

**MR. RAHUL JAIN**
40 Years /Male**COLLECTED AT**
BENCHMARK**REFERRING DR.**
DR ANKUR KUMAR JAIN MD**RECEIVED**
24/Jun/2024**REPORTED**
24/Jun/2024**COMPLETE BLOOD COUNT/HAEMOGRAM**

INVESTIGATIONS	RESULTS	REFERENCE INTERVAL
Haemoglobin <small>CYANMETHAEMOGLOBIN</small>	14.6 g/dL	13 - 18 g/dL
RBCs Count	<u>5.60 milli./cu.mm</u>	4.5 - 5.5 milli./cu.mm
PCV	46.9	36-46 %
MCV	83.75 fl	80 - 98 fl
MCH	<u>26.07 pg</u>	27 - 32 pg
MCHC	<u>31.13 %</u>	31.5 - 34.5 %
RDW-CV	13.0	11.5 - 14.5
Total WBCs Count	7,100 /cu.mm.	4500 - 11000 /cu.mm.
<u>DIFFERENTIAL WBC COUNTS</u>		
Neutrophils	59 %	42-74 %
Lymphocytes	34 %	20-45 %
Monocytes	05 %	2-8 %
Eosinophils	02 %	1-6 %
Basophils	00	0-1 %
Platelets Count	2.88 Lakh/cu.mm.	1.50 - 4.5 lakh/cumm
ESR <small>(WINTROBES METHOD)</small>	08 mm at end of 1st hr	0 - 9 mm at end of 1st hr

Dr. Satish Trivedi,
MD
Consultant Pathologist

*** End of report ***

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24/Jun/2024**URINE ROUTINE EXAMINATION**

INVESTIGATIONS	RESULTS	REFERENCE INTERVAL
<u>PHYSICAL EXAMINATION</u>		
Colour	Pale Yellow	
Appearance	Clear	
Deposits	Absent	
<u>CHEMICAL EXAMINATION (by strip test)</u>		
Sp.Gravity	1.020	1.002 - 1.030
pH	6.0	4.6 - 8.0
Glucose	Absent	Nil
Protein	Absent	Nil
Ketones	Negative	Nil
Bile Pigment & salt	Negative	Nil
Nitrite	Negative	Nil
Blood	Negative	Negative
<u>MICROSCOPIC EXAMINATION</u>		
Leucocytes (Pus Cells)	1-2/hpf	0 - 5/hpf
Erythrocytes (RBC)	Nil/hpf	Nil
Epithelial Cells	1-2/hpf	2-3 /hpf
Crystals	Nil	Nil
Casts	Absent	Nil
Bacteria	Absent	Nil

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24/Jun/2024**LIPID PROFILE**

INVESTIGATIONS	RESULTS	REFERENCE INTERVAL
Cholesterol-Total	<u>202.0 mg/dL</u>	< 200 mg/dL
Triglycerides	150.0 mg/dl	< 150 mg/dL
HDL Cholesterol	41.0 mg/dL	35-70 mg/dL
LDL Cholesterol	<u>131.00 mg/dL</u>	< 130 mg/dL
VLDL Cholesterol	30.00 mg/dL	< 30 mg/dL
Total-C/HDL-C(Risk Factor)	<u>4.93</u>	< 4.30
LDL-C/HDL-C (Risk factor)	<u>3.20</u>	< 3.00

Interpretation : "Lipid" is simply a medical term for "fat". A lipid profile measures fatty substances in your blood. Cholesterol is one type of fat. When you eat food containing cholesterol or when your body produces cholesterol and releases it into your bloodstream, the cholesterol will attach to a protein. This package of cholesterol plus a protein is called a lipoprotein (lipid or fat plus protein). A lipid profile measures lipoprotein levels in your blood.

(Disclaimer: Information provided here in the remarks section is purely for patient education and should not be used as a substitute for advice of an appropriately qualified and licensed physician or other healthcare provider. We do not take responsibility for any damages with respect to accuracy or use of the information.)

SAMPLE IS LIPAEMIC. HIGH VALUES ARE SUGGESTIVE OF LIPAEMIC SAMPLE OR IF SAMPLE IS NOT GIVEN IN FASTING

CONDITION. KINDLY CONSIDER THE SAME AND REPEAT SAMPLE IN FASTING.

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24/Jun/2024**HEMOGLOBIN-A1C (HbA1C)**

INVESTIGATIONS	RESULTS	REFERENCE INTERVAL
HbA1C, whole blood	5.54 %	NGSP-DCCT (%) 4.0 - 6.5 Non Diabetic 6.0 - 7.0 Goal 7.0 - 8.0 Good Control > 8.0 Action Suggested
IMMUNOTURBIDIMETRY		
eAG (Estimated Average Glucose) CALCULATED	111.74	mg/dL

Techniques & kits used : Fully Automated, Bidirectional Interfaced, Random Access Biochemistry Analyser " A-15 BioSystems ".

Limitations:

An increase almost certainly means DM if other factors are absent but a normal value does not rule out impaired glucose tolerance. Value less than normal mean are not seen in untreated DM.

In hemolytic anemia, iron deficiency anemia and transfusion, the average age of erythrocytes is altered. Caution should be used when interpreting the HbA1C results from patients with these conditions.

Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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THYROID FUNCTION TEST

INVESTIGATIONS	RESULTS	REFERENCE INTERVAL
T3 (Triiodothyronine Total)	0.96 ng/mL	0.55-1.80 ng/ml
T4 (Thyroxine Total) CLIA	6.6 ug/dl	4.5 - 12.6 ug/dl
TSH (Thyroid Stimulating Hormone)	<u>6.28 μIU/mL</u>	Adult 0.28-5.33 μ IU/ml 1-4 days 1.0-39.0 μ IU/ml 2-20 weeks 1.7-9.1 μ IU/ml 5-24 months 0.8-8.2 μ IU/ml 2-20 Years 0.7-5.7 μ IU/ml

By Chemiluminescence

Method : By Chemiluminescence.

Interpretation :

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids. Low or undetectable TSH is

suggestive of Grave~s disease. TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 wi this lightly low TSH suggests subclinical Hyperthyroidism. TSH suppression

does not reflect severity of hyperthyroidism therefore , measurement of FT3 ,FT4 is important. FreeT3 is first hormone to increase in early Hyperthyroidism. Only TSH level can

prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked. During

pregnancy clinically T3 T4 can be high and TSH can be slightly low.

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INVESTIGATIONS

RESULTS

REFERENCE INTERVAL

BIOCHEMISTRY

CALCIUM - TOTAL

9.10 mg/dL

8.5-11.0 mg/dL

Limitations :

Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

SERUM ALANINE AMINOTRANSFERASE (SGPT) ESTIMATION

42.0 U/L

5-45 U/L

SERUM ASPARTATE AMINOTRANSFERASE (SGOT)

35.0 U/L

0-46 U/L

Total Proteins
Biuret

6.98 g/dL

6.0-8.5 g/dL

Albumin
BCG

3.85

3.2-4.5 g/dL

Globulin
Calculated

3.13 g/dL

2.3-3.5 g/dL

A:G Ratio

1.23

1.2 - 3.4

Limitations :

Falsely elevated proteins (pseudohyperproteinemia) can be caused by hemoconcentration due to dehydration or sample desiccation. Upright posture for several hours after rising increases total proteins and several other analytes.

Albumin levels generally parallel total protein levels, except when total protein changes are due to gamma globulins.

ALKALINE PHOSPHATASE

110.0 U/L

Children (3-15 Year) : 250-770 IU/L
Adult : 80-306 IU/L

PHOSPHORUS

4.20 mg/dL

Adults : 2.5 - 4.5 mg/dl
children : 4.0 - 7.0 mg/dl

PHOSPHOMOLYBDATE UV

Limitations :

Intereference may occur with serum samples from patients diagnosed as having plasma cell dyscrasias and lymphoreticular malignancies. Should be measured in fasting morning specimens because of a diurnal variations. Levels are influenced by dietary intake, meals and exercise.

ELECTROLYTES

Sodium - Na
ISE

132.0

135-145 mmol/L

Potassium - K
ISE

3.58

3.5-5.5 mmol/L

Chloride - Cl
ISE

97.9

94-108 mmol/L

Techniques & Kits used : Direct measurement with ISE method on "ST-200 electrolyte analyzer".

BLOOD UREA
GLDH KINETIC

32.0 mg/dL

UP TO 45

CREATININE

1.12 mg/dL

Male:0.6 - 1.4 mg/dl
Female :0.6 - 1.2 mg/dl

Jaffe's method

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INVESTIGATIONS	RESULTS	REFERENCE INTERVAL
URIC ACID	3.3 mg/dL	Male : 3.4-7.5 mg/dL Female : 2.4-6.5 mg/dL
ENZYMATIC		
Total Bilirubin	0.70	0.3-1.2 mg/dL
Direct Bilirubin	0.30	0.0-0.5 mg/dL
Indirect Bilirubin	0.40	0.3-0.8 mg/dL
DIAZO		

Interpretations :

Bilirubin is the orange-yellow pigment derived from senescent RBCs. Following formation in the reticuloendothelial cells, bilirubin is transported to and biotransformed mainly in the liver, and excreted in bile and urine.

CK-NAC 105.7 U/L UP TO 200 U/L

KINETIC

ALPHA AMYLASE, SERUM 108.0 UP TO 80 U/L

CNPG3 KINETIC

Limitations:

An elevation of total serum alpha amylase does not specifically indicate a pancreatic disorder ,since the enzyme is produced by the salivary glands, mucosa of small intestine, ovaries, placenta, liver, and the lining of the fallopian tubes.

RANDOM BLOOD SUGAR 90.0 mg/dL UP TO 180 mg/dL

GOD-POD

Remarks: If the patient Random Plasma Glucose value is ≥ 200 mg/dL , Advice Oral Glucose Tolerance test(OGTT)for Further

Evaluation.

Criteria for the diagnosis of diabetes

1. HbA1c ≥ 6.5 *
2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
3. Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.American diabetes association. Standards of medical care in diabetes 2011.

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24/Jun/2024**INVESTIGATIONS****RESULTS****REFERENCE INTERVAL****HORMONE STUDIES****VITAMIN B12**
CLIA**151 pg/mL**

211-911 pg/mL

INTERPRETATION :Dietary sources of Vitamin B12 are meat, eggs, milk and milk products. Vitamin B12 requires intrinsic factor for absorption from intestine.

Withhold Vitamin B12 injection before the blood is drawn. Blood collected after Vitamin B12 Injection interfere with result.

Preservatives such as fluorides & ascorbic acid interfere with this assay. Excessive exposure of the specimen to light may alter

Vitamin B12 result.

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24/Jun/2024**INVESTIGATIONS****RESULTS****REFERENCE INTERVAL****SEROLOGY****ANTI HCV ANTIBODY**
IMMUNOCHROMATOGRAPHY

Non reactive

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