REPORT

JITAL RAMESH SHAH
115-3, Shanghai
Lane No-14
Prabhat Road
Tel No: 919823316416
PID: 121895

Age:42.04 Years Sex:MALE

Reference:Dr.--

SID: 120071060
Collection Date:
28-08-2020 11:17 AM
Sample Date:
28-08-2020 11:17 am
Report Date:
28-08-2020 06:06 PM

Complete Blood Count	Result	Biological Reference Interval
(EDTA Whole Blood)		
Hemoglobin (Hb), EDTA whole blood	**14.80**	14.0 - 17.50 g/dL
Method: Photometry		
Total Leucocytes (WBC) count	**5,500**	4000-10000/µL
Method : Coulter Principle / Microscopy		
Platelet count	**243,000**	150000 - 450000 /µL
Method : Coulter Principle / Microscopy		
Red blood cell (RBC) count	**4.96**	4.52 - 5.90 x 10^6 /µL
Method: Coulter Principle		
PCV (Packed Cell Volume)	**42.40**	41.5 - 50.4 %
Method: Calculated		
MCV (Mean Corpuscular Volume)	**85.40**	80.0 - 96.0 fL
Method: Derived from RBC histogram		
MCH (Mean Corpuscular Hb)	**29.80**	27.5 - 33.2 pgms
Method: Calculated		
MCHC (Mean Corpuscular Hb Conc.)	**34.90**	33.4 - 35.5 g/dL
Method: Calculated		
RDW (RBC distribution width)	**12.70**	11.6 - 14.6 %
Method: Derived from RBC Histogram		
WBC Differential Count		
Method: VCSn / Microscopy / Calculated		
Neutrophils	**58**	40 - 80 %
Absolute Neutrophils	**3,190**	2000 - 7000 /µL
Eosinophils	**8**	1 - 6 %
Absolute Eosinophils	**440**	20 - 500 /µL
Basophils	**0**	0 - 2 %
Absolute Basophils	**0**	0 - 100 /µL
Lymphocytes	**29**	20 - 40 %
Absolute Lymphocytes	**1,595**	1000 - 3000 /µL
Monocytes	**5**	2 - 10 %
Absolute Monocytes	**275**	200 - 1000 /µL
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Complete Blood Count Findings

R.B.C. : **Normocytic, Normochromic**

W.B.C. : **Relative eosinophilia.**

Platelets : **Adequate**

Remark : ON FOLLOW UP.

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Test Description	Observed Value	Biological Reference Interval
TEST NAME		
Glycated Hemoglobin (HbA1C), by HPLC	**5.70**	4.0 to 5.6 %

Interpretation :
HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

For diagnosis of Diabetes Mellitus (>/= 18 yrs of age) :
5.7 % - 6.4 % : Increased risk for developing diabetes.
>/= 6.5 % : Diabetes

Therapeutic goals for glycemic control :
Adults : < 7%
Toddlers and Preschoolers : < 8.5% (but > 7.5 %)
School age (6-12 yrs) : < 8%
Adolescents and young adults (13 - 19 yrs) : < 7.5 %

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA. In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Ref : ADA (Standards of Medical Care in Diabetes - 2017)

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Test Description	Observed Value	Biological Reference Interval
Plasma Glucose :		
Plasma glucose, random by Hexokinase method	**109**	< 200 mg/dL American Diabetes Association Guidelines 2019
Clinical Chemistry		
Calcium, serum by OCPC method	**9.80**	8.50 to 10.10 mg/dL

Method : Colorimetric (o-cresolpthalein substrate) .
1. Calcium is useful for diagnosis and monitoring of a wide range of disorders including diseases of bone, kidney, parathyroid gland, or gastrointestinal tract .
2. Calcium ions play an important role in blood clotting, bone mineralization, musculature contractility and CNS functioning. .
3. Hypocalcemia is due to the absence or impaired function of the parathyroid glands or impaired vitamin-D synthesis. Chronic renal failure is also frequently associated with hypocalcemia due to decreased vitamin-D synthesis as well as hyperphosphatemia and skeletal resistance to the action of parathyroid hormone (PTH).
4. Hypercalcemia is mainly due to primary hyperparathyroidism (pHPT), and bone metastasis of carcinoma of the breast, thyroid gland, or lung. Severe hypercalcemia may result in cardiac arrhythmia.

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Test Description	Observed Value	Biological Reference Interval
Clinical Chemistry :		

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"Laboratory is accredited as per ISO 15189:2012, Certificate Number MC-3143. Scope available on request / @ ww

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MD (Pathology)

Dr. Vinanti Golwilkar
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Test Description	Observed Value	Biological Reference Interval
TEST NAME		
Vitamin B12, serum by CMIA	**322.0**	187 - 883 pg/mL

Interpretation :

1. Vitamin B12 (cobalamin) is necessary for hematopoiesis and normal neuronal function.

2. Vitamin B12 is decreased in

Decreased Serum B12
Pregnancy
Contraceptive hormones
Malabsorption
Ethanol ingestion
Smoking
Strict vegan diet
Pernicious anemia

3. Serum methylmalonic acid and homocysteine levels are also elevated in vitamin B12 deficiency states. Active B12 (Holotranscobalamin) is low in Vitamin B12 deficiency.

4. Please correlate in case of patients taking vitamin B12 supplementation.

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Test Description	Observed Value	Biological Reference Interval
TEST NAME		
PSA- Prostate Specific Antigen,serum by CMIA	**0.713**	Age < 40 yrs : </= 2.00 ng/mL Age 40 - 49 yrs : </= 2.50 ng/mL Age 50 - 59 yrs : </= 3.5 ng/mL Age 60 - 69 yrs : </= 4.5 ng/mL Age 70 - 79 yrs : </= 6.5 ng/mL Age >/= 80 yrs : </= 7.2 ng/mL Mayo Medical Laboratories

Interpretation

PSA is a glycoprotein produced by prostate gland and is used for

1. Predicting risk of prostate cancer.
2 .To detect recurrence and to response to therapy.

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Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer.

The total PSA range of 4 to 10 ng/ml has been described as a diagnostic gray zone.

The total PSA : Free PSA ratio helps to determine the relative risk of prostate cancer in this zone

Please note : 1. Normal PSA values do not rule out possibility of prostate cancer.

2. Patients on treatment for cancer may exhibit markedly decreased levels.
3. PSA levels may be raised in benign conditions such as
   i. After prostatic manipulation, biopsy or TURS
   ii. Benign prostatic hyperplasia (BPH)
   iii. Prostatitis

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Test Description	Observed Value	Biological Reference Interval
TEST NAME		
25 - OH Vitamin D, serum by CMIA	**25.70**	Severe deficiency : < 10 ng/mL Mild to moderate deficiency : 10 to 19 ng/mL Optimum levels : 20 to 50 ng/mL Increased risk of hypercalciuria: 51 to 80 ng/mL Toxicity possible : > 80 ng/mL Ref. : Mayo Medical Laboratories These reference ranges represent clinical decision values, based on the 2011 Institute of Medicine report

Interpretation :
Vitamin D is vital for strong bones. It also has important, emerging roles in immune function and cancer prevention.

Vitamin D compounds in the body are exogenously derived by dietary means; from plants as 25-hydroxyvitamin D2 (ergocalciferol or calciferol) or from animal products as 25-hydroxyvitamin D3 (cholecalciferol or calcidiol).

Vitamin D may also be endogenously derived by conversion of 7-dihydrocholesterol to 25-hydroxyvitamin D3 in the skin upon ultraviolet exposure.

The total 25-hydroxyvitamin D (25-OH-VitD) level (the sum of 25-OH-vitamin D2 and 25-OH-vitamin D3) is the appropriate indicator of vitamin D body stores.

Patients with renal failure can have very high 25-OH-VitD levels without any signs of toxicity, as renal conversion to the active hormone 1,25-OH-VitD is impaired or absent.

Kindly corelate clinically, with supplementation history & repeat with fresh sample if necessary.

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Test Description	Observed Value	Biological Reference Interval
CRP(hs) - C- Reactive Protein high sensitivity	**1.83**	See clinical information below . Method : Nephelometry / Immunoturbidimetry

Clinical Information :

1. C-reactive protein (CRP) is a biomarker of inflammation. Plasma CRP concentrations increase rapidly and dramatically (100-fold or more) in response to tissue injury or inflammation.

2. High-sensitivity CRP (hs-CRP) is more precise than standard CRP when measuring baseline (i.e. normal) concentrations and enables a measure of chronic inflammation. It is recommended for cardiovascular risk assessment. Atherosclerosis is an inflammatory disease and hs-CRP has been endorsed by multiple guidelines as a biomarker of atherosclerotic cardiovascular disease risk.

Low cardiovascular risk : < 2.0 mg/L
High cardiovascular risk : >/= 2.0 mg/L
Acute inflammation : > 10.0 mg/L

3. A single test for high-sensitivity CRP (hs-CRP) may not reflect an individual patient's basal hs-CRP level. Repeat measurement may be required to firmly establish an individual's basal hs-CRP concentration. The lowest of the measurements should be used as the predictive value.

Reference : Mayo Medical Laboratories

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Test Description	Observed Value	Biological Reference Interval
SARS-CoV-2 IgG Antibodies, Serum by CMIA	**Negative (0.02)**	Negative : < 1.4 Index (S/C) Positive : >/= 1.4 Index (S/C)

Remarks :

* IgG test is not useful for diagnosis of acute infection.

* IgG antibodies usually appear after 2 weeks (14 days) of infection. Presence of IgG antibodies may / may not indicate immunity.

* Detection of IgG antibodies may be useful for :
  a. Understanding whether an individual is exposed to infection with SARS-CoV-2 including asymptomatic individuals.
  b. Understanding the seroprevalence in communities and especially high risk or vulnerable populations.

Reference : ICMR Advisory dated 23/06/2020

End of Report

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