TEST REPORT

Reg. No	: 2107101040	**Reg. Date**	: 10-Jul-2021
Name	: NITESH MEGHWAL	**Collected On**	: 10-Jul-2021 11:08
Age/Sex	: 27 Years / Male	**Approved On**	: 10-Jul-2021 12:57
Ref. By	:	**Printed On**	: 20-Jul-2021 18:30
Client	: MEDIWHEEL WELLNESS		

COMPLETE BLOOD COUNT (CBC)

SPECIMEN: EDTA BLOOD

Parameter	Result	Unit	Reference Interval
Hemoglobin	17.0	g/dL	13.0 - 17.0
RBC Count	5.50	million/cmm	4.5 - 5.5
Hematrocrit (PCV)	53.7	%	40 - 54
MCH	30.9	Pg	27 - 32
MCV	97.6	fL	83 - 101
MCHC	31.7	%	31.5 - 34.5
RDW	13.2	%	11.5 - 14.5
WBC Count	9810	/cmm	4000 - 11000
DIFFERENTIAL WBC COUNT (Flow cytometry)			
Neutrophils (%)	**72**	%	38 - 70
Lymphocytes (%)	20	%	20 - 40
Monocytes (%)	06	%	2 - 8
Eosinophils (%)	02	%	0 - 6
Basophils (%)	00	%	0 - 2
Neutrophils	7063	/cmm	
Lymphocytes	1962	/cmm	
Monocytes	589	/cmm	
Eosinophils	196	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	250000	/cmm	150000 - 450000
MPV	10.3	fL	7.5 - 11.5

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Parameter	Result	Unit	Reference Interval

HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C *Boronate Affinity with Fluorescent Quenching*	5.1	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %
Mean Blood Glucose *Calculated*	104.26	mg/dL	

Degree of Glucose Control Normal Range:

Poor Control >7.0% *
Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %
* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy,etc.
* Some danger of hypoglycemic reaction in Type I diabetics.
* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously symthesised in the red blood cell throught its 120 days life span.The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose oncentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days,HbA1c has been accepted as a measurnment which eflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Errneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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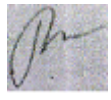

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LIPID PROFILE

Parameter	Result	Unit	Reference Interval
Cholesterol *(Enzymatic colorimetric)*	246.1	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride *(Enzymatic colorimetric)*	210.0	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL *Calculated*	**42.00**	mg/dL	15 - 35
LDL CHOLESTEROL	155.20	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol *Homogeneous enzymatic colorimetric*	48.9	mg/dL	30 - 70
Cholesterol /HDL Ratio *Calculated*	**5.03**		0 - 5.0
LDL / HDL RATIO *Calculated*	3.17		0 - 3.5

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Parameter	Result	Unit	Reference Interval

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

LDL CHOLESTEROL			
CHOLESTEROL			
HDL CHOLESTEROL			
TRIGLYCERIDES			
Optimal<100			
Desirable<200			
Low<40			
Normal<150			
Near Optimal 100-129			
Border Line 200-239			
High >60			
Border High 150-199			
Borderline 130-159			
High >240			
-			
High 200-499			
High 160-189			
-			
-			
-			

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value

Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.

- Detail test interpreation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

For test performed on specimens received or collected from non-KSHIPRA locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender.

KSHIPRA will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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LIVER FUNCTION TEST

Parameter	Result	Unit	Reference Interval
Total Bilirubin	**1.10**	mg/dL	0.10 - 1.0
Colorimetric diazo method			
Conjugated Bilirubin	**0.43**	mg/dL	0.0 - 0.3
Sulph acid dpl/caff-benz			
Unconjugated Bilirubin	0.67	mg/dL	0.0 - 1.1
Sulph acid dpl/caff-benz			
SGOT	15.7	U/L	0 - 37
(Enzymatic)			
SGPT	10.2	U/L	0 - 40
(Enzymatic)			
Alakaline Phosphatase	123.1	U/L	53 - 130
(Colorimetric standardized method)			
Protien with ratio			
Total Protein	8.2	g/dL	6.5 - 8.7
(Colorimetric standardized method)			
Albumin	5.3	mg/dL	3.5 - 5.3
(Colorimetric standardized method)			
Globulin	2.90	g/dL	2.3 - 3.5
Calculated			
A/G Ratio	1.83		0.8 - 2.0
Calculated			

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Parameter	Result	Unit	Reference Interval
IRON *Ferrozine Method*	54.68	µg/dL	33 - 193
Creatinine *(Jaffe method)*	0.89	mg/dL	0.5 - 1.4
BUN	10.2	mg/dL	5 - 24
Bio - Chemistry			
Calcium (Ca+) *NM-BAPTA+Ca+ EDTA complex*	**11.8**	mg/dL	8.4 - 11.0
Uric Acid *(Enzymatic colorimetric)*	5.8	mg/dL	2.5 - 7.0

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Parameter	Result	Unit	Reference Interval
THYROID FUNCTION TEST			
T3 (Triiodothyronine)	1.52	ng/mL	0.87 - 1.81
Chemiluminescence			
T4 (Thyroxine)	13.89	µg/dL	5.89 - 14.9
Chemiluminescence			
TSH (ultra sensitive)	1.180	µIU/ml	0.34 - 5.6
Chemiluminescence			

SUMMARY The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones.TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid. LIMITATION Presence of autoantibodies may cause unexpected high value of TSH

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Parameter	Result	Unit	Reference Interval
PROSTATE SPECIFIC ANTIGEN			
PSA *Chemiluminescence*	0.16	ng/mL	0 - 4
FERRITIN	40.0	ng/mL	22 - 322
VITAMIN B12 LEVEL			
VITAMIN B12,Serum *Chemiluminescence*	414.0	pg/mL	120 - 914

Vitamin B-12, also called cobalamin, is a water-soluble vitamin with a key role in the normal functioning of the brain and nervous system, and for the formation of blood. It is normally involved in the metabolism of every cell of the human body, especially affecting DNA synthesis and regulation, but also fatty acid metabolism and amino acid metabolism.

Vitamin B12 deficiency is most commonly caused by low intakes, but can also result from mal-absorption, certain intestinal disorders, low presence of binding proteins, and using of certain medications. Vitamin B12 is rare from plant sources, so vegetarians will be the vulnerable populations most likely to suffer from vitamin B12 deficiency. Infants are at a higher risk of vitamin B12 deficiency if they were born to vegetarian mothers. The elderly who have diets with limited meat or animal products are vulnerable populations as well. Vitamin B12 deficiency can manifest itself as anemia and in some cases cause permanent neurological damage. At levels only slightly lower than normal, a range of symptoms such as fatigue, depression, and poor memory may be experienced

VITAMIN D			
25 OH Vitamin D Total, Serum *Chemiluminescence*	47.63	ng/mL	Deficiency : <20 Insufficiency : 20 - < 30 Sufficiency : 30 - 100 Toxicity : >100

Vitamin D is a fat soluble hormone involved in the intestinal absorption and deregulation of calcium. It is synthesized by skin when sunlight strikes bare skin. It can also be ingested from animal sources. Vitamin D is bound to the binding protein (albumin and vitamin D binding protein) and carried to the liver. In the liver it is transformed in to 25 hydroxy-vitamin D (calcidiol), which is the primary circulating and the most commonly measured form in serum. Then in the kidney it is transformed in to 1,25 dihydroxy-vitamin D (calcitriol), which is the biologically active form.

Vitamin D plays a vital role in the formation and maintenance of strong and healthy bones. Vitamin D deficiency has long been associated with rickets in children and osteomalacia in adults. Long term insufficiency of calcium and vitamin D leads to osteoporosis. There have been multiple publications linking vitamin D deficiency to several disease states, such as cancer, cardiovascular disease, diabetes, and autoimmune diseases.

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