



TEST REPORT

Reg. No : 2107101041
Name : ANJALI
Age/Sex : 27 Years / Female
Ref. By :
Client : MEDIWHEEL WELLNESS

Reg. Date : 10-Jul-2021
Collected On : 10-Jul-2021 11:16
Approved On : 10-Jul-2021 12:18
Printed On : 20-Jul-2021 18:49

Parameter	Result	Unit	Reference Interval
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COMPLETE BLOOD COUNT (CBC)

SPECIMEN: EDTA BLOOD

Hemoglobin	12.9	g/dL	12.0 - 15.0
RBC Count	4.78	million/cmm	3.8 - 4.8
Hematocrit (PCV)	39.7	%	40 - 54
MCH	27.0	Pg	27 - 32
MCV	83.1	fL	83 - 101
MCHC	32.5	%	31.5 - 34.5
RDW	12.7	%	11.5 - 14.5
WBC Count	9100	/cmm	4000 - 11000

DIFFERENTIAL WBC COUNT (Flow cytometry)

Neutrophils (%)	69	%	38 - 70
Lymphocytes (%)	24	%	20 - 40
Monocytes (%)	06	%	2 - 8
Eosinophils (%)	01	%	0 - 6
Basophils (%)	00	%	0 - 2
Neutrophils	6279	/cmm	
Lymphocytes	2184	/cmm	
Monocytes	546	/cmm	
Eosinophils	91	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	261000	/cmm	150000 - 450000
MPV	9.6	fL	7.5 - 11.5

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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>Boronate Affinity with Fluorescent Quenching</i>	6.7	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %
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Mean Blood Glucose <i>Calculated</i>	161.22	mg/dL	
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Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

* Some danger of hypoglycemic reaction in Type I diabetics.

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously synthesised in the red blood cell through 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)

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LIPID PROFILE			
Cholesterol <i>(Enzymatic colorimetric)</i>	117.7	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>(Enzymatic colorimetric)</i>	115.6	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	23.12	mg/dL	15 - 35
LDL CHOLESTEROL	47.68	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <i>Homogeneous enzymatic colorimetric</i>	46.9	mg/dL	30 - 85
Cholesterol /HDL Ratio <i>Calculated</i>	2.51		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	1.02		0 - 3.5



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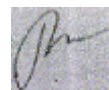
Table header with columns: Parameter, Result, Unit, Reference Interval

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

LDL CHOLESTEROL
CHOLESTEROL
HDL CHOLESTEROL
TRIGLYCERIDES
Optimal<100
Desirable<200
Low<40
Normal<150
Near Optimal 100-129
Border Line 200-239
High >60
Border High 150-199
Borderline 130-159
High >240
-
High 200-499
High 160-189
-
-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
• For LDL Cholesterol level Please consider direct LDL value
Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
• Detail test interpreation available from the lab
• All tests are done according to NCEP guidelines and with FDA approved kits.
• LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
For test performed on specimens received or collected from non-KSHIPRA locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender.
KSHIPRA will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.
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LIVER FUNCTION TEST			
Total Bilirubin <i>Colorimetric diazo method</i>	0.55	mg/dL	0.20 - 1.0
Conjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.29	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.26	mg/dL	0.0 - 1.1
SGOT <i>(Enzymatic)</i>	13.7	U/L	0 - 31
SGPT <i>(Enzymatic)</i>	14.5	U/L	0 - 31
Alakaline Phosphatase <i>(Colorimetric standardized method)</i>	74.3	U/L	42 - 141
Protien with ratio			
Total Protein <i>(Colorimetric standardized method)</i>	7.7	g/dL	6.5 - 8.7
Albumin <i>(Colorimetric standardized method)</i>	4.7	mg/dL	3.5 - 4.94
Globulin <i>Calculated</i>	3.00	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.57		0.8 - 2.0

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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Interval</u>
IRON <i>Ferrozine Method</i>	34.93	µg/dL	33 - 193
Creatinine <i>(Jaffe method)</i>	0.50	mg/dL	0.5 - 1.2
BUN	11.6	mg/dL	5 - 24
<u>Bio - Chemistry</u>			
Calcium (Ca+) <i>NM-BAPTA+Ca+ EDTA complex</i>	10.6	mg/dL	8.4 - 11.0
Uric Acid <i>(Enzymatic colorimetric)</i>	2.8	mg/dL	2.5 - 7.0

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Approved by: DR PS RAO
MD Pathologist



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THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>Chemiluminescence</i>	1.35	ng/mL	0.87 - 1.78
T4 (Thyroxine) <i>Chemiluminescence</i>	13.26	µg/dL	5.89 - 14.9
TSH (ultra sensitive) <i>Chemiluminescence</i>	1.914	µIU/ml	0.34 - 5.6

SUMMARY The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones. TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid. **LIMITATION** Presence of autoantibodies may cause unexpected high value of TSH

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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Interval</u>
FERRITIN	21.9	ng/mL	10 - 291

VITAMIN B12 LEVEL

VITAMIN B12,Serum	213.6	pg/mL	120 - 914
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Chemiluminescence

Vitamin B-12, also called cobalamin, is a water-soluble vitamin with a key role in the normal functioning of the brain and nervous system, and for the formation of blood. It is normally involved in the metabolism of every cell of the human body, especially affecting DNA synthesis and regulation, but also fatty acid metabolism and amino acid metabolism.

Vitamin B12 deficiency is most commonly caused by low intakes, but can also result from mal-absorption, certain intestinal disorders, low presence of binding proteins, and using of certain medications. Vitamin B12 is rare from plant sources, so vegetarians will be the vulnerable populations most likely to suffer from vitamin B12 deficiency. Infants are at a higher risk of vitamin B12 deficiency if they were born to vegetarian mothers. The elderly who have diets with limited meat or animal products are vulnerable populations as well. Vitamin B12 deficiency can manifest itself as anemia and in some cases cause permanent neurological damage. At levels only slightly lower than normal, a range of symptoms such as fatigue, depression, and poor memory may be experienced

VITAMIN D

25 OH Vitamin D Total, Serum	33.7	ng/mL	Deficiency : <20 Insufficiency : 20 - < 30 Sufficiency : 30 - 100 Toxicity : >100
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Chemiluminescence

Vitamin D is a fat soluble hormone involved in the intestinal absorption and deregulation of calcium. It is synthesized by skin when sunlight strikes bare skin. It can also be ingested from animal sources. Vitamin D is bound to the binding protein (albumin and vitamin D binding protein) and carried to the liver. In the liver it is transformed in to 25 hydroxy-vitamin D (calcidiol), which is the primary circulating and the most commonly measured form in serum. Then in the kidney it is transformed in to 1,25 dihydroxy-vitamin D (calcitriol), which is the biologically active form.

Vitamin D plays a vital role in the formation and maintenance of strong and healthy bones. Vitamin D deficiency has long been associated with rickets in children and osteomalacia in adults. Long term insufficiency of calcium and vitamin D leads to osteoporosis. There have been multiple publications linking vitamin D deficiency to several disease states, such as cancer, cardiovascular disease, diabetes, and autoimmune diseases.

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