Name	: **Mr. RAMESH B S**		
PID No.	: MED111197451	**Register On**	: 12/07/2022 6:52 PM
SID No.	: 79677897	**Collection On**	: 12/07/2022 7:40 PM
Age / Sex	: 25 Year(s) / Male	**Report On**	: 12/07/2022 11:24 PM
Type	: OP	**Printed On**	: 15/07/2022 11:31 AM
Ref. Dr	: **MediWheel**		

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
HAEMATOLOGY			
Complete Blood Cell Count			
Haemoglobin (EDTA Blood/*Spectrophotometry*)	14.7	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	43.5	%	42 - 52
RBC Count (EDTA Blood)	**4.39**	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	99.2	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	**33.5**	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.8	g/dL	32 - 36
RDW-CV (EDTA Blood)	15.9	%	11.5 - 16.0
RDW-SD (EDTA Blood)	**55.20**	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7400	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	55.1	%	40 - 75
Lymphocytes (EDTA Blood)	31.6	%	20 - 45
Eosinophils (EDTA Blood)	2.2	%	01 - 06

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MD PATHOLOGY
KMC 88902
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The results pertain to sample tested.

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Monocytes (EDTA Blood)	**10.6**	%	01 - 10
Basophils (EDTA Blood)	0.5	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count (EDTA Blood)	4.08	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.34	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.16	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.78	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.04	10^3 / µl	< 0.2
Platelet Count (EDTA Blood)	181	10^3 / µl	150 - 450
MPV (EDTA Blood)	8.5	fL	7.9 - 13.7
PCT (EDTA Blood/*Automated Blood cell Counter*)	**0.15**	%	0.18 - 0.28

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/*DCA with ATCS)*	0.53	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	0.22	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived)*	0.31	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC)*	21.13	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC)*	25.31	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	16.51	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC)*	**45.6**	U/L	53 - 128
Total Protein (Serum/*Biuret)*	7.62	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	4.81	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived)*	2.81	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived)*	1.71		1.1 - 2.2

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile			
Cholesterol Total (Serum/*CHOD-PAP with ATCS)*	110.70	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS)*	60.86	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)*	**38.47**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/*Calculated)*	60	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated)*	12.2	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated)*	72.2	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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MEDALL

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*)	2.9		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*)	1.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	1.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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Molecular Biotechnology

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Glucose - Random (RBS) (Plasma-R/*GOD-PAP)*	92.10	mg/dL	< 200
INTERPRETATION: Factors such as type and time of food intake, infection, physical or psychological stress, exercise and drugs can influence the blood glucose level.			
Uric Acid (Serum/*Enzymatic)*	4.99	mg/dL	3.5 - 7.2

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
IMMUNOASSAY			
TSH (Thyroid Stimulating Hormone) (Serum/*ECLIA*)	1.87	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.

Dr.ROHINI KUMAR Ph.D,
Consultant Microbiologist

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
HAEMATOLOGY			
Complete Blood Cell Count			
Haemoglobin (EDTA Blood/*Spectrophotometry*)	14.7	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	43.5	%	42 - 52
RBC Count (EDTA Blood)	**4.39**	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	99.2	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	**33.5**	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.8	g/dL	32 - 36
RDW-CV (EDTA Blood)	15.9	%	11.5 - 16.0
RDW-SD (EDTA Blood)	**55.20**	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7400	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	55.1	%	40 - 75
Lymphocytes (EDTA Blood)	31.6	%	20 - 45
Eosinophils (EDTA Blood)	2.2	%	01 - 06

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The results pertain to sample tested.

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Monocytes (EDTA Blood)	**10.6**	%	01 - 10
Basophils (EDTA Blood)	0.5	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count (EDTA Blood)	4.08	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.34	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.16	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.78	10^3 / µl	< 1.0
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MPV (EDTA Blood)	8.5	fL	7.9 - 13.7
PCT (EDTA Blood/*Automated Blood cell Counter*)	**0.15**	%	0.18 - 0.28

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Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/*DCA with ATCS)*	0.53	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	0.22	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived)*	0.31	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC)*	21.13	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC)*	25.31	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	16.51	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC)*	**45.6**	U/L	53 - 128
Total Protein (Serum/*Biuret)*	7.62	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	4.81	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived)*	2.81	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived)*	1.71		1.1 - 2.2

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
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Triglycerides (Serum/*GPO-PAP with ATCS)*	60.86	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)*	**38.47**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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VLDL Cholesterol (Serum/*Calculated)*	12.2	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated)*	72.2	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*)	2.9		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*)	1.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	1.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Glucose - Random (RBS) (Plasma-R/*GOD-PAP)*	92.10	mg/dL	< 200
INTERPRETATION: Factors such as type and time of food intake, infection, physical or psychological stress, exercise and drugs can influence the blood glucose level.			
Uric Acid (Serum/*Enzymatic)*	4.99	mg/dL	3.5 - 7.2

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
IMMUNOASSAY			
TSH (Thyroid Stimulating Hormone) (Serum/*ECLIA*)	1.87	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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