



Scan QR code to check
report authenticity

Passport No :

LABORATORY TEST REPORT



Patient Information	Sample Information	Client/Location Information
Name : Ms Smriti	Lab Id : 082315301344	Client Name : Spectra Diagnostics Lab@Adajan
Sex/Age : Female / 44 Y	Registration on : 19-Aug-2023 11:01	Location :
Ref. Id :	Collected at : non SAWPL	Approved on : 19-Aug-2023 12:21 Status : Final
Ref. By :	Collected on : 19-Aug-2023 11:01	Printed On : 19-Aug-2023 12:31
	Sample Type : Serum	Process At : 153. Lab SAWPL Gujarat Surat Adajan

Thyroid Function Test

Test	Result	Unit	Biological Ref. Interval
T3 - Triiodothyronine <i>Chemiluminescence</i>	0.86	ng/mL	0.58 - 1.59
T4 - Thyroxine <i>Chemiluminescence</i>	6.55	micro g/dL	4.87 - 11.72
TSH - Thyroid Stimulating Hormone <i>Chemiluminescence</i>	2.7506	microIU/mL	0.35 - 4.94

Remarks: Collected Sample Received

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-Thyroid illness. In elderly the drop in T3 level can be up to 25%
Raised	Within Range	Within Range	<ul style="list-style-type: none"> Isolated High TSH Especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Intermediate T4 therapy for hypothyroidism. Recovery phase after Non-Thyroidal illness.
Raised	Decreased	Decreased	<ul style="list-style-type: none"> Chronic Autoimmune Thyroiditis. Post thyroidectomy, post radioiodine. Hypothyroid phase of transient thyroiditis.
Raised or Within Range	Raised	Raised or Within Range	<ul style="list-style-type: none"> Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermediate T4 therapy of T4 overdose. Drug Interference-Amiodarone, Heparin, Beta blocker, steroids, anti-epileptics.
Decreased	Raised or Within Range	Raised or Within Range	<ul style="list-style-type: none"> Isolated Low TSH – Especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness. Subclinical Hypothyroidism. Thyroxine ingestion.
Decreased	Decreased	Decreased	<ul style="list-style-type: none"> Central Hypothyroidism. Non-Thyroidal illness. Recent treatment for Hypothyroidism (TSH remains suppressed)
Decreased	Raised	Raised	<ul style="list-style-type: none"> Primary Hyperthyroidism (Graves' disease), Multinodular goitre Toxic nodule. Transient thyroiditis: postpartum, Silent(lymphocytic), Post viral (granulomatous, subacute, DeQuervain'a) Gestational thyrotoxicosis hyperemesis gravidarum.
Decreased or Within Range	Raised	Within Range	<ul style="list-style-type: none"> T3 toxicosis. Non-Thyroidal illness.

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

This is an Electronically Authenticated Report.

Page 1 of 1

Dr. Bharat D. Tandel

M.D. Pathology

A-5 Jay Jalaram Society, B/H DGVCL Office , Palanpur Patia, Rander Rd, surat 395005, P
2775550,2779805



Name: SMRITI	Ward: opd
Lab ID: 00000210	Registration on: 19/08/2023 10:32:00
Age & Sex: 44 Year Female	Reported on: 16:32:04
Reference: VELOCITY HOSPITAL	Sample Type: BLOOD ~ URINE

CBC ESR

Test	Observed Value	Unit	Biological Reference Interval
Haemoglobin	11.7 L	g/dL	13.5 - 17.5
Total RBC	4.08 L	mill./cm	4.50 - 5.90
Total WBC	5390	/cmm	4000 - 11000
Platelet Count	77100 L	/cmm	150000 - 450000
HCT	38.1	%	36.0 - 48.0
MCV	93.4	fL	80.0 - 100.0
MCH	28.7	pg	27.0 - 32.0
MCHC	30.7 L	g/dL	31.5 - 36.0

DIFFERENTIAL COUNT

Neutrophils	70	%	40 - 70
Lymphocytes	26	%	20 - 40
Eosinophils	02	%	02-05
Monocytes	02	%	01-07
Basophils	00	%	00 - 02
Band Cells	00	%	0.0 - 6.0

ABSOLUTE DIFFERENTIAL COUNT

Neutrophils	3773	/cumm	2000 - 7000
Lymphocytes	1401	/cumm	1000 - 3000
Eosinophils	108	/cumm	20 - 500
Monocytes	108 L	/cumm	200 - 1000
Basophils	0	/cumm	0 - 100

GLR / NLR

(Neutrophil/Lymphocyte Ratio)

2.7

MENTZER INDEX

22.9

RDW-CV	14.1 H	%	11.1 - 14.1
RDW-SD	52.7	fl	
MPV	13.2	fl	
PCT	0.10	%	

DR. TEJAL BHATT
 MD. PATHOLOGIST





Name: SMRITI	Ward: opd
Lab ID 00000210	Registration on: 19/08/2023 10:32:00
Age & Sex: 44 Year Female	Reported on: 16:32:05
Reference: VELOCITY HOSPITAL	Sample Type: BLOOD ~ URINE

PDW 17.7 %

PERIPHERAL SMEAR EXAMINATION

RBC Morphology
WBC Morphology
Platelets in Smear

**Hypochromia (+), Microcytosis (+), Anisocytosis (+),
Appear normal, Immature cells are not seen .
Thrombocytopenia, Giant platelets are seen.**

Malarial Parasites

Not Detected.

ESR

AFTER 1 HOUR

50 H mm/hr

0.0 - 20.0

DR. TEJAL BHATT
MD. PATHOLOGIST





Name: SMRITI	Ward: opd
Lab ID 00000210	Registration on: 19/08/2023 10:32:00
Age & Sex: 44 Year Female	Reported on: 16:32:05
Reference: VELOCITY HOSPITAL	Sample Type: BLOOD ~ URINE

BLOOD GROUP

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

DR. TEJAL BHATT
MD. PATHOLOGIST





Name: SMRITI	Ward: opd
Lab ID 00000210	Registration on: 19/08/2023 10:32:00
Age & Sex: 44 Year Female	Reported on: 16:32:05
Reference: VELOCITY HOSPITAL	Sample Type: BLOOD ~ URINE

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	82.29	mg/dL	70.00-110.00

DR. TEJAL BHATT
MD. PATHOLOGIST





Name: **SMRITI**
Lab ID **00000210**
Age & Sex: **44 Year | Female**
Reference: **VELOCITY HOSPITAL**

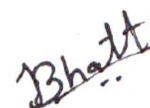
Ward: opd
Registration on: 19/08/2023 10:32:00
Reported on: 16:32:05
Sample Type: BLOOD ~ URINE

HEMOGLOBIN A1c TEST

Test	Observed Value	Unit	Biological Reference Interval
HbA1c	5.9	%	> 8 : Action Suggested 7-8 : Good control < 7 : Goal 6.2-7 : Near Normal Glycemia < 6.2 : Non-diabetic Level
Mean Blood Glucose	122.6	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).



DR. TEJAL BHATT
MD. PATHOLOGIST





Name: SMRITI	Ward: opd
Lab ID: 00000210	Registration on: 19/08/2023 10:32:00
Age & Sex: 44 Year Female	Reported on: 16:32:05
Reference: VELOCITY HOSPITAL	Sample Type: BLOOD ~ URINE

LIPID PROFILE

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		
Cholesterol	150.0	mg/dL	<200 Desirable 200-229 Borderline >240 High
Triglyceride	145.0	mg/dL	<150 Normal 150-199 Borderline 200-499 High >=500 Very High
HDL Cholesterol	35.44 L	mg/dL	Male : 35-80 Female : 42-88
VLDL	29.00	mg/dL	0.00 - 30.00
LDL Cholesterol	85.56	mg/dL	< 130 : Optimal 130 - 159 : Borderline High 160 - 189 : High >= 190 : Very High
LDL Chol. / HDL Chol. Ratio	2.41		1.0 - 3.4
Cholesterol / HDL Chol. Ratio	4.2 H		0 - 3.5
Total Lipid	547.8	mg/dl	400.0 - 1000.0

DR. TEJAL BHATT
MD. PATHOLOGIST





Name: **SMRITI**
Lab ID: **00000210**
Age & Sex: **44 Year | Female**
Reference: **VELOCITY HOSPITAL**

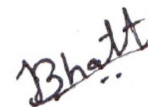
Ward: **opd**
Registration on: **19/08/2023 10:32:00**
Reported on: **16:32:05**
Sample Type: **BLOOD ~ URINE**

RENAL FUNCTION TEST

<u>Test</u>		<u>Unit</u>	
S. Creatinine	0.64	mg/dL	0.5-1.30
Bl. Urea	22.0	mg/dL	10.0 - 40.0
BUN	10.3	mg/dl	6.0 - 22.0
Uric Acid	3.17	mg/dL	2.6 - 6.0

PROTEINS

Total Protein	7.2	g/dL	6.0 - 8.0
Albumin	3.89	g/dL	3.50 - 5.50
Globulin	3.3	g/dL	2.5 - 4.0
A/G Ratio	1.2		



DR. TEJAL BHATT
MD. PATHOLOGIST





Name: **SMRITI**
Lab ID: **00000210**
Age & Sex: **44 Year | Female**
Reference: **VELOCITY HOSPITAL**

Ward: **opd**
Registration on: **19/08/2023 10:32:00**
Reported on: **16:32:05**
Sample Type: **BLOOD ~ URINE**

LIVER FUNCTION TEST

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>BILIRUBIN</u>			
Total Bilirubin	0.6	mg/dL	0.00 - 1.20
Direct Bilirubin	0.2	mg/dL	0.00 - 0.40
Indirect Bilirubin	0.40	mg/dL	0.00 - 1.00
SGPT(ALT)	15.95	U/L	0.0 - 40.0
SGOT (AST)	17.3	U/L	0.0 - 46.0
Alkaline Phosphatase	218.0	U/L	64.0 - 306.0
<u>PROTEINS</u>			
Total Protein	7.2	g/dL	6.0 - 8.0
Albumin	3.89	g/dL	3.50 - 5.50
Globulin	3.3	g/dL	2.5 - 4.0
A/G Ratio	1.2		

DR. TEJAL BHATT
MD. PATHOLOGIST



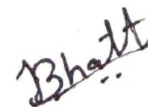


Name: SMRITI	Ward: opd
Lab ID 00000210	Registration on: 19/08/2023 10:32:00
Age & Sex: 44 Year Female	Reported on: 16:32:05
Reference: VELOCITY HOSPITAL	Sample Type: BLOOD ~ URINE

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	6.0		
Specific Gravity	1.010		
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	2-3	/hpf	Absent
Red Blood Cells	2-3	/hpf	Absent
Epithelial Cells	3-5	/hpf	Absent
Crystals	Absent		Absent
Amorphous material	Absent		Absent
Casts	Absent		Absent
Yeast	Absent		Absent
Bacteria	Present (+)		Absent

--- End of Report ---



DR. TEJAL BHATT
 MD. PATHOLOGIST

