LABORATORY REPORT

PATIENT INFORMATION
MRS RAMA DEVI .
AGE : 32Y 10M 5D
GENDER : Female
PRIORITY : Routine
OP / IP / DG # :

REFERRED BY
DR. NEELAM KAUL
LAB MR# : APTK00004441
HMIS MR# : AP-3-111458
Ward / Room / Bed No.
- - - - -

SPECIMEN INFORMATION
SAMPLE TYPE : WB-EDTA
LAB ORDER NO : VPTK23002577
COLLECTED ON : 28/Jan/2023 11:17
RECEIVED ON : 28/Jan/2023 11:17
REPORT STATUS : Final Report

HAEMATOLOGY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
BANK OF BARODA PACKAGE(FEMALE)				
Complete Blood Count with Peripheral Smear Review (Coulter Principle / Photometric method / vcs / Cumulative pulse height / Staining / Calculated and Microscopy)				
Total Leukocyte Count	6.5		10^3/µl	4.0 - 11.0
RBC Count	4.6		10^6/µL	3.8 - 4.8
Hemoglobin	13.2		g/dL	12.0 - 15.0
Hematocrit	**38.5**	L	%	40 - 50
MCV(Mean Corpuscular Volume)	83.6		fL	83 - 101
MCH(Mean Corpuscular Hemoglobin)	28.6		pg	27 - 32
MCHC(Mean Corpuscular Hemoglobin Concentration)	34.2		g/dL	31.5 - 34.5
RDW	**15.4**	H	%	11.6 - 14
Platelet Count	207		10^3/µl	150 - 410
MPV	11.4		fL	7.5 - 11.5
Differential Counts % (VCSN)				
Neutrophils	47.0		%	40-80%
Lymphocytes	40.0		%	20-40%
Monocytes	9.0		%	2-10%
Eosinophils	4.0		%	1-6%
Basophils	0.0		%	0-1%
Differential Counts, Absolute				
Absolute Neutrophil Count	3.06		10^3/µl	2.0-7.0
Absolute Lymphocyte Count	2.60		10^3/µl	1.0-3.0
Absolute Monocyte Count	0.59		10^3/µl	0.2 - 1.0
Absolute Eosinophil Count (AEC)	0.26		10^3/µl	0.02 - 0.5
Absolute Basophil Count	0.00		10^3/µl	0.02 - 0.1

Peripheral Smear

RBC:
RBCs are predominently Normocytic Normochromic.

WBC:
TLC and DLC are as given.

Platelets:
Platelets are adequate in number.

Comments:

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BANK OF BARODA PACKAGE(FEMALE)

No Haemoparasites are seen in the smear examined.

Toxic granules- not seen.

Impression : Normocytic Normochromic Smear.

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SPECIMEN INFORMATION
SAMPLE TYPE : Whole Blood - EDTA
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HAEMATOLOGY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
BANK OF BARODA PACKAGE(FEMALE)				
Erythrocyte Sedimentation Rate (ESR)				
Westergren`s Method(Manual)				
Westergrens Method (Modified Westergren`s)	**32**	H	mm/h	0 - 12
Blood Grouping and Typing (ABO and Rh) - Tube agglutination				
Tube agglutination(Forward & Reverse Grouping)				
ABO GROUP	A (A1 subgroup)			
Rh Type	D Positive			

Interpretation:
1. If Rh is Du positive it is best considered as D negative as recipient and D positive as donor. However repeat evaluation is recommended for confirmation. Proper Cross matching is recommended before transfusion.
2. In case of forward and reverse grouping discrepancy, clinical correlation and repeat sample analysis is recommended.
3. For Infants below 6 months only forward grouping is performed.
4. A sub-grouping is recommended after the age of 6 months.

Checked by Mr.Harpal
Lab Techinican

Dr.Nidhi Puri
Consultant Pathologist
28/Jan/2023 12:01

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SPECIMEN INFORMATION
SAMPLE TYPE : Fluoride Plasma - F
LAB ORDER NO : VPTK23002577
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BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
BANK OF BARODA PACKAGE(FEMALE)				
Glucose - Fasting				
Glucose - Fasting (Hexokinase)	95.9		mg/dL	Normal : 74-100 Pre-diabetic : 100-125 Diabetic: >=126

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SPECIMEN INFORMATION
SAMPLE TYPE : Serum
LAB ORDER NO : VPTK23002577
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BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
BANK OF BARODA PACKAGE(FEMALE)				
Cholesterol Total - Serum				
Cholesterol Total - Serum (Enzymatic colorimetric)	170.0		mg/dL	<200 No risk 200-239 Moderate risk >240 High risk
Triglycerides				
Triglycerides (Enzymatic colorimetry)	111.0		mg/dL	Normal: <150 Borderline-high: 150–199 High risk 200–499 Very high risk >500
Cholesterol - HDL (Direct)				
Cholesterol - HDL (Direct) (Enzymatic colorimetric)	46.8		mg/dL	<40 High Risk ; >60 No Risk
VLDL (Very Low Density Lipoprotein)				
VLDL (Very Low Density Lipoprotein) (Calculation)	22.2		mg/dL	<30
Liver Function Tests (LFT)				
Bilirubin Total (Diazo method)	0.5		mg/dL	<1.1
Bilirubin Conjugated (Diazo method)	0.2		mg/dL	<=0.2
Bilirubin Unconjugated, Indirect (Calculation)	0.3		mg/dL	<1.0
Alanine aminotransferase - (ALT / SGPT) (Kinetic IFCC)	26		U/L	<33
Aspartate Aminotransferase (AST/SGOT) (IFCC kinetic)	25		U/L	<31
Alkaline Phosphatase - ALP (IFCC kinetic)	**106.0**	H	U/L	<104
Gamma Glutamyl Transferase (GGT) (Enzymatic colorimetric assay)	46.0		U/L	< 71
Protein Total, Serum (Biuret Method)	**8.8**	H	g/dL	6.4-8.3
Albumin - Serum (Bromocresol green)	4.9		g/dL	3.5 - 5.2
Globulin (Calculation)	**3.9**	H	g/dL	2.3-3.5

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SPECIMEN INFORMATION
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BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
BANK OF BARODA PACKAGE(FEMALE)				
A/G (Albumin/Globulin) Ratio (Calculation)	1.3			0.8-2.0
Creatinine (Modified Jaffe Kinetic)	0.70		mg/dL	< 1.20
Blood Urea Nitrogen, BUN - Serum				
Blood Urea Nitrogen (BUN) (Calculation)	8.22		mg/dL	7-19
Uric acid				
Uric acid (Uricase)	4.4		mg/dL	3.4-7

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BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
BANK OF BARODA PACKAGE(FEMALE)				
HbA1c - Glycated Hemoglobin				
Glycated Hemoglobin, HbA1c (TINIA)	5.10		%	Non diabetic range: 4.8-5.6 Prediabetic range: 5.7-6.4% Diabetes range: >=6.5%
Estimated Average Glucose	99.7		mg/dL	

Interpretation:
Note: HbA1c results may vary in situations of abnormal red cell turnover, such as pregnancy, recent blood loss or transfusion, or some anemias. In such cases only blood glucose criteria should be used to diagnose diabetes (ADA, 2014). Please correlate clinically.

LABORATORY REPORT

PATIENT INFORMATION		REFERRED BY		SPECIMEN INFORMATION	
MRS RAMA DEVI .		**DR. NEELAM KAUL**		**SAMPLE TYPE**	: Serum
AGE	: 32Y 10M 5D	LAB MR#	: APTK00004441	**LAB ORDER NO**	: VPTK23002577
GENDER	: Female	**HMIS MR#**	**: AP-3-111458**	**COLLECTED ON**	: 28/Jan/2023 11:17
PRIORITY	: Routine	**Ward / Room / Bed No.**		**RECEIVED ON**	: 28/Jan/2023 11:17
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BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
BANK OF BARODA PACKAGE(FEMALE)				
T3 - Total (Tri Iodothyronine) (ECLIA)	112.3		ng/dL	80.00 - 200.00
T4 - Total (Thyroxine - Total) (ECLIA)	9.70		µg/dL	5.1-14.1
TSH, Thyroid Stimulating Hormone (ECLIA)	2.540		µIU/mL	0.27 - 4.21

Interpretation:

The following potential sources of variation should be considered while interpreting thyroid hormone results:
1. Circadian variation in TSH secretion: peak levels are seen between 2-4 am. Minimum levels seen between 6-10 am. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.
2. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment
3. Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding Pre-Albumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.
4. T4 may be normal in the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, in presence of drugs (eg Phenytoin, Salicylates etc)
5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.
7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetected by conventional methods.
8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones
9. Various drugs can lead to interference in test results
It is recommended to evaluate unbound fractions, that is free T3 (fT3) and free T4 (fT4) for clinic-pathologic correlation, as these are the metabolically active forms.

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

Checked by Mr.Harpal
Lab Techinican

Dr.Nidhi Puri
Consultant Pathologist
28/Jan/2023 12:05