Laboratory Report

Patient Name	**: MRS ABHA SINHA**	**CPL23/28952**	
Age/Gender	: 31 Yrs/Female	Registration Date	: 09/12/2023 07:45 PM
Ref. Dr.	: SELF	Collection Date	: 09/12/2023 07:48 PM
Center	: AP98	Report Date	: 09/12/2023 09:40 PM

HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
HbA1c Glycosilated Haemoglobin	5.7	%	Non-diabetic: <= 6.0 Pre-diabetic: 6.0-7.0 Diabetic: >= 7.0
Estimated Average Glucose :	117	mg/dL	

Reference Range (Average Blood Sugar):

Excellent control	: 90 - 120 mg/dl
Good control	: 121 - 150 mg/dl
Average control	: 151 - 180 mg/dl
Action suggested	: 181 - 210 mg/dl
Panic value	: > 211 mg/dl

Interpretation & Remark:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-46.7
6. Interference of Haemoglobinopathies in HbA1c estimation.
   A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
   B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
   C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

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HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
BLOOD GROUP AND RH FACTOR			
ABO Type	B		
Rh Factor	POSITIVE(+VE)		

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
RENAL FUNCTION TEST (RFT)			
Blood Urea	27.6	mg/dl	15 - 50
Serum Creatinine	0.88	mg/dl	0.6 - 1.5
eGFR	88	ml/min	
Blood Urea Nitrogen-BUN	12.90	mg/dl	7 - 20
Serum Sodium	137.2	mmol/L	135 - 150
Serum Potassium	4.29	mmol/L	3.5 - 5.0
Chloride	97.3	mmol/L	94.0 - 110.0
Uric Acid	5.1	mg/dl	2.6 - 6.0

NOTE : Please correlate with clinical conditions.

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN	0.66	mg/dl	0 - 1.2
DIRECT BILIRUBIN	0.21	mg/dL	0 - 0.3
INDIRECT BILIRUBIN	0.45	mg/dl	0.1 - 0.8
SGOT (AST)	19.3	U/L	0 - 35
SGPT (ALT)	17.2	U/L	0 - 45
ALKALINE PHOSPHATASE	79.6	U/L	64 - 147
GAMMA GLUTAMYL TRANSFERASE	17.2	IU/L	12 - 43
TOTAL PROTEIN	7.32	g/dl	6.4 - 8.3
SERUM ALBUMIN	4.21	g/dl	3.2 - 5.2
SERUM GLOBULIN	3.11	g/dl	1.8 - 3.6
A/G RATIO	1.35		1.2 - 2.2

NOTE : Please correlate with clinical conditions.

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIPID PROFILE			
Cholesterol-Total	179.0	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High
Triglycerides level	132.0	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High > 500 Very High
HDL Cholesterol	44.3	mg/dL	< 40 Major Risk for Heart > 40 Normal
LDL Cholesterol	**108.30**	mg/dL	< 100 Optimal 100-129 Near/Above Optimal 130-159 Borderline high 160-189 High > 190 Very High
VLDL Cholesterol	26.40	mg/dL	6 - 38
CHOL/HDL RATIO	4.04		3.5 - 5.0
LDL/HDL RATIO	**2.44**		2.5 - 3.5

NOTE
8-10 hours fasting sample is required

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Fasting Blood Sugar	93.2	mg/dl	Normal: 70-110 Impaired Fasting Glucose(IFG): 100-125 Diabetes mellitus: >= 126

Method : Hexokinase

Note:- An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons. The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

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IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Ranges
TRI-IODOTHYRONIN, (T3)	1.88	ng/mL	0.69 - 2.15
THYROXIN, (T4)	89.2	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)-Serum	2.17	µIU/mL	0.3-4.5 Pregnancy (As per American Thyroid Association) First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0

Method : CLIA

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	•Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	•Chronic Autoimmune Thyroiditis •Post thyroidectomy,Post radioiodine •Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	•Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids,anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	•Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness •Subclinical Hyperthyroidism •Thyroxine ingestion"
Decreased	Decreased	Decreased	•Central Hypothyroidism •Non-Thyroidal illness •Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	•Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness

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URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
URINE ROUTINE			
General Examination			
Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.025		-1.005-1.030
Chemical Examination			
Urine Protein	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	NIL		NIL
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative
Microscopic Examination			
RBC's	NIL	/hpf	NIL
Leukocyte (Pus cells)	1-2	/hpf	0-5/hpf
Epithelial Cells	2-4	/hpf	0-4/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous deposits	Absent		Absent
Bacteria	Not seen		Not seen
Yeast Cells	Not seen		Not seen

Note : 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction),Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method).All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum,as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,

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Test Description	Result	Unit	Biological Reference Ranges
COMPLETE BLOOD COUNT			
Haemoglobin	12.1	gm/dL	11.0 - 15.0
RBC Count	3.99	mil/cu.mm	3.50 - 5.50
Hematocrit HCT	**34.8**	%	37.0 - 47.0
Mean Corp Volume MCV	87.2	fL	80.0 - 100.0
Mean Corp Hb MCH	30.3	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	34.8	gm/dL	32.0 - 36.0
Platelet Count	2.31	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	5.1	10^3/cu.mm	4.0 - 11.0
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	70	%	40 - 70
Lymphocytes	25	%	20 - 40
Monocytes	03	%	02 - 10
Eosinophils	02	%	01 - 06
Basophils	00	%	00 - 01
Absolute Differential Count			
Absolute Neutrophils Count	3.6	thou/mm3	2.00 - 7.00
Absolute Lymphocyte Count	1.3	thou/mm3	1.00 - 3.00
Absolute Monocytes Count	0.2	thou/mm3	0.20 - 1.00
Absolute Eosinophils Count	0.1	thou/mm3	0.02 - 0.50

EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

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Test Description	Result	Unit	Biological Reference Ranges
ESR - ERYTHROCYTE SEDIMENTATION RATE	**22**	mm/hr	0 - 20

Method: Wintrobes

INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

**** End of the report****

This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.

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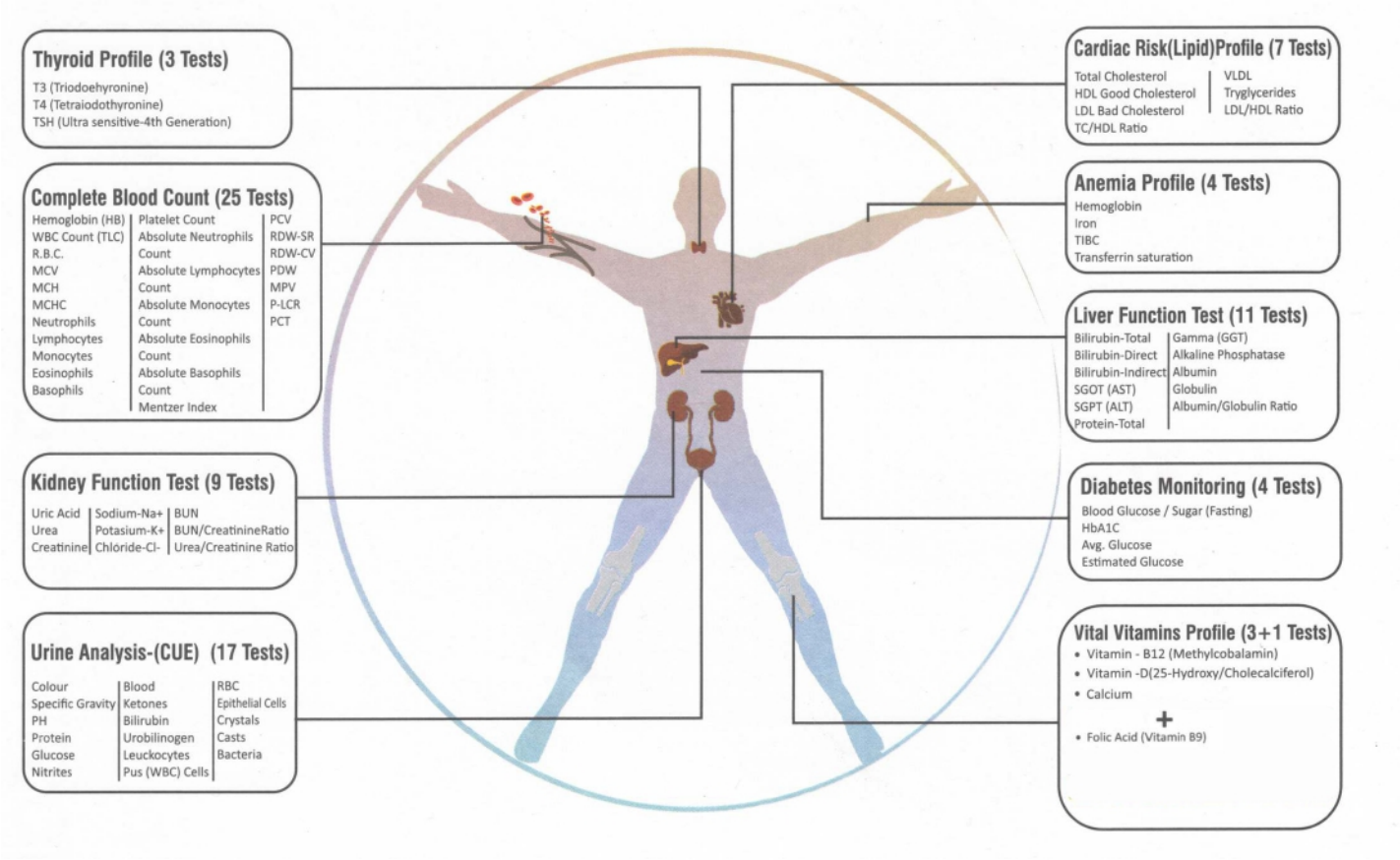
BODY CARE



CONDITIONS OF REPORTING

1. Individual laboratory investigations should not be considered as conclusive and should be used along with other relevant clinical examinations to achieve the final diagnosis. Therefore these reported results are for the information of referring clinician only
2. The values of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used. Further all samples collected outside Citi Pathlabs labs / patient centers are required to be prepared, stored, labelled and brought as per the guidelines of Citi Pathlabs. Citi Pathlabs cannot be held liable for incorrect results of any samples which are not as per the guidelines issued
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