


Req.No : 446065  
 Name : Mr. SRINIVAS BANOTHU [SPOUSE]  
 R/O : ---  
 Age / Sex : 33 Years / Male  
 Bar Code : 

Referred By : SELF  
 Req Date/Time : 14/08/2021 /09:35  
 Sampling Date/Time : 14/8/2021 /13:02  
 Sample : EDTA Whole Blood  
 Centre : MEDIWHEEL

**HAEMATOLOGY**

**HAEMOGRAM WITH ESR**

TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
HAEMOGLOBIN	15.5	g/dL	13.0 - 17.0
ERYTHROCYTE COUNT(RBC)	5.4	10 <sup>6</sup> /μL	4.5 - 5.5
PACKED CELL VOLUME (PCV)	44	%	40 - 50
MCV	83	fL	83 - 101
MCH	28.7	pg	27 - 32
MCHC	H 34.6	gm/dL	31.5 - 34.5
RDW	12.9	%	11.6 - 14.0
TOTAL WBC COUNT	6.2	10 <sup>3</sup> /μL	4 - 10

MEDIWHEEL MALE 30 YRS AND BELOW

**DIFFERENTIAL LEUCOCYTE COUNT**

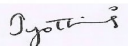
NEUTROPHILS	62	%	40 - 80
LYMPHOCYTES	32	%	20 - 40
MONOCYTES	3	%	2 - 10
EOSINOPHILS	3	%	1 - 6
BASOPHILS	0	%	0 - 2
PLATELET COUNT	270	10 <sup>3</sup> /μL	150 - 400


**PERIPHERAL SMEAR**

RBC Normocytic and Normochromic  
 W.B.C Within normal limits.No abnormal cells seen.  
 PLATELETS. Discrete and adequate.Normal in morphology  
 ESR I HOUR 08 mm/hr 0 - 10

Method: Cell Counter (Photometry, Impedance, Light scattering, Calculation), Microscopy.

\*\*\*\* End of Report \*\*\*\*

  
 DR. JYOTHI KIRANMAI  
 MD PATHOLOGY

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Centre : MEDIWHEEL

HAEMATOLOGY

TEST(Methodology)

RESULT

Method: Agglutination

BLOOD GROUPING & RH TYPING

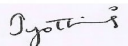
B POSITIVE


Note : Reconfirm the Blood Group and Rh Type & Cross-match before blood transfusion.

\*\*\*\* END OF REPORT \*\*\*\*

MEDIWHEEL MALE 30 YRS AND BELOW

Reported on : 14/08/2021/ 13:08  
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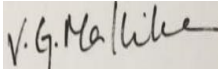
Referred By : SELF  
Registration : 14/08/2021 /09:35  
Sampling Date/Time : 14/08/2021 /13:02  
Sample : Fluoride Plasma  
Centre : MEDIWHEEL


**BIOCHEMISTRY**

TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
BLOOD GLUCOSE FASTING  Method: GOD-PAP	94	mg/dL	<100 : Normal 100 - 125 : Impaired fasting glucose >125 : Diabetic
BLOOD GLUCOSE POST PRANDIAL  Method: GOD-PAP	107	mg/dL	90-140 : Normal 141-199 : Impaired glucose tolerance ≥200 : Diabetic

\*\*\*\* End of Report \*\*\*\*  
MEDIWHEEL MALE 30 YRS AND BELOW

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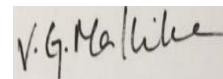
Referred By : SELF  
Req Date/Time : 14/08/2021 /09:35  
Sampling Date/Time : 14/08/2021 /13:02  
Sample : Urine  
Centre : MEDIWHEEL

CLINICAL PATHOLOGY


TEST(Methodology)	RESULT	BIOLOGICAL REFERENCE INTERVAL
Method: Reagent strip/Reflectance photometry		
URINE SUGAR (F)*	Nil	NIL
URINE SUGAR (PP)*	Nil	NIL

\*\*\*\* End of Report \*\*\*\*

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 Sample : Serum  
 Centre : MEDIWHEEL

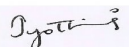
**BIOCHEMISTRY**


**LIPID PROFILE [FASTING SAMPLE]**

TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>CHOLESTEROL</b>			
TOTAL CHOLESTEROL Method: CHOD-PAP	179	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240
HDL CHOLESTEROL Method: Enzymatic Reaction	32	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >/=60:Considered protective against heart disease.
LDL CHOLESTEROL Method: Calculated	117	mg/dL	<100
VLDL CHOLESTEROL Method: Calculated	30	mg/dL	10 - 55
TRIGLYCERIDES Method: GPO-POD	148	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>/=500
CHOL:HDL RATIO Method: Calculated	5.59		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL:HDL RATIO. Method: Calculated	3.66		

\*\*\*\* End of Report \*\*\*\*

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 Sample : Serum  
 Centre : MEDIWHEEL

**BIOCHEMISTRY**

**LIVER FUNCTION TEST 16 YEARS And ABOVE**

TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
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**BILIRUBIN**

BILIRUBIN TOTAL Method: Diazo with Sulphanilic acid	0.63	mg/dL	0.3 - 1.2
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DIRECT BILIRUBIN Method: Diazo with sulphanilic acid	0.16	mg/dL	0.0 - 0.40
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INDIRECT BILIRUBIN Method: Calculated	0.47	mg/dL	
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SERUM SGPT(ALT) Method: IFCC without P5P	17	U/L	10 - 40
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SERUM SGOT(AST) Method: IFCC without P5P	20	U/L	10 - 40
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SERUM ALKALINE PHOSPHATASE Method: AMP-IFCC	84	U/L	30 - 115
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**PROTEINS**

Total Proteins Method: Biuret	7.51	g/dL	6.0 - 8.0
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ALBUMIN Method: Bromocresol Green (BCG)	4.75	G/dL	3.5 - 4.8
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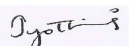
SERUM GLOBULIN Method: Calculated	2.76	g/dL	2.3 - 3.5
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A/G RATIO Method: Calculated	1.72		0.8 - 2.0
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SERUM GAMMA GT Method: IFCC-Enzymatic	37	U/L	7.0 - 50.0
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Sample : -  
Centre : MEDIWHEEL

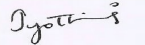
**BIOCHEMISTRY**


TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
BLOOD UREA NITROGEN (B.U.N)* Method: Calculated	10.6	mg/dL	7 - 23
SERUM CREATININE Method: Alkaline picrate method	1.16	mg/dL	0.60 - 1.30
SERUM URIC ACID Method: Uricase(Peroxidase)	H 8.66	mg/dL	2.5 - 8.0

\*\*\*\* End of Report \*\*\*\*

MEDIWHEEL MALE 30 YRS AND BELOW

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Sample : -  
Centre : MEDIWHEEL

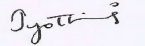
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SERUM CREATININE Method: Alkaline picrate method	1.16	mg/dL	0.60 - 1.30
SERUM URIC ACID Method: Uricase(Peroxidase)	H 8.66	mg/dL	2.5 - 8.0


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MEDIWHEEL MALE 30 YRS AND BELOW

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Referred By : SELF  
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 Sampling Date/Time : 14/08/2021 /13:02  
 Sample : EDTA Whole Blood  
 Centre : MEDIWHEEL

**BIOCHEMISTRY**

TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Haemoglobin (Hb A1c)*	5.7	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% : Diabetes
Method: High Performance Liquid Chromatography (HPLC)			
MEAN PLASMA GLUCOSE (MPG) ESTIMATE*	116	mg/dL	Excellent control : 90 to 120 Good control : 121 to 150 Average control : 151 to 180 Panic value : > 211
Method: Derived from HBA1c			

Note: Mean Plasma Glucose is calculated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

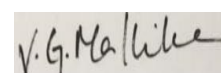
**MEDIWHEEL MALE 30 YRS AND BELOW**


**INTERPRETATION :**

- Glycated hemoglobin (glycohemoglobin /HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- A1c is measured primarily to determine the three-month average blood sugar level and can be used as a diagnostic test for diabetes mellitus and as an assessment test for glycemic control in people with diabetes.
- In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
- American diabetes Association (ADA) recommends an A1C goal for many non-pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive comorbid conditions etc, or where the harms of treatment are greater than the benefits.
- Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

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 Sample : Urine  
 Centre : MEDIWHEEL

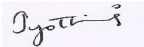
CLINICAL PATHOLOGY


URINE ANALYSIS

TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Metho Physical examination			
COLOUR	Yellow		LIGHT YELLOW
APPEARANCE	Clear		CLEAR
SP GRAVITY	1.020		1.003 - 1.030
pH	6.0		5.0 - 8.0
PROTEIN	Negative		NEGATIVE
GLUCOSE	Negative		NEGATIVE
UROBILINOGEN	Negative		0.2 - 1.0 mg% (Normal)
KETONE	Negative		NEGATIVE
BLOOD.	Negative		NEGATIVE
BILE SALT	Negative		NEGATIVE
BILE PIGMENT	Negative		NEGATIVE
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS.	Occasional	/hpf	0 - 5
RBCs	Nil	/hpf	0 - 2
EPITHELIAL CELLS	Nil	/hpf	0 - 8
CRYSTALS	Nil	/lpf	Nil
CASTS*	Nil	/lpf	Nil
OTHERS	Nil		Nil

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Sample : Serum  
Centre : MEDIWHEEL

IMMUNOASSAYS

TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Method: Enhanced chemiluminescence			
PROSTATE SPECIFIC ANTIGEN TOTAL*	1.06	ng/mL	0 - 3.9

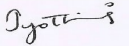
Interpretation:


- 1.Prostate specific antigen (PSA) is a glycoprotein that is expressed by both normal and neoplastic prostate tissue
- 2.Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hyperplasia (BPH) or inflammatory conditions of other adjacent genitourinary tissues. PSA can also be elevated after digital rectal examination,prostatic massage,cystoscopy,needle biopsy etc
- 3.Measurement of serum PSA by itself is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels are also observed in patients with benign prostatic hyperplasia.
4. When employed for the management of prostate cancer patients, serial measurement of PSA is useful in detecting residual tumor and recurrent cancer after radical prostatectomy.
- 5.PSA has been demonstrated to be an accurate marker for monitoring advanced clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy.

MEDIWHEEL MALE 30 YRS AND BELOW

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<b>Age / Sex</b>	: 33 Years / Male	<b>Sample</b>	: Serum
<b>Bar Code</b>	: 	<b>Centre</b>	: MEDIWHEEL

**IMMUNOASSAYS**

**THYROID FUNCTION TEST (TOTAL)\***

TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Metho Enhanced chemiluminescence			
T3 (TRI - IODOTHYRONINE)*	1.46	ng/mL	0.970 - 1.69
T4 (THYROXINE)*	9.00	µg/dL	5.53 - 11.0
TSH (THYROID STIMULATING HORMONE)*	2.33	µIU/mL	0.465 - 4.68

Note: Change in method and reference range

**NOTE:**

TSH - Reference ranges during pregnancy:\*

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.00

3dr Trimester : 0.30 - 3.00

\*As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.

1.Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.

2.Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.

3.Normal T4 levels accompanied by high T3 levels are seen in patients with T3 Thyrotoxicosis.

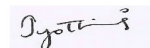
4.Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.

5.Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result form TSH secreting pituitary tumors(secondary).

\*\*\*\* END OF REPORT \*\*\*\*

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