Patient Name	: Mr.DEEPAK BHATIA	Collected	: 24/Sep/2024 08:50AM
Age/Gender	: 29 Y 0 M 3 D /M	Received	: 24/Sep/2024 01:58PM
UHID/MR No	: DGRL.0000383874	Reported	: 24/Sep/2024 03:43PM
Visit ID	: DDACOPV10309	Status	: Final Report
Ref Doctor	: Dr.SELF	Client Name	: PUP TRUWORTH HEALTH TECH PVT L
IP/OP NO	:	Center location	: Indore Uchchanyayalay,Indore

DEPARTMENT OF HAEMATOLOGY

TRUWORTH HS360 - AHC - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	14	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	41.30	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.02	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	**82.3**	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,550	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3441	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1665	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	222	Cells/cu.mm	20-500	Calculated
MONOCYTES	222	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.07		0.78- 3.53	Calculated
PLATELET COUNT	191000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	11	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN

Dr Ajay Airen
M.B.B.S,M.D
Consultant Pathologist

SIN No:HA07724212

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SIN No:HA07724212

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Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , *NAF PLASMA*	82	mg/dl	74-106	GOD, POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT) , *SERUM*	12.2	U/l	0-45	IFCC

Comment:

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes.

ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.

The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Test Name	Result	Unit	Bio. Ref. Interval	Method
ASPARTATE AMINOTRANSFERASE (AST/SGOT) , *SERUM*	17.7	U/l	0-35	IFCC

Comment:

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SIN No:BI21912435

Patient Name	: Mr.DEEPAK BHATIA	Collected	: 24/Sep/2024 08:50AM
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AST or SGOT is an enzyme which is predominantly present in the cytoplasm and mitochondria of a cell, mostly of liver, skeletal muscle, pancreas, kidney, heart.
Increased levels of AST can be seen in Acute liver injury , Myocardial Infarction, viral hepatitis and some poisonings like CCL4
For suspected liver injury, it is important to interpret AST results in association with ALT/SGPT results.
AST is also raised in event of burns, heart procedure , seizures, surgery, pregnancy, extreme exercise.

Test Name	Result	Unit	Bio. Ref. Interval	Method
BILIRUBIN (TOTAL/DIRECT/INDIRECT) - SERUM , *SERUM*				
BILIRUBIN, TOTAL	0.73	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.53	mg/dL	0.0-1.1	Dual Wavelength

Test Name	Result	Unit	Bio. Ref. Interval	Method
UREA , *SERUM*	23.00	mg/dL	19-43	Urease

Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE , *SERUM*	1.03	mg/dL	0.67-1.17	Enzymatic colorimetric

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Age/Gender	: 29 Y 0 M 3 D /M	Received	: 25/Sep/2024 02:37PM
UHID/MR No	: DGRL.0000383874	Reported	: 25/Sep/2024 06:56PM
Visit ID	: DDACOPV10309	Status	: Final Report
Ref Doctor	: Dr.SELF	Client Name	: PUP TRUWORTH HEALTH TECH PVT L
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DEPARTMENT OF BIOCHEMISTRY

TRUWORTH HS360 - AHC - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
IRON STUDIES (IRON + TIBC) , *SERUM*				
IRON	115.7	µg/dL	70-180	TPTZ AND NITROSO-PSAP
TOTAL IRON BINDING CAPACITY (TIBC)	275	µg/dL	261-462	Calculated
UNSATURATED IRON BINDING CAPACITY (UIBC)	159.60	IU/mL	155-355	NITROSO-PSAP
% OF SATURATION	42.07	%	14-50	Calculated

Comment:

Transferrin is the primary plasma iron transport protein, which binds iron strongly at physiological pH. Transferrin is generally only 25% to 30% saturated with iron. The additional amount of iron that can be bound is the unsaturated iron-binding capacity (UIBC). Diurnal variation is seen in serum iron levels—normal values in midmorning, low values in midafternoon, very low values (approximately 10 µg/dL) near midnight.

TIBC measures the blood's capacity to bind iron with transferrin (TRF). Estrogens and oral contraceptives increase TIBC levels. Asparaginase, chloramphenicol, corticotropin, cortisone, and testosterone decrease the TIBC levels.

% saturation represents the amount of iron-binding sites that are occupied. Iron saturation is a better index of iron stores than serum iron alone. % saturation is decreased in iron deficiency anemia (usually <10% in established deficiency).

Dr.RAJESH BATTINA
PhD.(Biochemistry)
Consultant Biochemist

Dr.Matta Sujana Reddy
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

SIN No:BI21914091

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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TRUWORTH HS360 - AHC - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
URIC ACID , *SERUM*	6.06	mg/dL	3.5-7.2	Uricase

Comments:-

Uric acid is an end product of purine catabolism. Most uric acid is synthesised in the liver & from the intestine.Two thirds of uric acid is excreted by the kidneys.

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DEPARTMENT OF IMMUNOLOGY

TRUWORTH HS360 - AHC - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.34	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	6.36	µg/dl	5.20-12.70	CLIA
THYROID STIMULATING HORMONE (TSH)	4.080	µIU/mL	0.3-4.5	CLIA

Result is rechecked. Kindly correlate clinically

Comment:

For pregnant females	**Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)**
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	**T3**	**T4**	**FT4**	**Conditions**
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism

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DEPARTMENT OF IMMUNOLOGY

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Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , *SERUM*	237	pg/ml	200-1100	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

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DEPARTMENT OF CLINICAL PATHOLOGY

TRUWORTH HS360 - AHC - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.030		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy
OTHERS	---			Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

***** End Of Report *****

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SIN No:C03158575

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TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.
Laboratories not be responsible for any interpretation whatsoever.
It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.
The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.
Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.
This report is not valid for medico legal purposes.

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