



Name	: MR.K R GIRISH ,	TID/SID	: UMR1445599/ 27469263
Age / Gender	: 39 Years / Male	Registered on	: 13-Apr-2024 / 08:00 AM
Ref.By	: SELF	Collected on	: 13-Apr-2024 / 08:02 AM
Req.No	: BIL4150764	Reported on	: 13-Apr-2024 / 13:09 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Biological Reference Intervals
Physical Examination		
Colour Method:Physical	Pale yellow	Straw to Yellow
Appearance Method:Physical	Clear	Clear
Chemical Examination		
Reaction and pH Method:pH- Methyl red & Bromothymol blue	5.5	4.6-8.0
Specific gravity Method:Bromothymol Blue	1.005	1.003-1.035
Protein Method:Tetrabromophenol blue	Negative	Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative	Negative
Blood Method:Peroxidase	Negative	Negative
Ketones Method:Sodium Nitroprusside	Negative	Negative
Bilirubin Method:Dichloroanilinediazonium	Negative	Negative
Leucocytes Method:3 hydroxy5 phenylpyrrole + diazonium	Negative	Negative
Nitrites Method:Diazonium + 1,2,3,4 tetrahydrobenzo (h) quinolin 3-ol	Negative	Negative
Urobilinogen Method:Dimethyl aminobenzaldehyde	0.2	0.2-1.0 mg/dl
Microscopic Examination		
Pus cells (leukocytes) Method:Microscopy	0-1	2 - 3 /hpf
Epithelial cells Method:Microscopy	0-1	2 - 5 /hpf
RBC (erythrocytes) Method:Microscopy	Absent	Absent
Casts Method:Microscopy	Absent	Occasional hyaline casts may be seen



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Crystals	Absent	Phosphate, oxalate, or urate crystals may be seen
Method:Microscopy		
Others	Nil	Nil
Method:Microscopy		

Method: Semi Quantitative test ,For CUE

Reference: Godkar Clinical Diagnosis and Management by Laboratory Methods, First South Asia edition. Product kit literature.

Interpretation:

The complete urinalysis provides a number of measurements which look for abnormalities in the urine. Abnormal results from this test can be indicative of a number of conditions including kidney disease, urinary tract infection or elevated levels of substances which the body is trying to remove through the urine . A urinalysis test can help identify potential health problems even when a person is asymptomatic. All the abnormal results are to be correlated clinically.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist





Name : MR.K R GIRISH , TID/SID : UMR1445599/ 27469264
Age / Gender : 39 Years / Male Registered on : 13-Apr-2024 / 08:00 AM
Ref.By : SELF Collected on : 13-Apr-2024 / 08:02 AM
Req.No : BIL4150764 Reported on : 13-Apr-2024 / 14:37 PM
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TEST REPORT

DEPARTMENT OF HEMATOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	B
Rh Typing (D)	POSITIVE

Method: Hemagglutination Tube Method by Forward & Reverse Grouping

Reference: Tulip kit literature

Interpretation: The ABO grouping and Rh typing test determines blood type grouping (A,B, AB, O) and the Rh factor (positive or negative). A person's blood type is based on the presence or absence of certain antigens on the surface of their red blood cells and certain antibodies in the plasma. ABO antigens are poorly expressed at birth, increase gradually in strength and become fully expressed around 1 year of age.

Note: Records of previous blood grouping/Rh typing not available. Please verify before transfusion.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist





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Ref.By	: SELF	Collected on	: 13-Apr-2024 / 08:02 AM
Req.No	: BIL4150764	Reported on	: 13-Apr-2024 / 12:25 PM
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TEST REPORT

DEPARTMENT OF HEMATOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Biological Reference Intervals
Erythrocyte Sedimentation Rate	02	<=15 mm/hour
Method:Microphotometrical capillary using stopped flow kinetic analysis		

Reference: Dacie and Lewis Practical Hematology, 12th Edition, User Manual of Vesmatic 20/20 Plus New and Henry's Clinical Diagnosis and Management by Laboratory Methods, First South Asia edition

Interpretation: Erythrocyte sedimentation rate (ESR) is a useful but nonspecific marker of underlying inflammation.

ESR is elevated in: Rheumatoid arthritis, chronic infection, collagen disease, polyclonal hyperglobulinemia and hyperfibrinogenemia, Temporal arteritis, septic arthritis, pelvic inflammatory disease, and appendicitis, Osteomyelitis, Neoplastic disease (Myeloma, Macroglobulinemia, Prostate cancer, Hodgkin's disease, Renal cell carcinoma), Stroke, coronary artery disease, Pregnancy (increase at the 10th to the 12th week, and returns to normal about 1 month postpartum)

ESR is decreased in: Polycythemia, hyperviscosity, sickle cell anemia, leukemia, low plasma protein (liver, kidney disease) and congestive heart failure.

Complete Blood Count (CBC), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Interval
Hemoglobin	15.4	13.0-18.0 g/dL
Method:Spectrophotometry		
Packed Cell Volume	46.4	40-54 %
Method:Derived from Impedance		
Red Blood Cell Count.	5.01	4.3-6.0 Mill/Cumm
Method:Impedance Variation		
Mean Corpuscular Volume	92.6	78-100 fL
Method:Derived from Impedance		
Mean Corpuscular Hemoglobin	30.7	27-32 pg
Method:Derived from Impedance		
Mean Corpuscular Hemoglobin Concentration	33.2	31.5-36 g/dL
Method:Derived from Impedance		
Red Cell Distribution Width - CV	12.5	11.0-16.0 %
Method:Derived from Impedance		
Red Cell Distribution Width - SD	44.5	39-46 fL
Method:Derived from Impedance		
Total WBC Count.	4420	4000-11000 cells/cumm
Method:Impedance Variation		



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Neutrophils	47.0	40-75 %
Method:Impedance Variation,Method_Desc= Flow Cytometry		
Lymphocytes	39.8	20-45 %
Method:Impedance Variation, Flowcytometry		
Eosinophils	2.1	01-06 %
Method:Impedance Variation, Flowcytometry		
Monocytes	9.3	01-10 %
Method:Impedance Variation, Flowcytometry		
Basophils.	1.8	00-02 %
Method:Impedance Variation, Flowcytometry		
Absolute Neutrophils Count.	2077	1500-6600 cells/cumm
Method:Calculated		
Absolute Lymphocyte Count	1759	1500-3500 cells/cumm
Method:Calculated		
Absolute Eosinophils count.	93	40-440 cells/cumm
Method:Calculated		
Absolute Monocytes Count.	411	<1000 cells/cumm
Method:Calculated		
Absolute Basophils count.	80	<200 cells/cumm
Method:Calculated		
Platelet Count.	2.49	1.4-4.4 lakhs/cumm
Method:Impedance Variation		
Mean Platelet Volume.	10.3	7.9-13.7 fL
Method:Derived from Impedance		
Plateletcrit.	0.26	0.18-0.28 %
Method:Derived from Impedance		

Method: Automated Hematology Analyzer, Microscopy

Reference: Dacie and Lewis Practical Hematology, 12th Edition

Interpretation: A Complete Blood Picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---



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TEST REPORT

Debleena Thakur
Dr Debleena Thakur
Consultant Pathologist





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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen.	6	6-20 mg/dL
Method:Kinetic, Urease - GLDH, Calculated		

Interpretation: Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. Since this is a continuous process, there is usually a small but stable amount of urea nitrogen in the blood. However, when the kidneys cannot filter wastes out of the blood due to disease or damage, then the level of urea in the blood will rise. The blood urea nitrogen (BUN) evaluates kidney function in a wide range of circumstances, to diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status as well.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics

Creatinine, Serum

Investigation	Observed Value	Biological Reference Interval
Creatinine.	0.78	0.7-1.3 mg/dL
Method:Spectrophotometry, Jaffe - IDMS Traceable		

Interpretation:

Creatinine is a nitrogenous waste product produced by muscles from creatine. Creatinine is majorly filtered from the blood by the kidneys and released into the urine, so serum creatinine levels are usually a good indicator of kidney function. Serum creatinine is more specific and more sensitive indicator of renal function as compared to BUN because it is produced from muscle at a constant rate and its level in blood is not affected by protein catabolism or other exogenous products. It is also not reabsorbed and very little is secreted by tubules making it a reliable marker. Serum creatinine levels are increased in pre renal, renal and post renal azotemia, active acromegaly and gigantism. Decreased serum creatinine levels are seen in pregnancy and increasing age.

Biological reference interval changed; Reference: Tietz Textbook of Clinical Chemistry & Molecular Diagnostics, Fifth Edition.

Bun/Creatinine Ratio, Serum

Investigation	Observed Value
BUN/Creatinine Ratio	9
Method:Calculated	

Reference:

A Manual of Laboratory Diagnostic Tests. Edition 7, Lippincott Williams and Wilkins, By Frances Talaska Fischbach, RN, BSN, MSN, and Marshall Barnett Dunning 111, BS, MS, Ph.D.



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		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist





Name	: MR.K R GIRISH ,	TID/SID	: UMR1445599/ 27469266-F
Age / Gender	: 39 Years / Male	Registered on	: 13-Apr-2024 / 08:00 AM
Ref.By	: SELF	Collected on	: 13-Apr-2024 / 08:02 AM
Req.No	: BIL4150764	Reported on	: 13-Apr-2024 / 12:30 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting Method:Hexokinase	79	Normal: 70 -100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: \geq 126 mg/dL

Interpretation: It measures the Glucose levels in the blood with a prior fasting of 9-12 hours. The test helps screen a symptomatic/ asymptomatic person who is at risk for Diabetes. It is also used for regular monitoring of glucose levels in people with Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2020.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist





Name	: MR.K R GIRISH ,	TID/SID	: UMR1445599/ 27470735-P
Age / Gender	: 39 Years / Male	Registered on	: 13-Apr-2024 / 08:00 AM
Ref.By	: SELF	Collected on	: 13-Apr-2024 / 10:26 AM
Req.No	: BIL4150764	Reported on	: 13-Apr-2024 / 13:09 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Post Prandial Method:Hexokinase	77	Normal : 90 - 140 mg/dL Impaired PG: 140-199 mg/dL Diabetes mellitus: \geq 200 mg/dL
Note	The discordant post prandial blood glucose values levels are observed in some of the conditions related to defective absorption, insufficient dietary intake, endocrine disorders, hypoglycemic drug overdose and reactive hypoglycemia etc.	

Interpretation: This test measures the blood sugar levels 2 hours after a normal meal. Abnormally high blood sugars 2 hours after a meal reflect that the body is not producing sufficient insulin which is indicative of Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2020.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist





Name	: MR.K R GIRISH ,	TID/SID	: UMR1445599/ 27469264
Age / Gender	: 39 Years / Male	Registered on	: 13-Apr-2024 / 08:00 AM
Ref.By	: SELF	Collected on	: 13-Apr-2024 / 08:02 AM
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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Interval
Glycosylated Hemoglobin (HbA1c) Method:High-Performance Liquid Chromatography	5.5	Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 %
Estimated Average Glucose (eAG) Method:High-Performance Liquid Chromatography	111	mg/dL

Interpretation: It is an index of long-term blood glucose concentrations and a measure of the risk for developing microvascular complications in patients with diabetes. Absolute risks of retinopathy and nephropathy are directly proportional to the mean HbA1c concentration. In persons without diabetes, HbA1c is directly related to risk of cardiovascular disease.

In known diabetic patients, HbA1c can be considered as a tool for monitoring the glycemic control.

Excellent Control - 6 to 7 %,
Fair to Good Control - 7 to 8 %,
Unsatisfactory Control - 8 to 10 %
and Poor Control - More than 10 %.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2018.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist





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Req.No	: BIL4150764	Reported on	: 13-Apr-2024 / 14:57 PM
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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol Method:Spectrophotometry , CHOD - POD	186	Desirable: < 200 mg/dL Borderline: 200-239 mg/dL High: >= 240 mg/dL
HDL Cholesterol Method:Spectrophotometry , Direct Measurement	40	Optimal : >=60 mg/dL Borderline : 40-59 mg/dL High Risk <40 mg/dL
Non HDL Cholesterol Method:Calculated	146	Optimal : <130 mg/dL Above Optimal : 130-159 mg/dL Borderline : 160-189 mg/dL High Risk : 190-219 mg/dL Very high Risk : >=220 mg/dL
LDL Cholesterol Method:Calculated	116.2	Optimum: <100 mg/dL Near/above optimum: 100-129 mg/dL Borderline: 130-159 mg/dL High: 160-189 mg/dL Very high: >=190 mg/dL
VLDL Cholesterol Method:Calculated	29.8	<30 mg/dL
Total Cholesterol/HDL Ratio Method:Calculated	4.65	Optimal : <3.3 Low Risk : 3.4-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0
LDL/HDL Ratio Method:Calculated	2.91	Optimal : 0.5-3.0 Borderline : 3.1-6.0 High Risk : >6.0
Triglycerides Method:Spectrophotometry, Enzymatic - GPO/POD	149	Normal:<150 mg/dL Borderline: 150-199 mg/dL High: 200-499 mg/dL Very high: >=500 mg/dL

Interpretation: Lipids are fats and fat-like substances which are important constituents of cells and are rich sources of energy. A lipid profile typically includes total cholesterol, high density lipoproteins (HDL), low density lipoprotein (LDL), chylomicrons, triglycerides, very low density lipoproteins (VLDL), Cholesterol/HDL ratio .The lipid profile is used to assess the risk of developing a heart disease and to monitor its treatment. The results of the lipid profile are evaluated along with other known risk factors associated with heart disease to plan and monitor treatment. Treatment options require clinical correlation.**Reference:** Third Report of the National Cholesterol Education program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III), JAMA 2001.

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Kavya SN

Dr.Kavya S N
Consultant Pathologist





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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Biological Reference Interval
Total Bilirubin. Method:Spectrophotometry, Diazo method	1.20	<=1.2 mg/dL
Direct Bilirubin. Method:Spectrophotometry, Diazo method	0.37	<=0.30 mg/dL
Indirect Bilirubin. Method:Calculated	0.83	<=1.0 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method: IFCC without pyridoxal phosphate activation	14	<=41 U/L
Aspartate Aminotransferase,(AST/SGOT) Method: IFCC without pyridoxal phosphate activation	16	<=40 U/L
ALP (Alkaline Phosphatase). Method:Spectrophotometry , IFCC	73	40-129 U/L
Gamma GT. Method:Spectrophotometry , IFCC	22	<60 U/L
Total Protein. Method:Spectrophotometry, Biuret	7.4	6.4-8.3 g/dL
Albumin. Method:Spectrophotometry, Bromcresol Green	4.7	3.5-5.2 g/dL
Globulin. Method:Spectrophotometry, Bromcresol Green	2.7	2.0-3.5 g/dL
A/GRatio. Method:Calculated	1.74	1.1-2.5

Interpretation: Liver functions tests help to identify liver disease, its severity, and its type. Generally these tests are performed in combination, are abnormal in liver disease, and the pattern of abnormality is indicative of the nature of liver disease. An isolated abnormality of a single liver function test usually means a non-hepatic cause. If several liver function tests are simultaneously abnormal, then hepatic etiology is likely.

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--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist



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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Biological Reference Interval
Triiodothyronine Total (T3) Method:ECLIA	1.35	0.80-2.00 ng/mL Note: Biological Reference Ranges are changed due to change in method of testing.
Thyroxine Total (T4) Method:ECLIA	12.16	4.6-12.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:ECLIA	1.21	0.27-4.20 µIU/mL

Interpretation: A thyroid profile is used to evaluate thyroid function and/or help diagnose hypothyroidism and hyperthyroidism due to various thyroid disorders. T4 and T3 are hormones produced by the thyroid gland. They help control the rate at which the body uses energy, and are regulated by a feedback system. TSH from the pituitary gland stimulates the production and release of T4 (primarily) and T3 by the thyroid. Most of the T4 and T3 circulate in the blood bound to protein. A small percentage is free (not bound) and is the biologically active form of the hormones.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics, Carl A. Burtis, David E. Bruns.

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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Biological Reference Interval
Uric Acid. Method:Enzymatic	4.6	3.4-7.0 mg/dL

Interpretation: It is the major product of purine catabolism. Hyperuricemia can result due to increased formation or decreased excretion of uric acid which can be due to several causes like metabolic disorders, psoriasis, tissue hypoxia, pre-eclampsia, alcohol, lead poisoning, acute or chronic kidney disease, etc. Hypouricemia may be seen in severe hepato cellular disease and defective renal tubular reabsorption of uric acid.

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--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist

