

NAME	: Mrs. PREMA VENKATRAM	MR NO.	: 22050740
AGE/SEX	: 52 Yrs / Female	VISIT NO.	: 155247
REFERRED BY	:	DATE OF COLLECTION	: 19-05-2022 at 09:08 AM
REF CENTER	: MEDIWHEEL	DATE OF REPORT	: 19-05-2022 at 01:29 PM



<b>TEST PARAMETER</b>	<b>RESULT</b>	<b>REFERENCE RANGE</b>	<b>SPECIMEN</b>
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### MEDIWHEEL HEALTH CHECKUP FEMALE

#### HAEMATOLOGY

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

HAEMOGLOBIN <i>Colorimetric Method</i>	13.0 gm/dL	12 - 16 gm/dL
HEMATOCRIT (PCV) <i>Calculated</i>	39.9 %	36 - 47 %
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	5.2 million/cu.mm	4 - 5.2 million/cu.mm
PLATELET COUNT <i>Electrical Impedance</i>	2.2 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
MEAN CELL VOLUME (MCV) <i>Calculated</i>	<b>76.3 fl</b>	80 - 100 fl
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	<b>24.8 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>	9530 cells/cumm	4000 - 11000 cells/cumm
NEUTROPHILS <i>VCS Technology/Microscopic</i>	57 %	40 - 75 %
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	34 %	25 - 40 %
<b>DIFFERENTIAL COUNT</b>		
EOSINOPHILS <i>VCS Technology/Microscopic</i>	02 %	0 - 7 %
MONOCYTES <i>VCS Technology/Microscopic</i>	07 %	1 - 8 %
BASOPHILS <i>Electrical Impedance</i>	00 %	
ESR <i>Westergren Method</i>	10 mm/hr	0 - 20 mm/hr
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"B" Positive	

*Krishna M. Murthy*



*A. Vamseedhar*

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GLYCATED HAEMOGLOBIN (HbA1C)  
*HPLC*

5.5 %

**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)

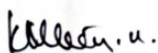
111.15 mg/dL

*Calculation*

**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 glycosylated 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.



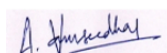
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### CLINICAL BIOCHEMISTRY

#### LIPID PROFILE TEST

TOTAL CHOLESTEROL <i>Cholesterol Oxidase-Peroxidase (CHOD-POD)</i>	183 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>	123.1 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>	55.2 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>	103.2 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>	24.6 mg/dL	2 - 30 mg/dL
TOTAL CHOLESTROL/HDL RATIO <i>Calculation</i>	3.3	up to 3 3.0-4.4 - Moderate >4.4 - High

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LDL/HDL RATIO <i>Calculation</i>	1.9	up to 2.5 2.5-3.3 - Moderate >3.3 - High	
FASTING BLOOD SUGAR <i>Hexokinase</i>	75.4 mg/dl	70 - 110 mg/dl	
POST PRANDIAL BLOOD SUGAR <i>Hexokinase</i>	122.8 mg/dl	80 - 150 mg/dl	
BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	34.5 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>	4.5 mg/dL	2.5 - 6 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>	4.0 mmol/L	3.5 - 5.2 mmol/L	
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	101 mmol/L	97 - 111 mmol/L	

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### LIVER FUNCTION TEST (LFT)

TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	0.42 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>	<b>0.19</b> mg/dl	0.2 - 0.8 mg/dl	
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	13.0 U/L	up to 31 U/L	
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	16.0 U/L	up to 46 U/L	
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	<b>102</b> U/L	36 - 113 U/L	
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	13.9 U/L	5 - 55 U/L	
TOTAL PROTEIN <i>Biuret Colorimetric</i>	7.0 g/dl	6.2 - 8 g/dl	
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	3.9 g/dl	3.5 - 5.2 g/dl	
S.GLOBULIN <i>Calculation</i>	<b>3.1</b> g/dl	2.5 - 3.8 g/dl	
A/G RATIO <i>Calculation</i>	<b>1.3</b>	1 - 1.5	

### 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>	1.010	1.005-1.035
pH	6.0	4.6-8.5

#### CHEMICAL EXAMINATION (DIPSTICK)

Protein <i>Strips Method</i>	Nil	Nil -Trace
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Glucose <i>Strips Method</i>	Nil	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	
<b>MICROSCOPY</b>			
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	
Crystal <i>Light Microscopic</i>	NIL	Nil	
FASTING URINE SUGAR (FUS)	NIL	NIL	
POSTPRANDIAL URINE SUGAR	NIL	NIL	

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### IMMUNOASSAY

#### THYROID PROFILE

TOTAL TRIIODOTHYRONINE (T3) <small>CMIA</small>	0.97 ng/mL	0.87 - 1.78 ng/mL
TOTAL THYROXINE (T4) <small>CMIA</small>	7.09 µg/dL	6.09 - 12.23 µg/dL
THYROID STIMULATING HORMONE (TSH) <small>CMIA</small>	<b>8.274</b> 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

Dispatched by: Sumalatha

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

Printed by: Sumalatha on 19-05-2022 at 01:30 PM



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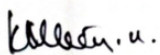


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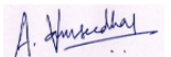
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