



TEST REPORT

Reg.No	: TPT0061020	Reg.Date	: 17-Sep-2022 /15:59
Name	: MR.YASWANTH MYLAMURI	Collection	: 17-Sep-2022 /15:27
Age\Sex	: 31 Years\Male	Received	: 17-Sep-2022 /16:10
Referred By	: GOWELNEXT SOLUTIONS PRIVATE LIMITED	Report	: 17-Sep-2022 /17:20
Referral Dr	: GOWELNEXT SOLUTIONS PRIVATE LIMITED	Barcode	: 000974830300

Clinical Biochemistry

GLYCATED HAEMOGLOBIN (HBA1C)

TEST NAME	OBSERVED VALUE	UNITS	BIOLOGICAL REF. RANGE
GLYCATED HAEMOGLOBIN (HBA1C) Method:HPLC	5.36	%	Normal : < 5.7 Diabetes Mellitus : > 6.5 Increased Risk of Diabetes/Pre - Diabetes : 5.7 - 6.4
AVERAGE BLOOD GLUCOSE Method:Calculation	107.13	mg/dL	90 - 120 - Excellent control 121 - 150 - Good Control 151 - 180 - Average 181 - 210 - Action Suggested > 211 - Panic Value

Sample Type : WB EDTA

Please Correlate With Clinical Findings If Necessary Discuss

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B. Mallikarjun

Dr.MALLIKARJUN B
MD. PATH
Consultant Pathologist

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Clinical Pathology

COMPLETE URINE EXAMINATION (CUE)

TEST NAME	OBSERVED VALUE	UNITS	BIOLOGICAL REF. RANGE
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW	-	Straw to Yellow
APPEARANCE	CLEAR	-	Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION	6.0	-	4.6 - 8.0
Method:pH (Double) Indicator			
SPECIFIC GRAVITY	1.015	-	1.003 - 1.035
Method:pH Indicator			
PROTEINS	NEGATIVE	-	Negative
Method:Protein error of Indicator			
GLUCOSE	NEGATIVE	-	Negative
Method:GOD POD			
BILIRUBIN (BILE PIGMENTS)	NEGATIVE	-	Negative
Method:Diazonium Method/Fouchets Method			
BILE SALTS	ABSENT	-	Absent
Method:Hays Method			
KETONE BODIES	NEGATIVE	-	Negative
Method:Nitroprusside Reaction/Rotheras Method			
UROBILINOGEN	ABSENT	-	Normal
Method:Diazonium Method			
NITRITE	NEGATIVE	-	Negative
Method:Diazonium Method			
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	1-2 /HPF	cells/hpf	0-4
RBC.	NIL	cells/hpf	0-2
Epithelial Cells	OCCASIONAL	cells/hpf	0-4
CASTS	ABSENT	-	Absent
CRYSTALS	ABSENT	-	Absent
Others	NIL	-	
Blood	ABSENT	-	Absent
Method:Physical Examination			

Sample Type : URINE

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Clinical Biochemistry

FASTING BLOOD GLUCOSE (FBS)

TEST NAME	OBSERVED VALUE	UNITS	BIOLOGICAL REF. RANGE
FASTING PLASMA GLUCOSE-	113.89	mg/dL	74-99

Method:Hexokinase/GOD-POD

Sample Type : Flouride plasma(F)

Please Correlate With Clinical Findings If Necessary Discuss

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Referral Dr	: GOWELNEXT SOLUTIONS PRIVATE LIMITED	Barcode	: 000974830100

Clinical Biochemistry

GAMMA GLUTAMYL TRANSFERASE (GGT)

TEST NAME	OBSERVED VALUE	UNITS	BIOLOGICAL REF. RANGE
GAMMA GLUTAMYL TRANSFERASE	21.00	U/L	8-61

Method:Enzymatic

Sample Type : Serum

Please Correlate With Clinical Findings If Necessary Discuss

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Dr.T.PAVANI
KIRANMAI
MD BIOCHEMISTRY

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Haematology COMPLETE BLOOD PICTURE(CBP)

TEST NAME	OBSERVED VALUE	UNITS	BIOLOGICAL REF. RANGE
HAEMOGLOBIN	16.3	g/dL	13.0-17.0
Method:Spectrophotometry			
P C V	51.3	%	40-50
Method:Automated cell counter.			
M C V	86.7	fl	83-101
Method:calculated			
M C H	27.5	pg	27-32
Method:calculated			
M C H C	31.8	g/dL	31.5-34.5
Method:calculated			
R D W	13.5	%	11.6-14.0
Method:calculated			
R D W (SD)	44.9	fl	39-46
Method:calculated			
TOTAL RBC COUNT	5.91	mil./cmm	4.5-5.5
Method:Electrical Impedance			
PLATELET COUNT	1.67	lakhs/cumm	1.5-4.1
Method:Electrical Impedance			
TOTAL WBC COUNT	6,100	cells/cmm	4000-10000
Method:Electrical Impedance			
<u>DIFFERENTIAL COUNT.</u>			
NEUTROPHILS.	46	%	40-80
Method:Flow Cytometry / Microscopy.			
LYMPHOCYTES	43	%	20-40
Method:Flow Cytometry / Microscopy.			
EOSINOPHILS	04	%	1-6
Method:Flow Cytometry / Microscopy.			
MONOCYTES	07	%	2-10
Method:Flow Cytometry / Microscopy.			
BASOPHILS	00	%	0-2
Method:Flow Cytometry / Microscopy.			

PERIPHERAL SMEAR.

Sample Type : WB EDTA

Please Correlate With Clinical Findings If Necessary Discuss

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Haematology

ERYTHROCYTE SEDIMENTATION RATE (ESR)

TEST NAME	OBSERVED VALUE	UNITS	BIOLOGICAL REF. RANGE
*I HOUR	20	mm/hr	Upto 15

Method:Modified Westergren

Sample Type : WB EDTA

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Clinical Biochemistry

KIDNEY FUNCTION TEST (UREA, CREA, Na+, K+)(KFT)

TEST NAME	OBSERVED VALUE	UNITS	BIOLOGICAL REF. RANGE
BLOOD UREA. <small>Method:Urease (GLDH) /Kinetic</small>	11.63	mg/dL	16-48
SERUM CREATININE <small>Method:Jaffes Kinetic</small>	1.54	mg/dL	0.90-1.3
SERUM SODIUM <small>Method:ISE Direct</small>	138.1	mmoL/L	135-150
SERUM POTASSIUM <small>Method:ISE Direct</small>	4.0	mmoL/L	3.5-5.0
SERUM CHLORIDE <small>Method:ISE Direct</small>	105.5	mmoL/L	94-110

Sample Type : Serum

Please Correlate With Clinical Findings If Necessary Discuss

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Clinical Biochemistry LIPID PROFILE (LPD)

TEST NAME	OBSERVED VALUE	UNITS	BIOLOGICAL REF. RANGE
TOTAL CHOLESTEROL Method:Spectrophotometry	136.63	mg/dL	Desirable : <200 Borderline : 200 - 239 High : >240
H D L CHOLESTEROL Method:Enzymatic-CHOD-POD	35.06	mg/dL	Negative Risk >60 High Risk : < 40
L D L CHOLESTEROL Method:Friedewald Formula	68.87	mg/dL	<150
V L D L CHOLESTEROL Method:Friedewald Formula	32.7	mg/dL	6.0-38.0
TRIGLYCERIDES, Method:Enzymatic	163.52	mg /dl	Normal: <150 Borderline: 150 -199 High: 200 - 499 Very High: >= 500
CHOL/HDL RATIO	3.9	-	3.5-5.0
LDL/ HDL Ratio	1.96	-	

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.

Reference: National Cholesterol Education Program Adult Treatment Plan III (NCEP-ATP 111) report.

Sample Type : Serum

Please Correlate With Clinical Findings If Necessary Discuss

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Clinical Biochemistry LIVER FUNCTION TEST (LFT)

TEST NAME	OBSERVED VALUE	UNITS	BIOLOGICAL REF. RANGE
TOTAL BILIRUBIN	1.23	mg/dL	0.3-1.2
Method:Diazo Method			
DIRECT BILIRUBIN	0.23	mg /dl	0-0.2
Method:Diazo Method			
INDIRECT BILIRUBIN	1.00	mg /dl	0.2-0.8
Method:Diazo Method			
ALKALINE PHOSPHATASE	89.71	U/L	40-129
Method:PNPP-AMP Buffer/Kinetic			
SGOT / AST	23.08	U/L	0-41
Method:Spectrophotometry			
SGPT / ALT	24.74	U/L	Upto 40
Method:MOD-IFCC			
TOTAL PROTEIN.	6.76	gm/dL	6.6-8.7
Method:Biruet/End Point			
ALBUMIN	4.5	gm/dL	3.5-5.2
Method:BCG, Nephelometry, Immunoturbidimetry			
GLOBULIN	2.3	gm/dL	2.5-3.5
A/G RATIO	2.0	Calculated	1-2.1
Method:Biruet/End Point			

Sample Type : Serum

Please Correlate With Clinical Findings If Necessary Discuss

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Serology
HIV (I & II) (TRIDOT)

TEST NAME	OBSERVED VALUE	UNITS	BIOLOGICAL REF. RANGE
HIV - I Antibody Method:Immunoconcentration	NEGATIVE	-	
HIV - II Antibody Method:Immunoconcentration	NEGATIVE	-	

Comments :

- 1.This is a screening test only.
2. Non Reactive result implies that antibodies to HIV 1/2 have not been detected in the sample. This means the patient has either not been exposed to HIV 1/2 infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non Reactive result does not exclude the possibility of exposure or infection with HIV 1/2.
- 3.All positive specimen should be further confirmed by WESTERN BLOT OR HIV PCR.

Recommendations:

- 1.Results to be clinically correlated.
- 2.Rarely false negativity/positivity may occur.

Sample Type : Serum

Please Correlate With Clinical Findings If Necessary Discuss

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Special Biochemistry
URINE FOR COTININE

TEST NAME	OBSERVED VALUE	UNITS	BIOLOGICAL REF. RANGE
COTININE	NEGATIVE	-	NEGATIVE

Method:Rapid Visual Immunoassay

Sample Type : Urine- 5ml

Please Correlate With Clinical Findings If Necessary Discuss

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Serology HBSAG

TEST NAME	OBSERVED VALUE	UNITS	BIOLOGICAL REF. RANGE
Hbs Ag(Rapid)	NEGATIVE	-	

Method:Immunochromatography

Notes : 1.Discrepant results may be observed during pregnancy, patients receiving mouse monoclonal antibodies for diagnosis or therapy & mutant forms of HBsAg
2.For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection
3. For monitoring HBsAg levels, Quantitative HBsAg molecular assay is recommended

Comments:

1.Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features.
2. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby.
3. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis.
4.Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms.
5.Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

Uses: 1.To diagnose suspected HBV infection and monitor the status of infected individuals

2. To evaluate the efficacy of antiviral drugs

3. Routine screening of blood and blood products to prevent transmission of Hepatitis B virus (HBV) to recipients
For Prenatal Screening of pregnant women.

Sample Type : Serum

Please Correlate With Clinical Findings If Necessary Discuss

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