


NAME : Mr. ASHOK	MR NO. : 22031456
AGE/SEX : 45 Yrs / Male	VISIT NO. : 152374
REFERRED BY :	DATE OF COLLECTION : 26-03-2022 at 08:31 AM
	DATE OF REPORT : 26-03-2022 at 12:27 PM
REF CENTER : MEDIWHEEL	

TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC) WITH ESR

HAEMOGLOBIN <i>Colorimetric Method</i>	16.2 gm/dL	13 - 18 gm/dL
HEMATOCRIT (PCV) <i>Calculated</i>	47.7 %	40 - 54 %
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	5.5 million/cu.mm	4.5 - 5.9 million/cu.mm
PLATELET COUNT <i>Electrical Impedance</i>	3.2 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
MEAN CELL VOLUME (MCV) <i>Calculated</i>	86.4 fl	80 - 100 fl
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	29.3 pg	26 - 34 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	33.9 %	31 - 35 %
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	7290 cells/cumm	4000 - 11000 cells/cumm
NEUTROPHILS <i>VCS Technology/Microscopic</i>	51 %	40 - 75 %
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	41 %	25 - 40 %
DIFFERENTIAL COUNT		
EOSINOPHILS <i>VCS Technology/Microscopic</i>	03 %	0 - 7 %
MONOCYTES <i>VCS Technology/Microscopic</i>	05 %	1 - 8 %
BASOPHILS <i>Electrical Impedance</i>	00 %	
ESR <i>Westergren Method</i>	10 mm/hr	0 - 15 mm/hr
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"A" Positive	

Krishna M. Murthy



A. Vamseedhar

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BIOCHEMIST


Lab Seal

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GLYCATED HAEMOGLOBIN (HbA1C)
HPLC

6.9 %

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)

151.33 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.

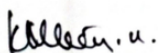
CLINICAL BIOCHEMISTRY

FASTING BLOOD SUGAR

163.8 mg/dl

70 - 110 mg/dl

Hexokinase



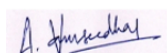
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LIVER FUNCTION TEST (LFT)

TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	0.44 mg/dL	0.2 - 1.2 mg/dL	
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.20 mg/dL	0 - 0.4 mg/dL	
INDIRECT BILIRUBIN <i>Calculation</i>	0.24 mg/dl		
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	44.3 U/L	up to 35 U/L	
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	48.0 U/L	up to 50 U/L	
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	112 U/L	36 - 113 U/L	
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	74.7 U/L	15 - 85 U/L	
TOTAL PROTEIN <i>Biuret Colorimetric</i>	6.84 g/dl	6.2 - 8 g/dl	
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	3.96 g/dl	3.5 - 5.2 g/dl	
S.GLOBULIN <i>Calculation</i>	2.9 g/dl	2.5 - 3.8 g/dl	
A/G RATIO <i>Calculation</i>	1.4	1 - 1.5	
CREATININE <i>Jaffe Method</i>	0.77 mg/dL	0.8 - 1.4 mg/dL	
POST PRANDIAL BLOOD SUGAR <i>Hexokinase</i>	237.4 mg/dl	80 - 150 mg/dl	

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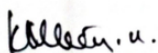
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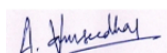
TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	18.7 mg/dL	15 - 50 mg/dL	
CREATININE <i>Jaffe Kinetic</i>	0.77 mg/dL	0.4 - 1.4 mg/dL	
URIC ACID <i>Uricase-Peroxidase</i>	5.1 mg/dL	3 - 7.2 mg/dL	
SERUM ELECTROLYTES			
SODIUM <i>Ion Selective Electrode (ISE)</i>	138 mmol/L	136 - 145 mmol/L	
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	3.7 mmol/L	3.5 - 5.2 mmol/L	
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	102 mmol/L	97 - 111 mmol/L	



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LIPID PROFILE TEST

TOTAL CHOLESTEROL <i>Cholesterol Oxidase-Peroxidase (CHOD-POD)</i>	221 mg/dL	up to 200 mg/dL Border Line: 200 – 240 mg/dL High: > 240 mg/dL	
TRIGLYCERIDES <i>Glycerol Peroxidase-Peroxidase (GPO-POD)</i>	250.0 mg/dL	up to 150 mg/dL Desirable: <150 mg/dL Border Line: 150 – 200 mg/dL High: >200 – 500 mg/dL Very High: > 500 mg/dL	
HDL CHOLESTEROL - DIRECT <i>PEG-Cholesterol Esterase</i>	33.4 mg/dl	40 - 60 mg/dl >= 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 <i>Cholesterol Esterase-Cholesterol Oxidase</i>	137.6 mg/dL	up to 100 mg/dL 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	
VLDL CHOLESTEROL <i>Calculation</i>	50.0 mg/dL	2 - 30 mg/dL	
TOTAL CHOLESTROL/HDL RATIO <i>Calculation</i>	6.6	up to 3.5 3.5-5.0 - Moderate >5.0 - High	
LDL/HDL RATIO <i>Calculation</i>	4.1	up to 2.5 2.5-3.3 - Moderate >3.3 - High	

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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC

PHYSICAL EXAMINATION

Colour <i>Visual Method</i>	Pale Yellow	Pale yellow- yellow
Appearance <i>Visual Method</i>	Clear	Clear/Transparent
Specific Gravity <i>Strips Method</i>	1.015	1.005-1.035
pH	6.0	4.6-8.5

CHEMICAL EXAMINATION (DIPSTICK)

Protein <i>Strips Method</i>	Nil	Nil -Trace
Glucose <i>Strips Method</i>	0.5 %	Nil
Blood <i>Strips Method</i>	Negative	Negative
Ketone Bodies <i>Strips Method</i>	Absent	Negative
Urobilinogen <i>Strips Method</i>	Normal	Normal
Bile Salt <i>Strips Method</i>	Negative	Negative
Bilirubin <i>Strips Method</i>	Negative	Negative
Bile Pigments	Negative	NIL

MICROSCOPY

Pus Cells (WBC) <i>Light Microscopic</i>	3 - 4 /hpf	0-5/hpf
Epithelial Cells <i>Light Microscopic</i>	1 - 2 /hpf	0-4/hpf
RBC <i>Light Microscopic</i>	Not Seen /hpf	0-2/hpf
Cast <i>Light Microscopic</i>	NIL	NIL

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Crystal <i>Light Microscopic</i>	NIL	Nil	
FASTING URINE SUGAR (FUS)	0.5 %	NIL	
POSTPRANDIAL URINE SUGAR	1 %	NIL	

STOOL ROUTINE EXAMINATION

MACROSCOPIC EXAMINATION

COLOUR <i>Manual</i>	Brownish	Light to Dark brown
CONSISTENCY <i>Manual</i>	Semi Solid	Well formed-semi solid
MUCUS <i>Manual</i>	Absent	Absent
BLOOD <i>Manual</i>	Absent	Absent

CHEMICAL EXAMINATION

PUS CELLS <i>Light Microscopy</i>	0 - 1	Absent
EPITHELIAL CELLS <i>Light Microscopy</i>	Not Seen	Few
BACTERIA <i>Light Microscopy</i>	Present (+)	
REACTION (pH) <i>Manual pH paper</i>	Acidic	Acidic
REDUCING SUBSTANCES <i>Manual, Benedict's Qualitative</i>	Absent	Absent

MICROSCOPIC EXAMINATION

CYST <i>Light Microscopy</i>	Not Seen	Absent
OVA <i>Light Microscopy</i>	Not Seen	Absent
PARASITES (ADULT WORMS) <i>Manual</i>	Absent	Absent
RED BLOOD CELLS <i>Light Microscopy</i>	Absent	Absent

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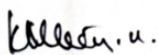
TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
MACROPHAGES <i>Light Microscopy</i>	Occasional	Occasional	
FAT GLOBULES <i>Light Microscopy</i>	Absent	Absent	
STARCH GRANULES <i>Light Microscopy, Lugol's Iodine</i>	Absent	Absent	
YEAST CELLS <i>Light Microscopy</i>	Absent	Absent	
VEGETABLE FIBERS <i>Light Microscopy</i>	Present	Present	
VEGETATIVE FORMS <i>Light Microscopy</i>	Absent	Absent	

IMMUNOASSAY

PROSTATIC SPECIFIC ANTIGEN (PSA)

PROSTATIC SPECIFIC ANTIGEN (PSA) <i>CMIA</i>	0.50 ng/mL	Up to 4ng/mL: Normal 4-10 ng/mL Hypertrophy & benign genito urinary conditions. >10 ng/mL Suspicious of malignancy.
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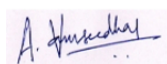
PSA is used for monitoring patients with a history of prostate cancer and as an early indicator of recurrence and response to treatment. The test is commonly used for Prostate cancer screening.



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THYROID PROFILE

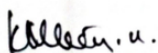
TOTAL TRIIODOTHYRONINE (T3) CMA	1.23 ng/mL	0.87 - 1.78 ng/mL	
TOTAL THYROXINE (T4) CMA	10.26 µg/dL	6.09 - 12.23 µg/dL	
THYROID STIMULATING HORMONE (TSH) CMA	1.601 µIU/mL	0.38 - 5.33 µIU/mL 1st Trimester: 0.05 - 3.70 2nd Trimester: 0.31 - 4.35 3rd Trimester: 0.41 - 5.18	

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:

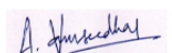
- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic - Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood



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RESULT

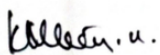
REFERENCE RANGE

SPECIMEN

Dispatched by: Sumalatha

**** End of Report ****

Printed by: Sumalatha on 26-03-2022 at 12:28 PM



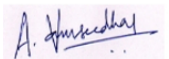
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