Neuberg Labcore
CLINICAL LABORATORIES

SARDAR PATEL HOSPITAL & HEART INSTITUTE

## LABORATORY REPORT

| | | | | | |
|---|---|---|---|---|---|
| Name | : **Mrs. DIKSHA VERMA** | Sex/Age | : **Female / 27 Years** | Case ID | : **30908000401** |
| 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 11:08 | Sample Type | : Whole Blood EDTA | Mobile No. | : |
| Sample Date and Time | : 09-Sep-2023 11:08 | Sample Coll. By | : non | Ref Id1 | : |
| Report Date and Time | : 09-Sep-2023 12:52 | Acc. Remarks | : | Ref Id2 | : |

### HAEMOGRAM REPORT

| TEST | | RESULTS | UNIT | BIOLOGICAL REF. INTERVAL | REMARKS |
|---|---|---|---|---|---|
| **HB AND INDICES** | | | | | |
| **Haemoglobin** | | 12.0 | G% | 12.0 - 15.0 | |
| **RBC (Electrical Impedance)** | H | **5.14** | millions/cumm | 3.80 - 4.80 | |
| **PCV(Calc)** | | 39.73 | % | 36.00 - 46.00 | |
| **MCV (RBC histogram)** | L | **77.3** | fL | 83.00 - 101.00 | |
| **MCH (Calc)** | L | **23.4** | pg | 27.00 - 32.00 | |
| **MCHC (Calc)** | L | **30.2** | gm/dL | 31.50 - 34.50 | |
| **RDW (RBC histogram)** | | 13.70 | % | 11.00 - 16.00 | |
| **TOTAL AND DIFFERENTIAL WBC COUNT** | | | | | |
| **Total WBC Count** | | 7390 | /µL | 4000.00 - 10000.00 | |

| | | [ % ] | | EXPECTED VALUES | | [ Abs ] | | EXPECTED VALUES |
|---|---|---|---|---|---|---|---|---|
| **Neutrophil** | | 62 | % | 40.00 - 70.00 | | 4582 | /µL | 2000.00 - 7000.00 |
| **Lymphocyte** | | 25 | % | 20.00 - 40.00 | | 1848 | /µL | 1000.00 - 3000.00 |
| **Eosinophil** | H | **08** | % | 1.00 - 6.00 | H | **591** | /µL | 20.00 - 500.00 |
| **Monocytes** | | 05 | % | 2.00 - 10.00 | | 370 | /µL | 200.00 - 1000.00 |
| **Basophil** | | 00 | % | 0.00 - 2.00 | | 0 | /µL | 0.00 - 100.00 |

| | | | | |
|---|---|---|---|---|
| **PLATELET COUNT** | | | | |
| **Platelet Count** | H | **453000** | /µL | 150000.00 - 410000.00 |
| **MPV** | | 7.90 | fL | 6.5 - 12 |
| **PDW** | H | **15.3** | | 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. Shweta Patel**
Consultant Pathologist

**Printed On :** 05-Dec-2023 11:17



**Labcore Speciality Laboratory**
Chikuwadi, Opp Railway Yard, Ankleshwar 393001 7227038845 www.neubergsupratech.com

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| Bill. Loc. | : SPH OPD | | | Pt. Loc | : |

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|---|---|---|---|---|---|
| Reg Date and Time | : 09-Sep-2023 11:08 | Sample Type | : Whole Blood EDTA | Mobile No. | : |
| Sample Date and Time | : 09-Sep-2023 11:08 | Sample Coll. By | : non | Ref Id1 | : |
| Report Date and Time | : 09-Sep-2023 14:52 | Acc. Remarks | : | Ref Id2 | : |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|---|---|---|---|---|
| **HAEMATOLOGY INVESTIGATIONS** | | | | |
| **ESR**<br>*Westergren Method* | **06** | mm after 1hr | 3 - 20 | |
| **BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group )** | | | | |
| **ABO Type** | **A** | | | |
| **Rh Type** | **POSITIVE** | | | |

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

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| Bill. Loc. | : SPH OPD | | | Pt. Loc | : |
| Reg Date and Time | : 09-Sep-2023 11:08 | Sample Type | : Plasma Fluoride F,Plasma Fluoride PP,Whole Blood EDTA | Mobile No. | : |
| Sample Date and Time | : 09-Sep-2023 11:08 | Sample Coll. By | : non | Ref Id1 | : |
| Report Date and Time | : 09-Sep-2023 13:48 | Acc. Remarks | : | Ref Id2 | : |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|---|---|---|---|---|
| **Plasma Glucose - F**<br>*Photometric,Hexokinase* | **100.0** | mg/dL | 70.0 - 100 | FUS: NIL |
| **Plasma Glucose - PP**<br>*Photometric,Hexokinase* | **109.44** | mg/dL | 70 - 140 | Urine Glucose:Absent |

### Glycated Haemoglobin Estimation

| | | | | |
|---|---|---|---|---|
| **HbA1C**<br>*Immunoturbidimetric* | **5.7** | % of total Hb | <5.7: Normal<br>5.7-6.4: Prediabetes<br>>=6.5: Diabetes | |
| **Estimated Avg Glucose (3 Mths)**<br>*Calculated* | **116.89** | 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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|---|---|---|---|---|---|
| Reg Date and Time | : 09-Sep-2023 11:08 | Sample Type | : Serum | Mobile No. | : |
| Sample Date and Time | : 09-Sep-2023 11:08 | Sample Coll. By | : non | Ref Id1 | : |
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| TEST | | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|---|---|---|---|---|---|
| **BIOCHEMICAL INVESTIGATIONS** | | | | | |
| **Lipid Profile** | | | | | |
| **Cholesterol**<br>*Colorimetric, CHOD-POD* | | **195.45** | mg/dL | 110 - 200 | |
| **HDL Cholesterol** | | **50.8** | mg/dL | 40 - 60 | |
| **Triglyceride**<br>*GPO-POD* | | **67.50** | mg/dL | 40 - 200 | |
| **VLDL**<br>*Calculated* | | **13.50** | mg/dL | 10 - 40 | |
| **Chol/HDL**<br>*Calculated* | | **3.85** | | 0 - 4.1 | |
| **LDL Cholesterol**<br>*Calculated* | H | **131.15** | 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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|---|---|---|---|---|
| **BUN (Blood Urea Nitrogen)**<br>*GLDH* | **8.7** | mg/dL | 7.00 - 18.70 | |
| **Creatinine**<br>*Jaffe compensated* | **0.66** | mg/dL | 0.55 - 1.02 | |
| **Uric Acid**<br>*Uricase-Peroxidase method* | **4.32** | mg/dL | 2.6 - 6.2 | |

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|---|---|---|---|---|
| **BIOCHEMICAL INVESTIGATIONS** | | | | |
| **Liver Function Test** | | | | |
| **S.G.P.T.** *IFCC* | **24.40** | U/L | 0 - 59 | |
| **S.G.O.T.** *IFCC* | **26.48** | U/L | | |
| **Alkaline Phosphatase** *Modified IFCC method* | **112.12** | U/L | 40 - 150 | |
| **Proteins (Total)** *Biuret* | **7.50** | g/dL | 6.4 - 8.2 | |
| **Albumin** *Bromo Cresol Green* | **4.63** | g/dL | 3.4 - 5.0 | |
| **Globulin** *Calculated* | **2.87** | gm/dL | 2 - 4.1 | |
| **A/G Ratio** *Calculated* | **1.6** | | 1.0 - 2.1 | |
| **Bilirubin Total** *Diazotized Sulfanilic Acid Method* | **0.58** | mg/dL | 0.2 - 1.0 | |
| **Bilirubin Conjugated** *Diazotized Sulfanilic Acid Method* | **0.13** | mg/dL | | |
| **Bilirubin Unconjugated** *Calculated* | **0.45** | mg/dL | 0 - 0.8 | |

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|---|---|---|---|---|
| **BIOCHEMICAL INVESTIGATIONS** | | | | |
| **Thyroid Function Test** | | | | |
| **Triiodothyronine (T3)** *CMIA* | **1.09** | ng/mL | 0.70 - 2.04 | |
| **Thyroxine (T4)** *CMIA* | **8.27** | µg/dL | 5.5 - 11.0 | |
| **TSH** *CMIA* | **1.63** | 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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|---|---|---|---|---|
| **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** | **5.0** | | 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** | **Occasional** | /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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| Report Date and Time | : 09-Sep-2023 12:23 | Acc. Remarks | : | Ref Id2 | : |

| 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 | - | - | - | - | - |

---------- 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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