Dr. Mehul R. Solanky
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Advanced Diagnostic Lab
IMMUNO-DIAGNOSTIC & PATHOLOGY LABORATORY
Halar Road Cross Lane, Besides L.I.C. Bldg.
Valsad-396 001. Ph.: (02632) 243280. Mo.: 99250 49280

ASHOK D WANKHADE
Male/54 Years

Reg. Date : **29/12/2022**
Lab. No **124616-18**
Sample No
5045

Ref. Dr.
Dr. (Mrs.) SHASHIKALA DERAJE M B B S. A.F.I.H
VIBRANT HOSPITAL VAP1

H E M A T O L O G Y R E P O R T

Test	Result	Unit	Ref. Range
Haemoglobin:	15.2	g/dL	13.0 - 17.0 g/dL
Total Leucocyte Count:	5040	X 10^3 / µL	4000 - 10000 /uL
Differential Count			
Neutrophils:	56	%	40-80
Eosinophils:	03	%	1.0-6.0
Basophils:	00	%	<1-2
Lymphocytes:;	33	%	M: 20-40; F: 20-40
Monocytes:	08	%	2-10
Neutrophils Absolute Count:	2.83	X 10^3 / µL	2.0-7.0
Eosinophils Absolute Count:	0.15	X 10^3 / µL	0.02-0.50
Basophils Absolute Count:	0.02	X 10^3 / µL	0.02-0.10
Lymphocytes Absolute Count:	1.64	X 10^3 / µL	1.0-3.0
Monocytes Absolute Count:	0.40	X 10^3 / µL	0.2-1.0
Total RBC Count:	4.82	X 106 / µL	M: 4.5-5.5; F: 3.9-4.8
Hematocrit (HCT):	44.2	%	42 - 52 %
MCV:	91.8	fL	83 - 101
MCH:	**31.6**	pg	27-32
MCHC:	34.4	g/dL	31.5 - 34.5
RDW-SD:	**45.4**	fL	39 - 46
RDW-CV:	12.0	%	11.6 - 14.0
Platelets Count:	204000	/µL	150000 - 400000
Plateletcrit (PCT):	0.185	%	
Mean Platelet Volume	9.1	fL	
Malaraial Parasite	M.P. are not seen		

Method: Fully automated bidirectional interfaced analyser (6 Part Differential **SYSMEX XN-1000)**.

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B L O O D G R O U P

Test	Result
BLOOD GROUP:	**"A"**Rh.**POSITIVE**

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E S R

Test	Result	Unit	Ref. Range
Erythrocyte Sedimentation Rate:-			
After one Hour:	05	mm in 1Hr	2 - 13 mm in 1Hr.

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B L O O D G L U C O S E R E P O R T

Test	Result	Unit	Ref. Range
Fasting Blood Sugar(FBS) :	**217**	mg/dl	70 - 110 mg/dl

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L I P I D P R O F I L E

Test	Result	Unit	Ref. Range
S. Cholesterol:	199.13	mg/dL	DESIRABLE < 200 BORDERLINE HIGH 200 - 239 HIGH RISK > 240
S. Triglyceride:	146.33	mg/dL	25 - 175 mg/dL
S. HDL Cholesterol (HDL - C):	39.78	mg/dL	LOW RISK > 60 MODERATE RISK 35 - 60 HIGH RISK <35
S. LDL Cholesterol (LDL - C)	**130.084**	mg/dL	OPTIMAL <100 NEAR/ABOVE OPTIMAL 100 - 129 BORDERLINE HIGH 130 -159 HIGH RISK > 160
S. VLDL Cholesterol (VLDL - C)	29.27	mg/dL	7.0 - 35 mg/dl
Cholesterol/HDL Cholesterol Ratio:	5.01		0 - 4.9
S. LDL/HDL Cholesterol Ratio:	3.27		up to 3.5

INTERPRETATION AND DECISION LEVELS

1) Do Not Use Age Or Sex Specific Cholestrol Valuse As Decision Levels.
2) Before Starting Therapy Base **Ldl Levels by Direct Measurements** Should Be Done As The Treatment Goals Are Monitored By Measuring Ldl.
3) Average Of 2 To 3 Lipid Profiles Done 1 To 8 Weeks Apart Before Starting Therapy.
4) Ranges Give Are The Desirable Levels I.e 75th Percentile Value.
5) Always Rule Out Secondary And Familial Hyper Lipidaemias.
6) Apo A -1 And Apo B Levels Are Better Discreminaters Of CHD Then Cholestrol Level.
7) Low Plasma Apo A-1 And Apo A -1 To B Ratio Is The Best Predictyor.
8) Low Plasma **B-12 And Folate Levels** Are Each Independent Risk Factors For CAD.
9) Higher Atherogenic Index Is A Risk Factor.
10)Hyperhomocysteinemia Increases The Risk.

DECISION LEVELS

	LDL	HDL	CHOL	LDL/HDL RATIO	TRIGLYCERIDES
DESIRABLE/LOW RISK	<100	>60	<200	0.5 - 3.0	<200
BORDERLINE/MODERATE	130 - 159	35-60	200-239	3.0 - 6.0	200 - 400
ELEVATED/HIGH RISK	>160	<35	>240	>6.0	400 - 1000

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BIOCHEMISTRY REPORT

Test	Result	Unit	Ref. Range
SERUM BILIRUBIN			
Total:	**1.46**	mg/dL	1.0
Direct:	0.28	mg/dL	0.0 - 0.4
Indirect:	**1.18**	mg/dL	0.0 - 0.6 mg/dL
S.G.O.T. (AST):	31.63	IU/L	10 - 40 U/L
S.G.P.T. (ALT):	**48.47**	IU/L	10 - 40 IU/L
Alkaline Phosphatase:	64.1	U/L	30 - 115 U/L
S.Creatinine:	**0.53**	mg/dL	0.60 - 1.30 mg/dL
S.Urea:	28.86	mg/dL	15 - 40 mg/dL
S. URIC ACID:	4.31	mg/dL	2.5 - 8.0 mg/dL

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SERUM TOTAL PROTEINS

Test	Result	Unit	Ref. Range
S.Protein :			
Total Protein:	6.80	gm/dl	5.5 - 8.0 g/dL
Albumin:	4.41	gm/dl	3.2 - 5.2 g/dL
Globulin:	2.39	gm/dl	2.0 - 3.5 gms/dl
Albumin Globulin Ratio:	1.85		

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SERUM PHOSPHORUS

Test	Result	Unit	Ref. Range
S. Phosphorus :	2.42	mg/dL	3.0 - 5.0 mg/dl

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URINE REPORT

Test	Result	Unit	Ref. Range
PHYSICAL EXAMINATION			
QUANTITY	20	mL	500 - 2000/24 HRS
COLOUR	PALE YELLOW		
APPEARANCE	Clear	Clear	
REACTION(PH)	6.0		4.6 - 8.0
SPECIFIC GRAVITY	1.025		1.005 - 1.030
CHEMICAL EXAMINATION			
URINE ALBUMIN	Nil		Absent
URINE SUGAR(Qualitative)	**Present (+)**		Absent
KETONES	Absent		Absent
BILE SALTS	Absent		Absent
BILE PIGMENTS	Absent		Absent
UROBILOGEN	Normal		Normal
BLOOD	Absent		Absent
MICROSCOPIC EXAMINATION			
PUS CELLS/HPF	2 - 3 / HPF	/HPF	1 - 5
RED BLOOD CELLS/HPF	Absent	/HPF	0 - 2/hpf
EPITHELIAL CELLS/HPF	1 - 2 / HPF	/HPF	
CASTS/LPF	Absent		
CRYSTALS	Absent		
BACTERIA	ABSENT		
YEAST	Absent		
NOTE			
REMARK			

URI

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THYROID FUNCTION TEST

Test	Result	Unit	Ref. Range
TSH (Thyroid Stimulating Hormone)	2.04	uIU/mL	0.3 - 5.0 uIU/mL

THYROID FUNCTION TESTS BY ELECTROCHEMILUMINESCENCE (ECLIA) ON ELECSYS 2010.

T3 And T4 Are The Hormones Synthesised & Secreted By Throid Gland,Plays Important Role In Body's metabolism.TSH Is Synthesised & Secreted By Anterior Pitutary Gland In Response To Thyrotropin Releasing Hormone (trh) Secreted By Hypothalamus.The Secretion Of T3 & T4 Is Regulated By Negative Feedback Mechanism Inolving Thyroid Gland,Pitutary gland & Hypothalamus.

In The Circulation 99.7% Of T3 & 99.95% Of T4 Is Reversibly Bound To Transport Proteins Primarily, Thyroxine Binding Globulin (TBG) & Thyroxine Binding Prelalbumin (TBPA),are Metabolically Inactive. Free T3 & Free T4 Are Metabolically Active Hormones Responsible For The Actions Hence Reflects The Thyroid Metabolic Status Better Then Total T3 & T4.

TBG Concentration Remains Relative Constant In Healthy Individuals.however Pregnancy,excess estrogens, androgens,anabolic Steroids & Gluco Corticodis Are Known To Alter TBG Levels & May Cause False Values For Thyroid Function TestS,T3 And T4 Levels May Not Accurately Reflect Thyroid Status.

Primary Malfunction Of The Thyroid Gland May Result In Excessive (hyper) Or Below Normal (hypo) Release of T3 & T4.In Addition TSH Directly Effects Thyroid Function.Malfunction Of The Pitutary Or The Hypothalamus Influences The Thyroid Gland Acitvity.

Disease In Any Portion Of The Thyroid - Pitutary - Hypothalamic System May Influence The Levels Of T3 & T4 In The Blood.The TSH Level Is Important In Evaluating Thyroid Function Especially For The Differential Diagnosis Of Primary (thyoid) From Secondary (pitutary) And Tertiary (hypothalamus) Hypo Thyroidism.

In Primary Hypothyroidism TSH Levels Are Significatly Elevated, While In Secondary & Tertiary Hypothyroidism TSH Levels Are Low.In Addition In The Euthyroid Sick Syndrome Multiple Alterations In Thyroid Function Tests Findings Have Been Recognised In Patiens With A Wide Variely Of Non Thyroidal Illnesses Withouth Evidence Of Pre-existing Thyroid Or Hypothalamic Pitutary Disease.

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SERUM CALCIUM

Test	Result	Unit	Ref. Range
S. Calcium :	9.21	mg/dL	9.0 - 10.5 mg/dl

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GLYCOSYLATED HAEMOGLOBIN REPORT

Test	Result	Unit	Ref. Range
HbA1c-GLYCOSYLATED HEMOGLOBIN A1c	**8.7**	%	4.8 - 6.0 %

Note
Method : DCCT/NGSP Standardised
HPLC on BIORAD D10

MEAN PLASMA GLUCOSE (eAG)	202.99	mg/dL	

REFERENCE RANGE

NORMAL HEALTHY PEOPLE : 4.0 -6.0 %
GOOD DIABETIC CONTROL : 6.0 - 7.0 %
FAIR DIABETIC CONTROL :7.0 - 8.0 %
POOR DIABETIC CONTROL : MORE THEN 8%

INTERPRETATION

* **GLUOCSE** combines with **HEMOGLOBIN** continously & nearly irreversibly during lifespan of **RBC** (120 days); Thus GHb will be proportional to the mean plasma glucose level during 6 - 12 weeks.
* The HbA1c levels corelate well the mean glucose concentration prevailing in the course of Patient's recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycaemia control then the blood glucose or urinary glucose.
* This Methodology is the REFERENCE METHODOLOGY, better then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints and uremia dose not INTERFERE with the results in this methodology.
* It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daibetics .
* Mean blood glucose (MBG) in first 30 days (0-30)before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute 10% in final HbA1c levels

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