Mr. MANU PRATAP SINGH
..

PID NO: P17325546137640
Age: 24 Year(s) Sex: Male

Reference: SELF
Sample Collected At:
Phasorz Technologies Private Limited
Tower D, 4th Floor, Ibc Knowledge Park, 4/1, Bannerghatta Road, Bengaluru, Karnataka-560029.
Processing Location:- Metropolis Healthcare Ltd.GF-02, Trisha Square - 2, Jetalpur Rd., Vadodara, Gujarat - 390007

VID: 250083504135146
Registered On: 18/05/2025 12:10 PM
Collected On: 18/05/2025 12:09PM
Reported On: 19/05/2025 06:41 PM

LTTS Home Visit (Package 1) Below 35 Male & Female
HbA1c- Glycated Haemoglobin
(EDTA Whole Blood)

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1C- Glycated Haemoglobin (High-Performance Liquid Chromatography (HPLC))	5.1	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 (American diabetes association guidelines 2019)
Estimated Average Glucose (eAG)	99.67	mg/dL	

Interpretation & Remark:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2019, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-46.7
6. Interference of Haemoglobinopathies in HbA1c estimation.
   A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
   B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
   C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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CBC Haemogram

Investigation	Observed Value	Unit	Biological Reference Interval
Erythrocytes			
Haemoglobin (Hb)	14.41	gm/dL	14-18
Erythrocyte (RBC) Count	4.83	mill/cu.mm	4.7-6.0
PCV (Packed Cell Volume)	45.0	%	42-52
MCV (Mean Corpuscular Volume)	93.2	fL	82-101
MCH (Mean Corpuscular Hb)	29.8	pg	27-34
MCHC (Mean Corpuscular Hb Concn.)	32.0	gm/dL	31.5-36
RDW (Red Cell Distribution Width)	**16.5**	%	11.5-14.0
Leucocytes			
Total Leucocytes (WBC) Count	**11,960**	cells/cu.mm	4300-10300
Absolute Neutrophils Count	**8372**	cells/cu.mm	2000-7000
Absolute Lymphocyte Count	2392	cells/cu.mm	1000-3000
Absolute Monocyte Count	957	cells/cu.mm	200-1000
Absolute Eosinophil Count	239	cells/cu.mm	20-500
Absolute Basophil Count	**0**	cells/cu.mm	20-100
Neutrophils	70	%	40-80
Lymphocytes	20	%	20-40
Monocytes	8	%	2.0-10
Eosinophils	2	%	1-6
Basophils	0	%	0-2
Platelets			
Platelet count	242	10^3/µL	140-440
MPV (Mean Platelet Volume)	**11.29**	fL	6-9.5
Pathologist Remark	Platelets adequate on smear		

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by Microscopy and other parameters calculated) All Haemograms are reviewed confirmed microscopically.

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2500835041351 46

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Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile - 2 (Mini - Fasting)			
Cholesterol Total, Serum (Serum,Enzymatic)	165	mg/dL	Desirable: <= 200 Borderline High: 201-239 High: > 239 National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.
Triglycerides, Serum (Serum,Enzymatic)	141	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500 National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.
HDL Cholesterol Direct (Serum,Enzymatic)	45.7	mg/dL	Major risk factor for heart disease: < 40 Negative risk factor for heart disease: >= 60
Non HDL Cholesterol (Serum,Calculated)	119.30	mg/dL	Optimal: < 130 Desirable: 130-159 Borderline high: 159-189 High: 189-220 Very High: >= 220
LDL Cholesterol (Serum,Calculated)	91.1	mg/dL	Optimal: < 100 Near optimal/Above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190
VLDL Cholesterol (Serum,Calculated)	28.2	mg/dL	6-38
LDL/HDL Ratio (Serum,Calculated)	**1.99**		2.5-3.5
Cholestrol / HDL Ratio (Serum,Calculated)	3.61		3.5-5
Alkaline Phosphatase, Serum (Serum,Nitrophenyl Phosphate AMP)	79	U/L	42-98
Gamma GT (GGTP) (Serum,Glupa C method)	54	U/L	< 55
SGOT/SGPT Ratio			
SGOT (AST) (Serum,IFCC w/o pyridoxal phosphate activation)	24	U/L	upto 35
SGPT (ALT) (Serum,IFCC w/o pyridoxal phosphate activation)	62	U/L	upto 45

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Investigation	Observed Value	Unit	Biological Reference Interval
SGOT(AST)/SGPT(ALT) RATIO (Serum)	0.39		
Bilirubin Total, Direct, Indirect			
Bilirubin Total (Serum,Diazo method)	0.47	mg/dL	0.1-2.0 Adult: 0-2.0 cord : < 2.0
Bilirubin Direct (Serum,Diazo method)	0.21	mg/dL	Adult & infants: 0-0.4
Bilirubin- Indirect (Serum,Calculated)	0.26	mg/dL	0.1-1.0
Proteins, Serum			
Total Protein (Serum,Biuret test)	6.85	gm/dL	6.4-8.3
Albumin, Serum (Serum,Bromocresol Green (BCG))	4.29	gm/dL	3.5-5.2
Globulin. (Serum,Calculated)	2.56	gm/dL	1.8-3.6
Albumin/Globulin Ratio (Serum,Calculated)	1.68		1.1-2.2
BUN, Serum (Serum,Calculated)	17.43	mg/dL	8-23

Remark: In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

Creatinine, Serum (Serum,Enzymatic)	0.95	mg/dL	0.7-1.3 New Born-: 0.3-1.0 Infant-:0.2-0.4 Child-:0.3-0.7 Adolescent-:0.5-1.0
Uric Acid, Serum (Serum,Uricase)	2.5	mg/dL	Adult: 3.5-7.2
Glucose Fasting (Plasma-F,Glucose Oxidase-Peroxidase (GOD-POD))	75	mg/dL	Normal: 70-99 Impaired Fasting Glucose: 100-125 Diabetes mellitus: >= 126 (on more than one occassion) (American diabetes association guidelines 2021) Please note changes in method & Reference ranges

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons : The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity,Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

Associated Tests: HbA1c(H0018), Diabetes Profile – Maxi (D0021),HOMA Index (H0275), Insulin (I0275).

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Investigation	Observed Value	Unit	Biological Reference Interval
LTTS Home Visit (Package 1) Below 35 Male & Female			
ESR (Erythrocyte Sedimentation Rate) (EDTA Whole Blood)	10	mm/hr	0-15

Method: Manual Westergren

Interpretation:

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

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Investigation	Observed Value	Unit	Biological Reference Interval
LTTS Home Visit (Package 1) Below 35 Male & Female			
Thyroid Profile - 1 (Serum,Electrochemiluminescence immunoassay (ECLIA))			
T3 (Total Triiodothyronine)	114.0	ng/dL	70-204
T4 (Total Thyroxine)	8.44	µg/dL	5.1-14.1 First Trimester: 8.0-17.1 Second Trimester: 8.0-17.8 Third Trimester: 8.0-20.1
TSH (Thyroid Stimulating Hormone) - Ultrasensitive, Serum	3.92	µIU/mL	0.45-4.5

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	•Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	•Chronic Autoimmune Thyroiditis •Post thyroidectomy,Post radioiodine •Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	•Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	•Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness •Subclinical Hyperthyroidism •Thyroxine ingestion"
Decreased	Decreased	Decreased	•Central Hypothyroidism •Non-Thyroidal illness •Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	•Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness

References: 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET • Vol 357 • February 24, 2001
2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011,vol. 59

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Routine Examination Profile - Urine

Investigation	Observed Value	Unit	Biological Reference Interval
LTTS Home Visit (Package 1) Below 35 Male & Female			
Routine Examination Profile - Urine			
General Examination			
Colour	Pale Yellow		Pale Yellow
Volume	30	mL	
Transparency (Appearance)	Clear		Clear
Reaction (pH)	6		4.5-8
Specific Gravity	1.015		1.010-1.030
Chemical Examination (Automated Dipstick Method)			
Urine Protein (Albumin)	Absent		Absent
Urine Glucose (sugar)	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Bile Pigments	Absent		Absent
Bile Salts	Absent		Absent
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative
Microscopic Examination			
Red blood cells	Absent	/hpf	Absent
Pus cells (WBCs)	Occasional	/hpf	0-5
Epithelial cells	Occasional	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent

Note: 1. Urine routine and microscopy is a screening test. 2. Pre-test conditions to be observed while submitting the sample - First void, mid-stream urine, collected in a clean, dry container is recommended for routine urine analysis, avoid contamination with any discharge from vagina, urethra, perineum, as applicable, avoid prolonged transit time and undue exposure to sunlight. 3. All urine samples are checked for adequacy and suitability before examination. 4. Chemical examination through Dipstick includes test methods as Protein (Tetrabromophenol blue Principle), Glucose (Glucose Oxidase-Peroxidase), Ketone (Nitroprusside reaction test), Bilirubin (Dichloroaniline reaction). All abnormal results of chemical examination are confirmed by manual methods. 5. Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet etc. 6. False reactions for bile pigments, proteins and glucose can be caused by peroxidase like activity by disinfectants, therapeutic dyes, ascorbic acid and certain drugs etc. 7. Physiological variations may affect the test results.
Note : Please note change in method and report format

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PBS (Peripheral smear Examination)

(EDTA Whole Blood)

Investigation	Observed Value
RBC	Normochromic Normocytic
WBC	Premature cells not seen
Platelet	Adequate On Smear
Hemoparasite	Malarial parasite not seen

-- End of Report --

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