Name	: **Mr. SADASHIVAMURTHY**		
PID No.	: MED111149078	**Register On**	: 11/06/2022 9:27 AM
SID No.	: 712217638	**Collection On**	: 11/06/2022 10:43 AM
Age / Sex	: 56 Year(s) / Male	**Report On**	: 12/06/2022 11:14 AM
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Investigation	Observed Value	Unit	Biological Reference Interval
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/*Spectrophotometry)*	15.4	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)*	47.20	%	42 - 52
RBC Count (EDTA Blood/*Automated Blood cell Counter)*	5.37	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (EDTA Blood/*Derived from Impedance)*	88	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/*Derived)*	28.7	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/*Derived)*	32.6	g/dL	32 - 36
RDW-CV (*Derived)*	13.8	%	11.5 - 16.0
RDW-SD (*Derived)*	42.50	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/*Derived from Impedance)*	7600	cells/cu.mm	4000 - 11000
Neutrophils (Blood/*Impedance Variation & Flow Cytometry)*	54.5	%	40 - 75

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Investigation	Observed Value	Unit	Biological Reference Interval
Lymphocytes (Blood/*Impedance Variation & Flow Cytometry)*	36.3	%	20 - 45
Eosinophils (Blood/*Impedance Variation & Flow Cytometry)*	3.8	%	01 - 06
Monocytes (Blood/*Impedance Variation & Flow Cytometry)*	5.3	%	01 - 10
Basophils (Blood/*Impedance Variation & Flow Cytometry)*	0.1	%	00 - 02
Absolute Neutrophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	4.14	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	2.76	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.29	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.40	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.01	10^3 / µl	< 0.2
Platelet Count (EDTA Blood/*Derived from Impedance)*	310	10^3 / µl	150 - 450
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/*Automated ESR analyser)*	12	mm/hr	< 20

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Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/*Diazotized Sulfanilic Acid)*	**1.3**	mg/dL	0.1 - 1.2
Remark: Kindly Correlate Clinically.			
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	0.3	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived)*	1.00	mg/dL	0.1 - 1.0
Total Protein (Serum/*Biuret)*	7.8	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	4.6	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived)*	3.20	gm/dL	2.3 - 3.6
A : G Ratio (Serum/*Derived)*	1.44		1.1 - 2.2
INTERPRETATION: Remark : Electrophoresis is the preferred method			
SGOT/AST (Aspartate Aminotransferase) (Serum/*IFCC / Kinetic)*	34	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*IFCC / Kinetic)*	**43**	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/*PNPP / Kinetic)*	67	U/L	56 - 119
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	39	U/L	< 55

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Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile			
Cholesterol Total (Serum/*Oxidase / Peroxidase method)*	**208**	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*Glycerol phosphate oxidase / peroxidase)*	139	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 ñusualò circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/*Immunoinhibition)*	**39**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/*Calculated)*	**141.2**	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated)*	27.8	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated)*	169.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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Investigation	Observed Value	Unit	Biological Reference Interval

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)*	**5.3**		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)*	3.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated)*	3.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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Investigation	Observed Value	Unit	Biological Reference Interval
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/*HPLC)*	**6.3**	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

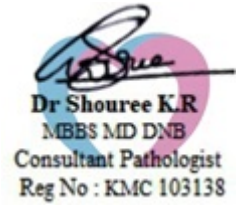
INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Remark: Kindly correlate clinically.

Estimated Average Glucose (Whole Blood*)*	134.11	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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Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA)*)	1.25	ng/ml	0.4 - 1.81

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)*)	**12.06**	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.

Remark: Kindly Correlate Clinically.

TSH (Thyroid Stimulating Hormone) (Serum/*Chemiluminescent Immunometric Assay (CLIA)*)	2.08	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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

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Investigation	Observed Value	Unit	Biological Reference Interval
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*)*	6.0		4.5 - 8.0
Specific Gravity (Urine/*Dip Stick ï Reagent strip method)*	1.010		1.002 - 1.035
Protein (Urine/*Dip Stick ï Reagent strip method)*	Negative		Negative
Glucose (Urine*)*	Nil		Nil
Ketone (Urine/*Dip Stick ï Reagent strip method)*	Nil		Nil
Leukocytes (Urine*)*	Negative	leuco/uL	Negative
Nitrite (Urine/*Dip Stick ï Reagent strip method)*	Nil		Nil
Bilirubin (Urine*)*	Negative	mg/dL	Negative

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Investigation	Observed Value	Unit	Biological Reference Interval
Blood (Urine)	Nil		Nil
Urobilinogen (Urine/*Dip Stick ï Reagent strip method)*	Normal		Within normal limits
Urine Microscopy Pictures			
RBCs (Urine/*Microscopy)*	Nil	/hpf	NIL
Pus Cells (Urine/*Microscopy)*	6-8	/hpf	< 5
Epithelial Cells (Urine/*Microscopy)*	4-6	/hpf	No ranges
Others (Urine)	Nil		Nil

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Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/*Agglutination)*	'O' 'Positive'		

Remark: Test to be confirmed by Gel Method

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Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
BUN / Creatinine Ratio	8.0		
Glucose Fasting (FBS) (Plasma - F/*GOD- POD)*	85	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)*	**183**	mg/dL	70 - 140

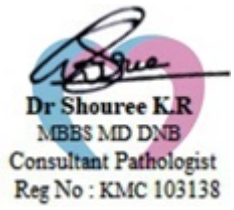
INTERPRETATION:
Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin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

Remark: Kindly Correlate Clinically.

Urine Sugar (PP-2 hours) (Urine - PP*)*	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived)*	8.2	mg/dL	7.0 - 21
Creatinine (Serum/*Jaffe Kinetic)*	1.0	mg/dL	0.8 - 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)*	**8.1**	mg/dL	3.5 - 7.2



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Investigation	Observed Value	Unit	Biological Reference Interval
IMMUNOASSAY			
Prostate specific antigen - Total(PSA) (Serum/*Manometric method)*	0.601	ng/ml	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

INTERPRETATION: REMARK : PSA alone should not be used as an absolute indicator of malignancy.

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-- End of Report --

Name	SADASHIVAMURTHY	ID	MED111149078
Age & Gender	56Y/M	Visit Date	Jun 11 2022 11:44AM
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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CONSULTANT RADIOLOGIST