Patient ID	: 270523046	Sample Collected on	: 27-May-2023 9:00 AM
Patient Name	: **MRS. NIDHI UPADHYAY**	Sample Received on	: 27-May-2023 9:00 AM
Age / Gender	: 34 YEARS / FEMALE	Report Released on	: 27-May-2023 5:26 PM
Ref. By	: ARCOFEMI HEALTHCARE LIMITED		
Center Name	: DR. AGNIHOTRI'S PATH LAB & DIAGNOSTIC CENTER		

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HAEMATOLOGY.

Investigation	Result
PERIPHERIAL SMEAR EXAMINATION	
RBCs SERIES	show microcytic hypochromic cells admixed with few target and pencil shaped cells on smear.
WBCs SERIES	Total count with in normal range. Differential count with in normal range
PLATELETS	adequate on smear
COMMENTS	Microcytic Hypochromic anemia
Note	Advice- Correlate with serum ferritin and serum iron levels

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HAEMATOLOGY

Investigation	Result		
BLOOD GROUP			
ABO " Group	"B"		
Rh (D) Factor	Positive		
Method : Slide Agglutination Test.			
Limitations : The test is accurate and will detect the common blood grouping system A,B,O,AB and Rhesus(D). Unusual blood groups or rare sub-types will not be detected by this method. Further investigation by a blood transfusion laboratory will be necessary to identify such groups.			
ESR	08	mm/1hr.	0-20
(EDTA Whole Blood)			
Westergren's			

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HBA1c [GLYCOSYLATED HEMOGLOBIN]

Investigation	Result	Unit	Bio. Ref. Range
HbA1c	5.03	%	4-6
Method : TURBIDIMETRY			
Average Blood Glucose (ABG)	98	mg/dL	90 - 120 : Excellent Control 121 - 150 : Good Control 151 - 180 : Average Control 181 - 210 : Action Suggested > 211 : Panic Value
Method : Derived from HBA1c values			

INTERPRETATION :

1] HbA1c is used for monitoring diabetic control . If reflects the estimated average glucose (eAG) .

2] HbA1c has been endorsed by clinical groups & ADA(American Diabetes Association) guidelines 2020 , for diagnosis of diabetes using a cut- off point of 6.5%. ADA defined biological reference range for HbA1c is 4% - 6%. Patient with HbA1c value between 6.0% to 6.5% are considered at risk for developing diabetes in the future .

3] Trends in HbA1c are a better indicator of diabetes control than a solitary test.

Limitations:

An increase almost certainly means DM if other factors are absent but a normal value does not rule out impaired glucose tolerance. A value less than the normal mean is not seen in untreated DM.

In hemolytic anemia, iron deficiency anemia, and transfusion, the average age of erythrocytes is altered. Caution should be used when interpreting the HbA1C results from patients with these conditions.

Clinical diagnosis should not be made on the findings of a single test result but should integrate both clinical and laboratory data.

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270523046

COMPLETE BLOOD COUNT(CBC)

Investigation	Result	Unit	Bio. Ref. Range
RBC			
HAEMOGLOBIN	14.2	g/dl	12.1-15.1
RBCs Count	5.0	x10^6/cumm	4.5-5.5
Packed Cell Volume (PCV/HCT)	45	%	36-46
Mean Corpuscular Volume (MCV)	90.0	fl	80-98
Mean Corpuscular Hemoglobin(MCH)	28.4	pg	27-32
Mean Corp. Hemo. Conc.(MCHC)	32.5	gm%	31.5-34.5
Red Cell Distribution Width (RDW-CV)	12.5	%	11.5-14.5
WBC			
Total WBCs Count	9.5	10^3/ul	4-11
Neutrophils	60	%	35-80
Lymphocytes	30	%	18-44
Monocytes	06	%	2-10
Eosinophils	04	%	1-6
Basophils	00	%	0-1
Absolute Neutrophil Count	5.70	10^3/ul	2-7
Absolute Lymphocyte Count	2.85	10^3/ul	1-4
Absolute Eosinophil Count	0.38	10^3/ul	0.02-0.5
Absolute Monocyte Count	0.57	10^3/ul	0.02-1.0
Absolute Basophil Count	**0.00**	10^3/ul	0.02-0.1
PLATELETS			
Platelet count	240.00	10^3/ul	150-400

Fully Automated, Bidirectional Interfaced, Differential Auto Hematology Analyzer - "(Mindray BC6000) 6 Part hematology analyzer"

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BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Range
Fasting Plasm a Glucose	71	mg/dL	70-110
(Plasma-F,GOD-POD)			
Fasting Urine Glucose	Nil		

AS PER AMERICAN DIABETES ASSOCIATION 2020 UPDATE-

FASTING GLUCOSE LEVEL-
- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus : >=126 mg/dl

CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS
- Fasting plasma glucose >=126 mg/dl
- Classical symptoms +Random plasma glucose >=200 mg/dl
- Plasma glucose >=200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin > 6.5%

***Any positive criteria should be tested on subsequent day with same or other criteria.
*** In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results from the same sample or in two separate test samples

Gamma GT (GGTP)	17.0	U/L	9-36
(Serum, Enzymatic)			
LIVER FUNCTION TEST			
Total Bilirubin	0.56	mg/dL	0.3-1.2
Direct Bilirubin	0.17	mg/dL	0-0.4
Indirect Bilirubin	0.39	mg/dL	0.3-0.8
Aminotransferases - AST/SGOT	21	U/L	10-40
Aminotransferases - ALT/SGPT	26	U/L	10-40
Alkaline Phosphatase	69	IU/L	30-120
Total Protein	7.10	g/dl	6.0-8.5
Albumin	4.01	g/dl	3.4-5.6
Globulin	3.09	g/dl	2.3-3.5
A/G Ratio	1.30		1.2-2.3

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Post Prandial Plasma Glucose	102	mg/dL	70-140

(2 hrs. after Lunch)
(Plasma-PM,GOD-POD)

AS PER AMERICAN DIABETES ASSOCIATION 2020 UPDATE-

POSTPRANDIAL/POST GLUCOSE (75 grams)
- Normal glucose tolerance : 70-139 mg/dl
- Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus : >=200 mg/dl

CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS
- Fasting plasma glucose >=126 mg/dl
- Classical symptoms +Random plasma glucose >=200 mg/dl
- Plasma glucose >=200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin > 6.5%

***Any positive criteria should be tested on subsequent day with same or other criteria

RENEL FUNCTION TEST

Blood Urea	16	mg/dL	10-50
Creatinine	0.82	mg/dL	0.8-1.4

SARCOSINE OXIDASE METHOD

Performed on Fully Automated Biochemistry Analyser

Techniques & kits used : Fully Automated, Bidirectional Interfaced, Random Access Biochemistry Analyser.

URIC ACID	3.10	mg/dL	Male : 2.5-8.0 mg/dL Female : 1.9-7.5 mg/dL

ENZYMATIC

Techniques & kits used : Fully Automated, Bidirectional Interfaced, Random Access Biochemistry Analyser

CALCIUM - TOTAL	9.11	mg/dL	8.5-11.0 mg/dL Critical values<6.6 or >12.9

ARSENAZO III,END POINT

Limitations :
Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

Techniques & kits used : Fully Automated, Bidirectional Interfaced, Random Access Biochemistry Analyser.

BUN-Blood Urea Nitrogen	**7**	mg/dL	8-23

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BUN / Sr.Creatinine Ratio	9	Ratio	9:1 - 23:1

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270523046

SEROLOGY

Investigation	Result	Unit	Bio. Ref. Range
Rheumatoid Factor - RF, Serum	10.0	IU/ml	0-20

NEPHELOMETRY

Techniques & kits used : MispaI-2 Nephelometer.
Principal : Turbidimetric immunoassay for quantitative detection of rheumatoid factors of the IgM class.
Analytical sensitivity range : 10.0 - 100 IU/mL.
Clinical diagnosis should not be made on the findings of a single test results, but should integrate both clinical and laboratory data

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270523046

TFT

Investigation	Result	Unit	Bio. Ref. Range
THYROID FUNCTION TEST			
Total Triiodothyronine (T3)	1.25	ng/ml	0.69-2.15
Total Thyroxine (T4)	7.66	ug/dl	5.2-12.7
Thyroid Stimulating Hormone (TSH)	3.26	uIU/mL	0.35-5.50

Method : Competitive Chemi Luminescent Immuno Assay

Limitations:
Interferance may be encountered with certain sera containing antibodies directed against the reagent components. For this reason, assay results should be interpreted taking into consideration the patient's history and the results of any other tests performed.

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LIPID PROFILE

Investigation	Result	Unit	Bio. Ref. Range
Serum Cholesterol -Total	151.0	mg/dL	Desirable <200 Borderline High 200-239 High > 240
Serum Triglycerides	141	mg/dL	Desirable <150 Borderline High 150-199 High > 200
HDL Cholesterol	45	mg/dL	<40 Low >60 High
LDL Cholesterol	77.80	mg/dL	Near to above optimal 100-129 Borderline High 130-159 High 160-189 Very High >190
VLDL Cholesterol	28.20	mg/dL	6-38
CHOL/HDL Ratio	3.36	Ratio	3.50-5.00
LDL / HDL Ratio	1.73	Ratio	0-3.00

INTERPRETATION :

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REPORT ON URINE ROUTINE

Investigation	Result	Unit
Specimen Name	Urine	
PHYSICAL EXAMINATION		
QUANTITY	25	ml
COLOUR	Pale yellow	
APPEARANCE	Clear	
SPECIFIC GRAVITY	1020	
CHEMICAL EXAMINATION		
REACTION (PH)	Acidic	
URINE GLUCOSE (SUGAR)	Nil	
URINE PROTEIN (ALBUMIN)	Nil	
URINE KETONES (ACETONE)	Negative	
BILE PIGMENTS/ BILE SALT	Negative	
BLOOD	Negative	
MICROSCOPIC EXAMINATION		
EPITHELIAL CELLS	3-4	/ HPF
PUS CELLS (WBCS)	2-3	/ HPF
RED BLOOD CELLS	Nil	/ HPF

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PAP Smear Examination Report

Investigation	Result
Specimen	PAP smear
Adequacy	Satisfactory for evaluation
General categorization	Smear studied shows superficial squamous cells on background of mild inflammatory infiltrate.
Interpretation	Negative for intraepithelial lesion or malignancy (NILM)

Reports relates to the sample submitted.

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