



Name: PRANAV ASHOKUMAR MEHTA	Ward: OPD
Lab ID: 00000206	Registration on: 27/07/2024 09:08:00
Age & Sex: 35 Year Male	Reported on: 13:02:21
Reference: VELOCITY HOSPITAL	Sample Type: BLOOD & URINE

CBC ESR

Test	Observed Value	Unit	Biological Reference Interval
Haemoglobin	14.7	g/dL	13.5 - 17.5
Total RBC	5.31	mill./cm	4.50 - 5.90
Total WBC	8600	/cmm	4000 - 11000
Platelet Count	305700	/cmm	150000 - 450000
HCT	45.0	%	36.0 - 48.0
MCV	84.7	fL	80.0 - 100.0
MCH	27.7	pg	27.0 - 32.0
MCHC	32.7	g/dL	31.5 - 36.0

DIFFERENTIAL COUNT

Neutrophils	50	%	35 - 80
Lymphocytes	46 H	%	20 - 40
Eosinophils	02	%	02-05
Monocytes	02	%	01-07
Basophils	00	%	00 - 02
Band Cells	00	%	0.0 - 6.0

ABSOLUTE DIFFERENTIAL COUNT

Neutrophils	4300	/cumm	1800 - 7700
Lymphocytes	3956	/cumm	800 - 4800
Eosinophils	172	/cumm	0 - 500
Monocytes	172	/cumm	20 - 800
Basophils	0	/cumm	0 - 100

GLR / NLR

(Neutrophil/Lymphocyte Ratio)

1.1

MENTZER INDEX

16.0

RDW-CV	12.9	%	11.1 - 14.1
RDW-SD	43.7	fl	
MPV	7.2	fl	
PCT	0.22	%	

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PDW

16.0

%

PERIPHERAL SM EAR EXAMINATION

RBC Morphology

Normochromic and normocytic.

WBC Morphology

Appear normal, Immature cells are not seen .

Platelets in Smear

Adequate.

Malarial Parasites

Not Detected.

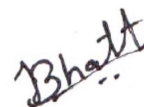
ESR

AFTER 1 HOUR

30 H

mm/hr

0.0 - 15.0



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BLOOD GROUP

Test	Observed Value	Unit	Biological Reference Interval
Blood Group	"B"		
Rh Factor	POSITIVE		

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BLOOD GLUCOSE TEST

Test	Observed Value	Unit	Biological Reference Interval
Sample	FLOURIDE PLASMA		
<u>FASTING (FBS)</u>			
Blood Sugar-F	158.4	H mg/dL	70.00-110.00

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HEMOGLOBIN A1c TEST

Test	Observed Value	Unit	Biological Reference Interval
HbA1c	9.6 H	%	> 8 : Action Suggested 7-8 : Good control < 7 : Goal 6.0-7 : Near Normal Glycemia < 6.0 : Non-diabetic Level
Mean Blood Glucose	228.8 H	mg/dL	70.0 - 140.0

Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides amuch better indication of long term 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.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).

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LIPID PROFILE

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		
Cholesterol	207.4 H	mg/dL	<200 Desirable 200-29 Borderline >240 High
Triglyceride	140.0	mg/dL	<150 Normal 150-199 Borderline 200-499 High >=500 Very High
HDL Cholesterol	44.3	mg/dL	40-60
VLDL	28.00	mg/dL	0.00 - 30.00
LDL Cholesterol	135.10 H	mg/dL	< 130 : Optimal 130 - 159 : Borderline High 160 - 189 : High >= 190 : Very High
LDL Chol. / HDL Chol. Ratio	3.05		1.0 - 3.4
Cholesterol / HDL Chol. Ratio	4.7 H		0 - 3.5
Total Lipid	673.1	mg/dl	400.0 - 1000.0

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RENAL FUNCTION TEST

Test		Unit	
S. Creatinine	0.8	mg/dL	0.5-1.30
Bl. Urea	23.0	mg/dL	10.0 - 40.0
BUN	10.7	mg/dl	6.0 - 22.0
Uric Acid	4.30	mg/dL	3.5 - 7.2

PROTEINS

Total Protein	7.9	g/dL	6.0 - 8.0
Albumin	3.86	g/dL	3.50 - 5.50
Globulin	4.0	g/dL	2.0 - 4.0
A/G Ratio	1.0		

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LIVER FUNCTION TEST

Test	Observed Value	Unit	Biological Reference Interval
BIURUBIN			
Total Bilirubin	0.9	mg/dL	0.00 - 1.20
Direct Bilirubin	0.4	mg/dL	0.00 - 0.40
Indirect Bilirubin	0.50	mg/dL	0.10 - 1.00
SGPT(ALT)	66.8 H	U/L	0.0 - 40.0
SGOT (AST)	41.9	U/L	0.0 - 46.0
Alkaline Phosphatase	229.2	U/L	64-306.0
PROTEINS			
Total Protein	7.9	g/dL	6.0 - 8.0
Albumin	3.86	g/dL	3.50 - 5.50
Globulin	4.0	g/dL	2.0 - 4.0
A/G Ratio	1.0		

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URINE ANALYSIS

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fresh Urine		
<u>PHYSICAL EXAMINATION</u>			
Quantity	10.0	mL	
Colour	Pale-Yellow		
Appearance	Clear		Clear
pH	5.5		
Specific Gravity	1.000		
Sediments	Absent		Absent
<u>CHEMICAL EXAMINATION</u>			
Protein (Albumin)	Absent		Absent
Sugar	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
Ketone	Absent		Absent
Occult Blood	Absent		Absent
Nitrite	Absent		Absent
Leukocyte Esterase	Absent		Absent
Urobilinogen	Normal		Normal
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	Occasional	/hpf	Absent
Red Blood Cells	Absent	/hpf	Absent
Epithelial Cells	Occasional	/hpf	Absent
Crystals	Absent		Absent
Amorphous material	Absent		Absent
Casts	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent

--- End of Report ---

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 CIN : U85195GJ2009PLC057059



TEST REPORT

Reg. No. : 40700731281 **Reg. Date** : 27-Jul-2024 10:41 **Ref.No** : **Approved On** : 27-Jul-2024 12:18
Name : PRANAV A MEHTA **Collected On** : 27-Jul-2024 10:41
Age : 35 Years **Gender**: Male **Pass. No.** : **Dispatch At** :
Ref. By : **Tele No.** :
Location : SPECTRA DIAGNOSTIC @ LP SAVANI ROAD

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <i>Method:CLIA</i>	1.34	ng/mL	0.6 - 1.81
T4 (Thyroxine), Total <i>Method:CLIA</i>	9.5	µg/dL	4.5 - 12.6
TSH (Ultra Sensitive) <i>By CLIA Method</i>	3.710	µIU/mL	0.55 - 4.78
Sample Type: Serum			

Comments:

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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Test done from collected sample.

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Test Name	Results	Units	Bio. Ref. Interval
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Prostate Specific Antigen (PSA), Total	0.56	ng/mL	0 - 4
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Method:CLIA

Sample Type:Serum

Useful For

1. Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
2. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
3. Prostate cancer screening.

Comments

-Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.

-Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.

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