



Name: SONI SONKER	Ward: OPD
Lab ID: 00000246	Registration on: 24/02/2024 10:20:00
Age & Sex: 37 Year Female	Reported on: 17:05:19
Reference: VELOCITY HOSPITAL	Sample Type: BLOOD & URINE

CBC ESR

Test	Observed Value	Unit	Biological Reference Interval
Haemoglobin	11.02 L	g/dL	12.0 - 16.0
Total RBC	3.76 L	mill./cm	4.00 - 5.20
Total WBC	5830	/cmm	4000 - 11000
Platelet Count	190500	/cmm	150000 - 450000
HCT	34.6 L	%	36.0 - 48.0
MCV	92.0	fL	80.0 - 100.0
MCH	29.3	pg	27.0 - 32.0
MCHC	31.8	g/dL	31.5 - 36.0
DIFFERENTIAL COUNT			
Neutrophils	62	%	40 - 70
Lymphocytes	34	%	20 - 40
Eosinophils	01 L	%	02-05
Monocytes	02	%	01-07
Basophils	00	%	00 - 02
Band Cells	00	%	0.0 - 6.0
ABSOLUTE DIFFERENTIAL COUNT			
Neutrophils	3615	/cumm	2000 - 7000
Lymphocytes	1982	/cumm	1000 - 3000
Eosinophils	58	/cumm	20 - 500
Monocytes	117 L	/cumm	200 - 1000
Basophils	0	/cumm	0 - 100
GLR / NLR (Neutrophil/Lymphocyte Ratio)	1.8		
MENTZER INDEX			
RDW-CV	13.7	%	11.1 - 14.1
RDW-SD	50.4	fl	
MPV	11.8	fl	
PCT	0.22	%	

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PDW 17.7 %

Malarial Parasites Not Detected.

ESR

AFTER 1 HOUR 22 H mm/hr 0.0 - 20.0

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BLOOD GROUP

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood Group	"A"		
Rh Factor	POSITIVE		



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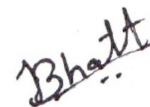




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BLOOD GLUCOSE TEST

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Sample	FLOURIDE PLASMA		
<u>FASTING (FBS)</u>			
Blood Sugar-F	77.35	mg/dL	70.00-110.00
Urine Sugar-R	Absent		



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Sample Type: **BLOOD & URINE**

HEMOGLOBIN A1c TEST

Test	Observed Value	Unit	Biological Reference Interval	
HbA1c	4.36	L	%	> 8 : Action Suggested 7-8 : Good control < 7 : Goal 6.2-7 : Near Normal Glycemia < 6.2 : Non-diabetic Level
Mean Blood Glucose	78.4	L	mg/dL	80.0 - 140.0

Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. , this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).

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LIPID PROFILE

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		
Cholesterol	153.5	mg/dL	<200 Desirable 200-229 Borderline >240 High
Triglyceride	92.3	mg/dL	<150 Normal 150-199 Borderline 200-499 High >=500 Very High
HDL Cholesterol	55.72	mg/dL	40-60
VLDL	18.46	mg/dL	0.00 - 30.00
LDL Cholesterol	79.32	mg/dL	< 130 : Optimal 130 - 159 : Borderline High 160 - 189 : High >= 190 : Very High
LDL Chol. / HDL Chol. Ratio	1.42		1.0 - 3.4
Cholesterol / HDL Chol. Ratio	2.8		0 - 3.5
Total Lipid	503.0	mg/dl	400.0 - 1000.0

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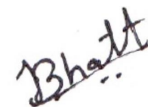
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RENAL FUNCTION TEST

Test		Unit	
S. Creatinine	0.79	mg/dL	0.5-1.30
Bl. Urea	23.2	mg/dL	10.0 - 40.0
BUN	10.8	mg/dl	6.0 - 22.0
Uric Acid	2.99	mg/dL	2.6 - 6.0

PROTEINS

Total Protein	6.1	g/dL	6.0 - 8.0
Albumin	3.97	g/dL	3.50 - 5.50
Globulin	2.1 L	g/dL	2.5 - 4.0
A/G Ratio	1.9		



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Sample Type: **BLOOD & URINE**

LIVER FUNCTION TEST

Test	Observed Value	Unit	Biological Reference Interval
<u>BILIRUBIN</u>			
Total Bilirubin	0.4	mg/dL	0.00 - 1.20
Direct Bilirubin	0.2	mg/dL	0.00 - 0.40
Indirect Bilirubin	0.20	mg/dL	0.00 - 1.00
SGPT(ALT)	15.86	U/L	0.0 - 40.0
SGOT (AST)	17.38	U/L	0.0 - 46.0
Alkaline Phosphatase	199.8	U/L	64.0 - 306.0
<u>PROTEINS</u>			
Total Protein	6.1	g/dL	6.0 - 8.0
Albumin	3.97	g/dL	3.50 - 5.50
Globulin	2.1 L	g/dL	2.5 - 4.0
A/G Ratio	1.9		

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URINE ANALYSIS

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fresh Urine		
<u>PHYSICAL EXAMINATION</u>			
Quantity	10.0	mL	
Colour	Pale-Yellow		
Appearance	Clear		Clear
pH	6.5		
Specific Gravity	1.025		
Sediments	Absent		Absent
<u>CHEMICAL EXAMINATION</u>			
Protein (Albumin)	Absent		Absent
Sugar	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
Ketone	Absent		Absent
Occult Blood	Absent		Absent
Nitrite	Absent		Absent
Leukocyte Esterase	Absent		Absent
Urobilinogen	Normal		Normal
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	Occasional	/hpf	Absent
Red Blood Cells	Absent	/hpf	Absent
Epithelial Cells	Absent	/hpf	Absent
Crystals	Absent		Absent
Amorphous material	Absent		Absent
Casts	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent

--- End of Report ---

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 CIN : U85195GJ2009PLC057059



TEST REPORT

Reg. No. : 40200728649 **Reg. Date** : 24-Feb-2024 13:14 **Ref.No** : **Approved On** : 24-Feb-2024 14:27
Name : SONI SONKER **Collected On** : 24-Feb-2024 13:15
Age : 37 Years **Gender**: Female **Pass. No.** : **Dispatch At** :
Ref. By : **Tele No.** :
Location : SPECTRA DIAGNOSTIC @ LP SAVANI ROAD

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <i>Method:CLIA</i>	0.97	ng/mL	0.6 - 1.81
T4 (Thyroxine), Total <i>Method:CLIA</i>	8.3	µg/dL	4.5 - 12.6
TSH (Ultra Sensitive) <i>Method:CLIA</i>	2.494	µIU/mL	0.55 - 4.78
Sample Type:Serum			

Comments:

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate 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.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Saunders,2012:2170

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

Test done from collected sample. This is an electronically authenticated report.

Brijesha

Dr. Brijesha Patel
 M.D. Pathology
 Reg. No.:G-32437

Generated On : 24-Feb-2024 14:33

Regd. Office: 5th Floor, Doctor House, Nr. Parimal Garden, Ahmedabad-380006, Gujarat.
 Outsource Lab (USLL-HO):PASL House, Beside Sahjanand College, Opposite Kamdhenu Complex, Panjarapole, Ambawadi, Ahmedabad-380015, Gujarat.