ABHISHEK KHEMKA
a-905 millionare heritage opp subway andheri west sv rd mum
Tel No : 9855502329
PIN No: 400058
PID NO: P106190019559
Age**:** 23 Year(s)   Sex: Male

CBC Haemogram

Investigation	Observed Value	Unit	Biological Reference Interval
Erythrocytes			
Haemoglobin (Hb)	15.8	gm/dL	13.5-18
Erythrocyte (RBC) Count	4.77	mill/cu.mm	4.7-6.0
PCV (Packed Cell Volume)	44.9	%	42-52
MCV (Mean Corpuscular Volume)	94.2	fL	78-100
MCH (Mean Corpuscular Hb)	**33.2**	pg	27-31
MCHC (Mean Corpuscular Hb Concn.)	35.3	g/dL	32-36
RDW (Red Cell Distribution Width)	13.6	%	11.5-14.0
Leucocytes			
Total Leucocytes (WBC) count	**11,320**	cells/cu.mm	4000-10500
Absolute Neutrophils Count	**7811**	/c.mm	2000-7000
Absolute Lymphocyte Count	2264	/c.mm	1000-3000
Absolute Monocyte Count	792	/c.mm	200-1000
Absolute Eosinophil Count	453	/c.mm	20-500
Absolute Basophil Count	**0**	/c.mm	20-100
Neutrophils	69	%	40-80
Lymphocytes	20	%	20-40
Monocytes	7	%	2.0-10
Eosinophils	4	%	1-6
Basophils	0	%	0-2
Platelets			
Platelet count	227	10^3 / µl	150-450
MPV (Mean Platelet Volume)	8.19	fL	6-9.5
PCT (Platelet Haematocrit)	**0.186**	%	0.2-0.5
PDW (Platelet Distribution Width)	**17.4**	%	9-17

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically. Differential count is based on approximately 10,000 cells.

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Reference: **Dr.NAINI SETALVAD**
Sample Collected At:
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CYCLE MARG,WORLI MUMBAI-400030.
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Investigation	Observed Value	Unit	Biological Reference Interval
Healthy Pro - Advance			
Vitamin B12 level	**152.0**	pg/mL	187-883
(Serum,CMIA)			

Interpretation :

1. Vit B12 levels are decreased in megaloblastic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia, and treated epilepsy.
2. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.
3. HoloTranscobalamin II levels are a more accurate marker of active VitB12 component.

Glucose fasting	80	mg/dL	Normal: 70-100
(Plasma-F,Hexokinase)			Impaired Tolerance: 100-125
			Diabetes mellitus: >= 126
			(on more than one occassion)
			(American diabetes association
			guidelines 2017)
BilirubinTotal, Direct, IndirectSerum			
Bilirubin-Total	**2.18**	mg/dL	0.2-1.2
(Serum,Diazo)			
Medical Remarks: Rechecked Kindly correlate clinically.			
Bilirubin-Direct	**0.51**	mg/dL	0.0-0.5
(Serum,Diazo)			
Medical Remarks: Rechecked Kindly correlate clinically.			
Bilirubin- Indirect	**1.67**	mg/dL	0.1-1.0
(Serum,Calculated)			
SGOT (AST)	20	U/L	0-35
(Serum,Enzymatic)			
SGPT (ALT)	41	U/L	0-45
(Serum,Enzymatic)			
Alkaline Phosphatase	61	U/L	40-129
(Serum,pNPP)			

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HbA1C- Glycated Haemoglobin, blood by HPLC method

(EDTA Whole Blood)

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1C- Glycated Haemoglobin (HPLC)	4.9	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5
Estimated Average Glucose (eAG)	93.93	mg/dL	

Interpretation & Remark:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7*A1c-46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
   A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
   B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
   C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).

7. In known diabetic patients, following values 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 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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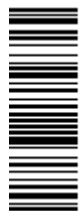04/07/2019 12:07 PM
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ROUTINE EXAMINATION URINE

Investigation	Observed Value	Unit	Biological Reference Interval
Healthy Pro - Advance			
General Examination			
Volume	10	ml	
Colour	Pale Yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	6		4.5-8
Specific gravity	1.025		1.010-1.030
Chemical Examination			
Urine Protein (Albumin)	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose (sugar)	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	Absent		Absent
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative
Microscopic Examination			
Red blood cells	Absent	/hpf	Absent
Pus cells (WBCs)	1-2	/hpf	0-5
Epithelial cells	0.1	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Trichomonas Vaginalis	Absent		Absent
Yeast cells	Absent		Absent

Note : 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction),Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method).All abnormal results of chemical examination are confirmed by manual methods. **2.** Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum,as applicable, avoid prolonged transit time & undue exposure to sunlight. **3.** During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes, ascorbic acid and certain drugs.**4.**All urine samples are checked for adequacy and suitability before examination.

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Investigation	Observed Value	Unit	Biological Reference Interval
Healthy Pro - Advance			
Creatinine (Serum,Jaffe)	<u>0.85</u>	mg/dL	0.9-1.3
BUN-Blood Urea Nitrogen (Serum,Urease)	15.1	mg/dL	8.9-20.6

Remark: In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

Investigation	Observed Value	Unit	Biological Reference Interval
Uric Acid (Serum,Uricase)	<u>8.5</u>	mg/dL	3.5-7.2
Sodium (Serum,ISE)	142	mmol/L	136-145
Potassium (Serum,ISE)	4.26	mmol/L	3.5-5.1

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Peripheral smear examination

(EDTA Whole Blood)

Investigation	Observed Value
Specimen received	1 EDTA Vacutainer received.
No. of smears received	-
RBC	RBC's are predominantly normocytic normochromic. No polychromasia seen. No nRBC's seen
WBC	Total leucocyte count is within normal limits.
Platelet	Adequate On Smear
Hemoparasite	Not Detected
Impression	Normocytic Normochromic blood picture.
Advice	Kindly correlate clinically

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Investigation	Observed Value	Unit	Biological Reference Interval
Healthy Pro - Advance			
Proteins			
Total Protein	7.0	g/dL	6.6-8.7
(Serum,Biuret)			
Albumin	4.6	g/dL	3.5-5.2
(Serum,Bromocresol green)			
Globulin	2.40	g/dL	1.8-3.6
(Serum)			
A/G Ratio	1.92		1.1-2.2
(Serum)			
Chlorides	102.7	mmol/L	98-107
(Serum,ISE)			

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Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile-2			
(Serum,Enzymatic)			
Cholesterol-Total	140	mg/dL	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	65	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
HDL Cholesterol	<u>**39**</u>	mg/dL	Major risk factor for heart disease: < 40 Negative risk factor for heart disease: >= 60
Non HDL Cholesterol	101.0	mg/dL	Optimal: < 130 Desirable: 130-159 Borderline high: 159-189 High: 189-220 Very High: >= 220
LDL Cholesterol	88	mg/dL	Optimal: < 100 Near Optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190
VLDL Cholesterol	13	mg/dL	6-38
LDL/HDL RATIO	2.26		2.5-3.5
CHOL/HDL RATIO	3.59		3.5-5

Note: Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

VLDL,CHOL/HDL RATIO,LDL/HDL RATIO,LDL Cholesterol,serum,Non HDL Colesterol are calculated parameters

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Investigation	Observed Value	Unit	Biological Reference Interval
TSH(Ultrasensitive) (Serum,CMIA)	1.65	µIU/mL	0.45-4.5

Interpretation :

1. As per publsihed literature and internal verification studies, TSH values on Cobas by ECLIA method gives higher values (~30%) than Abbott CMIA. Hence, suggested biological reference intervals for Roche ECLIA is 0.54–5.3 microIU/mL. Reference: Clinical Chemistry 50:12, 2338-2344 (2004) and Ind J Clin Biochem (Apr-June 2014) 29(2):189–195.AACE (American association of clinical endocrinologist) recommends TSH BRI as 0.45 to 4.5 microIUml. Any values between 4 to 10 microIU/ml should be correlated clinically and repeated to rule out physiological variation.
2. TSH results between 0.1 to 0.45 require correlation with patient age & clinical symptoms. As with increasing age, there are marked changes in thyroid hormone production, metabolism & its actions resulting in an increased prevalence of subclinical thyroid disease.
3. TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart failure,severe burns, trauma and surgery etc .
4. Drugs that decrease TSH values e.g:L-dopa,Glucocorticoid Drugs that increase TSH values e.g Iodine,Lithium,Amiodarone.

Free T4 (Serum,CMIA)	0.98	ng/dL	0.8-1.8

Interpretation :

Total T3 & T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens,Estrogens, O C Pills ,Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

Free T3 (Serum,CMIA)	2.60	pg/mL	1.4-4.4

Interpretation :

Total T3 & T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens,Estrogens, O C Pills ,Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

Calcium (Serum,Arsenazo III dye)	9.1	mg/dL	8.6-10.0
Phosphorous (Serum,Phospomolybdate)	3.3	mg/dL	2.5-4.5
ESR - Erythrocyte Sedimentation Rate,EDTA (EDTA Whole Blood)	5	mm/hr	0-15

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Investigation	**Observed Value**	**Unit**	**Biological Reference Interval**

Method : Manual

Interpretation :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

-- End of Report --

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