Veena Nagar Phase II, Tulsi Pipe Line Road,
Near Swapna Nagri Road, Mulund (W) Mumbai 400 080.
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Tele.:
022-41624000 (100 Lines)

Patient Name	: MRS. SANDHYA TAK	Patient ID	: 86298
Age/Sex	: 40 Years /Female	Sample Collected on	: 29-3-24, 2:00 pm
Ref Doctor	: APEX HOSPITAL	Registration On	: 29-3-24, 2:00 pm
Client Name	: Apex Hospital	Reported On	: 29-3-24, 9:23 pm

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count(CBC)			
HEMOGLOBIN	**11.4**	gm/dl	12 - 15
Red Blood Corpuscles			
PCV (HCT)	**34.1**	%	36 - 46
RBC COUNT	4.75	x10^6/uL	4.5 - 5.5
RBC Indices			
MCV	**71.9**	fl	78 - 94
MCH	**24.0**	pg	26 - 31
MCHC	33.4	g/L	31 - 36
RDW-CV	13.5	%	11.5 - 14.5
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	9100	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	70	%	40 - 75
LYMPHOCYTES	25	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
Platelets			
PLATELET COUNT	344000	Lakh/cumm	150000 - 450000
MPV	8.5	fl	6.5 - 9.8
RBC MORPHOLOGY	Hypochromia, Microcytosis		
WBC MORPHOLOGY	No abnormality detected		
PLATELETS ON SMEAR	Adequate on Smear		

Instrument : Mindray BC 3000 Plus

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Test Done	Observed Value	Unit	Ref. Range

Blood Group & RH Factor

SPECIMEN	WHOLE BLOOD
ABO GROUP	'A'
RH FACTOR	POSITIVE
INTERPRETATION	

The ABO system consists of A, B, AB, and O blood types.
People with type AB blood are called universal recipients, because they can receive any of the ABO types. People with type O blood are called universal donors, because their blood can be given to people with any of the ABO types.
Mismatches with the ABO and Rh blood types are responsible for the most serious, sometimes life-threatening, transfusion reactions. But these types of reactions are rare.

Rh system
The Rh system classifies blood as Rh-positive or Rh-negative, based on the presence or absence of Rh antibodies in the blood. People with Rh-positive blood can receive Rh-negative blood, but people with Rh-negative blood will have a transfusion reaction if they receive Rh-positive blood. Transfusion reactions caused by mismatched Rh blood types can be serious.

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Test Done	Observed Value	Unit	Ref. Range
ESR (ERYTHROCYTES SEDIMENTATION RATE)			
ESR	12	mm/1hr.	0 - 20

METHOD - WESTERGREN

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Test Done	Observed Value	Unit	Ref. Range
BLOOD GLUCOSE FASTING & PP			
FASTING BLOOD GLUCOSE	70.1	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	85.1	mg/dL	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

Method - GOD-POD

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Test Done	Observed Value	Unit	Ref. Range
RENAL FUNCTION TEST			
BLOOD UREA	21.0	mg/dL	10 - 50
BLOOD UREA NITROGEN	9.81	mg/dL	0.0 - 23.0
S. CREATININE	0.62	mg/dL	0.6 to 1.4
S. SODIUM	136.4	mEq/L	135 - 155
S. POTASSIUM	4.04	mEq/L	3.5 - 5.5
S. CHLORIDE	108.9	mEq/L	95 - 109
S. URIC ACID	3.1	mg/dL	2.6 - 6.0
S. CALCIUM	8.7	mg/dL	8.4 - 10.4
S. PHOSPHORUS	4.0	mg/dL	2.5 - 4.5
S. PROTIEN	6.1	g/dl	6.0 to 8.3
S. ALBUMIN	3.52	g/dl	3.5 to 5.3
S. GLOBULIN	2.58	g/dl	2.3 to 3.6
A/G RATIO	1.36		1 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -

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Test Done	Observed Value	Unit	Ref. Range
LIVER FUNCTION TEST			
TOTAL BILLIRUBIN	0.69	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.24	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.45	mg/dL	UP to 0.7
SGOT(AST)	28.1	U/L	UP to 40
SGPT(ALT)	19.2	U/L	UP to 40
ALKALINE PHOSPHATASE	175	IU/L	64 to 306
S. PROTIEN	6.1	g/dl	6.0 to 8.3
S. ALBUMIN	3.52	g/dl	3.5 - 5.0
S. GLOBULIN	2.58	g/dl	2.3 to 3.6
A/G RATIO	1.36		0.9 to 2.3

METHOD - EM200 Fully Automatic

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Test Done	Observed Value	Unit	Ref. Range
LIPID PROFILE			
TOTAL CHOLESTEROL	**184.1**	mg/dL	200 - 240
S. TRIGLYCERIDE	89.0	mg/dL	0 - 200
S.HDL CHOLESTEROL	42	mg/dL	30 - 70
VLDL CHOLESTEROL	18	mg/dL	Up to 35
S.LDL CHOLESTEROL	124.30	mg/dL	Up to 160
LDL CHOL/HDL RATIO	2.96		Up to 4.5
CHOL/HDL CHOL RATIO	4.38		Up to 4.8

Transasia-EM200 FULLY AUTOMATIC

INTERPRETATION
Above reference ranges are as per ADULT TREATMENT PANEL III RECOMMENDATION by NCEP (May 2015).

Dr. Hrishikesh Chevle
(MBBS.DCP.)

Dr. Ulhas M. Vaidya
MD, DPB
LAB DIRECTOR

Dr. Vaidya's Laboratory Estd. 1979
A trusted name for 44 years
Pathology unit of Millennium Special Lab Pvt. Ltd.

Patient Name	: **MRS. SANDHYA TAK**	Patient ID / Billing ID	: 1193059 / 1374686
Age / Sex	: 40 years / Female	Specimen Collected at	: CUDDLES N CURE DIAGNOSTIC CENTRE
Ref. Doctor	: APEX HOSPITAL	Sample Collected On	: 29/03/2024, 07:47 p.m
Client Name	: CUDDLES N CURE DIAGNOSTIC CENTRE	Reported On	: 30/03/2024, 09:13 a.m
Sample ID	: 2403122732	Printed On	: 30/03/2024, 09:16 p.m.
Printed By	: CUDDLES N CURE DIAGNOSTIC CENTRE		

TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE	METHOD
GLYCOSYLATED HAEMOGLOBIN (HBA1C), BLOOD				
PRIMARY SAMPLE : BLOOD				
Glycosylated Haemoglobin ^	5.3	%	< 5.6 Normal 5.7-6.4 Prediabetic >/= 6.5 Diabetic	High Performance Liquid Chromatography
Mean Plasma Glucose	101.38	mg/dl	65.1 - 136.3	Calculated

Note

Tests marked with ^ are included in NABL scope.

Test results relate to the sample as received.

Hemoglobin electrophoresis (HPLC method) is recommended for detecting Hemoglobinopathy.

Interpretation

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose(eAG). 2. HbA1c has been endorsed by clinical groups and ADA (American Diabetes Association) guidelines 2019 , for diagnosis of diabetes using a cut-off point of 6.5%.

3. Trends in HbA1c are a better indicator of diabetic control than solitary test.

4. Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflmmatory diseases, chronic anaemia (especially severe iron deficiency & hemolytic), chronic renal failure and liver diseases. Clinical correlation is suggested.

5. To estimate the eAg from HbA1C value, the following equation is used: eAG (mg/dL) = 28.7 * A1c - 46.7

6. Interferences of Hemoglobinopathies in HbA1c estimation: A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing HbA1c. B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status. C. Heterozygous state detected (D10 and Turbo is corrected for HbS and HbC trait).

7. In known diabetic patients , following values can be considered as a tool for monitoring the glycemic control.

Excellent Control: 6 - 7 %

Good Control : 7 - 8%

Unsatisfactory Control - 8 - 10% and

Poor Control - More than 10%

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END OF REPORT

Checked by-

Dr. Vivek Bonde
MD Pathology

Toll Free No.: 18002668992 I Email ID: info@drvaidyaslab.com I Website: www.drva

Dr. Ulhas M. Vaidya
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TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE	METHOD
T3, T4, TSH SERUM				
T3 TOTAL (Triiodothyronine) SERUM ^	1.18	ng/mL	0.80 - 2.00 ng/mL Pregnancy : Last 5 months : 1.16 - 2.47	ECLIA
T4 TOTAL (Thyroxine) SERUM ^	7.71	µg/dL	5.1 - 14.1 µg/dL	ECLIA
TSH (THYROID STIMULATING HORMONE) SERUM ^ (Ultrasensitive)	2.13	µIU/mL	0.27 - 5.3 First Trimester : 0.33 - 4.59 Second Trimester: 0.35 - 4.10 Third Trimester : 0.21 - 3.15	ECLIA

Interpretation

Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyper-thyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis ,estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age ,marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism

NOTE

Tests marked with ^ are included in NABL scope.

Test results relate to the sample as received.

Marked variations in thyroid hormones are seen with age.

In pregnancy T3 and T4 levels are raised.Hence FT3 and FT4 is recommended to be done to determine hyper or hypothyrodism

By ECLIA method, false low or false high values can be because of Biotin (Vitamin B7) consumption.

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