



Patient Name : **MR. ANNAM CHIRANJEEVI SHARAN MRN-6304915**
Age / Sex : 25 years / Male
Ref. Doctor : SELF
Client Name : Medibuddy
Sample ID : MB032584
Printed By : Medibuddy

Patient ID / Billing ID : 116219 / 130619
Specimen Collected at : Medibuddy
Sample Collected On : Oct 07, 2021, 08:00 a.m.
Registration On : Oct 07, 2021, 03:12 p.m.
Reported On : Oct 07, 2021, 05:31 p.m.
Printed On : Oct 08, 2021, 12:24 p.m.

TEST DONE	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL	METHOD
<u>COMPLETE BLOOD COUNT (CBC)</u>				
Total WBC Count	7.46	$10^3 / \mu\text{L}$	4.0 - 11.0	Elec. Impedence
RBC Count	5.52	$10^6 / \mu\text{L}$	4.2 - 5.6	Elec. Impedence
Haemoglobin	16.2	gm/dl	13.5 - 18.0	Photometry
Haematocrit (HCT)	49.62	%	40 - 54	Analogical Integ
MCV	89.89	fL	80 - 100	Calculation
MCH	29.35	pg	26 - 35	Calculation
MCHC	32.65	gm/dl	32 - 36	Calculation
Platelet Count	224	$10^3 / \mu\text{L}$	150 - 500	Elec. Impedence
RWD-SD	54.1	fL	36 - 56	AT-Cell Counter
RDW-CV	18.1	%	11.5 - 14.5	
MPV	8.8	fL	7.4 - 10.4	AT-Cell Counter
<u>DIFFERENTIAL COUNT</u>				
Neutrophil	64.7	%	40 - 80	AT-Cell Counter
Lymphocytes	24.6	%	20 - 40	AT-Cell Counter
Monocytes	7.7	%	1 - 10	AT-Cell Counter
Eosinophil	3.0	%	1 - 6	AT-Cell Counter
Basophils	0.0	%	0 - 2	AT-Cell Counter

Note:

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Consultant Pathologist
MBBS, DCP



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<u>GLUCOSE - FASTING</u>				
Glucose Fasting (Plasma)	75	mg/dl	Normal 60 - 100 Prediabetes 100 - 125 Diabetes > 126	Colorimetric - Glucose Oxidase peroxidase

Interpretation :

Fasting Blood Sugar more than 126 mg/dl on more than one occasion can indicate Diabetes Mellitus.

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TEST DONE	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL	METHOD
<u>LIPID PROFILE</u>				
Total Cholesterol	227	mg/dl	Desirable : < 200 Borderline High : 200 - 239 High : > 240	Colorimetric - Cholesterol Oxidase
Triglycerides	187	mg/dl	Normal : < 150 Borderline High : 151 - 199 High : ≥ 200	Colorimetric - Lip/Gluceron kinase
HDL Cholesterol	52	mg/dl	< 35 Low ≥ 60 High	Colorimetric:non HDL precipitation method
Non HDL Cholesterol	175	mg/dl	Desirable : < 130 Boderline high : 130 - 159 High : ≥ 160	Calculated
LDL Cholesterol	137.6	mg/dL	Desirable : < 130 Boderline high : 130 - 159 High : ≥ 160	Calculated
VLDL Cholesterol	37.4	mg/dl	Below 30	Calculated
CHOL/HDL Ratio	4.37		Desirable/Low Risk : 3.3 - 4.4 Borderline/Middle Risk : 4.5 - 7.1 Elevated/High Risk : 7.2 - 11.0	Calculated
Cholesterol LDL/HDL Ratio	2.65		Desirable/Low Risk : 0.5 - 3.0 Borderline/Middle Risk : 3.1 - 6.0 Elevated/High Risk : >6.1	
Specimen Type : Serum				
Appearance of Serum	Clear			
Note:				

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<u>ASPARTATE AMINOTRANSFERASE (AST/SGOT)</u>				
SGOT (AST)	26	U/L	17 - 59	Multipoint-Rate/UV with P-5-P (pyridoxal-5-phosphate)

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<u>ALANINE TRANSAMINASE (ALT/SGPT)</u>				
SGPT (ALT)	13	U/L	< 50	Multipoint-Rate/UV with P-5-P (pyridoxal-5-phosphate)

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<u>KIDNEY BASIC SCREEN (KFT)</u>				
Serum Urea	23	mg/dl	19 - 43	colorimetric Method
BUN	10.75	mg/dl	6 - 21	Calculated
Serum Creatinine	0.8	mg/dl	0.66 - 1.25	Twopoint Rate - Creatinine Aminohydrolase
Serum Uric acid	6.4	mg/dl	3.5 - 8.5	Colorimetric - Uricase,Peroxidase
BUN / Creatinine Ratio	13.44		12 - 20	Calculated

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THYROID STIMULATING HORMONE (TSH)

THYROID STIMULATING HORMONE (TSH)	2.37	μIU/mL	0.3 - 5.5	CLIA
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Method :

TSH - ENHANCED CHEMI LUMINESCENT IMMUNO ASSAY (ECLIA)

Pregnancy reference ranges for TSH

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.00

3rd Trimester : 0.30 - 3.00

Reference range for < 18 years

TEST	1 - 3 D	4 - 30 D	31 - 60 D	61 D - 12 M	1 - 5 Y	6 - 10 Y	11 - 14 Y	15 - 18 Y
TSH	0.1-9.2	0.2-8.5	0.2-7.8	0.30-5.9	0.4-4.8	0.5-4.7	0.5-4.6	0.6-4.5
T3	41.7-272.1	48.2-272.1	54.7-272.1	76.8-272.1	89.2-246.7	87.2-218.1	86.6-199.8	85.3-188.8
T4	4.9-15.8	5-15.3	5.2-14.8	5.7-13.3	5.7-11.7	5.4-10.7	5.2-10	5.1-9.6
FT3	1.5-5.3	1.6-5.2	1.6-5.1	1.8-4.8	2-4.5	2.1-4.4	2.3-4.4	2.3-4.3
FT4	0.84-2.08	0.85-1.98	0.85-1.89	0.89-1.62	0.89-1.48	0.85-1.46	0.84-1.45	0.84-1.45

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<u>GLOMERULAR FILTRATION RATE (EGFR)</u>				
Glomerular Filtration Rate (eGFR)	117	mL / min/ 1.73m ²	> 90	Calculated

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<u>VITAMIN B12 (VITB12)</u>				
VITAMIN B-12	315	pg/mL	Normal : 239 - 931 pg/mL	ECLIA

Clinical significance :

- Vitamin B 12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination and affective behavioral changes.
- Many patients have the neurologic defects without macrocytic anemia. Serum methylmalonic acid (MMA) and homocysteine levels are also elevated in Vit B 12 deficiency states.
- Vitamin B12 or cyanocobalamin, is a complex corrinoid compound found exclusively from animal dietary sources, such as meat, eggs and milk.
- It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin-B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemias.
- For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Please correlate with clinical conditions.

Limitations:

- The evaluation of macrocytic anemia requires measurement of both vitamin B12 and Folate levels: ideally they should be measured simultaneously.
- Specimen collection soon after blood transfusion can falsely increase Vit B12 levels.
- Patient taking Vit B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of Vit B12. The most sensitive test at the cellular level is the assay for MMA.
- If Clinical symptoms suggest deficiency, measurement of MMA and Homocysteine should be considered, even if serum B12 concentrations are normal.

****END OF REPORT****

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