

Patient Name : **MRS. SNEHAL MASARANKAR**  
Age / Sex : 35 years / Female  
Ref. Doctor : APEX HOSPITAL  
Client Name : CUDDLES N CURE DIAGNOSTIC CENTRE  
Sample ID : 2403122738  
Printed By : CUDDLES N CURE DIAGNOSTIC CENTRE



Patient ID / Billing ID : 1193065 / 1374692  
Specimen Collected at : CUDDLES N CURE DIAGNOSTIC CENTRE  
Sample Collected On : 29/03/2024, 07:50 p.m.  
Reported On : 29/03/2024, 10:31 p.m.  
Printed On : 30/03/2024, 09:13 p.m.



TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE	METHOD
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**GLYCOSYLATED HAEMOGLOBIN (HBA1C), BLOOD**

**PRIMARY SAMPLE : BLOOD**

Glycosylated Haemoglobin ^	5.3	%	< 5.6 Normal 5.7-6.4 Prediabetic >= 6.5 Diabetic	High Performance Liquid Chromatography Calculated
Mean Plasma Glucose	101.38	mg/dl	55.1 - 136.3	

**Note**

Tests marked with ^ are included in NABL scope.

Test results relate to the sample as received.

Hemoglobin electrophoresis (HPLC method) is recommended for detecting Hemoglobinopathy.

**Interpretation**

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG). HbA1c has been endorsed by clinical groups and ADA (American Diabetes Association) guidelines 2019, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than 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 & hemolytic), chronic renal failure and liver diseases. Clinical correlation is suggested.
- To estimate the eAg from HbA1C value, the following equation is used:  $eAG (mg/dL) = 28.7 * A1c - 46.7$
- Interferences of Hemoglobinopathies in HbA1c estimation: A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing HbA1c. B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status. C. Heterozygous state detected (D10 and Turbo is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control:  
Excellent Control: 6 - 7 %  
Good Control : 7 - 8%  
Unsatisfactory Control - 8 - 10% and  
Poor Control - More than 10%

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Scan QR for Authentication:

\*\*END OF REPORT\*\*

Checked by:

**Dr. Vivek Bonde**  
MD Pathology

Toll Free No: 18002668992 | Email ID: info@drvaidyaslab.com | Website: www.drvoidyaslab.com

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Sample Collected On : 29/03/2024, 07:50 p.m.  
Reported On : 29/03/2024, 08:34 p.m.  
Printed On : 30/03/2024, 09:13 p.m.



TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE	METHOD
<b>T3, T4, TSH SERUM</b>				
<b>T3 TOTAL (Triiodothyronine) SERUM ^</b>	1.36	ng/mL	0.80 - 2.00 ng/mL Pregnancy : Last 5 ECLIA months : 1.15 - 2.47	
<b>T4 TOTAL (Thyroxine) SERUM ^</b>	9.50	µg/dL	5.1 - 14.1 µg/dL	ECLIA
<b>TSH (THYROID STIMULATING HORMONE) SERUM ^ (Ultrasensitive)</b>	2.64	µIU/mL	0.27 - 5.3 First Trimester : 0.33 - 4.59 Second Trimester: 0.35 - 4.10 Third Trimester : 0.21 - 3.15	ECLIA

**Interpretation**

Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyper-thyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis. Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis, estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age, marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and FT4 is to be done to determine hyper or hypothyroidism.

**NOTE**

Tests marked with ^ are included in NABL scope.

Test results relate to the sample as received.

Marked variations in thyroid hormones are seen with age.

In pregnancy T3 and T4 levels are raised. Hence FT3 and FT4 is recommended to be done to determine hyper or hypothyroidism.

By ECLIA method, false low or false high values can be because of Biotin (Vitamin B7) consumption.

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**\*\*END OF REPORT\*\***

Checked by-

**Dr. Vivek Bonde**  
MD Pathology



# APEX HOSPITALS MULUND DIAGNOSTIC

ALL  
CASHLESS  
FACILITY

Veena Nagar Phase II, Tulsi Pipe Line Road,  
Near Swapna Nagri Road, Mulund (W) Mumbai 400 080.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.:  
**022-41624000 (100 Lines)**

Patient Name : **MRS. SNEHAL MASARANKAR**  
Age/Sex : 35 Years /Female  
Ref Doctor : APEX HOSPITAL  
Client Name : Apex Hospital

Patient ID : 86297  
Sample Collected on : 29-3-24, 2:00 pm  
Registration On : 29-3-24, 2:00 pm  
Reported On : 29-3-24, 9:29 pm

Test Done	Observed Value	Unit	Ref. Range
<b>Complete Blood Count(CBC)</b>			
HEMOGLOBIN	12.2	gm/dl	12 - 15
<b>Red Blood Corpuscles</b>			
PCV ( HCT )	37.2	%	36 - 46
RBC COUNT	4.71	$\times 10^6/uL$	4.5 - 5.5
<b>RBC Indices</b>			
MCV	79.1	fl	78 - 94
MCH	<b>25.9</b>	pg	26 - 31
MCHC	32.7	g/L	31 - 36
RDW-CV	14.2	%	11.5 - 14.5
<b>White Blood Corpuscles</b>			
TOTAL LEUCOCYTE COUNT	5000	/cumm	4000 - 11000
<b>Differential Count</b>			
NEUTROPHILS	51	%	40 - 75
LYMPHOCYTES	45	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	02	%	1 - 10
BASOPHILS	0	%	0 - 1
<b>Platelets</b>			
PLATELET COUNT	202000	Lakh/cumm	150000 - 450000
MPV	9.0	fl	6.5 - 9.8
RBC MORPHOLOGY	Normochromic, Normocytic		
WBC MORPHOLOGY	No abnormality detected		
PLATELETS ON SMEAR	Adequate on Smear		

Instrument : Mindray BC 3000 Plus

Dr. Hrishikesh Chevle  
(MBBS.DCP.)



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Client Name	: Apex Hospital	Reported On	: 29-3-24, 9:29 pm

Test Done	Observed Value	Unit	Ref. Range
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### Blood Group & RH Factor

SPECIMEN	WHOLE BLOOD
ABO GROUP	'A'
RH FACTOR	POSITIVE
INTERPRETATION	

The ABO system consists of A, B, AB, and O blood types. People with type AB blood are called universal recipients, because they can receive any of the ABO types. People with type O blood are called universal donors, because their blood can be given to people with any of the ABO types. Mismatches with the ABO and Rh blood types are responsible for the most serious, sometimes life-threatening, transfusion reactions. But these types of reactions are rare.

#### Rh system

The Rh system classifies blood as Rh-positive or Rh-negative, based on the presence or absence of Rh antibodies in the blood. People with Rh-positive blood can receive Rh-negative blood, but people with Rh-negative blood will have a transfusion reaction if they receive Rh-positive blood. Transfusion reactions caused by mismatched Rh blood types can be serious.

**Dr. Hrishikesh Chevle**  
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Test Done	Observed Value	Unit	Ref. Range
<b>ESR (ERYTHROCYTES SEDIMENTATION RATE)</b>			
ESR	08	mm/1hr.	0 - 20
METHOD - WESTERGREN			



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Test Done	Observed Value	Unit	Ref. Range
<b>BLOOD GLUCOSE FASTING &amp; PP</b>			
FASTING BLOOD GLUCOSE	73.2	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	95.2	mg/dL	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

Method - GOD-POD

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Test Done	Observed Value	Unit	Ref. Range
<b>RENAL FUNCTION TEST</b>			
BLOOD UREA	23.6	mg/dL	10 - 50
BLOOD UREA NITROGEN	11.03	mg/dL	0.0 - 23.0
S. CREATININE	0.71	mg/dL	0.6 to 1.4
S. SODIUM	136.0	mEq/L	135 - 155
S. POTASSIUM	4.08	mEq/L	3.5 - 5.5
S. CHLORIDE	<b>110.4</b>	mEq/L	95 - 109
S. URIC ACID	3.76	mg/dL	2.6 - 6.0
S. CALCIUM	8.6	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.9	mg/dL	2.5 - 4.5
S. PROTIEN	6.0	g/dl	6.0 to 8.3
S. ALBUMIN	3.60	g/dl	3.5 to 5.3
S. GLOBULIN	2.40	g/dl	2.3 to 3.6
A/G RATIO	1.50		1 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -

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Test Done	Observed Value	Unit	Ref. Range
<b>LIVER FUNCTION TEST</b>			
TOTAL BILLIRUBIN	0.81	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.38	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.43	mg/dL	UP to 0.7
SGOT(AST)	26.69	U/L	UP to 40
SGPT(ALT)	20.1	U/L	UP to 40
ALKALINE PHOSPHATASE	146.9	IU/L	64 to 306
S. PROTIEN	6.0	g/dl	6.0 to 8.3
S. ALBUMIN	3.60	g/dl	3.5 - 5.0
S. GLOBULIN	2.40	g/dl	2.3 to 3.6
A/G RATIO	1.50		0.9 to 2.3

METHOD - EM200 Fully Automatic

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### LIPID PROFILE

TOTAL CHOLESTEROL	<b>165.5</b>	mg/dL	200 - 240
S. TRIGLYCERIDE	122.1	mg/dL	0 - 200
S.HDL CHOLESTEROL	43.1	mg/dL	30 - 70
VLDL CHOLESTEROL	24	mg/dL	Up to 35
S.LDL CHOLESTEROL	97.98	mg/dL	Up to 160
LDL CHOL/HDL RATIO	2.27		Up to 4.5
CHOL/HDL CHOL RATIO	3.84		Up to 4.8

Transasia-EM200 FULLY AUTOMATIC

### INTERPRETATION

Above reference ranges are as per ADULT TREATMENT PANEL III RECOMMENDATION by NCEP (May 2015).

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### URINE ROUTINE EXAMINATION

#### Physical Examination

VOLUME	20 ml	- -
COLOUR	Pale Yellow	Pale Yellow
APPEARANCE	Slightly Hazy	Clear
DEPOSIT	Absent	Absent

#### Chemical Examination

REACTION (PH)	Acidic	Acidic
SPECIFIC GRAVITY	1.015	1.003 - 1.035
PROTEIN (ALBUMIN)	Absent	Absent
OCCULT BLOOD	Negative	Negative
SUGAR	Absent	Absent
KETONES	Absent	Absent
BILE SALT & PIGMENT	Absent	Absent
UROBILINOGEN	Normal	Normal

#### Microscopic Examination

RED BLOOD CELLS	Absent	Absent
PUS CELLS	2-3 /HPF	0 - 5 /HPF
EPITHELIAL CELLS	3-4 /HPF	0 - 4 /HPF
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	Absent
YEAST CELLS	Absent	Absent
ANY OTHER FINDINGS	Absent	

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