

Name : MRS.NAZREEN FATMA

Age / Gender : 27 Years / Female

Consulting Dr. : -

Reg. Location : J B Nagar, Andheri East (Main Centre)



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:26-Nov-2021 / 14:52

ARCOFEMI HEALTHCARE- BLOOD TEST

CBC (Complete Blood Count), Blood			
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	12.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.53	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.9	36-46 %	Measured
MCV	81.5	80-100 fl	Calculated
MCH	26.8	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	16.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6500	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	BSOLUTE COUNTS		
Lymphocytes	29.6	20-40 %	
Absolute Lymphocytes	1924.0	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	
Absolute Monocytes	364.0	200-1000 /cmm	Calculated
Neutrophils	63.4	40-80 %	
Absolute Neutrophils	4121.0	2000-7000 /cmm	Calculated
Eosinophils	1.0	1-6 %	
Absolute Eosinophils	65.0	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	26.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	155000	150000-400000 /cmm	Elect. Impedance
MPV	15.8	6-11 fl	Calculated
PDW	26.4	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-
Macrocytosis	_

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Anisocytosis Mild Poikilocytosis Mild Polychromasia

Target Cells

Basophilic Stippling Normoblasts

Others Elliptocytes-occasional

WBC MORPHOLOGY

PLATELET MORPHOLOGY Megaplatelets seen on smear

COMMENT

Result rechecked.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 2-20 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West *** End Of Report ***

> M. fain Dr.MILLU JAIN M.D.(PATH) **Pathologist**





Joan Compla Dr. AMAR DASGUPTA, MD, PhD **Consultant Hematopathologist Director - Medical Services**

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ARCOFEMI HEALTHCARE- BLOOD TEST

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	83.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	86.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
TOTAL PROTEINS, Serum	8.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
BLOOD UREA, Serum	28.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	13.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.72	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	103	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.8	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
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Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director

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ARCOFEMI HEALTHCARE- BLOOD TEST GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin 5.1 Non-Diabetic Level: < 5.7 % HPLC (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

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Estimated Average Glucose 99.7 mg/dl Calculated

(eAG), EDTA WB - CC

Intended use:

• In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year

• In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly

• For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

• HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.

• The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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ARCOFEMI HEALTHCARE- BLOOD TEST LIRINE EXAMINATION REPORT

URINE EXAMINATION REPORT				
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
PHYSICAL EXAMINATION				
Color	Pale yellow	Pale Yellow	-	
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator	
Specific Gravity	1.015	1.001-1.030	Chemical Indicator	
Transparency	Slight hazy	Clear	-	
Volume (ml)	40	-	-	
CHEMICAL EXAMINATION				
Proteins	Absent	Absent	pH Indicator	
Glucose	Absent	Absent	GOD-POD	
Ketones	Absent	Absent	Legals Test	
Blood	Absent	Absent	Peroxidase	
Bilirubin	Absent	Absent	Diazonium Salt	
Urobilinogen	Normal	Normal	Diazonium Salt	
Nitrite	Absent	Absent	Griess Test	
MICROSCOPIC EXAMINATION				
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf		

Red Blood Cells / hpf Absent 0-2/hpf

Epithelial Cells / hpf 2-3

Casts Absent Absent Crystals **Absent** Absent Amorphous debris Absent Absent

Bacteria / hpf Less than 20/hpf +++

Others

Kindly rule out contamination.

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ARCOFEMI HEALTHCARE- BLOOD TEST BLOOD GROUPING & Rh TYPING

PARAMETER RESULTS

ABO GROUP 0

Rh TYPING POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

- 1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- 2. AABB technical manual

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ARCOFEMI HEALTHCARE- BLOOD TEST LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	219.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	60.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	98.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	121	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	109.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	12.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.1	0-3.5 Ratio	Calculated

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West *** End Of Report ***







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ARCOFEMI HEALTHCARE- BLOOD TEST THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.3	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	2.26	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations: Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3. Tietz , Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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ARCOFEMI HEALTHCARE- BLOOD TEST LIVER FUNCTION TESTS

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.34	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.19	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	31.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	41.0	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	20.7	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	118.9	35-105 U/L	Colorimetric

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