TIME DIAGNOSTICS
(A Unit of Time Health Care)

Patient Name : MR. BUDDE PAUL WILSON
Referral : SELF
Age / Gender : 32 years / Male
Collection Time : Jan 28, 2023, 11:05 a.m.
Patient ID : 16209
Reporting Time : Jan 28, 2023, 01:01 p.m.
Source : MEDI WHEEL
Sample ID : 668766948

Test Description	Value(s)	Reference Range	Unit
CBC; Complete Blood Count			
Hemoglobin (Hb)*	14.7	13.5 - 18.0	gm/dL
Method : Cynmeth Photometric Measurement			
Erythrocyte (RBC) Count*	5.69	4.7 - 6.0	mil/cu.mm
Method : Electrical Impedence			
Packed Cell Volume (PCV)*	50.9	42 - 52	%
Method : Calculated			
Mean Cell Volume (MCV)*	89	78 - 100	fL
Method : Electrical Impedence			
Mean Cell Haemoglobin (MCH)*	25.8	27 - 31	pg
Method : Calculated			
Mean Corpuscular Hb Concn. (MCHC)*	28.8	32 - 36	gm/dL
Method : Calculated			
Red Cell Distribution Width (RDW)*	13.1	11.5 - 14.0	%
Method : Electrical Impedence			
Total Leucocytes (WBC) Count*	10900	4000-10000	cell/cu.mm
Method : Electrical Impedence			
Neutrophils*	61	40 - 80	%
Method : VCSn Technology			
Lymphocytes*	33	20 - 40	%
Method : VCSn Technology			
Monocytes*	5	2 - 10	%
Method : VCSn Technology			
Eosinophils*	1	1 - 6	%
Method : VCSn Technology			
Basophils	0	0 - 1	
Platelet Count*	3.88	1.5 - 4.5	10^3/ul
Method : Electrical Impedence			
Mean Platelet Volume (MPV)*	7.6	7.2 - 11.7	fL
Method : Electrical Impedence			

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Test Description	Value(s)	Reference Range	Unit
PCT*	0.295	0.2 - 0.5	%
Method : Calculated			
PDW*	15.9	9.0 - 17.0	%
Method : Calculated			

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

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*	Yellow	
Transparency (Appearance)*	Clear	Clear
Reaction (pH)*	6.0	4.5 - 8
Specific Gravity*	1.020	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 Urine			
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	

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 indicatedwhen 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**	81	Normal: 70-100 Impaired Fasting Glucose (IFG): 100-125 Diabetes Mellitus: >= 126 (On more than one occasion) (American Diabetes Association guidelines 2017)	mg/dL

HBA1C (Glycosylated Haemoglobin)

Glyco Hb (HbA1C) Method : EDTA Whole blood,HPLC	5.8	Non-Diabetic: <=5.9 Pre Diabetic:6.0-6.4 Diabetic: >=6.5	%
Estimated Average Glucose :	119		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 glycemic control.

   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	91	60 - 181	ng/dL

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Test Description	Value(s)	Reference Range	Unit
TOTAL THYROXINE (T4) Method : CLIA	11.3	4.2 - 12.0	ug/dL
THYROID STIMULATING HORMONE (TSH) Method : CLIA	3.7	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.

Lipid Profile

Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	168	Desirable: <= 200 Borderline High: 201-239 High: > 239 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.	mg/dL

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Test Description	Value(s)	Reference Range	Unit
Triglycerides Method : Serum, Enzymatic, endpoint	**256**	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	41	<40: Low 40 - 60: Optimal > 60: Desirable	mg/dL
LDL Cholesterol Method : Serum	75.80	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	127	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	**51.20**	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	4.10	3.5 - 5.0	ratio
LDL/HDL RATIO Method : calculated	1.85	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	25	15- 50	mg/dL

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Blood Urea Nitrogen-BUN*	11.6	7 - 24	mg/dL
Method : Serum, Urease			
Uric Acid*	4.5	3.5 - 7.2	mg/dL
Method : Serum, Uricase/POD			
Creatinine*	1.0	0.7 - 1.3	mg/dL
Method : Serum, Jaffe IDMS			
Liver Funtion Test (LFT) with GGT			
Bilirubin - Total	1.0	0.3 - 1.2	mg/dL
Method : Serum, Jendrassik Grof			
Bilirubin - Direct	0.3	Adults and Children: < 0.2	mg/dL
Method : Serum, Diazotization			
Bilirubin - Indirect	0.70	0.1 - 1.0	mg/dL
Method : Serum, Calculated			
SGOT	18	< 50	U/L
Method : Serum, UV with P5P, IFCC 37 degree			
SGPT	14	< 50	U/L
Method : Serum, UV with P5P, IFCC 37 degree			
SGOT/SGPT	1.29	0.7 - 1.4	ratio
Method : calculated			
GGT-Gamma Glutamyl Transpeptidase	-	< 55	U/L
Method : Serum, G-glutamyl-carboxy-nitoanilide			
Alkaline Phosphatase-ALPI	85	30-120	U/L
Method : Serum, PNPP, AMP Buffer, IFCC 37 degree			
Total Protein	7.3	6.6 - 8.3	g/dL
Method : Serum, Biuret, reagent blank end point			
Albumin	4.0	Adults: 3.5 - 5.2	g/dL
Method : Serum, Bromcresol purple			
Globulin	3.30	1.8 - 3.6	g/dL
Method : Calculated			

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Test Description	Value(s)	Reference Range	Unit
A/G Ratio Method : Calculated	1.21	1.2 - 2.2	ratio

END OF REPORT

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