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PID No.	:	MED111017115	**Register On**	:	12/03/2022 8:47 AM
SID No.	:	78393140	**Collection On**	:	12/03/2022 9:37 AM
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Investigation	Observed Value	Unit	Biological Reference Interval

HAEMATOLOGY

Complete Blood Count With - ESR

Investigation	Observed Value	Unit	Biological Reference Interval
Haemoglobin (Blood/*Photometry ó"Cell counter*)	12.99	g/dL	12.5 - 16.0
PCV (Packed Cell Volume) / Haematocrit (Blood/*Numeric Integration of MCV*)	42.20	%	37 - 47
RBC Count (Whole Blood/*Electrical Impedance*)	04.80	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (Blood/*Calculated*)	87.98	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (Blood/*Calculated*)	27.09	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (Blood/*Calculated*)	**30.79**	g/dL	32 - 36
RDW-CV	**11.06**	%	11.5 - 16.0
RDW-SD	40.22	fL	39 - 46
Total WBC Count (TC) (Whole Blood/*Electrical Impedance*)	8520	cells/cu.mm	4000 - 11000
Neutrophils (Blood/*Impedance and absorbance*)	53.90	%	40 - 75
Lymphocytes (Blood/*Impedance and absorbance*)	39.00	%	20 - 45
Eosinophils (Blood/*Impedance and absorbance*)	01.80	%	01 - 06
Monocytes (Blood/*Impedance and absorbance*)	05.20	%	01 - 10

P. Deepthy Saranya

DR. P. Deepthy Saranya

M.B.B.S & M.D. Pathology

Consultant Pathologist

Reg.No: AP/AFMC - FMR 81632

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Investigation	Observed Value	Unit	Biological Reference Interval
Basophils (Blood/*Impedance and absorbance*)	00.10	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Neutrophil count (Blood/*Impedance and absorbance*)	04.59	$10^3 / \mu l$	1.5 - 6.6
Absolute Lymphocyte Count (Blood/*Impedance and absorbance*)	03.32	$10^3 / \mu l$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/*Impedance and absorbance*)	00.15	$10^3 / \mu l$	0.04 - 0.44
Absolute Monocyte Count (Blood/*Impedance and absorbance*)	00.44	$10^3 / \mu l$	< 1.0
Absolute Basophil count (Blood/*Impedance and absorbance*)	00.01	$10^3 / \mu l$	< 0.2
Platelet Count (Blood/*Electrical Impedance*)	2.66	lakh/cu.mm	1.4 - 4.5

INTERPRETATION: Platelet count less than 1.5 lakhs will be confirmed microscopically.

Investigation	Observed Value	Unit	Biological Reference Interval
MPV (Blood/*Automated Blood cell Counter*)	09.09	fL	8.0 - 13.3
PCT	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated ESR analyser*)	**20**	mm/hr	< 20

P. Deepthy Saranya
DR. P. Deepthy Saranya
M.B.B.S & M.D. Pathology
Consultant Pathologist
Reg.No: AP/AFMC - FMR 81632

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Type : OP

Ref. Dr : **MediWheel**

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Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/*DCA with ATCS)*	0.71	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	0.20	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived)*	0.51	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC)*	19.5	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC)*	19.3	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	19.1	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC)*	49.7	U/L	42 - 98
Total Protein (Serum/*Biuret)*	7.04	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	3.90	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived)*	3.14	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived)*	1.24		1.1 - 2.2

DR.FAYIQAH MD(PATH)
CONSULTANT - PATHOLOGIST
REG NO:116685
VERIFIED BY

Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/*HPLC*)	5.5	%	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 %

Estimated Average Glucose (Whole Blood)	111.15	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 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.

DR.FAYIQAH MD(PATH)
CONSULTANT - PATHOLOGIST
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Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile			
Cholesterol Total (Serum/*Cholesterol oxidase/Peroxidase*)	173	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*Glycerol-phosphate oxidase/Peroxidase*)	132	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/*Direct Detergent*)	**46.24**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/*Calculated*)	100.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated*)	26.4	mg/dL	< 30

DR.FAYIQAH MD(PATH)
CONSULTANT - PATHOLOGIST
REG NO:116685
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Investigation	Observed Value	Unit	Biological Reference Interval
Non HDL Cholesterol (Serum/*Calculated*)	126.8	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*)	3.7		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*)	2.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	2.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

DR.FAYIQAH MD(PATH)
CONSULTANT - PATHOLOGIST
REG NO:116685
VERIFIED BY

Dr.E.Saravanan M.D(Path)
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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total	1.31	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 (Thyroxine) - Total	9.7	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)	2.81	µIU/mL	0.35 - 5.50

(Serum/*Chemiluminescence)*

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. JYOSTNALATHA PALA,
MBBS MD (Pathology)
Reg No. : 62150

VERIFIED BY

DR ARFATHUNNISA M.
MD Pathology
CONSULTANT PATHOLOGIST
Reg.No : APMC/FMR/93509

APPROVED BY

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Investigation	Observed Value	Unit	Biological Reference Interval

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine/*Physical examination*)	Pale Yellow		Yellow to Amber
Appearance (Urine/*Physical examination*)	clear		
Volume(CLU)	35 ml		

CHEMICAL EXAMINATION

Leukocytes(CP)	Negative		
pH (Urine/*Double Indicator*)	6.5		4.5 - 8.0
Specific Gravity (Urine/*Ionic concentration*)	1.015		1.002 - 1.035
Ketone (Urine/*Dip Stick Reagent strip Method / Rotheraøs mixture.*)	Negative		Negative
Urobilinogen (Urine/*Dipstik ó"Reagent strip method / Ehrlichøs Reaction*)	Normal		Within normal limits
Blood (Urine/*Dip-Stick Method Peroxidase like activity of HB*)	Negative		Negative
Nitrite (Urine/*Dip Stick ó"Reagent strip method.*)	Negative		Negative
Bilirubin (Urine/*Dip Stick óDiazotized Dichloro aniline/Fouchets method.*)	Negative		Negative

P. Deepthy Saranya

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Consultant Pathologist

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Protein (Urine/*Dipstick-Error of indicator/ Sulphosalicylic acid method*)	Negative		Negative
Glucose (Urine/*Dip Stick Method / Glucose Oxidase - Peroxidase / Benedict⌀s semi quantitative method.*)	Negative		Negative

Urine Microscopy Pictures

RBCs (Urine/*Microscopy exam of urine sediment*)	Nil	/hpf	Nil
Pus Cells (Urine/*Microscopy exam of urine sediment*)	2-4	/hpf	NIL
Casts (Urine/*Microscopy exam of urine sediment*)	Nil	/hpf	NIL
Epithelial Cells (Urine/*Microscopy exam of urine sediment*)	4-6	/hpf	Nil
Urine Crystals (Stool)	Nil	/hpf	NIL
Others (Urine)	Nil		Nil

INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy

P. Deepthy Saranya

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HAEMATOLOGY

BLOOD GROUPING AND Rh TYPING   'O' 'Positive'
(Blood/*Agglutination)*

DR. P. Deepthy Saranya
M.B.B.S & M.D. Pathology
Consultant Pathologist
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Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
BUN / Creatinine Ratio	12.18		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/*Glucose oxidase/Peroxidase*)	94	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/*Glucose oxidase/Peroxidase*)	99	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)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived*)	7.8	mg/dL	7.0 - 21
Creatinine (Serum/*Jaffe ó"Alkaline Picrate*)	1.00	mg/dL	0.6 - 1.1
Uric Acid (Serum/*Enzymatic*)	5.6	mg/dL	2.6 - 6.0

DR.FAYIQAH MD(PATH)
CONSULTANT - PATHOLOGIST
REG NO:116685
VERIFIED BY

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Reg No : 73347

APPROVED BY

-- End of Report --