TIME DIAGNOSTICS
(A Unit of Time Health Care)

Patient Name : MR. G. SRI KARUN
Age / Gender : 31 years / Male
Patient ID : 21104
Source : MEDI WHEEL

Referral : SELF
Collection Time : May 13, 2023, 09:13 a.m.
Reporting Time : May 13, 2023, 11:40 a.m.
Sample ID :

R231330001

Test Description	Value(s)	Reference Range	Unit
CBC; Complete Blood Count			
Hemoglobin (Hb)*	15.6	13.5 - 18.0	gm/dL
Method : Cynmeth Photometric Measurement			
Erythrocyte (RBC) Count*	4.91	4.7 - 6.0	mil/cu.mm
Method : Electrical Impedence			
Packed Cell Volume (PCV)*	45.7	42 - 52	%
Method : Calculated			
Mean Cell Volume (MCV)*	93	78 - 100	fL
Method : Electrical Impedence			
Mean Cell Haemoglobin (MCH)*	**31.7**	27 - 31	pg
Method : Calculated			
Mean Corpuscular Hb Concn. (MCHC)*	34.1	32 - 36	gm/dL
Method : Calculated			
Red Cell Distribution Width (RDW)*	**14.2**	11.5 - 14.0	%
Method : Electrical Impedence			
Total Leucocytes (WBC) Count*	6300	4000-10000	cell/cu.mm
Method : Electrical Impedence			
Neutrophils*	43	40 - 80	%
Method : VCSn Technology			
Lymphocytes*	**49**	20 - 40	%
Method : VCSn Technology			
Monocytes*	7	2 - 10	%
Method : VCSn Technology			
Eosinophils*	1	1 - 6	%
Method : VCSn Technology			
Basophils	0	0 - 1	
Platelet Count*	1.85	1.5 - 4.5	Lakhs/cu.mm
Method : Electrical Impedence			
Mean Platelet Volume (MPV)*	8.6	7.2 - 11.7	fL
Method : Electrical Impedence			

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Test Description	Value(s)	Reference Range	Unit
PCT*	**0.16**	0.2 - 0.5	%
Method : Calculated			
PDW*	13.6	9.0 - 17.0	%
Method : Calculated			

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

Esr, Erythrocyte Sedimentation Rate (Westergren)	10	0-10	mm/hr

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.

Blood Group & Rh Type

Blood Grouping & Rh Typing "O" POSITIVE

Method : Forward and Reverse By Tube Method

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 indicatedwhen the A and B antigen expression and the isoagglutinins are fully developed (2–4 years).

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Test Description	Value(s)	Reference Range	Unit
Fasting - Glucose			
Glucose Fasting*	91.56	Normal: 70-100 Impaired Fasting Glucose (IFG): 101-125 Diabetes Mellitus: >125	mg/dL
Method : Plasma, Hexokinase			
Post Prandial Blood Sugar			
Blood Glucose-Post Prandial*	98.12	80-140	mg/dL
Method : Plasma - P, Hexokinase			
Urine Routine			
Colour*	Pale Yellow		
Transparency (Appearance)*	Clear	Clear	
Reaction (pH)*	5.0	4.5 - 8	
Specific Gravity*	1.020	1.010 - 1.030	
Chemical Examination (Automated Dipstick Method) Urine			
Urine Glucose*	Negative	Negative	
Urine Protein*	Negative	Negative	
Urine Ketone*	Negative	Negative	
Blood*	Negative	Negative	
Bilirubin*	Negative	Negative	
Nitrite*	Negative	Negative	
Leucocytes*	Negative	Negative	
Urobilinogen*	Normal	Normal	
Microscopic Examination Urine			
Pus Cells (WBCs)*	2-3	0 - 5	/hpf

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Test Description	Value(s)	Reference Range	Unit
Epithelial Cells*	1-2	0 - 4	/hpf
Red blood Cells*	Absent	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Bacteria*	Absent	Absent	

Lipid Profile

Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	166.10	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	65.16	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	**31.62**	<40: Low 40 - 60: Optimal > 60: Desirable	mg/dL
LDL Cholesterol Method : Serum	121.45	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190	mg/dL

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Test Description	Value(s)	Reference Range	Unit
Non - HDL Cholesterol, Serum Method : calculated	134.48	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	13.03	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	**5.25**	3.5 - 5.0	ratio
LDL/HDL RATIO Method : calculated	3.84	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.

Liver Function Test

Bilirubin - Total Method : Serum, Diazotization	1.39	Adults and Children: < 1.2	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.60	Adults and Children: < 0.5	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.79	0.1 - 1.0	mg/dL
SGOT Method : Serum, UV with P5P, IFCC 37 degree	29.21	< 50	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	41.81	< 50	U/L
Alkaline Phosphatase-ALPI Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	**168.16**	30-120	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	7.2	6.6 - 8.3	g/dL
Albumin Method : Serum, Bromcresol purple	4.42	Adults: 3.5 - 5.2	g/dL

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Test Description	Value(s)	Reference Range	Unit
Globulin	2.78	1.8 - 3.6	g/dL
Method : Calculated			
A/G Ratio	1.59	1.2 - 2.2	ratio
Method : Calculated			
KIDNEY FUNCTION TEST			
Urea *	26.73	15- 50	mg/dL
Method : Serum			
Blood Urea Nitrogen-BUN*	12.49	7 - 24	mg/dL
Method : Serum, Urease			
Uric Acid*	4.56	3.5 - 7.2	mg/dL
Method : Serum, Uricase/POD			
Creatinine*	0.7	0.7 - 1.3	mg/dL
Method : Serum, Jaffe IDMS			
HBA1C (Glycosylated Haemoglobin)			
Glyco Hb (HbA1C)	5.7	Non-Diabetic: <=5.9 Pre Diabetic:6.0-6.4 Diabetic: >=6.5	%
Method : EDTA Whole blood,HPLC			
Estimated Average Glucose :	116.89		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)			
TRI-IODO THYRONINE (T3) Method : CLIA	1.475	0.60 - 1.81	ng/mL
TOTAL THYROXINE (T4) Method : CLIA	9.543	4.2 - 12.0	ug/dL
THYROID STIMULATING HORMONE (TSH) Method : CLIA	1.515	0.46 – 8.10 : 1 Yrs – 5 Yrs 0.36 – 5.80 : 6 Yrs – 18 Yrs 0.35 – 5.50 : >18 Yrs Pregnancy Ranges 1st Trimester :0.1 - 2.5 2nd Trimester :0.2 - 3.0 3rd Trimester:0.3 - 3.0	uIU/mL

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.

Total PSA

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Test Description	Value(s)	Reference Range	Unit
PSA Method : CLIA	0.84	0-4	ng/ml

Interpretation:
Increased levels are noted in prostate cancer, benign prostatic hypertrophy, prostatitis

IRON

Iron*	61	33 - 193	µg/dL

Interpretation:

Disease	Iron	TIBC	UIBC	%Transferrin Saturation	Ferritin
Iron Deficiency	Low	High	High	Low	Low
Hemochromatosis	High	Low	Low	High	High
Chronic Illness	Low	Low	Low/Normal	Low	Normal/High
Hemolytic Anemia	High	Normal/Low	Low/Normal	High	High
Sideroblastic Anemia	Normal/High	Normal/Low	Low/Normal	High	High
Iron Poisoning	High	Normal	Low	High	Normal

END OF REPORT

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