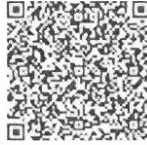


Patient Name : **MS. POORNIMA SAWANT**
Age / Sex : 51 years / Female
Ref. Doctor : APEX HOSPITAL
Client Name : CUDDLES N CURE DIAGNOSTIC CENTRE
Sample ID : 2403122741
Printed By : CUDDLES N CURE DIAGNOSTIC CENTRE



Patient ID / Billing ID : 1193068 / 1374695
Specimen Collected at : CUDDLES N CURE DIAGNOSTIC CENTRE
Sample Collected On : 29/03/2024, 07:51 p.m.
Reported On : 29/03/2024, 10:30 p.m.
Printed On : 30/03/2024, 09:12 p.m.



| TEST DONE | OBSERVED VALUE | UNIT | REFERENCE RANGE | METHOD |
|-----------|----------------|------|-----------------|--------|
|-----------|----------------|------|-----------------|--------|



GLYCOSYLATED HAEMOGLOBIN (HBA1C), BLOOD

PRIMARY SAMPLE : BLOOD

| | | | | |
|----------------------------|---------------|-------|--|--|
| Glycosylated Haemoglobin ^ | 6.8 | % | < 5.6 Normal 5.7-6.4 Prediabetic >= 6.5 Diabetic | High Performance Liquid Chromatography Calculated |
| Mean Plasma Glucose | 148.78 | mg/dl | 65.1 - 136.3 | |

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

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG). 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%.
- Trends in HbA1c are a better indicator of diabetic control than solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & hemolytic), chronic renal failure and liver diseases. Clinical correlation is suggested.
- To estimate the eAg from HbA1C value, the following equation is used: $eAG (mg/dL) = 28.7 * A1c - 46.7$
- 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).
- 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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Scan QR for Authentication

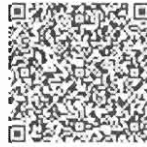
****END OF REPORT****

Checked by-

Dr. Vivek Bonde
MD Pathology

Toll Free No: 18002668992 | Email ID: info@drvaidyaslab.com | Website: www.drvoidyaslab.com

Patient Name : **MS. POORNIMA SAWANT**
Age / Sex : 51 years / Female
Ref. Doctor : APEX HOSPITAL
Client Name : CUDDLES N CURE DIAGNOSTIC CENTRE
Sample ID : 2403122741
Printed By : CUDDLES N CURE DIAGNOSTIC CENTRE



Patient ID / Billing ID : 1193068 / 1374695
Specimen Collected at : CUDDLES N CURE DIAGNOSTIC CENTRE
Sample Collected On : 29/03/2024, 07:51 p.m.
Reported On : 29/03/2024, 08:50 p.m.
Printed On : 30/03/2024, 09:12 p.m.



| TEST DONE | OBSERVED VALUE | UNIT | REFERENCE RANGE | METHOD |
|---|----------------|--------|---|--------|
| T3, T4, TSH SERUM | | | | |
| T3 TOTAL (Triiodothyronine) SERUM ^ | 0.862 | ng/mL | 0.80 - 2.00 ng/mL Pregnancy : Last 5 ECLIA months : 1.16 - 2.47 | |
| T4 TOTAL (Thyroxine) SERUM ^ | 6.91 | µg/dL | 5.1 - 14.1 µg/dL | ECLIA |
| TSH (THYROID STIMULATING HORMONE) SERUM ^ (Ultrasensitive) | 4.26 | 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 hypothyroidism.

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

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****END OF REPORT****

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Tele.:
022-41624000 (100 Lines)

Patient Name : **MRS. POORNIMA SAWANT**
Age/Sex : 51 Years /Female
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID : 86296
Sample Collected on : 29-3-24, 2:00 pm
Registration On : 29-3-24, 2:00 pm
Reported On : 29-3-24, 9:37 pm

| Test Done | Observed Value | Unit | Ref. Range |
|----------------------------------|---------------------------|------------------|-----------------|
| Complete Blood Count(CBC) | | | |
| HEMOGLOBIN | 9.6 | gm/dl | 12 - 15 |
| Red Blood Corpuscles | | | |
| PCV (HCT) | 28.9 | % | 36 - 46 |
| RBC COUNT | 3.73 | $\times 10^6/uL$ | 4.5 - 5.5 |
| RBC Indices | | | |
| MCV | 77.6 | fl | 78 - 94 |
| MCH | 25.7 | pg | 26 - 31 |
| MCHC | 33.2 | g/L | 31 - 36 |
| RDW-CV | 14.8 | % | 11.5 - 14.5 |
| White Blood Corpuscles | | | |
| TOTAL LEUCOCYTE COUNT | 7300 | /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 | 298000 | Lakh/cumm | 150000 - 450000 |
| MPV | 9.2 | 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



Dr. Hrishikesh Chevle
(MBBS.DCP.)



APEX HOSPITALS MULUND DIAGNOSTIC

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Tele.:
022-41624000 (100 Lines)

| | | | |
|--------------|------------------------|---------------------|--------------------|
| Patient Name | : MRS. POORNIMA SAWANT | Patient ID | : 86296 |
| Age/Sex | : 51 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, 9:37 pm |

| 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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Tele.:
022-41624000 (100 Line)

| | | | |
|--------------|------------------------|---------------------|--------------------|
| Patient Name | : MRS. POORNIMA SAWANT | Patient ID | : 86296 |
| Age/Sex | : 51 Years /Female | Sample Collected on | : 29-5-24, 2:00 pm |
| Ref Doctor | : APEX HOSPITAL | Registration On | : 29-3-24, 2:00 pm |
| Client Name | : Apex Hospital | Reported On | : 29-3-24, 9:37 pm |

| Test Done | Observed Value | Unit | Ref. Range |
|--|----------------|---------|------------|
| ESR (ERYTHROCYTES SEDIMENTATION RATE) | | | |
| ESR | 10. | mm/1hr. | 0 - 20 |
| METHOD - WESTERGREN | | | |



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Patient Name : **MRS. POORNIMA SAWANT**
Age/Sex : 51 Years /Female
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID : 86296
Sample Collected on : 29-3-24, 2:00 pm
Registration On : 29-3-24, 2:00 pm
Reported On : 29-3-24, 9:37 pm

| Test Done | Observed Value | Unit | Ref. Range |
|---------------------------------------|----------------|-------|------------|
| BLOOD GLUCOSE FASTING & PP | | | |
| FASTING BLOOD GLUCOSE | 95.1 | mg/dL | 70 - 110 |
| URINE GLUCOSE | NO SAMPLE | | ABSENT |
| URINE KETONE | NO SAMPLE | | ABSENT |
| POST PRANDIAL BLOOD GLUCOSE | 141.1 | mg/dL | 70 - 140 |
| URINE GLUCOSE | NO SAMPLE | | ABSENT |
| URINE KETONE | NO SAMPLE | | ABSENT |

Method - GOD-POD

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| Patient Name | : MRS. POORNIMA SAWANT | Patient ID | : 86296 |
| Age/Sex | : 51 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, 9:37 pm |

| Test Done | Observed Value | Unit | Ref. Range |
|----------------------------|----------------|-------|------------|
| RENAL FUNCTION TEST | | | |
| BLOOD UREA | 24.2 | mg/dL | 10 - 50 |
| BLOOD UREA NITROGEN | 11.31 | mg/dL | 0.0 - 23.0 |
| S. CREATININE | 0.73 | mg/dL | 0.6 to 1.4 |
| S. SODIUM | 140.0 | mEq/L | 135 - 155 |
| S. POTASSIUM | 4.25 | mEq/L | 3.5 - 5.5 |
| S. CHLORIDE | 110.8 | mEq/L | 95 - 109 |
| S. URIC ACID | 3.25 | mg/dL | 2.6 - 6.0 |
| S. CALCIUM | 8.9 | mg/dL | 8.4 - 10.4 |
| S. PHOSPHORUS | 3.97 | mg/dL | 2.5 - 4.5 |
| S. PROTIEN | 5.98 | g/dl | 6.0 to 8.3 |
| S. ALBUMIN | 3.40 | g/dl | 3.5 to 5.3 |
| S. GLOBULIN | 2.58 | g/dl | 2.3 to 3.6 |
| A/G RATIO | 1.32 | | 1 to 2.3 |

METHOD - EM200 Fully Automatic

INTERPRETATION -

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Patient Name : **MRS. POORNIMA SAWANT**
Age/Sex : 51 Years /Female
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID : 86296
Sample Collected on : 29-3-24, 2:00 pm
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Reported On : 29-3-24, 9:37 pm

| Test Done | Observed Value | Unit | Ref. Range |
|----------------------------|----------------|-------|------------|
| LIVER FUNCTION TEST | | | |
| TOTAL BILLIRUBIN | 0.79 | mg/dL | UP to 1.2 |
| DIRECT BILLIRUBIN | 0.31 | mg/dL | UP to 0.5 |
| INDIRECT BILLIRUBIN | 0.48 | mg/dL | UP to 0.7 |
| SGOT(AST) | 18.1 | U/L | UP to 40 |
| SGPT(ALT) | 12.3 | U/L | UP to 40 |
| ALKALINE PHOSPHATASE | 179.3 | IU/L | 64 to 306 |
| S. PROTIEN | 5.98 | g/dl | 6.0 to 8.3 |
| S. ALBUMIN | 3.40 | g/dl | 3.5 - 5.0 |
| S. GLOBULIN | 2.58 | g/dl | 2.3 to 3.6 |
| A/G RATIO | 1.32 | | 0.9 to 2.3 |

METHOD - EM200 Fully Automatic

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| Test Done | Observed Value | Unit | Ref. Range |
|-----------|----------------|------|------------|
|-----------|----------------|------|------------|

LIPID PROFILE

| | | | |
|---------------------|--------|-------|-----------|
| TOTAL CHOLESTEROL | 203.1 | mg/dL | 200 - 240 |
| S. TRIGLYCERIDE | 95.1 | mg/dL | 0 - 200 |
| S.HDL CHOLESTEROL | 44.5 | mg/dL | 30 - 70 |
| VLDL CHOLESTEROL | 19 | mg/dL | Up to 35 |
| S.LDL CHOLESTEROL | 139.58 | mg/dL | Up to 160 |
| LDL CHOL/HDL RATIO | 3.14 | | Up to 4.5 |
| CHOL/HDL CHOL RATIO | 4.56 | | Up to 4.8 |

Transasia-EM200 FULLY AUTOMATIC

INTERPRETATION

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



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| Test Done | Observed Value | Unit | Ref. Range |
|-----------|----------------|------|------------|
|-----------|----------------|------|------------|

URINE ROUTINE EXAMINATION

Physical Examination

| | | |
|------------|---------------|-------------|
| VOLUME | 20 ml | - - |
| COLOUR | Pale Yellow | Pale Yellow |
| APPEARANCE | Slightly Hazy | Clear |
| DEPOSIT | Absent | Absent |

Chemical Examination

| | | |
|---------------------|----------|---------------|
| REACTION (PH) | Acidic | Acidic |
| SPECIFIC GRAVITY | 1.025 | 1.003 - 1.035 |
| PROTEIN (ALBUMIN) | TRACE | Absent |
| OCCULT BLOOD | Negative | Negative |
| SUGAR | Absent | Absent |
| KETONES | Absent | Absent |
| BILE SALT & PIGMENT | Absent | Absent |
| UROBILINOGEN | Normal | Normal |

Microscopic Examination

| | | |
|--------------------|----------|------------|
| RED BLOOD CELLS | Absent | Absent |
| PUS CELLS | 4-5 /HPF | 0 - 5 /HPF |
| EPITHELIAL CELLS | 2-3 /HPF | 0 - 4 /HPF |
| CASTS | Absent | |
| CRYSTALS | Absent | |
| BACTERIA | Absent | Absent |
| YEAST CELLS | Absent | Absent |
| ANY OTHER FINDINGS | Absent | |

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