INV. No.	QLSR-INV-H-06803/(2024-2025)(6765)	Patient ID	6803
Patient Name	**Mrs. NAYAN TARA**	Invoice Generated	26/08/2024 11:12 AM
Age/Gen	32 Years | Female	Sample Received	26/08/2024 11:12 AM
Referred By	**Dr. Self**	Report Generated	26/08/2024 04:59 PM
Source	BERLIN DIAG CGHS - (3)		

2 7 1 1 7

Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
GLUCOSE FASTING (FBS)			
Plasma Glucose(F) Method (GOD-POD Method)	98.4	mg/dL	65 - 110

Comments:

Fasting Blood Sugar/Glucose test a blood sample will be taken after an overnight fast. A fasting blood sugar level of less than 100mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes.

GLUCOSE, POST PRANDIAL 2 HOURS			
Plasma Glucose(PP) Method (GOD-POD Method)	140	mg/dL	75 - 140

Note :

1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions
2. Very low glucose levels cause severe CNS dysfunction
3. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical

GLYCOSYLATED HAEMOGLOBIN			
Whole blood HbA1c Method (HPLC)	5.2	%	Non diabetic level(< 6.0) Goal(< 7.0)
Whole blood eAG (Estimated AverageGlucose Level) Method (CALCULATION)	103	mg/dl	-

Note:

The Parameter indicates control over the last 90 Days

In the Blood, glucose adheres to haemoglobin (Hb) and make Glycosylated haemoglobin/HbA_1C, which provides a clue about the average blood glucose level over the last 8-12 weeks and it is an indicator for chronic glycaemic control along with effects of drug, diet and exercise.

In normal individuals, 90% is the adult haemoglobin fraction and the rest 8% is formed by HbA. Reduction of HbA_1C value reduces diabetic and cardiological related morbidity and mortality.

The short life span of RBC in haemoglobinopathy and chemically modified derivatives of haemoglobin (carbamylated Hb in renal failure and acetylated Hb, who are taking aspirin) can affect the results. Iron deficiency anaemia, liver disease, opiate addiction may interfere the test value.

HPLC, ion exchange chromatography is the ideal method for HbA_1C estimation. The target goal is <7%.

Dr. R. Verma
MBBS, MD(Pathology)

Opp: DAV. Nandraj School Near PHED Water Tank, Booty Road Bariatu, Ranchi, Jharkhand - 834009
Contact :- +91- 9341529301/259, Email:- info@berlindiagnostics.com | Web :- www.berlindiagnostics.com
Toll Free No :- 18008913990

INV. No.	QLSR-INV-H-06803/(2024-2025)(6765)	Patient ID	6803
Patient Name	**Mrs. NAYAN TARA**	Invoice Generated	26/08/2024 11:12 AM
Age/Gen	32 Years | Female	Sample Received	26/08/2024 11:12 AM
Referred By	**Dr. Self**	Report Generated	26/08/2024 04:59 PM
Source	BERLIN DIAG CGHS - (3)		

Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range

Besides HbA_1C serum fructosamine can be measured.

American diabetes association guideline

Reference range

Non diabetic adult > 18 years : < 5.7%
Pediabetes : 5.7% - 6.4%
Diagnosing diabetes : > 6.5%

Lipid Profile

Serum Triglyceride Method (Enzymatic,end point)	142.6	mg/dL	< 150
Serum Cholesterol Method (Oxidase, Esterase, Peroxidase)	157.3	mg/dL	125 - 200
Serum HDL-Chol Method (PTA/MgC12, Reflectance photometry)	39.3	mg/dL	30 - 65
Serum LDL-Chol Method (Direct Homogeneous, Spectrophotometry)	89.0	mg/dL	85 - 150
Serum VLDL-Chol	29	mg/dL	5 - 40
Serum LDL/HDL Cholesterol Ratio Method (Calculated)	2.26		1.5 - 3.5
Serum Cholesterol/ HDL Ratio Method (Calculated)	4.00		Low Risk(0 - 3) High Risk(5 - 10)

Interpretation :

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100- 129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

Dr. R. Verma
MBBS, MD(Pathology)

Opp: DAV. Nandraj School Near PHED Water Tank, Booty Road Bariatu, Ranchi, Jharkhand - 834009
Contact :- +91- 9341529301/259, Email:- info@berlindiagnostics.com | Web :- www.berlindiagnostics.com
Toll Free No :- 18008913990

INV. No.	QLSR-INV-H-06803/(2024-2025)(6765)	Patient ID	6803
Patient Name	**Mrs. NAYAN TARA**	Invoice Generated	26/08/2024 11:12 AM
Age/Gen	32 Years | Female	Sample Received	26/08/2024 11:12 AM
Referred By	**Dr. Self**	Report Generated	26/08/2024 04:59 PM
Source	BERLIN DIAG CGHS - (3)		

Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range

Note :
1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for Atherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors.
3. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia.
4. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a).
5. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target.
6. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.
7. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Liver Function Test (LFT)			
Serum Bilirubin (Total) Method (By Diphylline, Diazonium Salt)	0.69	mg/dL	0.2 - 1.3
Serum Bilirubin (Direct) Method (Diphylline, Diazonium Salt)	0.22	mg/dL	0.1 - 0.4
Serum Bilirubin (Indirect) Method (Calculated)	0.47	mg/dL	0.2 - 1.1
Serum SGOT Method (IFCC)	37.7	U/L	17 - 59
Serum SGPT Method (IFCC)	63.4	U/L	21 - 72
Alkaline phosphatase (ALP) Method (IFCC)	88.8	U/L	Adult (38 - 126)
Serum Total Protein Method (Biuret Method)	7.0	g/dL	Adult(6.2 - 8.2) Children(5.6 - 8.4)
Serum Albumin Method (BCG)	4.1	gm/dL	Newborn Children(2.4 - 4.8) Adult(3.5 - 5.0)
Serum Globulin Method (Calculated)	2.90	g/dL	Adult(2.3 - 3.6)

Dr. R. Verma
MBBS, MD(Pathology)

Opp: DAV. Nandraj School Near PHED Water Tank, Booty Road Bariatu, Ranchi, Jharkhand - 834009
Contact :- +91- 9341529301/259, Email:- info@berlindiagnostics.com | Web :- www.berlindiagnostics.com
Toll Free No :- 18008913990

INV. No.	QLSR-INV-H-06803/(2024-2025)(6765)	Patient ID	6803
Patient Name	**Mrs. NAYAN TARA**	Invoice Generated	26/08/2024 11:12 AM
Age/Gen	32 Years | Female	Sample Received	26/08/2024 11:12 AM
Referred By	**Dr. Self**	Report Generated	26/08/2024 04:59 PM
Source	BERLIN DIAG CGHS - (3)		

Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
Serum A/G Ratio Method (BCG)	1.41		1.0 - 2.3

Note

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

Kidney Function Test (KFT)			
Serum Urea Method (GLDH,Kinetic Assay)	21.9	mg/dL	Adult (17 - 43) New Born (8.4 - 25.8) Infant (10.8 - 38.4)
Serum Creatinine Method (Modified Jaffe, Kinetic)	0.98	mg/dL	Female: (0.72-1.18) Neonate : (0.26 - 1.01) Infant { 2months - less than 3 yrs} : (0.15- 0.37) Children { 3 yrs - less than 15 yrs} : (0.24 -0.73)
Serum Uric Acid Method (uricase-Colorimetric)	3.5	mg/dL	3.5 - 8.5
Serum Sodium Method (By Indirect ISE)	139.8	mmol/L	136 - 145
Serum Potassium Method (By Indirect ISE)	3.84	mmol/L	3.5 - 5.1
Serum Chloride Method (By Ion-selective Electrode)	104.1	mmol/L	98 - 107

~~~~~~ End of report ~~~~~~

Dr. R. Verma
MBBS, MD(Pathology)

Opp: DAV. Nandraj School Near PHED Water Tank, Booty Road Bariatu, Ranchi, Jharkhand - 834009
Contact :- +91- 9341529301/259, Email:- info@berlindiagnostics.com | Web :- www.berlindiagnostics.com
Toll Free No :- 18008913990

INV. No.	QLSR-INV-H-06803/(2024-2025)(6765)	Patient ID	6803
Patient Name	**Mrs. NAYAN TARA**	Invoice Generated	26/08/2024 11:12 AM
Age/Gen	32 Years | Female	Sample Received	26/08/2024 11:12 AM
Referred By	**Dr. Self**	Report Generated	26/08/2024 03:41 PM
Source	BERLIN DIAG CGHS - (3)		

2 7 0 7 1

Report Of Clini Patho Examination

Investigation	Result	Unit(s)	Reference Range
Urine Routine and Microscopic Examination (R/M)			
Physical Examination			
Colour	Yellowish		Pale Yellow
Urine Appearance	Transparent		
Urine Deposit	Absent		
Urine Specific Gravity	1.015		1.010 - 1.030
Urine Reaction	Acidic		
Chemical Examination			
Urine Glucose (Sugar)	Absent	gm%	
Urine Protein (Albumin)	Absent		
Urine pH	6.0		6.0
Urine Ketone Body	Absent		
Urine Blood	Negative		
Urine Phosphate (Amorphous deposits)	Absent		
Urine Microscopic Examination			
Urine Red blood cells	Absent	/HPF	0 - 2
Urine Pus Cells	1-2	/HPF	0 - 5
Urine Epithelial cells	0-1	/HPF	0 - 4
Urine Bacteria	Absent		
Urine Cast	Absent	/HPF	
Urine Crystals	Absent	/HPF	
Urine Yeast cells	Absent		

~~~~~~ End of report ~~~~~~

Dr. R. Verma
MBBS, MD(Pathology)

Opp: DAV. Nandraj School Near PHED Water Tank, Booty Road Bariatu, Ranchi, Jharkhand - 834009
Contact :- +91- 9341529301/259, Email:- info@berlindiagnostics.com | Web :- www.berlindiagnostics.com
Toll Free No :- 18008913990

INV. No.	QLSR-INV-H-06803/(2024-2025)(6765)	Patient ID	6803
Patient Name	**Mrs. NAYAN TARA**	Invoice Generated	26/08/2024 11:12 AM
Age/Gen	32 Years | Female	Sample Received	26/08/2024 11:12 AM
Referred By	**Dr. Self**	Report Generated	26/08/2024 03:00 PM
Source	BERLIN DIAG CGHS - (3)		

2 7 0 5 8

Report Of Haematology Examination

Investigation	Result	Unit(s)	Reference Range
ERYTHROCYTE SEDIMENTATION RATE			
ESR Method (Westergren & Manual)	20	mm	< 20

Note

1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood at 37°C.
3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values

COMPLETE BLOOD COUNT			
Haemoglobin (Hb)% Method (By Sahlis Method)	11.7	gm%	Adult Men (13 - 18) Adult Women (11.5 - 16.5) Children (11 - 13) Children (1-6) : (12 - 14) Children (6-12) : (12 - 14)
PCV	39.3	%	35 - 45
Total Platelets Count (PC)	2.4	Lacs Per cmm	1.5 - 4
Total RBC (Red Cell Count)	4.7	mill./uL	Women (4.2 - 5.4) Male (4.7 - 6.1) Children (4.6 - 4.8)
Total Leucocyte Count (TLC) Method (Flow Cytometry)	8,400	Per cmm	Adult :- (4,000 - 11,000) New Born (10,000 - 26,000) (1-4) Years : (6,000 - 18,000) (5-7) Years : (5,000 - 15,000) (8-12) Years : (4,500 - 12,500)
MCV	83.2	fL	76 - 96
MCH	26.6	pg	22 - 32
MCHC	30.2	g/dL	30 - 35
Differential count of Leucocytes			
Neutrophils	64	%	40 - 70
Lymphocytes	32	%	15 - 40
Monocytes	00	%	00 - 6
Eosinophils	04	%	0.5 - 7
Basophils	00	%	00 - 01

Comment :

CBC is a powerful diagnostic tool in various hematological and non-hematological conditions. It can be

Dr. R. Verma
MBBS, MD(Pathology)

Opp: DAV. Nandraj School Near PHED Water Tank, Booty Road Bariatu, Ranchi, Jharkhand - 834009
Contact :- +91- 9341529301/259, Email:- info@berlindiagnostics.com | Web :- www.berlindiagnostics.com
Toll Free No :- 18008913990

INV. No.	QLSR-INV-H-06803/(2024-2025)(6765)	Patient ID	6803
Patient Name	**Mrs. NAYAN TARA**	Invoice Generated	26/08/2024 11:12 AM
Age/Gen	32 Years | Female	Sample Received	26/08/2024 11:12 AM
Referred By	**Dr. Self**	Report Generated	26/08/2024 03:00 PM
Source	BERLIN DIAG CGHS - (3)		

Report Of Haematology Examination

Investigation	Result	Unit(s)	Reference Range

used to diagnose various conditions like anemia, hemoglobinopathies, infections. leukemia, nutritional deficiencies, parasitemias, etc. For microcytic indices, a Mentzer index of less than 13 suggests that the patient may have thalassemia trait, and an index of more than 13 suggests that the patient may have iron deficiency.

~~~~~~ End of report ~~~~~~

Dr. R. Verma
MBBS, MD(Pathology)

Opp: DAV. Nandraj School Near PHED Water Tank, Booty Road Bariatu, Ranchi, Jharkhand - 834009
Contact :- +91- 9341529301/259, Email:- info@berlindiagnostics.com | Web :- www.berlindiagnostics.com
Toll Free No :- 18008913990

BERLIN DIAGNOSTICS & DAY CARE

Certificate No. PESHCO-2022-6684

INV. No.	QLSR-INV-H-06803/(2024-2025)(6765)	Patient ID	6803
Patient Name	**Mrs. NAYAN TARA**	Invoice Generated	26/08/2024 11:12 AM
Age/Gen	32 Years | Female	Sample Received	26/08/2024 11:12 AM
Referred By	**Dr. Self**	Report Generated	26/08/2024 04:59 PM
Source	BERLIN DIAG CGHS - (3)		

2 7 1 2 3

Report Of Immunology Examination

Investigation	Result	Unit(s)	Reference Range
(Thyroid Profile-I)			
Serum T3 Method (ECLIA)	1.20	ng/mL	(0.8 - 2.0) 11-15 Years (0.83 - 2.13) 1-10 Years (0.94 - 2.69) 1-12 Months (1.05 - 2.45) 1-7 Days (0.36 - 3.16) 1-4 Weeks (1.05 - 3.45)
Serum T4 Method (ECLIA)	8.46	µg/dL	(5.1 - 14.1) 1-12 Months (5.9 - 16) 1-7 Days (11 - 22) 1-4 Weeks (8.2 - 17) 1-10 Years (6.4 - 15) 11-15 Years (5.5 - 12)
Serum TSH Method (ECLIA)	2.64	µIU/mL	Up to 1 Week (0.7-11.0) 1 week-4 week (0.7- 11.0) 1-12 Months (0.7- 8.4) 1-19 Years (0.6-4.9) 19 Years Above (0.5-5.5) 1st Trimester (0.6 - 3.4) 2nd Trimester (0.37 - 3.6) 3rd Trimester(0.38 - 4.04)

Mild to moderate degree of elevation normal T3&T4 levels indicates impaired thyroid hormone reserves and indicates subclinical hypothyroidism.

Mild to moderate decrease with normal T3 & T4 indicates subclinical hyperthyroidism.

TSH measurement is used for screening & diagnosis of Euthyroidism, hypothyroidism & hyperthyroidism. Suppressed TSH (< 0.01 µ IU/ml) suggests diagnosis of hyperthyroidism.

Elevated concentration of TSH (>7 µ IU/ml) suggest diagnosis of hypothyroidism.

Please correlate clinically.

~~~~~~ End of report ~~~~~~

Dr. R. Verma
MBBS, MD(Pathology)

Opp: DAV. Nandraj School Near PHED Water Tank, Booty Road Bariatu, Ranchi, Jharkhand - 834009
Contact :- +91- 9341529301/259, Email:- info@berlindiagnostics.com | Web :- www.berlindiagnostics.com
Toll Free No :- 18008913990