ANANDRISHIJI MEDICAL CENTRE

Patient Name	: **MRS. PUSHPALATA BHIVGADE**	**Client Name**	: APOLLO
Age / Gender	: 36 Years / Female	**Registration Date**	: 10-Jan-2024 9:17 AM
Ref. By Dr	: APOLLO	**Sample Coll. Date**	: 10-Jan-2024 9:17 AM
Patient ID	: **012410002**	**Authentication Date**	: 10-Jan-2024 5:30 PM
Sample Coll By	:ANANDRISHIJI MEDICAL CENTRE	**Report Date**	: 10-Jan-2024 11:00 AM

0124100 02

CBC-ESR

Investigation	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN	13.4	g/dl	12 --16
TOTAL WBC COUNT	9900	/ cumm	4000-10000
RED BLOOD CELL COUNT	4.96	/cumm	4.0-5.2
RED BLOOD CELL COUNT	4.96	/cumm	4.32-5.72
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	55	%	50 --70
LYMPHOCYTES	35	%	20 --40
EOSINOPHILS	02	%	0 --6
MONOCYTES	08	%	0-10
BASOPHILS	00	%	0 --1
RBC INDICES			
HEMATOCRIT	39	%	36 --48
MEAN CORPUSCULAR VOLUME	78.6	fl	78-92
MEAN CORPUSCULAR HEMOGLOBIN	**26.9**	pg	28 --32
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	34.2	g/dl	32 --37
RDW_CV	12.6	/ cumm	11.5-14.5
PLATELET COUNT	353000	/ cumm	150000-400000
MEAN PLATELET VOLUME	9.3	fl	7.4-10.4
PDW	**9.2**	fl	10-14
PCT	**0.33**	%	0.10-0.28
RED CELL DISTRIBUTION WIDTH (RDW-SD)	36.8	fl	
P-LCR	17.8	%	
PERIPHERAL BLOOD SMEAR			
ERYTHROCYTES	Normocytic Normochromic		

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0124100 02

CBC-ESR

Investigation	Result	Unit	Bio. Ref. Interval
LEUCOCYTES	Within Normal Limits		
THROMOBOCYTES	Adequate On Smear		
ESR	12	mm/1hr.	

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

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012410002

BLOOD GROUP

Investigation	Result
BLOOD GROUP	
ABO GROUPING	O
RH GROUPING	Positive

Interpretation :
Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,

- Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.
- Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.
- Determine the blood group of potential blood donors at a collection facility.
- Determine the blood group of potential donors and recipients of organs, tissues, or bone marrow, as part of a workup for a transplant procedure.

Comment : Please correlate with clinical condition
Technology : Agglutination
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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* 0 1 2 4 1 0 0 0 2 *

GLUCOSE FASTING, PLASMA

Investigation	Result	Unit	Bio. Ref. Interval
BLOOD SUGAR FASTING	93.4	mg/dL	70-110
METHOD	Hexokinase		

Interpretation :
The fasting (F) blood glucose test is the test most commonly used to diagnose diabetes. It measures blood glucose levels after a period of fasting, usually at least eight hours without food or liquid (except water). This test is more definitive than a random test, because there is no chance that it has been influenced by recent food intake.

COMMENT Please correlate with clinical condition

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* 0 1 2 4 1 0 0 0 2 *

GLUCOSE - POST PRANDIAL(PP)

Investigation	Result	Unit	Bio. Ref. Interval
GLUCOSE - POST PRANDIAL(PP)			
GLUCOSE - POST PRANDIAL	115.9	mg/dL	70-140

Interpretation :
A postprandial (PP) glucose test is a blood glucose test that determines the amount of a type of sugar, called glucose, in the blood after a meal. A 2-hour postprandial blood glucose test measures blood glucose exactly 2 hours after eating a meal, timed from the start of the meal. By this point blood sugar has usually gone back down in healthy people, but it may still be elevated in people with diabetes.

COMMENT	Please correlate with clinical condition
TECHNOLOGY	Spectrophotometry
NOTES	Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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Sample Coll By	:ANANDRISHIJI MEDICAL CENTRE	**Report Date**	: 10-Jan-2024 1:02 PM

* 0 1 2 4 1 0 0 0 2 *

THYROID FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
TOTAL TRIIODOTHYRONINE (T3)	1.21	ng/ml	0.69-2.15
TOTAL THYROXINE (T4)	7.79	ug/dl	5.2 - 12.7
TSH	1.55	uIU/mL	0.3-4.5

T3/T4/TSH

Normal T3 concentrations do not necessarily reflect a normal – thyroid state. Certain thyroid disorders (such as latent hypo – or hyperthyroidism , compensatory T3 over secretion in iodine deficiency , TBG over secretion) may also be associated with euthyroid T3 levels

In pregnancy , the Total T4 result may be incorrect , i.e., falsely –low .This assay should not be used as the only marker for thyroid disease evaluation during pregnancy. To ensure maximum diagnostic accuracy , thyroid status in pregnant women should be determined using thyroid function tests such as TSH , Free T4 , and clinical evaluation by the physician. Whether high or low , an abnormal TSH result indicates an excess or deficiency in the amount of thyroid hormone available to the body , but it does not indicate the reason . An abnormal TSH test result is usually followed by additional testing to investigate the cause of the increase or decrease.

Many medications – including aspirin and thyroid hormone replacement therapy – may affect thyroid gland function the result and their use should be discussed with the doctor prior to testing.

When a doctor adjusts a person's thyroid hormone replacement dosage, it is important to wait at least one to two months before checking the TSH again so that the new dose can have its full effect.

Extreme stress and acute illness may also affect TSH test result . Results may be low during the first trimester pregnancy. Serum TSH levels alone give no evidence of the presence or absence of thyroid disease. They must always be interpreted in context with the clinical picture and other diagnostic procedure.

A high TSH result often means an underactive thyroid gland that is not responding adequately to the stimulation of TSH due to some type of acute or chronic thyroid dysfunction. Rarely, a high TSH result can indicate a problem with the pituitary gland ,such as tumour producing unregulated levels of TSH.A high TSH can also occur when someone with a known thyroid disorder or who has their thyroid gland removed is receiving too little thyroid hormone medication.

A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or excessive amounts of thyroid hormone medication in those who are being treated for an underactive (or removed) thyroid gland. Rarely, a low TSH result may indicate damage to the pituitary gland that prevents it from producing adequate amounts of TSH.

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* 0 1 2 4 1 0 0 0 2 *

Liver Function Test

Investigation	Result	Unit	Bio. Ref. Interval
ALKALINE PHOSPHATASE	97.2	U/L	42 - 98
SGOT (AST)	15.0	U/L	0 -31
SGPT (ALT)	14.0	U/L	0 - 34
GGTP	22.4	U/L	0 -38
BILIRUBIN	0.75	mg/dL	0- 1.2
BILIRUBIN DIRECT	0.20	mg/dL	0 - 0.4
BILIRUBIN INDIRECT	0.55	mg/dL	0 - 1.0
TOTAL PROTEIN	7.12	g/dl	6.4 - 8.3
ALBUMIN	4.25	gm/dl	3.5 - 5.2
GLOBULIN	3	gm/dl	1.8 - 3.6
A/G RATIO	1		
SGOT/SGPT RATIO	1	Ratio	

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012410002

RENAL FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
RFT (RENAL FUNCTION TEST)			
BLOOD UREA LEVEL	16.1	mg/dL	15-45
S. CREATININE	0.66	mg/dL	0.5-1.5
URIC ACID	3.7	mg/dL	2.0-6.5
ELECTROLYTES			
SODIUM, SERUM	136	mmol/L	136-146
POTASSIUM, SERUM	3.8	mmol/L	3.40-5.10
CHLORIDE, SERUM	98	mmol/L	98.0-106.0
CALCIUM	9.3	mg/dL	8.6 - 10.3

Interpretation :
Renal function tests (RFT) are performed for evaluation of kidney function. The blood urea nitrogen or BUN test is primarily used, along with the creatinine test, to evaluate kidney function in a wide range of circumstances, to help diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. 1. Blood Urea Nitrogen (BUN) - Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. 2. Creatinine - Creatinine is a waste product produced by muscles from the breakdown of a compound called creatine. Almost all creatinine is filtered from the blood by the kidneys and released into the urine, so blood levels are usually a good indicator of how well the kidneys are working. 3. Uric acid - The uric acid blood test is used to detect high levels of this compound in the blood in order to help diagnose recurrent kidney stones and gout. The test is also used to monitor uric acid levels in people undergoing chemotherapy or radiation treatment for cancer.

Comment : Please correlate with clinical condition
Technology : Spectrophotometry
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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012410002

LIPID PROFILE REPORT

Investigation	Result	Unit	Bio. Ref. Interval
TOTAL CHOLESTEROL	157.5	mg/dL	Desirable (< 200) Borderline high (200 - 239) High (> 240)
HDL CHOLESTEROL - DIRECT	52.4	mg/dL	Adult High Risk >60 Moderate Risk 40 – 60 No Risk <40
TRIGLYCERIDES	76.6	mg/dL	50-200
LDL CHOLESTEROL	89.8	mg/dL	Optimal (< 100) Near optimal/above optimal (100-129) Borderline high (130-159) High (160-189) Very high (≥ 190)
VLDL CHOLESTEROL	15.3	mg/dL	5-40
TC/HDL CHOLESTEROL RATIO	3.0	Ratio	3.0-4.0
LDL / HDL RATIO	1.7	Ratio	1.5-3.5
NON HDL CHOLESTEROL	105	ng/ml	
HDL / LDL CHOLESTEROL RATIO	2	Ratio	1.5-3.5

Interpretation :
The lipid profile is used as part of a cardiac risk assessment to help determine an individual's risk of heart disease and to help make decisions about what treatment may be best if there is borderline or high risk. Lipids are a group of fats and fat-like substances that are important constituents of cells and sources of energy. A lipid profile typically includes: 1. Total cholesterol — this test measures all of the cholesterol in all the lipoprotein particles. 2. High-density lipoprotein cholesterol (HDL-C) — measures the cholesterol in HDL particles; often called "good cholesterol" because it removes excess cholesterol and carries it to the liver for removal. 3. Low-density lipoprotein cholesterol (LDL-C) — calculates the cholesterol in LDL particles; often called "bad cholesterol".

Comment : Please correlate with clinical condition

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HbA1C (GLYCOSYLATED HAEMOGLOBIN)

Investigation	Value	Unit	
HBA1C (GLYCOSYLATED HEMOGLOBIN), BLOOD	4.9	%	Below 6.0 : Normal Value 6.0-7.0 : Good Control 7.0-8.0 : Fair Control 8.0-10.0 : Unsatisfactory Control Above 10 : Poor Control
AVERAGE BLOOD GLUCOSE (ABG)	97.14	mg/dL	Below 136 : Normal Value 137 - 172 : Good Control 173 - 208 : Fair Control 208 - 279 : Unsatisfactory Control Above 279 : Poor Control

INTERPRETATION & REMARK

Interpretation
HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Comment Please correlate with with Clinical condition
Technology HPLC
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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