

Patient Name : MR. SHUBHAM RAJ  
Age/Gender : 24 Y O M O D /M  
UHID/MR No : ECD.0000287522  
Visit ID : ECD102285  
Ref Doctor : SELF  
Barcode No : 10173055  
Client Name : EKINCARE

Registration : 11/Oct/2024 07:49AM  
Collected : 11/Oct/2024 08:01AM  
Received : 11/Oct/2024 08:10AM  
Reported : 11/Oct/2024 10:04AM  
Status : Final Report  
Client Code : EKIN-C2



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref.Interval
PERIPHERAL SMEAR, PS,WHOLE BLOOD EDTA			
<u>PERIPHERAL SMEAR</u>			

RBC series: Predominantly Normocytic Normochromic red cells. No schistocytes are seen. No target cells are seen. No Immature RBC precursors are seen.

WBC series: Total Leucocyte count within normal range. Differential cell count within normal reference range. No toxic granules seen. No blast seen.

Platelet series: Platelets are adequate in number and are normal in morphology.


Hemoparasite: Not seen.

Impression: Peripheral Smear Examination suggestive Normocytic Normochromic Blood Picture.



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## DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref.Interval
<b>Complete Blood Count, CBC,WHOLE BLOOD EDTA</b>			
 <b>HAEMOGLOBIN (HB)</b> Method:Photometry	16.80	g/dl	13.0-17.0
 <b>RBC COUNT(RED BLOOD CELL COUNT)</b> Method:Coulter principle	5.42	million/cmm	4.50-5.50
 <b>PCV/ Haematocrit</b> Method:Calculated	48.7	%	40-50
 <b>Mean Cell Volume (MCV)</b> Method:Derived from RBC Histogram	90	fL	83-101
 <b>Mean Cell Haemoglobin (MCH)</b> Method:Calculated	31	pg	27-32
 <b>Mean Corpuscular Hb Conc. (MCHC)</b> Method:Calculated	34	g/dl	31.5-34.5
 <b>TOTAL LEUCOCYTE COUNT (TLC)</b> Method:Coulter principle /Manual microscopy	6,620	cells/cmm	4000-11000
<b>DIFFERENTIAL COUNT - DC (Optical impedance /manual microscopy)</b>			
 <b>NEUTROPHIL</b> Method:Optical Impedence	50.95	%	33-76
 <b>LYMPHOCYTE</b> Method:Optical Impedence	37.77	%	14-54
 <b>MONOCYTE</b> Method:Optical Impedence	8.49	%	1-10
 <b>EOSINOPHIL</b> Method:Optical Impedence	2.54	%	0-6
 <b>BASOPHIL</b> Method:Optical Impedence	0.25	%	0-1
 <b>PLATELET COUNT</b> Method:Optical Impedence	2.40	Lakh/cmm	1.50-4.00
 <b>Mean Platelet Volume (MPV)</b> Method:Automated/Calculated	10	fL	7.0-11.0



  
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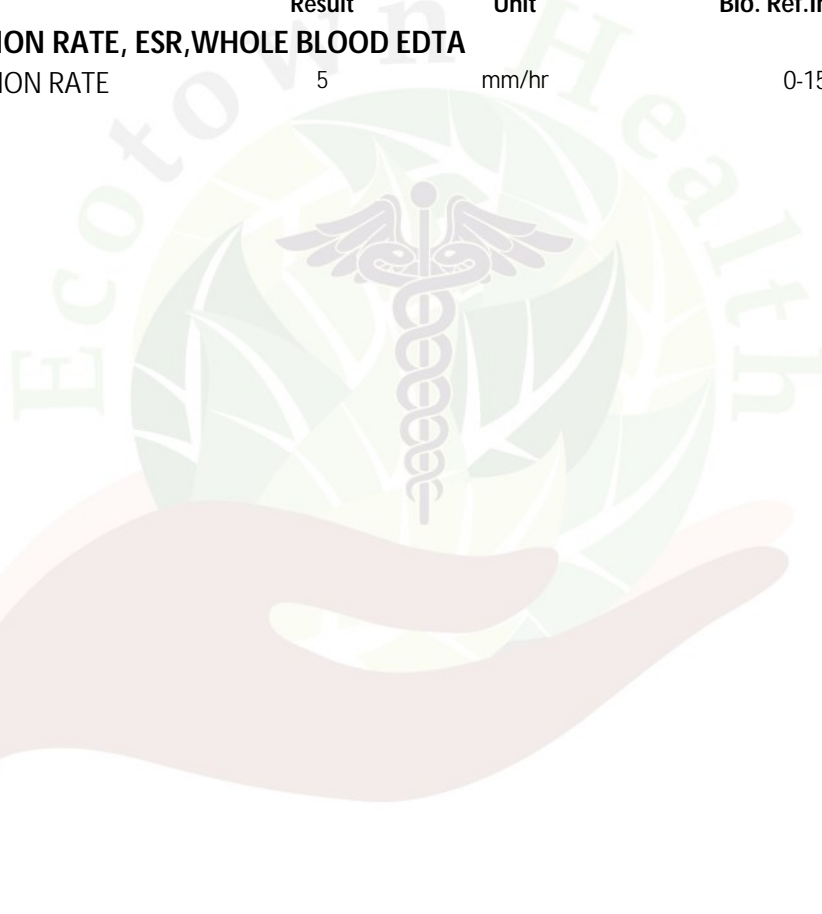
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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref.Interval
<b>ERYTHROCYTE SEDIMENTATION RATE, ESR,WHOLE BLOOD EDTA</b>			
ERYTHROCYTE SEDIMENTATION RATE Method:Westergren	5	mm/hr	0-15



  
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## DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref.Interval
<b>HEIGHT/WEIGHT/BMI/BLOOD PRESSURE,NA</b>			
Blood pressure (BP)	110/70	mm of Hg	
Height (in cms)	164.00	cms	
Weight	65.00	kg	
BMI (Body mass index)	24.17	kg/m <sup>2</sup>	18.5-24.9

### BMI interpretation


Underweight	<18.5 kg/m <sup>2</sup>
Normal wight	18.5 – 24.9 kg/m <sup>2</sup>
Overweight	25.0 – 29.9 kg/m <sup>2</sup>
Obese	30.0 kg/m <sup>2</sup> or more

\*\*\* End Of Report \*\*\*



  
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## DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref.Interval
<b>URINE ROUTINE EXAMINATION (URE),URINE</b>			
<b>PHYSICAL EXAMINATION</b>			
 URINE VOLUME (R)	25	ml	
 COLOUR	PALE YELLOW		Straw/ Pale Yellow
 APPEARANCE(U)	CLEAR		Clear
 SPECIFIC GRAVITY	1.015		1.010 - 1.025
Method:Bromothymol blue			
 pH	6.0		5.0-7.0
Method:Double indicator			
<b>CHEMICAL EXAMINATION</b>			
 PROTEIN	ABSENT		ABSENT
Method:Tetrabromophenol			
 SUGAR	ABSENT		ABSENT
Method:Strip/Benedict			
 BILE SALT	ABSENT		ABSENT
Method: Hays Sulphur Test			
 BILE PIGMENTS	ABSENT		ABSENT
Method:Strip /Fouchets			
 KETONE BODIES	ABSENT		ABSENT
Method:Strip method/Rotheras			
 BLOOD	ABSENT		ABSENT
Method:Strip/ Benzidine test			
<b>MICROSCOPIC EXAMINATION</b>			
 PUS CELLS	2-3	/HPF	0-4
Method:Microscopy			
 Epithelial cells	0-1	/HPF	0-4
Method:Microscopy			
 RBCs	ABSENT	/HPF	0-2
Method:Microscopy			
 CRYSTALS	ABSENT		ABSENT
Method:Microscopy			



  
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## DEPARTMENT OF CLINICAL PATHOLOGY


Test Name	Result	Unit	Bio. Ref.Interval
 CASTS Method:Microscopy	ABSENT		ABSENT
 BACTERIA Method:Microscopy	ABSENT		ABSENT
OTHERS	ABSENT		

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## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref.Interval
<b>PLASMA GLUCOSE- FASTING (FBS), FLOURIDE PLASMA</b>			
 Plasma Glucose Fasting (FBS) Method: Hexokinase Method	89	mg/dl	70-100

### INTERPRETATION (As per ADA 2022 guidelines)

Status	Fasting Plasma glucose (in mg/dl)
Normal	70-100
Pre-diabetes	101-125
Diabetes Mellitus	>126

Note: The Diagnosis of Diabetes requires a fasting plasma glucose of  $\geq 126$  mg/dl or a random/2hour glucose value of  $\geq 200$  mg/dl on at least 2 occasions.

## PLASMA GLUCOSE- POST PRANDIAL (PPBS), FLOURIDE PLASMA

 PLASMA GLUCOSE POST PRANDIAL (PPBS) Method: Hexokinase Method	122	mg/dl	70-140
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### Comments:


Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

Probable causes: Early Type II diabetes/glucose intolerance, Drugs like Salicylates, Beta blockers, Pentamidine etc.

Alcohol, Dietary intake of excessive carbohydrates and foods with high glycemic index, Exercise in between samples, Family history of Diabetes, Idiopathic, Partial/total gastrectomy etc.



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Biochemist

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## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref.Interval
<b>LIPID PROFILE, SERUM</b>			
 TOTAL CHOLESTEROL Method:CHE/CHO/POD	176	mg/dl	<200
 H D L CHOLESTEROL Method:CHE/CHO/POD	54	mg/dl	40-60
 L D L CHOLESTEROL Method:CHE/CHO/POD	<b>123</b>	mg/dl	<100
 VLDL Method:Calculated	16	mg/dl	0-30
 TRIGLYCERIDES Method:GK/GPO/POD	80	mg/dl	<150
 NON HDL CHOLESTEROL Method:Calculated	122	mg/dl	
 T. CHOLESTEROL/ HDL RATIO Method:Calculated	3.26		<4.0
 LDL / HDL RATIO Method:Calculated	2.28		0.5-3.0

Note: VLDL calculation is not valid when Triglyceride value is more than 400 mg/dl as other lipoproteins are usually present.

INTERPRETATION (all in mg/dl)		
TOTAL CHOLESTEROL	LDL CHOLESTEROL	TRIGLYCERIDES
Desirable: <200	Optimal: <100	Normal: <150
Borderline: 200-239	Near optimal: 100-129	Borderline high: 150-199
High: >=240	Borderline high: 130-159	High: 200-499
	High: 160-189	Very high: >=500
	Very high: >190	



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## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref.Interval
<b>LIVER FUNCTION TEST,SERUM</b>			
 TOTAL PROTEIN Method:Biuret	7.29	g/dl	6.40-8.30
 ALBUMIN Method:BCG	4.54	g/dl	3.5-5.2
 GLOBULIN Method:Calculated	2.75	g/dl	2.3-3.5
 A/G RATIO Method:Calculated	1.6		1.0-1.8
 TOTAL BILIRUBIN Method:DPD	0.52	mg/dl	0.3-1.2
 CONJUGATED/DIRECT Bilirubin Method:DPD	0.10	mg/dl	0.00-0.20
 UNCONJUGATED/INDIRECT Bilirubin Method:Calculated	0.42	mg/dl	0.1-1.0
 ALKALINE PHOSPHATASE Method:IFCC	63	U/L	30-120
 Aspartate Transaminase (AST/ SGOT) Method:IFCC	28	U/L	<50
 Alanine Aminotransferase (ALT/ SGPT) Method:IFCC	48	U/L	<50
 GGT, Gamma Glutamyl transferase Method:IFCC	29	U/L	<38




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## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref.Interval
<b>TOTAL CALCIUM,SERUM</b>			
 <b>SERUM TOTAL CALCIUM</b>	10.1	mg/dl	8.8-10.6
Method:Arsenazo III			

### INTERPRETATION:

-Calcium level is increased in patients with hyperparathyroidism, Vitamin D intoxication, metastatic bone tumor, milk-alkali syndrome, multiple myeloma, Paget's disease.  
 -Calcium level is decreased in patients with hemodialysis, hypoparathyroidism (primary, secondary), vitamin D deficiency, acute pancreatitis, diabetic Keto-acidosis, sepsis, acute myocardial infarction (AMI), malabsorption, osteomalacia, renal failure, rickets.

## HbA1C-Glycosylated Hemoglobin,WHOLE BLOOD EDTA

 <b>Glycosylated Hemoglobin- HbA1C</b>	<b>5.70</b>	%	4 - 5.6
Method:HPLC			
 <b>Estimated Average Glucose (eAG)</b>	<b>117</b>	mg/dl	
Method:Calculated			

### INTERPRETATION

American Diabetes Association (ADA) 2023 Criteria

HbA1c in %  
 Non diabetic adults - <5.7  
 At risk (Prediabetes) - 5.7 - 6.4  
 Diagnosing Diabetes - 6.5 & above

- American Diabetes Association (ADA) is recommending the use of a new term in diabetes management, estimated average glucose/eAG. The relationship between HbA1c and eAG is described by the formula  $28.7 \times \text{HbA1c \%} - 46.7 = \text{eAG}$ .
- The test should be performed in a laboratory using a method that is NGSP certified and standardized to the DCCT assay.
- Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
  - Excellent control-6-7 %
  - Fair to Good control - 7-8 %
  - Unsatisfactory control - 8 to 10 %
  - Poor Control - More than 10 %

### INCREASED IN (Other than DM)

- Chronic renal failure with or without hemodialysis.
- Iron deficiency anemia. Increased serum triglycerides.
- Alcohol.
- Salicylate treatment.

### DECREASED IN

- Shortened RBC life span (hemolytic anemia, blood loss), Pregnancy.
- Ingestion of large amounts (>1g/day) of vitamin C or E.
- Hemoglobinopathies (e.g.: spherocytes) produce variable increase or decrease.
- Results of %HbA1c are not reliable in patients with chronic blood loss and consequent variable erythrocyte life span.



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## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref.Interval
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### BLOOD UREA NITROGEN (BUN),SERUM



**BLOOD UREA NITROGEN (BUN)**

12.1

mg/dl

6-20

Method:Calculated

#### Increased In:

Impaired kidney function, Reduced renal blood flow { CHF, Salt and water depletion, (vomiting, diarrhea, diuresis, sweating), Shock}, Any obstruction of urinary tract, Increased protein catabolism, AML, Stress

#### Decreased In:

Diuresis (e.g. with over hydration), Severe liver damage, Late pregnancy, Infancy, Malnutrition, Diet (e.g., low-protein and high-carbohydrate, IV feedings only), Inherited hyperammonemias (urea is virtually absent in blood)

#### Limitations:

Urea levels increase with age and protein content of the diet.

### SERUM UREA,SERUM



**SERUM UREA**

26

mg/dl

17-43

Method:Urease GLDH

### SERUM CREATININE,SERUM



**SERUM CREATININE**

0.96

mg/dl

0.70-1.18

Method:Enzymatic

### SERUM URIC ACID,SERUM



**SERUM URIC ACID**

6.6

mg/dl

3.5-7.2

Method:URICASE

### BUN/CREATININE RATIO,SERUM

**BUN/CREATININE RATIO**

12.60

10-20

Method:Calculated



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Test Name	Result	Unit	Bio. Ref.Interval
<b>SERUM ELECTROLYTES,SERUM</b>			
 SERUM SODIUM Method:Direct ISE	139.8	mmol/L	135-155
 SERUM POTASSIUM Method:Direct ISE	4.28	mmol/L	3.5-5.0
 SERUM CHLORIDE Method:Direct ISE	103.9	mmol/L	94-110

\*\*\* End Of Report \*\*\*



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## DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref.Interval
<b>THYROID PROFILE TOTAL (T3,T4,TSH),SERUM</b>			
 <b>T3- TRI-iodothyronine TOTAL</b> Method:CLIA	1.02	ng/mL	0.60-1.81
 <b>T4 - THYROXINE TOTAL</b> Method:CLIA	8.66	µg/dL	5.48-14.28
 <b>Thyroid Stimulating Hormone (TSH)</b> Method:CLIA	2.46	µIU/mL	0.40-4.20

### INTERPRETATION:

1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
4. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
5. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.

### 7. REFERENCE RANGE :

PREGNANCY	TSH in uIU/mL
1st Trimester	0.10 - 2.50
2nd Trimester	0.20 - 3.00
3rd Trimester	0.30 - 3.00

Age	TSH in uIU/mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
5 Months to 20 Yrs.	0.70 - 6.40
21 Yrs. to 54 years	0.40 - 4.20
>55 Yrs.	0.50 - 8.90

(References range recommended by the American Thyroid Association)

### Comments:

1. During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

\*\*\* End Of Report \*\*\*



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