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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Electrical Impedance)	13.4	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	40.3	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.79	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	84.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	28.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.3	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.9	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	40.87	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6810	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	48.29	%	40 - 75



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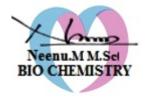
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Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	41.88	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	4.45	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	5.04	%	02 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.35	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.29	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.85	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.30	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.34	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.02	10^3 / μl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	227.7	10^3 / μl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.61	fL	8.0 - 13.3



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PCT (EDTA Blood/Automated Blood cell Counter)	0.20	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/Manual Westergren Method)	17	mm/hr	0 - 20



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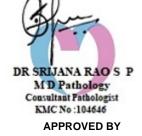
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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.4	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.20	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.6	g/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.3	g/dL	3.5 - 5.0
Globulin (Serum/Derived)	3.30	g/dL	2.3 - 3.5
A : G Ratio (Serum/Derived)	1.30		1.1 - 2.4
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC without P5P)	15	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC without P5P)	13	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	126	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/Modified IFCC)	17	U/L	< 38



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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	150	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	73	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)	38	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	97.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	14.6	mg/dL	< 30



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Non HDL Cholesterol (Serum/Calculated)	112.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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)	3.9	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)	1.9	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.6	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/ <i>HPLC</i>)	5.45	%	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: Note: Test done at Central lab

Estimated Average Glucose 109.71 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 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 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.

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	Value	Reference Interval

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour Pale Yellow

(Urine)

Volume 30 mL

(Urine)

Appearance Clear Clear

(Urine)

CHEMICAL EXAMINATION

pH 6.0 4.6 - 8.0

(Urine)

Specific Gravity 1.015 1.003 - 1.030

(Urine)

Protein Negative Negative

(Urine)

Glucose Negative Negative

(Urine)

Ketones Negative Negative

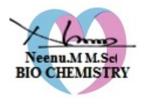
(Urine)

Leukocytes Negative Negative

(Urine)

Nitrite Negative Negative

(Urine)



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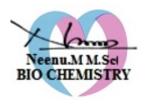
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<u>Investigation</u>	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Bilirubin (Urine)	Negative		Negative
Blood (Urine)	Negative		Negative
Urobilinogen (Urine)	0.1	mg/dL	0.1 - 1.0
<u>Urine Microscopy Pictures</u>			
Pus Cells (Urine)	2-3	/hpf	0 - 2
Epithelial Cells (Urine)	1-2	/hpf	0 - 2
RBCs (Urine)	Nil	/hpf	0 - 1
Others (Urine)	Nil		Nil
Casts (Urine)	Nil		0 - 1
Crystals (Urine)	Nil		NIL
Bacteria	Nil		



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InvestigationObservedUnitBiologicalValueReference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING 'B' 'Positive'

(EDTA Blood/Agglutination)



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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
BUN / Creatinine Ratio	12.1		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	101	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125

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

Urine Glucose - Fasting	Negative		Negative
(Urine - F/GOD - POD)			
Glucose Postprandial (PPBS)	87	mg/dL	70 - 140
(Plasma - PP/GOD - POD)			

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.

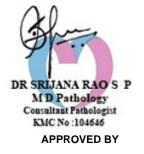
Remark: Note:Suggest to correlate with clinical and therapeutic details.

Urine Glucose (Postprandial) (Urine - PP/GOD - POD)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	9	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.7	mg/dL	0.6 - 1.1

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid 4.1 mg/dL 2.6 - 6.0

(Serum/Uricase/Peroxidase)



Diabetic: >= 126

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