

Sample Collection Date	12-01-2021 12:00	DDL Center	Dr.Dangs Lab
Lab Ref. No.	210006537		
Name	MR. PRANAV NAGPAL	Age / Sex	32 Years / MALE

Test (Methodology)	Result	Biological Reference Interval
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HAEMATOLOGY

COMPLETE BLOOD COUNT

HAEMOGLOBIN	16.3 g/dL	13 - 17
® TOTAL LEUCOCYTE COUNT	3460 Cells/cu.mm	4000 - 11000
RED BLOOD CELL COUNT	5.31 mill/cu.mm	4.5 - 5.5
PACKED CELL VOLUME	47.10 %	40 - 50
MCV (MEAN CORPUSCULAR VOLUME)	88.70 fL	80 - 100
MCH (MEAN CORPUSCULAR HB)	30.70 pg	26 - 32
MCHC (MEAN CORPUSCULAR HB CONC)	34.61 g/dL	32 - 37
RED CELL DISTRIBUTION WIDTH	12.10 %	11.5 - 15.5
PLATELET COUNT	327000 /cu.mm	150000 - 450000

DIFFERENTIAL LEUCOCYTE COUNT

SEGMENTED NEUTROPHILS	52 %	40 - 80
LYMPHOCYTES	39 %	20 - 40
MONOCYTES	6 %	2 - 10
EOSINOPHILS	2 %	1 - 6
BASOPHILS	1 %	0 - 2

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHIL	1799 cells/mm3	1800-7700
LYMPHOCYTE	1349 cells/mm3	1000-4800
MONOCYTE	208 cells/mm3	0-800
EOSINOPHIL	69 cells/mm3	0-450
BASOPHIL	35 cells/mm3	0-200

BLOOD PICTURE

RBCs are predominantly normocytic normochromic. WBC series shows leucopenia. Platelets are adequate on smear

Sample Type: K2 EDTA Whole blood

Methodology: Automated cell counter, Sysmex XN-1000 based on Optical / Fluorescence / Flow Cytometry / SLS .

**** End of HAEMATOLOGY Report ****

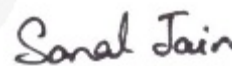
® MARKED RESULT IS RECHECKED AND VERIFIED

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Age / Sex 32 Years / MALE

Test (Methodology)**Result****Biological Reference Interval**

DR. ARCHANA R. PAHWA
M.D. (PATHOLOGY)
(Authorised Signatory)



DR. SONAL JAIN
D.M. (Hematology, A.I.I.M.S.)
(Head Hematology)

Authentication : 12-01-2021 13:37
Printed on : 12-01-2021 15:35



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HAEMATOLOGY**ERYTHROCYTE SEDIMENTATION RATE**

E.S.R.WESTERGREN [Automated]

2 mm 1st Hr

0 - 15

**** End of HAEMATOLOGY Report ****

DR. MANAVI DANG
M.D. (PATHOLOGY)
(Associate Director)

Authentication : 12-01-2021 13:15
Printed on : 12-01-2021 15:35



DR. SONAL JAIN
D.M. (Hematology, A.I.I.M.S.)
(Head Hematology)

Sample Collection Date	12-01-2021 12:00	DDL Center	Dr.Dangs Lab
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BIOCHEMISTRY & IMMUNOTURBIDIMETRY

HOMOCYSTEINE LEVEL, Serum [CMIA]	14.99 μ mol/L	5.0-15.0
GLUCOSE Fasting ,Plasma [Hexokinase]	94.00 mg/dL	60 - 100
C.P.K. ,Serum [U.V.Assay]	101.00 U/L	39 - 308
MAGNESIUM, Serum [Chlorophosphonazo III]	1.80 mg/dL	1.6-2.6

LIPID PROFILE

CHOLESTEROL, Serum [Enzymatic Assay]	230.00 mg/dL	130 - 220
TRIGLYCERIDES, Serum [Enzymatic Colorimetric]	76.00 mg/dL	50 - 150
H.D.L. CHOLESTEROL, Serum [Homogeneous Enzymatic]	45.00 mg/dL	30 - 75
L.D.L. CHOLESTEROL, Serum [Homogeneous Enzymatic Assay]	162.00 mg/dL	30 - 100
VLDL CHOLESTEROL, Serum [Calculated]	15.20 mg/dL	10 - 30
NON H.D.L. CHOLESTEROL, Serum [Calculated]	185.00 mg/ dL	
CHOLESTEROL-HDL RATIO, Serum [Calculated]	5.11 : 1	
CHOLESTEROL-TRIGLYCERIDE RATIO, Serum [Calculated]	3.03 : 1	

KIDNEY FUNCTION TEST

UREA, Serum [Kinetic Method]	13.50 mg/dL	10 - 50
BUN (BLOOD UREA NITROGEN), Serum	6.30 mg/dL	4.7 - 23.4
CREATININE, Serum [Kinetic Jaffe's method]	1.00 mg/dL	0.5-1.3
URIC ACID, Serum [Enzymatic Assay]	5.80 mg/dL	2 - 7
IONIZED CALCIUM, Serum [BAPTA Method]	1.25 mmol/L	1.1-1.25
TOTAL CALCIUM, Serum [BAPTA Method]	10.00 mg/dL	8.6-10
PHOSPHORUS, Serum [Molybdate UV]	3.70 mg/dL	2.5-4.5
SODIUM, Serum [Ion selective electrode]	139.00 mmol/L	132 - 150
POTASSIUM, Serum [Ion selective electrode]	4.40 mmol/L	3.5 - 5
CHLORIDE, Serum [Ion selective electrode]	98.00 mmol/L	98 - 107

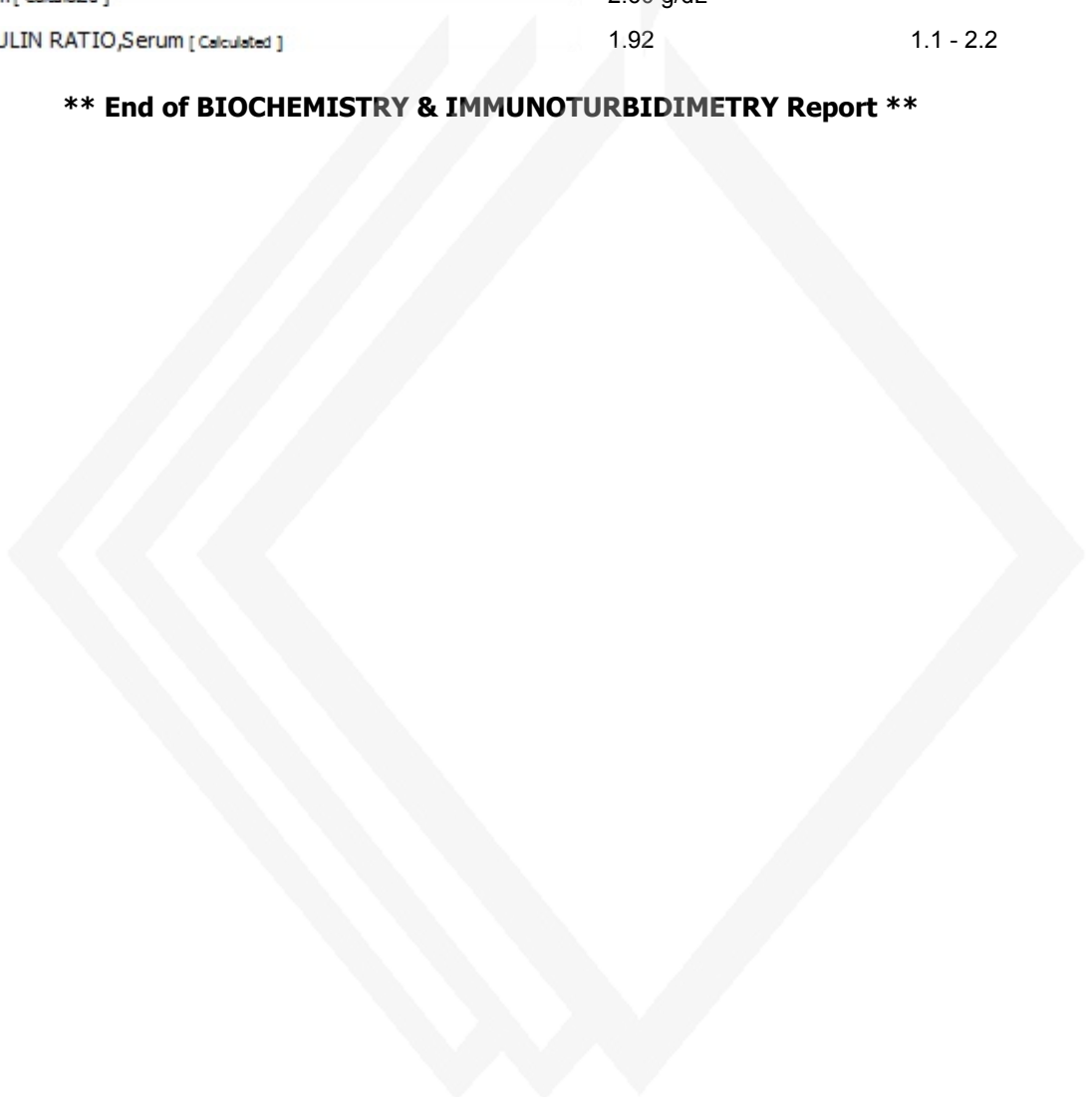
LIVER FUNCTION TEST

BILIRUBIN (Total), Serum [Diazo Method]	0.50 mg/dL	0.2 - 1.00
BILIRUBIN (DIRECT), Serum [Diazo Method]	0.21 mg/dL	0-0.30
BILIRUBIN (INDIRECT), Serum [Calculated]	0.29 mg/dL	0.1 - 0.8
S.G.O.T. Serum [Kinetic Method]	21.00 U/L	5 - 40
S.G.P.T. Serum [Kinetic Method]	17.00 U/L	5 - 41

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ALKALINE PHOSPHATASE,Serum [Kinetic (PNP)]	89.00 U/L	40 - 129
G.G.T.P. Serum [Enzymatic Assay]	24.00 U/L	10 - 71
TOTAL PROTEINS,Serum [Buret method]	7.60 g/dL	6 - 8.5
ALBUMIN,Serum [Colorimetric BCG]	5.00 g/dL	3.5 - 5
GLOBULIN,Serum [Calculated]	2.60 g/dL	
ALBUMIN/GLOBULIN RATIO,Serum [Calculated]	1.92	1.1 - 2.2

**** End of BIOCHEMISTRY & IMMUNOTURBIDIMETRY Report ****



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IMMUNO ASSAYS

PROLACTIN LEVEL, Serum [ECLIA]	7.42 ng/mL	4.0 - 15.2
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Advice: Mid-morning pooled sample for prolactin estimation.

This assay is a useful in the evaluation of amenorrhea, galactorrhea, abnormal nipple discharge, Infertility, Pituitary tumours and monitoring therapy in prolactin producing tumours. It also helps in differential diagnosis of male & female hypogonadism.

NOTE: PROLACTIN IS SECRETED IN A PULSATILE MANNER AND IS ALSO INFLUENCED BY A VARIETY OF PHYSIOLOGIC STIMULI. IT IS STRONGLY RECOMMENDED TO DO TEST IN MID-MORNING POOLED SAMPLES (3 SAMPLES AT 20-30-MINUTE INTERVALS).

CORTISOL LEVEL (Morning), Serum [ECLIA]	10.32 ug/dL	6.02 - 18.4
IRON, Serum [Direct Colorimetric Assay]	110.00 ug/dL	60 - 170
T.I.B.C., [Calculated]	315.00 ug/dL	250 - 450
U.I.B.C. Serum [Direct Determination with FerroZine]	205.00 ug/dL	125-345
TRANSFERRIN SATURATION [Calculated]	34.92 %	20-50
FERRITIN LEVEL, Serum [ECLIA]	151.40 ng/mL	

Adult Males (18-30 yrs)	18.7-323.0
Adult Males (31 - 60 yrs)	16.4-293.9
Adult Females (premenopausal)	6.9-282.5
Adult Females (postmenopausal)	14.0-233.1
CHILDREN -	
New Born	25.0 - 200.0
1 Month	200.0 - 600.0
2- 5 Months	50.0 - 200.0
6 Months-15 Years	10.0 - 140.0

THYROID PROFILE

FREE TRIIODOTHYRONINE [FT3], Serum [ECLIA]	3.21 pg/mL	2.00-4.40
FREE THYROXINE [FT4], Serum [ECLIA]	1.48 ng/dL	0.93-1.70
T.S.H. [ULTRA SENSITIVE], Serum [ECLIA]	1.78 uIU/mL	0.27-4.20

• Thyroid profile is done to evaluate thyroid gland function and help diagnose thyroid disorders causing hypothyroidism (decreased thyroid activity) and hyperthyroidism (increased thyroid activity).

• The most common causes of thyroid dysfunction are autoimmune diseases. Graves-disease causes hyperthyroidism and Hashimoto thyroiditis causes hypothyroidism. Both hyperthyroidism and hypothyroidism can also be caused by thyroiditis, thyroid cancer.

• Assays detecting unbound or free form of thyroid hormones are highly sensitive to detect thyroid dysfunction. They reflect the active form of the hormone, unaffected by non-thyroidal factors.

• The FT3 and FT4 levels fluctuate significantly during birth and can remain much higher than adult values during the first

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month after birth. Proper clinical interpretation and correlation of the reports in neonates is mandatory and preterm thyroid profiles should be interpreted with caution.

Biological reference Interval:

Age Group	FT3 in pg/mL	FT4 in ng/dL	TSH in uIU/ml
<12 months	2.9 - 6.8	1.1 - 2.0	1.36 - 8.8
1 - 6 Years	2.5 - 5.3	0.9 - 1.7	0.85 - 6.5
7 - 12 Years	2.5 - 5.6	1.1 - 1.7	0.28 - 4.3
13 - 17 Years	2.4 - 5.0	1.1 - 1.8	0.28 - 4.3
Adults	2.0 - 4.4	0.93 - 1.7	0.27 - 4.2
Cord Blood>37 Weeks	Not available	1.1 - 2.0	2.3 - 13.2

Pregnancy	FT3 in pg/mL	FT4 in ng/dL	TSH in uIU/mL (As per American Thyroid Association)
1st Trimester	2.5 - 3.9	0.9 - 1.5	0.100 - 2.500
2nd Trimester	2.1 - 3.6	0.8 - 1.3	0.200 - 3.000
3rd Trimester	2.0 - 3.3	0.7 - 1.2	0.300 - 3.000

NOTE: TSH LEVELS ARE SUBJECT TO CIRCADIAN VARIATION, REACHING PEAK LEVELS BETWEEN 2-4 A.M. AND AT A MINIMUM BETWEEN 6-10 P.M. THE VARIATION IS OF THE ORDER OF 50 TO 206%, HENCE TIME OF THE DAY HAS INFLUENCE ON THE MEASURED SERUM TSH CONCENTRATIONS. (REF: TETZ TEXTBOOK OF CLINICAL CHEMISTRY AND MOLECULAR DIAGNOSTICS-5TH EDITION Page 123). FLUCTUATING TSH VALUES SHOULD BE CLINICALLY CORRELATED.

GLYCOSYLATED HAEMOGLOBIN [HBA1C]

GLYCOSYLATED HAEMOGLOBIN [HBA1C], Whole Blood [HPLC]

5.20 %

4.4-6.5

*Mean Plasma Glucose

108 mg/dL

ANALYZER: Tosoh Automated Glycohemoglobin Analyzer HLC-723G8 (G8)

METHODOLOGY: HPLC

- This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 - 12 weeks and is a better indicator of long-term glycemic control as compared with blood and urine glucose levels due to lesser day to day variation.
- Specifically, the A1C test measures what percentage of hemoglobin is coated with sugar (glycated). Higher the A1C level, the poorer is blood sugar control and higher is the risk of diabetes complications.
- Disorders associated with a decreased erythrocyte life-span, as well as individuals with recent and significant blood loss and chronic renal failure, exhibit low glycated Hb values.
- The test is performed by Gold standard technique of HPLC.

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- Effectiveness of A1C may be limited in conditions that affect RBC turnover, such as hemolytic anemia, glucose-6-phosphate dehydrogenase deficiency, recent blood transfusions, drugs that stimulate erythropoiesis, end-stage kidney disease, and pregnancy.
- Hemoglobin variants may interfere with A1c results. Fructosamine level estimation is recommended in such cases.

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Nondiabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 -6.4
Diagnosing Diabetes	>6.5

Comment: The final report has been generated after reviewing the HPLC Chromatogram.

IgE LEVEL, Serum[ECLIA]

37.75 IU/mL

5 - 100

Summary and Explanation of the Test: -

IgE concentration in human serum is extremely low, increasing from a geometric mean of 0.22 IU/mL (one IU = 2.4 ng) at birth to approximately 20.0 IU/mL (adult value) at 14 years of age. IgE binds to receptors on mast cells and basophils leading to the release of histamine and other mediators, producing the symptoms of "allergies". Elevated IgE levels in young children are predictive of subsequent developments of allergic diseases. Levels are elevated also in parasitic diseases, bronchiolitis, bronchopulmonary aspergillosis and immunodeficiency diseases (Wiskott-Aldrich Syndrome, DiGeorge Syndrome and hyper IgE Syndrome). IgE concentrations vary as a result of diet, genetic background, geographical location and other influences. Healthy nonallergic adults have an expected IgE concentration of upto 120 IU/mL. Children without allergic symptoms are expected to have approximately 10% to 20% of the adult value. Low IgE values do not indicate the absence of allergies. Some patients may have low total IgE level but high concentration of specific IgE antibody. Sensitivity of the COBAS 6000 Total IgE assay is 0.10IU/ML.

An elevated IgE level is most commonly seen in the case of an immediate allergy.
For testing options to various allergies (food / respiratory) kindly contact front office for details.

VITAMIN B-12 LEVEL, Serum[ECLIA]

270.60 pg/mL

197 - 771

- Vitamin B12 (cobalamin) is a water-soluble vitamin and is normally found in animal products including meats, eggs and milk & milk products. It cannot be produced in the body and must be supplied by the diet.
- It is necessary for hematopoiesis and normal neuronal function. As it is obtained mainly from animal proteins, in humans, it requires intrinsic factor (IF) for absorption.
- Vitamin B12 deficiency may be due to lack of IF secretion by the gastric mucosa (pernicious anaemia) or intestinal malabsorption. It is also seen in vegetarians with inadequate B12 intake.
- Its deficiency frequently causes macrocytic anaemia, glossitis, peripheral neuropathy, weakness, ataxia, poor coordination and affective behavioural changes.
- An increase in the levels of Vitamin B 12 is mostly due to excessive ingestion of multivitamin capsules with B12. Conditions such as liver diseases and myeloproliferative disorders occasionally exhibit increased levels.
- Serum homocysteine levels are also elevated in B12 deficiency.

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® VITAMIN D-3 LEVEL, Serum [ECLIA]	17.30 ng/mL	25-100

Interpretation:

Less than 12 ng/ml: Definitely deficient
12-25 ng/ml: Insufficient
25 - 100 ng/ml: Adequate
More than 100 ng/ml: Toxic

THE TEST IS BEING PERFORMED ON FDA APPROVED FULLY AUTOMATED REFERENCE IVD PLATFORM .

The two most important forms of Vitamin D are Vitamin D3 and Vitamin D2. In contrast to Vitamin D3, Vitamin D2 has to be taken up with food. In the human body Vitamin D3 and D2 are bound to Vitamin D-binding protein in plasma and transported to liver where both are hydroxylated in position 25 forming 25-OH Vitamin D. 25-OH Vitamin D is the metabolite that should be measured in blood to determine the overall Vitamin D status because it is the major storage form of Vitamin D in the human body. More than 95% of 25-OH Vitamin D, measurable in serum, is 25-OH Vitamin D3 whereas 25-OH Vitamin D2 reaches measurable levels only in patients taking Vitamin D2 supplements. Vitamin D is a common cause of secondary hyperparathyroidism. Elevations of PTH levels, especially in elderly Vitamin D deficient adults can result in osteomalacia, increased bone turnover, reduced bone mass and risk of bone fractures.

Reference - Position paper of the International Osteoporosis Foundation.

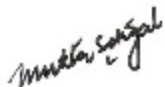
**** End of IMMUNO ASSAYS Report ****

® MARKED RESULT IS RECHECKED AND VERIFIED

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IMMUNOGLOBULIN ASSAY		
IgA, Serum [Immuno Turbidimetric Assay]	122.00 mg /dL	70 - 400
IgG, Serum [Immuno Turbidimetric Assay]	1198.00 mg /dL	700 - 1600
IgM, Serum [Immuno Turbidimetric Assay]	69.00 mg /dL	40 - 230

**** End of IMMUNOGLOBULIN ASSAY Report ****



DR. MUKTA SEHGAL
H.O.D. (BIOCHEMISTRY)
(Authorised Signatory)



DR. MANAVI DANG
M.D. (PATHOLOGY)
(Associate Director)

Authentication : 12-01-2021 13:30
Printed on : 12-01-2021 15:35

CONDITIONS OF REPORTING

- ▶ In case of alarming or unexpected test results you are advised to contact the laboratory immediately for further discussions and action. Laboratory results are meant to be correlated with the patient's clinical history.
- ▶ The report will carry the name and age provided at the time of registration.
- ▶ Reporting of tests will be as per defined laboratory turn around time for each test. The same will be informed to the patient during first point of contact i.e. registration or phlebotomy as the case may be.
- ▶ Test results & reference ranges vary depending on the technology and methodology used.
- ▶ Rarely a second sample may be requested for an indeterminate result or any other pre-analytical / analytical reason.
- ▶ Reports can be received either as a hard copy or an email on your personal ID. Reports can also be delivered via courier. Payments can be made online on our website. Only reports with no pending payments are mailed, uploaded or dispatched.
- ▶ Reports can also be accessed via Dr. Dangs lab website or through the Dr. Dangs mobile application on IOS and android using the unique id and password provided to you during registration or received by you via SMS.
- ▶ Home collection sample facility is provided with prior appointment. Request for same to be given on 999-999-2020, booked online on www.drdangslab.com or through the Dr. Dangs mobile application on IOS and android.
- ▶ A digital invoice for tests performed is available on our website and can be accessed by using the unique I.D. and password provided.
- ▶ To maintain confidentiality, certain reports may not be mailed at the discretion of the management.
- ▶ In case of any queries pertaining to your test results or to provide feedback/suggestions please call us on 01145004200, 01126868929 or mail us at info@drdangslab.com.
- ▶ 48 hour notice is be required for the issuing of slides and blocks.
- ▶ Test results are not valid for medico legal purposes.
- ▶ The courts (forums) at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the tests and/or results of the tests.