Neuberg Labcore
CLINICAL LABORATORIES

SARDAR PATEL HOSPITAL & HEART INSTITUTE

LABORATORY REPORT

Name	: **Mrs KALPNABEN B VASAVA**	Sex/Age	: **Female / 35 Years**	Case ID	: **40308001493**
Ref. By	: Mediwheel Full Body Health Checkup	Dis. At	:	Pt. ID	:
Bill. Loc.	: Health packages			Pt. Loc	:
Reg Date and Time	: 30-Mar-2024 07:57	Sample Type	: Whole Blood EDTA	Mobile No.	:
Sample Date and Time	: 30-Mar-2024 07:57	Sample Coll. By	: non	Ref Id1	:
Report Date and Time	: 30-Mar-2024 09:57	Acc. Remarks	:	Ref Id2	:

HAEMOGRAM REPORT

TEST		RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
HB AND INDICES					
Haemoglobin	L	**11.4**	G%	12.0 - 15.0	
RBC (Electrical Impedance)	H	**5.60**	millions/cumm	3.80 - 4.80	
PCV(Calc)		37.41	%	36.00 - 46.00	
MCV (RBC histogram)	L	**66.8**	fL	83.00 - 101.00	
MCH (Calc)	L	**20.3**	pg	27.00 - 32.00	
MCHC (Calc)	L	**30.4**	gm/dL	31.50 - 34.50	
RDW (RBC histogram)		15.40	%	11.00 - 16.00	
TOTAL AND DIFFERENTIAL WBC COUNT					
Total WBC Count		6390	/µL	4000.00 - 10000.00	

		[%]		EXPECTED VALUES	[Abs]		EXPECTED VALUES
Neutrophil	H	**73**	%	40.00 - 70.00	4665	/µL	2000.00 - 7000.00
Lymphocyte	L	**19**	%	20.00 - 40.00	1214	/µL	1000.00 - 3000.00
Eosinophil		02	%	1.00 - 6.00	128	/µL	20.00 - 500.00
Monocytes		06	%	2.00 - 10.00	383	/µL	200.00 - 1000.00
Basophil		00	%	0.00 - 2.00	0	/µL	0.00 - 100.00

PLATELET COUNT				
Platelet Count		258000	/µL	150000.00 - 410000.00
MPV		9.20	fL	6.5 - 12
PDW	H	**15.5**		8 - 13

Method:
TLC-SF cube technology(Flow Cytometry+ fluorescence),
DC by microscopy,
Platelet count by electrical impedance+/-SF cube technology

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shweta Patel
Consultant Pathologist

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Labcore Speciality Laboratory
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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HAEMATOLOGY INVESTIGATIONS				
ESR *Westergren Method*	**12**	mm after 1hr	3 - 20	
BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group)				
ABO Type	**AB**			
Rh Type	**POSITIVE**			

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TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F *Photometric,Hexokinase*	H	**104.27**	mg/dL	70 - 100	FUS: NIL
Plasma Glucose - PP *Photometric,Hexokinase*		**133.98**	mg/dL	70 - 140	PPUS: NIL

Glycated Haemoglobin Estimation

HbA1C *Immunoturbidimetric*		**5.3**	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) *Calculated*		**105.41**	mg/dL	Not available

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.

In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy,comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) *GLDH*	**10.1**	mg/dL	7.00 - 18.70	
Uric Acid *Uricase-Peroxidase method*	**5.53**	mg/dL	2.6 - 6.2	
Creatinine *Jaffe compensated*	**0.71**	mg/dL	0.55 - 1.02	

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Lipid Profile				
Cholesterol *Colorimetric, CHOD-POD*	**162.73**	mg/dL	110 - 200	
HDL Cholesterol	**46.0**	mg/dL	40 - 60	
Triglyceride *GPO-POD*	**94.55**	mg/dL	40 - 200	
VLDL *Calculated*	**18.91**	mg/dL	10 - 40	
Chol/HDL *Calculated*	**3.54**		0 - 4.1	
LDL Cholesterol *Calculated*	**97.82**	mg/dL	0.00 - 100.00	

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

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

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Liver Function Test				
S.G.P.T. *IFCC*	**19.28**	U/L	0 - 59	
S.G.O.T. *IFCC*	**15.91**	U/L	15 - 37	
Alkaline Phosphatase *Modified IFCC method*	**98.43**	U/L	40 - 150	
Proteins (Total) *Biuret*	**7.05**	g/dL	6.4 - 8.2	
Albumin *Bromo Cresol Green*	**4.33**	g/dL	3.4 - 5.0	
Globulin *Calculated*	**2.72**	gm/dL	2 - 4.1	
A/G Ratio *Calculated*	**1.6**		1.0 - 2.1	
Bilirubin Total *Diazotized Sulfanilic Acid Method*	**0.26**	mg/dL	0.2 - 1.0	
Bilirubin Conjugated *Diazotized Sulfanilic Acid Method*	**0.12**	mg/dL		
Bilirubin Unconjugated *Calculated*	**0.14**	mg/dL	0 - 0.8	

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BIOCHEMICAL INVESTIGATIONS				
Thyroid Function Test				
Triiodothyronine (T3) *ECLIA*	**1.43**	ng/mL	0.70 - 2.04	
Thyroxine (T4) *ECLIA*	**8.25**	µg/dL	5.5 - 11.0	
TSH *ECLIA*	**3.960**	µIU/mL	0.40 - 4.20	

INTERPRETATIONS

Useful for Monitoring patients on thyroid replacement therapy, Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine therapy, for Prediction of thyrotropin-releasing hormone-stimulated TSH response, as An aid in the diagnosis of primary hyperthyroidism, for Differential diagnosis of hypothyroidism.
The ability to quantitate circulating levels of thyroid-stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Concentrations of 5.1 mIU/ml to 7.0 mIU/ml are considered borderline hypothyroid

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone.
Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in Pregnacy	**Reference range (microIU/ml)**
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)				
Physical examination				
Colour	**Pale yellow**			
Transparency	**Clear**			
Chemical Examination By Sysmex UC-3500				
Sp.Gravity	**1.025**		1.003 - 1.035	
pH	**6.0**		4.6 - 8	
Leucocytes (ESTERASE)	**Negative**		Negative	
Protein	**Negative**		Negative	
Glucose	**Negative**		Negative	
Ketone Bodies Urine	**Negative**		Negative	
Urobilinogen	**Negative**		Negative	
Bilirubin	**Negative**		Negative	
Blood	**Negative**		Negative	
Nitrite	**Negative**		Negative	
Flowcytometric Examination By Sysmex UF-5000				
Leucocyte	**Nil**	/HPF	Nil	
Red Blood Cell	**Nil**	/HPF	Nil	
Epithelial Cell	**3-5**	/HPF	Present(+)	
Bacteria	**Nil**	/µL	Nil	
Yeast	**Nil**	/µL	Nil	
Cast	**Nil**	/HPF	Nil	
Crystals	**Nil**	/HPF	Nil	

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Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

Pending Services
Stool Examination

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

For test performed on specimens received or collected from non-NSRL 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. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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