

### DEPARTMENT OF PATHOLOGY

UHID	CIMS-17070	Visit Type/No	OP/EPD-25238/EPD-25238
Name	Mr Brajesh Kashyap	Order No	OR-52141
Age/Gender	40 Y,10 M,30 D/Male	Order Date/Time	24-08-2024
Accession Number	OPAC-5451	Collection Date/Time	24-08-2024 02:54 PM
Treating Doctor	Dr Self	Acknowledge Date/Time	24-08-2024 02:54 PM
Ordering Doctor	Dr Self	Report Date/Time	24-08-2024 03:02 PM
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

#### Haematology

Service Name	Result	Unit	Reference Range	Method
<b>CBC (Complete Blood Count), Blood</b>				
Hemoglobin (Hb)	14.2	gm/dl	13-17	Spectrophotometry
TLC (Total Leukocyte Count)	5600	/cumm	4000-11000	Cell Counter & Microscopy
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
Neutrophils	56	%	40-80	Cell Counter & Microscopy
Lymphocytes	35	%	20-45	Cell Counter & Microscopy
Monocytes	05	%	4-10	Cell Counter & Microscopy
Eosinophils	04	%	1-6	Cell Counter & Microscopy
Basophils	00	%	0-1	Cell Counter & Microscopy
RBC Count	4.70	millions/cumm	4.5-5.5	Impedance
PCV / Hct (Hematocrit)	41.4	%	40-45	Calculated
MCV	88.0	fl	76-96	Impedance
MCH	30.1	pg	27-32	Impedance
MCHC	34.3	g/dL	30-35	Impedance
Platelet Count	2.00	lakh/cumm	1.5-4.5	Cell Counter & Microscopy
RDW	13.2	%	1-15	Impedance
ESR (Erythrocyte Sedimentation Rate), Blood	<b>29 H</b>	mm 1st Hr.	0-10	Wintrobe






-----End of the Report-----



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MD (Pathology)

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# CIMS



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#### Haematology

Service Name	Result	Method
<b>BLOOD GROUP ( ABO )</b>		
BLOOD GROUP (ABO)- RH TYPING	"O" POSITIVE	
The upper agglutination test for grouping has some limitations.		



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#### Clinical Biochemistry

Service Name	Result	Unit	Reference Range	Method
Glucose (Fasting), Plasma	97.4	mg/dL	60-110	GOD/POD
Glucose (Post Prandial), Plasma	120.8	mg/dL	80-150	GOD/POD



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Ordering Doctor	Dr Self	Report Date/Time	24-08-2024 05:40 PM
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

#### Pathology

Service Name	Result	Method
URINE SUGAR (PP), Urine	Absent	

#### Clinical Biochemistry

Service Name	Result	Method
URINE SUGAR (FASTING), Urine	Absent	



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**Clinical Biochemistry**

Service Name	Result	Unit	Reference Range	Method
<b>KFT (Kidney Profile) -I, Serum</b>				
Urea, Blood	19.0	mg/dL	15-50	Urease-uv
Creatinine, Serum	0.67	mg/dL	0.6-1.2	Enzymatic
Blood Urea Nitrogen (BUN)	8.87	mg%	7.5-22.0	Calculated
BUN-CREATININE RATIO	13.23		10-20	Calculated
Sodium, Serum	140.6	mmol/L	135-150	ISE
Potassium, Serum	3.98	mmol/L	3.5-5.5	ISE
Calcium, Serum	10.08	mg/dL	8.7-11.0	ISE
Chloride, Serum	96.6	mmol/L	94-110	ISE
Uric acid, Serum	6.12	mg/dL	3.4-7.0	Uricase
Magnesium, Serum	1.63	mg/dL	1.6-2.8	XYLIDYL BLUE
Phosphorus, Serum	2.65	mg/dL	2.4-5.0	MOLYBDATE UV
Alkaline phosphatase, Serum	96.8	U/L	53-165	IFCC
Albumin, Serum	4.25	g/dL	3.5-5.4	BCG
<b>LFT (Liver Function Test) Profile, Serum</b>				
Bilirubin Total, Serum	0.98	mg/dL	0.1-1.0	DMSO
Conjugated (Direct), Serum	<b>0.31 H</b>	mg%	0.0-0.3	DMSO
Unconjugated (Indirect)	0.67	mg%	0.0-0.75	Calculated
SGOT/AST	27.2	U/L	0-40	IFCC
SGPT/ALT	42.6	U/L	0-48	IFCC
AST/ALT Ratio	0.64		0-1	Calculated
Gamma GT, Serum	15.0	U/L	10-45	IFCC
Alkaline phosphatase, Serum	96.8	U/L	53-165	IFCC
Total Protein, serum	6.73	gm/dl	6.0-8.4	Biuret
Albumin, Serum	4.25	g/dL	3.5-5.4	BCG
Globulin	2.48	g/dL	2.3-3.6	Calculated
A/G Ratio	1.71		1.0-2.3	Calculated






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**Pathology**

Service Name	Result	Unit	Reference Range	Method
<b>Thyroid Profile -T3, T4, TSH, Blood</b>				
Triiodothyronine (T3)	1.94	ng/mL	0.69-2.15	CLIA
Thyroxine (T4)	77.2	ng/mL	52-127	CLIA
Thyroid Stimulating Hormone (TSH)	2.64	uIU/mL	0.3-5.0	CLIA

**Interpretation****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





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#### Clinical Biochemistry

Service Name	Result	Method
<b>HbA1c</b>		
<b>GLYCOSYLATED HAEMOGLOBIN (HbA1c)</b>		
Method- Immunofluorescence Assay		
Glycosylated Hemoglobin (HbA1c)	5.45 %	<6.5 : Non Diabetic 6.5-7 : Good Control 7-8 : Weak Control > 8 : Poor Control
Estimated average blood glucose (eAG)	109.71 mg/dl	90-120: Excellent Control 121-150: Good Control 151-180: Average Control 181-210: Action Suggested

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of 7.0 % may not be appropriate.

Comments:

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.



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#### Pathology

Service Name	Result	Unit	Reference Range	Method
PSA (Prostate Specific Antigen) Total, Serum	0.919	ng/mL	0.27-2.19	CLIA

**Note**

1. This is recommended test for detection of prostate cancer along with digital rectal examination(DRE) in males above 50 years of age.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
3. PSA Total and Free levels may appear consistently elevated / depressed due to interference by heterophilic antibodies & nonspecific protein binding,
4. Immediate testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels
5. Total and Free PSA values regardless of levels should not be interpreted as absolute evidence for the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations

#### Clinical Use

- An aid in the early detection of Prostate cancer in males 50 years or older with Total PSA values between 4.0 and 10.0 ng/mL and nonsuspicious digital rectal examination.
- An aid in discriminating between Prostate cancer and Benign Prostatic disease. Patients with benign conditions have a higher proportion of Free PSA compared with Prostate cancer



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#### Clinical Biochemistry

Service Name	Result	Unit	Reference Range	Method
<b>Lipid Profile, Serum</b>				
Cholestrol, serum	248.9	mg%	Optimal: < 200 mg/dl Boder LIne High Risk: 150 -240 mg/dl High Risk: > 250 mg/dl	
Triglycerides, serum	135.4	mg%	Optimal: < 150 mg/dl Border Line High Risk: 150 - 199 mg/dl High Risk: 200 - 499 mg /dl Very High Risk: > 500 mg /dl	
HDL Cholesterol	60.1	mg%	Optimal: 70 mg/dl Border Line High Risk: 80 - 100 mg/dl High Risk: > 120 mg/dl	
LDL Cholesterol	161.72	mg%	Optimal: < 100 mg/dl Border Line High Risk: 100 - 129 mg/dl High Risk: > 160 mg/dl	
VLDL Cholestrol	27.08	mg%	Male : 10 - 40 mg/dl Female : 10 - 40 mg/dl Child : 10 - 40 mg/dl	
LDL / HDL Cholesterol ratio	2.69		0.0-3.5	

#### Interpretation

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
3. Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is >400 mg/dL



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Service Name	Result	Unit	Reference Range	Method
<b>URINE ANALYSIS/ URINE ROUTINE EXAMINATION, Urine</b>				
<b>Physical Examination</b>				
COLOUR	Pale Yellow			Manual method
TRANSPARENCY	Clear			Manual
SPECIFIC GRAVITY	1.010		1.001-1.03	Strip
PH URINE	6.5		5-8	Strip
DEPOSIT	Absent			Manual
<b>BIOCHEMICAL EXAMINATION</b>				
ALBUMIN	Absent			Strip
SUGAR	Absent			Strip
BILE SALTS (BS)	Absent			Manual
BILE PIGMENT (BP)	Absent			Manual
<b>MICROSCOPIC EXAMINATION</b>				
PUS CELLS	1-2	/ hpf		Microscopy
EPITHELIAL CELLS	0-1	/ hpf		Microscopy
RBC'S	Absent	/hpf		Microscopy
CASTS	Absent			Microscopy
CRYSTALS	Absent			Macroscopy
BACTERIA	Absent			Macroscopy
FUNGUS	Absent			Microscopy
SPERMATOOZOA	Absent			Microscopy
OTHERS	Absent			Microscopy



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**Urgent Reminder for Report Pending until booking date -05/09/2024**

Mediwheel <wellness@mediwheel.in>  
 o: tpa@cismathura.com  
 c: customercare@mediwheel.in

Thu, Sep 5, 2024 at 5:45 PM



011-41195959

Dear City Institute of Medical Sciences and City Institute of Medical Sciences  
 Please note the following details of booking with pending health checkup reports. We required the health  
 checkup reports within 48 hours as per on MOU. You are requested to upload the same

S. No.	Name	Mobile	Package	Booking ID	Booking Date	Appointment Date	Appointment Time	Action
1	MR. KASHYAP BRAJESH	8410833750	Mediwheel Full Body Plus Above 50 Male	22E31719	22/08/2024	24/08/2024	8:30am	Upload Report
2	Ranjana Kashyap	8410833750	Mediwheel Full Body Health Annual Plus Check	22S31720	22/08/2024	24/08/2024	8:30am	Upload Report

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 Mediwheel Team

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