

Name : Mr. P NARAYANAN
PID No. : MED111123150
SID No. : 712216188
Age / Sex : 33 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 28/05/2022 9:12 AM
Collection On : 28/05/2022 11:11 AM
Report On : 28/05/2022 4:13 PM
Printed On : 29/05/2022 2:15 PM



| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|----------------------|-----------------------|-------------|--------------------------------------|
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HAEMATOLOGY

Complete Blood Count With - ESR

| | | | |
|---|------|------|-------------|
| Haemoglobin (EDTA Blood/Spectrophotometry) | 16.8 | g/dL | 13.5 - 18.0 |
|---|------|------|-------------|

INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

Remark: Test outsourced to an external lab.

| | | | |
|---|--------------|-------------|--------------|
| PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived) | 51.10 | % | 42 - 52 |
| RBC Count (EDTA Blood/Automated Blood cell Counter) | 5.93 | mill/cu.mm | 4.7 - 6.0 |
| MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance) | 86 | fL | 78 - 100 |
| MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived) | 28.4 | pg | 27 - 32 |
| MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived) | 32.9 | g/dL | 32 - 36 |
| RDW-CV (Derived) | 12.6 | % | 11.5 - 16.0 |
| RDW-SD (Derived) | 37.93 | fL | 39 - 46 |
| Total WBC Count (TC) (EDTA Blood/Derived from Impedance) | 11200 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (Blood/Impedance Variation & Flow Cytometry) | 52.6 | % | 40 - 75 |
| Lymphocytes (Blood/Impedance Variation & Flow Cytometry) | 34.9 | % | 20 - 45 |

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Consultant Pathologist
Reg No : KMC 103138

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| Eosinophils (Blood/Impedance Variation & Flow Cytometry) | 5.4 | % | 01 - 06 |
| Monocytes (Blood/Impedance Variation & Flow Cytometry) | 07 | % | 01 - 10 |
| Basophils (Blood/Impedance Variation & Flow Cytometry) | 0.1 | % | 00 - 02 |
| Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry) | 5.89 | 10 ³ / μ l | 1.5 - 6.6 |
| Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 3.91 | 10 ³ / μ l | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.60 | 10 ³ / μ l | 0.04 - 0.44 |
| Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.78 | 10 ³ / μ l | < 1.0 |
| Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.01 | 10 ³ / μ l | < 0.2 |
| Platelet Count (EDTA Blood/Derived from Impedance) | 280 | 10 ³ / μ l | 150 - 450 |
| ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser) | 08 | mm/hr | < 15 |


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| <u>Lipid Profile</u> | | | |
| Cholesterol Total (Serum/Oxidase / Peroxidase method) | 198 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase) | 151 | mg/dL | Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500 |

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the usual circulating level of triglycerides during most part of the day.

| | | | |
|---|-------|-------|--|
| HDL Cholesterol (Serum/Immunoinhibition) | 40 | mg/dL | Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40 |
| LDL Cholesterol (Serum/Calculated) | 127.8 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 |
| VLDL Cholesterol (Serum/Calculated) | 30.2 | mg/dL | < 30 |
| Non HDL Cholesterol (Serum/Calculated) | 158.0 | mg/dL | Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220 |

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INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

| | | | |
|---|---|--|--|
| Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated) | 5 | | Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0 |
|---|---|--|--|

| | | | |
|--|-----|--|--|
| Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated) | 3.8 | | Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0 |
|--|-----|--|--|

| | | | |
|---|-----|--|---|
| LDL/HDL Cholesterol Ratio (Serum/Calculated) | 3.2 | | Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0 |
|---|-----|--|---|

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| <u>Glycosylated Haemoglobin (HbA1c)</u> | | | |
| HbA1C (Whole Blood/HPLC) | 5.8 | % | Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5 |

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Remark: Kindly correlate clinically.

| | | |
|--|--------|-------|
| Estimated Average Glucose (Whole Blood) | 119.76 | mg/dL |
|--|--------|-------|

INTERPRETATION: 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.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

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IMMUNOASSAY

THYROID PROFILE / TFT

| | | | |
|---|------|-------|------------|
| T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA)) | 0.84 | ng/ml | 0.7 - 2.04 |
|---|------|-------|------------|

INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

| | | | |
|--|------|-----------|------------|
| T4 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA)) | 6.31 | Microg/dl | 4.2 - 12.0 |
|--|------|-----------|------------|

INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

| | | | |
|---|-------|--------|-------------|
| TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA)) | 3.084 | μIU/mL | 0.35 - 5.50 |
|---|-------|--------|-------------|

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0


(Indian Thyroid Society Guidelines)

Comment :

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&lt;0.03 μIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.


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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

| | | | |
|--|-------------|--|-----------------|
| Colour (Urine/Physical examination) | Pale yellow | | Yellow to Amber |
| Volume (Urine/Physical examination) | 30 | | ml |
| Appearance (Urine) | Clear | | |

CHEMICAL EXAMINATION

| | | | |
|--|----------|----------|---------------|
| pH (Urine) | 6.5 | | 4.5 - 8.0 |
| Specific Gravity (Urine/Dip Stick ó Reagent strip method) | 1.010 | | 1.002 - 1.035 |
| Protein (Urine/Dip Stick ó Reagent strip method) | Negative | | Negative |
| Glucose (Urine) | Nil | | Nil |
| Ketone (Urine/Dip Stick ó Reagent strip method) | Nil | | Nil |
| Leukocytes (Urine) | Negative | leuco/uL | Negative |
| Nitrite (Urine/Dip Stick ó Reagent strip method) | Nil | | Nil |
| Bilirubin (Urine) | Negative | mg/dL | Negative |


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| Blood (Urine) | Nil | | Nil |
| Urobilinogen (Urine/Dip Stick ó"Reagent strip method) | Normal | | Within normal limits |
| <u>Urine Microscopy Pictures</u> | | | |
| RBCs (Urine/Microscopy) | Nil | /hpf | NIL |
| Pus Cells (Urine/Microscopy) | 2-4 | /hpf | < 5 |
| Epithelial Cells (Urine/Microscopy) | 2-4 | /hpf | No ranges |
| Others (Urine) | Nil | | Nil |


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Investigation

Observed
Value

Unit

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Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'AB' 'Positive'

Remark: Test to be confirmed by gel method.

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| <u>BIOCHEMISTRY</u> | | | |
| BUN / Creatinine Ratio | 11 | | 6.0 - 22.0 |
| Glucose Fasting (FBS) (Plasma - F/GOD- POD) | 83 | mg/dL | Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126 |

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

| | | | |
|--|-----|-------|----------|
| Urine sugar, Fasting (Urine - F) | Nil | | Nil |
| Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD) | 90 | mg/dL | 70 - 140 |


INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

| | | | |
|--|----------|-------|-----------|
| Urine Sugar (PP-2 hours) (Urine - PP) | Negative | | Negative |
| Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived) | 12 | mg/dL | 7.0 - 21 |
| Creatinine (Serum/Jaffe Kinetic) | 1.1 | mg/dL | 0.9 - 1.3 |

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

| | | | |
|---|-----|-------|-----------|
| Uric Acid (Serum/Uricase/Peroxidase) | 6.2 | mg/dL | 3.5 - 7.2 |
|---|-----|-------|-----------|


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-- End of Report --

| | | | |
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| Age & Gender | 33Y/M | Visit Date | May 28 2022 9:11AM |
| Ref Doctor | MediWheel | | |

X – RAY CHEST PA VIEW

LUNGS:

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

CARDIA:

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

IMPRESSION:

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.**

MB/SV



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MRI)
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