



PID NO. : CIA2060

Name : SHUBHANGI PARAG SONTAKKE

Sex / Age : Female / 37 Years

Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

Reference :

Sample Collected At :

Sea Bird Medicare  
105-107 Gateway Plaza, Central Avenue, Hiranandani  
Gardens, Powai, Mumbai-400076

Processing Location: - Sea Bird Medicare  
105-107 Gateway Plaza, Central Avenue, Hiranandani  
Gardens, Powai, Mumbai-400076

Reg. Date

28-Sep-2024 / 9:57 am

Coll Date

28-Sep-2024 / 10:02 am

Report Date

28-Sep-2024 / 2:58 pm

## REPORT

### BLOOD GLUCOSE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Blood Glucose (Fasting), plasma (Plasma, Method- Hexokinase) Interpretation: NORMAL : 70 - 100 mg/dl Pre-Diabetic : 100 - 125 mg/dl Diabetic : >125 mg/dl (ON MORE THAN ONE OCCASION ) Reference : American diabetes association guidelines 2022	86.66	mg/dl	70.00 - 100.00 mg/dl
Urine Glucose (Fasting)	Absent		Absent
Urine Ketones (Fasting)	Absent		Absent
Blood Glucose (PP) plasma (Plasma, Method- Hexokinase) Interpretation: Non-Diabetic : 70 - 140 mg/dl Pre-Diabetic : 140 - 199 mg/dl Diabetic : >200 mg/dl (ON MORE THAN ONE OCCASION ) Reference : American diabetes association guidelines 2022	103.89	mg/dl	70.00 - 140.00
Urine Glucose (PP)	Absent		Absent
Urine Ketones (PP)	Absent		Absent

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

Molly R  
Lab Technician

DR. RITESH KHARCHE  
MBBS, MD PATHOLOGY  
Pathologist  
MMC Reg No.2006031680



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28-Sep-2024 / 4:19 pm

## REPORT

### BLOOD GLUCOSE

Test

Result

Units

BIOLOGICAL REFERENCE INTERVAL

----- End of Report -----

Molly R  
Lab Technician

DR. RITESH KHARCHE  
MBBS, MD PATHOLOGY  
**Pathologist**  
MMC Reg No.2006031680

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HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704

Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022



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28-Sep-2024 / 2:58 pm

## REPORT

### Blood Group

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<u>BLOOD GROUP</u>			
ABO Group	"O"		
RH (D)	Positive		

Method : Cell (Forward) grouping by Manual Slide Method.  
Sample: Whole Blood (EDTA)

----- End of Report -----

PRIYA PANDEY  
Lab Technician

DR. RITESH KHARCHE  
MBBS, MD PATHOLOGY  
Pathologist  
MMC Reg No.2006031680



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## REPORT

### Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Hemoglobin	13.1	gm/dl	12.0 - 15
<u>RED BLOOD CELLS</u>			
R.B.C. Count	4.36	million / cumm	3.8- 4.8
HCT	39.5	%	35-48
MCV	90.6	fL	83 - 101
MCH	30.1	pg	27 - 32
MCHC	33.2	gm / dl	31.5 - 34.5
RDW (CV)	<b>14.2</b>	%	11.6- 14.0
Total W.B.C. Count	8480	/cu.mm.	4000-10000
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	61	%	40 - 80
Lymphocytes	33	%	20 - 40
Eosinophils	04	%	1 - 6

LATHA SONAWANE  
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### Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Monocytes	02	%	2 - 10
Basophils	00	%	0 - 1
Platelet Count	356000	/cumm	150000 - 410000

#### MORPHOLOGY

RBC Morphology Predominantly Normocytic and Normochromic.

WBC Morphology Normal Morphology.

Platelets on Smear Adequate on smear

(EDTA Whole Blood - Tests done Automated Three part cell counter (RBC, WBC, Platelets count by impedance, Haemoglobin by colorimetric Cyanmeth free method. Rest are calculated parameters. Microscopy and DLC is done manually by the Pathologist.)

----- End of Report -----

LATHA SONAWANE  
Lab Technician

DR. RITESH KHARCHE  
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Pathologist  
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## REPORT

### Erythrocyte Sedimentation Rate (ESR)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
E.S.R	05	mm at 1hr	0 - 20

Method: Westergren.  
Sample: Whole Blood (EDTA)

----- End of Report -----

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## REPORT

### Glycosylated Haemoglobin (HbA1c)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
HbA1c Pre-Diabetic : 5.7 - 6.4 % Diabetic : > = 6.5 (EDTA Whole Blood, Turbidimetric)	5.78	%	4 - 5.69
Mean Blood Glucose (MBG)	128.47	mg/dl	

#### Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association guideline 2022, for diagnosis of diabetes using a cut-off points of 6.5 %.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- 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.
- To estimate the eAG from the HbA1C value, the following equation is used :  $eAG(mg/dl) = 28.7 * A1c - 46.7$ .
- Interference of Haemoglobinopathies in HbA1c estimation.
  - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
  - Heterozygous state detected.
- In known diabetic patients, following values can be considered as a guide 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 %
- Test done on Mispia i3 Automated Cartridge Based Specific Protein Analyser.

----- End of Report -----

LATHA SONAWANE  
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## REPORT

### LIPID PROFILE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Total Cholesterol Serum, Method: CHOD-PAP	<b>215.4</b>	mg/dl	CHILD Desirable - Less than : 170 CHILD Borderline High : 170 - 199 CHILD High - More than : 200 ADULT Desirable - Less than : 200 ADULT Borderline High : 200 - 239 ADULT High - More than : 240
Triglycerides Serum, Method: GPO-PAP	<b>153.94</b>	mg/dl	NORMAL : <150 Borderline High : 150 - 199 High : 200 - 499 Very High : >500
HDL Cholesterol-Direct Serum, Method: Cholesterol-esterase-Direct	<b>44.85</b>	mg/dl	Desirable - Above : 60 Borderline Risk : 40 - 59 Undesirable - Below : 40
LDL Cholesterol Calculated	<b>140.44</b>	mg/dl	Desirable - Below : 130 Borderline Risk : 130 - 159 Undesirable - Above : 160
VLDL-Cholesterol Calculated	30.11	mg/dl	5 - 51
T.CHOL/HDLC Ratio Calculated	3.96		Acceptable for Male : < 5.00 Acceptable for Female : <4.50

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## REPORT

### LIPID PROFILE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
LDLC/HDLC Ratio Calculated	2.38		Acceptable for Males : < 3.60 Acceptable for Females : < 3.20

**NOTE:**

- 1) Biological Reference Intervals are as per ATP III, NCEP Guidelines and National Lipid Association (NLA) 2014 Recommendations.
- 2) Tests done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.
- 3) The LDL-Cholesterol is calculated by the Friedewald equation which provides a reliable LDL-Cholesterol value estimate when triglyceride levels are below 400 mg/dL. A direct measurement is advised if the triglyceride levels are >400mg/dL.

----- End of Report -----

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## REPORT

### LIVER FUNCTION TEST

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
S.G.O.T. (Serum, Method-IFCC / UV without P5P)	16.68	U/L	0 - 32
Sr. Alkaline Phosphatase (Serum, Kinetic Method by IFCC)	46	U/L	35 - 104
S.G.P.T. (Serum, Method- IFCC / UV without P5P)	22.68	U/L	0 - 33
GGT (Serum, Method- IFCC Method)	18.26	U/L	5 - 36
Bilirubin (Total) (Serum, Method-Diazo- End point)	0.33	mg/dl	0.0 - 1.20
Bilirubin (Direct) (Serum, Method-Diazo-End point)	0.12	mg/dl	0.0 - 0.40
Bilirubin (Indirect) Calculated	0.21	mg/dl	0.0 - 0.90
Total Proteins (serum, Method-Biuret)	7.03	g/dl	6.6 - 8.7
Albumin (Serum, Method-Bromocresol Green)	3.97	g/dl	3.5 - 5.2
Globulin Calculated	3.06	g/dl	1.90 - 3.70
A/G ratio Calculated	1.30		

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

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**REPORT**

**LIVER FUNCTION TEST**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
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----- End of Report -----

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28-Sep-2024 / 2:59 pm

## REPORT

### RENAL PROFILE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Blood Urea Serum, Method-Urease	17.97	mg/dl	16.6 - 48.5 mg/dl
Blood Urea Nitrogen Serum, Method-Urease	8.39	mg/dl	06 - 20 mg/dl
Creatinine Serum, Method-Kinetic Jaffes	0.5	mg/dL	0.5 - 0.95 mg/dl
Uric Acid Serum, Method: Uricase-POD	4.44	mg/dl	2.4 - 5.7

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

----- End of Report -----

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Report Date

30-Sep-2024 / 9:46 am

## REPORT

### THYROID FUNCTION TEST

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
TSH	9.83	µIU/ml	0.25-5 µIU/ml
T3	1.72	nmol/l	0.92-2.33 nmol/l
T4	114.71	nmol/l	60-120 nmol/l

The assay principle combines an enzyme immunoassay competition method with a final fluorescent detection (ELFA).

#### INTERPRETATION

TSH : A high TSH result often means an under active thyroid gland that is not responding adequately to the stimulation of TSH due to some type of acute or chronic thyroid dysfunction. A high TSH value can also occur when someone with a known thyroid disorder or who has had their thyroid gland removed is receiving too little thyroid hormone medication. A low TSH result can indicate an over active thyroid gland (hyperthyroidism) or excessive amounts of thyroid hormone medication in those who are being treated for an under active (or removed) thyroid gland. An abnormal TSH test result is usually followed by additional testing to investigate the cause of the increase or decrease.

T3: Triiodothyronine T3 contributes significantly to the maintenance of the euthyroid state, and the total T3 concentration has a role in screening for thyroid disease in conjunction with other tests. T3 alone cannot diagnose hypothyroidism, but it may be more sensitive than thyroxine (T4) for hyperthyroidism.

T4 :Thyroxine accounts for at least 90% of circulating protein-bound iodine. While >99.9% of T4 is protein-bound, primarily to thyroglobulin (TBG), it is the free fraction that is biologically active. In most patients the total T4 level is a good indicator of thyroid status, however it can sometimes be inadequate, and diagnostic efficiency may be improved by use of a total T4 test in conjunction with other tests.

----- End of Report -----

PRIYA PANDEY  
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Pathologist  
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## REPORT

### URINE ANALYSIS

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Pale Yellow		Pale Yellow
Quantity	30 ml	ml	20 - 50
Appearance	Clear		Clear
Reaction (pH)	6.0		5.0 - 9.0
Specific Gravity	1.010		1.000 - 1.030
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent		Absent
Sugar	Absent		Absent
Ketone Bodies	Absent		Absent
Bilirubin	Absent		Absent
Nitrite	Absent		Absent
Urobilinogen	Normal	mg/dl	Normal (0.1 - 1.0 mg/dl)

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## REPORT

### URINE ANALYSIS

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Ocult Blood	Absent		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	1 - 2 / hpf		2 - 3 / hpf
Red Blood Cells	Absent		Absent
Epithelial cells	1 - 2 / hpf		2 - 5 / hpf
Casts	Absent		Absent
Crystals	Absent		Absent
Other Findings	Absent		

**METHOD:**

Physical Examination : Visual Strip Method.

Chemical Examination : Bilirubin(Azo-coupling), Blood(Peroxidase), Glucose(Specific glucose-oxidase/oxidase reaction), Ketone(Rothera's test), Leukocytes(Reflectance Photometer(Leucocyte esterase)), Nitrite(Diazotization), pH(Double Indicator), Protein(Protein Error of Indicators), Specific Gravity(Refractometric method), Urobilinogen(Ehrlich).

Microscopy Examination : Automation/Manual Microscopy.

----- End of Report -----

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