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LABORATORY TEST REPORT



Patient Information	Sample Information	Client/Location Information
Name : Ms Pooja Umesh Suthar	Lab Id : 042315301467	Client Name : Spectra Diagnostics Lab@Adajan
Sex/Age : Female / 23 Y	Registration on : 14-Apr-2023 09:54	Location :
Ref. Id :	Collected at : non SAWPL	Approved on : 14-Apr-2023 11:28 Status : Final
Ref. By :	Collected on : 14-Apr-2023 09:54	Printed On : 14-Apr-2023 11:39
	Sample Type : Serum	Process At : 153. Lab SAWPL Gujarat Surat Adajan

Thyroid Function Test

Test	Result	Unit	Biological Ref. Interval
T3 - Triiodothyronine <i>Chemiluminescence</i>	1.13	ng/mL	0.58 - 1.59
T4 - Thyroxine <i>Chemiluminescence</i>	9.65	micro g/dL	4.87 - 11.72
TSH - Thyroid Stimulating Hormone <i>Chemiluminescence</i>	1.7177	microIU/mL	0.35 - 4.94

Interpretation

TSH	T3/FT3	T4/FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	Isolated low T3 often seen in elderly & associated Non-Thyroid illness. In elderly the drop in T3 level can be up to 25%
Raised	Within Range	Within Range	<ul style="list-style-type: none"> Isolated High TSH Especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Intermediate T4 therapy for hypothyroidism. Recovery phase after Non-Thyroidal illness.
Raised	Decreased	Decreased	<ul style="list-style-type: none"> Chronic Autoimmune Thyroiditis. Post thyroidectomy, post radioiodine. Hypothyroid phase of transient thyroiditis.
Raised or Within Range	Raised	Raised or Within Range	<ul style="list-style-type: none"> Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermediate T4 therapy of T4 overdose. Drug Interference-Amiodarone, Heparin, Beta blocker, steroids, anti-epileptics.
Decreased	Raised or Within Range	Raised or Within Range	<ul style="list-style-type: none"> Isolated Low TSH – Especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness. Subclinical Hypothyroidism. Thyroxine ingestion.
Decreased	Decreased	Decreased	<ul style="list-style-type: none"> Central Hypothyroidism. Non-Thyroidal illness. Recent treatment for Hypothyroidism (TSH remains suppressed)
Decreased	Raised	Raised	<ul style="list-style-type: none"> Primary Hyperthyroidism (Graves' disease), Multinodular goitre Toxic nodule. Transient thyroiditis: postpartum, Silent(lymphocytic), Post viral (granulomatous, subacute, DeQuervain'a) Gestational thyrotoxicosis hyperemesis gravidarum.
Decreased or Within Range	Raised	Within Range	<ul style="list-style-type: none"> T3 toxicosis. Non-Thyroidal illness.

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

This is an Electronically Authenticated Report.

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Dr. Bharat D. Tandel

M.D. Pathology

A-5 Jay Jalaram Society, B/H DGVCL Office , Palanpur Patia, Rander Rd, surat 395005, P 2775550,2779805



Name: POOJA UMESH SUTHAR	Ward: OPD
Lab ID: 00000104	Registration on: 14/04/2023 09:27:00
Age & Sex: 23 Year Female	Reported on: 11:45:18
Reference: VELOCITY HOSPITAL	Sample Type: BLOOD & URINE

CBC ESR

Test	Observed Value	Unit	Biological Reference Interval
Haemoglobin	10.2 L	g/dL	12.0 - 16.0
Total RBC	5.72 H	mill./cm	4.00 - 5.20
Total WBC	7100	/cmm	4000 - 11000
Platelet Count	431000	/cmm	150000 - 450000
HCT	33.7 L	%	36.0 - 48.0
MCV	58.9 L	fL	80.0 - 100.0
MCH	17.8 L	pg	27.0 - 32.0
MCHC	30.3 L	g/dL	31.5 - 36.0
DIFFERENTIAL COUNT			
Neutrophils	39 L	%	40 - 70
Lymphocytes	51 H	%	20 - 40
Eosinophils	04	%	02-05
Monocytes	06	%	01-07
Basophils	00	%	00 - 02
Band Cells	00	%	0.0 - 6.0
ABSOLUTE DIFFERENTIAL COUNT			
Neutrophils	2769	/cumm	2000 - 7000
Lymphocytes	3621 H	/cumm	1000 - 3000
Eosinophils	284	/cumm	20 - 500
Monocytes	426	/cumm	200 - 1000
Basophils	0	/cumm	0 - 100
GLR / NLR (Neutrophil/Lymphocyte Ratio)	0.8		
M ENTZER INDEX			
RDW-CV	15.5	%	11.1 - 14.1
RDW-SD	36.5	fl	
MPV	5.8	fl	
PCT	0.23	%	

DR. TEJAL BHATT
MD. PATHOLOGIST



Name: **POOJA UMESH SUTHAR**

Ward: OPD

Lab ID **00000104**

Registration on: 14/04/2023 09:27:00

Age & Sex: **23 Year | Female**

Reported on: 11:45:18

Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD & URINE**

PDW 16.8 %

PERIPHERAL SM EAR EXAMINATION

RBC Morphology

Hypochromia (+), Microcytosis (+), Anisocytosis (+), Poikilocytosis(+)

WBC Morphology

Appear normal, Immature cells are not seen .

Platelets in Smear

Adequate.

Malarial Parasites

Not Detected.

Note

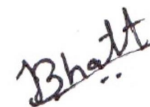
Hb electrophoresis is advised to rule out thalassemia as Mentzer index is <13. (low HB, high RBC count and low MCV)

ESR

AFTER 1 HOUR

15 mm/hr

0.0 - 20.0

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BLOOD GROUP

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood Group	"B"		
Rh Factor	POSITIVE		

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BLOOD GLUCOSE TEST

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Sample	RANDOM PLASMA		
<u>RANDOM (RBS)</u>			
Blood Sugar-R	70.2	mg/dL	70.0 - 140.0
Urine Sugar-R	Absent		

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Reported on: 11:45:19

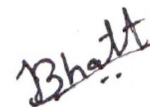
Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD & URINE**

HEMOGLOBIN A1c TEST

Test	Observed Value	Unit	Biological Reference Interval
HbA1c	5.77	%	> 8 : Action Suggested 7-8 : Good control < 7 : Goal 6.2-7 : Near Normal Glycemia < 6.2 : Non-diabetic Level
Mean Blood Glucose	118.9	mg/dL	80.0 - 140.0

Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. , this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).



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LIPID PROFILE

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		
Cholesterol	149.0	mg/dL	<200 Desirable 200-29 Borderline >240 High
Triglyceride	86.7	mg/dL	<150 Normal 150-199 Borderline 200-499 High >=500 Very High
HDL Cholesterol	40.4	mg/dL	40-60
VLDL	17.34	mg/dL	0.00 - 30.00
LDL Cholesterol	91.26	mg/dL	< 130 : Optimal 130 - 159 : Borderline High 160 - 189 : High >= 190 : Very High
LDL Chol. / HDL Chol. Ratio	2.26		1.0 - 3.4
Cholesterol / HDL Chol. Ratio	3.7 H		0 - 3.5
Total Lipid	487.2	mg/dl	400.0 - 1000.0

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RENAL FUNCTION TEST

Test		Unit	
S. Creatinine	0.65	mg/dL	0.5-1.30
Bl. Urea	18.5	mg/dL	10.0 - 40.0
BUN	8.6	mg/dl	6.0 - 22.0
Uric Acid	3.39	mg/dL	2.6 - 6.0

PROTEINS

Total Protein	7.6	g/dL	6.0 - 8.0
Albumin	4.0	g/dL	3.50 - 5.50
Globulin	3.6	g/dL	2.5 - 4.0
A/G Ratio	1.1		

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LIVER FUNCTION TEST

Test	Observed Value	Unit	Biological Reference Interval
<u>BILIRUBIN</u>			
Total Bilirubin	0.4	mg/dL	0.00 - 1.20
Direct Bilirubin	0.2	mg/dL	0.00 - 0.40
Indirect Bilirubin	0.20	mg/dL	0.00 - 1.00
SGPT(ALT)	15.4	U/L	0.0 - 40.0
SGOT (AST)	18.4	U/L	0.00-46.00
Alkaline Phosphatase	85.5	U/L	40-129
<u>PROTEINS</u>			
Total Protein	7.6	g/dL	6.0 - 8.0
Albumin	4.0	g/dL	3.50 - 5.50
Globulin	3.6	g/dL	2.5 - 4.0
A/G Ratio	1.1		

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URINE ANALYSIS

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fresh Urine		
<u>PHYSICAL EXAMINATION</u>			
Quantity	10.0	mL	
Colour	Colorless		
Appearance	Clear		Clear
pH	6.5		
Specific Gravity	1.010		
Sediments	Absent		Absent
<u>CHEMICAL EXAMINATION</u>			
Protein (Albumin)	Absent		Absent
Sugar	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
Ketone	Absent		Absent
Occult Blood	Absent		Absent
Nitrite	Absent		Absent
Leukocyte Esterase	Absent		Absent
Urobilinogen	Normal		Normal
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	Occasional	/hpf	Absent
Red Blood Cells	Absent	/hpf	Absent
Epithelial Cells	3-5	/hpf	Absent
Crystals	Absent		Absent
Amorphous material	Absent		Absent
Casts	Absent		Absent
Yeast	Absent		Absent
Bacteria	Present (+)		Absent

--- End of Report ---

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