PATIENT TEST REPORT

Patient Name	: **MRS. DIVYA**	Registered On	: **19-05-2023 11:17AM**
Lab No.	: **JPB680434**	Collected On	: **19-05-2023 11:18AM**
Age/Gender	: **26 YEARS / FEMALE**	Authorized On	: **19-05-2023 11:41AM**
Ref. Doctor	:	Printed On	: **19-05-2023 08:43PM**
Date of Birth	:	Barcode	: *JPB680434*
Passport No	:	LIS Number	: **2301680434**
Case Number	:		
Client Name	: **Fitkid Health Tech Pvt.Ltd**		Page 1 of 10

HAEMATOLOGY

Parameter	Value	Unit	Biological Reference Range
COMPLETE BLOOD COUNT			
Haemoglobin (HB)	11.50	g/dl	11-14
R.B.C Total	4.12	10^6/uL	3.8-4.8
Haematocrit (HCT)	**35.30**	%	40-50
Mean Corpuscular Volume(MCV)	85.70	fL	83-101
Mean Corpuscular Hemoglobin(MCH)	27.90	pg	27-32
Mean Corpuscular Hemoglobin Concentration(MCHC)	32.60	g/dl	31.5-34.5
RDW-CV	**16.80**	%	11-14
W.B.C Total	7.11	10^3/uL	4-10
Neutrophils	61.00	%	55-75
Lymphocyte	34.00	%	20-45
Eosinophils	2.00	%	1-6
Monocyte	3.00	%	1-8
Basophils	0.00	%	0-1
Neutrolphils(Abs)	4.34	10^3/uL	2-7
Lymphocytes (Abs)	2.42	10^3/uL	0.8-4
Eosinophils (Abs)	0.14	10^3/uL	0.02-0.50
Platelet Count	202	10^3/uL	150-410

WBC-Electrical Impedance,RBC-Electric Impedance,HB-Colorimetric non cyn, HCT-RBC Pulse height detection, MCV, MCH, MCHC & RDW-CV-Calculated and DL(

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BIOCHEMISTRY

Parameter	Value	Unit	Biological Reference Range
LIVER FUNCTION TEST			
SGOT	22.50	U/L	5-37
SGPT	10.00	U/L	5-32
SGOT/SGPT RATIO	2.25	U/mL	
ALK-Phosphatase	70.00	U/L	53-128
Bilirubin Total	0.44	mg/dL	0.20-1.30
Bilirubin Direct	0.10	mg/dL	0-0.30
Bilirubin Indirect	0.34	mg/dL	0.12-1
Total Proteins	6.70	g/dl	6.3-8.2
Albumin	3.93	g/dl	3-5
Globulin	2.77	gm/dL	1.5-3.5
A/G Ratio	**1.42**		1.5-2.5

[Methodology: SGOT, SGPT: IFCC without PDP; ALKP: IFCC with AMP; TBI,DBI:Diazo;TP:Biuret; ALB, GLB:BCG with Serum]

1.Mildly elevated ALT level (less than 1.5 times normal) Alcoholic hepatitis :ALT value could be normal for gender, ethnicity or body mass index.Consider muscle Laboratory can appear cholestatic, and symptoms can mimic cholecystitis.Minimal elevations of AST and ALT AST and ALT often occur.
2.AST level greater than 500 U per L: The AST elevation is unlikely to result from alcohol intake alone. In a heavy drinker,toxicity. **3. Common bile duct stone**: Condition can simulate acute hepatitis AST and ALT become elevated immediately, but elevation of AP and GGT is delayed.
4.Isolated elevation of syndrome or hemolysis unconjugated bilirubin level: Consider Gilbert syndrome or hemolysis.
5.Low albumin level malnutrition : Low albumin is most often caused by acute or chronic inflammation, urinary loss severe or liver disease; it is sometimes caused by gastrointestinal loss Normal values are lower in pregnancy.

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BIOCHEMISTRY

Parameter	Value	Unit	Biological Reference Range
RENAL FUNCTION TEST			
Urea	19.10	mg/dL	17–43
B.U.N	9	mg/dL	9-20
Creatinine	**0.65**	mg/dL	0.72-1.18
Method: Enzymatic with Serum			
Bun/creatinine Ratio	13.85	mg/dL	10-20
Uric Acid	4.25	mg/dL	2.4-5.7
Calcium	9.40	mg/dL	8.4-10.2
ELECTROLYTE PANEL			
Sodium	139.80	mmol/L	137-145
Potassium	3.90	mmol/L	3.5-5.1
Chloride	**107.40**	mmol/L	98-107

[Methodology: UREA:Urease-GLDH; CREAT:Enzymatic; UA:Uricase-PAP; CA:Arsenazo III; ELECTROLYTES:ISE Indirect with Serum]

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BIOCHEMISTRY

Parameter	Value	Unit	Biological Reference Range
LIPID PROFILE			
Total Cholesterol	177.00	mg/dL	Desirable: <200 Borderline High:200–239 High >240
H.D.L Cholesterol	57.00	mg/dL	40-60
L.D.L. Cholestrol	105.00	mg/dL	Optimal:<100 Near optimal:100-129 Borderline high: 130-159 High: 160-189 Very high: >190
Triglycerides	110.80	mg/dL	Normal: <150 Borderline high:150–199 High: 200–499 Very high: ≥ 500
Chol/HDL Ratio	**3.11**		3.3 - 4.4 Low Risk 4.5 - 7.0 Avg. Risk 7.1 - 11.0 Mod. Risk > 11.0 High Risk
Very Low Density Lipoprotein	22.16	mg/dL	10-50

[Methodology: TC: CHOD-PAP; HDL-C, LDL-C: PEGME; TRIG: GPO-POD with Serum]

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BIOCHEMISTRY

Parameter	Value	Unit	Biological Reference Range
HAEMOGLOBIN GLYCOSYLATED BLOOD (HBA1C)			
HBA1C	5.30	%	0-6.0
Averge Plasma Blood Glucose level	111.38	mg/dL	90 - 120 Very Good Control 121 - 150 Adequate Control 151 - 180 Suboptimal Control 181 - 210 Poor Control >211 Very Poor Control

Method: Ion exchange H.P.L.C. using Instrument : VARIANT II,D-10 with EDTA

Interpretation:
Hemoglobin A1c % Degree of Glucose Control
>8 Action Suggested
<7 Goal
<6 Non-Diabetic Level
NOTE : Average blood glucose level done by calculation.
Clinical Information:
Glycated hemoglobin testing is recommended for both (a) checking blood sugar control in people who might be pre-diabetic and (b) monitoring blood sugar control in patients with more elevated levels, termed diabetes mellitus. The American Diabetes Association guidelines suggest that the glycosylated hemoglobin test be performed at least two times a year in patients with diabetes that are meeting treatment goals (and that have stable glycemic control) and quarterly in patients with diabetes whose therapy has changed or that are not meeting glycemic goals.
Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy) such as sickle-cell disease and other conditions, as well as those that have donated blood recently, are not suitable for this test.

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BIOCHEMISTRY

Parameter	Value	Unit	Biological Reference Range
GLUCOSE FASTING TEST			
Glucose Fasting	81.60	mg/dL	74-106

Method: Hexokinase with plasma fluoride

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CLINICAL PATHOLOGY

Parameter	Value	Unit	Biological Reference Range
ROUTINE EXAMINATION URINE			
Appearance	Turbid		CLEAR/STRAWCOLOURED
Colour	Pale Yellow		
Specific Gravity	1.020		1.001-1.035
pH	6.0		5-9
Albumin	Nil		Negative
Urine Glucose	Nil		Negative
Ketone	NEGATIVE.	mg/dL	NEGATIVE
Urobilinogen	Negative	mg/dL	%
MICROSCOPIC EXAMINATION			
RBCS/HPF	Nil		
WBCS/HPF	2-3		
Epith cells / HPF	20-25		
Casts	Absent		
Crystals	Absent		
Others	Absent		

SG-Polyelectrolyte indicator, pH-Methyl red&bromothymol blue, Alb-Tetrabromphenol blue or heat method, Sugar-GOD-POD or Benedict's,Microscopic

Interpretation of Urine Sugar:

Normal	< 100 mg/dL
Trace	100 - 250 mg/dL
1+	250 - 500 mg/dL
2+	500 - 1000 mg/dL
3+	1000 - 2000 mg/dL
4+	> 2000 mg/dL

Interpretation of Urine Albumin

Trace	10 mg/dL
1+	30 mg/dL
2+	100 mg/dL
3+	300 mg/dL
4+	>2000 mg/dL

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Hormones & Markers

Parameter	Value	Unit	Biological Reference Range
THYROID PROFILE			
Triodothyronine (T3)	0.81	ng/mL	0.70-2.04
Thyroxine (T4)	11.36	ug/dl	4.82-15.65
TSH	**28.060**	µIU/mL	0.38-5.33

Method - Chemiluminescence with Serum

NOTE: In pregnancy total T3,T4 increase to 1.5 times the normal range.

Reference Range (T3):	Premature Infants 26-30 Weeks ,3-4 days	0.24 - 1.32 ng/ml
	Full-Term Infants 1-3 days	0.89 - 4.05 ng/ml
	1 Week	0.91 - 3.00 ng/ml
	1- 11 Months	0.85 - 2.50 ng/ml
	Prepubertal Children	1.19 - 2.18 ng/ml
Reference Ranges (T4):	Premature Infants 26-30 weeks ,3-4 days	2.60 - 14.0 ug/dl
	Full -Term Infants 1-3 days	8.20 - 19.9 ug/dl
	1 weeks	6.00 - 15.9 ug/dl
	1-11 Months	6.10 - 14.9 ug/dl
	Prepubertal children 12 months-2yrs	6.80 - 13.5 ug/dl
	Prepubertal children 3-9 yrs	5.50 - 12.8 ug/dl
Reference Ranges (TSH):	Premature Infants 26-32 weeks ,3-4 Days	0.80 - 6.9 uIU/ml
	Full Term Infants 4 Days	1.36 - 16 uIU/ml

1 - 11 Months:0.90 - 7.70 | Prepubertal children:0.60 - 5.50.Primary malfunction of the thyroid gland may result in hyper or low release of T3 or T4 In additional as TSH directly affect thyroid function malfunction of the pituitary or the hypothalamus influences the thyroid gland activity. Disease in any portion of the thyroid pituitary hypothalamus system may influence the level of T3 and T4 in the blood in Primary hypo thyroidism TSH levels are significantly elevated while in secondary and tertiary hypothyrodism TSH levels may be low

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Hormones & Markers

Parameter	Value	Unit	Biological Reference Range
VITAMIN - B12			
B12	**61**	pg/mL	180-914

Method - Chemiluminescence with Serum

Interpretation:
Reduced levels of vitamin B 12 may indicate the presence of vitamin dependant anemia.Elevated of Vitamin B 12 have been associated with pregnancy, the use of oral contraceptives and multi-vitamins and in myoproliferative disease such as chronic granulocytic leukamia and mylomonocytic leukamia .An elevated level of Vit. B 12 is not known to clinical problems.Measurement of Vitamin B 12 is intended to identify and monitor Vitamin B 12 deficiency.This can arise from the following :
? Defect in secretion of intrinsic factor,resulting in inadequate absorption from food (pernicious anemia).
? Gastrectromy and malabsorptiondue to surgical resection and
? A variety of bacterial or inflammatory disease affecting the small intestine.

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Hormones & Markers

Parameter	Value	Unit	Biological Reference Range
25-HYDROXYVITAMIN D3			
25 Oh Vitamin D3	**20.64**	ng/mL	DEFICIENT <20 INSUFFICIENT 20 - 30 SUFFICIENT 30 - 100 UPPER SAFETY LIMIT >100

Method - Chemiluminescence with Serum

Clinical Information :Vitamin D deficiency is a cause of secondary hyperparathyroidism and diseases related to impaired bone metabolism.Reduced 25-OH vitamin D concentration in blood (vitamin D insufficiency) have been associated with anvincreasing risk of many chronic illnesses ,including common cancers, autoimmune or infectious diseases or cardiovascularvproblems. The major storage form of vitamin D is 25 -OH vitamin D and is present in blood at up to 1000 fold higher concentration compared to the active 125 (OH) - vitamin D .

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

Results relate only to the sample as received. Kindly correlate with clinical condition

Note : If the test results are alarming or unexpected, Client is advised to contact the Physician immediately for possible remedial action.

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