

NABL

M(EL)T

LABS

NABL-M(EL)T-0033

Patient Name : Mr ROHIT KUMAR KORPAL

DOB/Age/Gender : 35 Y/Male Sample Collected : Jun 26, 2024, 03:00 AM

Patient ID / UHID : 8748806/RCL8130947 Report Date : Jun 27, 2024, 08:38 PM.

Referred By : Self Barcode No : HY877658

Sample Type : Whole blood EDTA Report Status : Final Report

Test Description Value(s) Unit(s) Reference Range

RK - GHIOTC-2

Complete Blood Count (CBC)

RBC Parameters			
Hemoglobin	16.3	g/dL	13.0 - 17.0
colorimetric			
RBC Count	5.5	10^6/µl	4.5 - 5.5
Electrical impedance			
PCV Colored to d	49	%	40 - 50
Calculated MCV	00.4	fl	00 404
MCV Calculated	89.1	П	83 - 101
MCH	29.6	pg	27 - 32
Calculated	29.0	pg	21 - 32
MCHC	33.2	g/dL	31.5 - 34.5
Calculated		9, 4-	
RDW (CV) *	12.9	%	11.6 - 14.0
Calculated			
RDW-SD *	37	fl	35.1 - 43.9
Calculated			
WBC Parameters			
TLC	5.36	10^3/µl	4 - 10
Electrical impedance and microscopy			
Differential Leucocyte Count			
Neutrophils	55	%	40-80
Lymphocytes	35	%	20-40
Monocytes	5	%	2-10
Eosinophils	5	%	1-6
Basophils	0	%	<2
Absolute Leukocyte Counts			
Calculated			
Neutrophils.	2.95	10^3/µl	2 - 7
Lymphocytes.	1.88	10^3/µl	1 - 3
Monocytes.	0.27	10^3/µl	0.2 - 1.0
Eosinophils.	0.27	10^3/µl	0.02 - 0.5
Basophils.	0	10^3/µl	0.02 - 0.5
Platelet Parameters	I		
Platelet Count	179	10^3/µl	150 - 410
Electrical impedance and microscopy	_		
Mean Platelet Volume (MPV) *	13.5	fL	9.3 - 12.1
Calculated			
PCT *	0.2	%	0.17 - 0.32
Calculated			

^(*) Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.

Dr. Priya Mahajan MBBS, MD (Pathology) Consultant Pathologist



Booking Centre :- RK HEALTHCARE NOIDA, RK HEALTHCARERK HEALTHCARE NOIDA Processing Lab :- Redcliffe Lifetech Pvt. Ltd., SCO 171, Sector 37-C, Chandigarh-160036



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Test Description	Value(s)	Unit(s)	Reference Range
PDW *	31.1	fL	8.3 - 25.0
Calculated			
P-LCR *	62.1	%	18 - 50
Calculated			
P-LCC *	111	%	44 - 140
Calculated			
Mentzer Index *	16.2	%	> 13
Calculated			> 13

Interpretation:

CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.

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Patient Name : Mr ROHIT KUMAR KORPAL

 DOB/Age/Gender
 : 35 Y/Male
 Sample Collected
 : Jun 26, 2024, 03:00 AM

 Patient ID / UHID
 : 8748806/RCL8130947
 Report Date
 : Jun 27, 2024, 09:06 PM.

Referred By : Self Barcode No : HY877658
Sample Type : Whole blood EDTA Report Status : Final Report

Test Description Value(s) Unit(s) Reference Range

HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) HPLC	5.0	%	< 5.7
Estimated Average Glucose	96.8	mg/dL	-

Interpretation:

Interpretation For HbA1c% As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
	Age > 19 years
Therapeutic goals for glycemic control	Goal of therapy: < 7.0
Therapeutic goals for grycerine control	Age < 19 years
	Goal of therapy: <7.5

Note:

- 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
- 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments:

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)	HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126	12	298
8	183	14	355
10	240	16	413

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Reference Range

Patient Name : Mr ROHIT KUMAR KORPAL

DOB/Age/Gender : 35 Y/Male Sample Collected : Jun 26, 2024, 03:00 AM

Patient ID / UHID : 8748806/RCL8130947 Report Date : Jun 27, 2024, 08:49 PM.

Referred By : Self Barcode No : ZD356292

Sample Type : Serum Report Status : Final Report

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Creatinine

Test Description

Creatinine	1.14	mg/dL	0.72 - 1.25 mg/dL
Kinetic alkaline picrate			

Value(s)

Unit(s)

Interpretation:

Creatinine estimation is done to assess kidney function. It is not dependent on dietary factors. Normal values are obtained in kidney diseases, except in advanced renal failure and therefore its estimation is more valuable if coupled with clearance.

Cholesterol, Serum

Total Cholesterol	190	mg/dL	<200
Enzymatic			

Interpretation:

Increasing concentrations of Total cholesterol and LDL cholesterol are both correlated with increasing risk of cardiovascular disease. The levels are used to monitor response to cholesterol lowering therapy.

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DOB/Age/Gender : 35 Y/Male Sample Collected : Jun 26, 2024, 03:00 AM Patient ID / UHID : 8748806/RCL8130947 Report Date : Jun 27, 2024, 09:24 PM.

Referred By : Self Barcode No : ZD356292
Sample Type : Serum Report Status : Final Report

Test Description Value(s) Unit(s) Reference Range

Thyroid Profile Total

Triiodothyronine (T3)	118.84	ng/dL	70 -204
CMIA			
Total Thyroxine (T4) CMIA	5.68	μg/dL	4.87 - 11.72 ug/dL
Thyroid Stimulating Hormone (Ultrasensitive) CMIA	1.3072	mIU/L	0.35 - 4.94

Interpretation:

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pitutary-hypothala- mus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalami c-pitutary diseases. Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

TSH	T4	T3	INTERPRETATION
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Nonthyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome (a mutation in the thyroid hormone receptor decreases thyroid hormone function)

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Patient Name : Mr ROHIT KUMAR KORPAL

DOB/Age/Gender : 35 Y/Male Sample Collected : Jun 26, 2024, 03:00 AM Patient ID / UHID : 8748806/RCL8130947 Report Date : Jun 28, 2024, 04:58 PM.

Referred By : PH064963 : Self Barcode No Sample Type : -----Report Status : Final Report

Test Description Value(s) Unit(s) Reference Range

Physical Details

Height	173	CM	
Weight	62	Kg	
BMI	20.7	kg/m2	Underweight =<18.5 Normal weight =18.5-24.9 Overweight = 25-29.9 Obesity = BMI of 30 or greater
Blood Pressure	122/82	mm Hg	(120/80)
BPS	58		

*** End Of Report ***

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MBBS, MD (Pathology) **Consultant Pathologist**



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