# Laboratory Report

| | | | |
|---|---|---|---|
| **Patient Name** | **: MR NITIN CHOURASIA** | **CPL24/8412** | |
| Age/Gender | : 38 Yrs/Male | Registration Date | : 05/04/2024 08:40 PM |
| Ref. Dr. | : SELF | Collection Date | : 05/04/2024 08:42 PM |
| Center | : AP98 | Report Date | : 06/04/2024 02:14 PM |

## HAEMATOLOGY REPORT

| Test Description | Result | Unit | Biological Reference Ranges |
|---|---|---|---|
| HbA1c Glycosilated Haemoglobin | 5.8 | % | Non-diabetic: <= 6.0<br>Pre-diabetic: 6.0-7.0<br>Diabetic: >= 7.0 |
| Estimated Average Glucose : | 120 | mg/dL | |

**Reference Range (Average Blood Sugar):**

| | |
|---|---|
| Excellent control | : 90 - 120 mg/dl |
| Good control | : 121 - 150 mg/dl |
| Average control | : 151 - 180 mg/dl |
| Action suggested | : 181 - 210 mg/dl |
| Panic value | : > 211 mg/dl |

**Interpretation & Remark:**

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-46.7
6. Interference of Haemoglobinopathies in HbA1c estimation.
   A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
   B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
   C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

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## HAEMATOLOGY REPORT

| Test Description | Result | Unit | Biological Reference Ranges |
|---|---|---|---|
| **BLOOD GROUP AND RH FACTOR** | | | |
| ABO Type | B | | |
| Rh Factor | POSITIVE(+VE) | | |

## BIOCHEMISTRY REPORT

| Test Description | Result | Unit | Biological Reference Ranges |
|---|---|---|---|
| **LIVER FUNCTION TEST (LFT)** | | | |
| TOTAL BILIRUBIN | 0.76 | mg/dl | 0 - 1.2 |
| DIRECT BILIRUBIN | 0.15 | mg/dL | 0 - 0.3 |
| INDIRECT BILIRUBIN | 0.61 | mg/dl | 0.1 - 0.8 |
| SGOT (AST) | 24.1 | U/L | 0 - 35 |
| SGPT (ALT) | 35.5 | U/L | 0 - 45 |
| ALKALINE PHOSPHATASE | 71.0 | U/L | 40 - 140 |
| TOTAL PROTEIN | 6.87 | g/dl | 6.4 - 8.3 |
| SERUM ALBUMIN | 4.17 | g/dl | 3.5 - 5.2 |
| SERUM GLOBULIN | 2.70 | g/dl | 1.8 - 3.6 |
| A/G RATIO | 1.54 | | 1.2 - 2.2 |

**NOTE :** Please correlate with clinical conditions.

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## BIOCHEMISTRY REPORT

| Test Description | Result | Unit | Biological Reference Ranges |
|---|---|---|---|
| **LIPID PROFILE** | | | |
| Cholesterol-Total | 166.0 | mg/dL | < 200 Desirable<br>200-239 Borderline High<br>> 240 High |
| Triglycerides level | 83.2 | mg/dL | < 150 Normal<br>150-199 Borderline High<br>200-499 High<br>> 500 Very High |
| HDL Cholesterol | 51.0 | mg/dL | < 40 Major Risk for Heart<br>> 40 Normal |
| LDL Cholesterol | 98.36 | mg/dL | < 100 Optimal<br>100-129 Near/Above Optimal<br>130-159 Borderline high<br>160-189 High<br>> 190 Very High |
| VLDL Cholesterol | 16.64 | mg/dL | 6 - 38 |
| CHOL/HDL RATIO | **3.25** | | 3.5 - 5.0 |
| LDL/HDL RATIO | **1.93** | | 2.5 - 3.5 |

**NOTE**
8-10 hours fasting sample is required

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## BIOCHEMISTRY REPORT

| Test Description | Result | Unit | Biological Reference Ranges |
|---|---|---|---|
| **KIDNEY FUNCTION TEST(KFT)** | | | |
| Urea | 23.0 | mg/dl | 15 - 50 |
| Serum Creatinine | 0.93 | mg/dl | 0.7 - 1.5 |
| Uric Acid | 4.0 | mg/dl | 2.6 - 6.0 |
| Serum Sodium | 142.5 | mmol/L | 135 - 150 |
| Serum Potassium | 4.66 | mmol/L | 3.5 - 5.0 |
| Serum Chloride | 102.0 | mmol/L | 94 - 110 |
| BUN - Blood Urea Nitrogen | 10.7 | mg/dl | 7 - 20 |
| Urea Creatinine Ratio | 24.7 | Ratio | |
| BUN Creatinine Ratio | 11.5 | Ratio | |
| eGFR | 104 | ml/min | |

**NOTE :** Please correlate with clinical conditions.

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### CLINICAL BIOCHEMISTRY REPORT

| Test Description | Result | Unit | Biological Reference Ranges |
|---|---|---|---|
| **Fasting Blood Sugar** | 106.6 | mg/dl | Normal: 70-110<br>Impaired Fasting Glucose(IFG): 100-125<br>Diabetes mellitus: >= 126 |
| *Method: GOD-POD* | | | |

**Note:-** An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons.The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity,Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

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## IMMUNOASSAY REPORT

| Test Description | Result | Unit | Biological Reference Ranges |
|---|---|---|---|
| TRI-IODOTHYRONIN, (T3) | 1.17 | ng/mL | 0.69 - 2.15 |
| THYROXIN, (T4) | 84.0 | ng/mL | 52 - 127 |
| Thyroid Stimulating Hormone(TSH)-Serum | 2.86 | µIU/mL | 0.3-4.5<br>Pregnancy (As per American Thyroid Association)<br><br>First Trimester : 0.1-2.5<br>Second Trimester : 0.2-3.0<br>Third trimester : 0.3-3.0 |

*Method : CLIA*

## INTERPRETATION

| TSH | T3 / FT3 | T4 / FT4 | Suggested Interpretation for the Thyroid Function Tests Pattern |
|---|---|---|---|
| Within Range | Decreased | Within Range | • Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%. |
| Raised | Within Range | Within Range | •Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability.<br>•Subclinical Autoimmune Hypothyroidism<br>•Intermittent T4 therapy for hypothyroidism<br>•Recovery phase after Non-Thyroidal illness" |
| Raised | Decreased | Decreased | •Chronic Autoimmune Thyroiditis<br>•Post thyroidectomy,Post radioiodine<br>•Hypothyroid phase of transient thyroiditis" |
| Raised or within Range | Raised | Raised or within Range | •Interfering antibodies to thyroid hormones (anti-TPO antibodies)<br>•Intermittent T4 therapy or T4 overdose<br>•Drug interference- Amiodarone, Heparin,Beta blockers,steroids,anti-epileptics" |
| Decreased | Raised or within Range | Raised or within Range | •Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness<br>•Subclinical Hyperthyroidism<br>•Thyroxine ingestion" |
| Decreased | Decreased | Decreased | •Central Hypothyroidism<br>•Non-Thyroidal illness<br>•Recent treatment for Hyperthyroidism (TSH remains suppressed)" |
| Decreased | Raised | Raised | •Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule<br>•Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum" |
| Decreased or within Range | Raised | Within Range | •T3 toxicosis<br>•Non-Thyroidal illness |

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Unit Of VEDAVID DIAGNOSTICS Pvt. Ltd

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| Test Description | Result | Unit | Biological Reference Ranges |
|---|---|---|---|
| **COMPLETE BLOOD COUNT** | | | |
| Haemoglobin | 14.7 | gm/dL | 12.0 - 16.0 |
| RBC Count | 4.50 | mil/cu.mm | 4.00 - 5.50 |
| Hematocrit HCT | 42.5 | % | 40.0 - 54.0 |
| Mean Corp Volume MCV | 94.4 | fL | 80.0 - 100.0 |
| Mean Corp Hb MCH | 32.7 | pg | 27.0 - 34.0 |
| Mean Corp Hb Conc MCHC | 34.6 | gm/dL | 32.0 - 36.0 |
| Platelet Count | 1.87 | lac/cmm | 1.50 - 4.50 |
| Total WBC Count /TLC | 6.8 | 10^3/cu.mm | 4.0 - 11.0 |
| **DIFFERENTIAL LEUCOCYTE COUNT** | | | |
| Neutrophils | 52 | % | 40 - 70 |
| Lymphocytes | 40 | % | 20 - 40 |
| Monocytes | 05 | % | 02 - 10 |
| Eosinophils | 03 | % | 01 - 06 |
| Basophils | 00 | % | 00 - 01 |
| **Absolute Differential Count** | | | |
| Absolute Neutrophils Count | 3.5 | thou/mm3 | 2.00 - 7.00 |
| Absolute Lymphocyte Count | 2.7 | thou/mm3 | 1.00 - 3.00 |
| Absolute Monocytes Count | 0.3 | thou/mm3 | 0.20 - 1.00 |
| Absolute Eosinophils Count | 0.2 | thou/mm3 | 0.02 - 0.50 |

**EDTA Whole Blood -** Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

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| **ESR - ERYTHROCYTE SEDIMENTATION RATE** | 07 | mm/hr | 0 - 09 |

*Method: Wintrobes*

**INTERPRETATION :**

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

**** End of the report****

*This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.*

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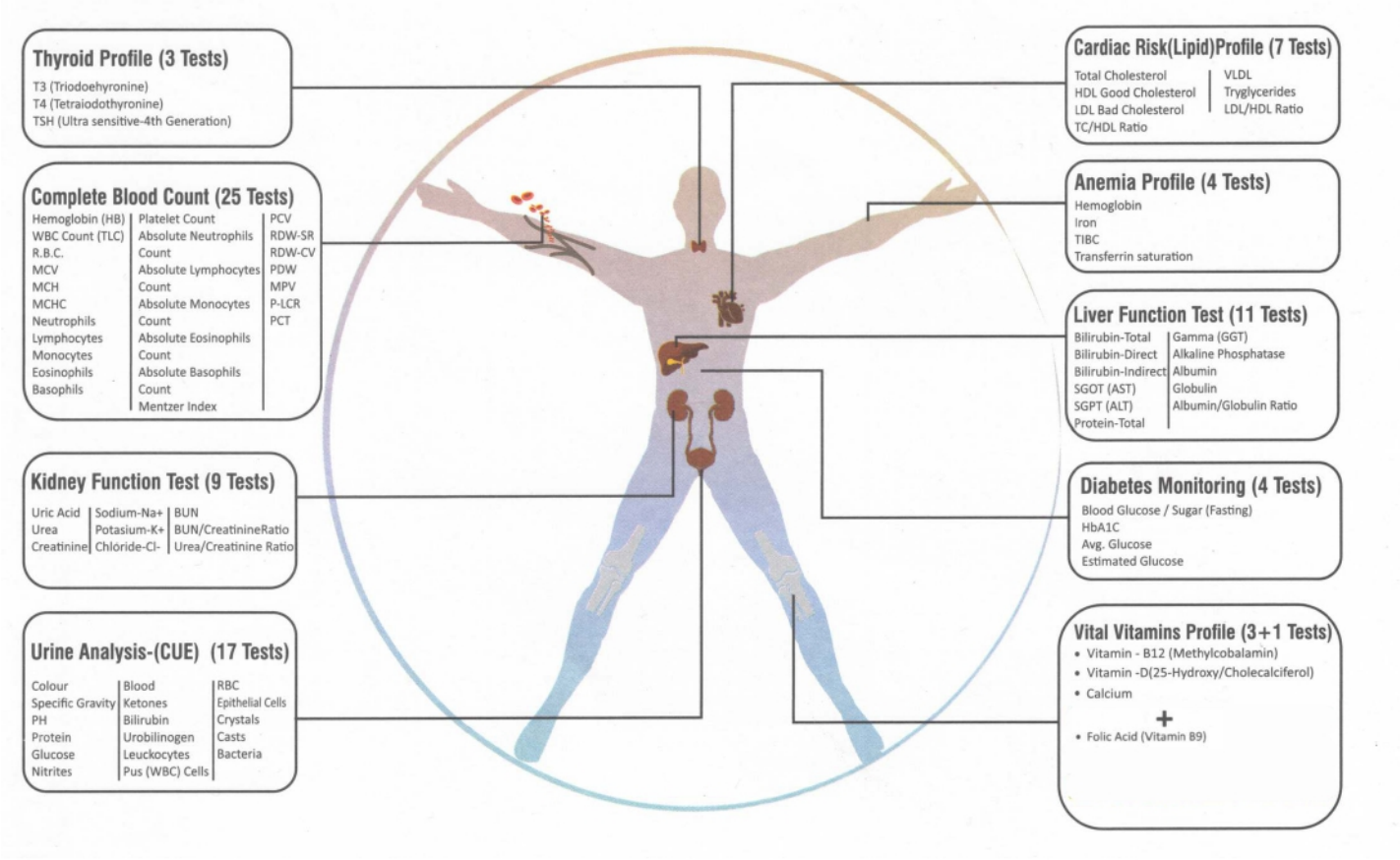
# BODY CARE




## CONDITIONS OF REPORTING

1. Individual laboratory investigations should not be considered as conclusive and should be used along with other relevant clinical examinations to achieve the final diagnosis. Therefore these reported results are for the information of referring clinician only
2. The values of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used. Further all samples collected outside Citi Pathlabs labs / patient centers are required to be prepared, stored, labelled and brought as per the guidelines of Citi Pathlabs. Citi Pathlabs cannot be held liable for incorrect results of any samples which are not as per the guidelines issued
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4. Citi Pathlabs confirms that all tests have been carried out with reasonable care, clinical safety & technical integrity **A**. However due to certain factors such as reagent inconsistency , machine breakdown etc. beyond its control which could affect the testing , it does not make any representation or give any warranty about the accuracy of the reported results **B**. The test results are to be used for help in diagnosing / treating medical diseases & not for forensic applications. Hence these results cannot be used for medico - legal purposes
5. Partial representation of report is not allowed.
6. All dispute / claims concerning to this report are subject to Bhopal jurisdiction only.

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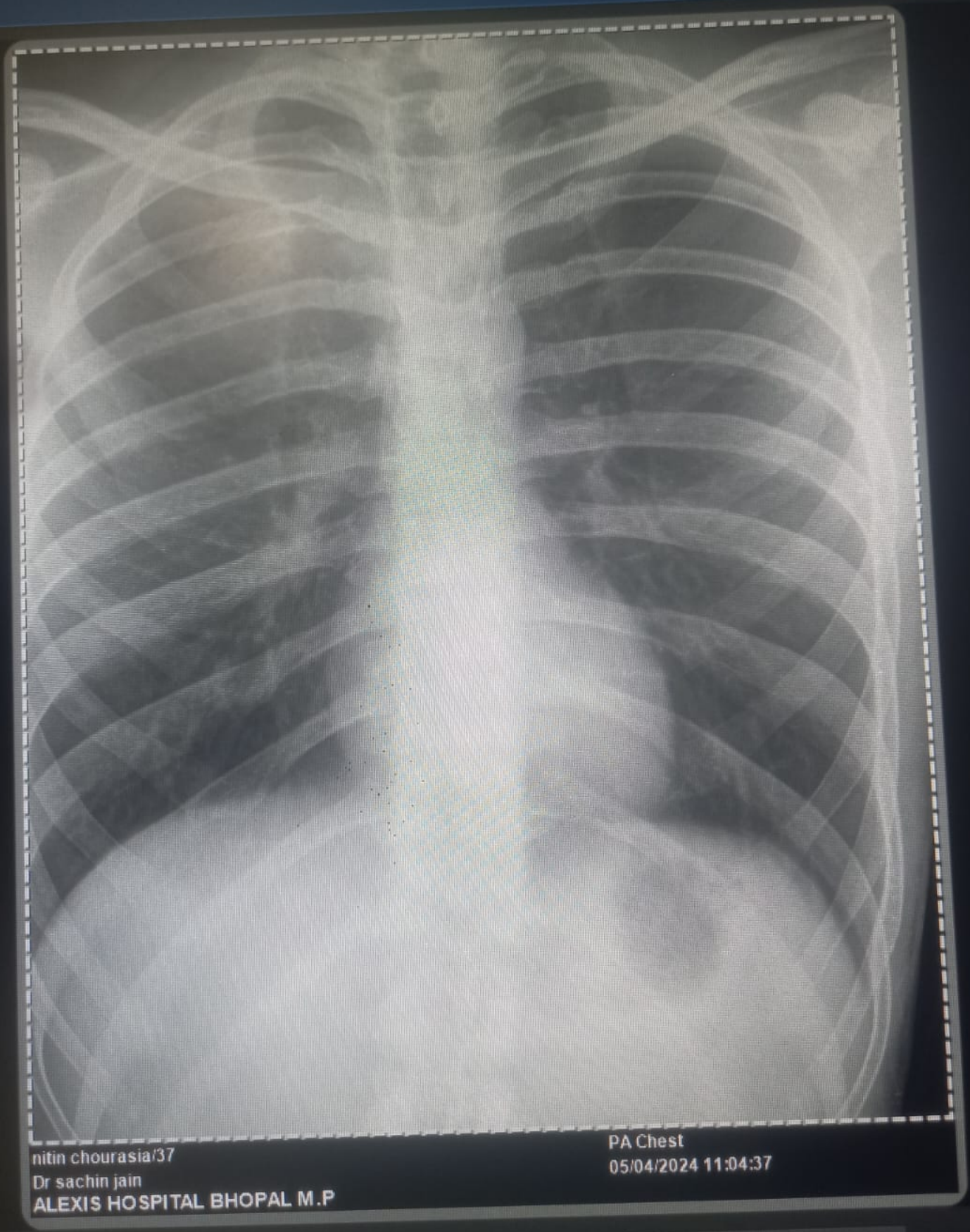
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Dr sachin jain
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