



Patient Name : **MR. ANNAM CHIRANJEEVI SHARAN**
Age / Sex : 26 years / Male
Ref. Doctor : SELF
Client Name : Medibuddy
Sample ID : 6821457

Patient ID / Billing ID : 172538 / 191221
Specimen Collected at : Medibuddy
Sample Collected On : Apr 28, 2022, 07:35 a.m.
Registration On : Apr 28, 2022, 07:35 a.m.
Reported On : Apr 28, 2022, 05:03 p.m.

TEST DONE	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL	METHOD
<u>COMPLETE BLOOD COUNT - CBC</u>				
Total WBC Count	4.25	$10^3 / \mu\text{L}$	4.0 - 11.0	Elec. Impedence
RBC Count	4.88	$10^6 / \mu\text{L}$	4.2 - 5.6	Elec. Impedence
Haemoglobin	15.6	gm/dl	13.5 - 18.0	Photometry
Haematocrit (HCT)	47.7	%	40 - 54	Analogical Integ
MCV	97.8	fL	80 - 100	Calculation
MCH	31.9	pg	26 - 35	Calculation
MCHC	32.7	gm/dl	32 - 36	Calculation
Platelet Count	226	$10^3 / \mu\text{L}$	150 - 500	Elec. Impedence
RWD-SD	43.7	fL	36 - 56	AT-Cell Counter
RDW-CV	13	%	11.5 - 14.5	
MPV	8.6	fL	7.4 - 10.4	AT-Cell Counter
<u>DIFFERENTIAL COUNT</u>				
Neutrophils	31.9	%	40 - 80	AT-Cell Counter
Lymphocytes	56.8	%	20 - 40	AT-Cell Counter
Monocytes	5.1	%	1 - 10	AT-Cell Counter
Eosinophil	4	%	1 - 6	AT-Cell Counter
Basophils	2	%	0 - 2	AT-Cell Counter
Neutrophil Count	1.36	$10^3/\mu\text{L}$	1.5 - 8	AT-Cell Counter
Lymphocyte Count	2.41	$10^3/\mu\text{L}$	1.5 - 8	AT-Cell Counter
Eosinophil Count	0.17	$10^3/\mu\text{L}$	0.04 - 0.4	AT-Cell Counter
Basophils Count	0.08	$10^3/\mu\text{L}$	0 - 0.2	AT-Cell Counter
Monocyte Count	0.22	$10^3/\mu\text{L}$	0.2 - 1.0	AT-Cell Counter
<u>Note:</u>				

END OF REPORT

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Pathologist MBBS, MD



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GLUCOSE - FASTING

Glucose Fasting (Plasma)	90.50	mg/dl	Normal 70 - 110	Hexokinase
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Interpretation :

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

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<u>LIPID PROFILE</u>				
Total Cholesterol	179.00	mg/dl	Desirable : < 200 Borderline High : 200 - 239 High : > 240	Colorimetric - Cholesterol Oxidase
Triglycerides	185.00	mg/dl	Normal : < 150 Borderline High : 151 - 199 High : • 200	Colorimetric - Lip/Glucrol kinase
HDL Cholesterol	41.20	mg/dl	< 35 Low • 60 High	Colorimetric:non HDL precopitation method
Non HDL Cholesterol	137.8	mg/dl	Desirable : < 130 Boderline high : 130 - 159 High : • 160€	Calculated
LDL Cholesterol	100.8	mg/dL	Desirable : < 130 Boderline high : 130 - 159 High : • 160€	Calculated
VLDL Cholesterol	37	mg/dl	Below 30	Calculated
CHOL/HDL Ratio	4.34		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	2.45		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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TEST DONE	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL	METHOD
ASPARTATE AMINOTRANSFERASE (AST/SGOT)				
SGOT (AST)	22.30	U/L	17 - 59	IFCC Method

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<u>ALANINE TRANSAMINASE (ALT/SGPT)</u>				
SGPT (ALT)	10.30	U/L	< 50	IFCC Method

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<u>KIDNEY BASIC SCREEN - KFT</u>				
Serum Urea	21.10	mg/dl	19 - 43	colorimetric Method
BUN	9.86	mg/dl	6 - 21	Calculated
Serum Creatinine	0.88	mg/dl	0.66 - 1.25	Twopoint Rate - Creatinine Aminohydrolase
Serum Uric acid	7.41	mg/dl	3.5 - 8.5	Colorimetric - Uricase,Peroxidase
BUN / Creatinine Ratio	11.2		12 - 20	Calculated

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THYROID STIMULATING HORMONE (TSH)

THYROID STIMULATING HORMONE (TSH)	3.087	, IU/mL	0.3 - 5.5	CLIA
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Method :

TSH - ENHANCED CHEMI LUMINESCENT IMMUNO ASSAY (ECLIA)

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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)	122	mL / min/ 1.73m ²	> 90	Calculated

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VITAMIN B12 (VITB12)

VITAMIN B-12	245.9	pg/mL	Normal : 239 - 931 pg/mL	ECLIA
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Clinical significance :

- f* Vitamin B 12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination and affective behavioral changes.
- f* 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.
- f* Vitamin B12 or cyanocobalamin, is a complex corrinoid compound found exclusively from animal dietary sources, such as meat, eggs and milk.
- f* 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.
- f* 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:

- f* The evaluation of macrocytic anemia requires measurement of both vitamin B12 and Folate levels: ideally they should be measured simultaneously.
- f* Specimen collection soon after blood transfusion can falsely increase Vit B12 levels.
- f* Patient taking Vit B12 supplementation may have misleading results.
- f* 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.
- f* 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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