BRIDGE® HEALTH
Healthcare Companion for Life

166-167, 21st Main,100 Feet Ring Road, 2nd Phase, JP Nagar, Bengaluru - 560076

MC-5844

Name	Mr. ISMAIL KHAN	Reg. No.	B11972
Age/Sex	38 Year(s) Sex Male	Reg. Date	16/08/2024 10:28
Corporate	INSURANCE	Collected Date	16/08/2024 10:29
Ref. By.	OPTUM AHC	Received Date	16/08/2024 11:14

HAEMATOLOGY

Test Parameter	Result(s)	Biological Reference Interval	Sample
COMPLETE HAEMOGRAM			
HAEMOGLOBIN PERCENTAGE Colorimetric	16.3 g/dl	13.0 - 17.0	EDTA
HEMATOCRIT Calculated	47.8 %	40 - 50	EDTA
RED BLOOD CELL COUNT Electrical impedance	5.5 million/cumm	4.5 - 5.5	EDTA
MEAN CORPUSCULAR VOLUME Calculated	86.5 fl	83 - 101	EDTA
MEAN CORPUSCULAR HAEMOGLOBIN Calculated	29.4 pg	27 - 32	EDTA
MEAN CORPUSCULAR Hb CONCENTRATION Calculated	34.1 g/dL	31.5 - 34.5	EDTA
RED CELL DISTRIBUTION WIDTH - COEFFICIENT OF VARIATION Calculated	12.9 %	12.23 - 15.36	EDTA
RED CELL DISTRIBUTION WIDTH - STANDARD DEVIATION Calculated	44.8 fL	35 - 56	EDTA
TOTAL WBC COUNT Flow cytometry principle/smear by Leishmans stain	6770 cells/cmm	4000 - 10000	EDTA
DIFFERENTIAL COUNT			EDTA
NEUTROPHILS Flow cytometry principle/smear by Leishmans stain	40.9 %	40 - 80	EDTA
LYMPHOCYTES Flow cytometry principle/smear by Leishmans stain	**(H) 45.9 %**	20 - 40	EDTA
EOSINOPHILS Flow cytometry principle/smear by Leishmans stain	6.0 %	1 - 6	EDTA
MONOCYTES Flow cytometry principle/smear by Leishmans stain	5.9 %	2 - 10	EDTA
BASOPHILS Flow cytometry principle/smear by Leishmans stain	1.3 %	0 - 2	EDTA

Verified By :
Krithika Prasad

Dr.Krithika Prasad
MD-Pathology
Pathologist
KMC No:82886
Reported On : 16/08/2024 13:40

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HAEMATOLOGY

Test Parameter	Result(s)	Biological Reference Interval	Sample
ABSOLUTE NEUTROPHIL COUNT AUTOMATED	2770 cells/cumm	2000 - 7000	EDTA
ABSOLUTE LYMPHOCYTE COUNT AUTOMATED	**(H) 3100 cells/cumm**	1000 - 3000	EDTA
ABSOLUTTE EOSINOPHIL COUNT AUTOMATED	410 cells/cumm	20 - 500	EDTA
ABSOLUTE MONOCYTE COUNT AUTOMATED	400 cells/cumm	200 - 1000	EDTA
ABSOLUTE BASOPHIL COUNT AUTOMATED	90 cells/cumm	20 - 100	EDTA
PLATELET COUNT Electrical impedance	2.10 lakh/Cumm	1.5- 4.0	EDTA
MEAN PLATELET VOLUME Calculated	10.30 fl	9-12	EDTA
ERYTHROCYTE SEDIMENTATION RATE (E.S.R) MODIFIED WESTERGREN	12 mm/hr	0 - 15	EDTA

------ End Of HAEMATOLOGY Report ------

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BIOCHEMISTRY

Test Parameter	Result(s)	Biological Reference Interval	Sample
FASTING BLOOD GLUCOSE LEVEL GOD POD METHOD	104.1 mg/dL	70-110	FASTING FLUORIDE
LIPID PROFILE			
CHOLESTEROL TOTAL OXIDASE/PEROXIDASE	146 mg/dl	Desirable : < 200 Borderline High: 200 - 239 High : > 240	SERUM
TRIGLYCERIDES GLYCEROL PHOSPHATE OXIDASE/PEROXIDASE	150.5 mg/dl	Normal :<150 High :150 - 199 Hypertriglyceridemic : 200 - 499 Very high : >/-500	SERUM
HDL CHOLESTEROL MODIFIED PVS/PEGME	**(L) 32.4 mg/dl**	35.3 - 79.5	SERUM
LDL CHOLESTEROL Calculated	83.5 mg/dL	Optimal : < 100 Near /Above optimal : 100-129 Bordeline high : 130-159 High : 160 - 189 very high >/=190	SERUM
VLDL CHOLESTEROL Calculated	**(H) 30.10 mg/dl**	<30	SERUM
CHOLESTEROL / HDL RATIO Calculated	**(H) 4.51**	3.3 - 4.4 - Low Risk 4.5-7.0 - Average risk 7.1-11.0 - Moderate risk 11.0 - High risk	SERUM
LDL/HDL RATIO Calculated	2.58	0.5-3.0 - Desirable/Low Risk 3.1-6.0 - Borderline/Moderate Risk >6.0 - High Risk	SERUM

Verified By :
Niresh Milton
Lab Manager

Dr. Prathibha.L.C
MBBS DCP
Pathologist
56083
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BIOCHEMISTRY

Test Parameter	Result(s)	Biological Reference Interval	Sample
LIPID INTERPRETATION			SERUM

Calculation according to Friedewald equation.
General information -
LDL and VLDL are calculated values by using Friedewalde's equation. The value of LDL and VLDL will not be reported in the following circumstances, as the value should not be considered in such cases as per the limitations of Friedewalde's equation.
a. When plasma/serum triglycerides concentration exceeds 400 mg/dl.
c. In patients with dysbetalipoproteinaemia.
Also, if triglycerides value exceeds 400 mg/dl, it is suggested to go for Direct LDL method, for getting an actual value and for further evaluation.
*Reference ranges according to kit insert.
* 10-14 hours fasting is mandatory for lipid parameters. If not, values might fluctuate
*As variation in triglycerides estimation is due to both analytical and biological variation, before treatment decisions are finalised, it is recommended that 3 samples taken at least 1 week apart, are assayed.

KIDNEY FUNCTION TEST WITH ELECTROLYTES

UREA	27.8 mg/dl	19 - 45	SERUM
UREASE/GLUTAMATE DEHYDROGENASE			
URIC ACID	5.9 mg/dl	3.5 - 7.2	SERUM
URICASE/PEROXIDASE			

Hyperuricemia may be observed in renal dysfunction, gout, leukemia, polycythemia, atherosclerosis, diabetes and hypothyroidism.
Decreased levels can be seen in Wilson's disease, renal tubular defects, galactosemia, certain drugs like aspirin, corticosteroids.

BLOOD UREA NITROGEN	12.99 mg/dL	6 - 20	SERUM
UREASE/GLUTAMATE DEHYDROGENASE			
CREATININE	1.1 mg/dl	0.7 - 1.3	SERUM
ENZYMATIC			

SERUM ELECTROLYTES

SODIUM	142.1 mmol/L	135 - 145	SERUM
POTASSIUM	4.03 mmol/L	3.5 - 5.5	SERUM
CHLORIDE	106.9 mmol/L	95 - 107	SERUM

Interpretation:
Serum electrolytes gives an overview of acid- base levels in the blood. Imbalance can occur due to dehydration, nutritional factors, heat stroke, vomiting, diarrhoea, kidney disease, heart problems and severe burns.

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BIOCHEMISTRY

Test Parameter	Result(s)	Biological Reference Interval	Sample
SERUM CALCIUM ARSENAZO III METHOD	9.2 mg/dL	8.6 - 10.2	SERUM

Interpretation:
Hypercalcaemia may develop in patients with Paget's disease of bone and hyperparathyroidism.

In rickets, celiac disease, idiopathic steatorrhoea, osteomalacia,tropical sprue and following surgical resection of small intestine, serum calcium is often moderately reduced, usually in association with low plasma protein concentration.

LIVER FUNCTION TEST

TOTAL BILIRUBIN DIAZOTIZED SULFANILIC METHOD	0.77 mg/dl	0.0 - 2.0	SERUM
DIRECT BILIRUBIN DIAZOTIZED SULFANILIC METHOD	**(H) 0.38 mg/dl**	0.0 - 0.2	SERUM
INDIRECT BILIRUBIN Calculated	0.39 mg/dll	0.1 - 1.0	SERUM
ASPARTATE AMINO TRANSFERASE (SGOT) IFCC	30.9 U/L	UPTO 35	SERUM
ALANINE AMINO TRANSFERASE (SGPT) IFCC	**(H) 64.8 U/L**	UPTO 45	SERUM
ALKALINE PHOSPHATASE (ALP) ALP-AMP	74 U/l	53 - 128	SERUM
GAMMA GT IFCC	25.5 U/L	0 - 55	SERUM

Interpretation:
Elevated in all forms of liver disease or damage. It is useful in detecting obstructive jaundice, cholangitis & cholecystitis. Elevated levels are also observed with drug use (alcohol, sedatives, anticonvulsants and tranquilizers).

TOTAL PROTEIN BIURET	6.60 g/dL	6.4 - 8.3	SERUM
SERUM ALBUMIN BROMO CRESOL GREEN	4.36 gm/dl	3.5 - 5.2	SERUM
GLOBULIN Calculated	**(L) 2.24 gms/dl**	2.5 - 3.0	SERUM
A/G RATIO Calculated	1.9	1.0 - 2.1	SERUM

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BIOCHEMISTRY

Test Parameter	Result(s)	Biological Reference Interval	Sample

LFT INTERPRETAION

SERUM

In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.

------ End Of BIOCHEMISTRY Report ------

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BIOCHEMISTRY

Test Parameter	Result(s)	Biological Reference Interval	Sample
GLYCATED HEMOGLOBIN			
GLYCOSYLATED HAEMOGLOBIN(HbA1C) HPLC	5.2 %	Normal : < 5.7 Pre-diabetes : 5.7 - 6.4 Diabetes : > /= 6.5 Recent ADA guidelines 2018 (Please see the recent changes of reference range as per guidelines)	EDTA
MEAN BLOOD GLUCOSE Calculated	102.54 mg/dl		EDTA

HBA1C INTERPRETATION — EDTA

Reference : American Diabetes Association. Standards of medical care in diabetes -2021.

HbA1c represents the average blood glucose level over the preceding 6-8 weeks.
Low values often found in systemic inflammatory diseases, chronic renal failure and liver diseases.
Falsely high values can be seen in iron deficiency anemia.
Presence of hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C value does not correlate with patient's blood glucose levels.
Mean blood glucose is average blood glucose in the past 8-12 weeks and it directly correlates with A1C.
This should not be compared with fasting or post prandial or random blood sugar which measures glucose concentration at that point of time of testing.

------ End Of BIOCHEMISTRY Report ------

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HIGHER BIOCHEMISTRY

Test Parameter	Result(s)	Biological Reference Interval	Sample
THYROID STIMULATING HORMONE	1.92 uIU/ml	0.54 - 5.30	SERUM

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.

------ End Of HIGHER BIOCHEMISTRY Report ------

Verified By :
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Pathologist
KMC No:82886
Reported On : 16/08/2024 15:22

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HIGHER BIOCHEMISTRY

Test Parameter	Result(s)	Biological Reference Interval	Sample
VITAMIN D3 - TOTAL (25 HYDROXY) ECLIA	31.50 ng/mL	Deficiency - <20 Insufficiency - 21-29 Sufficiency - >/=30	SERUM

The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D.

25 (OH)D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.

It shows seasonal variation, with values being 40-50% lower in winter than in summer.

Levels vary with age and are increased in pregnancy.

VITAMIN - B12 LEVEL ECLIA	337.2 pg /mL	211 - 946	SERUM

Vitamin B12 uptake in the gastro intestinal tract depends on intrinsic factor, which is synthesised by gastric parietal cells.

Deficiency state:Lack of intrinsic factor due to autoimmune atrophic gastritis, Mal-absorption due to gastrostomy, Inflammatory bowel disease, Dietary deficiency (strict vegans).

Increased levels: VIT B12 supplement intake, Polycythaemia Vera.

------ End Of HIGHER BIOCHEMISTRY Report ------

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KMC No:82886
Reported On : 16/08/2024 15:22

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CLINICALPATHOLOGY

Test Parameter	Result(s)	Biological Reference Interval	Sample
URINE ROUTINE EXAMINATION			
PHYSICAL EXAMINATION			URINE
Volume	30 ml	> 2.0 ml	URINE
COLOUR	PALE YELLOW	Pale Yellow	URINE
Macroscopy			
CLARITY	CLEAR	Clear	URINE
Macroscopy			
CHEMICAL EXAMINATION			URINE
REACTION pH	5.5	4.6 - 8.0	URINE
Mixed Acido-Basic Indicator			
Sp.GRAVITY	1.020	1.001-1.035	URINE
Poly Bromothymol Blue			
NITRITE	NEGATIVE	NEGATIVE	URINE
Modified Griess Reaction			
ALBUMIN	NEGATIVE	NEGATIVE	URINE
Tetramethyl benzidine Reflecometric Analysis			
URINE KETONE BODIES	NEGATIVE	NEGATIVE	URINE
(Strip/Rothera's test)			
URINE GLUCOSE	NEGATIVE	NEGATIVE	URINE
OXIDASE/PEROXIDASE		Trace - 50 + - 100 ++ - 300 +++ - 1000	
UROBILINOGIN	NORMAL	NORMAL	URINE
URINE BILIRUBIN	NEGATIVE	NEGATIVE	URINE
LEUKOCYTE ESTERASE	NEGATIVE	NEGATIVE	URINE
Enzymatic Reaction-Indoxyl Ester,Diazonium Salt			
BLOOD (HEAMOGLOBIN)	NEGATIVE	NEGATIVE	URINE
Tetramethyl benzidine Reflecometric Analysis			
MICROSCOPIC EXAMINATION			URINE
WBC'S	1-2 /hpf	0 - 5	URINE
Microscopy			

Verified By :
SANJAY
JUNIOR TECHNICIAN

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CLINICALPATHOLOGY

Test Parameter	Result(s)	Biological Reference Interval	Sample
EPITHELIAL CELLS	0-1 /hpf	0 - 5	URINE
Microscopy			
RBC's	NIL /hpf	0 - 2	URINE
Microscopy			
CAST	NIL	Occ hyaline cast	URINE
Microscopy			
CRYSTALS	NIL	Nil	URINE
Microscopy			
OTHER'S	NIL	NIL	URINE

Note : Nitrite indicates presence of bacterial infection. False Positive and False Negative results are known to occur. Bacteria are normally present in urine and correlation with leucocyte count and culture is clinically important. Mild proteinuria may be seen in normal individuals especially during fever, strenous excercise & dehydration. Repetition is required in all cases of protenuria.
Crystals may be seen in normal individuals also & to be clinically correlated. RBCs may be seen during menstrual flow in females, in urine sample as well.

------ End Of CLINICALPATHOLOGY Report ------

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HAEMATOLOGY

PERIPHERAL SMEAR STUDY

Erythrocytes: Normocytic normochromic RBCs seen. No RBC's visualised.

Leucocytes: Normal in number, with mild relative increase in lymphocytes.
No abnormal/immature cells seen.

Platelets : Adequate in number and normal in morphology.

Parasites : No haemoparasites seen in the smear studied.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD RELATIVE LYMPHOCYTOSIS.

Note: Advised clinical correlation

------ End Of HAEMATOLOGY Report ------

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GE Healthcare REF 2104772-001 PRINTED IN UK 2

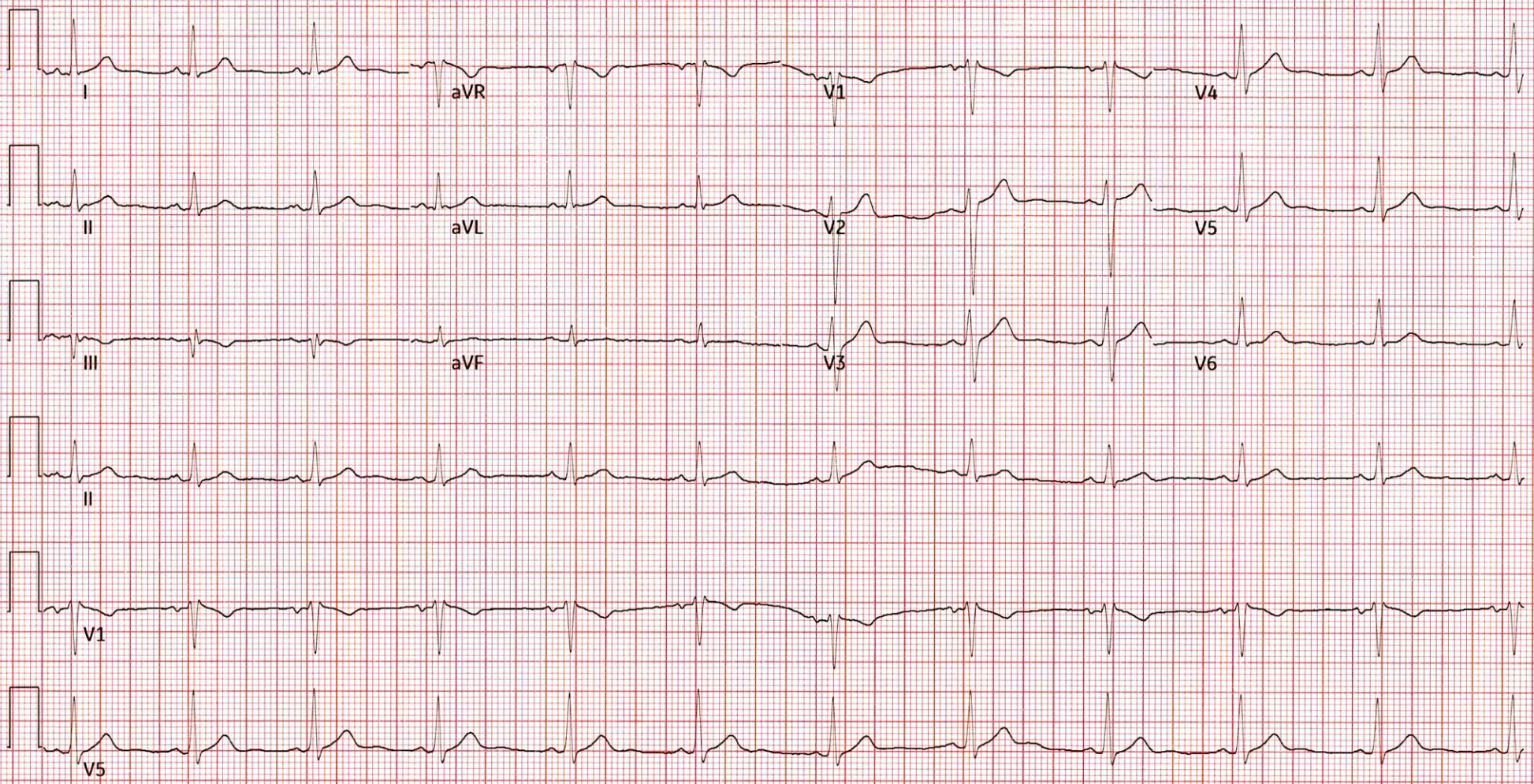
Ismail Khan
Male
28-04-1986 (38 Years)

Vent. rate	68	BPM
PR interval	138	ms
QRS duration	90	ms
QT/QTc-Baz	364/387	ms
P-R-T axes	28 8	10

Normal sinus rhythm
Normal ECG

16-08-2024 10:11:54 AM
Bridge Health

Unconfirmed



25mm/s 10.0mm/mV 0.56-20 Hz ZPD 50 Hz MAC™ 7 1.00 SP03 12SL v23.1 4 by 2.5s + 3 rhythm lds