TEST REPORT

Reg. No	: 2401100845	**Reg. Date**	: 27-Jan-2024
Name	: Bhavna Mali	**Collected On**	: 27-Jan-2024 10:34
Age/Sex	: 30 Years / Female	**Approved On**	: 27-Jan-2024 11:40
Ref. By	:	**Printed On**	: 17-Feb-2024 14:19
Client	: MEDIWHEEL WELLNESS		

COMPLETE BLOOD COUNT (CBC)

SPECIMEN: EDTA BLOOD

Parameter	Result	Unit	Reference Interval
Hemoglobin	**11.9**	g/dL	12.0 - 15.0
RBC Count	4.68	million/cmm	3.8 - 4.8
Hematrocrit (PCV)	**37.1**	%	40 - 54
MCH	**25.4**	Pg	27 - 32
MCV	**79.3**	fL	83 - 101
MCHC	32.1	%	31.5 - 34.5
RDW	13.9	%	11.5 - 14.5
WBC Count	8670	/cmm	4000 - 11000
DIFFERENTIAL WBC COUNT (Flow cytometry)			
Neutrophils (%)	60	%	38 - 70
Lymphocytes (%)	37	%	20 - 40
Monocytes (%)	02	%	2 - 8
Eosinophils (%)	01	%	0 - 6
Basophils (%)	0	%	0 - 2
Neutrophils	5202	/cmm	
Lymphocytes	3208	/cmm	
Monocytes	173	/cmm	
Eosinophils	87	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	245000	/cmm	150000 - 450000
MPV	10.2	fL	7.5 - 11.5
ERYTHROCYTE SEDIMENTATION RATE			
ESR (After 1 hour)	06	mm/hr	0 - 21
Modified Westergren Method			

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MD Pathologist

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Parameter	Result	Unit	Reference Interval

PLASMA GLUCOSE

Fasting Blood Sugar (FBS) *Hexokinase Method*	103.1	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) *Hexokinase Method*	121.4	mg/dL	70 - 140

Criteria for the diagnosis of diabetes1. HbA1c >/= 6.5 *
Or
2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
Or
3. Two hour plasma glucose >/= 200mg/dL during an oral glucose tolerence test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
Or
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >/= 200 mg/dL.
*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

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

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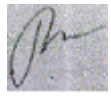

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Parameter	Result	Unit	Reference Interval
KIDNEY FUNCTION TEST			
UREA *(Urease & glutamate dehydrogenase)*	28.5	mg/dL	10 - 50
Creatinine *(Jaffe method)*	0.91	mg/dL	0.5 - 1.2
Uric Acid *(Enzymatic colorimetric)*	4.6	mg/dL	2.5 - 7.0

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LIVER FUNCTION TEST WITH GGT

Parameter	Result	Unit	Reference Interval
Total Bilirubin	0.22	mg/dL	0.20 - 1.0
Colorimetric diazo method			
Conjugated Bilirubin	0.09	mg/dL	0.0 - 0.3
Sulph acid dpl/caff-benz			
Unconjugated Bilirubin	0.13	mg/dL	0.0 - 1.1
Sulph acid dpl/caff-benz			
SGOT	19.3	U/L	0 - 31
(Enzymatic)			
SGPT	13.6	U/L	0 - 31
(Enzymatic)			
GGT	19.4	U/L	7 - 32
(Enzymatic colorimetric)			
Alakaline Phosphatase	67.2	U/L	42 - 141
(Colorimetric standardized method)			
Protien with ratio			
Total Protein	6.7	g/dL	6.5 - 8.7
(Colorimetric standardized method)			
Albumin	4.2	mg/dL	3.5 - 4.94
(Colorimetric standardized method)			
Globulin	2.50	g/dL	2.3 - 3.5
Calculated			
A/G Ratio	1.68		0.8 - 2.0
Calculated			

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LIPID PROFILE

Parameter	Result	Unit	Reference Interval
Cholesterol *(Enzymatic colorimetric)*	198.2	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride *(Enzymatic colorimetric)*	100.2	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL *Calculated*	20.04	mg/dL	15 - 35
LDL CHOLESTEROL	151.76	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*	**26.4**	mg/dL	30 - 85
Cholesterol /HDL Ratio *Calculated*	**7.51**		0 - 5.0
LDL / HDL RATIO *Calculated*	**5.75**		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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Parameter	Result	Unit	Reference Interval
THYROID FUNCTION TEST			
T3 (Triiodothyronine)	0.98	ng/mL	0.87 - 1.78
Chemiluminescence			
T4 (Thyroxine)	6.25	µg/dL	5.89 - 14.9
Chemiluminescence			
TSH (ultra sensitive)	4.662	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

HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C *Boronate Affinity with Fluorescent Quenching*	5.4	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %
Mean Blood Glucose *Calculated*	114.94	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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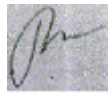

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URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Reference Interval
PHYSICAL EXAMINATION			
Quantity	10 cc		
Colour	Pale Yellow		
Appearance	Clear		
CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)			
pH	6.0		5.0 - 8.0
Sp. Gravity	1.010		1.002 - 1.03
Protein	Nil		
Glucose	Nil		
Ketone Bodies	Nil		
Urine Bile salt and Bile Pigment	Nil		
Urine Bilirubin	Nil		
Nitrite	Nil		
Leucocytes	Nil		
Blood	Nil		
MICROSCOPIC EXAMINATION (MANUAL BY MCIROSCOPY)			
Leucocytes (Pus Cells)	Nil		
Erythrocytes (Red Cells)	Nil		
Epithelial Cells	1-2/hpf		
Amorphous Material	Nil		
Casts	Nil		
Crystals	Nil		
Bacteria	Nil		
Monilia	Nil		

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STOOL EXAMINATION

Parameter	Result	Unit	Reference Interval
Colour	Yellow		
Consistency	Semi Solid		
CHEMICAL EXAMINATION			
Occult Blood	Negative		
Peroxidase Reaction with o-Dianisidine			
Reaction	Acidic		
pH Strip Method			
Reducing Substance	Absent		
Benedict's Method			
MICROSCOPIC EXAMINATION			
Mucus	Nil		
Pus Cells	1 - 2/hpf		
Red Cells	Nil		
Epithelial Cells	Nil		
Vegetable Cells	Nil		
Trophozoites	Nil		
Cysts	Nil		
Ova	Nil		
Neutral Fat	Nil		
Monilia	Nil		

Note: Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.
False negative: False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occassinal unruptured RBCs.
False positive: False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, brocoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

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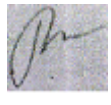

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Parameter	Result

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

ABO	'A'
Rh (D)	Positive

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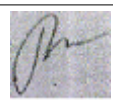

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