| | | | | | |
|---|---|---|---|---|---|
| **Name** | : **Mr. ANKUR RAJ** | | **Age** | : **21 Years** | |
| **Lab No.** | : **474143555** | | **Gender** | : **Male** | |
| **Ref By** | : **SELF** | | **Reported** | : **17/10/2024 3:14:43PM** | |
| **Collected** | : **17/10/2024 9:44:00AM** | | **Report Status** | : **Final** | |
| **A/c Status** | : **P** | | **Processed at** | : **Patna Lab II** | |
| **Collected at** | : **PATNA LAB HOME VISIT PATNA, BIH PATNA** | | | **R K ESTATE opposite IGIMS Raja Bazar Bailey Road Patna-800014** | |

MC-3563

## Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| **SwasthFit Super 2** | | | |
| **LIVER & KIDNEY PANEL, SERUM** | | | |
| Creatinine (Jaffe Compensated) | 0.74 | mg/dL | <1.20 |
| GFR Estimated | 132 | mL/min/1.73m2 | >59 |
| GFR Category | G1 | | |
| Urea (Urease UV) | 20.60 | mg/dL | 19.00 - 44.00 |
| Urea Nitrogen Blood | 9.62 | mg/dL | 8.90 - 20.60 |
| BUN/Creatinine Ratio | 13 | | |
| Uric Acid (Enzymatic Colorimetric) | 6.50 | mg/dL | 3.4 - 7.0 |
| AST (SGOT) (IFCC without P5P) | 22.0 | U/L | <40 |
| ALT (SGPT) (IFCC without P5P) | 15.0 | U/L | <41 |
| GGTP (IFCC) | 16.0 | U/L | <71.00 |
| Alkaline Phosphatase (ALP) (IFCC) | **190.00** | U/L | <128 |
| Bilirubin Total (Diazo) | 0.44 | mg/dL | <1.10 |
| Bilirubin Direct (Diazo) | 0.14 | mg/dL | <0.20 |
| Bilirubin Indirect (Calculated) | 0.30 | mg/dL | <1.10 |
| Total Protein (Biuret) | 7.80 | g/dL | 6.40 - 8.30 |
| Albumin (BCG) | 4.80 | g/dL | 3.50 - 5.20 |
| A : G Ratio (Calculated) | 1.60 | | 0.90 - 2.00 |
| Globulin(Calculated) | 3.00 | gm/dL | 2.0 - 3.5 |
| Calcium, Total (NM-BAPTA) | 9.60 | mg/dL | 8.6 - 10.0 |

| | | | | | |
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MC-3563

## Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| Phosphorus (Molybdate UV) | 3.30 | mg/dL | 2.6 - 4.5 |
| Sodium (Indirect ISE) | 142.10 | mEq/L | 136.00 - 145.00 |
| Potassium (Indirect ISE) | 4.22 | mEq/L | 3.5 - 5.1 |
| Chloride (Indirect ISE) | 102.90 | mEq/L | 98 - 108 |

| | | | |
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| **A/c Status** | : **P** | | |
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MC-3563

## Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| **LIPID SCREEN, SERUM** | | | |
| Cholesterol, Total (CHOD-PAP) | 143.00 | mg/dL | <200 |
| Triglycerides (GPO-PAP) | **158.00** | mg/dL | <150.00 |
| HDL Cholesterol (Homogenous Enzymatic Colorimetric) | 44.00 | mg/dL | >40 |
| LDL Cholesterol, Calculated (Calculated) | 67.40 | mg/dL | <100.00 |
| VLDL Cholesterol,Calculated (Calculated) | **31.60** | mg/dL | <30.00 |
| Non-HDL Cholesterol (Calculated) | 99 | mg/dL | <130 |

**Note**

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol.
2. Additional testing for Apolipoprotein B, hsCRP, Lp(a ) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement.

**Treatment Goals as per Lipid Association of India 2020**

| RISK CATEGORY | TREATMENT GOAL | | CONSIDER THERAPY | |
|---|---|---|---|---|
| | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) | LDL CHOLESTEROL (LDL-C)(mg/dL) | NON HDL CHLOESTEROL (NON HDL-C) (mg/dL) |
| Extreme Risk Group Category A | <50 (Optional goal ≤30) | <80 (Optional goal ≤60) | ≥50 | ≥80 |
| Extreme Risk Group Category B | ≤30 | ≤60 | >30 | >60 |
| Very High | <50 | <80 | ≥50 | ≥80 |
| High | <70 | <100 | ≥70 | ≥100 |
| Moderate | <100 | <130 | ≥100 | ≥130 |
| Low | <100 | <130 | ≥130* | ≥160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

| | | | |
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MC-3563

## Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| **GLUCOSE, FASTING (F), PLASMA** (Hexokinase) | | | |
| Glucose Fasting | 70.00 | mg/dL | 70.00 - 100.00 |
| **THYROID PROFILE,TOTAL, SERUM** (ECLIA) | | | |
| T3, Total | 1.38 | ng/mL | 0.80 - 2.00 |
| T4, Total | 8.25 | µg/dL | 5.10 - 14.10 |
| TSH | 2.76 | µIU/mL | 0.27 - 4.20 |

**Note**

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction ( Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

| | | | | | |
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MC-3563

## Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| **HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD** (HPLC, NGSP certified) | | | |
| HbA1c | 4.8 | % | 4.00 - 5.60 |
| Estimated average glucose (eAG) | 91 | mg/dL | |

**Interpretation**

HbA1c result is suggestive of non diabetic adults (>=18 years)/ well controlled Diabetes in a known Diabetic

**Interpretation as per American Diabetes Association (ADA) Guidelines**

| Reference Group | Non diabetic adults >=18 years | At risk (Prediabetes) | Diagnosing Diabetes | Therapeutic goals for glycemic control |
|---|---|---|---|---|
| HbA1c in % | 4.0-5.6 | 5.7-6.4 | >= 6.5 | <7.0 |

**Note:** Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

| FACTORS THAT INTERFERE WITH HbA1C MEASUREMENT | FACTORS THAT AFFECT INTERPRETATION OF HBA1C RESULTS |
|---|---|
| Hemoglobin variants,elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements | Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g.,recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used.Iron deficiency anemia is associated with higher HbA1c |

| | | | |
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MC-3563

## Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| **COMPLETE BLOOD COUNT; CBC** (SIs Method, Sheath Flow Dc Detection Method, Fluorescent Flow Cytometry & Calculated) | | | |
| Hemoglobin | 16.50 | g/dL | 13.00 - 17.00 |
| Packed Cell Volume (PCV) | 48.40 | % | 40.00 - 50.00 |
| RBC Count | 5.23 | mill/mm3 | 4.50 - 5.50 |
| MCV | 92.50 | fL | 83.00 - 101.00 |
| Mentzer Index | 17.7 | | |
| MCH | 31.50 | pg | 27.00 - 32.00 |
| MCHC | 34.10 | g/dL | 31.50 - 34.50 |
| Red Cell Distribution Width (RDW) | 12.80 | % | 11.60 - 14.00 |
| Total Leukocyte Count (TLC) | 6.14 | thou/mm3 | 4.00 - 10.00 |
| **Differential Leucocyte Count (DLC)** | | | |
| Segmented Neutrophils | 52.70 | % | 40.00 - 80.00 |
| Lymphocytes | **43.20** | % | 20.00 - 40.00 |
| Monocytes | 3.40 | % | 2.00 - 10.00 |
| Eosinophils | **0.50** | % | 1.00 - 6.00 |
| Basophils | 0.20 | % | <2.00 |
| **Absolute Leucocyte Count** | | | |
| Neutrophils | 3.24 | thou/mm3 | 2.00 - 7.00 |
| Lymphocytes | 2.65 | thou/mm3 | 1.00 - 3.00 |
| Monocytes | 0.21 | thou/mm3 | 0.20 - 1.00 |
| Eosinophils | 0.03 | thou/mm3 | 0.02 - 0.50 |

| | | | | | |
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MC-3563

## Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| Basophils | **0.01** | thou/mm3 | 0.02 - 0.10 |
| Platelet Count | 189 | thou/mm3 | 150.00 - 410.00 |

**Comment**

In anaemic conditions Mentzer index is used to differentiate Iron Deficiency Anaemia from Beta- Thalassemia trait. If Mentzer Index value is >13, there is probability of Iron Deficiency Anaemia. A value <13 indicates likelihood of Beta- Thalassemia trait and Hb HPLC is advised to rule out the Thalassemia trait.

**Note**

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
2. Test conducted on EDTA whole blood

Dr Binay kumar.
MD,Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

Dr Manju Sharma
DCP, Pathology
Consultant Pathologist

Dr Suryakant Nirala
MD, Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

Dr.Shalini Sinha
MBBS , DCP
Chief of Laboratory
Dr Lal PathLabs Ltd

----------End of report ----------

| | | | | | |
|---|---|---|---|---|---|
| Name | : Mr. ANKUR RAJ | | Age | : 21 Years | |
| Lab No. | : 474143555 | | Gender | : Male | |
| Ref By | : SELF | | Reported | : 17/10/2024 3:14:43PM | |
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MC-3563

## Test Report

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|

**IMPORTANT INSTRUCTIONS**

•Test results released pertain to the specimen submitted.•All test results are dependent on the quality of the sample received by the Laboratory.•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician .•Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.•Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.•Test results may show interlaboratory variations.•The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).•Test results are not valid for medico legal purposes.•This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor.•The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

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