Neuberg Labcore
CLINICAL LABORATORIES

LABORATORY REPORT

Name	: **Mrs. ASMITA VASAVA**	Sex/Age	: **Female / 28 Years**	Case ID	: **30908000397**
Ref. By	: Mediwheel Full Body Health Checkup Female Above 40	Dis. At	:	Pt. ID	:
Bill. Loc.	: SPH OPD			Pt. Loc	:

Reg Date and Time	: 09-Sep-2023 09:11	Sample Type	: Serum	Mobile No.	:
Sample Date and Time	: 09-Sep-2023 09:11	Sample Coll. By	: non	Ref Id1	:
Report Date and Time	: 09-Sep-2023 17:55	Acc. Remarks	: -	Ref Id2	:

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Insulin Fasting *CMIA*	**13.0**	µIU/mL	2.6 - 37.6	
Prolactin *CMIA*	**9.67**	ng/mL	Females Nonpregnant: 2.8–29.2 Pregnant: 9.7–208.5 Postmenopausal: 1.8–20.3	

INTERPRETATIONS:
Useful as an aid in evaluation of pituitary tumors, amenorrhea, galactorrhea, infertility, and hypogonadism, Monitoring therapy of prolactin-producing tumors.
Resurgent prolactin levels in patients on long-term therapy indicate, most often, noncompliance with dopaminergic therapy, but can occasionally be an indication of recurrence.
For diagnostic purpose , result should be used in conjunction with other clinical data. If the prolactin results are in consistent with clinical evidence, additional testing is suggested to confirm the result.

CAUTIONS:
Multiple medications can cause a rise in serum prolactin level, in particular those that 1) decrease central nervous system (CNS) dopamine levels or block CNS dopamine receptors (antipsychotic drugs, antinausea/antiemetic drugs), or 2) affect CNS serotonin metabolism, serotonin receptors, or serotonin reuptake (anti-depressants of all classes, ergot derivatives, some illegal drugs such as cannabis) 3) . In several antihypertensive drugs with high CNS concentrations and central action on catecholaminergic neurons or calcium fluxes can cause hyperprolactinemia. 4) high doses of estrogen or progesterone 5) anticonvulsants (valporic acid) 6) anti-tuberculous medications (Isoniazid).
Prolactin levels are regularly transiently elevated after a grand-mal seizure, and also often after petit-mal and atypical seizures. Exercise, stress, and sleep can transiently raise prolactin levels.
High-dose hook effect, leading to false-low serum prolactin measurements, is rarely observed. If a hook effect is suspected because low prolactin results are at variance with clinical presentation, then a dilution must be performed.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Email : labcorelab@gmail.com **For Home Visit :** 7624011254 / 9081660099 **Mon. to Sat. 8-00 am to 8-00 pm**

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Report Date and Time	: 09-Sep-2023 13:45	Acc. Remarks	:	Ref Id2	:

HAEMOGRAM REPORT

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HB AND INDICES					
Haemoglobin *Photometric Method*	L	**11.2**	G%	12.0 - 15.0	
RBC (Electrical Impedance)	H	**6.41**	millions/cumm	3.80 - 4.80	
PCV(Calc)		**38.40**	%	36.00 - 46.00	
MCV (RBC histogram)	L	**59.9**	fL	83.00 - 101.00	
MCH (Calc)	L	**17.5**	pg	27.00 - 32.00	
MCHC (Calc)	L	**29.1**	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	H	**16.20**	%	11.00 - 16.00	
TOTAL AND DIFFERENTIAL WBC COUNT					
Total WBC Count		**6590**	/µL	4000.00 - 10000.00	
Neutrophil		**55**	%	40.00 - 70.00	
Lymphocyte		**37**	%	20.00 - 40.00	
Eosinophil		**03**	%	1.00 - 6.00	
Monocytes		**05**	%	2.00 - 10.00	
Basophil		**00**	%	0.00 - 2.00	
Neutrophil *Calculated*		**3625**	/µL	2000.00 - 7000.00	
Lymphocyte *Calculated*		**2438**	/µL	1000.00 - 3000.00	
Eosinophil *Calculated*		**198**	/µL	20.00 - 500.00	
Monocyte *Calculated*		**330**	/µL	200.00 - 1000.00	
Basophil *Calculated*		**0**	/µL	0.00 - 100.00	
PLATELET COUNT					
Platelet Count	H	**424000**	/µL	150000.00 - 410000.00	
MPV		**8.50**	fL	6.5 - 12	

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PDW	H	**15.2**		8 - 13	
ESR *Westergren Method*		**14**	mm after 1hr	3 - 20	

Method:
TLC-SF cube technology(Flow Cytometry+ fluorescence),
DC by microscopy,
Platelet count by electrical impedance+/-SF cube technology

BIOCHEMICAL INVESTIGATIONS

Plasma Glucose - F *Photometric,Hexokinase*	H	**106.66**	mg/dL	70 - 100	FUS: NIL
Plasma Glucose - PP *Photometric,Hexokinase*		**91.42**	mg/dL	70 - 140	PPUS: NIL

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Sample Date and Time	: 09-Sep-2023 09:11	Sample Coll. By	: non	Ref Id1	:
Report Date and Time	: 09-Sep-2023 11:49	Acc. Remarks	: -	Ref Id2	:

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) *GLDH*	**7.9**	mg/dL	7.00 - 18.70	
Creatinine *Jaffe compensated*	**0.69**	mg/dL	0.55 - 1.02	
Uric Acid *Uricase-Peroxidase method*	**4.96**	mg/dL	2.6 - 6.2	

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Report Date and Time	: 09-Sep-2023 12:34	Acc. Remarks	: -	Ref Id2	:

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Liver Function Test				
S.G.P.T. *IFCC*	**19.37**	U/L	0 - 59	
S.G.O.T. *IFCC*	**22.54**	U/L		
Alkaline Phosphatase *Modified IFCC method*	**98.79**	U/L	40 - 150	
Proteins (Total) *Biuret*	**7.35**	g/dL	6.4 - 8.2	
Albumin *Bromo Cresol Green*	**4.36**	g/dL	3.4 - 5.0	
Globulin *Calculated*	**2.99**	gm/dL	2 - 4.1	
A/G Ratio *Calculated*	**1.5**		1.0 - 2.1	
Bilirubin Total *Diazotized Sulfanilic Acid Method*	**0.40**	mg/dL	0.2 - 1.0	
Bilirubin Conjugated *Diazotized Sulfanilic Acid Method*	**0.11**	mg/dL		
Bilirubin Unconjugated *Calculated*	**0.29**	mg/dL	0 - 0.8	

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TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS					
Lipid Profile					
Cholesterol *Colorimetric, CHOD-POD*		**184.68**	mg/dL	110 - 200	
HDL Cholesterol		**46.2**	mg/dL	40 - 60	
Triglyceride *GPO-POD*		**48.68**	mg/dL	40 - 200	
VLDL *Calculated*	L	**9.74**	mg/dL	10 - 40	
Chol/HDL *Calculated*		**4.00**		0 - 4.1	
LDL Cholesterol *Calculated*	H	**128.74**	mg/dL	65 - 100	

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal<100	Desirable<200	Low<40	Normal<150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
  Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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Report Date and Time	: 09-Sep-2023 14:32	Acc. Remarks	:	Ref Id2	:

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HAEMATOLOGY INVESTIGATIONS				
BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group)				
ABO Type	**A**			
Rh Type	**POSITIVE**			

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Sample Date and Time	: 09-Sep-2023 09:11	Sample Coll. By	: non	Ref Id1	:
Report Date and Time	: 09-Sep-2023 11:50	Acc. Remarks	: -	Ref Id2	:

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Thyroid Function Test				
Triiodothyronine (T3) *CMIA*	**1.24**	ng/mL	0.70 - 2.04	
Thyroxine (T4) *CMIA*	**9.91**	µg/dL	5.5 - 11.0	
TSH *CMIA*	**1.45**	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

Useful for Monitoring patients on thyroid replacement therapy, Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine therapy, for Prediction of thyrotropin-releasing hormone-stimulated TSH response, as An aid in the diagnosis of primary hyperthyroidism, for Differential diagnosis of hypothyroidism.

The ability to quantitate circulating levels of thyroid-stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of 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 or normal. Concentrations of 5.1 mIU/ml to 7.0 mIU/ml are considered borderline hypothyroid

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone.

Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in Pregnacy	**Reference range (microIU/ml)**
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

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Report Date and Time	: 09-Sep-2023 13:46	Acc. Remarks	:	Ref Id2	:

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C *Immunoturbidimetric*	**5.6**	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) *Calculated*	**114.02**	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.

In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy,comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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Report Date and Time	: 09-Sep-2023 12:13	Acc. Remarks	:	Ref Id2	:

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)				
Physical examination				
Colour	**Pale yellow**			
Transparency	**Clear**			
Chemical Examination By Sysmex UC-3500				
Sp.Gravity	**1.025**		1.003 - 1.035	
pH	**6.0**		4.6 - 8	
Leucocytes (ESTERASE)	**Negative**		Negative	
Protein	**Negative**		Negative	
Glucose	**Negative**		Negative	
Ketone Bodies Urine	**Negative**		Negative	
Urobilinogen	**Negative**		Negative	
Bilirubin	**Negative**		Negative	
Blood	**Negative**		Negative	
Nitrite	**Negative**		Negative	
Flowcytometric Examination By Sysmex UF-5000				
Leucocyte	**Occasional**	/HPF	Nil	
Red Blood Cell	**Nil**	/HPF	Nil	
Epithelial Cell	**1-2**	/HPF	Present(+)	
Bacteria	**Nil**	/ul	Nil	
Yeast	**Nil**	/ul	Nil	
Cast	**Nil**	/LPF	Nil	
Crystals	**Nil**	/HPF	Nil	

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Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

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Report Date and Time	: 09-Sep-2023 13:33	Acc. Remarks	: -	Ref Id2	:

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HIV I&II *Chromatographic immunoassay*	**Non Reactive**		Non Reactive	

All results should be interpreted by a qualified person in the context of history and the window period of the disease.
If clinically indicated non-recative results should be confirmed by other method or after a time interval.
There are certain technical limits of analytical methods.
All reactive results should be reconfirmed by a higher method.

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

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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