



Name

Age / Gender

Contact No.

Address

Pin code

: Mr. SWAPNIL NAIKWADE

: 35 Year(s)/ Male

:

: ..

:

VID No.

PID No.

Referred by

Sample Collected At

: 250176508869965

: P13625553982553

: SELF

: 3409tech Ventures Private Limited, 1st Floor, Cts  
No.4944, Futura, Magarpattakirtane, Hadapsar, Pune,  
Maharashtra, 411028

SUMMARY REPORT

Investigation Outside Reference Range (Abnormal)			
Investigation	Observed Value	Unit	Biological Reference Interval
<u>CBC Haemogram</u>			
<u>Erythrocytes</u>			
(EDTA Whole Blood )			
Haemoglobin (Hb)	12.8	gm/dL	14-18
PCV (Packed Cell Volume)	39.8	%	42-52
MCV (Mean Corpuscular Volume)	80.0	fL	82-101
MCH (Mean Corpuscular Hb)	25.8	pg	27-34
RDW (Red Cell Distribution Width)	14.5	%	11.5-14.0
<u>Leucocytes</u>			
(EDTA Whole Blood )			
Absolute Lymphocyte Count	610	cells/cu.mm	1000-3000
Lymphocytes	12.2	%	20-40
Eosinophils	0.5	%	1-6

MEDICAL LABORATORY REPORT



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**Investigation****Observed Value****Unit****Biological Reference Interval****Routine Examination Profile - Urine****GENERAL EXAMINATION**

(Urine )

Colour	Pale Yellow	Pale Yellow
Transparency (Appearance)	Clear	Clear
Reaction (pH) (Ph Indicator)	5.5	4.5-8
Specific Gravity (Refractometer method)	1.006	1.005-1.025

**CHEMICAL EXAMINATION (AUTOMATED URINE CHEMISTRY)**

(Urine )

Urine Protein (Albumin)	Absent	Absent
Urine Ketones (Acetone)	Absent	Absent
Urine Glucose (Sugar)	Absent	Absent
Urobilinogen	Normal	Normal
Bilirubin	Negative	Negative
Nitrite	Negative	Negative
Leucocyte Esterase	Negative	Negative

**MICROSCOPIC EXAMINATION (CUVETTE BASED IMAGING TECHNOLOGY)**

(Urine )

Red blood cells	0	/hpf	0-2
Dysmorphic Red Blood Cells	Absent		Absent
Pus cells (WBCs)	4	/hpf	0-5
Epithelial cells	2	/hpf	0-5
Crystals	0		0-1.36
CRY - Calcium-oxalate monohydrate	0		0-1.36
CRY - Calcium-oxalate dihydrate	0		0-1.36
CRY - Triple-phosphate	0		0-1.36
CRY - Uric acid	0		0-1.36
Casts - Hyalin	0		0-2
Casts - Pathological	0		0-1.36
Bacteria	Absent		Absent
Trichomonas Vaginalis	Absent		Absent
Yeast cells	Absent		Absent

Dr. SURAJ SHINDE  
M.D. Pathology  
Consultant Pathologist  
Reg no 2018/07/3902

**MEDICAL LABORATORY REPORT**

Registered On: 17/09/2025 3:50 PM

Collected On: 17/09/2025 3:50PM

Reported On: 17/09/2025 6:46 PM

PROCESSING LOCATION :

METROPOLIS HEALTHCARE LTD. BHANDARKAR ROAD, PUNE -  
411004



250176508869965

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**Investigation****Observed Value****Unit****Biological Reference Interval**

1. Urine routine and microscopy is a screening test.
2. Abnormal results of chemical examination are confirmed by manual methods.
3. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose Oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method).
4. All abnormal results of chemical examination are confirmed by manual methods. Protein by sulfosalicylic acid method, Glucose by Benedict's method, Ketone by Rothera's method, Bile salt by Sulfur granule method, Bile pigment by Fouchet method, Urobilinogen by Ehrlich Method.
5. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight.
6. During interpretation, points to be considered are Negative nitrite test does not exclude the presence of the bacteria or urinary tract infections.
7. Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet etc.
8. False reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes, ascorbic acid and certain drugs etc.
9. Physiological variations may affect the test results.
10. The Microscopic examination findings reported are in decimal numbers as they represent arithmetic mean of multiple fields scanned using Microscopy.

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## CBC Haemogram

Investigation	Observed Value	Unit	Biological Reference Interval
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Erythrocytes

Haemoglobin (Hb)	12.8	gm/dL	14-18
Erythrocyte (RBC) Count	4.97	mill/cu.mm	4.4-6.0
PCV (Packed Cell Volume)	39.8	%	42-52
MCV (Mean Corpuscular Volume)	80.0	fL	82-101
MCH (Mean Corpuscular Hb)	25.8	pg	27-34
MCHC (Mean Corpuscular Hb Conc.)	32.3	gm/dL	31.5-36
RDW (Red Cell Distribution Width)	14.5	%	11.5-14.0
Nucleated RBC	0.1	per 100 WBCs	

RBC Morphology

Hypochromia +

Microcytosis +

Leucocytes

Total Leucocytes (WBC) Count	5000	cells/cu.mm	4300-10300
Absolute Neutrophils Count	3850	cells/cu.mm	2000-7000
Absolute Lymphocyte Count	610	cells/cu.mm	1000-3000
Absolute Monocyte Count	480	cells/cu.mm	200-1000
Absolute Eosinophil Count	25	cells/cu.mm	20-500
Absolute Basophil Count	35	cells/cu.mm	20-100
Neutrophils	77.0	%	40-80
Lymphocytes	12.2	%	20-40
Monocytes	9.6	%	2.0-10
Eosinophils	0.5	%	1-6
Basophils	0.7	%	0-2

Platelets

Platelet count	261	1000/c.mm	140-440
MPV (Mean Platelet Volume)	8.0	fL	7.8-11
PCT ( Platelet Haematocrit)	0.209	%	0.2-0.5
PDW (Platelet Distribution Width)	16.6	%	9-17

Dr. SMITA SUDKE  
MD (Pathology)  
Regional Chief Of Lab  
Reg No.89892

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## Investigation

## Observed Value

## Unit

## Biological Reference Interval

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (Haemoglobin by photometric measurement, WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically. Differential count is based on approximately 10,000 cells.



### HbA1c- Glycated Haemoglobin (EDTA Whole Blood )

**HbA1C- Glycated Haemoglobin**  
(High-Performance Liquid Chromatography (HPLC))

5.6

%

Non-diabetic:  $\leq 5.6$   
Pre-diabetic: 5.7-6.4  
Diabetic:  $\geq 6.5$   
Refer interpretation for monitoring ranges.

**Estimated Average Glucose (eAG)**

114

mg/dL

## Interpretation &amp; 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 2017, 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:  $eAG(mg/dl) = 28.7 \times A1c - 46.7$
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/ Tosho G8 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.

-- End of Report --



Test Marked with NABL symbol are in the scope of accreditation

*Dr. Smita*

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