

DEPARTMENT OF PATHOLOGY

UHID	CIMS-15872	Visit Type/No	OP/EPD-23098/EPD-23098
Name	Mrs Kavita	Order No	OR-47193
Age/Gender	39 Y/Female	Order Date/Time	27-07-2024
Accession Number	OPAC-4991	Collection Date/Time	27-07-2024 11:29 AM
Treating Doctor	Dr Self	Acknowledge Date/Time	27-07-2024 01:27 PM
Ordering Doctor	Dr Self	Report Date/Time	27-07-2024 01:46 PM
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

Pathology

Service Name	Result	Unit	Reference Range	Method
Thyroid Profile -T3, T4, TSH, Blood				
Triiodothyronine (T3)	1.62	ng/mL	0.69-2.15	CLIA
Thyroxine (T4)	91.5	ng/mL	52-127	CLIA
Thyroid Stimulating Hormone (TSH)	3.75	uIU/mL	0.3-4.5	CLIA

Interpretation
:Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.

2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

Primary Hypothyroidism
Hyperthyroidism Hypothalamic – Pituitary hypothyroidism
Inappropriate TSH secretion
Nonthyroidal illness
Autoimmune thyroid disease
Pregnancy associated thyroid disorders
Thyroid dysfunction in infancy and early childhood

URINE ANALYSIS/ URINE ROUTINE EXAMINATION, Urine
Physical Examination

COLOUR	Pale Yellow		Manual method
TRANSPARENCY	Clear		Manual
SPECIFIC GRAVITY	1.020	1.001-1.03	Strip
PH URINE	6.0	5-8	Strip
DEPOSIT	Absent		Manual

BIOCHEMICAL EXAMINATION

ALBUMIN	Absent		Strip
SUGAR	Absent		Strip
BILE SALTS (BS)	Absent		Manual
BILE PIGMENT (BP)	Absent		Manual

MICROSCOPIC EXAMINATION

PUS CELLS	0-1	/ hpf	Microscopy
EPITHELIAL CELLS	3-4	/ hpf	Microscopy
RBC'S	Absent	/hpf	Microscopy
CASTS	Absent		Microscopy
CRYSTALS	Absent		Macroscopy
BACTERIA	Absent		Macroscopy
FUNGUS	Absent		Microscopy
SPERMATOZOA	Absent		Microscopy
OTHERS	Absent		Microscopy

Clinical Biochemistry

Service Name	Result	Unit	Reference Range	Method
Glucose (Fasting), Plasma	87.9	mg/dL	60-110	GOD/POD

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KFT (Kidney Profile) -I, Serum				
Urea, Blood	28.6	mg/dL	15-50	Urease-uv
Creatinine, Serum	0.69	mg/dL	0.6-1.0	Enzymatic
Blood Urea Nitrogen (BUN)	13.35	mg%	7.5-22.0	Calculated
BUN-CREATININE RATIO	19.34		10-20	Calculated
Sodium, Serum	136.7	mmol/L	135-150	ISE
Potassium, Serum	3.93	mmol/L	3.5-5.5	ISE
Calcium, Serum	9.60	mg/dL	8.7-11.0	ISE
Chloride, Serum	100.4	mmol/L	94-110	ISE
Uric acid, Serum	3.51	mg/dL	2.5-6.5	Uricase
Magnesium, Serum	1.98	mg/dL	1.6-2.8	XYLIDYL BLUE
Phosphorus, Serum	3.36	mg/dL	2.4-5.0	MOLYBDATE UV
Alkaline phosphatase, Serum	68.9	U/L	42-136	IFCC
Albumin, Serum	3.90	g/dL	3.5-5.4	BCG

GLYCOSYLATED HAEMOGLOBIN (HbA1c)

Method- Immunofluorescence Assay

Glycosylated Hemoglobin (HbA1c)	5.36	%	<6.5 : Non Diabetic 6.5-7 : Good Control 7-8 : Weak Control > 8 : Poor Control
Estimated average blood glucose (eAG)	107.13	mg/dl	90-120: Excellent Control 121-150: Good Control 151-180: Average Control 181-210: Action Suggested

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of 7.0 % may not be appropriate.

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.

Lipid Profile, Serum

Cholesterol, serum	184.0	mg%	Optimal: < 200 mg/dl Boder Line High Risk: 150 -240 mg/dl High Risk: > 250 mg/dl
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Triglycerides, serum	136.0	mg%	Optimal: < 150 mg/dl Border Line High Risk: 150 - 199 mg/dl High Risk: 200 - 499 mg/dl Very High Risk: > 500 mg/dl	
HDL Cholesterol	61.7	mg%	Optimal: 70 mg/dl Border Line High Risk: 80 - 100 mg/dl High Risk: > 120 mg/dl	
LDL Cholesterol	95.10	mg%	Optimal: < 100 mg/dl Border Line High Risk: 100 - 129 mg/dl High Risk: > 160 mg/dl	
VLDL Cholesterol	27.20	mg%	Male : 10 - 40 mg/dl Female : 10 - 40 mg/dl Child : 10 - 40 mg/dl	
LDL / HDL Cholesterol ratio	1.54		0.0-3.5	

Interpretation :

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL.

Glucose (Post Prandial), Plasma	102.0	mg/dL	80-150	GOD/POD
LFT (Liver Function Test) Profile, Serum				
Bilirubin Total, Serum	0.60	mg/dL	0.1-1.0	DMSO
Conjugated (Direct), Serum	0.19	mg%	0.0-0.3	DMSO
Unconjugated (Indirect)	0.41	mg%	0.0-0.75	Calculated
SGOT/AST	17.8	U/L	0-40	IFCC
SGPT/ALT	20.0	U/L	0-48	IFCC
AST/ALT Ratio	0.89		0-1	Calculated
Gamma GT, Serum	12.8	U/L	5-32	IFCC
Alkaline phosphatase, Serum	68.9	U/L	42-136	IFCC
Total Protein, serum	6.18	gm/dl	6.0-8.4	Biuret
Albumin, Serum	3.90	g/dL	3.5-5.4	BCG
Globulin	2.28 L	g/dL	2.3-3.6	Calculated
A/G Ratio	1.71		1.0-2.3	Calculated

Haematology

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CIMS



City Institute of Medical Sciences

(Multi Super Speciality 200 Bedded Hospital)

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BLOOD GROUP (ABO)				
BLOOD GROUP (ABO)- RH TYPING	"AB" POSITIVE			
The upper agglutination test for grouping has some limitations.				
ESR (Erythrocyte Sedimentation Rate), Blood	32 H	mm 1st Hr.	0-15	Wintrobe
CBC (Complete Blood Count), Blood				
Hemoglobin (Hb)	11.1	gm/dl	11-16	Spectrophotometry
TLC (Total Leukocyte Count)	5970	/cumm	4000-11000	Cell Counter & Microscopy
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils	71	%	40-80	Cell Counter & Microscopy
Lymphocytes	23	%	20-45	Cell Counter & Microscopy
Monocytes	04	%	4-10	Cell Counter & Microscopy
Eosinophils	02	%	1-6	Cell Counter & Microscopy
Basophils	00	%	0-1	Cell Counter & Microscopy
RBC Count	4.04	millions/cumm	3.5-5.0	Impedance
PCV / Hct (Hematocrit)	34.2	%	34-47	Calculated
MCV	84.5	fl	76-96	Impedance
MCH	27.4	pg	27-32	Impedance
MCHC	32.4	g/dL	30-35	Impedance
Platelet Count	1.87	lakh/cumm	1.5-4.5	Cell Counter & Microscopy
RDW	14.7	%	1-15	Impedance



-----End of the Report-----

Dr Ambrish Kumar
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