

CID	: 2132923942
Name	: MS.YUKTI ADLAKHA
Age / Gender	: 30 Years / Female
Consulting Dr.	: -
Reg. Location	: J B Nagar, Andheri East (Main Centre)

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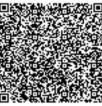
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ARCOFEMI HEALTHCARE- BLOOD TEST

	<u>CBC (Complet</u>	<u>e Blood Count), Blood</u>	
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	12.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.20	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.6	36-46 %	Measured
MCV	92.0	80-100 fl	Calculated
МСН	30.6	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7960	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	20.5	20-40 %	
Absolute Lymphocytes	1620	1000-3000 /cmm	Calculated
Monocytes	5.7	2-10 %	
Absolute Monocytes	450	200-1000 /cmm	Calculated
Neutrophils	70.3	40-80 %	
Absolute Neutrophils	5580	2000-7000 /cmm	Calculated
Eosinophils	3.3	1-6 %	
Absolute Eosinophils	260	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	10	20-100 /cmm	Calculated
Immature Leukocytes			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

<u>PLATELET PARAMETERS</u>			
Platelet Count	251000	150000-400000 /cmm	Elect. Impedance
MPV	9.7	6-11 fl	Calculated
PDW	16.4	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		

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Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic,Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	
•••	-

ESR, EDTA WB-ESR 26 2-20 mm at 1 hr. Westergren
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RECISE TESTING - HEALTHIER LIVING		
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ARCOFEMI HEALTHCARE- BLOOD TEST			
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	75.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	86.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
BLOOD UREA, Serum	17.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.70	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	104	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.3	2.4-5.7 mg/dl	Enzymatic

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	ARCOFEMI HEALTHCA		
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	68.1	mg/dl	Calculated

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 BLOOD GROUPING & Rh TYPING

PARAMETER

RESULTS

ABO GROUP O 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.

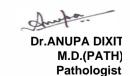
Refernces:

- 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 HEALTHCA	RE- BLOOD TEST	
	LIPID PRC	FILE	
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	148.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	62.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	47.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	100.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	88.0	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	12.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated
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PARAMETER

Free T3, Serum

Free T4, Serum

sensitiveTSH, Serum

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DIAGNOSTI PRECISE TESTING - HEAL	C S THE			E
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ARCOFEMI HEALTHCARE- BLOOD TEST THYROID FUNCTION TESTS

BIOLOGICAL REF RANGE

3.5-6.5 pmol/L

11.5-22.7 pmol/L

First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59

0.35-5.5 microIU/ml

First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0

RESULTS

4.5

15.8

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METHOD

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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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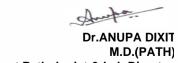
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ARCOFEMI HEALTHCARE- BLOOD TEST LIVER FUNCTION TESTS				
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>	
BILIRUBIN (TOTAL), Serum	0.57	0.1-1.2 mg/dl	Colorimetric	
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo	
BILIRUBIN (INDIRECT), Serum	0.32	0.1-1.0 mg/dl	Calculated	
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret	
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG	
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated	
A/G RATIO, Serum	1.5	1 - 2	Calculated	
SGOT (AST), Serum	22.9	5-32 U/L	NADH (w/o P-5-P)	
SGPT (ALT), Serum	19.6	5-33 U/L	NADH (w/o P-5-P)	
GAMMA GT, Serum	13.6	3-40 U/L	Enzymatic	
ALKALINE PHOSPHATASE, Serum	73.2	35-105 U/L	Colorimetric	

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