TEST REPORT

Reg. No.	: 409100362 **Reg. Date** : 14-Sep-2024 08:56 **Ref.No** :	**Approved On**	: 14-Sep-2024 10:33
Name	: Mrs. ROUNAK NINAMA	**Collected On**	: 14-Sep-2024 09:55
Age	: 40 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test		Results	Unit	Bio. Ref. Interval
Complete Blood Count				
Hemoglobin(SLS method)	L	**10.8**	g/dL	12.0 - 15.0
RBC Count(Ele.Impedence)	H	**5.42**	X 10^12/L	3.8 - 4.8
Hematocrit (calculated)	L	**35.3**	%	36 - 46
MCV (Calculated)	L	**65.1**	fL	83 - 101
MCH (Calculated)	L	**19.9**	pg	27 - 32
MCHC (Calculated)	L	**30.6**	g/dL	31.5 - 34.5
RDW-SD(calculated)		37.20	fL	36 - 46
Total WBC count		6700	/µL	4000 - 10000

DIFFERENTIAL WBC COUNT	[%]	EXPECTED VALUES	[Abs]		EXPECTED VALUES
Neutrophils	63	38 - 70	4221	/cmm	1800 - 7700
Lymphocytes	32	21 - 49	2144	/cmm	1000 - 3900
Eosinophils	02	0 - 7	134	/cmm	20 - 500
Monocytes	03	3 - 11	201	/cmm	200 - 800
Basophils	00	0 - 1	0	/cmm	0 - 100

NLR (Neutrophil: Lymphocyte Ratio)	1.97	Ratio	1.1 - 3.5
Platelet Count (Ele.Impedence)	297000	/cmm	150000 - 410000
PCT	0.28	ng/mL	< 0.5
MPV	9.40	fL	6.5 - 12.0

Peripheral Smear

RBCs	Microcytic Hypochromic RBCs are noted.
WBCs	Normal morphology
Platelets	Adequate on Smear
Malarial Parasites	Not Detected

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Test done from collected sample.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

Approved On: 14-Sep-2024 10:33

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For Appointment : 7567 000 750
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TEST REPORT

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Age	: 40 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

ESR	05	mm/hr	17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs: <30

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TEST REPORT

Reg. No.	: 409100362	**Reg. Date** : 14-Sep-2024 08:56	**Ref.No** :	**Approved On**	: 14-Sep-2024 11:17
Name	: Mrs. ROUNAK NINAMA			**Collected On**	: 14-Sep-2024 09:55
Age	: 40 Years	**Gender:** Female	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	:
Location	:				

Test Name	Results	Units	Bio. Ref. Interval
BLOODGROUP & RH			
Specimen: EDTA and Serum; Method: Gel card system			
Blood Group "ABO" *Agglutination*	"B"		
Blood Group "Rh" *Agglutination*	Positive		
EDTA Whole Blood			

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TEST REPORT

Reg. No.	: 409100362 **Reg. Date** : 14-Sep-2024 08:56 **Ref.No** :	**Approved On**	: 14-Sep-2024 11:18
Name	: Mrs. ROUNAK NINAMA	**Collected On**	: 14-Sep-2024 09:55
Age	: 40 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name		Results	Units	Bio. Ref. Interval
FASTING PLASMA GLUCOSE				
Specimen: Fluoride plasma				
Fasting Plasma Glucose *Hexokinase*	H	**115.42**	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126
Flouride Plasma				

Criteria for the diagnosis of diabetes:

1. HbA1c >/= 6.5 *

Or

2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose >/= 200mg/dL during an oral glucose tolerence test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >/= 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

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TEST REPORT

Reg. No.	: 409100362 **Reg. Date** : 14-Sep-2024 08:56 **Ref.No** :	**Approved On**	: 14-Sep-2024 14:10
Name	: Mrs. ROUNAK NINAMA	**Collected On**	: 14-Sep-2024 12:26
Age	: 40 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
POST PRANDIAL PLASMA GLUCOSE			
Specimen: Fluoride plasma			
Post Prandial Plasma Glucose *Hexokinase*	154.06	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			

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Name	: Mrs. ROUNAK NINAMA	**Collected On**	: 14-Sep-2024 09:55
Age	: 40 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
GGT	19.00	U/L	6 - 42

L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric

Serum

Uses:

- Diagnosing and monitoring hepatobilliary disease.
- To ascertain whether the elevated ALP levels are due to skeletal disease or due to presence of hepatobiliary disease.
- A screening test for occult alcoholism.

Increased in:

- Intra hepatic biliary obstruction.
- Post hepatic biliary obstruction
- Alcoholic cirrhosis
- Drugs such as phenytoin and phenobarbital.
- Infectious hepatitis (modest elevation)
- Primary/ Secondary neoplasms of liver.

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TEST REPORT

Reg. No.	: 409100362 **Reg. Date** : 14-Sep-2024 08:56 **Ref.No** :	**Approved On**	: 14-Sep-2024 11:29
Name	: Mrs. ROUNAK NINAMA	**Collected On**	: 14-Sep-2024 09:55
Age	: 40 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name		Results	Units	Bio. Ref. Interval
		LIPID PROFILE		
CHOLESTEROL		225.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride *Enzymatic Colorimetric Method*		187.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) *Calculated*	H	**37**	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) *Calculated Method*	H	**142.48**	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)		45.52	mg/dL	<40 >60
CHOL/HDL RATIO *Calculated*	H	**4.94**		0.0 - 3.5
LDL/HDL RATIO *Calculated*		3.13		1.0 - 3.4
TOTAL LIPID *Calculated*		784.00	mg/dL	400 - 1000
Serum				

As a routine test to determine if your cholesterol level is normal or falls into a borderline-, intermediate- or high-risk category.
To monitor your cholesterol level if you had abnormal results on a previous test or if you have other risk factors for heart disease.
To monitor your body's response to treatment, such as cholesterol medications or lifestyle changes.
To help diagnose other medical conditions, such as liver disease.
Note : biological reference intervals are according to the national cholesterol education program (NCEP) guidelines.

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Age	: 40 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
	LIVER FUNCTION TEST		
TOTAL PROTEIN	7.94	g/dL	6.6 - 8.8
ALBUMIN	4.53	g/dL	3.5 - 5.2
GLOBULIN *Calculated*	3.41	g/dL	2.4 - 3.5
ALB/GLB *Calculated*	1.33		1.2 - 2.2
SGOT	18.20	U/L	<31
SGPT	13.30	U/L	<31
Alkaline Phosphatase *ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER*	76.10	U/L	40 - 130
TOTAL BILIRUBIN	0.67	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.14	mg/dL	<0.2
INDIRECT BILIRUBIN *Calculated*	0.53	mg/dL	0.0 - 1.00

Serum

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Age	: 40 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C)	H **5.8**	%	Normal: <= 5.6 Prediabetes: 5.7-6.4 Diabetes: >= 6.5 Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
Mean Blood Glucose *(Calculated)*	120	mg/dL	

EDTA Whole Blood

Criteria for the diagnosis of diabetes

1. HbA1c >/= 6.5 * Or Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
2. Two hour plasma glucose >/= 200mg/dL during an oral glucose tolerence test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or
3. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >/= 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011:34:S11.

Limitation of HbA1c

1) In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
3) Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%)may result in lower HbA1c values than expected. Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus

- HbA1C, also known as glycated heamoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm 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.
- Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP)

Note : Biological reference intervals are according to American Diabetes Association (ADA) Guidelines.

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Test done from collected sample.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

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Name	: Mrs. ROUNAK NINAMA	**Collected On**	: 14-Sep-2024 09:55
Age	: 40 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
	THYROID FUNCTION TEST		
T3 (triiodothyronine), Total *CMIA*	1.07	ng/mL	0.70 - 2.04
T4 (Thyroxine),Total *CMIA*	9.02	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) *CMIA*	3.087	µIU/mL	0.35 - 4.94

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-relasing 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

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

Test done from collected sample.

Approved by: **Dr. Hiral Arora**
M.D. Biochemistry
Reg. No. - G-32999
Approved On: 14-Sep-2024 14:34

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Age	: 40 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Colour	Pale Yellow		
Clarity	Clear		
CHEMICAL EXAMINATION (by strip test)			
pH	6.0		4.6 - 8.0
Sp. Gravity	1.010		1.002 - 1.030
Protein	Absent		Absent
Glucose	Absent		Absent
Ketone	Absent		Absent
Bilirubin	Absent		Nil
Nitrite	Absent		Nil
Leucocytes	Nil		Nil
Blood	Nil		Absent
MICROSCOPIC EXAMINATION			
Leucocytes (Pus Cells)	1-2		0 - 5/hpf
Erythrocytes (RBC)	2-3		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	Occasional		Nil
Monilia	Absent		Nil
T. Vaginalis	Absent		Nil
Bacteria	Absent		Absent

Urine

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Age	: 40 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	1.23	mg/dL	0.51 - 1.5

Serum

Creatinine is the most common test to assess kidney function. Creatinine levels are converted to reflect kidney function by factoring in age and gender to produce the eGFR (estimated Glomerular Filtration Rate). As the kidney function diminishes, the creatinine level increases; the eGFR will decrease. Creatinine is formed from the metabolism of creatine and phosphocreatine, both of which are principally found in muscle. Thus the amount of creatinine produced is, in large part, dependent upon the individual's muscle mass and tends not to fluctuate much from day-to-day. Creatinine is not protein bound and is freely filtered by glomeruli. All of the filtered creatinine is excreted in the urine.

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Age	: 40 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
Urea	22.6	mg/dL	17 - 43

Serum

Useful screening test for evaluation of kidney function. Urea is the final degradation product of protein and amino acid metabolism. In protein catabolism, the proteins are broken down to amino acids and deaminated. The ammonia formed in this process is synthesized to urea in the liver. This is the most important catabolic pathway for eliminating excess nitrogen in the human body. Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function. The test is frequently requested along with the serum creatinine test since simultaneous determination of these 2 compounds appears to aid in the differential diagnosis of prerenal, renal and postrenal hyperuremia.

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TEST REPORT

Reg. No.	: 409100362 **Reg. Date** : 14-Sep-2024 08:56 **Ref.No** :	**Approved On**	: 14-Sep-2024 12:43
Name	: Mrs. ROUNAK NINAMA	**Collected On**	: 14-Sep-2024 09:55
Age	: 40 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
	ELECTROLYTES		
Sodium (Na+) *Method:ISE*	140.1	mmol/L	136 - 145
Potassium (K+) *Method:ISE*	4.1	mmol/L	3.5 - 5.1
Chloride(Cl-) *Method:ISE*	102.3	mmol/L	98 - 107
Serum			

Comments

The electrolyte panel is ordered to identify electrolyte, fluid, or pH imbalance. Electrolyte concentrations are evaluated to assist in investigating conditions that cause electrolyte imbalances such as dehydration, kidney disease, lung diseases, or heart conditions. Repeat testing of the electrolyte or its components may be used to monitor the patient's response to treatment of any condition that may be causing the electrolyte, fluid or pH imbalance.

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

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Test done from collected sample.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

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