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REGISTERED OFFICE:
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Vasant Kunj, New Delhi - 110070

MC - 4291

PO No :PO3228266007-203

Name	: Ms.ALOKA SAHA		:
Age/Gender	: 47/Female	Registration Date	: 19-Dec-22 12:10 PM
Patient ID	: MGB302465	Collection Date	: 19/Dec/2022 08:32AM
Barcode ID / Order ID	: D0944862 / 6299963	Sample Receive Date	: 19/Dec/2022 01:03PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Whole Blood-EDTA	Report Date	: 19/Dec/2022 05:05PM

HAEMATOLOGY

GOOD HEALTH SILVER PACKAGE

Test Name	Result	Unit	Bio. Ref. Interval	Method
Complete Blood Count				
Hemoglobin	12.9	g/dL	12.0 - 15.0	Cyanide-free SLS-Hemoglobin
RBC	**4.97**	mili/cu.mm	3.8-4.8	DC Impedence Method
HCT	40.4	%	40 - 50	RBC pulse height detection
MCV	**81.3**	fl	83 - 101	Calculated
MCH	**26.0**	pg	27 - 32	Calculated
MCHC	31.9	g/dL	31.5 - 34.5	Calculated
RDW-CV	**16.3**	%	11.5-14	Calculated
Total Leucocyte Count	8.78	10^3/µI	4 - 10	Flowcytometery/Microscopic
Differential Leucocyte Count				
Neutrophils	54.0	%	40-80	Flowcytometery/Microscopic
Lymphocytes	36.9	%	20-40	Flowcytometery/Microscopic
Monocytes	6.9	%	2-10	Flowcytometery/Microscopic
Eosinophils	1.7	%	1-6	Flowcytometery/Microscopic
Basophils	0.5	%	0-2	Flowcytometery/Microscopic
Absolute Leucocyte Count				
Absolute Neutrophil Count	4.74	10^3/µL	2-7	Calculated
Absolute Lymphocyte Count	**3.24**	10^3/µL	1-3	Calculated
Absolute Monocyte Count	0.61	10^3/µL	0.2-1	Calculated
Absolute Eosinophil Count	0.15	10^3/µL	0.02-0.5	Calculated
Absolute Basophil Count	0.04	10^3/µL	0.02-0.1	Calculated
Platelet Count	209	10^3/µI	150-410	Electrical Impedence/Microscopic
MPV	**13.3**	fl	6.5 - 12	Calculated
PDW	22	f L		Calculated

Comment:

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Test Name	Result	Unit	Bio. Ref. Interval	Method

- 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.
- Test conducted on EDTA whole blood.

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Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 19/Dec/2022 03:37PM

BIOCHEMISTRY

GOOD HEALTH SILVER PACKAGE

Test Name	Result	Unit	Bio. Ref. Interval	Method
Creatinine	0.92	mg/dL	0.5-1.1	Kinetic Alkaline Picrate

Comment:

- Creatinine is a more specific and sensitive indicator of renal disease than Blood Urea Nitrogen.

Uses:

- To diagnose renal insufficiency;
- Adjusting dosage of renally excreted medications.
- Monitoring renal transplant recipients.
- Serum creatinine levels are a proxy for reduced skeletal muscle mass.
- Serum creatinine measurement is used in estimating the Glomerular Filtration Rate (GFR) for people with Chronic Kidney disease (CKD) and those with risk factors for CKD (Diabetes Mellitus, hypertension, cardiovascular disease, and family history of kidney disease).

Increased In: Blockage in the urinary tract, Pre- and postrenal azotemia, Impaired kidney function, Loss of body fluid (dehydration), Muscle diseases such as gigantism, acromegaly.
Decreased In: Pregnancy, certain drugs (e.g., cimetidine, trimethoprim), Myasthenia Gravis, Muscular dystrophy.

Uric Acid	6.1	mg/dL	2.5-6.3	Uricase

Comment:

- Long-term follow-up of asymptomatic hyperuricemic patients is undertaken because many are at risk for kidney disease that may develop as a result of hyperuricemia and hyperuricuria; few of these patients ever develop the clinical syndrome of gout.. It is also used in the diagnosis and monitoring of pregnancy-induced hypertension (pre- eclamptic toxemia). Concentrations in excess of 6.0 mg/dL at 32 weeks gestation have been noted to be associated with a high perinatal mortality rate.

Blood Urea Nitrogen	12	mg/dL	7.0-18.7	Urease

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BIOCHEMISTRY

GOOD HEALTH SILVER PACKAGE

Test Name	Result	Unit	Bio. Ref. Interval	Method

Comment:

- Elevated Blood Urea Nitrogen can occur with kidney diseases, but it can also happen from a high protein diet, increased protein breakdown, certain medications, dehydration or burns, GI haemorrhage, cortisol and renal failure. BUN levels often rise with aging as well.
- Abnormally low levels of Blood Urea Nitrogen can be a sign of malnutrition, lack of protein in the diet, and liver disease.

Urea	25.89	mg/dL	14.9 - 40.0	Calculated

Comment:

- Elevated Blood Urea can occur with kidney disease, but it can also happen from high protein diet, increased protein breakdown, certain medications, dehydration or burns, GI haemorrhage, cortisol and renal failure. Blood urea levels often rise with aging as well.
- Abnormally low levels of Blood Urea can be a sign of malnutrition, lack of protein in the diet, and liver disease.

Note:

- Independently, blood urea may not reflect kidney function. For this reason, it is often interpreted in the context of other measurements, such as creatinine, a breakdown product of the muscle, that is filtered by the kidneys.
- In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.
-

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Referred By	: Dr.	Report Status	: Final Report
Sample Type	: FLUORIDE PLASMA	Report Date	: 19/Dec/2022 02:57PM

BIOCHEMISTRY

GOOD HEALTH SILVER PACKAGE

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose - Fasting				
Glucose - Fasting	**361**	mg/dL	70-99	Hexokinase/G-6-PDH

Fasting Plasma Glucose (mg/dL)	2 hr plasma Glucose (mg/dL)	Diagnosis
99 or below	139 or below	Normal
100 to 125	140 to 199	Pre-Diabetes (IGT)
126 or above	200 or above	Diabetes

Reference : American Diabetes Association

Comment:

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes. IGT (2 hrs Post meal), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes

Plasma Glucose Goals	For people with Diabetes
Before meal	70-130 mg/dL
2 Hours after meal	Less than 180 mg/dL
HbA1c	Less than 7%

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BIOCHEMISTRY

GOOD HEALTH SILVER PACKAGE

Test Name	Result	Unit	Bio. Ref. Interval	Method
Lipid Profile				
Cholesterol - Total	**205**	mg/dL	Desirable <200, Borderline High 200 - 239, High >=240	Enzymatic
Triglycerides	**266**	mg/dL	Normal: < 150, Borderline: 150 - 199, High:200 - 499, Very High >=500	Glycerol Phosphate Oxidase
Cholesterol - HDL	49	mg/dL	40-60	Accelerator Selective Detergent
Cholesterol - LDL	**103**	mg/dL	Desirable: <100 Above desirable: 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very high : >=190	Calculated
Cholesterol- VLDL	**53**	mg/dL	10 - 30	Calculated
Cholesterol : HDL Cholesterol	4.2	Ratio	Desirable : 3.0-4.0 High Risk : >5	Calculated
LDL : HDL Cholesterol	2.12	Ratio	Desirable : 2.0-2.5 High risk : >3.5	calculated
Non HDL Cholesterol	**156**	mg/dL	Desirable:< 130, Above Desirable:130 - 159, Borderline High:160 - 189, High:190 - 219, Very High: >= 220	Calculated

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Test Name	Result	Unit	Bio. Ref. Interval	Method

Comment:

- 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.
- Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for Atherosclerotic Cardiovascular Disease (ASCVD) risk factors, especially lipid profile. This should be done earlier if there is a family history of premature heart disease, dyslipidemia, obesity, or other risk factors.
- The LAI recommends LDL-C as the primary target and non-HDL-C as a co-primary target, for lipid-lowering therapy.
- Non-HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants and Lp(a).
- Apo B measurement is recommended in high-risk subjects after LDL-C and non-HDL-C goals have been achieved.
- Additional testing for Apolipoprotein B, hsCRP, Lp(a) and LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement.

Updated 2020 risk stratification approach recommended by the Lipid Association of India

	Risk Factors / Markers	
Major ASCVD Risk Factors	**Other High risk features**	**Moderate-risk nonconventional risk factors**
1. Age ≥45 years in males and ≥55 years in females	1. Diabetes with 0-1 other major ASCVD Risk factors and no evidence of target organ damage	1. Coronary calcium score 100-299
2. Family history of premature ASCVD	2. CKD Stage 3B or 4	2. Increased carotid IMT
3. Current cigarette smoking and tobacco use	3. Familial hypercholesterolemia (other than familial homozygous hypercholesterolemia	3. Lipoprotein (a) 20-49 mg/dL
4. High blood pressure	4. Extreme of a single risk factor	4. Impaired Fasting Glucose*
5. Low HDL-C	5. Coronary calcium score ≥300	5. Increased waist circumference**
	6. Non-stenotic carotid plaque	6. Apolipoprotein B ≥110 mg/dL
	7. Lipoprotein (a) ≥50 mg/dL	7. hsCRP ≥2 mg/L***

Risk groups				
Low risk	**Moderate risk**	**High risk**	**Very High risk**	**Extremely High risk**

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Test Name	Result	Unit	Bio. Ref. Interval	Method

0-1 major ASCVD risk factor and Lifetime CVD risk <30%	2 Major ASCVD risk factors	≥3 major ASCVD risk factor	Pre-existing ASCVD	Category A	Category B
		Low risk group ≥1 moderate-risk nonconventional risk factors	2 major ASCVD risk factor with ≥1 moderate-risk nonconventional risk factors	Diabetes ≥2 other major risk factors or evidence of target organ damage	CAD ≥1 feature of very high risk group or recurrent ACS (within one year) despite LDL-C ≤50 mg/dL or polyvascular disease
		Lifetime CVD risk ≥30%	≥1 other high risk features	Familial homozygous Hypercholesterolemia	

* A fasting blood sugar level from 100 to 125 mg/dl. It should be confirmed by repeat testing; **Waist circumference is to be measured at the superior border of the iliac crest just after expiration. Increased waist circumference is defined as >90 cm in men and >80 cm in women. If increased waist circumference is the only risk factor, it should again be measured after 6 months after initiating heart-healthy lifestyle measures; ***On two occasions at least 2 weeks apart. For reclassifying moderate risk group only.

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020

Risk groups	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dL)	Non-HDL (mg/dL)	LDL-C (mg/dL)	Non-HDL (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 Risk	<50	<80	≥50	≥80
High Risk	<70	<100	≥70	≥100
Moderate Risk	<100		≥100	≥130
Low risk	<100		≥130*	≥160*
*After an adequate non-pharmacological intervention for at least 3 months				

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Test Name	Result	Unit	Bio. Ref. Interval	Method
Liver Function Test				
Bilirubin-Total	0.70	mg/dL	0.3-1.2	Diazonium Salt
Bilirubin-Direct	0.19	mg/dL	0-0.5	Diazo
Bilirubin-Indirect	0.51	mg/dL	0 - 1.8	Calculated
Protein, Total	8.10	g/dL	6.4-8.3	Biuret
Albumin	4.78	g/dL	3.5-5.0	Bromocresol Green
Globulin	3.3	g/dl	1.8 - 3.6	Calculated
A/G Ratio	1.44	Ratio		Calculated
Aspartate Transaminase (SGOT)	29	U/L	5-34	NADH w/o P-5'-P
Alanine Transaminase (SGPT)	54	U/L	0-55	NADH w/o P-5'-P
SGOT/SGPT	0.54	Ratio		Calculated
Alkaline Phosphatase	**186**	U/L	40-150	Para-Nitrophenyl Phosphate
Gamma Glutamyltransferase (GGT)	**41**	U/L	9-36	L-gamma-glutamyl-3-Carboxy-4-Nitroanilide

Comment:

- LFTS are based upon measurements of substances released from damaged hepatic cells into the blood that gives idea of the Existence, Extent and Type of Liver damage. - Acute Hepatocellular damage: ALT & AST levels are sensitive index of hepatocellular damage - Obstruction to the biliary tract,Cholestasis and blockage of bile flow:1) Serum Total Bilirubin concentration 2) Serum Alkaline Phosphatase (ALP) activity 3) Gamma Glutamyl Transpeptidase (GGTP) 4) 5`-Nucleotidase - Chronic liver disease: Serum Albumin concentration
- Bilirubin results from the enzymatic breakdown of heme. Jaundice is a yellowish discoloration of the skin and mucous membranes caused by hyperbilirubinemia.
- Pre-hepatic or hemolytic jaundice - Abnormal red cells, antibodies,drugs and toxins,Hemoglobinopathies, Gilbert's syndrome, Crigler-Najjar syndrome
- Hepatic or Hepatocellular jaundice-Viral hepatitis,toxic hepatitis, intrahepatic cholestasis
- Post-hepatic jaundice -Extrahepatic cholestasis, gallstones, tumors of the bile duct, carcinoma of pancreas
- In viral hepatitis and other forms of liver disease associated with acute hepatic necrosis, serum AST and ALT

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Test Name	Result	Unit	Bio. Ref. Interval	Method

concentrations are elevated even before the clinical signs and symptoms of disease appear.

- ALT is the more liver-specific enzyme and elevations of ALT activity persist longer than AST activity.
- Peak values of aminotransferase activity occur between the seventh and twelfth days. Activities then gradually decrease, reaching normal activities by the third to fifth week. Peak activities bear no relationship to prognosis and may fall with worsening of the patient's condition.
- Aminotransferase activities observed in cirrhosis vary with the status of the cirrhotic process and range from the upper reference limit to four to five times higher, with an AST/ALT ratio greater than 1. The ratio's elevation can reflect the grade of fibrosis in these patients. Slight or moderate elevations of both AST and ALT activities have been observed after administration of various medications and chronic hepatic injury such as (1) hemochromatosis, (2) Wilson disease, (3) autoimmune hepatitis, (4) primary biliary cirrhosis, (5) sclerosing cholangitis, and (6) a1-antitrypsin deficiency.
- AST activity also is increased in acute myocardial infarction, progressive muscular dystrophy and dermatomyositis, reaching concentrations up to eight times the upper reference limit.Slight to moderate AST elevations are noted in hemolytic disease.
- GGT is a sensitive indicator of the presence of hepatobiliary disease, being elevated in most subjects with liver disease regardless of cause. Increased concentrations of the enzyme are also found in serum of subjects receiving anticonvulsant drugs, such as phenytoin and phenobarbital.

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Immunology

GOOD HEALTH SILVER PACKAGE

Test Name	Result	Unit	Bio. Ref. Interval	Method
Thyroid Stimulating Hormone - Ultra Sensitive	**7.991**	µIU/mL	0.35-4.94	CMIA

Comment:

Pregnancy	Reference ranges for TSH (µIU/ml) [As per American thyroid Association]
1st trimester	0.1-2.5
2nd trimester	0.2-3.0
3rd trimester	0.3-3.0

- 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.
- TSH is secreted in a dual fashion: Intermittent pulses constitute 60-70% of total amount, background continuous secretion is 30-40%.These pulses occur regularly every 1-3 hrs.
- TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.
- Changes in thyroid status are typically associated with concordant changes in T3, T4 and TSH levels.
- For the diagnosis of hypothyroidism and hyperthyroidism, sole dependence on TSH should not be done and assay needs to be interpreted with the clinical condition & other investigations.
- Serum TSH level changes significantly in response to even minor changes in thyroid hormones.
- Transient increase in TSH level or an abnormal TSH levels can be seen in various nonthyroidal diseases.
- Unexpectedly abnormal or discordant thyroid test values may be seen with some rare, but clinically significant conditions such as central hypothyroidism, TSH-secreting pituitary tumors, thyroid hormone resistance, or the presence of heterophilic antibodies (HAMA) or thyroid hormone autoantibodies.

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Immunology

GOOD HEALTH SILVER PACKAGE

Test Name	Result	Unit	Bio. Ref. Interval	Method

TSH	T3	T4	Interpretation
High	Normal	Normal	Subclinical Hypothyroidism
Low	Normal	Normal	Subclinical Hyperthyroidism
High	High	High	Secondary Hyperthyroidism
Low	High/Normal	High/Normal	Hyperthyroidism
Low	Low	Low	Non thyroidal illness / Secondary Hypothyroidism

Nidhi Varma

Dr. Nidhi Varma
MBBS, M.D (Pathology)
Consultant Pathologist
Reg No: DLH 2015 0000606 KTK

TATA 1mg Labs

TATA 1MG Technologies Pvt. Ltd
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www.1mglabs.com
care@1mglabs.com | 080-43941539
CIN: U74140DL2015PTC279229

REGISTERED OFFICE:
Level 3, Vasant Square Mall,
Pocket V, Sector B,
Vasant Kunj, New Delhi - 110070

MC - 4291

PO No :PO3228266007-203

Name	: Ms.ALOKA SAHA		:
Age/Gender	: 47/Female	Registration Date	: 19-Dec-22 12:10 PM
Patient ID	: MGB302465	Collection Date	: 19/Dec/2022 08:32AM
Barcode ID / Order ID	: D0944861 / 6299963	Sample Receive Date	: 19/Dec/2022 01:03PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Urine	Report Date	: 19/Dec/2022 07:52PM

CLINICAL PATHOLOGY

GOOD HEALTH SILVER PACKAGE

Test Name	Result	Unit	Bio. Ref. Interval	Method
Urine Routine & Microscopy				
Colour	PALE YELLOW		Pale Yellow	
Appearance	CLEAR		Clear	
Specific gravity	1.015		1.003 - 1.035	pKa change
pH	5.5		4.6 - 8.0	Double Indicator
Glucose	**3+**		Negative	GOD-POD
Protein	Negative		Negative	Protein Error Principle
Ketones	Negative		Negative	Nitroprusside
Blood	Negative		Negative	Peroxidase
Bilirubin	Negative		Negative	Diazonium
Urobilinogen	Normal		Normal	Azo Dye
Leucocyte Esterase	Negative		Negative	Pyrrole
Nitrite	Negative		Negative	Diazonium Compound
Pus cells	3-5	/hpf	0-5	Microscopy
Red Blood Cells	NIL	/hpf	0-2	Microscopy
Epithelial cells	2-4	/hpf	Few	Microscopy
Casts	NIL	/lpf	Nil	Microscopy
Crystals	NIL		Nil	Microscopy
Yeast	NIL		Nil	Microscopy
Bacteria	NIL		Nil	Microscopy

Comment:

•Note: Pre-test condition to be observed while submitting the sample-first void, mid stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, Avoid prolonged transit time & undue exposure to sunlight.
•During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections. Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes, ascorbic acid and certain drugs.• Urine microscopy is done in centrifuged urine specimens

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CLINICAL PATHOLOGY

GOOD HEALTH SILVER PACKAGE

Test Name	Result	Unit	Bio. Ref. Interval	Method

***** End Of Report *****

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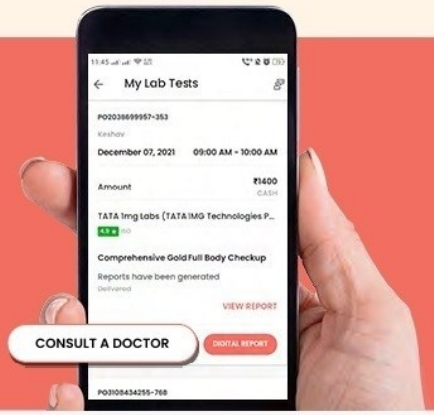

Conditions of Laboratory Testing & Reporting:

*Test results released pertain to the sample,as received *Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the interpreting clinician.*Result delays may happen because of unforeseen or uncontrollable circumstances.*Test report may vary depending on the assay method used *Test results may show inter-laboratory variations *Test results are not valid for medico-legal purposes *Please mail your queries related to test results to Customer Care mail ID care@1mg.com

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