Print Results

Name	: **Mr ABHISHEK SINGH**	**Age[year(s)] / Sex**	: 25 Yr(s) / Male
Reg No	: MH004704619	**Referedy By**	: HEALTH CHECK
Episode No	: H0000238105		

TEST	RESULT	UNITS	REFERENCE

Collection Date/ Time : 29/02/2020 08:02

Authorised by Dr ROOPA MURGOD,MD (Biochem) on 29/02/2020 at 10:29

PROSTATE SPECIFIC ANTIGEN (PSA) :	0.660	ng/mL	[<2.000]

Method :ECLIA

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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Serum LIVER FUNCTION TEST

BILIRUBIN-TOTAL (mod.J Groff)**	0.22	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.10	mg/dl	[0.00-0.40]
BILIRUBIN - INDIRECT (mod.J Groff)	0.12 #	mg/dl	[0.20-1.00]
SGOT/ AST (P5P,IFCC)	21	IU/L	[5-37]
SGPT/ ALT (P5P,IFCC)	28	IU/L	[10-50]
ALP (p-NPP,kinetic)*	109	IU/L	[45-135]
TOTAL PROTEIN (mod.Biuret)	6.9	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.2	g/dl	[3.5-5.2]
SERUM GLOBULIN (Calculated)	2.7	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.56		[1.10-1.80]

Note:
**NEW BORN:Vary according to age (days), body wt & gestation of baby
*New born: 4 times the adult value

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TOTAL CHOLESTEROL (CHOD/POD)	187	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	213 #	mg/dl	[<150] Borderline high:151-199

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			High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	42	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	43 #	mg/dl	[10-40]
LDL- CHOLESTEROL	102 #	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	4.5		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	2.4		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.

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KIDNEY PROFILE -SPECIMEN SERUM

BUN (Urease/GLDH)	12.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	1.04	mg/dl	[0.80-1.60]
SERUM URIC ACID (mod.Uricase)	5.5	mg/dl	[3.5-7.2]
SERUM CALCIUM (NM-BAPTA)	9.0	mg/dl	[8.0-10.5]
SERUM PHOSPHORUS (Molybdate, UV)	2.9	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	138.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	5.2	mmol/l	[3.5-5.2]
SERUM CHLORIDE (ISE / IMT)	100.0	mmol/l	[95.0-105.0]
eGFR	99.3	ml/min/1.73sq.m	[>60.0]

Technical Note
eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

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Authorised by Dr ROOPA MURGOD,MD (Biochem) on 29/02/2020 at 10:25

Serum GGT (GCNA-IFCC)	49	IU/L	[15-85]

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Authorised by Dr ROOPA MURGOD,MD (Biochem) on 29/02/2020 at 10:29

Serum TSH (ECLIA)	4.050	micIU/mL	Adult > 20 yrs [0.340-4.250]

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Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m. and at a minimum between 6-10 pm . Factors such as change of seasons, hormonal fluctuations, Ca or Fe supplements, high fibre diet, stress and illness affect TSH results.
* References ranges recommended by the American Thyroid Association
1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
2) http://www.thyroid-info.com/articles/tsh-fluctuating.html

Collection Date/ Time : 29/02/2020 08:02

Authorised by Dr SHRINIVAS V MD on 29/02/2020 at 15:25

ROUTINE URINE ANALYSIS (Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION		
Colour	PALE YELLOW	(Pale Yellow - Yellow)
Reaction[pH]	6	(4.6-8.8)
Specific Gravity	1.005	(1.015-1.025)
CHEMICAL EXAMINATION		
Protein/Albumin	Negative	(NIL-TRACE)
Glucose	NIL	(NIL)
Ketone Bodies	NIL	(NIL)
Urobilinogen	NORMAL	(NORMAL)
Bile Salts	NEGATIVE	(NEGATIVE)
Bile Pigments	NIL	(NIL)
MICROSCOPIC EXAMINATION		
WBC/Pus Cells	OCCASIONAL /hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	OCCASIONAL /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)

Collection Date/ Time : 29/02/2020 08:19

Authorised by Dr. Hemantha Kumara D.S on 29/02/2020 at 14:04

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase)	198 #	mg/dl	[70-140]

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

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Plasma GLUCOSE-Fasting (Hexokinase)	106 #	mg/dl	[70-100]

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Authorised by Suraj.R.P on 29/02/2020 at 10:42

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR	42.0 #	/1sthour	[0.0-10.0]

Collection Date/ Time : 29/02/2020 08:02

Authorised by RAJNESHWARI.J on 29/02/2020 at 09:34

COMPLETE BLOOD COUNT (Automated) Specimen-EDTA Blood

WBC Count (TC)	7860	/cu.mm	[4400-11000]
RBC Count	4.97	million/cu.mm	[4.50-6.50]
Haemoglobin	14.1	g/dl	[13.0-17.0]
Haematocrit [PCV]	41.7 #	%	[42.0-54.0]
MCV	83.9	fl	[80.0-96.0]
MCH	28.4	pg	[27.0-31.0]
MCHC	33.8	g/dl	[32.0-37.0]
Platelet Count	343000	/cu.mm	[150000-400000]
RDW (CV)	13.5	%	[11.6-14.0]
IPF	1.50	%	[0.70-9.10]
DIFFERENTIAL COUNT			
Neutrophils	51.8	%	[40.0-75.0]
Lymphocytes	34.0	%	[20.0-45.0]
Monocytes	8.4	%	[2.0-10.0]
Eosinophils	5.5	%	[0.0-7.0]
Basophils	0.3	%	[0.0-1.0]

Note:
* IPF (Immature Platelet Fraction) is an index of thrombopoeisis.
* A normal or low IPF in the presence of thrombocytopenia is indicative of decreased thrombopoeisis.
* An increased IPF in the presence of thrombocytopenia is indicative of platelet destruction / consumption.
* An increased IPF has also been noted as part of Asymptomatic Constitutional Macrothrombocytopenia in the West Bengal population.
