





Diagnostics & Speciality Centre

 NAME
 : Mr. PRATHAP M
 MR NO.
 : 22020974

 AGE/SEX
 : 32 Yrs / Male
 VISIT NO.
 : 149665

REFERRED BY: DATE OF COLLECTION: 12-02-2022 at 10:49 AM

DATE OF REPORT : 13-02-2022 at 03:38 PM

REF CENTER : MEDIWHEEL

TEST PARAMETER RESULT REFERENCE RANGE SPECIMEN

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC) WITH ESR

HAEMOGLOBIN
Colorimetric Method

HEMATOCRIT (PCV)
Calculated

15.3 gm/dL
13 - 18 gm/dL
45.4 %
40 - 54 %

RED BLOOD CELL (RBC) COUNT 5.4 million/cu.mm 4.5 - 5.9 million/cu.mm

PLATELET COUNT 2.5 Lakhs/cumm 1.5 - 4.5 Lakhs/cumm

Electrical Impedance

MEAN CELL VOLUME (MCV)

84.6 fl

80 - 100 fl

MEAN CORPUSCULAR HEMOGLOBIN (MCH)

MEAN CORPUSCULAR HEMOGLOBIN (MCH)

MEAN CORPUSCULAR HEMOGLOBIN

33.7 %

31 - 35 %

CONCENTRATION (MCHC)

Calculated

TOTAL WBC COUNT (TC) 6700 cells/cumm 4000 - 11000 cells/cumm

Electrical Impedance

NEUTROPHILS
VCS Technology/Microscopic

54 %
40 - 75 %

LYMPHOCYTES 37 % 25 - 40 % VCS Technology/Microscopic

DIFFERENTIAL COUNT

EOSINOPHILS
VCS Technology/Microscopic

MONOCYTES
VCS Technology/Microscopic

06 %
1 - 8 %

BASOPHILS
Electrical Impedance

00 %

ESR 10 mm/hr 0 - 15 mm/hr

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Dr. KRISHNA MURTHY Lab Seal Dr. VAMSEEDHAR.A

MD
BIOCHEMIST

D.C.P, M.D CONSULTANT PATHOLOGIST

The laboratory values And Normal values need to be interpreted based on patients clinical characteristics. The values in reference range is for an average normal individual which may vary depending upon age, sex and other characteristics.

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TEST PARAMETER RESULT REFERENCE RANGE **SPECIMEN**

BLOOD GROUP & Rh TYPING "O" Positive Tube Agglutination (Forward and Reverse)

GLYCATED HAEMOGLOBIN (HbA1C) 5.7 %

American Diabetic Association (ADA) recommendations:

Non diabetic adults: <5.7 %

At risk (Pre diabetic): 5.7 -

6.4%

Diabetic: >/= 6.5%

Therapeutic goal for glycemic control:

Goal for therapy: < 7.0%

Action suggested: > 8.0%

ESTIMATED AVERAGE GLUCOSE (eAG) 116.89 mg/dL

Calculation Comments:

This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements. This provides a additional criterion for assessing glucose control because glycated hemoglobin values are free of day-to-day glucose fluctuation and are unaffected by exercise or food ingestion.

After a sudden alteration in blood glucose concentration, the rate of change of HbA1c is rapid during initial 2 months, followed by more gradual change approaching steady state 3 months later.

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SPECIMEN



(A Unit of Vijayalakshmi Diagnostics Pvt. Ltd.)

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RESULT

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REFERENCE RANGE

CLINICAL BIOCHEMISTRY

CREATININE 0.92 mg/dL 0.8 - 1.4 mg/dL Jaffe Method

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TEST PARAMETER



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TEST PARAMETER RESULT REFERENCE RANGE **SPECIMEN**

LIPID PROFILE TEST

TOTAL CHOLESTEROL 165 mg/dL up to 200 mg/dL

Cholesterol Oxidase-Peroxidase (CHOD-POD) Border Line: 200 - 240 mg/dL

High: > 240 mg/dL

TRIGLYCERIDES 80.7 mg/dL up to 150 mg/dL

Glycerol Peroxidase-Peroxidase (GPO-POD) Desirable: <150 mg/dL

Border Line: 150 - 200 mg/dL High: >200 - 500 mg/dL Very High: > 500 mg/dL

HDL CHOLESTEROL - DIRECT 34.6 mg/dl 40 - 60 mg/dl

PEG-Cholesterol Esterase >/= 60mg/dL - Excellent (protects

against heart disease) 40-59 mg/dL - Higher the better <40 mg/dL - Lower than desired (major

risk for heart disease)

LDL CHOLESTEROL - DIRECT 114.3 mg/dL up to 100 mg/dL

Cholesterol Esterase-Cholesterol Oxidase 100-129 mg/dL- Near optimal/above

optimal

130-159 mg/dL- Borderline High 160-189 mg/dL- High 190->190 mg/dL - Very High

16.1 mg/dL 2 - 30 mg/dL VLDL CHOLESTEROL

Calculation

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
TOTAL CHOLESTROL/HDL RATIO Calculation	4.8	up to 3.5 3.5-5.0 - Moderate >5.0 - High	
LDL/HDL RATIO Calculation	3.3	up to 2.5 2.5-3.3 - Moderate >3.3 - High	
POST PRANDIAL BLOOD SUGAR Hexokinase	81.5 mg/dl	80 - 150 mg/dl	
FASTING BLOOD SUGAR Hexokinase	109.7 mg/dl	70 - 110 mg/dl	
BLOOD UREA UREASE-GLUTAMATE DEHYDROGENASE (GLDH)	24.1 mg/dL	15 - 50 mg/dL	
CREATININE Jaffe Kinetic	0.92 mg/dL	0.4 - 1.4 mg/dL	
URIC ACID Uricase-Peroxidase	9.3 mg/dL	3 - 7.2 mg/dL	
SERUM ELECTROLYTES			
SODIUM Ion Selective Electrode (ISE)	140.1 mmol/L	136 - 145 mmol/L	
POTASSIUM Ion Selective Electrode (ISE)	4.6 mmol/L	3.5 - 5.2 mmol/L	
CHLORIDE Ion Selective Electrode (ISE)	100.0 mmol/L	97 - 111 mmol/L	

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN Colorimetric Diazo Method	0.45 mg/dL	0.2 - 1.2 mg/dL	
DIRECT BILIRUBIN Colorimetric Diazo Method	0.19 mg/dL	0 - 0.4 mg/dL	
INDIRECT BILIRUBIN Calculation	0.26 mg/dl		
S G O T (AST) IFCC Without Pyridoxal Phosphates	24.7 U/L	up to 35 U/L	
S G P T (ALT) IFCC Without Pyridoxal Phosphates	18.7 U/L	up to 50 U/L	
ALKALINE PHOSPHATASE p-Nitrophenyl Phosphate	106 U/L	36 - 113 U/L	
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) 25.4 U/L	15 - 85 U/L	
TOTAL PROTEIN Biuret Colorimetric	5.87 g/dl	6.2 - 8 g/dl	
S.ALBUMIN Bromocresol Green (BCG)	3.75 g/dl	3.5 - 5.2 g/dl	
S.GLOBULIN Calculation	2.1 g/dl	2.5 - 3.8 g/dl	
A/G RATIO Calculation	1.7	1 - 1.5	

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TEST PARAMETER RESULT REFERENCE RANGE **SPECIMEN**

IMMUNOASSAY

PROSTATIC SPECIFIC ANTIGEN (PSA)

PROSTATIC SPECIFIC ANTIGEN (PSA)

0.28 ng/mL

Up to 4ng/mL: Normal 4-10 ng/mL Hypertrophy & benign genito urinary conditions.

>10 ng/mL Suspicious of

malignancy.

PSA is used for monitoring patients with a history of prostate cancer and as an early indicator of recurrence and response to treatment. The test is commonly used for Prostate cancer screening.

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TEST PARAMETER RESULT REFERENCE RANGE **SPECIMEN** THYROID PROFILE **TOTAL TRIIODOTHYRONINE (T3)** 1.46 ng/mL 0.87 - 1.78 ng/mL **TOTAL THYROXINE (T4)** 8.76 µg/dL 6.09 - 12.23 µg/dL THYROID STIMULATING HORMONE (TSH) 2.298 µIU/mL 0.38 - 5.33 µIU/mL 1st Trimester: 0.05 - 3.70 2nd Trimester: 0.31 - 4.35

3rd Trimester: 0.41 - 5.18

Note:

- TSH levels are subject to circadian variation, reaching peak levels between 2 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use:

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

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Dispatched by: Sumalatha

**** End of Report ****

Printed by: Sumalatha on 13-02-2022 at 03:39 PM



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