









COMPLETE BLOOD COUNT (CBC with E.S.R).

Patient : MR. KAMAL TANEJA Delivery : Email+Pat-DP Collected : 16/03/2021 09:03

Ref. Doctor : SELF **Reported** : 16/03/2021 09:48

Hospital/NH : **Print Date** 16/03/2021 23:14

Investigation	<u>Result</u>	Biological Reference	<u>Units</u>
		<u>Interval</u>	
HEMOGLOBIN, Blood(SLS Hemoglobin)	14.6	13.00 - 17.00	g/dl
PACKED CELL VOLUME, Blood(Impedence)	43.4	40 - 50	%
TLC, Blood (Flow cytometry)	7580.00	4000 - 11000	/cumm
D.L.C., Blood (Flow Cytometry)			
POLYMORPHS	37.0	44.00 - 68.00	%
LYMPHOCYTES	52.0	25.00 - 44.00	%
EOSINOPHILS	4.0	0.00 - 4.00	%
MONOCYTES	7.0	0.00 - 7.00	%
ABSOLUTE NEUTROPHIL COUNT(Blood, Calculated).	2804.60	2000 - 7000	/Cu mm
ABSOLUTE LYMPHOCYTE COUNT(Blood, Calculated).	3941.60	1000 - 3000	/Cu mm
ABSOLUTE EOSINOPHIL COUNT BLOOD,	303.20	20 - 500	/Cu mm
(Calculated) PLATELET COUNT, Blood (Impedence)	255.00	150 - 410	1000/Cumm
E.S.R, Blood(Capillary Photometry)	17.00	0.00 - 15.00	1st hour
R B C COUNT, Blood (Impedence)	5.15	4.5 - 5.5	10^12/L
MCV, Blood(Calculated)	84.27	83 - 101	fl
MCH, Blood(Calculated)	28.35	27.00 - 32.60	Pg
MCHC, Blood(Calculated)	33.64	31.50 - 34.50	gm/dl
RDW, Blood (Calculated)	12.9	11.6 - 14.0	%
COMMENTS ON PERIPHERAL SMEAR : (Microscopy, Leishman stain)		cytic and normochromic. The white cell ymphocytosis. The platelets are	

*Test performed by SYSMEX XN-550.

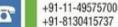
Absolute Neutrophil Count (ANC) < 1000 - Markedly increased susceptibility of infectious diseases.

- Absolute Neutrophil Count (ANC) <500 control of endogenous microbial flora impaired.
- Absolute Neutrophil Count (ANC) < 200 absent inflammatory processes.

Comments:

*** END OF REPORT ***







H-11, Green Park Extension, New Delhi - 110 016



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Consultant Pathologist / Microbiologist



Dr. Angeli Misra MD(Path)Lab, Director HOD, Histopathology

Dr. Asha Bhatnagar MBBS, Lab Director, Quality Incharge Dr. Sagar Tapas MD (Path)HOD, Biochemistry & Immunoassay **Dr. Meenu Beri** MD (Path) HOD, Haematology, Cytopathology & Clinical Path **Dr. Dhruti Manek** MBBS, MD (Path)









Patient : MR. KAMAL TANEJA Delivery : Email+Pat-DP Collected : 16/03/2021 09:03

Sample Type : FLUORIDE Received : 16/03/2021 09:10

PLASMA **Reported** : 16/03/2021 10:34

Hospital/NH : Print Date 16/03/2021 23:14

<u>Investigation</u> <u>Result</u> <u>Biological Reference</u> <u>Units</u>

<u>Interval</u>

FASTING GLUCOSE, Plasma(Hexokinase) **109.5** 60.0 - 100.0 mg/dl

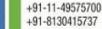
Comments:

: SELF

Ref. Doctor

*** END OF REPORT ***



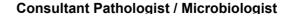




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Patient : MR. KAMAL TANEJA Delivery : Email+Pat-DP Collected : 16/03/2021 09:03

Sample Type : Blood **Received** : 16/03/2021 09:10

Reported

: 16/03/2021 11:41

Hospital/NH : Print Date 16/03/2021 23:14

InvestigationResultUnitsGLYCOSYLATED HEMOGLOBIN (HbA1c)5.3%

Immunoturbidimetry

Ref. Doctor

REFERENCE RANGE:

4.00 - 5.60 % Normal

5.70 - 6.40 % Prediabetes (The values should be co-related with Glucose levels)

 $\begin{array}{lll} 6.10 - 7.00 \ \% & \text{HbA1C indicates very good control in diabetes} \\ 7.10 - 8.00 \ \% & \text{HbA1C indicates adequate control in diabetes} \\ 8.10 - 9.00 \ \% & \text{HbA1C indicates suboptimal control in diabetes} \end{array}$

>9.00% HbA1C indicates poor control in diabetes

HbA1c (%) Average Glucose mg/dl

· SFLF

5	97	
6	126	
7	154	
8	183	
9	212	
10	240	
11	269	
12	298	

Note:

An estimated average glucose (eAG) can be calculated from the HbA1c values. The A1c test is also used to monitor the glucose control of diabetics over time. This helps to minimize the complications caused by chronically elevated glucose levels, such as progressive damage to kidneys, eyes, cardiovascular system, and nerves.

The A1c test, however, should not be used for screening for cystic fibrosis-related diabetes, people who have had recent severe bleeding or blood transfusions, those with chronic kidney or liver disease, or people with blood disorders such as iron-deficiency anemia, vitamin B12 deficiency anemia, and some Hemoglobin variants (e.g., patients with sickle cell disease or Thalassemia).

Comments:

*** END OF REPORT ***



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ug/dl



CORTISOL

Sample Type : Blood **Received** : 16/03/2021 09:10

Ref. Doctor : SELF **Reported** : 16/03/2021 10:34

Hospital/NH : Print Date 16/03/2021 23:14

<u>Investigation</u> <u>Result</u> <u>Biological Reference</u> <u>Units</u> Interval

CORTISOL (AM), Serum,(CLIA) (Sample 19.01 6.7 - 22.6

collected at 7-9 am)

Summary and Explanation of the Test:

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Cortisol is the primary glucocorticoid hormone synthesized and secreted by the adrenal cortex.Cortisol is essential protein, allergic regulating carbohydrate, lipid metabolism, maintaining blood and inhibiting and normal pressure. and inflammatory reactions.Cortisol secreted by the cortex οf the is synthesized and adrenal aland under the direction οf adrenocorticotropic hormone (ACTH). ACTH is in a circadian pattern by the lobe of secreted anterior the pituitary follow response to corticotropin releasing hormone (CRH) secretion by the hypothalamus.Circulating cortisol levels pattern in healthy individuals. Levels are highest in the morning after waking and lowest in the evening. Disorders of hypothalamic-pituitaryadrenal axis override this diurnal pattern. Decreased cortisol levels are induced by either secondary adrenal insufficiency. Addison,s disease is caused by primary adrenal insufficiency due to metabolic destruction of the adrenal cortex. Secondary adrenal insufficiency is caused by pituitary destruction or failure, resulting ACTH stimulation of the adrenal gland. Cushing,s syndrome is caused by increased levels of cortisol due to secondary adrenal hyperfunction.4 Causes of primary adrenal hyperfunction are adrenal tumors and nodular adrenal hyperplasia. Secondary adrenal hyperfunction is caused by pituitary overproduction of ACTH or ectopic production of ACTH by a tumor. Increased cortisol levels are induced by pregnancy and by stress due to depression, trauma, surgery, hypoglycemia, alcoholism, uncontrolled diabetes, and starvation. Due to the diurnal pattern of secretion, an assessment of serum cortisol levels at a single timepoint is of little diagnostic value.

Limitations:

Circulating cortisol results from patients receiving Prednisolone or Prednisone (which is converted to Prednisolone in vivo) therapy may be falsely elevated. Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed.

Comments:

*** END OF REPORT ***









Consultant Pathologist / Microbiologist



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08:51



D-DIMER

Patient : MR. KAMAL TANEJA Delivery : Email+Pat-DP Collected : 16/03/2021 09:03

Sample Type : Blood **Received** : 16/03/2021 09:10

Ref. Doctor : SELF **Reported** : 16/03/2021 11:07

Hospital/NH : Print Date 16/03/2021 23:14

 Investigation
 Result
 Biological Reference
 Units

 Interval
 Interval
 0.0 - 500.0
 ngFEU/mL

INTERPRETATION

- 1. D-dimer, a degradation product of cross-linked fibrin formed during activation of the coagulation system, is commonly used to exclude thromboembolic disease in outpatients suspected of having
 - -Deep venous thrombosis (DVT)
 - -pulmonary embolism (PE).
 - -DVT and PE is relatively common and can cause sudden, fatal embolic events in the pulmonary arteries and other regions.
- 2. Measurement of the D-Dimer level in plasma has been used as a screening strategy for subclinical DVT. The DVT is a high-risk factor for the stroke because of advanced age, hemiplegia, and coagulation disorders, and DVT can cause paradoxical embolic stroke via a right-to left shunt.
- 3. Thus, it is important to monitor the level of D-Dimer the incidence and characteristics of DVT in acute stroke patients. The Plasma D-dimer level has proven to be useful for DVT screening in chronic stroke patients undergoing rehabilitation. D-Dimer is an important prognostic indicator on monitoring post-treatment clinical status and the post therapeutic evaluation of patients.
- 4. Apart from DVT, PE, and DIC, D-Dimer may reflect other causes associated with fibrin formation such as
 - -Trauma,
 - -Pregnancy complications,
 - -Malignant disease
 - -Vascular abnormalities.
- 5. Elevated D-Dimer levels therefore have to be interpreted in the context of possible underlying diseases and clinical symptoms.
- As with any laboratory test, detection of elevated levels of D-dimer in a specimen should be correlated with clinical findings. Comments:

*** END OF REPORT ***







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Reference No. : 210333875

Age/Sex : 50 Years MALE Reg. Date

: 16/03/2021 08:51

Patient :

Ref. Doctor

: MR. KAMAL TANEJA

Delivery: Email+Pat-DP

Collected : 16/03/2021 09:03

Sample Type : Blood

Received : 16/03/2021 09:10

Reported

: 16/03/2021 11:57

Hospital/NH :

Print Date 16

16/03/2021 23:14

<u>Investigation</u>

Result

Biological Reference Interval <u>Units</u>

CRP-HS, Serum(Immunoturbidimetry)

· SFLF

4.53

0.00 - 1.00

mg/L

CVD Risk Assessment

Low : 0.00 - 1.00 mg/L Average : 1.00 - 3.00 mg/L High : More Than 3.00 mg/L

Reference Range For :-

Neonates 0.10 - 4.10 mg/L Children 0.10 - 2.80 mg/L

Comments:

Comments:

CREATINE KINASE, Serum(UV assay)

125.5

0 - 190.00

IU/L

-

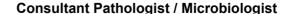
*** END OF REPORT ***







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: 16/03/2021 11:45



CREATINE KINASE-MB

Reference No. : 210333875 Reg. Date : 16/03/2021 08:52 Age/Sex : 50 Years MALE

: 16/03/2021 09:03 **Patient** : MR. KAMAL TANEJA Delivery Email+Pat-DP **Collected**

> Received : 16/03/2021 09:10 Sample Type : Blood

> > Reported

Hospital/NH **Print Date** 16/03/2021 23:14

Result Biological Reference Investigation Units Interval

CREATINE KINASE-MB, Serum 2.00 0.6 - 7.0 ng/mL

COMMENTS:

Ref. Doctor

· SFLF

After acute myocardial infarction (AMI), CK-MB rises rapidly to peak levels within 12 hours, then declines to normal levels within 36-72 hours. The World Health Organization requires two of the following criteria for confirmation of AMI: evolutionary changes in the ECG, elevated cardiac enzymes and history of chest pain.

The CK-MB results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests and other appropriate information.

Comments:

*** END OF REPORT ***











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LIPID PROFILE

Reference No. : 210333875 Reg. Date : 16/03/2021 08:51 Age/Sex 50 Years MALE

: 16/03/2021 09:03 : MR. KAMAL TANEJA Delivery Email+Pat-DP Collected

> Received Sample Type : SERUM : 16/03/2021 09:10

Ref. Doctor · SFLF Reported : 16/03/2021 10:34

Hospital/NH **Print Date** 16/03/2021 23:14

Investigation	Result	Biological Reference	<u>Units</u>
		<u>Interval</u>	
CHOLESTROL, SERUM (Enz. Colorimetry)	211.3	80.00 - 200.00	mg/dl
HDL CHOLESTEROL (Enz.Colorimetry)	42.5	30.00 - 60.00	mg/dl
TRIGLYCERIDES, SERUM (Enz.Colorimetry)	140.36	40.00 - 150.00	mg/dl
VLDL CHOLESTEROL (Calculated)	28.07	24.00 - 45.00	mg/dl
LDL CHOLESTEROL (Enz.Colorimetry)	140.73	30.00 - 100.00	mg/dl
LDL / HDL RATIO (Calculated)	3.31	0.00 - 3.00	
CHOLESTEROL / HDL RATIO(Calculated)	4.97	0.00 - 4.00	

INTERPRETATION:-

Patient

: Less than 200 mg/dl Desirable Borderline High Risk : 200 to 239 mg/dl

High Risk : 240 mg/dl and over, on repeated values

Optimal Level for Cardiac Patients : Less than 200 mg/dl

TRIGLYCERIDES REFERECE RANGE > Normal - Less than 150 mg/dL,

> Borderline high - 150 to 199 mg/dL

> High - 200 to 499 mg/dL

> Very high - 500 mg/dL or above

High HDL has generally been found to be protective, decreasing the risk of coronary Artery disease (CAD) in most HDL-C people. However, some recent studies have shown that in some people with high HDL, the HDL is not protective and may, in fact result in higher risk for CAD than in people with normal HDL levels. In one study it was shown that people with CAD and high HDL had underlying genetic anomalies in enzymes important in lipid turnover. Another study showed that high levels of abnormally large HDL particles were associated with increased risk of CAD. Factors that elevate HDL concentrations include chronic alcoholism, treatment with oral estrogen replacement therapy, extensive aerobic exercise, and treatment with niacin, statins, or fibrates. Smoking reduces levels of HDL cholesterol, while quitting smoking leads to a rise in the plasma HDL level.

LDL Reference Range: Levels in terms of risk for coronary heart disease:

Adult levels:

Optimal <100 mg/dL Near Optimal/ above optimal 100 -129 mg/dL Borderline high 130 - 159 mg/dL 160 - 189 mg/dL High Very High >=190 mg/dL

Comments:

*** END OF REPORT ***









Consultant Pathologist / Microbiologist



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: MR. KAMAL TANEJA **Delivery** : Email+Pat-DP **Collected** : 16/03/2021 09:03

Ref. Doctor : SELF **Reported** : 16/03/2021 10:34

Hospital/NH : Print Date 16/03/2021 23:14

Investigation	<u>Result</u>	Biological Reference	<u>Units</u>
		<u>Interval</u>	
IRON, Serum(Ferrozine)	90.9	33.00 - 193.00	ug/dl
UIBC Serum(Ferrozine)	292.7	125.00 - 345.00	ug/dl
TIBC.(Calculated)	383.60	250.00 - 450.00	ug/dl
Comments:			

*** END OF REPORT ***



Patient





H-11, Green Park Extension,

New Delhi - 110 016







Dr. Angeli Misra MD(Path)Lab, Director HOD,

Histopathology

Dr. Asha Bhatnagar MBBS, Lab Director, Quality Incharge

Page 9 of 25

Dr. Sagar Tapas MD (Path)HOD, Biochemistry & Immunoassay **Dr. Meenu Beri** MD (Path) HOD, Haematology, Cytopathology & Clinical Path Dr. Dhruti Manek MBBS, MD (Path)











Patient : MR. KAMAL TANEJA Delivery : Email+Pat-DP Collected : 16/03/2021 09:03

Sample Type : SERUM **Received** : 16/03/2021 09:10

Ref. Doctor : SELF **Reported** : 16/03/2021 10:34

Hospital/NH : **Print Date** 16/03/2021 23:14

Investigation	Result	Biological Reference	<u>Units</u>
		<u>Interval</u>	
BILIRUBIN (TOTAL), Serum(Diazo)	0.42	0.00 - 1.20	mg/dl
BILIRUBIN (DIRECT), Serum(Diazo)	0.20	0 - 0.30	mg/dl
BILIRUBIN (INDIRECT), Serum(Calculated)	0.22	0.00 - 0.70	mg/dl
TOTAL PROTEINS Serum(Biuret)	6.5	6.40 - 8.30	gms/dl
ALBUMIN, Serum(BCG)	4.2	3.50 - 5.20	gms/dl
GLOBULIN (Calculated)	2.30	2.00 - 3.50	gms/dl
A:G RATIO (Calculated)	1.83	1.00 - 2.00	
ALKALINE	78.4	40.00 - 130.00	U/L
PHOSPHATASE, Serum (Colorimetry)			
SGOT, Serum(IFCC)	18.4	1.00 - 40.00	U/I
SGPT, Serum(IFCC)	19.1	2.00 - 41.00	U/I
GGTP, Serum(Enz.Colorimetry)	16.4	8.00 - 61.00	U/L
Comments:			

*** END OF REPORT ***







H-11, Green Park Extension, New Delhi - 110 016









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: 16/03/2021 11:41



REPORT

Reference No. : 210333875 Reg. Date : 16/03/2021 08:52 Age/Sex 50 Years MALE

Patient : MR. KAMAL TANEJA Delivery Email+Pat-DP Collected : 16/03/2021 09:03

> Sample Type : Blood Received : 16/03/2021 09:10

> > Reported

Hospital/NH **Print Date** 16/03/2021 23:14

Result **Biological Reference Investigation Units Interval**

FERRITIN, Serum,(CLIA) 22.0 23.90 - 336.20 ng/ml

Summary and Explanation of the Test:

· SFLF

Ferritin is a compound composed of iron molecules bound to apoferritin, a protein shell. Stored iron represents about 25% of total iron in the body, and most of this iron is stored as ferritin. Ferritin is found in many body cells, but especially those in the liver, spleen, bone marrow, and in reticuloendothelial cells.Ferritin plays a significant role in the absorption, storage, and release of iron. As the storage form of iron, ferritin remains in the body tissues until it is needed for erythropoiesis. When needed, the iron molecules are released from the apoferritin shell and bind to transferrin, the circulating plasma protein that transports iron to erythropoietic cells. Although dietary iron is poorly absorbed, the body conserves its iron stores carefully, reabsorbing most of the iron released from the breakdown of red blood cells. As a result, the body normally loses only 1 to 2 mg of iron per day, restored by the iron absorbed in the small intestine from dietary sources. Ferritin generally is found in serum in low proportional to the body~s iron ferritin concentration, concentrations and is directly stores.Serum when analyzed with other factors such as serum iron, iron-binding capacity, and tissue iron stores, is valuable in the diagnosis of iron-deficiency anemias, anemias of chronic infection, and conditions such as thalassemia and hemochromatosis that are associated with iron overload. Measurement of serum ferritin is particularly valuable in distinguishing iron-deficiency anemias caused by low iron stores from those resulting from inadequate iron utilization.

Limitations:

Ref. Doctor

Serum ferritin values are elevated in the presence of the following conditions and do not reflect actual body iron stores:

- inflammation - significant tissue destruction - liver disease

- malignancies such as acute leukemia and Hodgkin,s disease - therapy with iron supplements

Comments:

*** END OF REPORT ***







H-11, Green Park Extension. New Delhi - 110 016





Consultant Pathologist / Microbiologist



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Dr. Dhruti Manek MBBS, MD (Path)









KIDNEY FUNCTION TEST (KFT)

08:51 **Reference No.** : 210333875 Reg. Date : 16/03/2021 Age/Sex MALE : 50 Years

Patient : MR. KAMAL TANEJA : 16/03/2021 09:03 Delivery Email+Pat-DP Collected

> : SERUM Received : 16/03/2021 09:10 Sample Type

: SELF : 16/03/2021 10:34 **Ref. Doctor** Reported

Hospital/NH **Print Date** 16/03/2021 23:14

Investigation	<u>Result</u>	<u>Biological Reference</u> Interval	<u>Units</u>
UREA Serum(Urease)	30.02	12.00 - 45.00	mg/dl
UREA NITROGEN(Calculated)	14.03	6.00 - 20.00	mg/dl
CREATININE SERUM(Jaffe)	1.1	0.70 - 1.20	mg/dl
URIC ACID, Serum(Colorimetry)	6.0	3.40 - 7.00	mg/dl
CALCIUM, Serum(BAPTA)	8.56	8.60 - 10.00	mg/dl
PHOSPHATE, Serum(Phosphomolybdate)	3.3	2.50 - 4.80	mg/dl
SODIUM, Serum(ISE Indirect)	138.8	130.00 - 149.00	meq/L
POTASSIUM, Serum(ISE Indirect)	4.31	3.50 - 5.00	meq/L
CHLORIDE, Serum(ISE Indirect)	103.4	97.0 - 107.0	meq/L
Comments:			

*** END OF REPORT ***

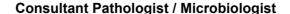






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: MR. KAMAL TANEJA Delivery : Email+Pat-DP Collected : 16/03/2021 09:03

Ref. Doctor : SELF **Reported** : 16/03/2021 10:34

Hospital/NH : Print Date 16/03/2021 23:14

Investigation	<u>Result</u>	Biological Reference	<u>Units</u>
		<u>Interval</u>	
IRON, Serum(Ferrozine)	90.9	33.00 - 193.00	ug/dl
UIBC Serum(Ferrozine)	292.7	125.00 - 345.00	ug/dl
TRANSFEERRIN.	323.39	200.00 - 360.00	mg/dl
TRANSFERRIN SATURATION	23.70	16.00 - 45.00	%
Comments:			

*** END OF REPORT ***



Patient

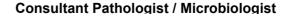




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IU/mL



Anti TG.

Reference No. : 210333875 Reg. Date : 16/03/2021 08:52 MALE Age/Sex 50 Years

Patient : MR. KAMAL TANEJA : 16/03/2021 09:03 Delivery Email+Pat-DP **Collected**

> Received : 16/03/2021 09:10 Sample Type : Blood

: SELF : 16/03/2021 17:16 **Ref. Doctor** Reported

Hospital/NH **Print Date** 16/03/2021 23:14

Investigation Result Biological Reference <u>Units</u>

11.5

Interval 0.00 - 115.00

Anti Thyroglobulin (Autoantibodies against thyroglobulin, Serum, (ECLIA)

Comments:

*** END OF REPORT ***







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Reference No. : 210333875 Reg. Date : 16/03/2021 08:52 MALE Age/Sex 50 Years

: MR. KAMAL TANEJA : 16/03/2021 09:03 **Patient** Delivery Email+Pat-DP **Collected**

> Received : 16/03/2021 09:10 Sample Type : Blood

> > Reported

: SELF : 16/03/2021 20:57

Hospital/NH **Print Date** 16/03/2021 23:14

Investigation Result Biological Reference <u>Units</u>

Interval

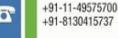
Anti TPO (ECLIA) 9.14 0.00 - 34.00 IU/mL

Comments:

Ref. Doctor

*** END OF REPORT ***







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Consultant Pathologist / Microbiologist



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: 16/03/2021 10:34



FOLATE.

Patient : MR. KAMAL TANEJA Delivery : Email+Pat-DP Collected : 16/03/2021 09:03

Sample Type : Blood **Received** : 16/03/2021 09:10

Reported

Hospital/NH : Print Date 16/03/2021 23:14

<u>Investigation</u> <u>Result</u> <u>Biological Reference</u> <u>Units</u>

 Interval

 FOLATE, Serum,(CLIA)
 >23.9
 4.50 - 32.20
 ng/ml

Summary and Explanation of the Test

· SFLF

Folates are compounds of pteroylglutamic acid (PGA) that function as coenzymes. Folate, with vitamin B12, is essential for DNA synthesis, which is required for normal red blood cell maturation. Humans obtain folate from dietary sources including fruits, green and leafy vegetables, yeast, and organ meats. Folate is absorbed through the small intestine and stored in the liver Low folate intake, malabsorption as a result of gastrointestinal diseases, pregnancy, and drugs such as phenytoin are causes folate deficiency. Folate deficiency is also associated with chronic alcoholism. Folate and vitamin B12 deficiency impair DNA causing macrocytic anemias. These anemias characterized by abnormal maturation of red blood cell precursors survival. Since marrow, the presence of megaloblasts, and decreased red blood cell both folate and vitamin B12 deficiency can cause macrocytic anemia, appropriate treatment depends on the differential diagnosis οf the deficiency. Serum folate measurement provides an early index of folate status. However, folate is much more concentrated in red blood cells than serum so the red blood cell folate measurement more closely reflects tissue stores.4 Red blood cell folate concentration considered the most reliable indicator of folate status.

Limitations

Ref. Doctor

Hemolysis significantly increases folate values due to the high folate concentrations in red blood cells. Methotrexate and leucovorin interfere with folate measurement because these drugs cross-react with folate binding proteins.

Comments:

*** END OF REPORT ***



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Consultant Pathologist / Microbiologist



H-11, Green Park Extension, New Delhi - 110 016 Page 16 of 25











THYROID PROFILE.

Reference No. : 210333875 Reg. Date : 16/03/2021 08:51 MALE Age/Sex : 50 Years

: MR. KAMAL TANEJA : 16/03/2021 09:03 **Patient** Delivery Email+Pat-DP **Collected**

> Received : 16/03/2021 09:10 Sample Type : SERUM

: SELF Ref. Doctor Reported : 16/03/2021 10:34

Hospital/NH **Print Date** 16/03/2021 23:14

Investigation	<u>Result</u>	Biological Reference	<u>Units</u>
		<u>Interval</u>	
FT3 Serum, (CLIA)	4.41	3.80 - 6.00	pmol/L
FREE T4, Serum,(CLIA)	11.7	7.00 - 15.96	pmol/L
TSH, Serum,(CLIA)	2.01	0.45 - 5.33	uIU/ml

*Pregnancy

First Trimester Second Timester Trimester Units Third pmol/L 6.00 - 16.28 5.19 - 13.86 5.77 - 15.79 Free T4

* PHYSIOLOGICAL ALTERATIONS IN THYROID VALUES

* REFERENCE RANGE :-

Pregnancy

TSH

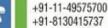
Second Timester Third Trimester Units First Trimester 0.05 - 3.70 0.41 - 5.18 μIU/mL 0.31 - 4.35

*Referenge range has been changed due to change in testing platform.

Comments:

*** END OF REPORT ***













H-11, Green Park Extension. New Delhi - 110 016 Dr. Angeli Misra

Histopathology

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VITAMIN B12.

Reference No. : 210333875 Age/Sex 50 Years MALE

Reg. Date : 16/03/2021 08:51

: 16/03/2021 11:41

: MR. KAMAL TANEJA Delivery Email+Pat-DP Collected : 16/03/2021 09:03

> Sample Type : SERUM Received : 16/03/2021 09:10

> > Reported

Ref. Doctor

Hospital/NH **Print Date** 16/03/2021 23:14

Result **Biological Reference Investigation Units**

Interval

VITAMIN B12, Serum, (ECLIA) 369.50 pg/ml

Category Range (pg/mL) Range (pg/mL) 197-771 Normal Deficient <197.00

· SFIF

Summary and Explanation of the Test

Vitamin B12, or cyanocobalamin, is a complex corrinoid compound containing four pyrrole rings that surround a single cobalt atom. Humans obtain vitamin B12 exclusively from animal dietary sources, such as and milk. Vitamin B12 requires meat, eggs, intrinsic factor, a protein secreted by the parietal cells in the gastric mucosa, for absorption. Vitamin B12 and intrinsic factor form a complex that attaches to receptors in the ileal mucosa, where proteins known as trans-cobalamins transport the vitamin B12 from the mucosal cells to the blood and tissues. Most vitamin B12 is stored in the liver as well as in the bone marrow and other tissues. Vitamin B12 and folate are critical to normal DNA synthesis, which in turn affects erythrocyte maturation. Vitamin B12 is for myelin sheath formation and maintenance. The body uses its B12 stores very economically, reabsorbing also necessary vitamin B12 from the ileum and returning it to the liver so that very little is excreted.

Clinical and laboratory findings abnormalities, for B12 deficiency include neurological decreased serum B12 levels. and increased methylmalonic acid. The impaired DNA synthesis associated with vitamin B12 deficiency causes macrocytic excretion of These anemias are characterized by abnormal maturation of erythrocyte precursors in the bone marrow, which results in the presence of megaloblasts and in decreased erythrocyte survival. Pernicious anemia is a macrocytic anemia caused by vitamin B12 deficiency that is due to lack of intrinsic factor. Low vitamin B12 intake, gastrectomy, diseases of the small malabsorption, and trans-cobalamin deficiency can also cause vitamin B12 deficiency.

Limitations

Patient

* kindly Correlate Clinically

Comments:

*** END OF REPORT ***







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Consultant Pathologist / Microbiologist



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08:51

VITAMIN D, 25 - HYDROXY

: 16/03/2021

: MR. KAMAL TANEJA **Delivery** : Email+Pat-DP **Collected** : 16/03/2021 09:03

Sample Type : SERUM **Received** : 16/03/2021 09:10

MALE

Reg. Date

Ref. Doctor : SELF **Reported** : 16/03/2021 11:41

Hospital/NH : Print Date 16/03/2021 23:14

<u>Investigation</u> <u>Result</u> <u>Biological Reference</u> <u>Units</u>

 VITAMIN D, 25-HYDROXY, Serum,(CLIA)
 37.2
 75.00 - 250.00
 nmol/L

INTERPRETATION

Patient

Deficient <50.0 nmol/L
Insufficient 50.0 to <75.0 nmol/L

Sufficient 75.0 - 250.0 nmol/L

Upper Safety Limit >250.0 nmol/L Comments:

*** END OF REPORT ***



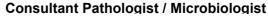




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Dr. Sagar Tapas MD (Path)HOD, Biochemistry & Immunoassay **Dr. Meenu Beri** MD (Path) HOD, Haematology, Cytopathology & Clinical Path **Dr. Dhruti Manek** MBBS, MD (Path)





: 16/03/2021 11:57



REPORT

Reference No. : 210333875 Reg. Date : 16/03/2021 08:51 Age/Sex : 50 Years MALE

: 16/03/2021 09:03 : MR. KAMAL TANEJA Delivery Email+Pat-DP **Collected**

> Received Sample Type : Blood : 16/03/2021 09:10

> > Reported

Hospital/NH **Print Date** 16/03/2021 23:14

Result **Biological Reference Investigation Units Interval**

HOMOCYSTEINE, Serum (CLIA) 10.2 0.00 - 15.00 umol/L

Interpretation

Patient

Ref. Doctor

· SFLF

Group	Folate supplemented	Nonsupplemented
Fasting/basal tHcy, µmol/	 L	
Pregnancy	8	10
Children < 15 years	8	10
Adults 15-65 years	12	15
Elderly > 65 years	16	20

Summary

Homocysteine thiol-containing intracellular (Hcy) is a amino acid produced by the demethylation of methionine. Total homocysteine (tHcy) represents the sum of all forms of Hcy including forms of oxidized, proteinbound and free. Elevated levels of tHcy has emerged as an important risk factor in the assessment of cardiovascular disease. Excess Hcy in the blood stream may cause injuries to arterial vessels due to its irritant nature, and result in inflammation and plaque formation, which may eventually cause blockage of blood flow to the heart. Elevated tHcy levels are caused by four major factors, including:

- 1. Genetic deficiencies in enzymes involved in Hcy metabolism such as cystathionine beta-synthase (CBS), methionine synthase (MS), and methylenetetrahydrofolate reductase (MTHFR);
- 2. Nutritional deficiency in B vitamins such as B6, B12 and folate;
- 3. Renal failure for effective amino acid clearance;
- 4. Drug interactions, such as with nitric oxide, methotrexate and phenytoin that interfere with Hcy metabolism. Elevated levels of tHcy are also linked with Alzheimer disease, Neuropsychiatric diseases and Osteoporosis.

NT-ProBNP (N-TERMINAL PRO B TYPE 111.24 <172.00 pg/mL

NATRIURETIC PEPTIDE)









Consultant Pathologist / Microbiologist Page 20 of 25

H-11, Green Park Extension. New Delhi - 110 016



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Dr. Meenu Beri MD (Path) HOD, Haematology, Cytopathology & Clinical Path

Dr. Dhruti Manek MBBS, MD (Path)







: MR. KAMAL TANEJA Delivery : Email+Pat-DP Collected : 16/03/2021 09:03

Sample Type : Blood **Received** : 16/03/2021 09:10

Ref. Doctor : SELF **Reported** : 16/03/2021 11:45

Hospital/NH : Print Date 16/03/2021 23:14

<u>Investigation</u> <u>Result</u> <u>Biological Reference</u> <u>Units</u> Interval

Note:

Patient

- 1. NT-ProBNP value increases with age, elevated levels can be seen in apparently healthy individual with increasing age.
- 2. NT-ProBNP values need to be interpreted in conjunction with the medical history, clinical findings and other information.
- 3. NT-ProBNP value <125 pg/mL exclude cardiac dysfuction with a high level of certainty in patients presenting with dyspnea.
- 4. Lack of NT-ProBNP elevation has been reported if Congestive Heart Failure (CHF) is very acute (first hour) or if there is Ventricular inflow obstruction.

Comments:

NT-ProBNP is a marker of atrial & ventricular distension due to increased intracardiac pressure, hence it is used as an aid in the diagnosis of CHF. The diagnostic strength of NT-ProBNP is their high sensitivity for ruling out heart failure; however, as the value increases heart failure becomes more likely. NT-ProBNP levels are correlated with New York Heart Association (NYHA) functional classes for CHF.

NYHA functional classification for CHF

CLASSES	5TH-95TH PERCENTILE	PERCENT >125 pg/ml
CLIOSLS	JIII JJIIII ENCENTIEE	1 LINCLINI > 123 pg/IIII

	J J J L C	
I	33-3410	78.60
II	103-6567	94.00
III	126-10449	95.30
IV	148-12188	97.1



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Reference No. : 210333875 Reg. Date : 16/03/2021 08:51 MALE Age/Sex 50 Years

: MR. KAMAL TANEJA : 16/03/2021 09:03 **Patient** Delivery Email+Pat-DP **Collected**

> Received : 16/03/2021 09:10 Sample Type : Blood

Ref. Doctor · SFLF Reported : 16/03/2021 11:45

Hospital/NH **Print Date** 16/03/2021 23:14

Investigation Result **Biological Reference Units Interval**

Interpretation in patients presenting with acute dyspnea

Category	Optimal cut off	Sensitivity	Specificity	PPV	NPV	Accuracy
	(pg/mL)	(%)	(%)	(%)	(%)	
Rule in cut off						
<50 years	450	97	93	79	99	94
50-75 years	900	90	82	83	88	85
>75 years	1800	85	73	92	55	83
Rule out cut-off						
All patients	300	99	60	77	98	83

Clinical Uses:

- As an aid in the diagnosis of suspected cases of CHF
- Detection of mild forms of cardiac dysfunction
- To assess severity of heart failure in already diagnosed cases of CHF
- For risk stratification of patients with acute Coronary Syndrome & CHF
- For monitoring therapy in patients with Left Ventricular dysfunction.

Limitations of NT-ProBNP:

Higher levels than expected Lower levels than expected

Increasing age

ACS Renal insufficiency

RV Dysfunction

Atrial fibrillation

Pulmonary hypertension

Pulmonary embolism

Anemia Sepsis

Mitral Regurgitation

Comments:

Obesity Pulomanary edema Pericarditis/ tamponade

Genetic polymorphism



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Consultant Pathologist / Microbiologist

Dr. Dhruti Manek MBBS, MD (Path)





08:51



REPORT

Reference No. : 210333875 Reg. Date : 16/03/2021 Age/Sex MALE : 50 Years

: MR. KAMAL TANEJA : 16/03/2021 09:03 Delivery Email+Pat-DP Collected

> : Blood Received : 16/03/2021 09:10 Sample Type

: SELF : 16/03/2021 11:45 **Ref. Doctor** Reported

Hospital/NH **Print Date** 16/03/2021 23:14

*** END OF REPORT ***



Patient





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New Delhi - 110 016







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Dr. Asha Bhatnagar MBBS, Lab Director, Quality Incharge

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Dr. Dhruti Manek MBBS, MD (Path)





I I/ml



COVID NEUTRALIZING ANTIBODY (Anti-SARS-CoV-2 Spike Antibody)

: 16/03/2021 **Reference No.** : 210333875 Reg. Date 08:51 Age/Sex : 50 Years MALE

Patient : MR. KAMAL TANEJA Delivery Email+Pat-DP **Collected** : 16/03/2021 09:03

> Sample Type : Blood Received : 16/03/2021 09:10

> > 0.00 - 0.79

Reported · SFLE : 16/03/2021 11:41 Ref. Doctor

Hospital/NH **Print Date** 16/03/2021 23:14

Biological Reference Investigation Result **Units** Interval 4.97

Anti-SARS-CoV-2 SPIKE Antibody (ECLIA)

ON ROCHE COBAS ANALYSER Interpretation

< 0.80 U/mL = Negative

>/= 0.80 U/mL = Positive

Summary ____

determination of antibodies (including IgG) to The Severe Acute Respiratory Syndrome The test is intended for quantitative Coronavirus 2 (SARS-CoV-2) spike (S) protein receptor binding domain (RBD) in human serum and plasma. The test is intended as an aid to assess the adaptive humoral immune response to the SARS-CoV-2 S protein.

2019 (COVID-19), SARS-CoV-2. the causative agent of Coronavirus Disease is an enveloped, single-stranded Betacoronavirus. coronaviruses have been identified as agents of human infection, causing disease ranging from mild common respiratory failure. SARS-CoV-2 is transmitted primarily from person-to-person through respiratory droplets and cold to severe aerosols. The incubation period from infection to detectable viral load in the host commonly ranges from 2 to 14 days. Detection of viral load can be associated with the onset of clinical signs and symptoms, although a considerable proportion of individuals remains asymptomatic or mildly symptomatic.

main structural proteins: spike (S), envelope (E), membrane (M), and nucleocapsid (N). The S Coronavirus genomes encode protein is a very large transmembrane protein that assembles into trimers to form the distinctive surface spikes of coronaviruses. Each S monomer consists of an N-terminal S1 subunit and a membrane-proximal S2 subunit. The virus gains entry to the host cell through binding of the S protein to the angiotensin-converting enzyme (ACE2), which is present on the surface of numerous cell types including the alveolar type II cells of the lung and epithelial cells of the oral mucosa. Mechanistically, ACE2 is engaged by the receptor-binding domain (RBD) on the S1 subunit.

Upon infection with SARS-CoV-2, the host mounts an immune response against the virus, typically including production of specific antibodies against viral antigens. IgM and IgG antibodies against SARS-CoV-2 appear to arise nearly simultaneously in blood. There is significant inter-individual difference in the levels and chronological appearance of antibodies in COVID-19 patients, but median seroconversion has been observed at approximately 2 weeks. Antibodies against SARS-CoV-2 with strong neutralizing especially potent if directed against the RBD, have been identified. Numerous vaccines for COVID-19 are in development, many of which focus on eliciting an immune response to the RBD. Comments:

*** END OF REPORT ***

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: 16/03/2021 12:10



PROLACTIN

Reference No. : 210333875 Reg. Date : 16/03/2021 08:51 Age/Sex : 50 Years MALE

: MR. KAMAL TANEJA Delivery Email+Pat-DP **Collected** : 16/03/2021 09:03

> Sample Type : Blood Received : 16/03/2021 09:10

> > Reported

Hospital/NH **Print Date** 16/03/2021 23:14

Result **Biological Reference Investigation Units**

Interval PROLACTIN SERUM, by ECLIA Method 42.70 4.04 - 15.20 ng/ml

Comments

Patient

Ref. Doctor

· SFLF

Prolactin is synthesized in the anterior pituitary and is secreted in episodes. The target organ for prolactin is the mammary gland, the development and differentiation of which is promoted by this hormone. High concentrations of prolactin have an inhibiting action on steroidogenesis of the ovaries and on hypophyseal gonadotropin production and secretion. During pregnancy the concentration of prolactin rises under the influence of elevated estrogen and progesterone production. The stimulating action of prolactin on the mammary gland leads post partum to lactation. Hyperprolactinemia (in men and women) is the main cause of fertility disorders. The determination of prolactin is utilized in the diagnosis of anovular cycles, hyperprolactinemic amenorrhea and galactorrhea, gynecomastia and azoo-spermia.

Note

Prolactin Value may be high in early morning samples or soon after waking up. Pooled sample is advised for an accurate estimation of Prolactin Levels.

Comments:

*** END OF REPORT ***







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