Name : **Mr. BHARAT BHANUDAS BAIRAGI**

PID No. : MED111034606   **Register On** : 26/03/2022 9:42 AM

SID No. : 79134092   **Collection On** : 26/03/2022 12:18 PM

Age / Sex : 44 Year(s) / Male   **Report On** : 26/03/2022 5:09 PM

Type : OP   **Printed On** : 01/04/2022 5:20 PM

Ref. Dr : **MediWheel**

Investigation	Observed Value	Unit	Biological Reference Interval

HAEMATOLOGY

Complete Blood Count With - ESR

Investigation	Observed Value	Unit	Biological Reference Interval
Haemoglobin (Blood/*Spectrophotometry*)	14.9	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/*Derived from Impedance*)	42.2	%	42 - 52
RBC Count (Blood/*Impedance Variation*)	**4.63**	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/*Derived from Impedance*)	91	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/*Derived from Impedance*)	**32.1**	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/*Derived from Impedance*)	35.2	g/dL	32 - 36
RDW-CV (*Derived from Impedance*)	13.8	%	11.5 - 16.0
RDW-SD (*Derived from Impedance*)	43.95	fL	39 - 46
Total Leukocyte Count (TC) (Blood/*Impedance Variation*)	7400	cells/cu.mm	4000 - 11000
Neutrophils (Blood/*Impedance Variation & Flow Cytometry*)	**76**	%	40 - 75
Lymphocytes (Blood/*Impedance Variation & Flow Cytometry*)	20	%	20 - 45
Eosinophils (Blood/*Impedance Variation & Flow Cytometry*)	01	%	01 - 06
Monocytes (Blood/*Impedance Variation & Flow Cytometry*)	03	%	01 - 10

Dr.Pritika Chaudhari MD(Path).,
Consultant Pathologist
Reg No. 076732
APPROVED BY

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Investigation	Observed Value	Unit	Biological Reference Interval
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.

Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Neutrophil count (Blood/*Impedance Variation & Flow Cytometry*)	5.62	$10^3 / \mu l$	1.5 - 6.6
Absolute Lymphocyte Count (Blood/*Impedance Variation & Flow Cytometry*)	**1.48**	$10^3 / \mu l$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/*Impedance Variation & Flow Cytometry*)	0.07	$10^3 / \mu l$	0.04 - 0.44
Absolute Monocyte Count (Blood/*Impedance Variation & Flow Cytometry*)	0.22	$10^3 / \mu l$	< 1.0
Absolute Basophil count (Blood/*Impedance Variation & Flow Cytometry*)	0.00	$10^3 / \mu l$	< 0.2
Platelet Count (Blood/*Impedance Variation*)	1.7	lakh/cu.mm	1.4 - 4.5
MPV (Blood/*Derived from Impedance*)	8.2	fL	7.9 - 13.7
PCT (*Automated Blood cell Counter*)	**0.14**	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated ESR analyser*)	**17**	mm/hr	< 15

P. D. Choudhary

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval

BIOCHEMISTRY

Liver Function Test

Investigation	Observed Value	Unit	Biological Reference Interval
Bilirubin(Total) (Serum/*DCA with ATCS)*	0.94	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	0.29	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived)*	0.65	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC)*	18	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC)*	19	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC)*	**202 (Rechecked)**	U/L	53 - 128
Total Protein (Serum/*Biuret)*	6.0	gm/dL	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	4.4	gm/dL	3.5 - 5.2
Globulin (Serum/*Derived)*	**1.60**	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived)*	2.75		1.1 - 2.2

P. D. Choudhary

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Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile			
Cholesterol Total (Serum/_CHOD-PAP with ATCS_)	180	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/_GPO-PAP with ATCS_)	100	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 õusualö"circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/_Immunoinhibition_)	**26.5**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/_Calculated_)	**133.5**	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/_Calculated_)	20	mg/dL	< 30
Non HDL Cholesterol (Serum/_Calculated_)	153.5	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

Dr.Pritika Chaudhari MD(Path).,
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APPROVED BY

The results pertain to sample tested.   Page 4 of 12

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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.

Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated*)	6.8		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/*Calculated*)	3.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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Investigation	Observed Value	Unit	Biological Reference Interval
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/*Ion exchange HPLC)*	**8.80**	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

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

Remark: *Outsourced To Metropolis.

Mean Blood Glucose (Whole Blood*)*	206	mg/dL	

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 glycemic 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 HbAlC 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.

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Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total	1.39	ng/ml	0.7 - 2.04

(Serum/*Chemiluminescent Immunometric Assay (CLIA)*)

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	10.14	µg/dl	4.2 - 12.0

(Serum/*Chemiluminescent Immunometric Assay (CLIA)*)

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	0.8907	µIU/mL	0.35 - 5.50

(Serum/*Chemiluminescent Immunometric Assay (CLIA)*)

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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

DR.ABHISHEK LAUL
M.B.B.S.; M.D.Pathology
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)	slightly hazy		

Chemical Examination

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

Microscopic Examination

Pus Cells (Urine)	5-6	/hpf	NIL
Epithelial Cells (Urine)	3-4	/hpf	Nil
RBCs (Urine)	Nil	/hpf	Nil
Others (Urine)	Bacilli presnt		Nil

INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy

DR.ABHISHEK LAUL
M.B.B.S.; M.D.Pathology
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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Stool Analysis - ROUTINE			
Colour (Stool)	Brown		Brown
Blood (Stool)	Not present		Not present
Mucus (Stool)	Not present		Not present
Reaction (Stool)	Acidic		Acidic
Consistency (Stool)	Semi solid		Semi solid
Ova (Stool)	Nil		Nil
Others (Stool)	Nil		Nil
Cysts (Stool)	Nil		Nil
Trophozoites (Stool)	Nil		Nil
RBCs (Stool)	Nil	/hpf	Nil
Pus Cells (Stool)	1-2	/hpf	Nil
Macrophages (Stool)	Nil		Nil
Epithelial Cells (Stool)	2-3	/hpf	Nil

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HAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(Blood/*Agglutination*)

'AB' 'Positive'   .

Dr.Pritika Chaudhari MD(Path).,
Consultant Pathologist
Reg No. 076732

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BIOCHEMISTRY

BUN / Creatinine Ratio	7.12		
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP)*	**174**	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)*	**246**	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*)*	**Sample Not Given**		Negative
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived)*	8.41	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe)*	1.18	mg/dL	0.9 - 1.3
Uric Acid (Serum/*Enzymatic)*	3.78	mg/dL	3.5 - 7.2

P. D. Choudhary

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IMMUNOASSAY			
Prostate specific antigen - Total(PSA) (Serum/*Manometric method*)	0.400	ng/mL	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL

PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).

Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.

PSA levels tend to increase in all men as they age.

Clinical Utility of PSA:

É In the early detection of Prostate cancer.

É As an aid in discriminating between Prostate cancer and Benign Prostatic disease.

É To detect cancer recurrence or disease progression.

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

APPROVED BY

-- End of Report --

Name	MR.BHARAT BHANUDAS BAIRAGI	ID	MED111034606
Age & Gender	44Y/MALE	Visit Date	26 Mar 2022
Ref Doctor Name	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION :Chest radiograph reveals no evidence of any Pleuro- pulmonary abnormality

Dr. Rohan Kashyape
MD, DNB

Dr. Parimal Sonawane
DMRD, DNB

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ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

OBSERVATION:

- NORMAL LV SIZE WITH NORMAL SYSTOLIC FUNCTION, LVEF 60%
- NO LVH, LV DIASTOLIC DYSFUNCTION+
- NO REGIONAL WALL MOTION ABNORMALITY AT REST
- MITRAL VALVE: NORMAL
  - o NO MR, NO MS
- AORTIC VALVE: NORMAL
  - o 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=36 mm   IVS=09/15 mm   LVPW=09/15 mm LVID= 47/30 mm

FINAL IMPRESSION: LV DIASTOLIC DYSFUNCTION

NORMAL LV AND RV SYSTOLIC FUNCTIONS

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