

Name : MR TRUPTI RANJAN PADHI
Registration No : MH013948892
Patient Episode : H01000137707
Referred By : HC MHW
Receiving Date : 13 Sep 2024 08:56

Age : 33 Yr(s) Sex :Male
Lab No : 22240905729
Collection Date : 13 Sep 2024 07:29
Reporting Date : 13 Sep 2024 10:14

BIOCHEMISTRY

Clinical Laboratory Report

GLUCOSE-Fasting

Specimen: Plasma

| | | | |
|-------------------------------------|----|-------|----------|
| Plasma GLUCOSE-Fasting (Hexokinase) | 84 | mg/dl | [70-100] |
|-------------------------------------|----|-------|----------|

THYROID PROFILE,- Serum

| | | | |
|------------------------------------|---------|--------|----------------|
| T3 - Triiodothyronine (CLIA) | 1.020 | ng/ml | [0.700-2.040] |
| T4 - Thyroxine (CLIA) | 10.030 | µg/dl | [5.480-14.280] |
| Thyroid Stimulating Hormone (CLIA) | 5.610 # | µIU/mL | [0.400-4.200] |

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results

* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html> 1

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Manipal Hospital Whitefield

Department of Laboratory Medicine

143, 212-215, EPIP Industrial Area, Hoodi Village, KR Puram Hobli, Bengaluru 560066, Karnataka

OPD sample collection: 080 2502 7177 (9am to 5pm), Laboratory: 080 2502 7416/7417

Home sample collection: 9900344001 Email: labservices.mhw@manipalhospitals.comwww.manipalhospitals.com

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BIOCHEMISTRY

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PROSTATE SPECIFIC ANTIGEN
PROSTATE SPECIFIC ANTIGEN (PSA)

0.980

ng/mL

Specimen: Serum
[<2.000]

Method :CLIA

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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Clinical Laboratory Report

| | | | |
|----------------------------------|-------|-----------------|---------------|
| KIDNEY PROFILE - | | Specimen: Serum | |
| BUN (Urease/GLDH) | 12.15 | mg/dl | [6.00-20.00] |
| SERUM CREATININE (mod.Jaffe) | 0.90 | mg/dl | [0.90-1.30] |
| SERUM URIC ACID (mod.Uricase) | 6.3 | mg/dl | [3.5-7.2] |
| SERUM CALCIUM (Arsenazo III) | 9.70 | mg/dl | [8.60-10.20] |
| SERUM PHOSPHORUS (Molybdate, UV) | 3.3 | mg/dl | [2.5-4.5] |
| SERUM SODIUM (Indirect ISE) | 139.0 | mmol/l | [136.0-145.0] |
| SERUM POTASSIUM (Indirect ISE) | 4.40 | mmol/l | [3.50-5.10] |
| SERUM CHLORIDE (Indirect ISE) | 104.0 | mmol/L | [98.0-107.0] |
| eGFR (calculated) | 111.8 | ml/min/1.73sq.m | [>60.0] |

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

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| | | | |
|--------------------------------------|-------|-----------------|--|
| LIPID PROFILE | | Specimen: Serum | |
| TOTAL CHOLESTEROL (CHOD/POD) | 229 # | mg/dl | [<200] Moderate risk:200-239 High risk:>240 |
| TRIGLYCERIDES (GPO/POD) | 283 # | mg/dl | [<150] Borderline high:151-199 High: 200 - 499 Very high:>500 |
| HDL - CHOLESTEROL (Enzymatic) | 42 | mg/dl | [30-60] |
| VLDL - Cholesterol (Calculated) | 57 # | mg/dl | [10-40] |
| LDL- CHOLESTEROL (Enzymatic) | 165 # | mg/dl | [<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189 |
| T.Chol/HDL.Chol ratio (Calculated) | 5.5 | | <4.0 Optimal 4.0-5.0 Borderline >6 High Risk |
| LDL.CHOL/HDL.CHOL Ratio (Calculated) | 3.9 | | <3 Optimal 3-4 Borderline >6 High Risk |

Note:

Reference ranges based on ATP III Classifications.

Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.

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Serum LIVER FUNCTION TEST

Specimen: Serum

| | | | |
|-----------------------------------|---------|-------|--------------|
| BILIRUBIN-TOTAL (Diazo)** | 0.70 | mg/dl | [0.00-1.20] |
| BILIRUBIN - DIRECT (Diazo) | 0.09 | mg/dl | [0.00-0.40] |
| BILIRUBIN - INDIRECT (Calculated) | 0.61 | mg/dl | [0.00-1.60] |
| SGOT/ AST(Without P5P,IFCC) | 52.0 # | U/L | [<50.0] |
| Serum SGPT/ ALT(Without P5P,IFCC) | 136.0 # | U/L | [18.0-78.0] |
| ALP (p-NPP,kinetic)* | 97.0 | U/L | [50.0-116.0] |
| TOTAL PROTEIN (mod.Biuret) | 8.0 | g/dl | [6.6-8.3] |
| SERUM ALBUMIN (BCG-dye) | 4.7 | g/dl | [3.5-5.2] |
| SERUM GLOBULIN (Calculated) | 3.3 | g/dl | [1.8-3.4] |
| ALB/GLOB (A/G) Ratio | 1.42 | | [1.10-1.80] |
| GGT (GCNA-IFCC) | 48 | U/L | [<55] |

Note:

**NEW BORN: Vary according to age (days), body wt & gestation of baby

*New born: 4 times the adult value

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-----END OF REPORT-----



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