

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Nidhi Dwivedi MRN : 17650000251961 Gender/Age : FEMALE , 31y (11/02/1992)

Collected On : 16/09/2023 10:17 AM Received On : 16/09/2023 10:18 AM Reported On : 16/09/2023 11:29 AM

Barcode : J22309160104 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240574916

HAEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (sodium Lauryl Sulphate (SLS) Method)	11.4 L	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	3.94	millions/ µL	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	35.3 L	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	89.6	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	28.9	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.2	%	31.5-34.5
Red Cell Distribution Width (RDW)	18.0 H	%	11.6-14.0
Platelet Count (Electrical Impedance)	141 L	Thous/Cumm	150.0-400.0
Mean Platelet Volume (MPV)	11.5	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	4.9	-	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils	71.1	%	40.0-75.0
Lymphocytes (Fluorescent Flow Cytometry)	22.4	%	20.0-40.0
Monocytes (Fluorescent Flow Cytometry)	4.5	%	2.0-10.0
Eosinophils (Fluorescent Flow Cytometry)	1.7	%	1.0-6.0

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83348 30003

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Basophils (Fluorescent Flow Cytometry)	0.3	%	0.0-2.0
Absolute Neutrophil Count	3.49	-	-
Absolute Lymphocyte Count	1.1	-	-
Absolute Monocyte Count	0.23	-	-
Absolute Eosinophil Count	0.09	-	-
Absolute Basophil Count	0.02	-	-

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

--End of Report--



Dr. Smita Priyam
MBBS, MD, Pathology
REGISTRAR

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Collected On : 16/09/2023 10:17 AM Received On : 16/09/2023 10:18 AM Reported On : 16/09/2023 01:15 PM

Barcode : J12309160117 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240574916

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.64	mg/dL	0.52-1.04
eGFR (Calculated By MDRD Formula)	108.3	mL/min/1.73m ²	Indicative for renal impairment: <60 Note: eGFR is inaccurate for Hemodynamically unstable patients . eGFR is not applicable for less than 18 years of age .
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric - Urease)	14.48	mg/dL	7.0-17.0
Serum Sodium (Direct ISE - Potentiometric)	142	mmol/L	137.0-145.0
Serum Potassium (Direct ISE - Potentiometric)	4.5	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	208 H	mg/dL	Both: Desirable: < 200 Both: Borderline High: 200-239 Both: High: > 240
Triglycerides	217 H	mg/dL	Both: Normal: < 150 Both: Borderline: 150-199 Both: High: 200-499 Both: Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	42	mg/dL	40.0-60.0
Non-HDL Cholesterol	166	-	-
LDL Cholesterol (Colorimetric)	147.31 H	mg/dL	Both: Optimal: < 100 Both: Near to above optimal: 100-129 Both: Borderline High: 130-159 Both: High: 160-189 Both: Very High: > 190

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VLDL Cholesterol (Calculated) **43.4 H** mg/dL 0.0-40.0

Cholesterol /HDL Ratio 5 - -

LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method) 0.4 mg/dL 0.2-1.3

Conjugated Bilirubin (Direct) (Calculated) 0.1 mg/dL 0.0-0.4

Unconjugated Bilirubin (Indirect) 0.3 - -

Total Protein (Colorimetric - Biuret Method) 7.4 g/dL 6.3-8.2

Serum Albumin (Colorimetric - Bromo-Cresol Green) 4.4 gm/dL 3.5-5.0

Serum Globulin (Calculated) 3 g/dL 2.0-3.5

Albumin To Globulin (A/G)Ratio (Calculated) 1.47 - 1.0-2.1

SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate)) 21 U/L 14.0-36.0

SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate)) 17 U/L <35.0

Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer) 119 U/L 38.0-126.0

Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method)) 11 L U/L 12.0-43.0

--End of Report--



Dr. Ritu Priya
MBBS, MD, Biochemistry
Consultant

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Collected On : 16/09/2023 10:17 AM Received On : 16/09/2023 10:18 AM Reported On : 16/09/2023 02:22 PM

Barcode : J32309160012 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240574916

IMMONOLOGY

Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.35	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	9.36	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.725	µIU/mL	Non Pregnant Euthyroid: 0.4001-4.049 Pregnancy: 1st Trimester: 0.1298-3.120 2nd Trimester: 0.2749-2.652 3rd Trimester: 0.3127-2.947

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Patient Name : Ms Nidhi Dwivedi MRN : 17650000251961 Gender/Age : FEMALE , 31y (11/02/1992)

Collected On : 16/09/2023 04:19 PM Received On : 16/09/2023 04:27 PM Reported On : 16/09/2023 06:40 PM

Barcode : J12309160190 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240574916

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Peroxidase)	112	mg/dL	Normal: 70-139 Pre-diabetes: 140-199 Diabetes: => 200 ADA standards 2019

Interpretations:

(ADA Standards Jan 2017)

PPBS can be less than FBS in certain conditions like post prandial reactive hypoglycaemia, exaggerated response to insulin, subclinical hypothyroidism, very lean/anxious individuals. In non-diabetic individuals, such patients can be followed up with GTT.

--End of Report--



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Collected On : 16/09/2023 01:21 PM Received On : 16/09/2023 01:21 PM Reported On : 18/09/2023 02:44 PM

Barcode : J42309160011 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240574916

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
Urine For Sugar	Absent	-	-

URINE ROUTINE & MICROSCOPY

PHYSICAL EXAMINATION

Volume	50	ml	-
Colour	Pale Straw	-	-
Appearance	Slight Hazy	-	-

CHEMICAL EXAMINATION

pH(Reaction)	6.5	-	4.8-7.5
Sp. Gravity	1.015	-	1.002-1.030
Protein	Absent	-	-
Urine Glucose	Absent	-	Negative
Ketone Bodies	Absent	-	-
Bile Salts	Absent	-	Negative
Bile Pigment (Bilirubin)	Absent	-	Negative
Urobilinogen	Normal	-	-
Urine Leucocyte Esterase	Present (++)	-	-
Blood Urine	Trace	-	Negative
Nitrite	Absent	-	Negative

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MICROSCOPIC EXAMINATION

Pus Cells	20-25	/hpf	0 - 2
RBC	1-2	/hpf	-
Epithelial Cells	8-10	/hpf	-
Crystals	Not Found	-	-
Casts	Not Found	-	-
Bacteria	Present(++)	-	-
Yeast Cells	Not Found	-	-

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ID: 1765000251961
Name: Duvvedi, Nidhi
Age: 31 Years
Gender: Female

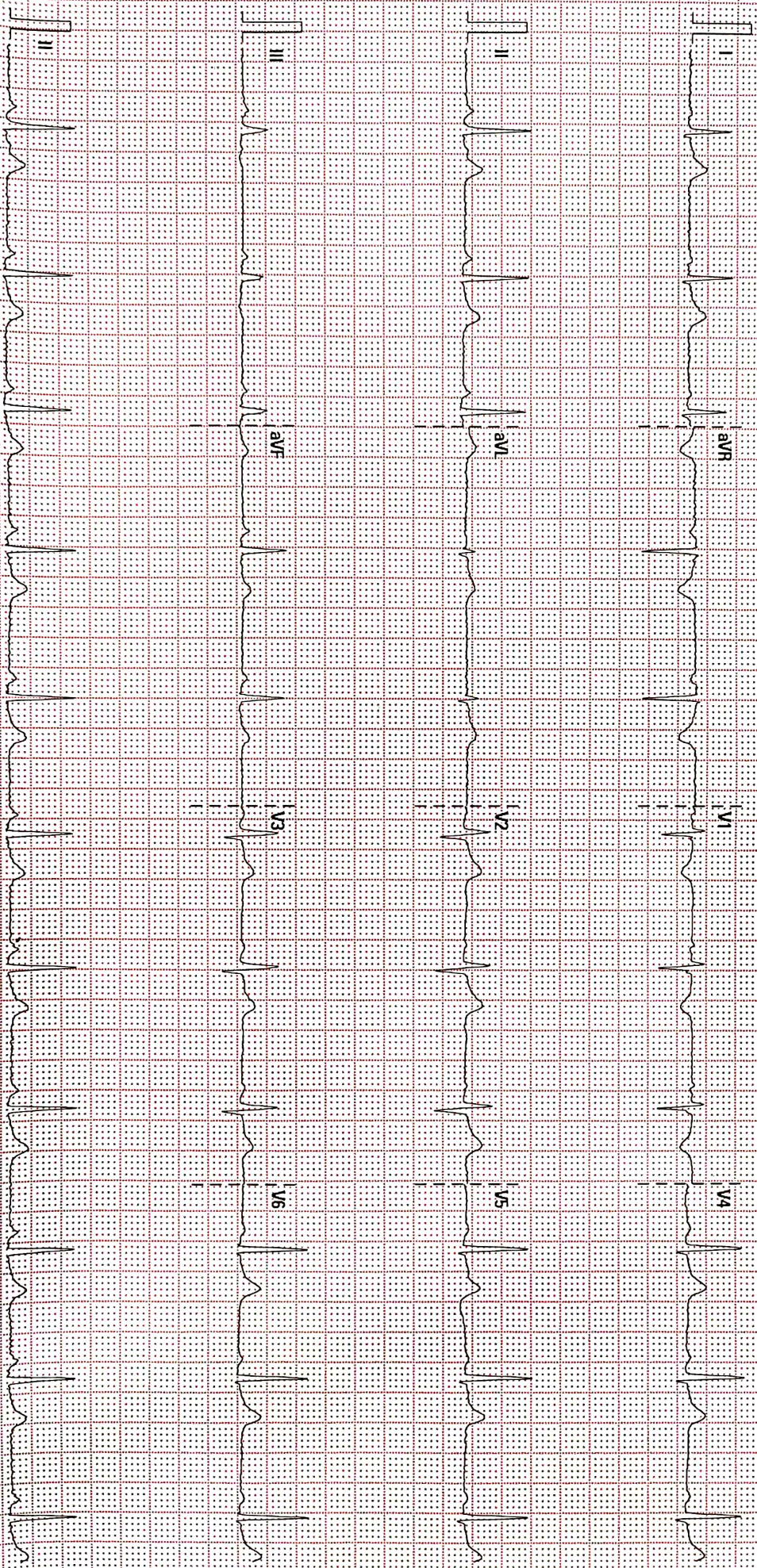
2023-09-16 10:47:09

Vent. Rate 65 bpm
PR Interval 140 ms
QRS Duration 78 ms
QT/QTc Interval 386/395 ms
P/QRST Axes 67/52/26 deg
Dir/Hodges

Sinus rhythm
Normal ECG

Unconfirmed Diagnosis

PLEASE CORRELATE CLINICALLY



25 mm/s

10 mm/mV

50 Hz

BDH 35 Hz

Narayana Superspecialty Hospital

02 10:00 V28.4.1

SNFN-19030331

Please Keep A Photocopy

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Collected On : 16/09/2023 10:17 AM Received On : 16/09/2023 10:18 AM Reported On : 16/09/2023 12:24 PM

Barcode : J12309160119 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240574916

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	5.3	%	Both: Normal: 4.0-5.6 Both: Prediabetes: 5.7-6.4 Both: Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	105.41	-	-

Interpretation:
1. HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
2. HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
3. Any sample with >15% should be suspected of having a haemoglobin variant.

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Collected On : 16/09/2023 10:17 AM Received On : 16/09/2023 10:18 AM Reported On : 16/09/2023 12:14 PM

Barcode : J22309160103 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240574916

HAEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Modified Westergren Method)	22 H	mm/1hr	0.0-12.0

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Collected On : 16/09/2023 10:17 AM Received On : 16/09/2023 10:18 AM Reported On : 16/09/2023 01:15 PM

Barcode : J12309160118 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240574916

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Glucose Oxidase, Peroxidase)	88	mg/dL	Both: Normal: 70-99 Both: Pre-diabetes: 100-125 Both: Diabetes: => 126 ADA standards 2019

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