





Name : Ms. Shabnam K. Kumari Registration on : 26-Feb-2022 10:46

Lab ID : 022221203286 Ref. ld: Collected on

Sex/Age Female / 29 Years Approved on : 26-Feb-2022 13:32

Ref. By Sample Type : EDTA Blood

Location : Bob Health Checkup@Godhra **Patient Source**

COMPLETE BOOD COUNT

Test HB and Indices	Result	Unit	Biological Ref. Interval		
Hemoglobin	12.3	g/dL	12.0 - 16.0		
RBC Count	4.27	million/cmm	3.8 - 4.8		
Hematocrit	36.8	%	36 - 48		
MCV	86.2	fL	83 - 101		
MCH	28.8	pg	26.4 - 33.2		
MCHC	33.4	g/dL	31.8 - 35.9		
RDW CV	13.20	%	11.6 - 14		
Total WBC and Different	ial Count				
WBC Count	6360	/cmm	4000 - 10000		
Differential Count			Absolute Count		
Neutrophils	58.8	% 40 - 80	3740 /cmm 2000 - 6700		
Lymphocytes	27.0	% 20 - 40	1717 /cmm 1000 - 3000		
Eosinophils	4.2	% 1 - 6	267 /cmm 20 - 500		
Monocytes	9.1	% 2 - 10	579 /cmm 200 - 1000		
Basophils	0.9	% 0 - 2	57 /cmm 0 - 100		
Platelet Count					
Platelet Count	278000	/cmm	150000 - 410000		
Erythrocytes Sedimenta	tion Rate				

0 - 21

ESR

Dr. Yugma Trivedi Dr. Harsh shah MD (Path) M.D., D.N.B. # Referred Test This is an Electronically Authenticated Report.

18

mm/1hr

Dr. Farzana Vali M.B., D.C.P.

Page 1 of 5

Printed on: 03-Mar-2022 11:00 Report Status: Interim







Name : **Ms. Shabnam K. Kumari** Registration on : 26-Feb-2022 10:46

Lab ID : 022221203286 Ref. ld : Collected on

Sex/Age : Female / 29 Years Approved on : 26-Feb-2022 13:42

Ref. By : Sample Type : Serum

Location : Bob Health Checkup@Godhra Patient Source :

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar	95.5		70 - 110
Fasting Urine Sugar	Not Given		Absent
Creatinine, Serum Modified Jaffes method	0.76	mg/dL	0.4 - 1.4
Urea Urease Glutamate Dehydrogenase, UV method	30.5	mg/dL	13 - 40
Uric Acid Uricase-Peroxidase method	5.90	mg/dL	2.6 - 6.0
SGPT IFCC method without pyridoxal phosphate activation	H 47.7	U/L	0 - 45
SGOT IFCC method without pyridoxal phosphate activation	28.1	U/L	5 - 40
GGT L-?-glutamyl-glycylglycine	24.6	U/L	5 - 50
Alkaline Phosphatase	H 134.0	U/L	42 - 98
	Bilirubii	n	
Total Bilirubin Diazo reaction	0.26	mg/dL	0.2 - 1.3
Direct Bilirubin Diazo reaction	0.13	mg/dL	0.0 - 0.4
Indirect Bilirubin	0.13	mg/dL	0.1 - 1.1
	Proteir	1	
Total Protein Biuret method	7.25	g/dL	6.0 - 8.5
Albumin BCG	4.45	g/dL	3.5 - 5.2
Globulin	2.80	g/dL	2.2 - 3.0
A/G Ratio Calculated	1.59		1.3 - 1.7

1

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Report Status: Interim

Dr. Yugma Trivedi Dr. Harsh shah MD (Path) M.D., D.N.B.

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Page 2 of 5

Laboratory: Opp. Vishwakarma Mandir, L.I.C. Road, Godhara. Ph.: (L) (02672) 243740, 249200 | @ 9104937017







Name : Ms. Shabnam K. Kumari Registration on : 26-Feb-2022 10:46

Lab ID : 022221203286 Ref. ld: Collected on

Sex/Age Female / 29 Years Approved on : 26-Feb-2022 13:43

Ref. By Sample Type : Serum

Location : Bob Health Checkup@Godhra **Patient Source**

Lipid Profile

	<u> </u>		
Test	Result	Unit	Biological Ref. Interval
Cholesterol Cholesterol oxidase, Esterase, Peroxidase	H 201.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride GPO-POD	147.2	mg/dL	Normal : < 150 Borderline : 150-199 High : 200-499 Very High : > 500
HDL Cholesterol PTA/MgCl2	49.9	mg/dL	Low : <40.0 High : >60.0
Direct LDL Direct measured	117.40	mg/dL	Optimal: < 100 Near / above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: >190
VLDL Calculated	29.44	mg/dL	15 - 35
CHOL/HDL Ratio	4.0		Up to 5.0
LDL/HDL Ratio	2.4		Up to 3.5

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Page 3 of 5

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Lab ID : 022221203286 Ref. ld : Collected on

Sex/Age: Female / 29 Years Approved on: 26-Feb-2022 13:43

Ref. By : Sample Type : EDTA Sample

Location : Bob Health Checkup@Godhra Patient Source :

HbA1c (Glycosylated Hemoglobin)

Test	Result	Unit	Biological Ref. Interval
HbA1c	5.25	%	For Screening: Diabetes: >6.5% Pre-Diabetes: 5.7% - 6.4% Non-Diabetes: < 5.7% For Diabetic Patient: Poor Control: > 7.0% Good Control: 6.0-7.0%
Mean Blood Glucose	103.97	mg/dL	

Explanation:-

- Total haemoglobin A1 c is continuously synthesized in the red blood cell throught its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
- The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c (HbF) or differences in their glycation from that of HbA (HbS).

Reference: ADA Guideline 2020

1

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Dr. Farzana Vali

Page 4 of 5

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: Bob Health Checkup@Godhra **Patient Source** Location

Thyroid Function Test

	,		
Test	Result	Unit	Biological Ref. Interval
T3 - Triiodothyronine	1.11	ng/mL	0.58 - 1.59
T4 - Thyroxine	7.85	micro g/dL	5.13 - 14.06
TSH - Thyroid Stimulating Hormone	0.9200	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-offen 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/mI is commonly associated with physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism Intermitted T4 therapy for hypothyroidism Recovery phase after Non-Thyroidal illness 	
Raised	Decreased	Decreased	Chronic autoimmune Thyroiditis Post thyroidectomy, Post radioiodine 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 offen 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 -----

Dr. Yugma Trivedi

M.D., D.N.B.

Dr. Farzana Vali

MD (Path)

Dr. Harsh shah

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Page 5 of 5

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