

Age / Gender: 30 years / Male

Patient ID: 16850

Source: MEDI WHEEL

Referral: SELF

Collection Time : Feb 11, 2023, 09:46 a.m. **Reporting Time :** Feb 11, 2023, 11:29 a.m.

Sample ID :

Test Description	Value(s)	Reference Range	Unit
CBC; Complete Blood Count			
Hemoglobin (Hb)*	16.3	13.5 - 18.0	gm/dL
Method : Cynmeth Photometric Measurement			
Erythrocyte (RBC) Count*	5.7	4.7 - 6.0	mil/cu.mm
Method : Electrical Impedence			
Packed Cell Volume (PCV)*	56.7	42 - 52	%
Method : Calculated			
Mean Cell Volume (MCV)*	99.47	78 - 100	fL
Method : Electrical Impedence			
Mean Cell Haemoglobin (MCH)*	28.60	27 - 31	pg
Method : Calculated			
Mean Corpuscular Hb Concn. (MCHC)*	28.75	32 - 36	gm/dL
Method : Calculated			
Red Cell Distribution Width (RDW)*	12.8	11.5 - 14.0	%
Method : Electrical Impedence			
Total Leucocytes (WBC) Count*	8000	4000-10000	cell/cu.mm
Method : Electrical Impedence			
Neutrophils*	65	40 - 80	%
Method : VCSn Technology			
Lymphocytes*	26	20 - 40	%
Method : VCSn Technology			
Monocytes*	8	2 - 10	%
Method : VCSn Technology			
Eosinophils*	1	1 - 6	%
Method : VCSn Technology			
Basophils	0	0 - 1	
Platelet Count*	3.3	1.5 - 4.5	10^3/ul
Method : Electrical Impedence			
Mean Platelet Volume (MPV)*	7.9	7.2 - 11.7	fL
Method : Electrical Impedence			

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PCT*	0.259	0.2 - 0.5	%
Method : Calculated			
PDW*	15.1	9.0 - 17.0	%
Method : Calculated			

Tests done on Automated Three Part Cell Counter. (WBC, RBC, Platelet count by impedance method, colorimetric method for Hemoglobin, WBC differential by flow cytometry using laser technology other parameters are calculated). All Abnormal Haemograms are reviewed confirmed microscopically.

Esr, Erythrocyte Sedimentation Rate

Esr, Erythrocyte Sedimentation Rate (Westergren)

10

0-10

mm/hr

Interpretation:

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

Urine Routine

Colour*	Pale Yellow		
Transparency (Appearance)*	Clear	Clear	
Reaction (pH)*	5.0	4.5 - 8	
Specific Gravity*	1.030	1.010 - 1.030	

Chemical Examination (Automated Dipstick Method) Urine

Urine Glucose*	Negative	Negative
Urine Protein*	Negative	Negative
Urine Ketone*	Negative	Negative
Blood*	Positive (+)	Negative

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Test Description	Value(s)	Reference Range	Unit
Bilirubin*	Negative	Negative	
litrite*	Negative	Negative	
eucocytes*	Negative	Negative	
Irobilinogen*	Normal	Normal	
licroscopic Examination Urine			
Pus Cells (WBCs)*	1-2	0 - 5	/hpf
pithelial Cells*	0-1	0 - 4	/hpf
Red blood Cells*	5-6	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Bacteria*	Absent	Absent	

Blood Group & Rh Type

Blood Grouping & Rh Typing

Method: Forward and Reverse By Tube Method

"B" POSITIVE (+VE)

Methodology

This is done by forward and reverse grouping by tube Agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2–4 years).

Fasting - Glucose

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Test Description	Value(s)	Reference Range	Unit
Glucose Fasting*	85.92	Normal: 70-100	mg/dL
Method : Plasma, Hexokinase	00.92	Impaired Fasting Glucose (IFG):	mg/dL
		100-125	
		Diabetes Mellitus: >= 126	
		(On more than one occasion)	
		(American Diabetes Association	
		guidelines 2017)	
Post Prandial Blood Sugar			
Blood Glucose-Post Prandial*	88	80-140	mg/dL
Method : Plasma - P, Hexokinase	00	00 140	mg/dL
Fasting Urine Sugar			
Fasting Urine Sugar	NEGATIVE	NEGATIVE -	
Post Prandial Urine Sugar			
Post Prandial Urine Sugar	NEGATIVE		
HBA1C (Glycosylated Haemoglobin)			
Glyco Hb (HbA1C)	5.94	Non-Diabetic: <=5.9	%
Method : EDTA Whole blood,HPLC		Pre Diabetic:6.0-6.4	
		Diabetic: >=6.5	
Estimated Average Glucose :	123.78		mg/dL
Interpretations			

- 1. HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
- Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.

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Test Description Value(s) Reference Range Unit

3. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.

Excellent control-6-7 %
Fair to Good control – 7-8 %
Unsatisfactory control – 8 to 10 %

Poor Control - More than 10 %

Thyroid Function Test (TFT)			
TRI-IODO THYRONINE (T3) Method : CLIA	110	0.60 - 1.81	ng/mL
TOTAL THYROXINE (T4) Method : CLIA	8.67	4.2 - 12.0	ug/dL
THYROID STIMULATING HORMONE (TSH) Method : CLIA	2.13	0.46 – 8.10 : 1 Yrs – 5 Yrs 0.36 – 5.80 : 6 Yrs – 18 Yrs 0.35 – 5.50 : >18 Yrs Pregnancy Ranges 1st Trimester :0.1 - 2.5 2nd Trimester :0.2 - 3.0 3rd Trimester:0.3 - 3.0	uIU/mL

Comments:

IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION

Please correlate with clinical conditions.

Note: Serum T3, T4 and TSH form the three components of thyroid screening panel, useful in diagnosing various disorders of the thyroid gland. Primary Hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels. Although elevated TSH levels are nearly always indicative of Primary Hypothyroidism, rarely they can from TSH secreting pituitary tumors (Secondary hyperthyroidism)To confirm diagnosis - evaluate FT3 and FT4.

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Test Description	Value(s)	Reference Range	Unit
Lipid Profile			
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	158.06	Desirable: <= 200 Borderline High: 201-239 High: > 239 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	150.91	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	40	<40: Low 40 - 60: Optimal > 60: Desirable	mg/dL
LDL Cholesterol Method : Serum	87.88	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190	mg/dL
Non - HDL Cholesterol, Serum Method : calculated	118.06	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL	mg/dL
VLDL Cholesterol Method : calculated	30.18	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	3.95	3.5 - 5.0	ratio

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LDL/HDL RATIO	2.20	Desirable / low risk - 0.5 -3.0	ratio
Method : calculated		Low/ Moderate risk - 3.0- 6.0	
		Elevated / High risk - > 6.0	
Note: 8-10 hours fasting sample is required.		Ů	
KIDNEY FUNCTION TEST			
Urea *	25	15- 50	mg/dL
Method : Serum			Ü
Blood Urea Nitrogen-BUN*	11.6	7 - 24	mg/dL
Method : Serum, Urease			
Uric Acid*	4.7	3.5 - 7.2	mg/dL
Method : Serum, Uricase/POD			
Creatinine*	1.1	0.7 - 1.3	mg/dL
Method : Serum, Jaffe IDMS			
Liver Funtion Test (LFT) with GGT			
Bilirubin - Total	1.2	0.3 - 1.2	mg/dL
Method : Serum, Jendrassik Grof			
Bilirubin - Direct	0.5	Adults and Children: < 0.2	mg/dL
Method : Serum, Diazotization			
Bilirubin - Indirect	0.7	0.1 - 1.0	mg/dL
Method : Serum, Calculated			
SGOT	24.78	< 50	U/L
Method : Serum, UV with P5P, IFCC 37 degree			
SGPT	4.86	< 50	U/L
Method : Serum, UV with P5P, IFCC 37 degree			
SGOT/SGPT	5.10	0.7 - 1.4	ratio
Method : calculated			
Alkaline Phosphatase-ALP	81.02	30-120	U/L
Method : Serum, PNPP, AMP Buffer, IFCC 37 degree			

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Total Protein	6.96	6.6 - 8.3	g/dL
Method : Serum, Biuret, reagent blank end point	0.90	0.0 - 0.3	g/uL
Albumin	3.87	Adults: 3.5 - 5.2	g/dL
Method : Serum, Bromcresol purple			
Globulin	3.09	1.8 - 3.6	g/dL
Method : Calculated			
A/G Ratio	1.25	1.2 - 2.2	ratio
Method : Calculated			

END OF REPORT

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