MEDCIS
LABORATORY TEST REPORT

NABL ACCREDITED
MC-2872

manipal TRUtest
FAST. ACCURATE. RELIABLE

Name : **MR. FAIZAN PATHAN**

Age/Gender	: 24 years / Male	Ref. Doctor	: SELF		
Sample Type	: WB EDTA	Collected	: Aug 21, 2023, 03:00 p.m.	**MEDID**	: **2677**
Sample ID	: AA7537591	Received	: Aug 21, 2023, 03:02 p.m.		
Client Name	: 1MHNED315	Reported	: Aug 21, 2023, 03:22 p.m.		

HAEMATOLOGY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
Complete Blood Picture (CBP)			
Hemoglobin (Hb)* (Method: Photometry)	15.5	g/dL	13.0 - 17.0
Erythrocyte Count (RBC Count) (Method: Electronic Impedance)	**5.93**	mil/µL	4.5 - 5.5
Packed Cell Volume(Hematocrit) (Method: Calculated)	46.8	%	40 - 50
Platelet Count (Method: Electronic Impedance)	2.61	lakh/Cumm	1.5 - 4.0
Red cell Indices			
***Method** - Calculated/Automated 5 Part Cell Counter*			
MCV	84.3	fl	83 - 101
MCH	27.1	pg	27 - 32
MCHC	33.1	g/dL	31.5 - 34.5
RDW - CV	12.3	%	11.5 - 14.5
Total and Differential count			
***Method** - Impedance and light scattering/Microscopy/*			
Total Leucocyte Count (WBC)	7790	cells/Cumm	4000 - 11000
Neutrophils	49	%	40 - 75
Lymphocytes	40	%	20 - 40
Eosinophils	04	%	0 - 6
Monocytes	07	%	2 - 10
Basophils	00	%	0 - 1

MICROSCOPIC BLOOD PICTURE

RBC Morphology	Normocytic Normochromic Cells
WBC Morphology	Normal in Morphology
Platelet Morphology	Adequate
Hemoparasites	Not found
Impression	Normal Study
Advise	Correlate Clinically.

END OF REPORT

Dr KRISHNA PAWAR
MD PATHOLOGY

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Age/Gender	: 24 years / Male	Ref. Doctor	: SELF		
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Sample ID	: AA7537592	Received	: Aug 21, 2023, 03:02 p.m.		
Client Name	: 1MHNED315	Reported	: Aug 21, 2023, 05:36 p.m.		

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
Liver Function Profile			
Bilirubin Total (Method: Diazo Method)	0.3	mg/dL	0 - 1.0
Bilirubin Direct (Method: Diazo method)	0.1	mg/dL	0 - 0.3
Bilirubin Indirect (Method: Calculated)	0.20	mg/dL	0 - 1.0
Alkaline Phosphatase (ALP) (Method: PNPP, AMP Buffer)	99	U/L	50 - 136
Alanine Transaminase (ALT/SGPT) (Method: UV without pyridoxal -5- phosphate)	**42.2**	U/L	Upto 41
Aspartate Aminotransferase(AST/SGOT) (Method: IFCC Without Pyridoxal Phosphate)	32.7	U/L	Upto 40
Y- Glutamyl Transferase (GGT) (Method: glutamyl-carboxynitroanilide)	8.3	U/L	8 - 61
Protein Total (Method: Biuret)	7.3	g/dL	6.4 - 8.3
Albumin (Method: Bromcresol Green)	4.68	g/dL	3.5 - 5.4
Globulin (Method: Calculated)	2.62	g/dl	2.5 - 3.5
Albumin/Globulin (Method: Calculated)	1.79	Ratio	1.0 - 2.1

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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
Creatinine - Serum			
Creatinine (Method: Jaffe-Kinetic)	1.3	mg/dL	0.7 - 1.4

END OF REPORT

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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
Urea			
Blood Urea (Method: Urease)	41.2	mg/dL	Upto 50

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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
Thyroid Profile-I			
Triiodothyronine Total (TT3) (Method: CLIA)	90.19	ng/dL	60 – 181
Thyroxine - Total (TT4) (Method: CLIA)	5.82	ug/dL	4.6 - 12.5
Thyroid Stimulating Hormone (TSH) (Method: CLIA)	3.78	uIU/mL	0.35 – 5.50

Interpretation:

It is recommended to interpret serum TSH levels with thyroid hormone levels (especially T4 levels) taking into consideration the clinical status of patient. Pitfalls in the interpretation of the serum TSH alone are in patients with recent treatment for thyrotoxicosis, non-thyroidal illness(acute severe illness or chronic illness), central hypothyroidism, confounding medications.

For TSH :

1st trimester - 0.3 - 4.5

2nd trimester - 0.5 - 4.6

3rd trimester - 0.8 -5.2

Condition	TSH	TT4	TT3
Primary Hypothyroidism	Increased	Low	Normal /Low
Subclinical Hypothyroidism	Increased	Normal	Normal
Primary Hyperthyroidism	Decreased	Increased	Increased
T3 Toxicosis	Decreased	Normal	Increased
Subclinical Hyperthyroidism	Decreased	Normal	Normal
Central Hyperthyroidism/ Thyroid Hormone Resistance	Increased /Normal	Increased	Increased
Central Hypothyroidism / Non Thyroidal Illness	Decreased /Normal	Decreased	Decreased

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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
Testosterone - TOTAL			
Testosterone - Total (Method: CLIA)	662.7	ng/dL	33 - 585:14-15 years 185 - 886:16-17 years 249 - 1080:18-59 years 300 - 720 :> 60 years

Interpretation:

(Points to be known)

- Early-morning testosterone levels in young male individuals are, on average, 5O% higher than p.m. levels.
- Testosterone levels can fluctuate substantially between different days, and sometimes even more rapidly. Assessment of androgen status should be based on more than a single measurement.

Useful for:

- Assessment of androgen status in cases with suspected or known sex hormone-binding globulin-binding abnormalities
- Assessment of functional circulating testosterone in early pubertal boys and older men
- Assessment of functional circulating testosterone in women with symptoms or signs of hyperandrogenism, but normal total testosterone levels
- Monitoring of testosterone therapy or antiandrogen therapy in older men and in females.

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Client Name : 1MHNED315	Reported : 21/08/2023, 04:27 PM		

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
Estradiol (E2)			
Estradiol (E2) (Method: CLIA)	26.52	pg/mL	< 52

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Name : **MR. FAIZAN PATHAN**

Age/Gender : 24 years / Male	Ref. Doctor	: SELF	
Sample Type : SERUM	Collected	: 21/08/2023, 03:00 PM	**MEDID : 2677**
Sample ID : AA7537592	Received	: 21/08/2023, 03:02 PM	
Client Name : 1MHNED315	Reported	: 21/08/2023, 05:36 PM	

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
Prolactin (PRL)			
Prolactin (PRL) (Method: CLIA)	16.15	ng/mL	2.1 - 17.7

Interpretation:

- In women, a prolactin test may be ordered if she displays symptoms of prolactinoma, which is a benign (non-cancerous) tumor on the pituitary gland that produces high levels of prolactin. Symptoms of prolactinoma can include:

■ unexplained headaches

■ visual impairment

■ lactation not associated with childbirth or nursing (called galactorrhea)

In cases of prolactinoma, the test is carried out regularly to check the tumor's response to treatment. The prolactin test can also be performed if a woman is having infertility problems or irregular menstrual periods and also to rule out problems with the pituitary gland or hypothalamus.

- In men, the test may be carried if he displays the symptoms of prolactinoma, which include:

■ unexplained headaches

■ visual impairment

■ reduced sex drive or infertility problems

The test may also be used to investigate testicular dysfunction or erectile dysfunction rule out problems with the pituitary gland or hypothalamus

Fertility Profile (FSH, LH, PRL). To measure or monitor hormone levels who has unexplained abnormal menstrual cycles, abnormal or heavy vaginal bleeding, infertility, symptoms of menopause, or any other hormonal alterations; fatigue, and moodiness. If you are not experiencing any symptoms it is still prudent to learn what your baseline is, or what is normal for you, for future health and wellness.

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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
Luteinising Hormone (LH)			
Luteinizing Hormone (LH) (Method: CLIA)	<0.100	mIU/mL	1.5 - 9.3

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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
Follicle Stimulating Hormone (FSH)			
Follicle Stimulating Hormone (FSH) (Method: CLIA)	<0.300	mIU/mL	1.4 - 15.4

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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
Vitamin - B12			
Vitamin - B12 (Method: CLIA)	529.6	pg/mL	200 - 911

Interpretation:

LOW:

Patients with serum B12 levels between 150 and 210 pg/mL are considered borderline and
should be evaluated further by functional tests for Vitamin b12 deficiency. The plasma homocysteine level is a good screening test. A normal level effectively exclude
Vitamin b12 and folate deficiency in an asymptomatic patient.

NORMAL:

Vitamin b12(cobalamin) is necessary for hematopoiesis and normal neuronal function.
In humans, it is obtained only from animal proteins and requires intrinsic factor (IF) for absorption.
The body uses its Vitamin b12 stores very economically, reabsorbing Vitamin b12 from the ileum and returning it to the liver. very little is excreted.

High:

Patients taking Vitamin b12 supplementation may have misleading results. Your healthcare provider will advise you on which ones to stop taking. High levels of Vitamin b12 are uncommon and not usually clinically monitored. However, if someone has a condition such as chronic myeloproliferative neoplasm, diabetes, heart failure, obesity, AIDS, or severe liver disease, then that person may have an increased Vitamin b12 level. Many other conditions are known to cause an increase in the serum Vitamin b12 concentration including: Ingestion of vitamin C, Ingestion of estrogens, Ingestion of Vitamin A, Hepatocellular injury, myeloproliferative disorder, Uremia.

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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
25-Hydroxy Vitamin D Total (D2 & D3)			
25-Hydroxy Vitamin D Total (D2 & D3) (Method: CLIA)	19.51	ng/mL	20 - 51

NOTE: The above Given Risk Level Interpretation is not age specific and is an information resource only and is not to be used or relied on for any diagnostic or treatment purposes and should not be used as a substitute for professional diagnosis and treatment.

METHOD: Electrochemiluminescence binding assay Equipment: Roche Cobas.

VALUE	CONDITION	INFERENCE
< 10	SEVERE DEFICIENCY	Could be associated with osteomalacia or rickets
10 - 19	MILD DEFICIENCY	May be associated with increased risk of osteoporosis or secondary hyperparathyroidism
20 - 50	OPTIMUM LEVELS	Optimum levels in the healthy population; patients with bone disease may benefit from higher levels within this range
51 - 80	INCREASED Risk of hypercalciuria	Sustained levels >50 ng/mL25OH-VitD along with prolonged calcium supplementationmay lead to hypercalciuria and decreased renal function
>80	TOXICITY POSSIBLE	80 ng/mL is the lowest reported level associated with toxicity in patients without primary hyperparathyroidism who have normal renal function. Most patients with toxicity have levels > 150 ng/mL. Patients with renal failure can have very high 25-OH-VitD levels without any signs of toxicity, as renal conversion to the active hormone 1, 25-OH-VitD is impaired or absent.

These reference ranges represent clinical decision values, based on the 2011 Institute of Medicine report, that apply to males and females of all ages, rather than population-based reference values. Population reference ranges for 25-OH-VitD vary widely depending on ethnic background, age, geographic location of the studied populations, and the sampling season.

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TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
Lipid Profile			
Cholesterol - Total (Method: Cholesterol Oxidase, Esterase, peroxidase)	125	mg/dL	<200 : Desirable 200-239 : Borderline risk >240 : High risk
Cholesterol - HDL (Method: Enzymatic Colorimetric)	49	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
Cholesterol - LDL (Method: Enzymatic Colorimetric)	53.20	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 – 159 : Borderline-High 160 – 189 : High > 190 : Very High
Cholesterol VLDL (Method: Calculated)	22.80	mg/dL	7 - 40
Triglycerides (Method: Lipase / Glycerol Kinase)	114	mg/dL	< 150 :Normal 150–199 :Borderline-High 200–499 :High > 500 :Very High
Total cholesterol/HDL (Method: Calculated)	2.55	Ratio	0 - 5.0
LDL / HDL (Method: Calculated)	1.09	Ratio	0 - 3.5

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Indicate NABL MC-2872 Accredited Parameter when processed in HQ MEDCIS PATHLABS, Hyderabad

Report No.:

Note: This Report is subject to the terms and conditions mentioned overleaf.

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