

Lab ID : **9147**
Patient Name : **Mr. VISHAL M JAIN**
Ref By : **. MAX LIFE INSURANCE**
Cons. Dr. : **-----**
Location : **Main Lab**



Reg. Date : **24-May-23**
Report Date : **24-May-23**
Age/Sex : **Year/Male**
DOB : 29/Y 7 MONTH

COMPLETE BLOOD COUNT -- ESR

INVESTIGATION	RESULT	REF RANGE	UNIT
RBC PARAMETERS			
Haemoglobin	15.2	13 to 18	gm/dl
Total R.B.C. Count	4.69	4.5 to 5.5	X 10 ⁶ /μL
PCV/HCT	39.0	40 to 50	%
MCV	83.2	83 to 99	fl
MCH	32.4	27 to 32	pg
MCHC	39.0	31.5 to 34.5	g/dl
RDW	12.9	11.6 to 14	%
WBC PARAMETERS			
Total W.B.C. Count	7,300	4000 to 10000	per cumm
Neutrophils	60.0	40 to 80	%
Lymphocytes	32.0	20 to 40	%
Monocytes	5.0	2 to 10	%
Eosinophils	3.0	0 to 6	%
Basophils	0.0	0 to 2	%
Band Forms	0.0	0 to 0	%
Absolute Neutrophils	4.4	2.00 to 7.00	X 10 ³ / μL
Absolute Lymphocyte	2.3	1.00 to 3.00	X 10 ³ / μL
Absolute Monocytes	0.4	0.20 to 1.00	X 10 ³ / μL
Absolute Eosinophils	0.2	0.02 to 0.50	X 10 ³ / μL
Absolute Basophils	0.0	0.02 to 0.10	X 10 ³ / μL
PLATELET PARAMETERS			
Platelet Count	231000	150000 to 450000	per cu.mm.
MPV	11.70	7 to 13	fl
PERIPHERIAL SMEAR FINDINGS:			
Morphology of Red blood cells	:Normal		
Morphology of White blood cells	:Normal		
Platelets on Smear	:Adequate on smear		
E.S.R. (Westergren Method)	6	0 to 15	mm at the end of 1 hr

-----END OF REPORT-----

Checked By
Technical Staff

Patel
Dr. Smita Patel
M.D Pathology
Reg No: 46686

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LIPID PROFILE

TEST DESCRIPTION	RESULT	REFERENCE RANGE	Units
Serum. CHOLESTEROL	168.0	Desirable: < 250 Borderline-High : 250 - 300 High : >/= 340	mg /dl
Serum. TRIGLYCERIDE	133.0	Normal: < 200 Borderline-High : 200 - 250 High : 200 - 499 Very High : >/=500	mg /dl
S.HDL CHOLESTEROL	37.0	Desirable: > 60 Borderline : 30 - 60 Low : < 30	mg /dl
LDL CHOLESTEROL	104.4	Optimal: > 100 Near Optimal : 100 - 129 BorderlineHigh : 130 - 159 High : 160-189 Very High :>/=190	mg /dl
NON HDL CHOLESTEROL	131.0	Desriable: below 130 Borderline high: 130 - 159 High: 160 - 189 Very high: above 190	mg /dl
VLDL CHOLESTEROL	26.6	0 to 40	mg /dl
CHOL/HDL CHOL(Ratio)	4.5	0 to 5.5	
LDL CHOL/HDL RATIO	2.8	0 to 3.5	

NOTE: Above reference ranges are as per ADULT TREATMENT PANEL III RECOMMENDATION by NCEP (May 2015).

BIOCHEMISRTY TEST DONE ON FULLY AUTOMATED BIOCHEMISRTY ANALYZER.

HIGH HDL CHOLESTROL & LOW LDL CHOLESTROL VALUES ARE GOOD FOR HEART

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LIVER FUNCTION TEST

INVESTIGATION	RESULT	REF RANGE	UNIT
S.Total Billirubin	0.59	0.1 to 1	mg /dl
S.Direct Billirubin	0.25	0 to 0.4	mg /dl
S.Indirect Billirubin	0.34	0.1 to 0.8	mg /dl
SGOT	26.0	0 to 55	U/L
SGPT	30.0	0 to 55	U/L
S.Alkaline Phosphatase	132.0	to 300	U/L
S. Total Protien	6.4	6 to 8	g /dl
S. Albumin	3.6	2 to 5	g /dl
S. Globulin	2.8	2 to 4	g /dl
A/G Ratio	1.3	0.9 to 2	
Gamma GT	24.0	5 to 45	IU /L

BIOCHEMISRTY TEST DONE ON FULLY AUTOMATED BIOCHEMISRTY ANALYZER.

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Kindly Correlate with clinical conditions.

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BIOCHEMISTRY REPORT

INVESTIGATION	RESULT	REF RANGE	UNIT
Fasting Plasma Glucose	76.00	70 to 110	mg/dl
Fasting Urine Glucose	Absent		
Fasting Urine Ketone	Absent		

Method : Glucose Oxidase Peroxidase (GOD/POD)

AS PER AMERICAN DIABETES ASSOCIATION 2015 UPDATE-

FASTING GLUCOSE LEVEL-

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus : ≥ 126 mg/dl

POSTPRANDIAL/POST GLUCOSE (75 grams)

- Normal glucose tolerance : 70-139 mg/dl
- Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus : ≥ 200 mg/dl

CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS

- Fasting plasma glucose ≥ 126 mg/dl
- Classical symptoms +Random plasma glucose ≥ 200 mg/dl
- Plasma glucose ≥ 200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin $> 6.5\%$

***Any positive criteria should be tested on subsequent day with same or other criteria.

BIOCHEMISRTY TEST DONE ON AUTOMATED BIOCHEMISRTY ANALYZER.

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GLYCOSYLATED HAEMOGLOBIN

INVESTIGATION	RESULT	REF RANGE AND UNITS
HbA1c	4.89	4.6 To 6.2 %
Mean Blood Glucose (M. B. G.)	96.8	70 -- 140 mg%
Glycosylated Haemoglobin		
Method: Method: HPLC		

DIAGNOSTIC CRITERIA FOR DIABETES:
NORMAL: LESS THAN 5.7%
IMPAIRED GLUCOSE TOLERANCE: 5.7 - 6.4%
DIABETES: 6.5% OR MORE

CONTROL CRITERIA IN DIABETICS:
OPTIMAL CONTROL: $\leq 7.0\%$
FAIR CONTROL: 7.0 - 8.0%
POOR CONTROL: $> 8.0\%$

REFERENCE : ADA GUIDELINES 2015

ADDITIONAL INVESTIGATIONS RECOMMENDED FOR DIABETICS:
1)Microalbuminuria: Once every year(for detection of early kidney disease)
2)LIPID PROFILE: Once a year(for risk assessment of heart attack & stroke)
3)Creatinine:Once a year (indicates kidney function)
4)Eye check up: Once a year(to prevent blindness due to retinopathy)
5)ECG & General check up: Once a year (for assessment of heart & nervous system)

BIOCHEMISRTY TEST DONE ON FULLY AUTOMATED BIOCHEMISRTY ANALYZER.

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KIDNEY FUNCTION TEST

TEST DESCRIPTION	RESULT	REF RANGE	UNIT
BUN Method : Urease GLDH Kinetic	12.00	5 to 20	mg/dl
S. Creatinine Method : Method : Jaffe - Kinetic	0.78	0.5 to 1.5	mg/dl

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SEROLOGY REPORT

HIV I and II ANTIBODY DETECTION

Sample : SERUM
HIV - 1 : NON REACTIVE
HIV - 2 : NON REACTIVE
Method : Qualitative estimation of antibodies to HIV I/II in serum using TRIDOT.

Note : - This is a screening test.
- False positive reaction may occur in this test as with other antibody detection tests.
- Every positive test result should be confirmed by Western Blot Assay before definitive diagnosis is made.
- Positive test does not indicate AIDS.
- Negative test means negative for antibodies to viral antigens.
- The test may be negative even in presence of HIV infection during seroconversion phase (window period) or when antibodies are present below the detection limit of the kit used. Hence negative result does not rule out the possibility of exposure to or infection with HIV.

HEPATITIS B SURFACE ANTIGEN (HBsAg)

Sample : Serum
Result : NON REACTIVE
Method : Rapid Chromatography Immunoassay using HEPACARD.

Note :
- HBsAg is the most reliable serological marker of Hepatitis B viral infection.
- In cases of acute infection, it usually appears in 27 to 41 days of infection, persists during acute illness and disappears 12 to 20 weeks after onset of symptoms in 90% of cases.
- In absence of acute infection, persistence of HBsAg for more than 6 months indicates chronic carrier state.
- Negative result does not exclude possibility of exposure to or infection with Hepatitis B virus.


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URINE COTININE ANALYSIS

INVESTIGATION

OBSERVED VALUE

Specimen : Urine

URINE COTININE : **NEGATIVE**

Method: Competitive Immunochromatographic Assay

Notes:

This test detects cotinine in human urine at the cut off concentraion of 200 ng/ml.

Quailty controlled report with external quality assurance.

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URINE ANALYSIS		
INVESTIGATION	OBSERVED VALUE	Normal Values
PHYSICAL EXAMINATION :		
Quantity	15 ml	
Colour	Pale Yellow	Pale Yellow
Appearance	Clear	
Reaction (pH)	Alkaline	Alkaline
Specific Gravity	1.013	
CHEMICAL EXAMINATION :		
Proteins	Absent	Absent
Glucose	Absent	Absent
Ketones	Absent	Absent
Bile Salt	Absent	Absent
Bile Pigment	Absent	Absent
Occult Blood	Absent	Negative
MICROSCOPIC EXAMINATION :		
Pus Cells	Absent	1 - 2 / Hpf
Red Blood Cells	Absent	Absent
Epithelial Cells	Absent	1 - 2 / Hpf
Amorphous Material	Absent	Absent
Mucus Strands	Absent	Absent
Candida	Absent	Absent
Bacteria	Absent	Absent
Yeast Cells	Absent	Absent
Casts	Absent	Absent
Crystals	Absent	Absent
Others	Absent	Absent

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