L96 - FPSC CITY HEALTHCARE
Road No- Zero Patel Nagar Patna- 800023
Bihar
PHULWARI

Name	: **Mr. DHARMVIR DHARMACHARYA**			**Collected**	: **22/3/2022 9:54:00AM**
Lab No.	: **306505740**	**Age: 24 Years**	**Gender: Male**	**Received**	: **22/3/2022 10:28:09AM**
				Reported	: **23/3/2022 7:23:29AM**
A/c Status	: **P**	**Ref By : SELF**		**Report Status**	: **Interim**

SwasthFit Super 4

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT;CBC (Electrical Impedence & Flow)			
Hemoglobin	**5.10**	g/dL	13.00 - 17.00
Result Rechecked, Please Correlate Clinically. Packed Cell Volume (PCV)	**16.20**	%	40.00 - 50.00
RBC Count	**1.66**	mill/mm3	4.50 - 5.50
MCV	97.60	fL	83.00 - 101.00
MCH	30.70	pg	27.00 - 32.00
MCHC	31.50	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	**14.60**	%	11.60 - 14.00
Total Leukocyte Count (TLC)	5.65	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	71.80	%	40.00 - 80.00
Lymphocytes	**18.40**	%	20.00 - 40.00
Monocytes	2.80	%	2.00 - 10.00
Eosinophils	**6.50**	%	1.00 - 6.00
Basophils	0.50	%	<2.00
Absolute Leucocyte Count			
Neutrophils	4.06	thou/mm3	2.00 - 7.00
Lymphocytes	1.04	thou/mm3	1.00 - 3.00
Monocytes	**0.16**	thou/mm3	0.20 - 1.00
Eosinophils	0.37	thou/mm3	0.02 - 0.50
Basophils	0.03	thou/mm3	0.02 - 0.10
Platelet Count	**70.0**	thou/mm3	150.00 - 410.00

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Test Name	Results	Units	Bio. Ref. Interval
Giant platelets seen Result Rechecked, Please Correlate Clinically.			

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

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Lab No.	: 306505740	Age: 24 Years	Gender: Male	Received	: 22/3/2022 10:28:09AM
				Reported	: 23/3/2022 7:23:32AM
A/c Status	: P	Ref By : SELF		Report Status	: Interim

Test Name	Results	Units	Bio. Ref. Interval
LIVER & KIDNEY PANEL, SERUM (Spectrophotometry, Indirect ISE)			
Bilirubin Total	0.36	mg/dL	<1.10
Bilirubin Direct	0.18	mg/dL	<0.20
Bilirubin Indirect	0.18	mg/dL	<1.10
AST (SGOT)	6	U/L	<40
ALT (SGPT)	34	U/L	<41
GGTP	37	U/L	<71.00
Alkaline Phosphatase (ALP)	93	U/L	<128
Total Protein	**6.30**	g/dL	6.40 - 8.30
Albumin	4.02	g/dL	3.97 - 4.94
A : G Ratio	1.76		0.90 - 2.00
Urea	**356.70**	mg/dL	19.00 - 44.00
Creatinine	**>25.00**	mg/dL	<1.20
Uric Acid	**10.60**	mg/dL	3.4 - 7.0

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				Reported	: **23/3/2022 7:23:32AM**
A/c Status	: **P**	**Ref By : SELF**		**Report Status**	: **Interim**

Test Name	Results	Units	Bio. Ref. Interval
Calcium, Total	**8.50**	mg/dL	8.6 - 10.0
Phosphorus	4.39	mg/dL	2.6 - 4.5
Sodium	137.00	mEq/L	136.00 - 145.00
Potassium	4.80	mEq/L	3.5 - 5.1
Chloride	97.70	mEq/L	97 - 107

ADVICE: CKD RISK MAP

KDIGO guideline, 2012 recommends Chronic Kidney disease (CKD) should be classified based on cause, GFR category and albuminuria (ACR) category. GFR & ACR category combined together reflect risk of progression and helps clinician to identify individuals who are progressing at more rapid rate than anticipated

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				Received	: 22/3/2022 10:28:09AM
Lab No.	: 306505740	Age: 24 Years	Gender: Male	Reported	: 23/3/2022 7:23:36AM
A/c Status	: P	Ref By : SELF		Report Status	: Interim

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

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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Lab No.	: **306505740**	**Age: 24 Years**	**Gender: Male**	**Reported**	: **23/3/2022 7:23:38AM**
A/c Status	: **P**	**Ref By : SELF**		**Report Status**	: **Interim**

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F), PLASMA (Hexokinase)	77.00	mg/dL	70.00 - 100.00
VITAMIN B12; CYANOCOBALAMIN, SERUM (ECLIA)	687.00	pg/mL	211.00 - 946.00

Notes

1. Interpretation of the result should be considered in relation to clinical circumstances.
2. It is recommended to consider supplementary testing with plasma Methylmalonic acid (MMA) or plasma homocysteine levels to determine biochemical cobalamin deficiency in presence of clinical suspicion of deficiency but indeterminate levels. Homocysteine levels are more sensitive but MMA is more specific
3. False increase in Vitamin B12 levels may be observed in patients with intrinsic factor blocking antibodies, MMA measurement should be considered in such patients
4. The concentration of Vitamin B12 obtained with different assay methods cannot be used interchangeably due to differences in assay methods and reagent specificity

VITAMIN D, 25 - HYDROXY, SERUM (ECLIA)	**52.30**	nmol/L	75.00 - 250.00

Interpretation

LEVEL	REFERENCE RANGE IN nmol/L	COMMENTS
Deficient	< 50	High risk for developing bone disease
Insufficient	50-74	Vitamin D concentration which normalizes Parathyroid hormone concentration
Sufficient	75-250	Optimal concentration for maximal health benefit
Potential intoxication	>250	High risk for toxic effects

Note

- The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D.
- 25 (OH)D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.

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A/c Status	: P	Ref By : SELF		Report Status	: Interim

Test Name	Results	Units	Bio. Ref. Interval

- Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L.
- It shows seasonal variation, with values being 40-50% lower in winter than in summer.
- Levels vary with age and are increased in pregnancy.
- A new test Vitamin D, Ultrasensitive by LC-MS/MS is also available

Comments

Vitamin D promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs).

Decreased Levels

- Inadequate exposure to sunlight
- Dietary deficiency
- Vitamin D malabsorption
- Severe Hepatocellular disease
- Drugs like Anticonvulsants
- Nephrotic syndrome

Increased levels

Vitamin D intoxication

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				Reported	: 23/3/2022 7:23:41AM
A/c Status	: P	Ref By : SELF		Report Status	: Interim

Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE,TOTAL, SERUM (ECLIA)			
T3, Total	**0.50**	ng/mL	0.80 - 2.00
T4, Total	6.00	µg/dL	5.10 - 14.10
TSH	2.41	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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Lab No.	: 306505740	Age: 24 Years	Gender: Male	Received	: 22/3/2022 10:28:09AM
				Reported	: 23/3/2022 7:23:43AM
A/c Status	: P	Ref By : SELF		Report Status	: Interim

Test Name	Results	Units	Bio. Ref. Interval
LIPID SCREEN, SERUM (CHO-POD)			
Cholesterol, Total	113.00	mg/dL	<200
Triglycerides	107.00	mg/dL	<150.00
HDL Cholesterol	**31.00**	mg/dL	>40
LDL Cholesterol, Calculated	60.60	mg/dL	<100.00
VLDL Cholesterol,Calculated	21.40	mg/dL	<30.00
Non-HDL Cholesterol	82	mg/dL	<130

Interpretation

REMARKS	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

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. NLA-2014 recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
3. Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL

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Test Name	Results	Units	Bio. Ref. Interval

4. NLA-2014 identifies Non HDL Cholesterol(an indicator of all atherogeniclipoproteins such as LDL , VLDL, IDL, Lpa, Chylomicron remnants)along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL &Non HDL.
5. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
6. 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 2016

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)
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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				Reported	: **23/3/2022 7:23:44AM**
A/c Status	: **P**	**Ref By : SELF**		**Report Status**	: **Interim**

Test Name	Results	Units	Bio. Ref. Interval
URINE EXAMINATION, ROUTINE; URINE, R/E (Automated Strip test, Chemical, Light microscopy)			
Physical			
Colour	**Straw**		Pale yellow
Specific Gravity	1.015		1.001 - 1.030
pH	6		5.0 - 8.0
Chemical			
Proteins	**Present 2+(100 mg/dL)**		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative
Leucocyte Esterase	Negative		Negative
Nitrite	Negative		Negative
Microscopy			
R.B.C.	**10-13 RBC/HPF**		0.0 - 2.0 RBC/hpf
Pus Cells	**5-7 WBC/HPF**		0-5 WBC / hpf
Epithelial Cells	2-3 Epi Cells/hpf		0.0 - 5.0 Epi cells/hpf
Casts	None seen		None seen/Lpf
Crystals	None seen		None seen
Others	None seen		None seen

Result Rechecked,
Please Correlate Clinically.

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Lab No.	: **306505740**	**Age: 24 Years**	**Gender: Male**	**Reported**	: **23/3/2022 7:23:47AM**
A/c Status	: **P**	**Ref By : SELF**		**Report Status**	: **Interim**

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, PLASMA (Hexokinase)	107.00	mg/dL	70.00 - 140.00
BLOOD GROUP, ABO & RH TYPING AUTOMATED (Tube & Slide Agglutination)			
ABO Group	O		
Rh Factor	Positive		

Note: 1. Both forward and reverse grouping performed
2. Test conducted on EDTA whole blood

PHOSPHORUS, SERUM (Molybdate,ISE)	4.39	mg/dL	2.6 - 4.5
HEPATITIS B SURFACE ANTIGEN (HBsAg), RAPID SCREENING TEST, SERUM (ICT)	Non-Reactive		

Interpretation

RESULT	REMARKS
Reactive	Indicates presence of Hepatitis B Surface Antigen.
Non-Reactive	Indicates absence of Hepatitis B Surface Antigen.

* All reactive results should be subjected to HBsAg Neutralization test which can be requested as Test Code S116.

Note

1. Reactive test result indicates presence of Hepatitis B Surface Antigen. It cannot differentiate between the stages of Hepatitis B viral infection.
2. Non-Reactive test result indicates absence of Hepatitis B Surface Antigen.
3. False positive results may be observed in presence of heterophilic antibodies in serum or after HBV vaccination for transient period of time.
4. False negative reaction may be due to processing of sample collected early in the course of disease or presence of mutant forms of HBsAg.
5. For monitoring HBsAg levels, HBsAg Quantitative assay is recommended.

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Test Name	Results	Units	Bio. Ref. Interval
HEPATITIS C VIRUS (HCV), RAPID SCREENING TEST, SERUM (ICT)	Non-Reactive		

Interpretation

RESULTS	REMARKS
Reactive	Indicates presence of antibodies to Hepatitis C virus
Non-Reactive	Indicates absence of antibodies to Hepatitis C virus

Note

1. Reactive test result indicates presence of Hepatitis C virus infection. Active infection to be confirmed by HCV RNA PCR test. It cannot differentiate between the stages of Hepatitis C viral infection nor used to monitor the efficacy of treatment.
2. Non-Reactive test result indicates Hepatitis C virus infection is unlikely.
3. False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy or presence of heterophilic antibodies in serum.
4. False negative reaction may be due to processing of sample collected early in the course of disease, Prozone phenomenon, Immunosuppression & Immuno-incompetence.
5. Test conducted on serum.

Uses

- To diagnose suspected HCV infection in risk group.
- Prenatal Screening of pregnant women and pre surgical/interventional procedures work up.

IRON STUDIES, SERUM
(Spectrophotometry)

Iron	171.70	ug/dL	65.00 - 175.00
Total Iron Binding Capacity (TIBC)	**178.70**	µg/dL	250.00 - 450.00
Transferrin Saturation	**96.08**	%	20.00 - 50.00

Comments

Iron is an essential trace mineral element which forms an important component of hemoglobin, metallocompounds and Vitamin A. Deficiency of iron, leads to microcytic hypochromic anemia. The toxic effects of iron are deposition of iron in various organs of the body and hemochromatosis.

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Test Name	Results	Units	Bio. Ref. Interval

Total Iron Binding capacity (TIBC) is a direct measure of the protein Transferrin which transports iron from the gut to storage sites in the bone marrow. In iron deficiency anemia, serum iron is reduced and TIBC increases.

Transferrin Saturation occurs in Idiopathic hemochromatosis and Transfusional hemosiderosis where no unsaturated iron binding capacity is available for iron mobilization. Similar condition is seen in congenital deficiency of Transferrin.

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				Reported	: **23/3/2022 7:23:49AM**
A/c Status	: **P**	**Ref By : SELF**		**Report Status**	: **Interim**

Test Name	Results	Units	Bio. Ref. Interval
GFR (GLOMERULAR FILTRATION RATE, ESTIMATED)			
Creatinine, Serum	31.22		
GFR, Estimated	**2**	mL/min/1.73m2	>90
GFR Category	G5 (Kidney failure)		

Note

1. eGFR calculated using the 2009 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012
2. In patients, with eGFRcreat between 45-59 ml/min/1.73 m2 (G3a) and without any marker of kidney damage, it is recommended to measure eGFR with cystatin C for confirmation of CKD.
3. eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage
4. In a suspected case of Acute kidney injury (AKI), measurement of GFR should be done after 48-96 hours of any intervention or procedure.
5. GFR calculated by Serum Creatinine may be less accurate due to certain factors like Race, Muscle mass, Diet and certain Drugs. In such cases, eGFR should be calculated using Serum Cystatin C.

ADVICE: CKD RISK MAP

KDIGO guideline, 2012 recommends Chronic Kidney disease (CKD) should be classified based on cause, GFR category and albuminuria (ACR) category. GFR & ACR category combined together reflect risk of progression and helps clinician to identify individuals who are progressing at more rapid rate than anticipated

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				Reported	: 23/3/2022 7:23:51AM
A/c Status	: P	Ref By : SELF		Report Status	: Interim

Test Name	Results	Units	Bio. Ref. Interval
HIV 1 & 2 ANTIBODIES SCREENING TEST, SERUM (Immunochromatography)	Negative		

Note

1. Positive test result indicates antibody detected against HIV-1/2.
2. Negative test result indicates antibody is not detected against HIV- 1/2.
3. Indeterminate test result indicates antibody to HIV-1/2 have been detected in the sample by two of three methods.
4. False positive results may be observed in Autoimmune diseases, Alcoholic hepatitis, Primary biliary cirrhosis, Leprosy, Multiple pregnancies, Rheumatoid factor, and due to presence of heterophile antibodies.
5. False negative results may occur during the window period and during the end stage of the disease.

Recommendations

1. Post-test counseling available between 9 am to 5 pm at LPL laboratories.

Dr Manju Sharma
DCP, Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd

Dr.Shalini Sinha
MBBS , DCP
Chief of Lab

Result/s to follow:
PTH (PARATHYROID HORMONE) INTACT, SERUM, CULTURE, URINE

* Test conducted under NABL scope MC-3563,Patna Lab II at PATNA

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Lab No.	: 306505740	Age: 24 Years	Gender: Male	Reported	: 23/3/2022 7:23:51AM
A/c Status	: P	Ref By : SELF		Report Status	: Interim

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 .*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.*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. *Contact customer care Tel No. +91-11-39885050 for all queries related to test results.
(#) Sample drawn from outside source.