2S Wellness & Research Centre Pvt. Ltd.

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Ref By. : Dr. R.G.H.S.	REC. No : 30495	COLLECTION TIME : 12:54:23AM
	S. No. : 33086	REPORTING DATE : 07/03/2025
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COMPLETE BLOOD COUNT, WHOLE BLOOD

TEST	RESULT		NORMAL VALUE
RED BLOOD CELL COUNT	**5.87**	H	4.5-5.5 MILL./CUMM
HB (HEMOGLOBIN)	15.80		13.00-17.00 GM%
H.C.T. (HEMATOCRIT)	45.70		40-50 %
MEAN CORPUSCULAR VOLUME	**78.00**	L	83 - 101
MEAN CORPUSCULAR HEMOGLOBIN	**26.90**	L	27 - 32
MEAN CORPUSCULAR HB CONCENTRATION	34.50		31.50-35.00
RED CELLS DISTRIBUTION WIDTH	**15.00**	H	11.6 - 14 %
PLATELET COUNT	3.03		1.50 - 4.10 LACS/UL
MEAN PLATELETS VOLUME	8.30		6.8-10.9 fL
PDW [PLATELET DISCTRIBUTION WIDTH]	13.70		10-15 %
P.C.T.	0.251		0.100- 0.500
WHITE BLOOD CELL COUNT	7500		4000 - 10000 /CUMM
DLC (DIFFERENTIAL LEUCOCYTE COUNT)			
NEUTROPHILS	55.80		40 - 80 %
LYMPHYCYTES	33.30		20 - 40 %
MONOCYTES	**10.90**	H	02 - 10 %

The cell morphology is well preserved for 24 hr. However after 24 hrs a progessive increase in MCV and HCT is observed leading to decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

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KINDLY CORRELATE THE RESULT WITH CLINICAL FINDINGS.

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BIO - CHEMISTRY EXAMINATION REPORT

Test		Result	Normal Value
BLOOD SUGAR - (F)	:	99.60	70-110 mg/dl
RENAL FUNCTION TEST			
BLOOD UREA	:	19.70	17-43 mg/dl
S.CREATININE	:	1.11	0.6-1.4 mg/dl
S.URIC ACID	:	4.50	4.0-7.0 mg/dl
S.CALCIUM	:	9.30	8.4-10.2 mg/dl
C- REACTIVE PROTEIN TEST	:	0.10	0.0 TO 5.0 mg/L
INORGANIC PHOS.	:	3.64	2.1-5.6 mg/dl
S.SODIUM (Na+)	:	136.9	136-149 meq/l
S.POTASSIUM (K+)	:	4.05	3.8-5.0 meq/l
S.CHLORIDE (Cl-)	:	104.0	98-106 meq/l

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GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

Test	Result		Normal Value
GLYCOSYLATED HEMOGLOBIN (HBAIC%)	5.8		Non-Diabetic < 5.7 Pre-Diabetics 5.7 - 6.4 Diabetic >= 6.5 ADA Target : 7.0 Action Suggested : > 8.0
ESTIMATED AVERAGE GLUCOSE(EAG)	**118.76**	H	< 116

INTERPRETATION(S)
GLYCOSYLATED HEMOGLOBIN,BLOOD-GYLCOSYLATED HEMOGLOBIN, BLOOD
Glycation is oCnoenzymatic addition of year residue to amino groups of ptotienis, Hba1c is formed by the condensation of glucose with n-terninal valine residue of each beta chain of hb a to form an unstable schif base. It is the major fraction, constituting approximetely 80% of HbA1. formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 Days.) and the blood glucose concentration, The GHB concentration represents the intergrated values ofr glucose aver the period of 6 to 8 Weeks GhB value are free of day to day glocose, fluctucations and are unaff by recent exercise or food ingestion. Concerntration of plasma Glucose Concentration in GHb depends on the time interval, with more recent values providing a larger cont than eariler values

ther interpretation of Ghb deepnds on RBC having a normal life span. Patients with Hemolytic disease or other condtions with Shorenend RBC survival exhibit a substantial reduction of Ghb Hight GHb have been reported in iron deiciency anemia.

Ghb has been fimly established as an intex of long term blood glucose concetration and as a masure of the risk of development of complications in patients with diabetes melitus the absolute risk of retinopathy and nephropath are directly proportional to the mean of HbA1c. URIC ACID, SERUM - Causes of increased levels.

* Dietary	* Gout	*Cause of Decreased levels	*Nutritional tips of manage increased uric acid levels	
- Hight Protien intake.	- Lesch nyhan syndrome.	- low Zink Intake	- Drink plenty of Fluids	- antioxidant Rich Foods.
- Pprolonged Fasting.	- Type 2 DM.	- OCP'S	- Limit animal Protiens	- Vit C intake
- Rapid Weight Loss.	- Metabolic Syndrome.	- Multiple sderosis	- Hight Fibre foods	

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LIPID PROFILE [CARDIAC RISK PROFILE]

NATURE OF SAMPLE FASTING

TEST	RESULT		REFERENCE RANGE
CHOLESTEROL	133.00		Desirable Level : < 200.00 mg/dl Borderline High : 200-239 mg/dl High : > 240.00 mg/dl
TRIGLYCERIDES	**195.20**	H	Desirable Level : < 150.00 mg/dl Borderline High : 150-199 mg/dl High : 200-499 mg/dl Very High : > 500 mg/dl
CHOLESTEROL HDL (HIGH DENSITY LIPOROTEIN)	39.80		Desirable Level : > 60.00 mg/dl Optimal : 40-59 mg/dl High : < 40 mg/dl
S. LDL CHOLESTEROL (LOW DENSITY LIPOROTEIN)	**54**	L	Optimal : 100.00 mg/dl Near Optimal : 100-129 mg/dl Borderline High : 130-159 mg/dl High : 160-190 mg/dl Very High : > 190 mg/dl
SERUM CHOLESTEROL V.L.D.L.	**39**	H	< 30 mg/dl
SERUM TC/HDL RATIO	3.34 :1		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0
SERUM LDL/HDL RATIO	**1.36 :1**	L	Desirable Level : 0.5-3.0 Borderline Risk : 3.0-6.0 High Risk : > 6.0
SERUM TOTAL LIPIDS	604		450-750mg/dl

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LIVER FUNCTION TEST

Test	Result		Normal Value
ASPARTATE AMINOTRANSFERASE[AST/SGOT]	29.50		0 - 35.0 U/L
ALANINE AMINOTRANSFERASE[ALT/SGPT]	27.70		0 - 45.0 U/L
S.BILIRUBIN TOTAL	0.36		0-1.2 mg/dl
S.BILIRUBIN DIRECT	0.15		0-0.3 mg/dl
S.BILIRUBIN INDIRECT	0.21		0-0.9 mg/dl
S. ALKALINE PHOSPHATASE	63.0		53-119 U/L
S.TOTAL PROTEIN	7.40		6-8.3 gm/dl
S.ALBUMIN	4.04		3.2-5.0 gm/dl
GLOBULIN	**3.40**	H	2.5-3.3 gm/dl
S. A/G RATIO	1.19 : 1		1-2.3

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SPECIALISED CHEMISTRY - HORMONE

Test	Result	Normal Value
THYROID PANEL, SERUM		
T3	1.71	0.69 TO 2.15 ng/mL
T4	70.1	52.0 TO 127.0 ng/mL
TSH 3RD GENERATION	2.35	0.3 TO 4.50 uIU/mL

Interpretation

*** METHOD : CHEMILUMINESCENCE (CLIA)**

THYROID PANEL, SERUM Triiodothyronine
T3 , is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.
Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidisı and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active.
In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.
Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3
Levels in TOTAL T4 TSH3G TOTAL T3
Pregnancy (ig/dL) (IIU/mL) (ng/dL)
First Trimester 6.6 - 12.4 0.1 - 2.5 81 - 190
2nd Trimester 6.6 - 15.5 0.2 - 3.0 100 - 260
3rd Trimester 6.6 - 15.5 0.3 - 3.0 100 - 260
Below mentioned are the guidelines for age related reference ranges for T3 and T4.
T3 T4
(ng/dL) (ig/dL)
New Born: 75 - 260 1-3 day: 8.2 - 19.9
. 1 Week: 6.0 - 15.9
NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.
Kindly note: Method specific reference ranges are appearing on the report under biological reference range.
Reference:

****End Of Report****

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