

<u>Value</u>



DI RAVIKUMAR R MBBS, MD BIOCHEMISTRY CONSULTANT BIOCHEMIST Reg No : 78771

Biological Reference Interval

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Age / Sex	: 3	31 Year(s) / Female	Report On	:	29/04/2023 6:17 PM	medal	l
Туре	:	OP	Printed On	:	04/05/2023 12:08 PM	DIAGNOSTIC	s
Ref. Dr	:	MediWheel					

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<b>BIOCHEMISTRY</b>			
BUN / Creatinine Ratio	11.16		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	89.45	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	83.99	mg/dL	70 - 140

#### **INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative	Negative		
Blood Urea Nitrogen (BUN) (Serum/Urease UV/derived)	8.6	mg/dL	7.0 - 21	
Creatinine (Serum/ <i>Modified Jaffe</i> )	0.77	mg/dL	0.6 - 1.1	

**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid	5.06	mg/dL	
(Serum/Enzymatic)			

(Serum/Enzymatic)





2.6 - 6.0

-- End of Report --