

**LABORATORY REPORT**

Name : <b>Mr JAI PARKASH</b>	Sex/Age : <b>Male / 38 Years</b>	Case ID : <b>40322300688</b>
Ref. By : SELF	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 15-Mar-2024 14:59	Sample Type : Whole Blood EDTA	Mobile No. : 8544797127
Sample Date and Time : 15-Mar-2024 14:59	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 15-Mar-2024 17:46	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>ESR</b> <i>Westergren Method</i>	<b>10</b>	mm after 1hr	3 - 15	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Consultant Pathologist

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Sample Date and Time : 15-Mar-2024 14:59	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 15-Mar-2024 17:28	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT BIOLOGICAL REF RANGE	REMARKS
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**HAEMATOLOGY INVESTIGATIONS****BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)  
(Both Forward and Reverse Group)**

<b>ABO Type</b>	<b>" B "</b>
<b>Rh Type</b>	<b>POSITIVE</b>

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Sample Date and Time : 15-Mar-2024 14:59	Sample Coll. By : non	Ref Id1 :
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TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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**HAEMOGRAM REPORT**
HB AND INDICES

<b>Haemoglobin</b>	16.2	gm/dL	13.5 to 18.0
<b>RBC (Electrical Impedance)</b>	5.61	millions/cmm	4.7 to 6.0
<b>PCV(Calc)</b>	48.6	%	42.0 to 52.0
<b>MCV (RBC histogram)</b>	86.6	%	78 to 100
<b>MCH (Calc)</b>	28.8	pg	27.0 to 31.0
<b>MCHC (Calc)</b>	33.4	gm/dL	32.0 to 36.0
<b>RDW (RBC histogram)</b>	12.3	%	11.5 to 14.0

TOTAL AND DIFFERENTIAL WBC COUNT

<b>Total WBC Count</b>	7160	/μL	4,000 to 10,500
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	[ % ]	EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
<b>Neutrophil</b>	66	% 40 - 80	4726	/μL 2000 - 7000
<b>Lymphocyte</b>	25	% 20 - 40	1790	/μL 1000-3000
<b>Eosinophil</b>	03	% 1 - 6	215	/μL 20-500
<b>Monocytes</b>	06	% 2 - 10	430	/μL 200 - 1000
<b>Basophil</b>	00	% 0.00 - 2.00	0	/μL 00 - 100

PLATELET COUNT

<b>Platelet Count</b>	209000	/μL	150000.00 - 410000.00
<b>MPV</b>	11.2	fL	7.5 to 12.0
<b>PDW</b>	18.7		11.0 - 22.0

## Method:

TLC-SF cube technology(Flow Cytometry+ fluorescence),

DC by microscopy,

Platelet count by electrical impedance+/-SF cube technology

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Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 15-Mar-2024 14:59	Sample Type : Plasma Fluoride F	Mobile No. : 8544797127
Sample Date and Time : 15-Mar-2024 14:59	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 15-Mar-2024 16:13	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Plasma Glucose - F</b> <i>Photometric, Hexokinase</i>	<b>90</b>	mg/dL	70.0 - 100	

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Sample Date and Time : 15-Mar-2024 14:59	Sample Coll. By : non	Ref Id1 :
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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b><u>Glycated Haemoglobin Estimation</u></b>				
<b>HbA1C</b> <i>Immunoturbidimetric</i>	<b>5.7</b>	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
<b>Estimated Avg Glucose (3 Mths)</b> <i>Calculated</i>	<b>116.89</b>	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

**Interpretation :**

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.

In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

**Thyroid Function Test**

<b>Triiodothyronine (T3)</b>	<b>133.6</b>	ng/dL	80 - 200
<b>Thyroxine (T4)</b>	<b>7.92</b>	µg/dL	5.1 - 14.1

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**Thyroid Function Test****TSH** **3.11**  $\mu\text{IU/mL}$  0.27 - 4.20**INTERPRETATIONS**

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH ( $<0.01 \mu\text{IU/mL}$ ) suggests a diagnosis of hyperthyroidism and elevated concentration ( $>7 \mu\text{IU/mL}$ ) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

**CAUTIONS**

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

**TSH ref range in pregnancy**First trimester  
Second trimester  
Third trimester**Reference range (microIU/ml)**0.24 - 2.00  
0.43-2.2  
0.8-2.5

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Reg Date and Time : <b>15-Mar-2024 14:59</b>	Sample Type : <b>Whole Blood EDTA,Serum</b>	Mobile No. : <b>8544797127</b>
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**Interpretation Note:**

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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Bill. Loc. : <b>NDPL - Mediwheel</b>		Pt. Loc. :
Reg Date and Time : <b>15-Mar-2024 14:59</b>	Sample Type : <b>Serum</b>	Mobile No. : <b>8544797127</b>
Sample Date and Time : <b>15-Mar-2024 14:59</b>	Sample Coll. By : <b>non</b>	Ref Id1 :
Report Date and Time : <b>15-Mar-2024 16:05</b>	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**BIOCHEMICAL INVESTIGATIONS**
**Liver Function Test**

<b>S.G.P.T.</b> <i>Dry Chemistry</i>	<b>33.6</b>	U/L	0 - 50	
<b>S.G.O.T.</b> <i>Dry Chemistry</i>	<b>20.3</b>	U/L	15 - 46	
<b>Alkaline Phosphatase</b> <i>Dry Chemistry</i>	<b>69</b>	U/L	38 - 126	
<b>Gamma Glutamyl Transferase</b> <i>Dry Chemistry</i>	<b>28.3</b>	U/L	15 - 73	
<b>Proteins (Total)</b> <i>Dry Chemistry</i>	<b>6.68</b>	gm/dL	6.4 - 8.2	
<b>Albumin</b> <i>Dry Chemistry</i>	<b>4.57</b>	gm/dL	3.5 - 5.0	
<b>Globulin</b> <i>Calculated</i>	<b>2.11</b>	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	<b>H 2.17</b>		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Dry Chemistry</i>	<b>0.57</b>	mg/dL	0.2 - 1.3	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	<b>0.11</b>	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	<b>0.46</b>	mg/dL	0.10 - 1.00	

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Reg Date and Time : 15-Mar-2024 14:59	Sample Type : Serum	Mobile No. : 8544797127
Sample Date and Time : 15-Mar-2024 14:59	Sample Coll. By : non	Ref Id1 :
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**BIOCHEMICAL INVESTIGATIONS**
**Lipid Profile**

<b>Cholesterol</b> <i>Dry Chemistry</i>	<b>170</b>	mg/dL	<200
<b>HDL Cholesterol</b> <i>Dry Chemistry</i>	<b>42</b>	mg/dL	40 - 60
<b>Triglyceride</b> <i>Dry Chemistry</i>	<b>150</b>	mg/dL	40 - 200
<b>VLDL</b> <i>Calculated</i>	<b>30.0</b>	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	<b>4.05</b>		0.00 - 4.10
<b>LDL Cholesterol</b> <i>Calculated</i>	<b>98.00</b>	mg/dL	0.00 - 100.00

**NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP**

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value  
Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpeartion available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 15-Mar-2024 14:59	Sample Type : Spot Urine	Mobile No. : 8544797127
Sample Date and Time : 15-Mar-2024 14:59	Sample Coll. By : non	Ref Id1 :
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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)</b>				
<u>Physical examination</u>				
<b>Colour</b>	<b>Pale yellow</b>			
<b>Transparency</b>	<b>Clear</b>		<b>CLEAR</b>	
<u>Chemical Examination By Sysmex UC-3500</u>				
<b>Sp.Gravity</b>	<b>1.020</b>		<b>1.003 - 1.035</b>	
<b>pH</b>	<b>6.0</b>		<b>4.6 - 8</b>	
<b>Leucocytes (ESTERASE)</b>	<b>Negative</b>		<b>Negative</b>	
<b>Protein</b>	<b>Negative</b>		<b>Negative</b>	
<b>Glucose</b>	<b>Negative</b>		<b>Negative</b>	
<b>Ketone Bodies Urine</b>	<b>Negative</b>		<b>Negative</b>	
<b>Urobilinogen</b>	<b>Negative</b>		<b>Negative</b>	
<b>Bilirubin</b>	<b>Negative</b>		<b>Negative</b>	
<b>Blood</b>	<b>Negative</b>		<b>Negative</b>	
<b>Nitrite</b>	<b>Negative</b>		<b>Negative</b>	
<u>Flowcytometric Examination By Sysmex UF-5000</u>				
<b>Leucocyte</b>	<b>Nil</b>	<b>/HPF</b>	<b>Nil</b>	
<b>Red Blood Cell</b>	<b>0-1</b>	<b>/HPF</b>	<b>Absent</b>	
<b>Epithelial Cell</b>	<b>Nil</b>	<b>/HPF</b>	<b>Present(+)</b>	
<b>Bacteria</b>	<b>Nil</b>		<b>ABSENT</b>	
<b>Yeast</b>	<b>Nil</b>		<b>ABSENT</b>	
<b>Cast</b>	<b>Nil</b>	<b>/LPF</b>	<b>Nil</b>	
<b>Crystals</b>	<b>Nil</b>	<b>/HPF</b>	<b>Nil</b>	

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Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

**Pending Services**

25 OH Cholecalciferol (D2+D3)  
 IRON PROFILE  
 Renal Function Test  
 Vitamin B - 12 Level

----- End Of Report -----

# For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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