REPORT

Patient MRN:	259024	Patient ID:	2752108100031
Name:	**Mr. SRI MANI NATH SHARMA .**	Sample Drawn Date:	10/Aug/2021 07:00AM
Age/Gender:	66 Y/male	Lab Accession Date:	10/Aug/2021 06:30PM
Order ID:	259024-78202114137	Report Date & Time:	10/Aug/2021 07:47PM
Booked By:	HCL Healthcare	Ref By:	Sri Mani Nath Sharma
Sample Type:	EDTA Whole Blood	BarcodeID/Slide No:	2142182/

NABL Certificate No: MC2606

HCL Employees & Dependents Above 40 Years - Male

Test Name	Results	Units	Bio. Ref. Interval	Test Method
Complete Blood Count (CBC)				
Hemoglobin^	**12.6**	g/dL	13.0-17.0	Non Cyanide - SLS
Total Leucocyte Count (TLC / WBC)^	6.30	10^3/uL	4.0-10.0	Flocytometry
Erythrocyte Count (RBC)^	**4.01**	10^6/uL	4.5-5.5	DC Detection
Packed Cell Volume (PCV / HCT)^	**39.4**	%	40.0-50.0	Cumulative Pulse Height Detection
Mean Corpuscular Volume (MCV)^	98.3	fl	83.0-101.0	Calculated
Mean Corpuscular Hemoglobin (MCH)^	31.4	pg	27.0-32.0	Calculated
Mean Copuscular Hb Conc (MCHC)^	32.0	g/dL	31.5-34.5	Calculated
Platelet count^	156	10^3/uL	150-410	DC Detection
RDW-SD^	**54.9**	fL	35.1-43.9	Calculated
RDW-CV^	14.1	%	11.6-14.4	Calculated
PDW^	**20.8**	%	10.0-16.0	Electric Impedence
Mean Platelet Volume (MPV)^	**13.0**	%	9.3-12.1	Electric Impedence
P-LCR^	**49.6**	%	17.5-42.3	Electric Inpedence
PCT^	0.18	%	0.17-0.32	Electric Inpedence
Differential Leucocyte Count (DLC)^				
Neutrophils^	44.00	%	40-80	Semiconductor Laser Flocytometry/ Light Microscopy
Lymphocytes^	**45.00**	%	20-40	Semiconductor Laser Flocytometry/ Light Microscopy
Monocytes^	6.00		2-10	Semiconductor Laser Flocytometry/ Light Microscopy
Eosinophils^	5.00	%	1-6	Semiconductor Laser Flocytometry/ Light Microscopy
Basophils^	0.00	%	0-2	Semiconductor Laser Flocytometry/ Light Microscopy
Absolute Neutrophils^	2.77	10^3/uL	2.00-8.00	Calculated
Absolute Lymphocytes^	2.84	10^3/uL	1.00-3.00	Calculated
Absolute Monocytes^	0.38	10^3/uL	0.20-1.00	Calculated
Absolute Eosinophils^	0.32	10^3/uL	0.02-0.50	Calculated
Absolute Basophils^	**0.00**	10^3/uL	0.02-0.10	Calculated
Mixed Cell	0.0	%	0.0-1.0	SLF / Light Microscopy

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Apporved By: Dr. Ashok Malhotra

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Sample Type:	EDTA Whole Blood			BarcodeID/Slide No:	2142182/

HCL Employees & Dependents Above 40 Years - Male

Test Name	Results	Units	Bio. Ref. Interval	Test Method
HBA1c (Glycosylated Hemoglobin)				
HbA1c%^	**6.10**	%	Non diabetic 4.0-5.6 % Pre diabetes 5.7-6.4 % Diabetes >6.5	HPLC
Fetal Hemoglobin^	0.80	%	0.01-1.1	HPLC
Mean plasma glucose level^	**128.37**	mg/dL	68.1-125.5	Calculated

Interpretation For HbA1c% As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels

HbA1c(%)	Mean Plasma Glucose (mg/dL)	HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126	12	298
8	183	14	355
10	240	16	413

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Sample Type:	EDTA Whole Blood	BarcodeID/Slide No:	2142182/

HCL Employees & Dependents Above 40 Years - Male

Test Name	Results	Units	Bio. Ref. Interval	Test Method
Blood Grouping (A B O) and Rh Type				
Blood Group ABO (Set-1)	A			Agglutination (Kit-1)
RH Typing (Set-1)	Positive			Agglutination (Kit-1)
Blood Group ABO (Set-2)	A			
RH Typing (Set-2)	Positive			

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Age/Gender:	66 Y/male		Lab Accession Date:	10/Aug/2021 06:30PM
Order ID:	259024-78202114137		Report Date & Time:	10/Aug/2021 09:56PM
Booked By:	HCL Healthcare		Ref By:	Sri Mani Nath Sharma
Sample Type:	Glucose		BarcodeID/Slide No:	2142183/

HCL Employees & Dependents Above 40 Years - Male

Test Name	Results	Units	Bio. Ref. Interval	Test Method
Blood Glucose - Fasting				
Glucose - Fasting^	94.0	mg/dl	60-110	Hexokinase

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Sample Type:	SERUM (SST or Pla			BarcodeID/Slide No:	2142181/

HCL Employees & Dependents Above 40 Years - Male

Test Name	Results	Units	Bio. Ref. Interval	Test Method
Lipid (Heart Risk) Profile				
Cholesterol - Total^	**228.00**	mg/dL	Desirable <200 Moderate Risk 200-239 High >240	CHOD - PAP
Triglycerides^	147.00	mg/dL	Optimal <150 Border line 150-199 High 200-499 Very High >500	GK/GPO/POD
Cholesterol - HDL^	49.00	mg/dL	40-60	Homogeneous Direct/CHOD-PAP
Non HDL Cholesterol	**179.00**	mg/dL	Low Risk <100 Moderate Risk <135 High Risk >160	Calculated
Cholesterol - LDL CALCULATED^	**149.60**	mg/dL	Optimum <100 Near/Above Optimum 100-129 Borderline High 130-159 High 160-189 Very High >190	CALCULATED
VLDL -Very Low Density Lipoprotein^	29.40	mg/dL	Less than 33.0 mg/dL	Calculated
Cholesterol/HDL Ratio^	**4.65**	mg/dL	Less than 4.0 mg/dL	Calculated
LDL / HDL Cholesterol Ratio^	3.05	mg/dL	Less than 3.5 mg/dL	Calculated
HDL / LDL Cholesterol Ratio^	0.33	mg/dl	0.0-3.50	Calculated

Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation NCEP recommends of 3 different samples drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

Therapeutic target levels of lipids as per NCEP - ATP III recommendations:

Total Cholesterol (mg/dL)	< 200 Desirable	< 200 Desirable	< 240 High	
HDL Cholesterol (mg/dL)	< 40 Low	> 60 High		
LDL Cholesterol (mg/dL)	100 Optimal			
Primary Target of Therapy	100-129 Near optimal / above optimal	130-159 Borderline high	160-189 High	> 190 Very high
Primary Target of Therapy	100-129 Near optimal / above optimal	130-159 Borderline high	160-189 High	> 190 Very high
Non HDL Cholesterol	below 130 mg/dL ideal for people at risk of heart disease	130 - 159 mg/dL near ideal	190 - 219 mg/dL high	above 220 mg/dL very high

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Sample Type:	SERUM (SST or Pla			BarcodeID/Slide No:	2142181/

HCL Employees & Dependents Above 40 Years - Male

Test Name	Results	Units	Bio. Ref. Interval	Test Method
Liver Function Test (LFT) - Extended				
Bilirubin Total^	0.44	mg/dL	0.30-1.00	DPD Surfactant
Bilirubin Direct^	0.09	mg/dL	0.03-0.18	DPD
Bilirubin Indirect^	0.35	mg/dL	0.00-1.10	Calculated
Aspartate Aminotransferase (AST/SGOT)^	28.00	U/L	13-39	IFCC with pyridoxal phosphate
Alanine amino Transferase - (ALT / SGPT)^	23.00	U/L	7.0-52.0	IFCC with Pyridoxal Phosphate
Alkaline Phosphatase (ALP)^	72.00	U/L	30.0-120.0	IFCC/PNPP
Gamma Glutamyl Transferase (GGT)^	22.00	U/L	MALE:<55	IFCC/yGT
Protein Total^	6.86	g/dl	6.0-8.3	Biuret
Albumin^	3.58	g/dL	3.5 - 5.7	Bromocresol Green
Globulin^	3.28	g/dL	2.5-3.8	Calculated
Albumin / Globulin Ratio (A/G)^	**1.09**	g/dL	1.30-2.10	Calculated
SGOT / SGPT Ratio^	1.22		0.0-3.5	Calculated

Comments and Interpretation :

The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests Liver tests check the blood for two main liver enzymes.

Aspartate aminotransferase (AST),SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver.

Alanine aminotransferase (ALT), SGPT: ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present.

Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise:

Alkaline phosphatase Gamma-utamyl transpeptidase (GGT) Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them.

Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system.

Low total protein may indicate: 1.bleeding 2.liver disorder 3.malnutrition 4.agammaglobulinemia

High Protein levels 'Hyperproteinemia: May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins

Low albumin levels may be caused by: 1.A poor diet (malnutrition). 2.Kidney disease. 3.Liver disease.

High albumin levels may be caused by: Severe dehydration.

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HCL Employees & Dependents Above 40 Years - Male

Test Name	Results	Units	Bio. Ref. Interval	Test Method
Kidney Function Test - KFT				
Urea^	35.70	mg/dL	17.0-43.0	Urease & GD
Creatinine^	1.04	mg/dL	0.7-1.3	Jaffes
Uric Acid^	7.20	mg/dL	4.4-7.6	Uricase
Blood Urea Nitrogen (BUN)	16.68	mg/dL	8.0-23.0	Urease & GD/jaffe
BUN / Creatinine Ratio	16.04	mg/dL	0.0-23.0	Calculated
Urea/Creatinine Ratio	34.33	mg/dL	0.0-45.0	Calculated

SUMMARY:
Kidneyfunction tests is a collective term for a variety of individual tests and procedurethat can be done toevaluate how well the kidneys are functioning.Many conditions can affect the ability of the kidneys to carryout their vital functions. Somelead to a rapid (acute) decline in kidney functionothers lead to a gradual (chronic) declineinfunction. Both result in a buildup of toxic waste substances in the blood.Determine the cause and extentof kidney dysfunction.These tests are done on urine samples, as well as on blood samples.A number of symptoms may indicate a problem with your kidneys.
These include: High blood pressure,blood in urine frequent urges to urinate,difficulty beginning urination,painful urination,swelling in the hands and feet due to a buildup of fluids in the body.
A single symptom may not mean something serious. However, when occurring simultaneously, these symptoms suggest that your kidneys are not working properly. Kidney function tests can help determine the reason.

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HCL Employees & Dependents Above 40 Years - Male

Test Name	Results	Units	Bio. Ref. Interval	Test Method
Calcium- Total				
Calcium- Total^	8.70	mg/dL	8.6-10.3	ARSENZO III

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HCL Employees & Dependents Above 40 Years - Male

Test Name	Results	Units	Bio. Ref. Interval	Test Method
Prostate Specific Antigen - PSA (Total)				
Prostate Specific Antigen - PSA (Total)^	2.29	ng/mL	0.0-4.0	CLIA

SUMMARY:-

The major site of PSA production is the glandular epithelium of the prostate.Low levels of PSA are found in the blood as a result of leakage of PSA from the prostate gland.Increasing levels of serum PSA are associated with prostatic pathology, including prostatitis, begin prostatic hyperplasia (BPH), and cancer of the prostate.Early diagnosis of carcinoma of the prostate is hindered by the lack of symptoms in man with localized tumors therefore, early detection requirs a simple, safe and inexpensive test for the disease in asymptomatic men.Several studies have shown that the measurement of serum PSA concentration offers several advantages in the early detection of prostate cancer.Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer. Elevated concentration of PSA may be observed in the serum of patients with benign prostatic hypreplasia or other nonmalignant disorders as well as in prostate cancer.The PSA value should be used inconjunction with information available from clinical evaluation and other diagnostic procedures such as DRE.Some early cases of prostate cancer will not be detected by PSA testing ;the same is true for DRE. Prostatic biopsy is required for the diagnosis of cancer.

Vitamin D Total (25-hydroxy)				
Vitamin D Total (25-hydroxy)^	**27.08**	ng/mL	30.0-100.0 Deficiency <20 Insufficiency 21-29 Sufficient 30-100 Upper safety limit>100	ECLIA

SUMMARY:-This test is done to determine if you have too much or too little vitamin D in your blood.Lower-than-normal levels can be due to a vitamin D deficiency, which can result from: Lack of exposure to sunlight Lack of enough vitamin D in the diet Liver and kidney diseases Poor food absorption Use of certain medicines, including phenytoin, phenobarbital, and rifampin.

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Test Name	Results	Units	Bio. Ref. Interval	Test Method
Thyroid Panel - FREE (FT3,FT4&TSH)				
Tri-Iodothyronine Free (FT3)^	2.79	pg/mL	2.50-3.90	ECLIA
Thyroxine - Free (FT4)^	0.75	ng/dL	0.61-1.12	ECLIA
Thyroid Stimulating Hormone (TSH)^	2.381	uIU/mL	0.38-5.33	ECLIA

Note: 1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.

SUMMARY:-Normal changes in thyroid function tests during pregnancy,total T4 and T3 steadily increase during pregnancy.
Hyperthyroidism(LowTSH level) may include: Increased heart rate, Anxiety, Weight loss, Difficulty sleeping, Tremors in the hands, Weakness, Diarrhea (sometimes), Light sensitivity, visual disturbances,The eyes may be affected: puffiness around the eyes, dryness, irritation, and, in some cases, bulging of the eyes.
Hypothyroidism(High TSH level) may include: Weight gain, Dry skin, Constipation, Cold intolerance, Puffy skin, Hair loss, Fatigue, Menstrual irregularity in women.TSH may be ordered at regular intervals when an individual is being treated for a known thyroid disorder.

When a person's dose of thyroid medication is adjusted, it is recommends waitinig 6-8 weeks before testing the level of TSH again.TSH decreases when fasting. Most patients do their lab tests in a fasting state, because other labs like glucose and cholesterol require it. But this may result in an artificially low TSH that does not reflect true thyroid levels. In fact, TSH has a circadian rhythm, with a peak around midnight (with much variability between individuals), and a low in the afternoon; fluctuations are normal. The change in TSH from peak to trough is approximately 72%.

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Age/Gender:	66 Y/male	Lab Accession Date:	10/Aug/2021 06:30PM
Order ID:	259024-78202114137	Report Date & Time:	10/Aug/2021 10:06PM
Booked By:	HCL Healthcare	Ref By:	Sri Mani Nath Sharma
Sample Type:	Urine	BarcodeID/Slide No:	2142184/

NABL Certificate No: MC2606

HCL Employees & Dependents Above 40 Years - Male

Test Name	Results	Units	Bio. Ref. Interval	Test Method
Complete Urine Analysis (CUE)				
Colour^	Pale Yellow		Pale Yellow	
Appearance^	Clear		Clear	Manual
PH^	5.0		5.0-8.5	Double Indicator
Specific Gravity^	1.015		1.005-1.030	pKa Change
Protein^	NEG		Negative	Acid Base Indicator
Ketone^	NEG		Negative	Acetoacetic Acid/ Rotheras Test
Urine Glucose^	NEG		Negative	Oxidase/ Peroxidase / Benedict test
Blood^	NEG		Absent	
Bilirubin^	NEG		Negative	Azo Dye
Nitrite^	NEG		Negative	Sulbhanilamide Diazo
Leukocyte Esterase^	NEG		Negative	Enzymatic Reaction
R.B.C^	Nil	/HPF	Nil	Microscopy
Pus Cells^	2-3	/HPF	0-2	Microscopy
Epithelial Cells^	1-2	/HPF	1-2	Microscopy
Casts^	Nil	/HPF	Nil	Microscopy
Crystals^	Nil	/HPF	Nil	Microscopy
Bacteria^	Nil	/HPF	Nil	Microscopy
Others^	Nil	/HPF	Nil	Microscopy

*** End Of Report ***

* Pending Test{None}

Above Results are of the Tests performed in NirAmaya Pathlabs a NABL Accredited lab in accordance to ISO 15189:2012 (Certificate no: 2606)

Apporved By: Dr. Ashok Malhotra

Dr. Indu Sardana
MD Pathology
Lab director & Senior Pathologist

Dr. Ashok Malhotra
MBBS, MD.
Sr. Consultant Biochemist

Dr. Surbhi
MBBS. MD. Microbiologist

Test result marked 'BOLD/RED' indicates abnormal results i.e higher or lower than normal.The test marked with (^) are in our NABL Scope
All Lab results are subject to clinical interpretation by a qualified medical professional & This report is not subject to use for any medico-legal purpose