

Name : Mr. GUTE L. JOHN

PID No. : MED110827801

SID No. : 79139940

Age / Sex : 33 Year(s) / Male

Type : OP

Ref. Dr : MediWheel

Register On : 25/12/2021 10:25 AM

Collection On : 25/12/2021 10:56 AM

Report On : 25/12/2021 4:33 PM

Printed On : 29/12/2021 3:03 PM




<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (Blood/Spectrophotometry)	14.8	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	44.4	%	42 - 52
RBC Count (Blood/Impedance Variation)	4.66	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/Derived from Impedance)	95	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	31.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	33.3	g/dL	32 - 36
Total Leukocyte Count (TC) (Blood/Impedance Variation)	5800	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	74	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	20	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	03	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	03	%	02 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02

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


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Absolute Neutrophil count (Blood/Impedance Variation & Flow Cytometry)	4.29	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (Blood/Impedance Variation & Flow Cytometry)	1.16	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/Impedance Variation & Flow Cytometry)	0.17	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance Variation & Flow Cytometry)	0.17	10 ³ / μ l	< 1.0
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / μ l	< 0.1
Platelet Count (Blood/Impedance Variation)	1.70	lakh/cu.mm	1.4 - 4.5
MPV (Blood/Derived from Impedance)	9.7	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.16	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	25	mm/hr	Male : 00 - 10 Female : 00 - 20



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<u>BIOCHEMISTRY</u>			
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.80	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.27	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.53	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	84 (Rechecked)	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	80 (Rechecked)	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	71	U/L	53 - 128
Total Protein (Serum/Biuret)	7.3	gm/dL	6.6 - 8.8
Albumin (Serum/Bromocresol green)	4.7	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.60	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.81		1.1 - 2.2


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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	168	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	193	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)	55.1	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	74.3	mg/dL	Optimal: < 100 Near Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	38.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	112.9	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220


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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)	3		Normal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.3		Desirable: 0.5 - 3.0 Borderline: 3.1 - 6.0 Elevated: > 6.0
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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/Ion exchange HPLC)	5.20	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Mean Blood Glucose 103 mg/dL
(Whole Blood)

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

Remark: * Test outsourced to metropolis


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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.00	ng/ml	0.7 - 2.04
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INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	6.36	µg/dl	4.2 - 12.0
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INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone)- Ultrasensitive (Serum/Chemiluminescent Immunometric Assay (CLIA))	2.0753	µIU/mL	0.35 - 5.50
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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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.


DR.ABHISHEK LAUL
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Fellow Neuropathology
(K.E.M.Hospital, Mumbai)
Reg No: 2011/04/0990

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CLINICAL PATHOLOGY

Urine Analysis - Routine

Physical Examination

Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		

Chemical Examination

Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative

Microscopic Examination

Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	Nil
RBCs (Urine)	Nil	/hpf	Nil
Others (Urine)	Amorphous material present		Nil

INTERPRETATION:Note: Done with Automated Urine Analyser & microscopy

DR. ABHISHEK LAUL
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Reference Interval

HAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(Blood/Agglutination)

'A' Positive'

P. D. Chaudhary
Dr. Pritika Chaudhari MD(Path),
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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	5.55		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	99	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	117	mg/dL	70 - 140

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	4.67 (Rechecked)	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.84	mg/dL	0.9 - 1.3
Uric Acid (Serum/Enzymatic)	6.83	mg/dL	3.5 - 7.2


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-- End of Report --

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Age & Gender	33Y/MALE	Visit Date	25 Dec 2021
Ref Doctor Name	MediWheel		

ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

OBSERVATION:

- NORMAL LV SIZE WITH NORMAL SYSTOLIC FUNCTION, LVEF 60%
- NO LVH, NORMAL DIASTOLIC FUNCTION
- NO REGIONAL WALL MOTION ABNORMALITY AT REST
- MITRAL VALVE: NORMAL
 - NO MR, NO MS
- AORTIC VALVE: NORMAL
 - NO AS, NO AR
- NO TR, NO PAH
- NORMAL LA, RA, RV, IVC WITH GOOD RV FUNCTIONS
- INTACT IAS/IVS
- NO INTRA-CARDIAC CLOT/VEGETATION
- PERICARDIUM NORMAL

AO= 30 mm LA=37 mm IVS=11/17 mm LVPW=11/17 mm LVID= 47/29 mm

FINAL IMPRESSION: NORMAL LV AND RV FUNCTIONS

NORMAL ECHO AND COLOUR DOPPLER STUDY

DR. NIRMAL R. KOLTE
M.D (MED), D.M. (CARDIOLOGY)
CONSULTANT CARDIOLOGIST