LABORATORY REPORT

Name	: **Mr. Jitendra Bhatt**	Registration on	: 19-Oct-2021 09:14
Lab ID	: **102121204612** Ref. Id :	Collected on	: 19-Oct-2021 09:14
Sex/Age	: **Male / 30 Years**	Approved on	: 19-Oct-2021 10:41
Ref. By	: **BOB HEATH CHEKUP**	Sample Type	: EDTA Blood
Location	:	Patient Source	:

COMPLETE BOOD COUNT

Test		Result	Unit	Biological Ref. Interval
HB and Indices				
Hemoglobin	H	**16.8**	**g/dL**	**13.0 - 16.5**
RBC Count	H	**5.74**	**million/cmm**	**4.5 - 5.5**
Hematocrit		46.2	%	40 - 49
MCV	L	**80.5**	**fL**	**83 - 101**
MCH		29.3	pg	27.1 - 32.5
MCHC		36.4	g/dL	32.5 - 36.7
RDW CV		13.00	%	11.6 - 14
Total WBC and Differential Count				
WBC Count		6980	/cmm	4000 - 10000

Differential Count				Absolute Count		
Neutrophils	46.4	%	40 - 80	3239	/cmm	2000 - 6700
Lymphocytes	**40.3**	**%**	**20 - 40**	2813	/cmm	1000 - 3000
Eosinophils	3.3	%	1 - 6	230	/cmm	20 - 500
Monocytes	9.0	%	2 - 10	628	/cmm	200 - 1000
Basophils	1.0	%	0 - 2	70	/cmm	0 - 100

Platelet Count			
Platelet Count	247000	/cmm	150000 - 410000
Erythrocytes Sedimentation Rate			
ESR	02	mm/1hr	0 - 14

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Sex/Age	: **Male / 30 Years**	Approved on	: 19-Oct-2021 10:41
Ref. By	: **BOB HEATH CHEKUP**	Sample Type	: Serum
Location	:	Patient Source	:

Test		Result	Unit	Biological Ref. Interval
Fasting Blood Sugar		96.1		70 - 110
Fasting Urine Sugar		Absent		Absent
Creatinine, Serum *Modified Jaffes method*		0.92	mg/dL	0.4 - 1.4
Urea *Urease Glutamate Dehydrogenase, UV method*	L	**14.5**	**mg/dL**	**19 - 45**
SGPT *IFCC method without pyridoxal phosphate activation*		39.9	U/L	0 - 45
SGOT *IFCC method without pyridoxal phosphate activation*		33.0	U/L	5 - 40
GGT *L- ? -glutamyl-glycylglycine*		34.1	U/L	5 - 50
Alkaline Phosphatase *NPP-AMP Buffer*		70.0	U/L	53 - 128
		Bilirubin		
Total Bilirubin *Diazo reaction*	H	**1.48**	**mg/dL**	**0.2 - 1.3**
Direct Bilirubin *Diazo reaction*	H	**0.52**	**mg/dL**	**0.0 - 0.4**
Indirect Bilirubin *Calculated*		0.96	mg/dL	0.1 - 1.1

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Lab ID	: **102121204612** Ref. Id :	Collected on	: 19-Oct-2021 09:14
Sex/Age	: **Male / 30 Years**	Approved on	: 19-Oct-2021 10:42
Ref. By	: **BOB HEATH CHEKUP**	Sample Type	: Serum
Location	:	Patient Source	:

Lipid Profile

Test		Result	Unit	Biological Ref. Interval
Cholesterol *Cholesterol oxidase, Esterase, Peroxidase*		153.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride *GPO-POD*		77.1	mg/dL	Normal : < 150 Borderline : 150-199 High : 200-499 Very High : > 500
HDL Cholesterol *PTA/MgCl2*	L	**37.2**	**mg/dL**	**Low : <40.0** **High : >60.0**
Direct LDL *Direct measured*		95.80	mg/dL	Optimal : < 100 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190
VLDL *Calculated*		15.42	mg/dL	15 - 35
CHOL/HDL Ratio *Calculated*		4.1		Up to 5.0
LDL/HDL Ratio *Calculated*		2.6		Up to 3.5

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Name	: **Mr. Jitendra Bhatt**	Registration on	: 19-Oct-2021 09:14
Lab ID	: **102121204612** Ref. Id :	Collected on	: 19-Oct-2021 09:51
Sex/Age	: **Male / 30 Years**	Approved on	: 19-Oct-2021 11:15
Ref. By	: **BOB HEATH CHEKUP**	Sample Type	: EDTA Sample
Location	:	Patient Source	:

HbA1c (Glycosylated Hemoglobin)

Test	Result	Unit	Biological Ref. Interval
HbA1c	5.12	%	For Screening: Diabetes: >6.5% Pre-Diabetes: 5.7% - 6.4% Non-Diabetes: < 5.7% For Diabetic Patient: Poor Control : > 7.0 % Good Control : 6.0-7.0 %
Mean Blood Glucose *Calculated*	100.24	mg/dL	

Explanation:-

- Total haemoglobin A1 c is continuously synthesized 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 concentration 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 measurement which reflects 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:
Erroneous 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).

Reference: ADA Guideline 2020

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Lab ID	: **102121204612** Ref. Id :	Collected on	: 19-Oct-2021 09:14
Sex/Age	: **Male / 30 Years**	Approved on	: 19-Oct-2021 10:44
Ref. By	: **BOB HEATH CHEKUP**	Sample Type	: Serum
Location	:	Patient Source	:

Thyroid Function Test

Test	Result	Unit	Biological Ref. Interval
T3 - Triiodothyronine *CMIA*	1.22	ng/mL	0.58 - 1.59
T4 - Thyroxine *CMIA*	8.03	micro g/dL	5.13 - 14.06
TSH - Thyroid Stimulating Hormone *CMIA*	1.8700	microIU/mL	0.35 - 4.94

TSH	T3/FT3	T4/FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	- Isolated Low T3-offen seen in elderly & associated Non-Thyroidal illlness. In elderly the drop in T3 level can be upto 25%
Raised	Within Range	Within Range	- Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability. - Subclinical Autoimmune Hypothyroidism - Intermitted T4 therapy for hypothyroidism - Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	- Chronic autoimmune Thyroiditis - Post thyroidectomy, Post radioiodine - Hypothyroid phase of transient thyroiditis
Raised or Within Range	Raised	Raised or Within range	- Interfering antibodies to thyroid hormones (anti-TPO antibodies) - intermittent T4 therapy or T4 overdose - Drug interference-Amiodarone, Heparin, Beta blockers, steroids. anti-epileptics
Decreased	Raised or within Range	Raised or within Range	- Isolated Low TSH - especially in the range of 0.1 to 0.4 offen seen in elderly & associated with Non-Thyroidal illness - Subclinical Hyperthyroidism - Thyroxine ingestion
Decreased	Decreased	Decreased	- Central Hypothyroidism - Non-Thyroidal illness - Recent treatment for Hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	- Primary Hyperthyroidism (Graves disease), Multinodular goitre Toxic nodule - Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain'a) Gestational thyrotoxicosis with hyperemesis gravidarum
Decreased or within range	Raised	Within Range	- T3 toxicosis - Non-Thyroidal illness

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Sex/Age	: **Male / 30 Years**	Approved on	: 19-Oct-2021 10:44
Ref. By	: **BOB HEATH CHEKUP**	Sample Type	: Serum
Location	:	Patient Source	:

Immunoassay

Test	Result	Unit	Biological Ref. Interval
HIV I & II, CMIA *CMIA*	0.460	S/Co	Non reactive : <1.0 Reactive : >1.0

Additional Information:

1. A NON REACTIVE result implies that no Anti HIV-1 or HIV -2 antibodies have been detected in the sample by this method. This means that either the patient has not been exposed to HIV-1 or HIV-2 infection or the sample has been tested during the "WINDOW PHASE" (before the development of detectable levels of antibodies).
2. A PROVISIONALITY REACTIVE / BORDERLINE REACTIVE result suggests possibility of HIV-1 or/and HIV-2 infection. However these results must be verified by confirmatory WESTERN BLOT / HIV PCR method before declaring the patient positive for HIV-1 or HIV-2 infection.
3. Very high levels of IgM Antibodies or Anti-HLA ABC and DR Antibodies can give false positive reaction.

**Pre & Post test counselling for HIV testing is responsibility of reffering Physician.

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Ref. By	: **BOB HEATH CHEKUP**	Sample Type	: Serum
Location	:	Patient Source	:

Immunoassay

Test	Result	Unit	Biological Ref. Interval
HBsAg *CMIA*	0.230	IU/mL	Non reactive: < 1.0 Reactive : >1.0

Interpretation:

- HBsAg is the earliest marker of acute HBV infection which typically becomes detectable 2-3 months (as early as 14 days) after infection. When symptoms of hepatitis are present, most patients have detectable HBsAg although few patients will have neither HBsAg nor anti-HBs and anti-HBc IgM is the only marker of acute HBV infection (Core Window). HBsAg typically persists for 12-20 weeks after onset of symptoms in uncomplicated HBV infection and disappears followed by a small but variable gap with onset of anti-HBs (Seroconversion).
- Detection of HBsAg beyond 06 months defines chronic HBV infection or a chronic carrier state. Chronic HBV infection is seen in 1-2% of adults and adolescents following acute HBV infection, 5-10% of immunocompromised individuals and upto 80% of neonates. The chronic carrier state of HBV shows only persistent HBsAg in the serum without any other HBV marker or evidence of liver injury.
- Hepatitis B vaccination does not cause a positive HBsAg result. Quantitation or Titer of HBsAg is of no clinical value.
- Presence of anti-HBs without detectable HBsAg indicates recovery from acute HBV infection, absence of infectivity and immunity against future HBV infection.
- HBsAg test is carried out with Chemiluminescent Microparticle immunoassay (CMIA) which uses microparticles coated with monoclonal anti-HBs for the detection of HBsAg. HBsAg assays are routinely used to aid in the diagnosis of suspected hepatitis B viral (HBV) infection and to monitor the status of infected individuals.
- All initial reactive specimens are subjected to further testing by one or two additional methods and final report is issued in accordance with the same. Repeat reactive specimens MUST be confirmed by any combination of the confirmatory tests (e.g. HBsAg neutralization test, Other HBV markers & LFT and HBV DNA by PCR method).

Limitations:

- If the ARCHITECT HBsAg Qualitative II results are inconsistent with clinical evidence, additional testing is suggested to confirm the result.
- For diagnostic purposes, results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute and chronic infection.
- Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA). Specimens containing HAMA may produce anomalous values when tested with assay kits such as ARCHITECT HBsAg Qualitative II that employ mouse monoclonal antibodies.
- Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous results may be observed. Additional information may be required for diagnosis.

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Ref. By	: **BOB HEATH CHEKUP**	Sample Type	: Urine
Location	:	Patient Source	:

Urine Routine Examination

Test	Result	Unit	Biological Ref. Interval
Physical Examination			
Volume	10	ml	
Colour	Yellow		
Odour	Ammonical		
Transparency	Clear		
Chemical Examination (Dip Stick Method)			
Reaction	Acidic		
Specific Gravity	1.025		1.005 - 1.030
Albumin	Absent		Negative
Urine Glucose	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigments	Absent		Absent
Urine Ketone	Absent		Absent
Nitrite	Negative		Negative
Microscopic Examination			
Pus Cells	0-1	/hpf	0 - 5
Red Cells	Absent	/hpf	0 - 2
Epithelial Cells	Occassional	/hpf	
Casts	Absent	/hpf	
Crystals	Absent	/hpf	
Amorphous Material	Absent		
Bacteria	Absent		Absent
Budding Yeast	Absent		Absent
Trichomonas	Absent		

---------- End Of Report ----------

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