

Mr. WASEEM SHOAIB

DOB :
Age : 22 Years
Gender : Male
CRM : 223000133812
Location : HYDERABAD
Ref DOC : MFINE
Sample Quality : Adequate



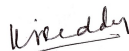
Lab ID : 30301800264
Collected :
Received :
Reported : 02-03-2023 18:44
Status : Final
Client : Novocura Tech Health Services Pvt Ltd - Hyderabad

Parameter	Result	Unit	Biological Ref. Interval	Method
Weight	86			
Height	171			
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Weight	86			
BMI	29.41		Underweight = <18.5 Normal weight = 18.5–24.9 Overweight = 25–29.9 Obesity = BMI of 30 or greater	

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Telangana 500003



DR.JYOTHI MD, Pathology
Lab Director

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Reported : 01-03-2023 20:52
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Parameter	Result	Unit	Biological Ref. Interval	Method
Random Blood Glucose	103.90	mg/dL	Normal: =<140 Pre-Diabetic: 140-199 Diabetic=>200	GOD-POD

COMPLETE BLOOD COUNT (CBC), Whole Blood EDTA

Hemoglobin	14.8	g/dL	13.0-17.0	Colorimetric method
Erythrocyte Count-RBC	5.46	10 ⁶ Cells/ μ L	4.5 - 5.5	Electrical Impedance method
Hematocrit-PCV	44.80	%	40-50	Electrical Impedance method
Mean Corpuscular Volume-MCV	82.1	fL	83 - 101	Electrical Impedance method
Mean Corpuscular Haemoglobin-MCH	27.2	Pg	27 - 32	Calculated
MCHC	33.1	g/dL	31.5 - 34.5	Calculated
Red Cell Distribution Width CV	11.80	%	11.6 - 14.6	Calculated
Red Cell Distribution Width SD	35.90	fL	39 -46	Calculated
Leucocytes Count-WBC Total	5.65	10 ³ Cells/ μ L	4- 10	Flowcytometry
Neutrophils	57.7	%	40 - 80	Flowcytometry
Lymphocytes	30.6	%	20 - 40	Flowcytometry
Monocytes	8.70	%	2-10	Flowcytometry
Eosinophils	2.9	%	1-6	Flowcytometry
Basophils	0.10	%	0-2	Flowcytometry
Neutrophils (Abs)	3.26	10 ³ Cells/ μ L	1.5 - 8.0	Flowcytometry
Lymphocytes (Abs)	1.73	10 ³ Cells/ μ L	1.0 - 4.8	Flowcytometry
Monocytes (Abs)	0.49	10 ³ Cells/ μ L	0.5 - 0.9	Flowcytometry
Eosinophils (Abs)	0.16	10 ³ Cells/ μ L	0.2 - 0.5	Flowcytometry
Basophils (Abs)	0.01	10 ³ Cells/ μ L	0.0 - 0.3	Flowcytometry
Platelet Count	248.00	10 ³ / μ L	150-410	Electrical Impedance method
MPV	9.7	fL	9 - 13	Calculated
PDW	15.6	fL	10.0 - 17.9	Calculated
PlateletCrit	0.24	%	0.22 - 0.44	Calculated
Platelet-Large Cell Ratio (PLCR)	24.70	%	15.0 - 35.0	Calculated

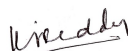
Clinical significance:

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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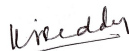


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Parameter	Result	Unit	Biological Ref. Interval	Method
Total Cholesterol, Serum	146.00	mg/dL	Desirable: <200 Borderline: 200 - 239 High: >=240	CHOP-PAP

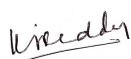
Clinical significance :-

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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Parameter	Result	Unit	Biological Ref. Interval	Method
Thyroid - Thyroid Stimulating Hormone (TSH), Serum	1.489	μIU/mL	0.4 - 5.5	CLIA

Clinical significance:

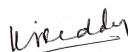
In primary hypothyroidism, TSH (thyroid-stimulating hormone) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. TSH estimation is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary 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

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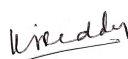
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Parameter	Result	Unit	Biological Ref. Interval	Method
Bilirubin - Direct, Serum	0.16	mg/dL	< 0.3	DIAZO
Clinical Significance: Bilirubin is one of the most commonly used tests to assess liver function. The most commonly occurring form of unconjugated 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.				
Bilirubin - Indirect, Serum	0.22	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.

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Parameter	Result	Unit	Biological Ref. Interval	Method
Bilirubin - Total, Serum	0.38	mg/dL	0.1 - 1.3	DIAZO

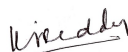
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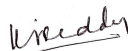
Parameter	Result	Unit	Biological Ref. Interval	Method
BLOOD PRESSURE	141/81	mmHg		

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

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