Patient Name : MISS. ROMA SULOCHANA
Age / Gender : 33 Yrs 8 M / Female
Patient ID : 8876

Referral : SELF
Collection Time : Feb 12, 2022, 09:24 a.m.
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Sample ID : 22097702

Test Description	Unit(s)	Value(s)	Reference Range
COMPLETE BLOOD COUNT(CBC)			
BLOOD COUNTS			
Hemoglobin (Hb)	**10.2**	g/dL	11.0 - 16.0
RED BLOOD CELL COUNT	4.6	mil/µL	4.5 - 5.5
WHITE BLOOD CELL COUNT	7.6	thou/µL	4.0 - 10.0
PLATELET COUNT	341	thou/µL	150 - 410
RBC AND PLATELET INDICES			
HEMATOCRIT	**34.1**	%	37 - 50
MEAN CORPUSCULAR VOLUME (MCV)	**74**	fL	76 - 96
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	**22**	pg	27 - 32
MCHC	30	g/dL	30 - 35
MEAN PLATELET VOLUM (MPV)	**9.9**	fL	6.0 - 9.5
RDW-SD	44.3	fL	37 - 54
RDW-CV	**16.3**	%	11.5 - 14.0
PCT	0.34	%	0.17 - 0.40
WBC DIFFERENTIAL COUNT			
Neutrophils	70	%	40 - 75
Absolute Neutrophil Count	5.39	thou/µL	2.0 - 7.0
Lymphocytes	25	%	20 - 45
Absolute Lymphocyte Count	1.85	thou/µL	1.5 - 4.0
Eosinophils	03	%	1 - 6
Absolute Eosinophil Count	0.25	thou/µL	0.04 - 0.40
Monocytes	02	%	02 - 10
Absolute Monocyte Count	**0.16**	thou/µL	0.20 - 0.80
Basophils	0	%	00 - 01
Absolute Basophils Count	**0.0**	thou/µL	0.01 - 0.10
IG%	0.3	%	0.00 - 0.5

END OF REPORT

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Test Description	Unit(s)	Value(s)	Reference Range
ESR (1 hr)			
ESR (Erythrocyte Sedimentation Rate) (EDTA Whole Blood) [Capillary Photometry]	**50**	mm/hr	< 20

Interpretation:

High ESR is not diagnostics of any disease but just indicative of some inflammatory process. ESR is to be used to monitor outcome of therapy. Microcytic anemia can increase ESR. High ESR can also be seen in apparently healthy adults.

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Test Description	Unit(s)	Value(s)	Reference Range
LIPID PROFILE.			
Cholesterol-Total [CHOD-POD]	154.0	mg/dL	Desirable level | < 200 Borderline High | 200-239 High | >or = 240
Triglycerides [: GOD-POD METHOD]	97.0	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
HDL Cholesterol [Serum, Direct measure-PEG]	**34.0**	mg/dL	< 40 Low >/=60 High
LDL Cholesterol [Enzymatic selective protection]	**100.60**	mg/dL	< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High >/= 190 Very High
Non HDL Cholesterol	120	mg/dL	Optimal : <130 Desirable : 130 - 150 Border Line High : 159 - 189 High : 189 - 220 Very High : >=220
CHOL/HDL Ratio [CALCULATED PARAMETER]	**4.53**		3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk
LDL/HDL Ratio [CALCULATED PARAMETER]	2.96		0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk
VERY LOW DENSITY LIPOPROTEIN [Serum, Enzymatic]	19.40	mg/dL	< 20

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Test Description	Unit(s)	Value(s)	Reference Range
LIVER FUNCTION TEST (LFT)			
Bilirubin - Total [Serum, Jendrassik Grof]	0.40	mg/dL	0.3 - 1.2
Bilirubin - Direct [Serum, Diazotization]	0.20	mg/dL	< 0.2
Bilirubin - Indirect [Serum, Calculated]	0.20	mg/dL	0.1 - 1.0
SGOT [Serum, UV with P5P, IFCC 37 degree]	34.0	U/L	< 35
SGPT [Serum, UV with P5P, IFCC 37 degree]	**55.0**	U/L	< 50
Alkaline Phosphatase [PNPP-AMP Buffer/Kinetic]	69.0	U/L	30 - 120
Total Protein [Serum, Biuret, reagent blank end point]	7.5	g/dL	6.6 - 8.3
Albumin [Serum, Bromocresol green]	3.6	g/dL	3.2 - 4.6
Globulin [Serum, EIA]	**3.90**	g/dL	1.8 - 3.6
A/G Ratio [Serum, EIA]	**0.92**		1.2 - 2.2
Gamma GT(GGT)	44	U/L	<55

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Test Description	Unit(s)	Value(s)	Reference Range
RENAL FUNCTION TEST (RFT)			
Urea [Uricase]	22.7	mg/dL	17 - 43
Blood Urea Nitrogen-BUN [Serum, Urease]	10.61	mg/dL	7 - 18
Creatinine [Serum, Jaffe]	0.63	mg/dL	0.57 - 1.11
Uric Acid [Serum, Uricase]	4.7	mg/dL	2.6 - 6.0
Sodium	139.7	mmol/L	136 - 149 Premature, cord: 116-140 Premature 48 hrs: 128-148 Newborn cord: 126-166 Newborn: 133-146
Potassium	4.0	mmol/L	3.8 - 5.0 ?Premature cord: 5-10.2 Premature , 48 hrs: 3-6 Newborn cord: 5.6-12 Newborn: 3.7-5.9
Chlorides	106.2	mmol/L	101.00 - 109.00

Remark:

In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

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Test Description	Unit(s)	Value(s)	Reference Range
Routine Examination Of Urine			
General Examination			
Colour	PALE YELLOW		Pale Yellow
Transparency (Appearance)	Slightly Hazy		Clear
Reaction (pH)	Acidic 6.0		4.5 - 7.0
Specific gravity	1.010		1.005 - 1.030
Chemical Examination			
Urine Protein (Albumin)	TRACE		Absent
Urine Glucose (Sugar)	Absent		Absent
Microscopic Examination			
Red blood cells	1 - 2 HPF	/hpf	1 - 2
Pus cells (WBCs)	6 - 8 /HPF	/hpf	1 - 2
Epithelial cells	10- 12 /HPF	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Bacteria	Present(+)		Absent
Yeast cells	Absent		Absent
Others			

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Test Description	Unit(s)	Value(s)	Reference Range
THYROID PANEL, SERUM			
T3 [ELECTROCHEMILUMINESCENCE]	129.6	ng/dl	80 - 200
T4 [ELECTROCHEMILUMINESCENCE]	8.54	ug/dL	5.1 - 14.1
TSH 3RD GENERATION [ELECTROCHEMILUMINESCENCE]	1.91	uIU/ml	0.27 - 4.20

Specimen Type : Serum

Interpretation :

Reference:

1.Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R.Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 563,
1314-1315.
2. Wallach's Interpretation of Diagnostic tests, 9th Edition, Ed Mary A Williamson and L Michael Snyder. Pub Lippincott Williams and Wilkins, 2011, 234-235.

THYROID PANEL, SERUMTriiodothyronine T3 , is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and
heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated
concentrations of T3, and T4 in the blood inhibit the production of TSH.
Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism,
and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is
free and biologically active.
In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.
Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

Levels in Pregnancy	TOTAL T4 (µg/dL)	TSH3G (µIU/mL)	TOTAL T3 (ng/dL)
First Trimester	6.6 - 12.4	0.1 - 2.5	81 - 190
2nd Trimester	6.6 - 15.5	0.2 - 3.0	100 - 260
3rd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260

Below mentioned are the guidelines for age related reference ranges for T3 and T4.

T3 (ng/dL)	T4 (µg/dL)
New Born: 75 - 260	1-3 day: 8.2 - 19.9
	. 1 Week: 6.0 - 15.9

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well
documented in the pediatric population including the infant age group.
Kindly note: Method specific reference ranges are appearing on the report under biological reference range

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Test Description	Unit(s)	Value(s)	Reference Range

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Test Description	Unit(s)	Value(s)	Reference Range
BLOOD GROUPING & RH TYPING			
Blood Group (ABO typing) [Manual-Hemagglutination]		"O"	
RhD Factor (Rh Typing) [Manual hemagglutination]		Positive	

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Test Description	Unit(s)	Value(s)	Reference Range
HbA1C			
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD [(HPLC, NGSP certified)]	6.2	%	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 ADA Target: 7.0 Action suggested: > 8.0
MEAN PLASMA GLUCOSE [HB VARIANT (HPLC)]	**131.0**		< 116.0

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5

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Test Description	Unit(s)	Value(s)	Reference Range
Therapeutic goals for glycemic control			Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

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Test Description	Unit(s)	Value(s)	Reference Range
BLOOD GLUCOSE (FASTING)			
Glucose fasting [Fluoride Plasma-F, Hexokinase]	**117.0**	mg/dL	Normal: 70-110 Impaired Tolerance: 110 - 125 Diabetes mellitus: >= 126 (on more than one occassion) (American diabetes association guidelines 2018)
Urine Fasting	Absent		

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Test Description	Unit(s)	Value(s)	Reference Range
BLOOD GLUCOSE (PP)			
Blood Glucose-Post Prandial [Hexokinase]	120.0	mg/dL	70 - 140
Urine Post Prandial	Absent		

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