

Patient Name : **MR. VIDYA SAGAR** Sample ID : 003920924
Age / Sex : 42 YEARS / MALE Collected On : Jul 27, 2024, 02:03 p.m.
Patient ID : 17689 Received On : Jul 27, 2024, 02:03 p.m.
Organization : INSURANCE Reported On : Jul 27, 2024, 05:13 p.m.
Referral : MEDIWHEEL FULL BODY CHECK Report Status : **Final**

Test Description	Value(s)	Reference Range	Unit(s)
<u>Complete Blood Count (CBP)</u>			
Hemoglobin	14.2	13.0 - 17.0	g/dL
Method : Spectrophotometry			
Erythrocyte Count (RBC) Count	5.04	3.8 - 4.8	mIU/uL
Method : Impedance			
PACKED CELL VOLUME (HEMATOCRIT)	46.6	40 - 47	%
Method : Calculated			
Platelet Count	1.98	1.50 - 4.50	lakh/cumm
MCV	92.4	83 - 101	fl
MCH	29.8	27 - 32	pg
MCHC	32.3	31.5 - 34.5	g/dL
RDW-CV	14.3	11.5 - 14.5	%
<u>Total Count and Differential Count</u>			
Total Leucocyte Count (WBC)	5520	4000 - 11000	cells/cumm
Neutrophils	53.3	40 - 75	%
Lymphocytes	37	20 - 40	%
Eosinophils	3.2	0 - 6	%
Monocytes	5.6	2 - 10	%
Basophils	0.9	0 - 1	%

END OF REPORT

Reported By : M.GANGADHAR (LAB TECHNICIAN)



Consultant Pathologist

DR PRAVEEN C.S.

(MBBS, MD pathology.

APMC/FMR/77347)



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Erythrocyte Sedimentation Rate (ESR)

Erythrocyte Sedimentation Rate	7	0-10	mm/1st hr.
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Method : Westergrens

Comments

ESR is non-specific marker of inflammation and is affected by many conditions like anemia, age, obesity, renal failure, plasma viscosity, fibrinogen etc. CRP is more sensitive test of inflammation than ESR.

ESR is a non-specific marker of inflammation and is affected by other factors, the results must be used along with other clinical findings, the individual's health history, and results from other laboratory tests.

- A single elevated ESR, without any symptoms of a specific disease, will usually not give enough information to make a medical decision. Furthermore, a normal result does not rule out inflammation or disease.
- Moderately elevated ESR occurs with inflammation but also with anemia, infection, pregnancy, and with aging.
- A very high ESR usually has an obvious cause, such as a severe infection, marked by an increase in globulins, polymyalgia rheumatica or temporal arteritis. People with multiple myeloma or Waldenstrom's macroglobulinemia typically have very high ESRs even if they don't have inflammation.
- When monitoring a condition over time, rising ESRs may indicate increasing inflammation or a poor response to a therapy; normal or decreasing ESRs may indicate an appropriate response to treatment.

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Test Description	Value(s)	Reference Range	Unit(s)
Glucose-Fasting (FBS)			
Glucose fasting	74.9	70 - 110	mg/dL
Method : GOD-POD			

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HbA1c (Glycated Haemoglobin)

HBA1C, GLYCATED HEMOGLOBIN WHOLE BLOOD-EDTA	6.0	Non-Diabetic: <=5.90 Pre Diabetic:5.90 -6.40 Diabetic: >=6.50	%
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Method : HPLC

Estimated Average Glucose WHOLE BLOOD-EDTA	125.50	Good Control : 90 - 120 Fair Control : 121 - 150 Unsatisfactory Control : 151 - 180 Poor Control : > 180	mg/dL
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Method : Calculated

Comments

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring out of before glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy

Guidance For Known Diabetic

Good Control	Below 6.5%
Fair Control	6.5% - 7.0%
Unsatisfactory Control	7.0% - 8.0%
Poor Control	> 8.0%

HPLC Graph

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Blood Urea Nitrogen (BUN)			
UREA*	26.75	17 - 43	mg/dL
Method : Serum,Urease			
BUN*	12.5	7 - 18.0	mg/dL
Method : Serum,Calculated			

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Creatinine, Serum

Creatinine, Serum	0.77	MALES ; 0.7 - 1.3	mg/dL
Method : Enzymatic		FEMALES ; 0.6 - 1.1	
		NEW BORN ; 0.3 - 1.0	
		INFANTS ; 0.2 - 0.4	
		CHILD ; 0.3 - 0.7	

Interpretation :

Creatinine levels that are within the ranges established by the laboratory performing the test suggest that your kidneys are functioning as they should.

Increased creatinine levels in the blood may mean that your kidneys are not working as they should. Some examples of conditions that can increase creatinine levels include:

- Damage to or swelling of blood vessels in the kidneys (glomerulonephritis) caused by, for example, infections and autoimmune diseases.
- Bacterial infection of the kidneys (pyelonephritis)
- Death of cells in the kidneys' small tubes (acute tubular necrosis) caused by, for example, drugs or toxins.
- Conditions that can block the flow of urine in the urinary tract, such as prostate disease or kidney stones.
- Reduced blood flow to the kidney due to shock, dehydration, congestive heart failure, atherosclerosis, or complications of diabetes.

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Uric Acid, Serum

Uric Acid	3.8	3.5 - 7.2	mg/dL
Method : Uricase, PAP			

Comments:

- Causes of high uric acid in serum:
- Some genetic inborn errors.
- Cancer that has spread from its original location (metastatic), multiple myeloma, leukemias, and cancer chemotherapy.
- Chronic renal disease, acidosis, toxemia of pregnancy, and alcoholism.
- Increased concentrations of uric acid can cause crystals to form in the joints, which can lead to the joint inflammation and pain characteristic of gout. Uric acid can also form crystals or kidney stones that can damage the kidneys.
- Low levels of uric acid in the blood are seen much less commonly than high levels and are seldom considered cause for concern.

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Test Description	Value(s)	Reference Range	Unit(s)
Lipid Profile			
Cholesterol-Total Method : Cholesterol oxidase, esterase, peroxidase	80.0	< 200	mg/dL
Triglycerides Method : Enzymatic, endpoint	27.0	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : > 500	mg/dL
Cholesterol-HDL Direct Method : Direct measure-PEG	33.0	Normal: > 40 Major Heart Risk: < 40	mg/dL
LDL Cholesterol Method : Selective detergent method	41.6	Optimal : < 10 Near or above optimal : 100 -129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190	mg/dL
VLDL Cholesterol Method : calculated	5.40	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	2.42	3.5 - 5.0	ratio

Note: 8-10 hours fasting sample is required.

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<u>Liver Function Test</u>			
Bilirubin - Total Method : DIAZO	2.39	0.3 - 1.2	mg/dL
Bilirubin - Direct Method : DIAZO	1.06	Adults and Children: < 0.4	mg/dL
Bilirubin - Indirect Method : Calculated	1.33	< 0.8	mg/dL
SGOT Method : IFCC	14.5	< 35	U/L
SGPT Method : IFCC	22.9	< 45	U/L
Alkaline Phosphatase-ALP Method : AMP	57	53 - 128	U/L
Total Protein Method : Biuret	6.92	6.6 - 8.7	g/dL
Albumin Method : BCG	3.86	3.5- 5.2	g/dL
Globulin Method : Calculated	3.06	1.8 - 3.6	g/dL
A/G Ratio Method : Calculated	1.26	1.2 - 2.2	ratio

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Blood Grouping ABO & Rh Typing

Blood Group (ABO typing)	"O"
Method : Manual-Hemagglutination	
RhD Factor (Rh Typing)	Positive
Method : Manual hemagglutination	

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Thyroid Profile

TRI-IODOTHYRONINE (T3, TOTAL)	0.91	0.58 - 1.62	ng/mL
Method : CLIA			
THYROXINE (T4, TOTAL)	6.94	5.0 - 14.5	ng/mL
Method : CLIA			
THYROID STIMULATING HORMONE (TSH)	2.27	0.35 - 5.1	mIU/mL
Method : CLIA			

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.


Note:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.05 - 4.73
Second trimester	0.30 – 4.79
Third trimester	0.50 – 6.02

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Complete Urine Analysis (CUE)

Colour	Pale Yellow	Pale Yellow
Transparency (Appearance)	Clear	Clear

Chemical Examination (AUTOMATED URINEANALYSER)

Reaction (pH)	5.5	4.7 - 7.5
Specific Gravity	1.020	1.010 - 1.030
Urine Glucose (sugar)	Negative	Negative
Urine Protein	Negative	Negative
Urine Bilirubin	Negative	Negative
Urine Ketones	Negative	Negative
Urobilinogen	Normal	Normal
Blood	Negative	Negative
Nitrite	Negative	Negative
Leucocyte Esterase	Negative	Negative

Microscopic Examination Urine

Pus Cells	1-2	0 - 2	/hpf
Epithelial Cells	2-3	0 - 5	/hpf
Red blood Cells	Absent	0 - 2	/hpf
Crystals	Absent	Absent	
Cast	Absent	Absent	
Bacteria	Absent	Absent	
OTHERS	-	-	

****END OF REPORT****

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Gamma Glutamyl Transferase (GGT)

Gamma Glutamyl Transferase (GGT)	25.9	10 - 50	U/L
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Method : CARBOXY SUBSTRATE

Comments

GGT is an enzyme present in liver, kidney, and pancreas. It is induced by alcohol intake and is a sensitive indicator of liver disease, particularly alcoholic liver disease.

Clinical utility

Follow-up of alcoholics undergoing treatment since the test is sensitive to modest alcohol intake -confirmation of hepatic origin of elevated serum alkaline phosphatase.

Increased In

Liver disease: acute viral or toxic hepatitis, chronic or subacute hepatitis, alcoholic hepatitis, cirrhosis, biliary tract obstruction (intrahepatic or extrahepatic), primary or metastatic liver neoplasm, and mononucleosis -Drugs (by enzymeinduction): phenytoin, carbamazepine, barbiturates, alcohol.

****END OF REPORT******Reported By : G.S.NEERAJA (LAB TECHNICIAN)**

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2024-07-27 09:16

Name: E VIDYA SAGAR

Sex: Male Age: 42

Section: 123

RoomID:

BedID:

ID:

Operator: PADMA

Custom1:

Custom2:

Custom3:

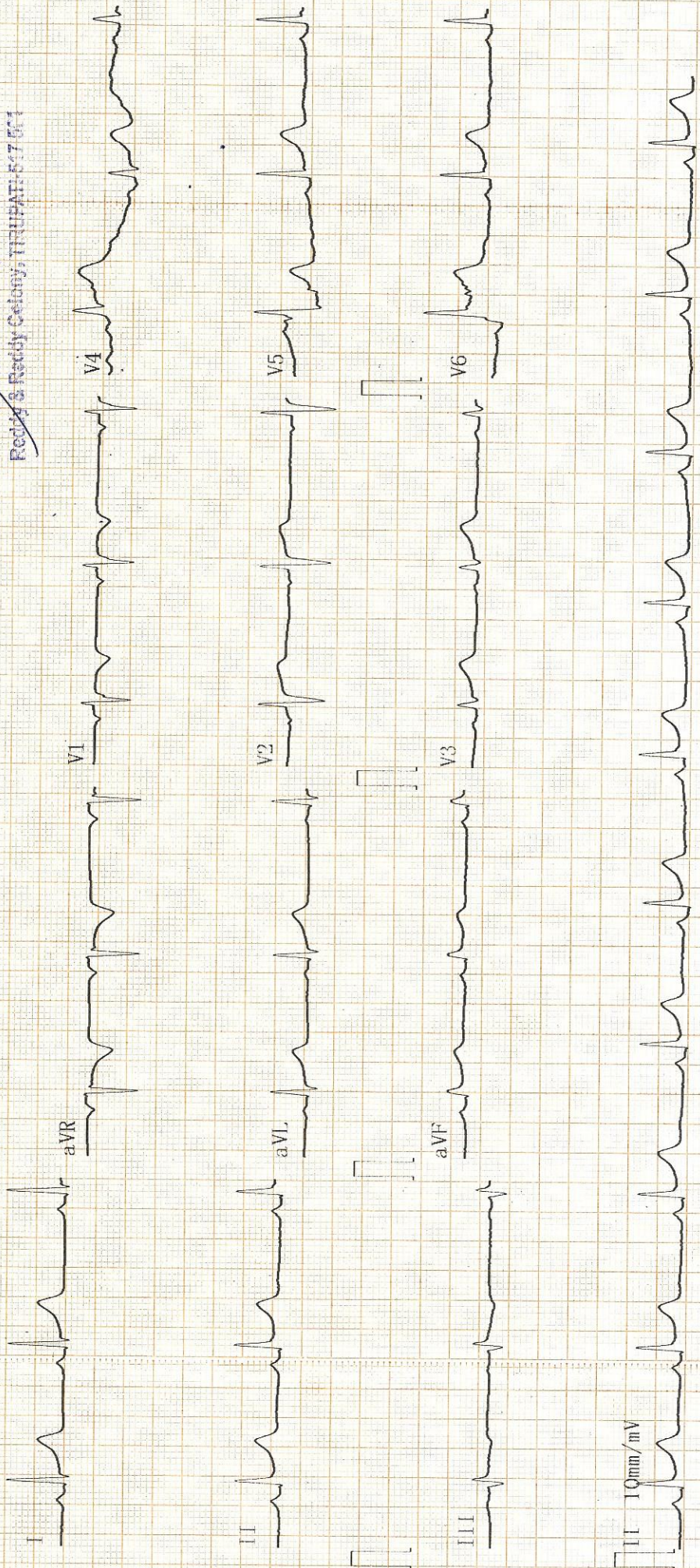
Data for reference only:

HR : 59
 PR Interval : 159
 P Duration : 106
 QRS Duration : 70
 T Duration : 192
 QT/QTc : 375/372
 P/QRS/T Axis : 35.0/30.1/27.0
 R (V5)/S (V1) : 0.81/0.61
 R (V5) + S (V1) : 1.42

AUTO 10mm/mV

10mm/mV

10mm/mV



<< Conclusions >>

Sinus mode Bradycardia.
Cardiac electric axis normal;

Report need physician confirm

Dr. A. SATHISH KUMAR

MD (M),

Physician ARMC 27731.

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