Neuberg DIAGNOSTICS
● India ● UAE ● South Africa ● USA

TEST REPORT

LABORATORY REPORT

Name	: **Ms. SIMRAN CHOPRA**	Sex/Age	: **Female / 29 Years**	Case ID	: **40122300447**
Ref. By	: SELF	Dis. At	:	Pt. ID	:
Bill. Loc.	: NDPL - Mediwheel			Pt. Loc	:
Reg Date and Time	: 17-Jan-2024 13:28	Sample Type	: Whole Blood EDTA	Mobile No.	: 9896297055
Sample Date and Time	: 17-Jan-2024 13:28	Sample Coll. By	: non	Ref Id1	:
Report Date and Time	: 20-Jan-2024 12:59	Acc. Remarks	:	Ref Id2	:

HAEMOGRAM REPORT

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
HB AND INDICES				
Haemoglobin	12.8	gm/dL	12.5 to 16.0	
RBC (Electrical Impedance)	4.41	millions/cmm	4.2 to 5.4	
PCV(Calc)	37.3	%	37.0 to 47.0	
MCV (RBC histogram)	84.6	%	78 to 100	
MCH (Calc)	29.0	pg	27.0 to 31.0	
MCHC (Calc)	34.3	gm/dL	32.0 to 36.0	
RDW (RBC histogram)	12.7	%	11.5 to 14.0	
TOTAL AND DIFFERENTIAL WBC COUNT				
Total WBC Count	8930	/µL	4,000 to 10,500	

	[%]		EXPECTED VALUES	[Abs]		EXPECTED VALUES
Neutrophil	73	%	40 - 80	6519	/µL	2000 - 7000
Lymphocyte	20	%	20 - 40	1786	/µL	1000-3000
Eosinophil	02	%	1 - 6	179	/µL	20-500
Monocytes	05	%	2 - 10	447	/µL	200 - 1000
Basophil	00	%	0.00 - 2.00	0	/µL	00 - 100

PLATELET COUNT				
Platelet Count	360000	/µL	150000.00 - 410000.00	
MPV	12.0	fL	7.5 to 12.0	
PDW	H **19.4**		8 - 13	

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

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

Dr Aashis Bansal
Consultant Pathologist

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Sample Date and Time	: 17-Jan-2024 13:28	Sample Coll. By	: non	Ref Id1	:
Report Date and Time	: 17-Jan-2024 20:18	Acc. Remarks	:	Ref Id2	:

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR *Westergren Method*	**17**	mm after 1hr	3 - 20	

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Bill. Loc.	: NDPL - Mediwheel			Pt. Loc	:
Reg Date and Time	: 17-Jan-2024 13:28	Sample Type	: Spot Urine	Mobile No.	: 9896297055
Sample Date and Time	: 17-Jan-2024 13:28	Sample Coll. By	: non	Ref Id1	:
Report Date and Time	: 17-Jan-2024 20:21	Acc. Remarks	:	Ref Id2	:

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)				
Physical examination				
Colour	**Pale yellow**			
Transparency	**Clear**		CLEAR	
Chemical Examination By Sysmex UC-3500				
Sp.Gravity	**1.020**		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	**1-2**	/HPF	Nil	
Red Blood Cell	**Nil**	/HPF	Absent	
Epithelial Cell	**2-3**	/HPF	Present(+)	
Bacteria	**Nil**		ABSENT	
Yeast	**Nil**		ABSENT	
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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Bill. Loc.	: NDPL - Mediwheel			Pt. Loc	:
Reg Date and Time	: 17-Jan-2024 13:28	Sample Type	: Plasma Fluoride F	Mobile No.	: 9896297055
Sample Date and Time	: 17-Jan-2024 13:28	Sample Coll. By	: non	Ref Id1	:
Report Date and Time	: 17-Jan-2024 20:21	Acc. Remarks	:	Ref Id2	:

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F *Photometric,Hexokinase*	**87**	mg/dL	70.0 - 100	

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Lipid Profile				
Cholesterol *Dry Chemistry*	**121**	mg/dL	<200	
HDL Cholesterol *Dry Chemistry*	**41**	mg/dL	40 - 60	
Triglyceride *Dry Chemistry*	**84**	mg/dL	40 - 200	
VLDL *Calculated*	**16.8**	mg/dL	10 - 40	
Chol/HDL *Calculated*	**2.95**		0.00 - 4.10	
LDL Cholesterol *Calculated*	**63.20**	mg/dL	0.00 - 100.00	

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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Sample Date and Time	: 17-Jan-2024 13:28	Sample Coll. By	: non	Ref Id1	:
Report Date and Time	: 17-Jan-2024 20:22	Acc. Remarks	:	Ref Id2	:

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Liver Function Test				
S.G.P.T. *Dry Chemistry*	**29.5**	U/L	0 - 35	
S.G.O.T. *Dry Chemistry*	**31.2**	U/L	14 - 36	
Alkaline Phosphatase *Dry Chemistry*	**84**	U/L	38 - 126	
Gamma Glutamyl Transferase *L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate*	**11.5**	U/L	0 - 38	
Proteins (Total) *Dry Chemistry*	**7.9**	gm/dL	6.4 - 8.2	
Albumin *Dry Chemistry*	**4.0**	gm/dL	3.5 - 5.0	
Globulin *Calculated*	**3.90**	gm/dL	2 - 4.1	
A/G Ratio *Calculated*	**1.03**		1.0 - 2.1	
Bilirubin Total *Dry Chemistry*	**0.40**	mg/dL	0.2 - 1.3	
Bilirubin Conjugated *Diazotization reaction*	**0.21**	mg/dL	0 - 0.50	
Bilirubin Unconjugated *Calculated*	**0.19**	mg/dL	0.10 - 1.00	

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C *Immunoturbidimetric*	**4.3**	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) *Calculated*	**76.71**	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	: 17-Jan-2024 20:22	Acc. Remarks	:	Ref Id2	:

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	**116.2**	ng/dL	80 - 200	
Thyroxine (T4)	**5.73**	µg/dL	5.1 - 14.1	
TSH	**1.30**	µIU/mL	0.27 - 4.20	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipent hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a supressed TSH level.

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 pregnancy	**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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Interpretation Note:
Ultra sensitive-thyroid–stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone.Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.
Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.
Normal ranges of TSH & thyroid hormons vary according trimesper in pregnancy.

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

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Proteins (Total) *Dry Chemistry*	**7.9**	gm/dL	6.4 - 8.2	
Alkaline Phosphatase *Dry Chemistry*	**84**	U/L	38 - 126	
Creatinine	**0.72**	mg/dL	0.60 - 1.20	
Calcium *Dry Chemistry*	**9.1**	mg/dL	8 - 10.1	
Chloride *ISE*	**100**	mmol/L	98 - 107	
Phosphorus Inorganic *Dry Chemistry*	**3.8**	mg/dL	2.5 - 4.5	
Potassium *ISE*	**3.7**	mmol/L	3.5 - 5.1	
Sodium *ISE*	**138**	mmol/L	136 - 145	
Urea *Dry Chemistry*	**23.2**	mg/dL	15 - 36	
Uric Acid *Dry Chemistry*	**4.2**	mg/dL	2.5 - 6.2	
Albumin *Dry Chemistry*	**4.0**	gm/dL	3.5 - 5.0	

---------- 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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