MC-6206

INVESTIGATION REPORT

Patient NAME	: Mr.Swaraj Karmakar	Barcode NO	: 12633268
Age/Gender	: 56 Y/Male	Registration ON	: 23-Apr-2024 08:31:38 AM
LabNo	: 012404230109	Sample Collected ON	: 23/Apr/2024 08:31:38 AM
Referred BY	:Dr. SELF	Sample Received ON	: 23/Apr/2024 11:27:43 AM
CLIENT CODE	:WBCL/CORP/PTPL	Report Generated ON	: 23/Apr/2024 12:52:26 PM
Refer Lab/Hosp	:	Sample STATUS	: Final Approved
Lab Address	: AS 130, Block-H, Rajarhat Main Road, Kolkata 700157		

DEPARTMENT OF HEMATOLOGY

Medibuddy 1.0 - Medibuddy Basic Health Checkup

Test Name	Value	Unit	Bio Ref.Interval
CBC - Extended			
Erythrocytes			
Haemoglobin (Method:Spectrophotometry) (Sample:EDTA)	14.9	g/dL	13-17
RBC Count (Method:Cell Impedance) (Sample:EDTA)	4.9	10^12/L	4.5-5.5
PCV (Packed Cell Volume) (Method:Calculated) (Sample:EDTA)	44.9	%	40-50
MCV (Mean Corpuscular Volume) (Method:Calculated) (Sample:EDTA)	91.6	fl	81-101
MCH (Mean Corpuscular Hemoglobin) (Method:Calculated) (Sample:EDTA)	30.41	pg	27-32
MCHC (Mean Corpuscular Hemoglobin Concentration) (Method:Calculated) (Sample:EDTA)	33.2	g/dL	32.5-34.5
PDW (Method:Calculated) (Sample:EDTA)	**33.30**	%	9 - 17
MPV (Method:Cell Impedence -Cell Counter) (Sample:EDTA)	**13.60**	fL	7.0-11.0
RDW-CV (Method:Calculated) (Sample:EDTA)	**15.0**	%	11.6-14.0
RDW-SD (Method:Calculated) (Sample:EDTA)	42.1	fL	40 - 55
Leucocytes			
WBC Count,Total (Method:Cell Impedance) (Sample:EDTA)	9,500	Cells/µL	4,000-11,000
Differential Leucocyte Count			
Neutrophils (Method:Cell Impedance) (Sample:EDTA)	53	%	40-70
Lymphocytes (Method:Cell Impedance) (Sample:EDTA)	39	%	20-40
Monocytes (Method:Cell Impedance) (Sample:EDTA)	5	%	2-10
Eosinophils (Method:Cell Impedance) (Sample:EDTA)	3	%	1-6
Basophils (Method:Cell Impedance) (Sample:EDTA)	0	%	0-2

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Medibuddy 1.0 - Medibuddy Basic Health Checkup

Test Name	Value	Unit	Bio Ref.Interval
Absolute Neutrophil Count (Method:Calculated) (Sample:EDTA)	5,035	Cells/µL	2000-7000
Absolute Lymphocyte Count (Method:Calculated) (Sample:EDTA)	**3,705**	Cells/µL	1000-3000
Absolute Monocyte Count (Method:Calculated) (Sample:EDTA)	475	Cells/µL	20 - 500
Absolute Eosinophil Count (Method:Calculated) (Sample:EDTA)	285	cells/µL	20-500
Absolute Basophil Count (Method:Calculated) (Sample:EDTA)	0	Cells/µL	<200
Thrombocytes			
Platelet Count (Method:Cell Impedance) (Sample:EDTA)	185	10^9/L	150-410
P-LCR (Method:Calculated) (Sample:EDTA)	0.365	%	15 - 35
PCT (Method:Calculated) (Sample:EDTA)	0.256	mL/L	
Mixed Cells	0.4	-	
Erythrocyte Sedimentation Rate			
ESR (Method:Westergren method) (Sample:EDTA)	10	mm in 1hr	12 or less

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DEPARTMENT OF BIOCHEMISTRY

Medibuddy 1.0 - Medibuddy Basic Health Checkup

Test Name	Value	Unit	Bio Ref.Interval
Glucose - Fasting (Method:Hexokinase) (Sample:Fluoride Plasma)	**128**	mg/dL	Adults:74-106 Children:60-100 Pre-Diabetic: 111 - 125 Diabetic: ≥ 126

Please clinically correlate. Partial reproduction of test reports is strictly prohibited.
The reports are strictly for the use of medical practitioners and are not medical diagnosis.

Comments:
Glucose is a reducing monosaccharide that serves as the principal fuel for all tissues. It enters the cell through the influence of insulin and undergoes a series of chemical reactions to produce energy. Lack of insulin or resistance to its action at the cellular level causes diabetes. Therefore, in diabetes mellitus, the blood glucose levels are very high. Hyperglycemia is also noted in gestational diabetes during pregnancy and may be found in pancreatic disease, pituitary, and adrenal disorders. A decreased level of blood glucose and hypoglycemia is often associated with starvation, hyperinsulinemia, and in those who are taking high insulin doses for therapy. Clinical diagnosis should not be made on the findings of a single test result but should integrate both clinical and laboratory data.
Note: *For pre-hyperglycemic results please repeat the test with fresh samples for 2 consecutive days recommended.*
Reference: www.who.int/diabetes/publications/

Cholesterol Total (Method:CHOD POD) (Sample:Serum)	193	mg/dL	Desirable< 200 Borderline High-200-239 High- 240

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Comments:

Cholesterol is present in tissues and in plasma either as free cholesterol or combined with a long-chain fatty acid as cholesteryl ester, the storage form. In plasma, both forms are transported in lipoproteins. Cholesterol is an amphipathic lipid and is an essential structural component of membranes, for the maintenance of the correct permeability and fluidity, and of the outer layer of plasma lipoproteins.
Increased total cholesterol values are associated with a progressively escalating risk of atherosclerosis and coronary heart disease.

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INVESTIGATION REPORT

Patient NAME	: Mr.Swaraj Karmakar	Barcode NO	: 12633268
Age/Gender	: 56 Y/Male	Registration ON	: 23-Apr-2024 08:31:00 AM
LabNo	: 012404230109	Sample Collected ON	: 23/Apr/2024 11:42:31 AM
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio Ref.Interval
Lipid Profile Basic			
Cholesterol Total (Method:CHOD POD) (Sample:Serum)	193	mg/dL	Desirable< 200 Borderline High-200-239 High- 240
Cholesterol HDL (Method:Enzymatic Immunoinhibition) (Sample:Serum)	52	mg/dL	Low-HDL Cholesterol <40 High HDL Cholesterol >60
Cholesterol VLDL (Method:Calculated) (Sample:Serum)	29	mg/dL	7 - 40
Cholesterol LDL (Method:Calculated) (Sample:Serum)	112	mg/dL	Optimal : < 100 Near optimal : 100-129 Borderline High : 130-159 High : 160-189 Very high : >= 190
Triglycerides (Method:GPO-POD) (Sample:Serum)	147	mg/dL	Normal: < 150 Borderline: 150-199 High: >200
Cholesterol Total / HDL Ratio (Method:Calculated) (Sample:Serum)	3.7		0 - 4.0
Cholesterol LDL / HDL Ratio (Method:Calculated) (Sample:Serum)	2.2		0 - 3.5

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Note:
1. Measurements in the same patient can show physiological& analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol.
2. As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
3. Low HDL levels are associated with increased risk forAtherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
4. NLA-2014identifies Non HDL Cholesterol(an indicator of all atherogeniclipoproteins such as LDL , VLDL, IDL, Lpa, Chylomicron remnants)along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL &Non HDL.
5. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.
6. Additional testing for Apolipoprotein B, hsCRP,Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement.
7. For calculation of CHD risk, history of smoking, any medication for hypertension & current blood pressure levels are required.

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DEPARTMENT OF BIOCHEMISTRY

Medibuddy 1.0 - Medibuddy Basic Health Checkup

Test Name	Value	Unit	Bio Ref.Interval
Liver Function Test (LFT) - With Ratio 1.0			
Bilirubin Total (Method:DPD) (Sample:Serum)	0.51	mg/dL	Adults- 0.3-1.2 Children (0-1 Day) 1.4-8.7 Children (1-2 Day) 3.4-11.5 Children (3-5 Day) 1.5-12.0
Bilirubin Direct (Method:DPD) (Sample:Serum)	0.14	mg/dL	0.1 - 0.2
Bilirubin Indirect (Method:Calculated) (Sample:Serum)	0.37	mg/dl	0.2-0.8
ALT/SGPT (Method:IFCC) (Sample:Serum)	21	U/L	Male ≤ 50 Female ≤ 35 New Born:13-45 Infant:13-45
AST/SGOT (Method:IFCC) (Sample:Serum)	31	U/L	Male ≤ 50 Female ≤ 35 New Born : 25-75 Infant:15-60
SGOT/SGPT Ratio	1.48		
Protein Total (Method:Biuret) (Sample:Serum)	7.3	g/dL	Newborn: 4.1-6.3 Children:5.7-8.0 Adults: 6.6-8.3
Kidney/Renal Panel - 1.0			
Uric Acid (Method:Uricase - PAP) (Sample:Serum)	5.8	mg/dL	Male: 3.5-7.2 Female: 2.6-6.0
Urea (Method:Urease - GLDH) (Sample:Serum)	20.0	mg/dL	17 - 43 New born :8.4-25.8 Infant:10.8-38.4
Creatinine (Method:MODIFIED JAFFE) (Sample:Serum)	1.1	mg/dl	Male-0.67- 1.17 Female-0.51– 0.95 Neonate- 0.31- 0.98 Infants-0.16-0.39 Child- 0.26 – 0.77
Urea/Creatinine Ratio	18.18	-	
BUN (Blood Urea Nitrogen)	9.0	mg/dL	5.0 - 24.0

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DEPARTMENT OF BIOCHEMISTRY

Medibuddy 1.0 - Medibuddy Basic Health Checkup

Test Name	Value	Unit	Bio Ref.Interval
(Method:Calculation) (Sample:Serum)			
BUN/Creatinine Ratio	8.18	-	
(Method:Calculated) (Sample:Serum)			

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CLIENT CODE	:WBCL/CORP/PTPL	Report Generated ON	: 23/Apr/2024 12:53:12 PM
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Lab Address	: AS 130, Block-H, Rajarhat Main Road, Kolkata 700157		

DEPARTMENT OF CLINICAL BIOCHEMISTRY

Test Name	Value	Unit	Bio Ref.Interval
Prostate Specific Antigen (Total PSA) (Method:CLIA) (Sample:Serum)	0.29	ng/mL	Males (95th percentile): <4.0

Comments:

Elevated PSA levels may be found in the blood of men with benign prostate conditions, such as prostatitis (inflammation of the prostate) and benign prostate hyperplasia (BPH), or with a malignant (cancerous) growth in the prostate. It is recommended to look for trends, such as steadily increasing PSA levels in multiple tests over time, rather than focusing on a single elevated result.

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DEPARTMENT OF CLINICAL PATHOLOGY

Medibuddy 1.0 - Medibuddy Basic Health Checkup

Test Name	Value	Unit	Bio Ref.Interval
RE - Urine - Extended*			
PHYSICAL EXAMINATION			
Colour* (Method:Visual Examination) (Sample:Random Urine)	Straw		
Appearance* (Method:Visual Examination) (Sample:Random Urine)	Clear		
Specific gravity* (Method:Refractometry and Gravimetry) (Sample:Random Urine)	1.015		
CHEMICAL EXAMINATION			
pH* (Method:Double indicator) (Sample:Random Urine)	6.4		
Protein* (Method:Protein error of indicators) (Sample:Random Urine)	Absent		
Sugar* (Method:GOD-POD) (Sample:Random Urine)	Absent		
Blood* (Method:Tetramethylbenzidine) (Sample:Random Urine)	Absent		
Leucocytes*	Absent		
Ketones*	Negative		Negative
Nitrites* (Method:Reagent Strip Reflectance) (Sample:Random Urine)	Negative		Negative
Bilirubin*	Negative		Negative
MICROSCOPIC EXAMINATION			
Pus cells* (Method:Microscopic) (Sample:Random Urine)	02-03	/hpf	
Epithelial cells* (Method:Microscopic) (Sample:Random Urine)	01-02	/hpf	
RBC* (Method:Microscopic) (Sample:Random Urine)	Absent	/hpf	
Cast* (Method:Microscopic) (Sample:Random Urine)	Absent		
Crystal* (Method:Microscopic) (Sample:Random Urine)	Absent		
Micro Organism* (Method:Microscopic) (Sample:Random Urine)	Absent		
Yeast cell*	Absent		

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Medibuddy 1.0 - Medibuddy Basic Health Checkup

Test Name	Value	Unit	Bio Ref.Interval
(Method:Microscopic) (Sample:Random Urine)			
Others*	Absent	-	
(Method:Microscopic) (Sample:Random Urine)			

Sample: Inhouse Sample

*** End Of Report ***

1.Partial reproduction of this report is not permitted. 2. If the result(s) of the test(s) is alarming or unexpected, the patient is advised to contact the laboratory immediately for possible advice. 3.Result(s) pertain to the specimen submitted. 4. Laboratory investigations should be used along with relevant clinical examinations to achieve the final diagnosis. These are never conclusive and dependent on the quality of the samples as well as the assay procedures used. 5. Test(s) requested might not be performed for the following reasons: (a) Quantity of the specimen received is unacceptable (b)Quality of the specimen received is of unacceptable quality (hemolyzed/Clotted/Lipemic). In any of these cases, a fresh specimen must be sent for reporting of the same parameters within the schedule (next 2 days). 6. Test(s) are performed as per the test schedule of the laboratory. In unforeseen circumstances (non availability of reagents, instrument breakdown, and natural calamities) test(s) may not be reported as per test schedule.Nirnayan will ensure that the delay is minimized.

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