

<b>Report Number</b> : IR/274514	<b>Web Slip No</b> : SAS/INV/99/182978-07/2021
<b>Lab Slip No.</b> : SASGO/INV/183561-07/2021	<b>Report Date</b> : 21/07/2021 7:19:00PM
<b>Patient Name</b> : PRATIVA MAJUMDER	<b>Collection Date</b> : 21/07/2021 2:58:00PM
<b>Age / Sex</b> : 25 Year /Female	<b>Phlebotomist</b> :
<b>Referred By</b> : SELF	<b>Collected From</b> : SINTHI-APOLLO

**REPORT PREPARED ON PATHOLOGY**  
**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Value	Unit	Normal Range
CREATININE <i>Methodology: Jaffe Reaction</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>	0.8	mg/dl	Male 0.7-1.4 Female 0.6-1.2
URIC ACID <i>Methodology: Uricase</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>	3.4	mg/dl	Female 2.6-6.0

\*Please Correlate with Clinical Conditons.

\*\*\*\*\* End Of Report \*\*\*\*\*

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<b>Report Number</b> : IR/274519	<b>Web Slip No</b> : SAS/INV/99/182978-07/2021
<b>Lab Slip No.</b> : SASGO/INV/183561-07/2021	<b>Report Date</b> : 21/07/2021 7:20:00PM
<b>Patient Name</b> : PRATIVA MAJUMDER	<b>Collection Date</b> : 21/07/2021 2:58:00PM
<b>Age / Sex</b> : 25 Year /Female	<b>Phlebotomist</b> :
<b>Referred By</b> : SELF	<b>Collected From</b> : SINTHI-APOLLO

**REPORT PREPARED ON PATHOLOGY**  
**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Value	Unit	Normal Range
GLUCOSE FASTING <i>Methodology: GOD POD</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>	88	mg/dl	70 - 110
GLUCOSE POSTPRANDIAL <i>Methodology: GOD POD</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>	92	mg/dl	80 - 140

\*Please Correlate with Clinical Conditions.

**NOTE:** Regarding blood sugar levels, if a patient is diabetic and if He/she is on oral medication for diabetes, the sugar levels can be fasting blood sugar level more than the post prandial blood sugar. This happens because most of the anti-diabetic medications are taken either with or before breakfast. If the patient is not a diabetic, as soon as He/she takes the breakfast, it will act as a stimulant to produce insulin in the body and that will bring down the post prandial blood sugar level (PP). Normal diet can be 2 or 3 doses, chapatis or rotis, in which the blood glucose level will be lower than 75 grams of direct glucose. This direct glucose might also increase the sugar level to 260. Another scenario for increase in sugar after empty stomach will be because of the hormone called glucagon, which will induce glycogenolysis and neoglucogenesis in the body when the sugar levels are very low. In this mechanism, the stored glycogen or lipids will be converted into glucose, thus increasing the blood sugar level.

\*\*\*\*\* End Of Report \*\*\*\*\*

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<b>Lab Slip No.</b>	: SASGO/INV/183561-07/2021	<b>Report Date</b>	: 21/07/2021 8:58:00PM
<b>Patient Name</b>	: PRATIVA MAJUMDER	<b>Collection Date</b>	: 21/07/2021 2:58:00PM
<b>Age / Sex</b>	: 25 Year /Female	<b>Phlebotomist</b>	:
<b>Referred By</b>	: SELF	<b>Collected From</b>	: SINTHI-APOLLO

**REPORT PREPARED ON PATHOLOGY**

**DEPARTMENT OF SEROLOGY**

Test Name	Value	Unit	Normal Range
BLOOD GROUPING	"A"		
Rh Factor	Positive		

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<b>Lab Slip No.</b> : SASGO/INV/183561-07/2021	<b>Report Date</b> : 21/07/2021 7:18:00PM
<b>Patient Name</b> : PRATIVA MAJUMDER	<b>Collection Date</b> : 21/07/2021 2:58:00PM
<b>Age / Sex</b> : 25 Year /Female	<b>Phlebotomist</b> :
<b>Referred By</b> : SELF	<b>Collected From</b> : SINTHI-APOLLO

**REPORT PREPARED ON PATHOLOGY**  
**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Value	Unit	Normal Range
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN TOTAL	0.7	mg/dl	Below 1 day : <5.8mg/dl 1 To 2 days : <8.2mg/dl Infants- 1.0 To 10.0mg/dl Adults Upto : 1.1mg/dl
<i>Methodology: Jendrassik &amp; Groff Instrument Used: AGAPPE (Mispa Clinia Plus)</i>			
BILIRUBIN CONJUGATED	0.2	mg/dl	0.0 - 0.25
<i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>			
BILIRUBIN UNCONJUGATED	0.5	mg/dl	
ALANINE AMINOTRANSFERASE [SGPT]	21	U/L	Female 0 - 32
<i>Methodology: UV without P5P Instrument Used: AGAPPE (Mispa Clinia Plus)</i>			
ASPARTATE AMINOTRANSFERASE[SGOT]	24	U/L	0 - 32
<i>Methodology: UV without P5P Instrument Used: AGAPPE (Mispa Clinia Plus)</i>			
ALKALINE PHOSPHATASE [ALP]	67	U/L	Adult 20-116 Children 104-380
<i>Methodology: PNPP with AMP buffer Instrument Used: AGAPPE (Mispa Clinia Plus)</i>			
PROTEIN TOTAL	7.8	gms/dl	6.0 - 8.5
<i>Methodology: Biuret Instrument Used: AGAPPE (Mispa Clinia Plus)</i>			
ALBUMIN.	4.5	gms/dl	3.2 - 5.5
<i>Methodology: BromocresolGreen Instrument Used: AGAPPE (Mispa Clinia Plus)</i>			
GLOBULIN	3.3	gms/dl	1.8 - 3
ALBUMIN : GLOBULIN RATIO	1.36 : 1		
GGT [Gamma Glutamyl Transferase]	18	U/L	7 - 32

\*Please Correlate with Clinical Conditons.


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<b>Patient Name</b> : PRATIVA MAJUMDER	<b>Collection Date</b> : 21/07/2021 2:58:00PM
<b>Age / Sex</b> : 25 Year /Female	<b>Phlebotomist</b> :
<b>Referred By</b> : SELF	<b>Collected From</b> : SINTHI-APOLLO

**REPORT PREPARED ON PATHOLOGY**  
**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Value	Unit	Normal Range
<b>LIPID PROFILE</b>			
SERUM TRIGLYCERIDE <i>Methodology: Lipase-Glycerol Kinase</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>	102	mg/dl	< 200 mg/dl
TOTAL CHOLESTEROL <i>Methodology: CHOD POD</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>	207	mg/dl	< 200 mg/dl
HDL CHOLESTEROL [DIRECT]  <i>Methodology: Homogeneous</i> <i>Instrument Used: FULLY AUTOMATED ANALYZER EM-200</i>	51	mg/dl	No Risk : 50 - 80mg/dl Moderate Risk : 35 - 50mg/dl High Risk : <35mg/dl
LDL CHOLESTEROL [DIRECT]  <i>Methodology: Homogeneous</i> <i>Instrument Used: FULLY AUTOMATED ANALYZER EM-200</i>	132	mg/dl	Optimal : < 129 mg/dl Borderline High : 130 - 159 mg/dl High : 160 - 189 mg/dl Very High : > 190 mg/dl
VLDL CHOLESTEROL CHOLESTEROL : HDL Ratio	24 4.0	mg/dl	20 - 35 Low Risk : < 3.0 Moderate Risk : 3.0 - 5.0 High Risk : > 5.0
LDL : HDL Ratio	2.5		Low Risk : < 2.6 Moderate Risk : 2.6 - 3.6 High Risk : > 3.6

\*Please Correlate with Clinical Conditions.

**Interpretation**

Lipids are most commonly measured to assess cardiovascular risk. Maintaining desirable concentrations of lipids lowers the risk of heart attacks or strokes. Establishing appropriate treatment strategies and lipid goals require the results for each component of a lipid profile be considered in context with other risk factors including, age, sex, smoking status, family and personal history of heart disease.

**Cautions**

Fasting overnight (12 hours)

Patient must not consume any alcohol for 24 hours before the specimen is drawn.


Cholesterol levels fluctuate over time. The American Heart Association recommends a minimum of 2 measures at least 2 weeks apart before beginning a new treatment plan.

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<b>Lab Slip No.</b> : SASGO/INV/183561-07/2021	<b>Report Date</b> : 21/07/2021 8:00:00PM
<b>Patient Name</b> : PRATIVA MAJUMDER	<b>Collection Date</b> : 21/07/2021 2:58:00PM
<b>Age / Sex</b> : 25 Year /Female	<b>Phlebotomist</b> :
<b>Referred By</b> : SELF	<b>Collected From</b> : SINTHI-APOLLO

**REPORT PREPARED ON PATHOLOGY**  
**DEPARTMENT OF HAEMATOLOGY**

Test Name	Value	Unit	Normal Range
Haemoglobin	12.1	gm%	Child: 11.0 - 15.5 gm% (M): 13.0 - 17.0 gm% (F): 11.0 - 15.0 gm% Up to 15 days: 16 - 24 gm%
<i>Instrument Used:</i>			
Haematocrit (PCV)	33.9	%	33 - 47
Mean Corpuscular Volume (MCV)	91.1	fl	76 - 101
Mean Corpuscular Hemoglobin (MCH)	32.6	pg	27.0 - 32.0
Mean Corpuscular Hemoglobin Concentration (MCHC)	35.8	%	31.5 - 34.5
Platelet Count	2.46	lacs/cmm	1.5 - 4.5
<b>Total Count (TC)</b>			
Total Leucocytes	6500	/cmm	4000 - 11000
Total Erythrocytes	3.72	mill/cmm	3.7 - 5
<b>Differential Count (DC)</b>			
Neutrophil	42	%	40 - 75
Lymphocyte	53	%	20 - 45
Monocyte	04	%	02-10
Eosinophil	01	%	01 - 06
Basophil	00	%	00 - 01
ESR (Erythrocyte Sedimentation Rate)	36	mm	0 - 20
<i>Methodology: Westergren method</i>			
RBC Morphology	Normochromic normocytic		

**INSTRUMENT USED:**

HORIBA (YUMIZEN H500)

\*Please Correlate with Clinical Conditions.

\*\*\*\*\* End Of Report \*\*\*\*\*

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<b>Lab Slip No.</b> : SASGO/INV/183561-07/2021	<b>Report Date</b> : 21/07/2021 8:04:00PM
<b>Patient Name</b> : PRATIVA MAJUMDER	<b>Collection Date</b> : 21/07/2021 2:58:00PM
<b>Age / Sex</b> : 25 Year /Female	<b>Phlebotomist</b> :
<b>Referred By</b> : SELF	<b>Collected From</b> : SINTHI-APOLLO

**DEPARTMENT OF CLINICAL PATHOLOGY**  
**ROUTINE EXAMINATION OF URINE**

Test Name	Value	Unit	Normal Range
<b>PHYSICAL EXAMINATION</b>			
Volume	60	ml	
Colour	Pale yellow		
Appearance	Clear		
Specific Gravity	1010		
Sediment	Absent		
<b>CHEMICAL EXAMINATION</b>			
Reaction	Acidic		
Albumin	Nil		
Sugar	Nil		
Bile Salt	Absent		
Bile Pigment	Negative		
<b>MICROSCOPICAL EXAMINATION</b>			
Pus Cells	0-2	/hpf	
Epithelial Cells	3-5	/hpf	
R.B.C.	Nil	/hpf	
Micro Organism	Nil		
Others	Nil		

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Lab Slip No.	: SASGO/INV/183561-07/2021	Report Date	: 21/07/2021 7:21:00PM
Patient Name	: <b>PRATIVA MAJUMDER</b>	Collection Date	: 21/07/2021 2:58:00PM
Age / Sex	: 25 Year /Female	Phlebotomist	:
Referred By	: SELF	Collected From	: SINTHI-APOLLO

**REPORT PREPARED ON PATHOLOGY**  
**DEPARTMENT OF SPECIAL BIOCHEMISTRY**

Test Name	Value	Unit	Normal Range
BUN ( BLOOD UREA NITROGEN )	7.47	mg/dl	8 - 20

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<b>Report Number</b> : IR/274537	<b>Web Slip No</b> : SAS/INV/99/182978-07/2021
<b>Lab Slip No.</b> : SASGO/INV/183561-07/2021	<b>Report Date</b> : 21/07/2021 7:29:00PM
<b>Patient Name</b> : PRATIVA MAJUMDER	<b>Collection Date</b> : 21/07/2021 2:58:00PM
<b>Age / Sex</b> : 25 Year /Female	<b>Phlebotomist</b> :
<b>Referred By</b> : SELF	<b>Collected From</b> : SINTHI-APOLLO

Page 1 of 2

**REPORT PREPARED ON PATHOLOGY**  
**DEPARTMENT OF SPECIAL BIOCHEMISTRY**

Test Name	Value	Unit	Normal Range
T3 [Tri Iodothyronine] (CLIA) <i>Instrument Used: BECKMAN COULTER (ACCESS-2)</i>	1.20	ng/ml	0.87 to 1.78 ng/mL
T4 [Total Thyroxine] (CLIA) <i>Instrument Used: BECKMAN COULTER (ACCESS-2)</i>	8.9	µg/dl	4.82 - 15.65
TSH [Thyroid Stimulating Hormone] <i>Methodology: CLIA</i> <i>Instrument Used: BECKMAN COULTER (ACCESS-2)</i>	2.4	µIU/mL	0.38 - 5.33

**INSTRUMENT USED:**

FULLY AUTOMATED CLIA - TOSOH AIA-360.  
FULLY AUTOMATED CLIA - MINDRAY CL-1000i  
FULLY AUTOMATED CLIA - MAGLUMI 800.

**Triiodothyronine**

Triiodothyronine (T3) values >1.8 ng/mL in adults or > age related cutoffs in children are consistent with hyperthyroidism or increased thyroid hormone-binding proteins.

Abnormal levels (high or low) of thyroid hormone-binding proteins (primarily albumin and thyroid-binding globulin) may cause abnormal T3 concentrations in euthyroid patients.

**Total Thyroxine**

\*Values of more than 10.8 mcg/dL in adults or more than the age-related cutoffs in children are seen in hyperthyroidism and patients with acute thyroiditis.

\*Values below 4.4 mcg/dL in adults or below the age-related cutoffs in children are seen in hypothyroidism, myxedema, cretinism, chronic thyroiditis, and occasionally, subacute thyroiditis.

\*Increased total thyroxine (T4) is seen in pregnancy and patients who are on estrogen medication. These patients have increased total T4 levels (increased thyroxine-binding globulin: TBG levels).

\*Decreased total T4 is seen in patients on treatment with anabolic steroids, or nephrosis (decreased TBG levels).

\*A thyrotropin-releasing hormone stimulation test may be required for certain cases of hyperthyroidism.

\*Clinical findings are necessary to determine if thyroid-stimulating hormone, TBG, or free T4 testing is needed.

**Reference range during pregnancy**

Pregnancy	TSH Level(µIU/ml)
Pregnant Females, 1st Trimester	0.05 to 3.70
Pregnant Females, 2nd Trimester	0.31 to 4.35
Pregnant Females, 3rd Trimester	0.41 to 5.18

**Note:**

\*TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4.

Continued...

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**Phlebotomist** :  
**Collected From** : SINTHI-APOLLO

Page 2 of 2

- \*In case of hyperthyroidism TSH level is severely inhibited and may even be undetectable
- \*In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect.
- \*In case of primary hypothyroidism, TSH level are always much higher than normal and thyroid levels are low.
- \*The TSH assay aids in diagnosis thyroid or hypophysial disorder.
- \*In pateints with hyperthyroidism, the FT4 concentration increases, whereas in patients with hypothyroidism it generally decreases.
- \*Patients on hormone replacement therapy may have an elevation of FT4, although clinically they are euthyroid.
- \*FT3 plays an important diagnostic role in hyperthyroidism, Monitoring of patients with hypothyroidism treated with thyroxine and Anti-thyroid agents and low T3 syndrome.
- \*The FT3 and FT4 assay must be used in conjunction with other tests such as TSH as well as a clinical examination of the patient.

\*\*\*\*\* End Of Report \*\*\*\*\*

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<b>Lab Slip No.</b> : SASGO/INV/183561-07/2021	<b>Report Date</b> : 21/07/2021 8:55:00PM
<b>Patient Name</b> : PRATIVA MAJUMDER	<b>Collection Date</b> : 21/07/2021 2:58:00PM
<b>Age / Sex</b> : 25 Year /Female	<b>Phlebotomist</b> :
<b>Referred By</b> : SELF	<b>Collected From</b> : SINTHI-APOLLO

**REPORT PREPARED ON PATHOLOGY**  
**DEPARTMENT OF SPECIAL BIOCHEMISTRY**

Test Name	Value	Unit	Normal Range
<b>Glycosylated Haemoglobin (HbA1c), HPLC</b> Glycosylated Haemoglobin (HbA1c), HPLC	4.2	%	Excellent Control <4 Good Control 4-6 Fair Control >6-7 Action Suggested >7-8 Poor Control >8
<i>Methodology: HPLC</i> <i>Instrument Used: Bio-Rad D-10</i>			
Estimated Average Glucose (EAG)	73	mg/dL	Excellent Control: 90-120 Good Control: 120-150 Fair Control > 150-180 Action Suggested: 181-210 Panic Value >211

**Comment**

- For patients with Hb variant diseases there may be lowering of HbA1c due to low HBA synthesis.
- EAG is value calculated from HbA1c & indicates average glucose level over past three months.

**Factors that Interfere with HbA1c Measurement:** Genetic variants (e.g. HbS trait, HbC trait) elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

**Factors that affect interpretation of HbA1c Results:** Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g., recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results regardless of the assay method used.

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MD (Path)

 **033 2556 3333**

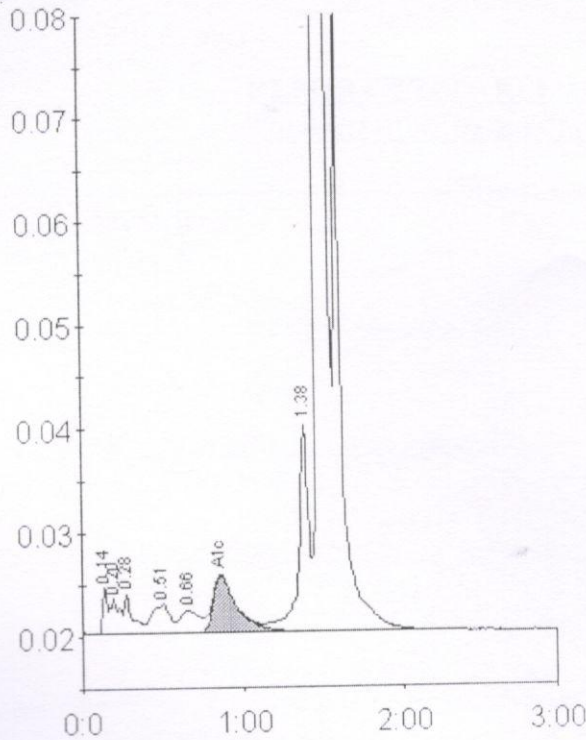
 **033 2556 5555**

 **+91 98521 66666**

 **+91 74392 97827**

Bio-Rad  
D-10  
S/N: #DA5L003817  
Sample ID:  
Injection date  
Injection #: 5  
Rack #: ---

DATE: 21/07/2021  
TIME: 20:39  
Software version: 4.30-2  
P\_MAJUMDER  
21/07/2021 18:46  
Method: HbA1c  
Rack position: 5



Peak table - ID: P\_MAJUMDER

Peak	R.time	Height	Area	Area %
Unknown	0.14	4544	10087	0.6
A1a	0.20	3496	13982	0.9
A1b	0.28	3780	13765	0.9
F	0.51	2828	22999	1.4
LA1c/CHb-1	0.66	2237	18752	1.2
A1c	0.86	5493	56877	4.2
P3	1.38	19889	89147	5.6
A0	1.49	428774	1374796	85.9
Total Area:		1600405		

Concentration:	%	mmol/mol
A1c	4.2	22

