



LABORATORY REPORT



Name : **Mr RANJEET VASANTRAO SOMWANSHI** Sex/Age : **Male / 39 Years** Case ID : **40308001443**

Ref. By : **Mediwheel Full Body Health Checkup** Dis. At : Pt. ID :

Bill. Loc. : **Health packages** Pt. Loc. :

Reg Date and Time : **29-Mar-2024 09:02** Sample Type : **Whole Blood EDTA** Mobile No. :

Sample Date and Time : **29-Mar-2024 09:02** Sample Coll. By : **non** Ref Id1 :

Report Date and Time : **29-Mar-2024 12:17** Acc. Remarks : Ref Id2 :

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|------|---------|------|----------------------|---------|
|------|---------|------|----------------------|---------|

HAEMOGRAM REPORT

HB AND INDICES

| | | | | |
|---|--------------|---------------|----------------|--|
| Haemoglobin <i>Photometric Method</i> | 16.2 | G% | 13.00 - 17.00 | |
| RBC (Electrical Impedance) | 5.17 | millions/cumm | 4.50 - 5.50 | |
| PCV(Calc) | 49.17 | % | 40.00 - 50.00 | |
| MCV (RBC histogram) | 95.1 | fL | 83.00 - 101.00 | |
| MCH (Calc) | 31.4 | pg | 27.00 - 32.00 | |
| MCHC (Calc) | 33.0 | gm/dL | 31.50 - 34.50 | |
| RDW (RBC histogram) | 12.30 | % | 11.00 - 16.00 | |

TOTAL AND DIFFERENTIAL WBC COUNT

| | | | | |
|--|-------------|-----|--------------------|--|
| Total WBC Count | 9410 | /μL | 4000.00 - 10000.00 | |
| Neutrophil | 68 | % | 40.00 - 70.00 | |
| Lymphocyte | 23 | % | 20.00 - 40.00 | |
| Eosinophil | 04 | % | 1.00 - 6.00 | |
| Monocytes | 05 | % | 2.00 - 10.00 | |
| Basophil | 00 | % | 0.00 - 2.00 | |
| Neutrophil <i>Calculated</i> | 6399 | /μL | 2000.00 - 7000.00 | |
| Lymphocyte <i>Calculated</i> | 2164 | /μL | 1000.00 - 3000.00 | |
| Eosinophil <i>Calculated</i> | 376 | /μL | 20.00 - 500.00 | |
| Monocyte <i>Calculated</i> | 471 | /μL | 200.00 - 1000.00 | |
| Basophil <i>Calculated</i> | 0 | /μL | 0.00 - 100.00 | |

PLATELET COUNT

| | | | | |
|-----------------------|---------------|-----|-----------------------|--|
| Platelet Count | 265000 | /μL | 150000.00 - 410000.00 | |
| MPV | 9.40 | fL | 6.5 - 12 | |

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

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Consultant Pathologist

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PDW H **16.2** 9 - 16

ESR **06** mm after 1hr 3 - 15
Westergren Method

Method:
TLC-SF cube technology(Flow Cytometry+ fluorescence),
DC by microscopy,
Platelet count by electrical impedance+/-SF cube technology

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Sample Date and Time : **29-Mar-2024 09:02** Sample Coll. By : **non** Ref Id1 :

Report Date and Time : **29-Mar-2024 13:08** Acc. Remarks : Ref Id2 :

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|------|---------|------|----------------------|---------|
|------|---------|------|----------------------|---------|

HAEMATOLOGY INVESTIGATIONS

**BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)
(Both Forward and Reverse Group)**

| | |
|-----------------|-----------------|
| ABO Type | AB |
| Rh Type | POSITIVE |

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Bill. Loc. : **Health packages** Pt. Loc. :

Reg Date and Time : **29-Mar-2024 09:02** Sample Type : **Whole Blood EDTA** Mobile No. :

Sample Date and Time : **29-Mar-2024 09:02** Sample Coll. By : **non** Ref Id1 :

Report Date and Time : **29-Mar-2024 11:56** Acc. Remarks : Ref Id2 :

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|--|--------------|-------|---|---------|
| <u>Glycated Haemoglobin Estimation</u> | | | | |
| HbA1C <i>Immunoturbidimetric</i> | 5.0 | | % of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes | |
| Estimated Avg Glucose (3 Mths) <i>Calculated</i> | 96.80 | 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.

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Ref. By : **Mediwheel Full Body Health Checkup** Dis. At : Pt. ID :

Bill. Loc. : **Health packages** Pt. Loc. :

Reg Date and Time : **29-Mar-2024 09:02** Sample Type : **Serum** Mobile No. :

Sample Date and Time : **29-Mar-2024 09:02** Sample Coll. By : **non** Ref Id1 :

Report Date and Time : **29-Mar-2024 13:44** Acc. Remarks : Ref Id2 :

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|------|---------|------|----------------------|---------|
|------|---------|------|----------------------|---------|

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

| | | | |
|---|-----------------|-------|-----------|
| Cholesterol <i>Colorimetric, CHOD-POD</i> | 186.73 | mg/dL | 110 - 200 |
| HDL Cholesterol | L 26.8 | mg/dL | 40 - 60 |
| Triglyceride <i>GPO-POD</i> | H 330.90 | mg/dL | 40 - 200 |
| VLDL <i>Calculated</i> | H 66.18 | mg/dL | 10 - 40 |
| Chol/HDL <i>Calculated</i> | H 6.97 | | 0 - 4.1 |
| LDL Cholesterol (Direct) | H 111.91 | mg/dL | 65 - 100 |

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 assesment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation 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. : Health packages | | Pt. Loc. : |
| Reg Date and Time : 29-Mar-2024 09:02 | Sample Type : Serum | Mobile No. : |
| Sample Date and Time : 29-Mar-2024 09:02 | Sample Coll. By : non | Ref Id1 : |
| Report Date and Time : 29-Mar-2024 11:52 | Acc. Remarks : | Ref Id2 : |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|------|---------|------|----------------------|---------|
|------|---------|------|----------------------|---------|

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

| | | | | |
|---|--------------|-------|-----------|--|
| S.G.P.T. <i>IFCC</i> | 20.01 | U/L | 0 - 63 | |
| S.G.O.T. <i>IFCC</i> | 21.65 | U/L | 15 - 37 | |
| Alkaline Phosphatase <i>Modified IFCC method</i> | 80.26 | U/L | 40 - 150 | |
| Proteins (Total) <i>Biuret</i> | 7.63 | g/dL | 6.4 - 8.2 | |
| Albumin <i>Bromo Cresol Green</i> | 4.85 | g/dL | 3.4 - 5.0 | |
| Globulin <i>Calculated</i> | 2.78 | gm/dL | 2 - 4.1 | |
| A/G Ratio <i>Calculated</i> | 1.7 | | 1.0 - 2.1 | |
| Bilirubin Total <i>Diazotized Sulfanilic Acid Method</i> | 0.61 | mg/dL | 0.2 - 1.0 | |
| Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i> | 0.21 | mg/dL | | |
| Bilirubin Unconjugated <i>Calculated</i> | 0.40 | mg/dL | 0 - 0.8 | |

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| Bill. Loc. : Health packages | | Pt. Loc. : |
| Reg Date and Time : 29-Mar-2024 09:02 | Sample Type : Serum | Mobile No. : |
| Sample Date and Time : 29-Mar-2024 09:02 | Sample Coll. By : non | Ref Id1 : |
| Report Date and Time : 29-Mar-2024 11:55 | Acc. Remarks : | Ref Id2 : |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|------|---------|------|----------------------|---------|
|------|---------|------|----------------------|---------|

BIOCHEMICAL INVESTIGATIONS

Renal Function Test

| | | | | |
|--|----------------|--------|--------------|--|
| Urea <i>Urease/GLDH</i> | L 16.32 | mg/dL | 19.01 - 44.1 | |
| Creatinine <i>Jaffe compensated</i> | 1.03 | mg/dL | 0.70 - 1.30 | |
| Uric Acid <i>Uricase-Peroxidase method</i> | 6.47 | mg/dL | 3.5 - 7.2 | |
| Sodium <i>ISE</i> | 141.6 | mmol/L | 136 - 145 | |
| Potassium <i>ISE</i> | 4.22 | mmol/L | 3.5 - 5.1 | |
| Chloride <i>ISE</i> | 103.1 | mmol/L | 98 - 107 | |
| Calcium <i>Arsenazo III</i> | 9.89 | mg/dL | 8.4 - 10.2 | |

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Bill. Loc. : **Health packages** Pt. Loc. :

Reg Date and Time : **29-Mar-2024 09:02** Sample Type : **Plasma Fluoride F, Plasma Fluoride PP** Mobile No. :

Sample Date and Time : **29-Mar-2024 09:02** Sample Coll. By : **non** Ref Id1 :

Report Date and Time : **29-Mar-2024 13:48** Acc. Remarks : Ref Id2 :

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|--|-----------------|-------|----------------------|-----------|
| Plasma Glucose - F <i>Photometric, Hexokinase</i> | H 112.96 | mg/dL | 70 - 100 | FUS: NIL |
| Plasma Glucose - PP <i>Photometric, Hexokinase</i> | 103.29 | mg/dL | 70 - 140 | PPUS: NIL |

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| Bill. Loc. : Health packages | | Pt. Loc. : |
| Reg Date and Time : 29-Mar-2024 09:02 | Sample Type : Serum | Mobile No. : |
| Sample Date and Time : 29-Mar-2024 09:02 | Sample Coll. By : non | Ref Id1 : |
| Report Date and Time : 29-Mar-2024 11:26 | Acc. Remarks : | Ref Id2 : |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|------|---------|------|----------------------|---------|
|------|---------|------|----------------------|---------|

BIOCHEMICAL INVESTIGATIONS

Thyroid Function Test

| | | | |
|--|--------------|--------|-------------|
| Triiodothyronine (T3) <i>ECLIA</i> | 1.23 | ng/mL | 0.70 - 2.04 |
| Thyroxine (T4) <i>ECLIA</i> | 7.19 | µg/dL | 4.6 - 10.5 |
| TSH <i>ECLIA</i> | 2.120 | µIU/mL | 0.40 - 4.20 |

INTERPRETATIONS

Useful for Monitoring patients on thyroid replacement therapy, Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine therapy, for Prediction of thyrotropin-releasing hormone-stimulated TSH response, as An aid in the diagnosis of primary hyperthyroidism, for Differential diagnosis of hypothyroidism.
The ability to quantitate circulating levels of thyroid-stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of 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 or normal. Concentrations of 5.1 mIU/ml to 7.0 mIU/ml are considered borderline hypothyroid

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 | Reference range (microu/ml) |
| First trimester | 0.24 - 2.00 |
| Second trimester | 0.43-2.2 |
| Third trimester | 0.8-2.5 |

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Bill. Loc. : **Health packages** Pt. Loc. :

Reg Date and Time : **29-Mar-2024 09:02** Sample Type : **Spot Urine** Mobile No. :

Sample Date and Time : **29-Mar-2024 09:02** Sample Coll. By : **non** Ref Id1 :

Report Date and Time : **29-Mar-2024 11:52** Acc. Remarks : Ref Id2 :

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|------|---------|------|----------------------|---------|

URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour Pale yellow

Transparency Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity 1.015 1.003 - 1.035

pH 5.5 4.6 - 8

Leucocytes (ESTERASE) Negative Negative

Protein Negative Negative

Glucose Negative Negative

Ketone Bodies Urine Negative Negative

Urobilinogen Negative Negative

Bilirubin Negative Negative

Blood Negative Negative

Nitrite Negative Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte Occasional /HPF Nil

Red Blood Cell Nil /HPF Nil

Epithelial Cell 1-2 /HPF Present(+)

Bacteria Nil /µL Nil

Yeast Nil /µL Nil

Cast Nil /HPF Nil

Crystals Nil /HPF Nil

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Report Date and Time : **29-Mar-2024 11:52** Acc. Remarks : Ref Id2 :

| 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 ----- End Of Report -----
 Stool Examination

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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