Neuberg DIAGNOSTICS
● India ● UAE ● South Africa ● USA

TEST REPORT

Interim Laboratory Report

Name	: **Mr. MAHESH KUMAR**	Sex/Age	: **Male / 39 Years**	Lab ID	: **40229618907**
Ref. By	:	SRF ID	:	Ref. ID	:
Corporate	: NDPL - Mediwheel			UHID	:
Col Dt. Time	: 26-Feb-2024 13:43	Recv Dt. Time	: 26-Feb-2024 13:43	Sample Type	:
Reg Dt. Time	: 26-Feb-2024 13:43	Report Released @	:	Report Printed	: 05-Mar-2024 17:54

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
CBC			
Eosinophils	**12.9**	%	1 - 6
Absolute Eosinophil Count	**1050**	Cells/cmm	20-500
Mean Platelet Volume (MPV)	**12.8**	fL	6.5 - 12
Glyco Hemoglobin (HbA1c)			
HbA1C	**12.40**	%	Non Diabetic : 4.0 - 5.9 % Pre Diabetic : 6.0 - 6.4 % Diabetic : => 6.5 %.
Estimated Avg Glucose (3 Mths)	**309.18**	mg/dL	70 - 126 Diabetic : > 154
Liver Function Test			
Bilirubin Total	**1.40**	mg/dL	0.2 - 1.2 mg/dL
S.G.P.T.	**84.00**	U/L	0 - 55
S.G.O.T.	**37.00**	U/L	5 - 34
Urine Examination			
Glucose	**Trace**	mg/dL	Negative
Hyaline Casts	**0.6**	/HPF	0-0.5 p/hpf
Plasma Glucose - PP	**399**	mg/dL	Normal : 70-140 Impaired Tolerance : 141 - 199 Diabetic : => 200
ESR	**18**	mm after 1hr	0 -15
Plasma Glucose - F	**195**	mg/dL	Fasting blood glucose : 70 - 99 mg/dl - Normal 100 - 125 mg/dl - Impaired Fasting : Diabetic : =>126.

Abnormal Result(s) Summary End

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

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Reg Dt. Time	: 26-Feb-2024 13:43	Report Released @	:		

26-Feb-2024 18:15 Report Printed : 05-Mar-2024 17:54

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Complete Blood Counts					
RBC Count *Electrical Impedance*		**5.40**	millions/cmm	4.5 - 6.5	
Haemoglobin *SLS*		**16.3**	g/dL	13.5 - 18	
PCV (Haematocrit)		**49.6**	%	40 - 54	
Mean Corpuscular Volume *Calculated*		**91.9**	fL	76 - 96	
Mean Corpuscular Hemoglobin *Calculated*		**30.2**	pg	27 - 32	
Mean Corpuscular Hb Concentration *Calculated*		**32.9**	g/dL	30 - 35	
Red Cell Distribution Width (RDW) *Calculated*		**13.0**	%	11.5 - 14	
Total Leucocyte Count(TLC) *Fluorescent Flowcytometry*		**8140**	Cells/cmm	4000 - 11000	
Differential Counts					
Neutrophils *Fluorescent Flowcytometry*		**41.9**	%	40 - 75	
Lymphocytes *Fluorescent Flowcytometry*		**35.9**	%	20 - 45	
Monocytes *Fluorescent Flowcytometry*		**8.4**	%	2 - 10	
Eosinophils	H	**12.9**	%	1 - 6	
Basophils *Fluorescent Flowcytometry*		**0.9**	%	0 - 1	
Absolute Counts					
Absolute Neutrophil Count *Calculated*		**3411**	/µL	2000.00 - 7000.00	
Absolute Lymphocyte Count *Calculated*		**2922**	Cells/cmm	1000-5000	
Absolute Monocyte Count *Calculated*		**684**	/µL	200.00 - 1000.00	
Absolute Eosinophil Count *Calculated*	H	**1050**	Cells/cmm	20-500	
Absolute Basophil Count *Calculated*		**73**	Cells/cmm	20-100	
Platelet Count *Electrical Impedance*		**156000**	Cells/cmm	150000 - 400000	
Mean Platelet Volume (MPV)	H	**12.8**	fL	6.5 - 12	

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

D. Balaji

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Verified by

Dr. P. Mahendranath
MD Pathologist

MC-5972

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According to ICSH guideline (international Council for Standardisation in Hematology), the differential counts should be reported in absolute numbers.

BIOCHEMICAL INVESTIGATIONS

Plasma Glucose - PP *HEXOKINASE/G-6-PDH*	H	**399**	mg/dL	Normal : 70-140 Impaired Tolerance : 141 - 199 Diabetic : => 200

Clinical Pathology

Urine Glucose (Post Prandial)	**Present (+++)**	Absent	Rechecked.

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

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Reg Dt. Time : 26-Feb-2024 13:43 | Report Released @ :

26-Feb-2024 16:10 Report Printed : 05-Mar-2024 17:54

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR *Photometrical capillary stopped flow kinetic analysis.*	H	**18**	mm after 1hr	0 -15	
Blood Group & Rh Type *Microwell haemagglutination, Automated*		**B Negative**			confirmed with Du method.

BIOCHEMICAL INVESTIGATIONS

Plasma Glucose - F *HEXOKINASE/G-6-PDH*	H	**195**	mg/dL	Fasting blood glucose : 70 - 99 mg/dl - Normal 100 - 125 mg/dl - Impaired Fasting : Diabetic : =>126.	

Glycated Haemoglobin Estimation

HbA1C *HPLC*	H	**12.40**	%	Non Diabetic : 4.0 - 5.9 % Pre Diabetic : 6.0 - 6.4 % Diabetic : => 6.5 %.	
Estimated Avg Glucose (3 Mths) *Calculated*	H	**309.18**	mg/dL	70 - 126 Diabetic : > 154	

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.

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M.A. Vetrichelvan

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BIOCHEMICAL INVESTIGATIONS

Prostate Specific Antigen (PSA)

Prostate Specific Antigen *CMIA*	**0.687**	ng/mL	0.0 - 4.0

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

*% of population

Use

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

FREE PSA:TOTAL PSA

Males:

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

	Probability of cancer		
Free PSA/total PSA ratio	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	58%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

Thyroid Function Test

Triiodothyronine (T3) *CMIA*	**82.25**	ng/dL	58 - 159
Thyroxine (T4) *CMIA*	**7.75**	µg/dL	4.87 - 11.72

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BIOCHEMICAL INVESTIGATIONS

Thyroid Function Test

TSH *CMIA*	**1.79**	µIU/mL	0.35 - 4.94

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/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), PRTH 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 & incipent 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 supressed 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.

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BIOCHEMICAL INVESTIGATIONS

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 hormons vary according trimesper in pregnancy.

TSH ref range in Pregnacy	Reference range (microIU/ml)
First triemester	0.24 - 2.00
Second triemester	0.43-2.2
Third triemester	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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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Lipid Profile				
Cholesterol *Enzymatic*	**152**	mg/dL	<200 - Desirable 200 - 239 - Borderline High > 240 - High "NCEP Guidelines ATP III".	
Triglyceride *Glycerol Phosphate Oxidase*	**110**	mg/dL	< 150 - Normal 150 - 199 - Borderline 200 - 499 - High > 500 - Very High "NCEP Guidelines ATP III".	
HDL Cholesterol *Accelerator Selective Detergent*	**40**	mg/dL	< 40 - Low Level 40 - 60 - Average Level > 60 - High Level NCEP Guidelines ATP III.	
LDL Cholesterol *Calculated*	**90.00**	mg/dL	0.00 - 100.00	
VLDL *Calculated*	**22.00**	mg/dL	<30	
Non-HDL Cholesterol	**112**		< 130 Optimal 130-159 Near Optimal 160-189 Borderline high 190-219-High >or = 220- Very high	
LDL/HDL Ratio	**2.25**			
Chol/HDL *Calculated*	**3.80**		< 3.5 – Low risk 3.5 – 5.0 - Normal risk > 5.0 - High risk	

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Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India

Extreme Risk group - A.) CAD with > 1 feature of high risk group. B.) CAD with > 1 feature of very high risk group or recurrent ACS (within 1 year) despite LDL-C </ = 50 mg/dl or polyvascular disease.
Very High Risk group - 1.) Established ASCVD 2.) Diabetes with 2 major risk factors or evidence of end organ damage 3.) Familial Homozygous Hypercholesterolemia.
High Risk - 1.) Three major ASCVD risk factors 2.) Diabetes with 1 major risk factor or no evidence of end organ damage 3.) CKD stage 3B or 4.) LDL > 190 mg /dl 5.) Extreme of a single risk factor 6.) Coronary Artery Calcium -CAC >300AU. 7.) Lipoprotein a >/= 50 mg /dl 8.) Non stenotic carotid plaque.
Moderate Risk - 2 major ASCVD risk factors
Low Risk - 0-1 major ASCVD risk factors

Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors
1.) Age >/= 45 years in males and >/= 55 years in females
2.) Family history of premature ASCVD
3.) Current Cigarette smoking or tobacco use
4.) High blood pressure.
5.) Low HDL

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020.

Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL(mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (optional goal </=30)	<80(optional goal </=60)	>/=50	>/=80
Extreme Risk Group Category B	</= 30	</=60	>30	>60
Very High Risk	<50	<80	>/=50	>/=80
High Risk	<70	<100	>/=70	>/=100
Moderate Risk	<100	<130	>/=100	>/=130
Low Risk	<100	<130	>/=130	>/=160

❖ After an adequate non-pharmacological intervention for at least 3 months.

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Kidney Function Test				
Urea *Uricase*	**15.80**	mg/dL	12.84 - 42.8 *Please note change in Reference range.	
Creatinine *Enzymatic*	**0.86**	mg/dL	0.5 - 1.4	
Uric Acid *Uricase*	**3.60**	mg/dL	3.5 - 7.2	

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TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
LIVER FUNCTION TEST					
Bilirubin Total *Diazonium Salt*	H	**1.40**	mg/dL	0.2 - 1.2 mg/dL	
Bilirubin Direct *DIAZO REACTION*		**0.40**	mg/dL	0 - 0.5 mg/dL	
Bilirubin Indirect		**1.00**	mg/dL	0.1 - 1	
S.G.P.T. *NADH (Without P-5-P)*	H	**84.00**	U/L	0 - 55	
S.G.O.T. *NADH (Without P-5-P)*	H	**37.00**	U/L	5 - 34	
Alkaline Phosphatase *Para-Nitrophenyl Phosphate*		**105.00**	U/L	40-150	
Gamma Glutamyl Transferase *L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate*		**48.00**	U/L	12 - 64	
Proteins (Total) *Biuret*		**7.00**	gm/dL	6.4 - 8.3	
Albumin *Bromo Cresol Green*		**4.60**	g/dL	3.5-5.2	
Globulin		**2.40**	g/dL	2.0 - 3.5	
A/G Ratio *Calculated*		**1.9**		1.0 - 2.0	

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Reg Dt. Time	: 26-Feb-2024 13:43	Report Released @	: 26-Feb-2024 16:12	Report Printed	: 05-Mar-2024 17:54

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Urine Routine Examination				
Appearance *Light Scattering*	**Slightly Turbid**		Clear	
Colour *Light Scattering*	**Yellow**		Straw to Yellow	
Reaction (pH) *Reflectance Photometry*	**5.0**		5-9	
Specific gravity *Refractive Index*	**1.018**		1.000-1.030	
Chemical Examination				
Protein *Protein Error Of PH Indicator*	**Negative**	mg/dL	Negative	
Glucose *GOD-POD*	**Trace**	mg/dL	Negative	
Bile Pigments *Reflectance Photometry*	**Negative**	mg/dL	Negative	
Urobilinogen *Diazonium Salt Coupling Reaction*	**Not Increased**	mg/dL	0-2 mg/dl	
Ketones *Reflectance Photometry*	**Negative**	mg/dL	Negative	
Nitrites *Reflectance Photometry*	**Negative**	mg/dL	Negative	
Blood *Peroxidase*	**Negative**	Ery/µL	Negative	
Leucocyte *Granulocyte esterase*	**Negative**	Leu/µL	Negative	
Microscopic Examination				
Red Blood Cells	**0.4**	/HPF	0-2.3 cells/hpf	
Pus Cells *Phase Contrast Microscopy*	**0.9**	/HPF	0-2.7 cells/hpf	
Epithelial Cells	**0.0**	/HPF	0-1.1 cells/hpf	
Hyaline Casts	**0.6**	/HPF	0-0.5 p/hpf	
Pathological Casts *Phase Contrast Microscopy*	**0.0**	/HPF	0-0.3 p/hpf	
Crystals				
Calcium oxalate Monohydrate *Phase Contrast Microscopy*	**0.0**	/HPF	0-1.4 p/hpf	
Calcium oxalate Dihydrate *Phase Contrast Microscopy*	**0.0**	/HPF	0-1.4 p/hpf	
Triple phosphate *Phase Contrast Microscopy*	**0.0**	/HPF	0-1.4 p/hpf	

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

BALAJI D

Verified by

DR.MONICA KUMBHAT M
MBBS,MD (Pathology) FGIL

MC-5972

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Interim Laboratory Report

Name	: **Mr. MAHESH KUMAR**	Sex/Age	: **Male / 39 Years**	PID	:
Ref. By	:	SRF ID	:	Lab ID	: **40229618907**
Corporate	: NDPL - Mediwheel			Ref. ID	:
				UHID	:

Col Dt. Time	: 26-Feb-2024 13:43	Recv Dt. Time	: 26-Feb-2024 13:43	Sample Type	: Urine
Reg Dt. Time	: 26-Feb-2024 13:43	Report Released @	: 26-Feb-2024 16:12	Report Printed	: 05-Mar-2024 17:54

Uric Acid *Phase Contrast Microscopy*	**0.0**	/HPF	0-1.4 p/hpf
Bacteria *Phase Contrast Microscopy*	**11.1**	/HPF	0-29.5 p/hpf
Yeast *Phase Contrast Microscopy*	**0.0**	/HPF	0-0.7 p/hpf
Amorphous Deposits *Phase Contrast Microscopy*	**0.0**	/HPF	0-29.5 p/hpf

Pending Services
Body Mass Index
Cardiac Echo
DENTAL EXAMINATION
EYE Test (Near,Far and Color)
Physician Examination
USG abdomen
X-Ray Chest PA View

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

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

BALAJI D

Verified by

DR.MONICA KUMBHAT M
MBBS,MD (Pathology) FGIL

MC-5972

Date: IST: 2024-02-26 10:40:41

Report ID: NELR_01WIL2K56T30TL1_V6T30TNT

Personal Details
UHID: 01WIL2K56T30TL1
PatientID: 0000000000
Name: Mr Mahesh Kumar
Age: 39
Gender: Male
Mobile: 0000000000

Pre-Existing Medical-Conditions
Diabetic: No
Hypertension: No

Symptoms

Vitals

TEST REPORT

Measurements
HR: 73 BPM
PR: 170 ms
PD: 119 ms
QRSD: 108 ms
QRS Axis: 109 deg
QT/QTc: 351/351 ms

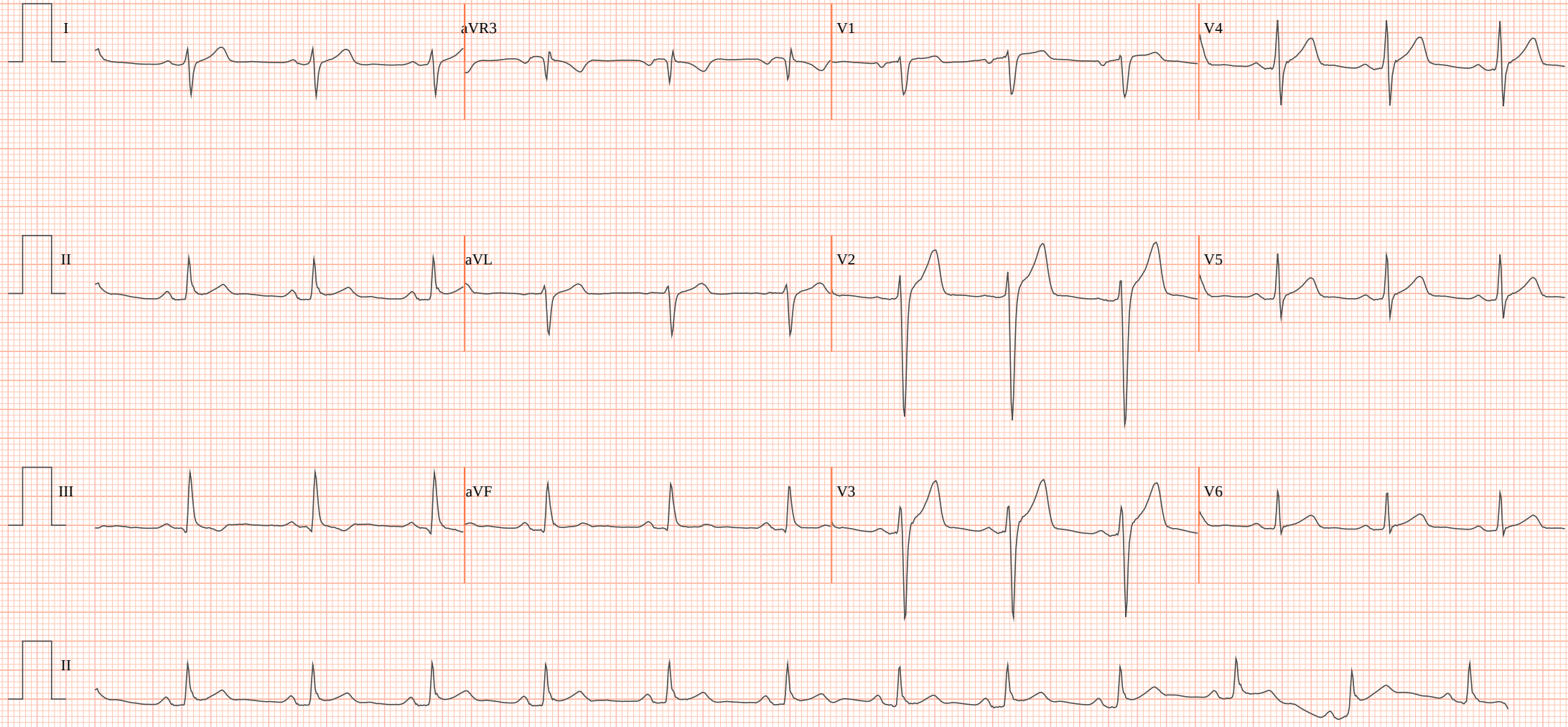
Interpretation

Normal sinus rhythm
Normal axis

Authorized by

Dr.Yogesh Kothari
MD,DNB,FESC,FEP
Reg No- KMC 44065

*This trace is generated by **KardioScreen;** Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from **IMEDRIX***



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

Disclaimer: 1. Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests and must be interpreted by a qualified physician.
2. Normal ECG does not rule out heart disease Abnormal ECG does not always mean severe heart disease Comments & report is based on available data, clinical correlation is important