



Name : MRS SUNITA ADLAKHA **Age** : 56 Yr(s) Sex :Female
Registration No : MH010892282 **Lab No** : 31230400112
Patient Episode : H03000053587 **Collection Date** : 04 Apr 2023 09:28
Referred By : HEALTH CHECK MHD **Reporting Date** : 04 Apr 2023 12:23
Receiving Date : 04 Apr 2023 10:25

Department of Transfusion Medicine (Blood Bank)

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

Blood Group & Rh Typing (Agglutination by gel/tube technique)

Blood Group & Rh typing AB Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Cell Panel I NEGATIVE
Cell Panel II NEGATIVE
Cell Panel III NEGATIVE
Autocontrol NEGATIVE

Final Antibody Screen Result Negative

Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

Page 1 of 8

-----END OF REPORT-----

Dr Himanshu Lamba



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Name : MRS SUNITA ADLAKHA **Age** : 56 Yr(s) Sex :Female
Registration No : MH010892282 **Lab No** : 32230401182
Patient Episode : H03000053587 **Collection Date** : 04 Apr 2023 09:28
Referred By : HEALTH CHECK MHD **Reporting Date** : 04 Apr 2023 11:30
Receiving Date : 04 Apr 2023 09:43

BIOCHEMISTRY

Glycosylated Hemoglobin

Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin) 5.5

As per American Diabetes Association (ADA)
% [4.0-6.5] HbA1c in %
Non diabetic adults >= 18years <5.7
Prediabetes (At Risk) 5.7-6.4
Diagnosing Diabetes >= 6.5

Methodology (HPLC)

Estimated Average Glucose (eAG) 111 mg/dl

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.

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	0.88	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	6.07	µg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	4.220	µIU/mL	[0.340-4.250]

1st Trimester:0.6 - 3.4 micIU/mL
2nd Trimester:0.37 - 3.6 micIU/mL
3rd Trimester:0.38 - 4.04 micIU/mL

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness



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Patient Episode : H03000053587 **Collection Date** : 04 Apr 2023 09:28
Referred By : HEALTH CHECK MHD **Reporting Date** : 04 Apr 2023 10:52
Receiving Date : 04 Apr 2023 09:40

BIOCHEMISTRY

affect TSH results.

* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

Lipid Profile (Serum)

TOTAL CHOLESTEROL (CHOD/POD)	354 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	212 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct) Methodology: Homogenous Enzymatic	56	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	42 #	mg/dl	[10-40]
LDL- CHOLESTEROL	256 #	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	6.3		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	4.6		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.



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Registration No : MH010892282 Lab No : 32230401182
Patient Episode : H03000053587 Collection Date : 04 Apr 2023 09:28
Referred By : HEALTH CHECK MHD Reporting Date : 04 Apr 2023 10:46
Receiving Date : 04 Apr 2023 09:40

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.27	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.09	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	0.18 #	mg/dl	[0.20-1.00]
SGOT/ AST (P5P,IFCC)	15.30	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	16.50	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	73	IU/L	[46-118]
TOTAL PROTEIN (mod.Biuret)	7.1	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.3	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	2.8	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.54		[1.10-1.80]

Note:

**NEW BORN:Vary according to age (days), body wt & gestation of baby

*New born: 4 times the adult value



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Registration No : MH010892282 Lab No : 32230401182
Patient Episode : H03000053587 Collection Date : 04 Apr 2023 09:28
Referred By : HEALTH CHECK MHD Reporting Date : 04 Apr 2023 10:48
Receiving Date : 04 Apr 2023 09:40

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	10.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	0.81	mg/dl	[0.60-1.40]
SERUM URIC ACID (mod.Uricase)	4.9	mg/dl	[2.6-6.0]
SERUM CALCIUM (NM-BAPTA)	9.5	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	3.6	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	140.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.97	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	105.3 #	mmol/l	[95.0-105.0]
eGFR	81.4	ml/min/1.73sq.m	[>60.0]

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

Page 5 of 8

-----END OF REPORT-----

Dr. Neelam Singal
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Name : MRS SUNITA ADLAKHA **Age** : 56 Yr(s) Sex :Female
Registration No : MH010892282 **Lab No** : 32230401183
Patient Episode : H03000053587 **Collection Date** : 04 Apr 2023 11:29
Referred By : HEALTH CHECK MHD **Reporting Date** : 04 Apr 2023 14:33
Receiving Date : 04 Apr 2023 11:37

BIOCHEMISTRY

Specimen Type : Plasma

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 114 mg/dl [70-140]

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Specimen Type : Serum/Plasma

Plasma GLUCOSE-Fasting (Hexokinase) 93 mg/dl [70-100]

Page 6 of 8

-----END OF REPORT-----

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



Name : MRS SUNITA ADLAKHA **Age** : 56 Yr(s) Sex :Female
Registration No : MH010892282 **Lab No** : 33230400721
Patient Episode : H03000053587 **Collection Date** : 04 Apr 2023 09:29
Referred By : HEALTH CHECK MHD **Reporting Date** : 04 Apr 2023 15:04
Receiving Date : 04 Apr 2023 09:43

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR **29.0 #** **/1sthour** **[0.0-20.0]**

Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit	Biological Ref. Interval
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Flow cytometry)	6460	/cu.mm	[4000-10000]
RBC Count (Impedence)	4.31	million/cu.mm	[3.80-4.80]
Haemoglobin (SLS Method)	13.2	g/dL	[12.0-15.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	39.2	%	[36.0-46.0]
MCV (Calculated)	91.0	fL	[83.0-101.0]
MCH (Calculated)	30.6	pg	[25.0-32.0]
MCHC (Calculated)	33.7	g/dL	[31.5-34.5]
Platelet Count (Impedence)	300000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	13.0	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	54.4	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	35.4	%	[20.0-40.0]

Page 7 of 8



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HAEMATOLOGY

Monocytes (Flowcytometry)	5.7	%	[2.0-10.0]
Eosinophils (Flowcytometry)	3.9	%	[1.0-6.0]
Basophils (Flowcytometry)	0.6 #	%	[1.0-2.0]
IG	0.50	%	
Neutrophil Absolute(Flourescence flow cytometry)	3.5	/cu mm	[2.0-7.0]x10 ³
Lymphocyte Absolute(Flourescence flow cytometry)	2.3	/cu mm	[1.0-3.0]x10 ³
Monocyte Absolute(Flourescence flow cytometry)	0.4	/cu mm	[0.2-1.2]x10 ³
Eosinophil Absolute(Flourescence flow cytometry)	0.3	/cu mm	[0.0-0.5]x10 ³
Basophil Absolute(Flourescence flow cytometry)	0.0	/cu mm	[0.0-0.1]x10 ³

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

-----END OF REPORT-----

Soma Pradhan

Dr. Soma Pradhan