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## LABORATORY TEST REPORT



Patient Information	Sample Information	Client/Location Information
Name : <b>Ms Shefali V Kanthariya</b>	Lab Id : <b>012315302863</b>	Client Name : Spectra Diagnostics Lab@Adajan
Sex/Age : <b>Female / 30 Y</b>	Registration on : 28-Jan-2023 10:38	Location :
Ref. Id :	Collected at : non SAWPL	Approved on : 28-Jan-2023 11:51 Status : Final
Ref. By :	Collected on : 28-Jan-2023 10:38	Printed On : 28-Jan-2023 11:56
	Sample Type : Serum	Process At : 153. Lab SAWPL Gujarat Surat Adajan

### Thyroid Function Test

Test	Result	Unit	Biological Ref. Interval
T3 - Triiodothyronine <i>Chemiluminescence</i>	0.62	ng/mL	0.58 - 1.59
T4 - Thyroxine <i>Chemiluminescence</i>	6.32	micro g/dL	4.87 - 11.72
TSH - Thyroid Stimulating Hormone <i>Chemiluminescence</i>	1.5040	microIU/mL	0.35 - 4.94

TSH	T3/FT3	T4/FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	- Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	- Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability. - Subclinical Autoimmune Hypothyroidism - Intermittent T4 therapy for hypothyroidism - Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	- Chronic autoimmune Thyroiditis - Post thyroidectomy, Post radiiodine - Hypothyroid phase of transient thyroiditis
Raised or Within Range	Raised	Raised or Within range	- Interfering antibodies to thyroid hormones (anti-TPO antibodies) - intermittent T4 therapy or T4 overdose - Drug interference-Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics
Decreased	Raised or within Range	Raised or within Range	- Isolated Low TSH - especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness - Subclinical Hyperthyroidism - Thyroxine ingestion
Decreased	Decreased	Decreased	- Central Hypothyroidism - Non-Thyroidal illness - Recent treatment for Hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	- Primary Hyperthyroidism (Graves disease), Multinodular goitre Toxic nodule - Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain'a) Gestational thyrotoxicosis with hyperemesis gravidarum
Decreased or within range	Raised	Within Range	- T3 toxicosis - Non-Thyroidal illness

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

This is an Electronically Authenticated Report.

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**Dr. Bharat D. Tandel**

M.D. Pathology

A-5 Jay Jalaram Society, B/H DGVCL Office , Palanpur Patia, Rander Rd, surat 395005, P 2775550,2779805



Name: <b>SHEFALI VINODCHANDRA KANTHARIA</b>	Ward: OPD
Lab ID <b>00000242</b>	Registration on: 28/01/2023 09:16:00
Age & Sex: <b>30 Year   Female</b>	Reported on: 13:44:19
Reference: <b>VELOCITY HOSPITAL</b>	Sample Type: <b>BLOOD &amp; URINE</b>

### CBC ESR

Test	Observed Value	Unit	Biological Reference Interval
Haemoglobin	10.6 L	g/dL	12.0 - 16.0
Total RBC	5.95 H	mill./cm	4.00 - 5.20
Total WBC	7500	/cmm	4000 - 11000
Platelet Count	228000	/cmm	150000 - 450000
HCT	36.4	%	36.0 - 48.0
MCV	61.2 L	fL	80.0 - 100.0
MCH	17.8 L	pg	27.0 - 32.0
MCHC	29.1 L	g/dL	31.5 - 36.0

### DIFFERENTIAL COUNT

Neutrophils	70	%	40-70
Lymphocytes	27	%	20-40
Eosinophils	02	%	02-05
Monocytes	01	%	01-07
Basophils	00	%	00 - 02
Band Cells	00	%	0.0 - 6.0

### ABSOLUTE DIFFERENTIAL COUNT

Neutrophils	5250	/cumm	2000 - 7000
Lymphocytes	2025	/cumm	1000 - 3000
Eosinophils	150	/cumm	20 - 500
Monocytes	75 L	/cumm	200 - 1000
Basophils	0	/cumm	0 - 100

### GLR / NLR

(Neutrophil/Lymphocyte Ratio)

2.6

### MENTZER INDEX

10.3

RDW-CV	15.6	%	11.1 - 14.1
MPV	7.6	fL	
PCT	0.11	%	
PDW	15.5	%	

**DR. TEJAL BHATT**  
MD. PATHOLOGIST





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**PERIPHERAL SM EAR EXAMINATION**

RBC Morphology  
WBC Morphology  
Platelets in Smear

**Hypochromia (+), Microcytosis (+), Anisocytosis (+),  
Appear normal, Immature cells are not seen .  
Adequate.**

**Malarial Parasites**

Not Detected.

Note

Hb electrophoresis is advised to rule out thalassemia as Mentzer index is <13. ( low HB, high RBC count and low MCV) .

**ESR**

AFTER 1 HOUR

**25 H** mm/hr

0.0 - 20.0

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## BLOOD GROUP

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>Blood Group</b>	"B"		
Rh Factor	POSITIVE		

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## BLOOD GLUCOSE TEST

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Sample	FLOURIDE PLASMA		
<b><u>FASTING (FBS)</u></b>			
Blood Sugar-F	92.7	mg/dL	70.00-110.00

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Age & Sex: **30 Year | Female**

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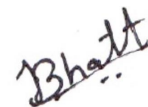
Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD & URINE**

## HEMOGLOBIN A1c TEST

Test	Observed Value	Unit	Biological Reference Interval
<b>HbA1c</b>	5.2	%	> 8 : Action Suggested 7-8 : Good control < 7 : Goal 6.2-7 : Near Normal Glycemia < 6.2 : Non-diabetic Level
Mean Blood Glucose	102.5	mg/dL	80.0 - 140.0

### Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. , this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).



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## LIPID PROFILE

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		0.0 - 0.0
Cholesterol	189.4	mg/dL	<200 Desirable 200-239 Borderline >240 Hig
Triglyceride	133.1	mg/dL	< 150 Normal 150 - 199 Borderline High 200 - 499 High >=500 Very High
HDL Cholesterol	<b>38.1</b> L	mg/dL	40-60
VLDL	26.62	mg/dL	10-40
LDL Cholesterol	124.68	mg/dL	<100 Optimal 100-129 Near optimal/above optimal 130-159 Borderline High 160-189 High >190 Very high
Cholesterol / HDL Chol. Ratio	3.27		0 - 4.1
Total Lipid	<b>5.0</b> L	mg/dl	400.0 - 1000.0

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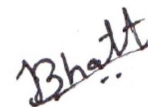
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## RENAL FUNCTION TEST

Test		Unit	
S. Creatinine	0.81	mg/dL	0.5-1.30
Bl. Urea	20.0	mg/dL	10.0 - 40.0
BUN	9.3	mg/dl	6.0 - 22.0
S.Calcium	<b>9.2</b>	mg/dL	8.8-10.3
Uric Acid	3.8	mg/dL	2.6 - 6.0



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## LIVER FUNCTION TEST

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>BILIRUBIN</u></b>			
Total Bilirubin	0.5	mg/dL	0.00 - 1.20
Direct Bilirubin	0.3	mg/dL	0.00 - 0.40
Indirect Bilirubin	0.20	mg/dL	0.20 - 1.00
SGPT(ALT)	31.2	U/L	0.0 - 40.0
SGOT (AST)	24.5	U/L	0.0 - 46.0
Alkaline Phosphatase	65.5	U/L	40-129
<b><u>PROTEINS</u></b>			
Total Protein	7.0	g/dL	6.0 - 8.0
Albumin	3.9	g/dL	3.50 - 5.50
Globulin	3.1	g/dL	2.5 - 4.0
A/G Ratio	1.3		

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## URINE ANALYSIS

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fresh Urine		
<b><u>PHYSICAL EXAMINATION</u></b>			
Quantity	10.0	mL	
Colour	Pale-Yellow		
Appearance	<b>Clear</b>		Clear
pH	6.5		
Specific Gravity	1.025		
Sediments	Absent		Absent
<b><u>CHEMICAL EXAMINATION</u></b>			
Protein (Albumin)	Absent		Absent
Sugar	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
Ketone	Absent		Absent
Occult Blood	Absent		Absent
Nitrite	Absent		Absent
Leukocyte Esterase	Absent		Absent
Urobilinogen	Normal		Normal
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Pus Cells	<b>2-3</b>	/hpf	Absent
Red Blood Cells	<b>1-2</b>	/hpf	Absent
Epithelial Cells	<b>3-4</b>	/hpf	Absent
Crystals	Absent		Absent
Amorphous material	Absent		Absent
Casts	Absent		Absent
Yeast	Absent		Absent
Bacteria	Present (+)		Absent

--- End of Report ---

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