

Name : MR. VIKRAM KALAKOTI

: 35 Years / Male Age / Gender

Consulting Dr. Reg. Location

: Pimple Saudagar, Pune (Main Centre)

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Collected

Reported

:12-Mar-2022 / 11:29

:12-Mar-2022 / 15:27

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood			
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	15.3	13.0-17.0 g/dL	Spectrophotometric
RBC	5.17	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.0	40-50 %	Measured
MCV	89	80-100 fl	Calculated
MCH	29.5	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	10.5	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	4660	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	48.0	20-40 %	
Absolute Lymphocytes	2236.8	1000-3000 /cmm	Calculated
Monocytes	7.0	2-10 %	
Absolute Monocytes	326.2	200-1000 /cmm	Calculated
Neutrophils	43.0	40-80 %	
Absolute Neutrophils	2003.8	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	93.2	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	-	20-100 /cmm	Calculated

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Immature Leukocytes

Platelet Count	180000	150000-400000 /cmm	Elect. Impedance
MPV	14.1	6-11 fl	Calculated
PDW	30.2	11-18 %	Calculated

Platelet Count done by Manual Method.

RBC MORPHOLOGY

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:12-Mar-2022 / 14:49

Hypochromia

Microcytosis

Macrocytosis

Anisocytosis

Poikilocytosis

Polychromasia

Target Cells

Basophilic Stippling Normoblasts

Others Normocytic, Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY Megaplatelets seen on smear

COMMENT

Specimen: EDTA Whole Blood

ESR, EDTA WB 05 2-15 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab
*** End Of Report ***



K.S. Wadgaarkat Dr.Khushboo Wadgaonkar M.B.B.S., M.D. (Path), **Consultant Pathologist**

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Reported :12-Mar-2022 / 14:51

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	86.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	98.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.87	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.61	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.4	1 - 2	Calculated
SGOT (AST), Serum	28.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	39.1	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	47.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	84.5	40-130 U/L	Colorimetric
BLOOD UREA, Serum	24.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.5	6-20 mg/dl	Calculated
CREATININE, Serum	1.01	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	89	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.8	3.5-7.2 mg/dl	Enzymatic

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:12-Mar-2022 / 19:27

Urine Sugar (Fasting) **Absent Absent** Urine Ketones (Fasting) Absent Absent

Urine Sugar (PP) Absent **Absent** Urine Ketones (PP) Absent Absent

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate *** End Of Report ***







modniet Dr.SHAMLA KULKARNI M.D.(PATH) **Pathologist**

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)

BIOLOGICAL REF RANGE PARAMETER RESULTS METHOD

Glycosylated Hemoglobin **HPLC** 4.8 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC

Prediabetic Level: 5.7-6.4%Diabetic Level: >/= 6.5 %

Estimated Average Glucose 91.1 mg/dl Calculated

(eAG), EDTA WB - CC

Intended use:

In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year

In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly

For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.

The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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Dr.GOURAV AGRAWAL DCP, DNB (Path) **Pathologist**

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

BIOLOGICAL REF RANGE

PHYSICAL EXAMINATION

PARAMETER

ColourBrownishBrownForm and ConsistencySemi SolidSemi SolidMucusPresentAbsentBloodAbsentAbsent

RESULTS

CHEMICAL EXAMINATION

Reaction (pH) Acidic (6.0) -

Occult Blood Absent Absent

MICROSCOPIC EXAMINATION

Protozoa Absent Absent Flagellates Absent Absent Ciliates Absent Absent **Parasites** Absent Absent Macrophages Absent Absent Mucus Strands Flakes +++ Absent Fat Globules Absent Absent RBC/hpf Occasional Absent WBC/hpf 10-12 Absent Yeast Cells Absent **Absent Undigested Particles** Present + Concentration Method (for ova) No ova detected Absent Reducing Substances Absent



Dr.Khushboo Wadgaonkar M.B.B.S., M.D. (Path), Consultant Pathologist

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PARAMETER

Volume (ml)

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Consulting Dr. Collected Reported

RESULTS

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:12-Mar-2022 / 15:12

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

BIOLOGICAL REF RANGE

			
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Alkaline (8.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-

CHEMICAL EXAMINATION

OTTENIONE ENVIOUNTATION	<u> </u>		
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test

MICROSCOPIC EXAMINATION

Leukocytes(Pus cells)/hpf	2-3	0-5/hpf
Red Blood Cells / hpf	Absent	0-2/hpf

30

Epithelial Cells / hpf 0-1

Casts Absent Absent Crystals **Absent** Absent Amorphous debris Absent Absent

Bacteria / hpf 4-5 Less than 20/hpf



K.S. Wadgaarkat Dr.Khushboo Wadgaonkar M.B.B.S., M.D. (Path), **Consultant Pathologist**

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Consulting Dr. Collected : 12-Mar-2022 / 11:29

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD GROUPING & Rh TYPING

RESULTS PARAMETER

ABO GROUP 0

Rh TYPING Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

This sample has been tested for Bombay group/Bombay Phenotype/OH Using Anti-H Lectin.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

- Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- AABB technical manual

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Dr.GOURAV AGRAWAL DCP, DNB (Path) **Pathologist**

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	191.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	181.9	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	30.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	160.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	125.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Colorimetric
VLDL CHOLESTEROL, Serum	35.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.1	0-3.5 Ratio	Calculated



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- THEMONIETZ

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Free T3, Serum

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CMIA

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Collected

2.6-5.7 pmol/L

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u> <u>RESULTS</u> <u>BIOLOGICAL REF RANGE</u> <u>METHOD</u>

Kindly note change in reference range and method w.e.f. 16/08/2019

5.4

Free T4, Serum 11.0 9-19 pmol/L CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019

sensitiveTSH, Serum 2.09 0.35-4.94 microIU/ml CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH. 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.

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A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations: Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3. Tietz , Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)







Dr.SHAMLA KULKARNI M.D.(PATH) Pathologist

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