

CID : 2133133424

Name : MRS.TRUPTI SAXENA

Age / Gender : 32 Years / Female

Consulting Dr.

Reg. Location

: Mulund West (Main Centre)

Authenticity Check

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Collected :27-Nov-2021 / 10:14 Reported

:27-Nov-2021 / 12:57

## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

CBC (Complete Blood Count), Blood			
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	12.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.57	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.8	36-46 %	Measured
MCV	80	80-100 fl	Calculated
MCH	27.2	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	15.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	9600	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	BSOLUTE COUNTS		
Lymphocytes	31.7	20-40 %	
Absolute Lymphocytes	3043.2	1000-3000 /cmm	Calculated
Monocytes	5.0	2-10 %	
Absolute Monocytes	480.0	200-1000 /cmm	Calculated
Neutrophils	59.8	40-80 %	
Absolute Neutrophils	5740.8	2000-7000 /cmm	Calculated
Eosinophils	3.5	1-6 %	
Absolute Eosinophils	336.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

## **PLATELET PARAMETERS**

Platelet Count	336000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	13.5	11-18 %	Calculated

### **RBC MORPHOLOGY**

Hypochromia	-	
Microcytosis	-	
Macrocytosis	_	

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Anisocytosis

Poikilocytosis

Polychromasia

**Target Cells** 

**Basophilic Stippling** 

Normoblasts

Others Normocytic, Normochromic

**WBC MORPHOLOGY** 

PLATELET MORPHOLOGY

COMMENT

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 25 2-20 mm at 1 hr. Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West \*\*\* End Of Report \*\*







**Dr.AMIT TAORI** M.D (Path) **Pathologist** 

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## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

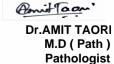
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	87.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.26	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.11	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	17.2	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	17.7	5-33 U/L	IFCC without pyridoxal phosphate activation
ALKALINE PHOSPHATASE, Serum	79.5	35-105 U/L	PNPP
BLOOD UREA, Serum	20.7	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.69	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	104	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.1	2.4-5.7 mg/dl	Uricase

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
\*\*\* End Of Report \*\*\*









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**Reported** :27-Nov-2021 / 14:46

## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD GROUPING & Rh TYPING

PARAMETER RESULTS

ABO GROUP 0

Rh TYPING Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note: This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti-H lectin.

Specimen: EDTA Whole Blood and/or serum

#### Clinical significance:

ABO system is most important of all blood group in transfusion medicine

#### Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

#### Refernces:

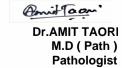
- 1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- 2. AABB technical manual

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
\*\*\* End Of Report \*\*\*









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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	107.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	59.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	46.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	60.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	49.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	11.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.1	0-3.5 Ratio	Calculated

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  $^{***}$  End Of Report  $^{***}$ 









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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	20.4	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.87	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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### Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

### Clinical Significance:

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:** Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

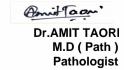
#### Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3. Tietz , Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)









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