

REPORT

Name	: Mrs. RAZIA SULTANA	Sample ID	: A0286853
Age/Gender	: 60 Years/Female	Reg. No	: 0312405200005
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-May-2024 08:47 AM
Primary Sample	: Whole Blood	Received On	: 20-May-2024 12:47 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 20-May-2024 02:01 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

HAEMATOLOGY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
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Erythrocyte Sedimentation Rate (ESR)	16		12 or less	Westergren method
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Comments : ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

Complete Blood Count (CBC)

Haemoglobin (Hb)	10.0	g/dL	12-15	Cynmeth Method
RBC Count	3.88	10 ¹² /L	4.5-5.5	Cell Impedance
Total WBC Count	11.8	10 ⁹ /L	4.0-10.0	Impedance
Platelet Count (PLT)	289	10 ⁹ /L	150-410	Cell Impedance
Haematocrit (HCT)	29.4	%	40-50	Calculated
MCV	76	fl	81-101	Calculated
MCH	25.7	pg	27-32	Calculated
MCHC	34.0	g/dL	32.5-34.5	Calculated
RDW-CV	15.6	%	11.6-14.0	Calculated

Differential Count by Flowcytometry /Microscopy

Neutrophils	67	%	40-70	Cell Impedance
Lymphocytes	27	%	20-40	Cell Impedance
Monocytes	04	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy

Smear

WBC	Mild Leucocytosis	
RBC	Anisocytosis with Normocytic normochromic	
Platelets	Adequate.	Microscopy



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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-May-2024 08:47 AM
Primary Sample	: Whole Blood	Received On	: 20-May-2024 12:47 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP),	Reported On	: 20-May-2024 02:49 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
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Glucose Fasting (F)	148	mg/dL	70-100	GOD-POD
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Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	> = 200	> = 6.5	>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

Glucose Post Prandial (PP)	271	mg/dL	70-140	Hexokinase (HK)
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Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	> = 200	> = 6.5	>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

- Postprandial glucose level is a screening test for Diabetes Mellitus
- If glucose level is >140 mg/dL and <200 mg/dL, then GTT (glucose tolerance test) is advised.
- If level after 2 hours = >200 mg/dL diabetes mellitus is confirmed.
- Advise HbA1c for further evaluation.

Calcium	9.2	mg/dL	8.5-10.1	o-cresolphthalein complexone (OCPC)
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Comments:

- Calcium in the body is found mainly in the bones (approximately 99%). In serum, Calcium exists in a free ionised form and in bound form (with Albumin). Hence, a decrease in Albumin causes lower Calcium levels and vice-versa.
- Calcium levels in serum depend on the Parathyroid Hormone.
- Increased Calcium levels are found in Bone tumors, Hyperparathyroidism. decreased levels are found in Hypoparathyroidism, renal failure, Rickets.

*** End Of Report ***



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Result rechecked and verified for abnormal cases

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Sample Tested In	: Serum	Reported On	: 20-May-2024 02:49 PM
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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Lipid Profile				
Cholesterol Total	113	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	138	mg/dL	< 150	GPO-POD
Cholesterol-HDL	42	mg/dL	40-60	Direct
Cholesterol-LDL	43.4	mg/dL	< 100	Calculated
Cholesterol- VLDL	27.6	mg/dL	7-35	Calculated
Non HDL Cholesterol	71	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	2.69	%	0-4.0	Calculated
HDL / LDL Ratio	0.97			
LDL/HDL Ratio	1.03	%	0-3.5	Calculated

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid disorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol in (mg/dL)	Non HDL Cholesterol in (mg/dL)
Optimal	Adult: < 200 Children: < 170	< 150	40-59	Adult:<100 Children: <110	<130
Above Optimal	-----	-----		100-129	130 - 159
Borderline High	Adult: 200-239 Children:171-199	150-199		Adult: 130-159 Children: 111-129	160 - 189
High	Adult:>or=240 Children:>or=200	200-499	≥ 60	Adult:160-189 Children:>or=130	190 - 219
Very High	-----	>or=500		Adult: >or=190 -----	>=220

Note: LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (Friedewald's formula). Calculated values not provided for LDL and VLDL



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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Kidney Profile-KFT				
Creatinine -Serum	0.79	mg/dL	0.60-1.10	Sarcosine oxidase
Urea-Serum	17.6	mg/dL	12.8-42.8	Glutamate dehydrogenase+Calculation
Blood Urea Nitrogen (BUN)	8.24	mg/dL	7.0-18.0	Calculated
BUN / Creatinine Ratio	10.43		6 - 22	
Uric Acid	2.7	mg/dL	2.6-6.0	Uricase
Sodium	141	mmol/L	136-145	ISE Direct
Potassium	4.2	mmol/L	3.5-5.1	ISE Direct
Chloride	102	mmol/L	98-108	ISE Direct
Liver Function Test (LFT)				
Bilirubin(Total)	0.8	mg/dL	0.3-1.2	Diazo
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.2	Diazo
Bilirubin (Indirect)	0.7	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	19	U/L	5-40	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	32	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	117	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	36	U/L	5-55	IFCC
Protein - Total	6.8	g/dL	6.4-8.2	Biuret
Albumin	4.0	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	2.8	g/dL	2.0-4.2	Calculated
A:G Ratio	1.43	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	0.59			

*** End Of Report ***

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HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
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Thyroid Profile-I(TFT)

T3 (Triiodothyronine)	115.85	ng/dL	40-181	CLIA
T4 (Thyroxine)	8.4	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	3.87	µIU/mL	0.35-5.5	CLIA

Pregnancy & Cord Blood

T3 (Triiodothyronine):	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester : 81-190 ng/dL	15 to 40 weeks:9.1-14.0 µg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimester :100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL
		Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: : 2.3-13.2 µIU/mL

Interpretation:

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4.
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It 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.



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REPORT

Name	: Mrs. RAZIA SULTANA	Sample ID	: A0286754
Age/Gender	: 60 Years/Female	Reg. No	: 0312405200005
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-May-2024 08:47 AM
Primary Sample	:	Received On	: 20-May-2024 01:02 PM
Sample Tested In	: Urine	Reported On	: 20-May-2024 01:43 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Complete Urine Analysis (CUE)				
Physical Examination				
Colour	Pale Yellow		Straw to light amber	
Appearance	HAZY		Clear	
Chemical Examination				
Glucose	Negative		Negative	Strip Reflectance
Protein	(+)		Negative	Strip Reflectance
Bilirubin (Bile)	Negative		Negative	Strip Reflectance
Urobilinogen	Negative		Negative	Ehrlichs reagent
Ketone Bodies	Negative		Negative	Strip Reflectance
Specific Gravity	1.025		1.000 - 1.030	Strip Reflectance
Blood	(+)		Negative	Strip Reflectance
Reaction (pH)	6.0		5.0 - 8.5	Reagent Strip Reflectance
Nitrites	Negative		Negative	Strip Reflectance
Leukocyte esterase	Negative		Negative	Reagent Strip Reflectance
Microscopic Examination (Microscopy)				
PUS(WBC) Cells	03-04	/hpf	00-05	Microscopy
R.B.C.	04-06	/hpf	Nil	Microscopic
Epithelial Cells	01-02	/hpf	00-05	Microscopic
Casts	Absent		Absent	Microscopic
Crystals	Absent		Absent	Microscopic
Bacteria	Nil		Nil	
Budding Yeast Cells	Nil		Absent	Microscopy

Correlate Clinically.

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*** End Of Report ***



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