REPORT

JITAL RAMESH SHAH
115 3 Sanghar Bungalow
Lane No 14 Prabhat Road
Pune
Tel No: 919823316416
PID: 121895

Age:42.70 Years Sex:MALE

Reference:Dr.--

SID: 120165451

Collection Date:
31-12-2020 11:17 AM
Registration Date:
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31-12-2020 04:19 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	**5,300**	4000-10000/µL
Method : Coulter Principle / Microscopy		
Platelet count	**258,000**	150000 - 450000 /µL
Method : Coulter Principle / Microscopy		
Red blood cell (RBC) count	**4.99**	4.52 - 5.90 x 10^6 /µL
Method: Coulter Principle		
PCV (Packed Cell Volume)	**43.20**	41.5 - 50.4 %
Method: Calculated		
MCV (Mean Corpuscular Volume)	**86.50**	80.0 - 96.0 fL
Method: Derived from RBC histogram		
MCH (Mean Corpuscular Hb)	**29.60**	27.5 - 33.2 pgms
Method: Calculated		
MCHC (Mean Corpuscular Hb Conc.)	**34.20**	33.4 - 35.5 g/dL
Method: Calculated		
RDW (RBC distribution width)	**13.30**	11.6 - 14.6 %
Method: Derived from RBC Histogram		
WBC Differential Count		
Method: VCSn / Microscopy / Calculated		
Neutrophils	**57**	40 - 80 %
Absolute Neutrophils	**3,021**	2000 - 7000 /µL
Eosinophils	**3**	1 - 6 %
Absolute Eosinophils	**159**	20 - 500 /µL
Basophils	**0**	0 - 2 %
Absolute Basophils	**0**	0 - 100 /µL
Lymphocytes	**34**	20 - 40 %
Absolute Lymphocytes	**1,802**	1000 - 3000 /µL
Monocytes	**6**	2 - 10 %
Absolute Monocytes	**318**	200 - 1000 /µL
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Complete Blood Count Findings

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

W.B.C. : **No abnormality detected**

Platelets : **Adequate**

Remark : ON FOLLOW UP.

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Test Description	Observed Value	Biological Reference Interval
TEST NAME		
Glycated Hemoglobin (HbA1C), by HPLC	**5.30**	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
Haematology :		
Erythrocyte Sedimentation Rate, EDTA Whole Blood	**09**	Male under 50 Yrs : Upto 15mm/hr. Male 50 - 85 Yrs : Upto 20mm/hr. Male > 85 yrs : Upto 30mm/hr. Results corrected to 18 deg. celsius

Technique : Automated Westergren Method .
1. ESR is markedly elevated in monoclonal gammopathy such as multiple myeloma, in severe polyclonal hyperglobulinemia due to inflammatory disease, and in hyperfibrinogenemia. 2. Moderate elevations are common in active inflammatory disease such as rheumatoid arthritis, chronic infections, collagen disease and neoplastic disease
3. ESR has little diagnostic value in these disorders but can be useful in monitoring disease activity.
4. Useful in the diagnosis and in monitoring polymyalgia rheumatica and temporal arteritis.
5. Moderate increase is seen in pregnancy (beginning at the 10th to 12th week) and returns to normal about 1 month postpartum .
6. Red cells with an abnormal or irregular shape, such as sickle cells or spherocytes, hinder rouleaux formation and lower the ESR.

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Test Description	Observed Value	Biological Reference Interval
Plasma Glucose :		
Plasma glucose, random by Hexokinase method	**97**	< 200 mg/dL American Diabetes Association Guidelines 2020
Hormones		
Insulin Random, serum by CMIA	**19.20**	Fasting : 2.6 to 25 µU/mL Peak upto 150 µU/mL

1. Levels are increased in insulinomas, factitious hypoglycemia, insulin autoimmune syndrome, acromegaly (after ingestion of glucose), Cushings syndrome, corticosteroid administration and levodopa usage. 2. Levels are depressed to absent in diabetes mellitus, pituitary tumors and chronic pancreatic diseases i.e. cystic fibrosis. 3. Insulin/C-peptide ratio is used for differentiating between factitious hypoglycemia and insulinomas where a ratio < 1.0 indicates insulinoma; but results may vary in renal failure. 4. Antibodies to insulin form is longstanding diabetes mellitus treated with insulin hence in these

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Hormones :		

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Test Description	Observed Value	Biological Reference Interval
CRP(hs) - C- Reactive Protein high sensitivity	**2.05**	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 (0.04)**	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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