


Diagnosics & Speciality Centre

NAME : Mr. ABHISHEK	MR NO. : 23040099
AGE/SEX : 28 Yrs / Male	VISIT NO. : 172265
REFERRED BY :	DATE OF COLLECTION : 04-04-2023 at 08:47 AM
	DATE OF REPORT : 04-04-2023 at 11:29 AM
REF CENTER : MEDIWHEEL	

TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC) WITH ESR			
<i>Automated Cell Counter</i>			
HAEMOGLOBIN <i>Colorimetric Method</i>	16.5 gm/dL	13 - 18 gm/dL	EDTA WHOLE BLOOD
HEMATOCRIT (PCV) <i>Calculated</i>	48.1 %	40 - 54 %	EDTA WHOLE BLOOD
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	5.0 million/cu.mm	4.5 - 5.9 million/cu.mm	EDTA WHOLE BLOOD
PLATELET COUNT <i>Electrical Impedance</i>	3.2 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm	EDTA WHOLE BLOOD
MEAN CELL VOLUME (MCV) <i>Calculated</i>	97.4 fl	80 - 100 fl	EDTA WHOLE BLOOD
Note : All normal and abnormal platelet counts are cross checked on peripheral smear.			
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	33.4 pg	26 - 34 pg	EDTA WHOLE BLOOD
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	34.2 %	31 - 35 %	EDTA WHOLE BLOOD
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	9960.0 cells/cumm	4000 - 11000 cells/cumm	EDTA WHOLE BLOOD
NEUTROPHILS <i>VCS Technology/Microscopic</i>	56 %	40 - 75 %	EDTA WHOLE BLOOD
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	35 %	25 - 40 %	EDTA WHOLE BLOOD
DIFFERENTIAL COUNT			
EOSINOPHILS <i>VCS Technology/Microscopic</i>	04 %	0 - 7 %	EDTA WHOLE BLOOD
MONOCYTES <i>VCS Technology/Microscopic</i>	05 %	1 - 8 %	EDTA WHOLE BLOOD
BASOPHILS <i>Electrical Impedance</i>	00 %		EDTA WHOLE BLOOD
ESR <i>Westergren Method</i>	10 mm/hr	0 - 15 mm/hr	EDTA WHOLE BLOOD

Krishna M. Murthy



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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"B" Positive		EDTA WHOLE BLOOD
GLYCATED HAEMOGLOBIN (HbA1C) <i>HPLC</i>	5.6 %	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%	EDTA WHOLE BLOOD
ESTIMATED AVERAGE GLUCOSE (eAG) <i>Calculation</i>	114.02 mg/dL		EDTA WHOLE BLOOD

Comments:

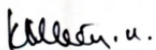
This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements. This provides a additional criterion for assessing glucose control because glycated 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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**** End of Report ****

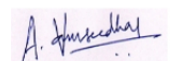
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CLINICAL BIOCHEMISTRY

LIVER FUNCTION TEST (LFT)

Spectrometry

TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	0.46 mg/dL	0.2 - 1.2 mg/dL	SERUM
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.17 mg/dL	0 - 0.4 mg/dL	SERUM
INDIRECT BILIRUBIN <i>Calculation</i>	0.29 mg/dl	0.2 - 0.8 mg/dl	SERUM
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	27 U/L	up to 35 U/L	SERUM
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	43.9 U/L	up to 50 U/L	SERUM
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	97 U/L	36 - 113 U/L	SERUM
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	37.0 U/L	15 - 85 U/L	SERUM
TOTAL PROTEIN <i>Biuret Colorimetric</i>	6.54 g/dl	6.2 - 8 g/dl	SERUM
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	4.00 g/dl	3.5 - 5.2 g/dl	SERUM
S.GLOBULIN <i>Calculation</i>	2.5 g/dl	2.5 - 3.8 g/dl	SERUM
A/G RATIO <i>Calculation</i>	1.6	1 - 1.5	SERUM

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
LIPID PROFILE TEST			
<i>Spectrometry</i>			
TOTAL CHOLESTEROL <i>Cholesterol Oxidase-Peroxidase (CHOD-POD)</i>	166 mg/dL	up to 200 mg/dL Border Line: 200 – 240 mg/dL High: > 240 mg/dL	SERUM
TRIGLYCERIDES <i>Glycerol Peroxidase-Peroxidase (GPO-POD)</i>	277.1 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	SERUM
HDL CHOLESTEROL - DIRECT <i>PEG-Cholesterol Esterase</i>	34.6 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)	SERUM
LDL CHOLESTEROL - DIRECT <i>Cholesterol Esterase-Cholesterol Oxidase</i>	76.0 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	SERUM
VLDL CHOLESTEROL <i>Calculation</i>	55.4 mg/dL	2 - 30 mg/dL	SERUM
TOTAL CHOLESTROL/HDL RATIO <i>Calculation</i>	4.8	up to 3.5 3.5-5.0 - Moderate >5.0 - High	SERUM
LDL/HDL RATIO <i>Calculation</i>	2.2	up to 2.5 2.5-3.3 - Moderate >3.3 - High	SERUM

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	36.1 mg/dL	15 - 50 mg/dL	SERUM
CREATININE <i>Jaffe Kinetic</i>	0.7 mg/dL	0.4 - 1.4 mg/dL	SERUM
URIC ACID <i>Uricase-Peroxidase</i>	7.68 mg/dL	3 - 7.2 mg/dL	SERUM
SERUM ELECTROLYTES			
SODIUM <i>Ion Selective Electrode (ISE)</i>	138 mmol/L	136 - 145 mmol/L	SERUM
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	4.26 mmol/L	3.5 - 5.2 mmol/L	SERUM
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	105 mmol/L	97 - 111 mmol/L	SERUM
FASTING BLOOD SUGAR <i>Hexokinase</i>	117.5 mg/dl	70 - 110 mg/dl	PLASMA
POST PRANDIAL BLOOD SUGAR <i>Hexokinase</i>	135.4 mg/dl	80 - 150 mg/dl	PLASMA - PP

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
CLINICAL PATHOLOGY			
URINE ROUTINE & MICROSCOPIC			
<i>Strips & Microscopy</i>			
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>	1.030	1.005-1.035	
pH	6.0	4.6-8.5	
CHEMICAL EXAMINATION (DIPSTICK)			
Protein <i>Strips Method</i>	Nil	Nil -Trace	
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	
MICROSCOPY			
Pus Cells (WBC) <i>Light Microscopic</i>	6 - 8 /hpf	0-5/hpf	
Epithelial Cells <i>Light Microscopic</i>	4 - 5 /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	FASTING URINE

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
POSTPRANDIAL URINE SUGAR	NIL	NIL	URINE

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IMMUNOASSAY

THYROID PROFILE

TOTAL TRIIODOTHYRONINE (T3) CMIA	1.41 ng/mL	0.87 - 1.78 ng/mL	SERUM
TOTAL THYROXINE (T4) CMIA	6.62 µg/dL	6.09 - 12.23 µg/dL	SERUM
THYROID STIMULATING HORMONE (TSH) CMIA	4.11 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	SERUM

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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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
PROSTATIC SPECIFIC ANTIGEN (PSA) <i>ECLIA</i>			
PROSTATIC SPECIFIC ANTIGEN (PSA) <i>CMIA</i>	0.40 ng/mL	Up to 4ng/mL: Normal 4-10 ng/mL Hypertrophy & benign genito urinary conditions. >10 ng/mL Suspicious of malignancy.	SERUM

PSA is used for monitoring patients with a history of prostate cancer and as an early indicator of recurrence and response to treatment. The test is commonly used for Prostate cancer screening.

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