



TEST REPORT

Reg. No : 2409100174 UHID : UHID26716 Reg. Date : 07-Sep-2024
 Name : ROHAN A HINGLOKWALA Collected On : 07-Sep-2024 10:50
 Age/Sex : 32 Years / Male Report Date : 07-Sep-2024
 Ref. By : MEDIWHEEL

Parameter	Result	Unit	Reference Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (SLS method)	14.1	g/dL	13.0 - 17.0
Hematocrit (Electrical Impedance)	42.1	%	40 - 54
RBC Count (Electrical Impedance)	4.80	million/cmm	4.5 - 5.5
WBC Count (Flowcytometry)	7370	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	331000	/cmm	150000 - 410000
MCV (Calculated)	87.7	fL	83 - 101
MCH (Calculated)	29.5	Pg	27 - 32
MCHC (Calculated)	33.6	%	31.5 - 34.5
RDW (Calculated)	12.6	%	11.5 - 14.5

DIFFERENTIAL WBC COUNT

Neutrophils (%)	46	%	38 - 70
Lymphocytes (%)	43	%	20 - 45
Monocytes (%)	08	%	2 - 8
Eosinophils (%)	03	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	3390	/cmm	1800 - 7700
Lymphocytes (Absolute)	3169	/cmm	1000 - 3900
Monocytes (Absolute)	590	/cmm	200 - 800
Eosinophils (Absolute)	221	/cmm	20 - 500
Basophils (Absolute)	0	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	1.10	/cmm	0.7 - 4.0

PERIPHERAL SMEAR EXAMINATION

RBC Morphology	RBCs are Normochromic Normocytic.
WBC Morphology	Total WBC and differential count is within normal.
Platelets	Platelets are adequate with normal morphology.
Parasites	Malarial parasite is not detected.

ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	12	mm/hr	0 - 14
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Dr. Yesha H. Shah
(MD.Pathology)


Mr. Akshay Parmar
M.Sc(Biochemistry)




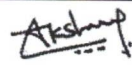
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Parameter	Result	Unit	Reference Interval
FBS			
Fasting Blood Sugar (FBS) Glucose Oxidase-Peroxidase	101.6	mg/dL	70 - 110
PPBS			
Post Prandial Blood Sugar (PPBS) Glucose Oxidase-Peroxidase	124.2	mg/dL	110 - 140

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HEMOGLOBIN A1C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>HPLC, NGSP Certified</i>	5.0	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose <i>Calculated</i>	96.80	mg/dL	

Criteria for the diagnosis of diabetes:

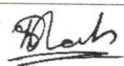
- HbA1c ≥ 6.5 *Or
 - Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
 - Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucosedissolved in water.Or
 - In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL.
- *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus:

- HbA1C, also known as glycated haemoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.- Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP).

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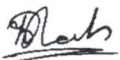
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<u>LIVER FUNCTION TEST</u>			
SGPT <i>Optimized UV-IFCC</i>	83.1	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	48.3	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	0.57	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.23	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	0.34	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	54	U/L	53 - 128
Total Protein	6.50	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	3.91	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	2.59	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.51		0.8 - 2.0
GGT	28.3	U/L	1 - 55
HBsAg <i>Immunochromatography</i>	Non - Reactive		

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RENAL FUNCTION TEST			
Creatinine <i>Enzymatic, IDMS Traceable</i>	0.83	mg/dL	0.7 - 1.3
Urea <i>Urease-GLDH, enzymatic UV</i>	19.7	mg/dL	19.0 - 45.0
BUN <i>Calculated</i>	9.21	mg/dL	7 - 18
Uric Acid <i>Enzymatic using TBHBA</i>	8.8	mg/dL	3.5 - 7.2
Sodium <i>Direct ISE</i>	140.2	mmol/L	137 - 145
Potassium <i>Direct ISE</i>	4.52	mmol/L	3.6 - 5.1
Chloride <i>Direct ISE</i>	95.3	mmol/L	94 - 110
Ionized Calcium <i>Direct ISE</i>	4.85	mg/dL	4.4 - 5.4

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LIPID PROFILE

Cholesterol <i>CHOD-PAP method</i>	113	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic with GPO method</i>	70.6	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	14.12	mg/dL	15 - 35
LDL CHOLESTEROL	59.58	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <i>Magnetic Cholesterol Oxidase</i>	39.3	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <i>Calculated</i>	2.88		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	1.52		0 - 3.5
Total Lipids <i>Calculated</i>	327.20		400 - 1000

- Pre-analytical requirements for given tests are -Fasting status anywhere between 10-12 hours before collection. Avoid alcohol beverages before lipid panel - minimum 24 hrs.
- Lipid profile results can be erroneous if pre-analytical requirements are not met properly.
- Any medical decision based on test results is to be taken with 2 or more consecutive results suggesting pattern.
- Please note that any lipid lowering drug may interfere in results estimation.
- Sudden commencement or sudden withdrawal of Lipid lowering drug will interfere with test result.

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THYROID FUNCTION TEST

T3 (Triiodothyronine) CMIA	1.01	ng/mL	0.6 - 1.81
T4 (Thyroxine) CMIA	5.39	µg/dL	4.5 - 12.5
TSH ELFA-Enzyme Linked Fluorescent Assay	1.350	µIU/ml	0.35 - 4.94

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL

Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition.

Philadelphia: WB Saunders, 2012:2170

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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

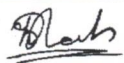
Quantity	10 cc
Colour	Pale Yellow
Clarity	Clear
Protein	Nil
Glucose	Nil
Ketone Bodies	Nil
Urobilinogen	Nil
Bilirubin	Nil
Nitrite	Nil
Leucocytes	Nil
Blood	Nil

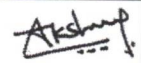
MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	Nil
Erythrocytes (Red Cells)	Nil
Epithelial Cells	Nil
Amorphous Material	Nil
Casts	Nil
Crystals	Nil
Bacteria	Nil
Yeast	Nil
T. Vaginalis	Nil
Spermatozoa	Nil

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