

**Patient Name :** MR. G.RAMA KRISHNA

**Age / Gender :** 32 years / Male

**Patient ID :** 4728

**Source :** MEDI WHEEL

**Referral :** SELF

**Collection Time :** Jun 17, 2022, 08:28 a.m.

**Reporting Time :** Jun 17, 2022, 11:26 a.m.

**Sample ID :**



000716822

Test Description	Value(s)	Reference Range	Unit
<b><u>CBC; Complete Blood Count</u></b>			
Hemoglobin (Hb)* Method : Cynmeth Photometric Measurement	14.6	13.5 - 18.0	gm/dL
Erythrocyte (RBC) Count* Method : Electrical Impedence	5.37	4.7 - 6.0	mil/cu.mm
Packed Cell Volume (PCV)* Method : Calculated	45	42 - 52	%
Mean Cell Volume (MCV)* Method : Electrical Impedence	84	78 - 100	fL
Mean Cell Haemoglobin (MCH)* Method : Calculated	27	27 - 31	pg
Mean Corpuscular Hb Conc. (MCHC)* Method : Calculated	32.4	32 - 36	gm/dL
Red Cell Distribution Width (RDW)* Method : Electrical Impedence	<b>15.5</b>	11.5 - 14.0	%
Total Leucocytes (WBC) Count* Method : Electrical Impedence	5600	4000-10000	cell/cu.mm
Neutrophils* Method : VCSn Technology	50	40 - 80	%
Lymphocytes* Method : VCSn Technology	<b>45</b>	20 - 40	%
Monocytes* Method : VCSn Technology	4	2 - 10	%
Eosinophils* Method : VCSn Technology	1	1 - 6	%
Basophils* Method : VCSn Technology	0	1-2	%
Platelet Count* Method : Electrical Impedence	2.0	1.5 - 4.5	10 <sup>3</sup> /ul

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Test Description	Value(s)	Reference Range	Unit
Mean Platelet Volume (MPV)* Method : Electrical Impedence	7.8	7.2 - 11.7	fL
PCT* Method : Calculated	<b>0.15</b>	0.2 - 0.5	%
PDW* Method : Calculated	15.7	9.0 - 17.0	%

Tests done on Automated Three Part Cell Counter. (WBC, RBC, Platelet count by impedance method, colorimetric method for Hemoglobin, WBC differential by flow cytometry using laser technology other parameters are calculated). All Abnormal Haemograms are reviewed confirmed microscopically.

### Esr, Erythrocyte Sedimentation Rate

<b>Esr, Erythrocyte Sedimentation Rate (Westergren)</b>	09	0-10	mm/hr
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#### **Interpretation:**

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

### Stool Complete Exam

Colour	BROWNISH
Consistency	SOLID
Blood	ABSENT
Mucus	ABSENT
Parasites	ABSENT

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Test Description	Value(s)	Reference Range	Unit
pH		7.5	
Pus Cells		2-3	
Red blood cells		NIL	
Macrophages		NIL	
Epithelial cells		1-2	
Cyst		ABSENT	
Ova		ABSENT	
Organisms		ABSENT	
Undigested Ingtrredients		PRESENT	

### **HBA1C (Glycosylated Haemoglobin)**

Glyco Hb (HbA1C)	<b>8.0</b>	Non-Diabetic: <=5.9 Pre Diabetic:6.0-6.4 Diabetic: >=6.5	%
Method : EDTA Whole blood,HPLC			
Estimated Average Glucose :	182		mg/dL

#### Interpretations

1. HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
2. Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
3. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.  
Excellent control-6-7 %  
Fair to Good control – 7-8 %

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Test Description	Value(s)	Reference Range	Unit
Unsatisfactory control – 8 to 10 % Poor Control – More than 10 %			

**Thyroid Function Test ( TFT)**

THYROID STIMULATING HORMONE (TSH) Method : CLIA	4.1	<b>0.46 – 8.10 : 1 Yrs – 5 Yrs</b> <b>0.36 – 5.80 : 6 Yrs – 18 Yrs</b> <b>0.35 – 5.50 : 18 Yrs – 55 Yrs</b> <b>0.50 – 8.90 : &gt;55 Yrs</b> <b>Pregnancy Ranges::::</b> <b>Ist Tri :0.1 - 2.5</b> <b>IIInd Tri :0.2 - 3.0</b> <b>IIIrd Tri:0.3 - 3.0</b>	uIU/mL
TOTAL TRIIODOTHYRONINE (T3) Method : CLIA	136	<b>126 – 258 : 1 Yr – 5 Yr</b> <b>96 – 227 : 6 Yr – 15 Yr</b> <b>91 – 164 : 16 Yr – 18 Yr</b> <b>60 – 181 : &gt; 18 Years</b> <b>Pregnancy :</b> <b>1st Trimester : 81 - 190</b> <b>2nd &amp; 3rd Trimester:100 - 260</b>	ng/dl
TOTAL THYROXINE (T4) Method : CLIA	5.8	<b>4.6 - 10.9</b> <b>Pregnancy:</b> <b>4.6 – 16.5 : 1st Trimester</b> <b>4.6 – 18.5 : 2nd &amp; 3rd Tri</b>	µg/dL

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**Comments:**

IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION

**Please correlate with clinical conditions.**

**Note :** Serum T3, T4 and TSH form the three components of thyroid screening panel, useful in diagnosing various disorders of the thyroid gland. Primary Hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels. Although elevated TSH levels are nearly always indicative of Primary Hypothyroidism, rarely they can from TSH secreting pituitary tumors (Secondary hyperthyroidism)To confirm diagnosis - evaluate FT3 and FT4.

**Lipid Profile**

Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	174	Desirable: <= 200 Borderline High: 201-239 High: > 239 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	671	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	35	Normal: > 40 Major Heart Risk: < 40	mg/dL
LDL Cholesterol Method : Serum	4.8	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190	mg/dL

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Non - HDL Cholesterol, Serum Method : calculated	139	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL	mg/dL
VLDL Cholesterol Method : calculated	<b>134.2</b>	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	4.97	3.5 - 5.0	ratio
LDL/HDL RATIO Method : calculated	0.14	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio
HDL/LDL RATIO Method : calculated	7.29	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio

**Note:** 8-10 hours fasting sample is required.

#### **KIDNEY FUNCTION TEST**

Urea * Method : Serum	38	17- 43	mg/dL
Blood Urea Nitrogen-BUN* Method : Serum, Urease	17.7	7 - 18	mg/dL
Uric Acid* Method : Serum, Uricase/POD	6.8	3.5 - 7.2	mg/dL
Creatinine* Method : Serum, Jaffe IDMS	<b>1.27</b>	0.67 - 1.17	mg/dL
Calcium* Method : Arsenazo III	-	8.8 - 10.6	mg/dL

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Test Description	Value(s)	Reference Range	Unit
Phosphorus (Inorganic)* Method : Phosphomolybdate	-	2.5 - 4.5	mg/dL

### **Blood Group & Rh Type**

#### **Blood Grouping & Rh Typing**

Method : Forward and Reverse By Tube Method

"O" + (POSITIVE)

#### **Methodology**

This is done by forward and reverse grouping by tube Agglutination method.

#### **Interpretation**

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2-4 years).

### **Urine Routine**

Colour*	Pale Yellow	Pale Yellow
Transparency (Appearance)*	Clear	Clear
Deposit*	Absent	Absent
Reaction (pH)*	5.0	4.5 - 8
Specific Gravity*	1.025	1.010 - 1.030

#### **Chemical Examination (Automated Dipstick Method) Urine**

Urine Glucose (sugar)*	Absent	Absent
Urine Protein (Albumin)*	<b>Present (++)</b>	Absent
Urine Ketones (Acetone)*	Absent	Absent
Blood*	<b>Present(Trace)</b>	Absent
Bile pigments*	Absent	Absent
Nitrite*	Absent	Absent

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Urobilinogen\* Normal Normal

**Microscopic Examination** Urine

Pus Cells (WBCs)*	2-3	0 - 5	/hpf
Epithelial Cells*	0-1	0 - 4	/hpf
Red blood Cells*	<b>2-3</b>	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Trichomonas Vaginalis*	Absent	Absent	
Yeast Cells*	Absent	Absent	
Amorphous deposits*	Absent	Absent	
Bacteria*	Absent	Absent	

**Fasting - Glucose**

<b>Glucose Fasting*</b>	<b>152</b>	Normal: 70-100 Impaired Fasting Glucose (IFG): 100-125 Diabetes Mellitus: $\geq$ 126 (On more than one occasion) (American Diabetes Association guidelines 2017)	mg/dL
Method : Plasma, Hexokinase			

**Post Prandial Blood Sugar**

<b>Blood Glucose-Post Prandial*</b>	<b>254</b>	80-140	mg/dL
Method : Plasma - P, Hexokinase			

**Fasting Urine Sugar**

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Test Description	Value(s)	Reference Range	Unit
Fasting Urine Sugar	NEGATIVE	NEGATIVE -	
<b><u>Post Prandial Urine Sugar</u></b>			
Post Prandial Urine Sugar	+/-		
<b><u>Liver Funtion Test (LFT) with GGT</u></b>			
Bilirubin - Total Method : Serum, Jendrassik Grof	1.5	0.3 - 1.2	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.7	Adults and Children: < 0.2	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.8	0.1 - 1.0	mg/dL
SGOT Method : Serum, UV with P5P, IFCC 37 degree	30	< 50	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	61	< 50	U/L
SGOT/SGPT Method : calculated	0.5	0.7 - 1.4	ratio
GGT-Gamma Glutamyl Transpeptidase Method : Serum, G-glutamyl-carboxy-nitroanilide	63	< 55	U/L
Alkaline Phosphatase-ALPI Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	145	30-120	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	7.1	6.6 - 8.3	g/dL
Albumin Method : Serum, Bromcresol purple	4.5	Adults: 3.5 - 5.2	g/dL
Globulin Method : Calculated	2.6	1.8 - 3.6	g/dL

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Test Description	Value(s)	Reference Range	Unit
A/G Ratio Method : Calculated	1.73	1.2 - 2.2	ratio

**\*\*END OF REPORT\*\***

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