16, Vijayaraghava Road, I Lane, T.Nagar, Chennai - 600017
CIN - U85100TN2022PTC150858
support@mfine.co, www.mfine.co
Toll Free Number - 990 0599005

Processed by LifeCell Diagnostics

Mr. SACHIN VINAYAK SURYAWANSHI			Lab ID	:	30300301548
DOB	:		Collected	:	
Age	:	22 Years	Received	:	
Gender	:	Male	Reported	:	04-03-2023 13:11
CRM	:	223000129385	Status	:	Revised
Location	:	PUNE	Client	:	Mfine
Ref DOC	:				
Sample Quality	:	Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
Weight	56.1			
Height	174			

Mr. SACHIN VINAYAK SURYAWANSHI
CRM: 223000129385

LifeCell International Pvt Ltd.(Regional Laboratory West),Sur 94/7, Plot No.38, Right Bhusari Colony, Paud Road, Kothrud, Haveli, Pune- 411038

Dr Dipti Bichile PhD
Lab Head

Dr Prakash Gambhir MD
Chief Medical Scientist

This is an Electronically Authenticated Report.

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DOB	:		Collected	:	02-03-2023 17:10
Age	:	22 Years	Received	:	04-03-2023 10:07
Gender	:	Male	Reported	:	05-03-2023 06:49
CRM	:	223000129385	Status	:	Revised
Location	:	PUNE	Client	:	Mfine
Ref DOC	:				
Sample Quality	:	Adequate			

COMPLETE BLOOD COUNT (CBC), Whole Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval	Method
Hemoglobin	15.8	g/dL	13.0-17.0	Colorimetric method
Erythrocyte Count-RBC	5.31	10^6 Cells/µL	4.5 - 5.5	Electrical Impedance method
Hematocrit-PCV	48.90	%	40-50	Electrical Impedance method
Mean Corpuscular Volume-MCV	92.0	fL	83 - 101	Electrical Impedance method
Mean Corpuscular Haemoglobin-MCH	29.8	Pg	27 - 32	Calculated
MCHC	32.3	g/dL	31.5 - 34.5	Calculated
Red Cell Distribution Width CV	13.30	%	11.6 - 14.6	Calculated
Red Cell Distribution Width SD	**46.50**	fL	39 -46	Calculated
Leucocytes Count-WBC Total	7.13	10^3 Cells/µL	4- 10	Flowcytometry
Neutrophils	44.3	%	40 - 80	Flowcytometry
Lymphocytes	**42.6**	%	20 - 40	Flowcytometry
Monocytes	**11.40**	%	2-10	Flowcytometry
Eosinophils	1.3	%	1-6	Flowcytometry
Basophils	0.40	%	0-2	Flowcytometry
Neutrophils (Abs)	3.16	10^3 Cells/µL	1.5 - 8.0	Flowcytometry
Lymphocytes (Abs)	3.04	10^3 Cells/µL	1.0 - 4.8	Flowcytometry
Monocytes (Abs)	0.81	10^3 Cells/µL	0.5 - 0.9	Flowcytometry
Eosinophils (Abs)	**0.09**	10^3 Cells/µL	0.2 - 0.5	Flowcytometry
Basophils (Abs)	0.03	10^3 Cells/µL	0.0 - 0.3	Flowcytometry
Platelet Count	314.00	10^3/µL	150-410	Electrical Impedance method
MPV	11.3	fL	9 - 13	Calculated
PDW	16.0	fL	10.0 - 17.9	Calculated
PlateletCrit	**0.36**	%	0.22 - 0.44	Calculated
Platelet-Large Cell Ratio (PLCR)	35.00	%	15.0 - 35.0	Calculated

Clinical significance:
CBC is used as a screening tool in the diagnosis or monitoring of many diseases. RBCs, WBCs, and platelets are produced in the bone marrow and released into the peripheral blood. The primary function of the RBC is to deliver oxygen to tissues. WBCs are key components of the immune system. Platelets play a vital role in blood clotting.Abnormal cell counter results are confirmed by peripheral blood smear examination by trained pathologist.

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Dr. Akshay Ramrao Bondge MBBS, MD Pathology
Laboratory Director

Dr Prakash Gambhir MD
Chief Medical Scientist

MC-4281

Mr. SACHIN VINAYAK SURYAWANSHI			Lab ID	:	30300301548
DOB	:		Collected	:	02-03-2023 17:10
Age	:	22 Years	Received	:	04-03-2023 10:07
Gender	:	Male	Reported	:	04-03-2023 23:27
CRM	:	223000129385	Status	:	Revised
Location	:	PUNE	Client	:	Mfine
Ref DOC	:				
Sample Quality	:	Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
Thyroid - Thyroid Stimulating Hormone (TSH), Serum	2.140	µIU/mL	0.4 - 5.5	CMIA

Clinical significance:
In primary hypothyroidism, TSH (thyroid-stimulating hormone) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. TSH estimation is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively.

Pregnancy	American Thyroid Association	American European Endocrine	Thyroid society Association
1st trimester	< 2.5	< 2.5	< 2.5
2nd trimester	< 3.0	< 3.0	< 3.0
3rd trimester	< 3.5	< 3.0	< 3.0

Random Blood Glucose	98.2	mg/dL	Normal: =<140 Pre-Diabetic: 140-199 Diabetic=>200	GOD-POD

Clinical significance:-

Sometimes a random blood sample may be drawn and glucose measured when you have not fasted, for example, when a comprehensive metabolic panel (CMP) or basic metabolic panel (BMP) is performed. A random blood glucose may also be used to screen for diabetes. However, if a random glucose result is abnormal, it is typically followed by a fasting blood glucose test or a glucose tolerance test (GTT) to establish the diagnosis.

Total Cholesterol, Serum	**201.92**	mg/dL	Desirable: <200 Borderline: 200 - 239 High: >=240	CHOP-PAP

Clinical significance :-

Lipoprotein metabolism profile analysis adds practical information about the etiology of cholesterol and/or triglyceride elevation. In some patients, increased serum lipids reflect elevated levels of intermediate-density lipoprotein (IDL), very-low-density lipoprotein (VLDL), lipoprotein a (Lp[a]), or even the abnormal lipoprotein complex-LpX. Patients must be fasting for at least 12 to 14 hours if a lipid screen is ordered. If total cholesterol is the only lipid test ordered, fasting is not necessary.

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Ref DOC	:				
Sample Quality	:	Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
Bilirubin - Total, Serum	1.29	mg/dL	0.1 - 1.3	DIAZO

Clinical Significance:
Bilirubin is one of the most commonly used tests to assess liver function. The most commonly occurring form of unconjugated hyperbilirubinemia is that seen when there is excess hemolysis (pre-hepatic jaundice).Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin when there is blockage of the bile ducts. Both conjugated and unconjugated bilirubins are increased in hepatitis and space-occupying lesions of the liver; and obstructive lesions such as carcinoma of the head of the pancreas, common bile duct, or ampulla of Vater.

Bilirubin - Indirect, Serum	**1.11**	mg/dL	0.2-1	Calculated

Clinical Significance:
Hemoglobin is released from RBCs and broken down to heme and globin molecules. Heme is then catabolized to form biliverdin, which is transformed into bilirubin. This form of bilirubin is called unconjugated (indirect) bilirubin. The total serum bilirubin level is the sum of the conjugated (direct) and unconjugated (indirect) bilirubin. These are separated out when fractionation or differentiation of the total bilirubin to its direct and indirect parts is requested from the laboratory. Normally the unconjugated bilirubin makes up 70% to 85% of the total bilirubin.

Bilirubin - Direct, Serum	0.18	mg/dL	<0.3	DIAZO

Clinical Significance:
Bilirubin is one of the most commonly used tests to assess liver function. The most commonly occurring form of unconjugated hyperbilirubinemia is that seen when there is excess hemolysis (pre-hepatic jaundice).Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin when there is blockage of the bile ducts. Both conjugated and unconjugated bilirubins are increased in hepatitis and space-occupying lesions of the liver; and obstructive lesions such as carcinoma of the head of the pancreas, common bile duct, or ampulla of Vater.

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Gender	:	Male	Reported	:	04-03-2023 13:12
CRM	:	223000129385	Status	:	Revised
Location	:	PUNE	Client	:	Mfine
Ref DOC	:				
Sample Quality	:	Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
Height	174			
Weight	56.1			
BMI	18.53		Underweight = <18.5 Normal weight = 18.5–24.9 Overweight = 25–29.9 Obesity = BMI of 30 or greater	
BLOOD PRESSURE	135/87	mmHg		

---------- End Of Report ----------

Mr. SACHIN VINAYAK SURYAWANSHI
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