



Name: SHRUTI RANA PRATAP GOND	Ward: OPD
Lab ID: 00000265	Registration on: 30/12/2022 09:41:00
Age & Sex: 42 Year Female	Reported on: 12:33:00
Reference: VELOCITY HOSPITAL	Sample Type: BLOOD & URINE

CBC ESR

Test	Observed Value	Unit	Biological Reference Interval
Haemoglobin	13.6	g/dL	11.0 - 13.7
Total RBC	4.66	mill./cm	4.00 - 5.20
Total WBC	6100	/cmm	4000 - 10000
Platelet Count	244000	/cmm	150000 - 450000
HCT	40.8	%	
MCV	87.6	fL	80.0 - 100.0
MCH	29.2	pg	27.0 - 32.0
MCHC	33.3	g/dL	31.5 - 36.0
DIFFERENTIAL COUNT			
Neutrophils	60	%	40 - 70
Lymphocytes	31	%	20 - 40
Eosinophils	04	%	02-05
Monocytes	05	%	01-07
Basophils	00	%	00 - 02
Band Cells	00	%	0.0 - 6.0
ABSOLUTE DIFFERENTIAL COUNT			
Neutrophils	3660	/cumm	2000.0-7000.0
Lymphocytes	1891	/cumm	1000.0-3000.0
Eosinophils	244	/cumm	20 - 500
Monocytes	305	/cumm	200 - 1000
Basophils	0	/cumm	0 - 100
GLR / NLR	1.9		
(Neutrophil/Lymphocyte Ratio)			
MENTZER INDEX			
18.8			
RDW-CV	12.0	%	11.1 - 14.1
RDW-SD	40.3	fl	31.0-46.0
MPV	8.5	fl	7.00 - 11.00
PCT	0.21	%	0.10-0.30

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PDW 16.9 % 10.0-18.00

PERIPHERAL SM EAR EXAMINATION

RBC Morphology
WBC Morphology
Platelets in Smear

Normochromic and normocytic.
Appear normal, Immature cells are not seen .
Adequate.

Malarial Parasites

Not Detected.

ESR

AFTER 1 HOUR 15 mm/hr 0.0 - 20.0

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BLOOD GROUP

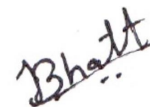
<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood Group	"O"		
Rh Factor	POSITIVE		

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<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Sample	FLOURIDE PLASMA		
<u>FASTING (FBS)</u>			
Blood Sugar-F	70.55	mg/dL	70.00-110.00

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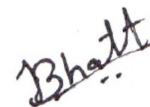
Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD & URINE**

HEMOGLOBIN A1c TEST

Test	Observed Value	Unit	Biological Reference Interval
HbA1c	5.55	%	> 8 : Action Suggested 7-8 : Good control < 7 : Goal 6.2-7 : Near Normal Glycemia < 6.2 : Non-diabetic Level
Mean Blood Glucose	112.6	mg/dL	80.0 - 140.0

Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides a much better indication of long term 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.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).



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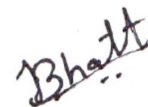
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Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD & URINE**

LIPID PROFILE

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		
Cholesterol	154.2	mg/dL	UP TO 220
Triglyceride	64.0	mg/dL	40.0 - 140.0
HDL Cholesterol	67.58	mg/dL	42.0 - 88.0
VLDL	12.80	mg/dL	0.00 - 30.00
LDL Cholesterol	73.82	mg/dL	< 130 : Optimal 130 - 159 : Borderline High 160 - 189 : High >= 190 : Very High
Cholesterol / HDL Chol. Ratio	1.09		0 - 3.5
Total Lipid	2.3 L	mg/dl	400.0 - 1000.0

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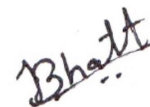
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Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD & URINE****RENAL FUNCTION TEST**

Test		Unit	
S. Creatinine	0.80	mg/dL	0.5-1.30
Bl. Urea	18.0	mg/dL	10.0 - 40.0
BUN	8.4	mg/dl	6.0 - 22.0
S.Calcium	9.8	mg/dL	8.8-10.3
Uric Acid	3.78	mg/dL	2.6 - 6.0

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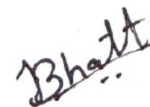
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Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD & URINE****LIVER FUNCTION TEST**

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>BILIRUBIN</u>			
Total Bilirubin	0.5	mg/dL	0.10 - 1.20
Direct Bilirubin	0.2	mg/dL	0.0-0.4
Indirect Bilirubin	0.30	mg/dL	0.10-0.70
SGPT(ALT)	22.14	U/L	0.0 - 40.0
SGOT (AST)	34.12	U/L	0.0 - 46.0
Alkaline Phosphatase	64.0	U/L	40-129
<u>PROTEINS</u>			
Total Protein	6.8	g/dL	6.0 - 8.0
Albumin	4.2	g/dL	3.50 - 5.50
Globulin	2.6	g/dL	2.5 - 4.0
A/G Ratio	1.6		

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URINE ANALYSIS

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Sample	Fresh Urine		
<u>PHYSICAL EXAMINATION</u>			
Quantity	10.0	mL	
Colour	Pale-Yellow		
Appearance	Clear		Clear
pH	7.0		
Specific Gravity	1.025		
Sediments	Absent		Absent
<u>CHEMICAL EXAMINATION</u>			
Protein (Albumin)	Absent		Absent
Sugar	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
Ketone	Absent		Absent
Occult Blood	Absent		Absent
Nitrite	Absent		Absent
Leukocyte Esterase	Absent		Absent
Urobilinogen	Normal		Normal
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	Occasional	/hpf	Absent
Red Blood Cells	Absent	/hpf	Absent
Epithelial Cells	Occasional	/hpf	Absent
Crystals	Absent		Absent
Amorphous material	Absent		Absent
Casts	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent

--- End of Report ---

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LABORATORY TEST REPORT



Patient Information	Sample Information	Client/Location Information
Name : Ms Shruti Rana Pratap Gond	Lab Id : 122215302914	Client Name : Spectra Diagnostics Lab@Adajan
Sex/Age : Female / 42 Y	Registration on : 30-Dec-2022 10:56	Location :
Ref. Id :	Collected at : non SAWPL	Approved on : 30-Dec-2022 12:28 Status : Final
Ref. By : Spectra Diagnostic Laboratory	Collected on : 30-Dec-2022 11:18	Printed On : 30-Dec-2022 13:21
	Sample Type : Serum	Process At : 153. Lab SAWPL Gujarat Surat Adajan

Thyroid Function Test

Test	Result	Unit	Biological Ref. Interval
T3 - Triiodothyronine <i>Chemiluminescence</i>	1.04	ng/mL	0.58 - 1.59
T4 - Thyroxine <i>Chemiluminescence</i>	7.42	micro g/dL	4.87 - 11.72
TSH - Thyroid Stimulating Hormone <i>Chemiluminescence</i>	1.6595	microIU/mL	0.35 - 4.94

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 TSH especially 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 radiiodine - 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'a) Gestational thyrotoxicosis with hyperemesis gravidarum
Decreased or within range	Raised	Within Range	- T3 toxicosis - Non-Thyroidal illness

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Sex/Age : Female / 42 Y	Registration on : 30-Dec-2022 10:56	Location :
Ref. Id :	Collected at : non SAWPL	Approved on : 30-Dec-2022 13:11 Status : Final
Ref. By : Spectra Diagnostic Laboratory	Collected on : 30-Dec-2022 11:18	Printed On : 30-Dec-2022 13:21
	Sample Type : Serum	Process At : 153. Lab SAWPL Gujarat Surat Adajan

Immunoassay

Test	Result	Unit	Biological Ref. Interval
Vitamin B12 <i>Chemiluminescence</i>	436.00	pg/mL	187 - 833

Vitamin B12 is essential in DNA synthesis, hematopoiesis, and CNS integrity.

Interpretation:

- Increased In** : Chronic granulocytic leukemia , COPD and Chronic renal failure , Leukocytosis , Liver cell damage (hepatitis, cirrhosis) , Obesity and Severe CHF , Polycythemia vera , Protein malnutrition.
- Decreased In** : Abnormalities of cobalamin transport or metabolism , Bacterial overgrowth , Crohn disease , Dietary deficiency (e.g. in vegetarians) , Diphyllbothrium (fish tapeworm) infestation , Gastric or small intestine surgery , Hypochlorhydria , Inflammatory bowel diseases , Intestinal malabsorption and Intrinsic factor deficiency

Limitations:

- Drugs such as chloral hydrate increase vitamin B12 levels. On the other hand , alcohol, aminosalicic acid, anticonvulsants, ascorbic acid, cholestyramine, cimetidine, colchicines, metformin, neomycin, oral contraceptives, ranitidine, and triamterene decrease vitamin B12 levels.
- The evaluation of macrocytic anemia requires measurements of both vitamin B12 and folate levels; ideally they should be measured simultaneously.
- Specimen collection soon after blood transfusion can falsely increase vitamin B12 levels.
- Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

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