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S07 - PUNJABI BAGH HOME VISIT
DELHI,
DELHI

Name	: Ms. RASHMI SINGH.			Collected	: 21/3/2021 8:09:00AM
Lab No.	: 156702751	Age: 53 Years	Gender: Female	Received	: 21/3/2021 8:13:12AM
A/c Status	: P	Ref By : SELF		Reported	: 22/3/2021 2:38:19PM
				Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
HEMOGRAM @			
Hemoglobin (Photometry)	**11.70**	g/dL	12.00 - 15.00
Packed Cell Volume (PCV) (Calculated)	**35.70**	%	36.00 - 46.00
RBC Count (Electrical Impedence)	3.91	mill/mm3	3.80 - 4.80
MCV (Electrical Impedence)	91.30	fL	83.00 - 101.00
MCH (Calculated)	30.00	pg	27.00 - 32.00
MCHC (Calculated)	32.90	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW) (Electrical Impedence)	**14.70**	%	11.60 - 14.00
Total Leukocyte Count (TLC) (Electrical Impedence)	5.00	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC) (VCS Technology)			
Segmented Neutrophils	40.60	%	40.00 - 80.00
Lymphocytes	**42.80**	%	20.00 - 40.00
Monocytes	**12.40**	%	2.00 - 10.00
Eosinophils	2.90	%	1.00 - 6.00
Basophils	1.30	%	<2.00
Absolute Leucocyte Count (Calculated)			
Neutrophils	2.03	thou/mm3	2.00 - 7.00
Lymphocytes	2.14	thou/mm3	1.00 - 3.00
Monocytes	0.62	thou/mm3	0.20 - 1.00
Eosinophils	0.15	thou/mm3	0.02 - 0.50
Basophils	0.07	thou/mm3	0.02 - 0.10
Platelet Count (Electrical impedence)	303.0	thou/mm3	150.00 - 410.00

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Test Name	Results	Units	Bio. Ref. Interval
Mean Platelet Volume (Electrical Impedence)	8.7	fL	6.5 - 12.0
ESR (Capillary photometry)	10	mm/hr	0.00 - 30.00

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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Test Name	Results	Units	Bio. Ref. Interval
LIVER PANEL 1; LFT,SERUM @			
AST (SGOT) (IFCC without P5P)	22	U/L	13.00 - 35.00
ALT (SGPT) (IFCC without P5P)	11	U/L	10.00 - 49.00
AST:ALT Ratio (Calculated)	**2.00**		<1.00
GGTP (IFCC)	12	U/L	0 - 38
Alkaline Phosphatase (ALP) (IFCC-AMP)	89	U/L	30.00 - 120.00
Bilirubin Total (DPD)	0.82	mg/dL	0.30 - 1.20
Bilirubin Direct (DPD)	**0.31**	mg/dL	<0.3
Bilirubin Indirect (Calculated)	0.51	mg/dL	<1.10
Total Protein (Biuret)	6.60	g/dL	5.70 - 8.20
Albumin (BCG)	4.40	g/dL	3.20 - 4.80
A : G Ratio (Calculated)	2.00		0.90 - 2.00

Note

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.

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2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

KIDNEY PANEL; KFT,SERUM @

Urea (Urease UV)	16.00	mg/dL	13.00 - 43.00
Creatinine (Modified Jaffe,Kinetic)	0.58	mg/dL	0.55 - 1.02
Uric Acid (Uricase)	4.40	mg/dL	2.60 - 6.00
Calcium, Total (Arsenazo III)	9.20	mg/dL	8.70 - 10.40
Phosphorus (Molybdate UV)	**5.37**	mg/dL	2.40 - 5.10
Alkaline Phosphatase (ALP) (IFCC-AMP)	89	U/L	30.00 - 120.00
Total Protein (Biuret)	6.60	g/dL	5.70 - 8.20
Albumin (BCG)	4.40	g/dL	3.20 - 4.80
A : G Ratio (Calculated)	2.00		0.90 - 2.00

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Test Name	Results	Units	Bio. Ref. Interval
Sodium (Indirect ISE)	141.00	mEq/L	136.00 - 145.00
Potassium (Indirect ISE)	4.21	mEq/L	3.50 - 5.10
Chloride (Indirect ISE)	107.00	mEq/L	98.00 - 107.00

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Test Name	Results	Units	Bio. Ref. Interval
ANTI NUCLEAR ANTIBODY / FACTOR (ANA/ANF), SERUM @ (EIA)	**25.08**	Units	<20.00

Interpretation

RESULT IN UNITS	REMARKS
<20	Negative
20-60	Moderate positive
>60	Strong positive

Comments

Antinuclear antibodies are the most sensitive screening test for autoantibodies in patients suspected of connective tissue diseases. They are a heterogenous group of autoantibodies directed against ds-DNA, histones, SSA / Ro, SSB / La, Sm, Sm / RNP, Scl-70, Jo-1 & Centromere. ANA 's have also been detected in patients with Autoimmune Hepatitis (80%),Primary biliary cirrhosis (60%), Alcohol related liver disease (50%), Viral hepatitis B (40%). Presence of ANA has also been detected in individuals taking certain drugs like Hydrallazine, Isoniazid, Chlorpromazine; family of SLE patients; healthy and elderly persons

GLUCOSE, FASTING (F), PLASMA @ (Hexokinase)	80.00	mg/dL	70 - 100
CHOLESTEROL, TOTAL, SERUM @ (Spectrophotometry)	158.00	mg/dL	<200.00

Interpretation

NCEP RECOMMENDATIONS	CHOLESTEROL IN mg/dL in adults	CHOLESTEROL IN mg/dL in children
Desirable level	< 200	< 170
Borderline High	200-239	171-199
High	>or = 240	>or = 200

Note

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Test Name	Results	Units	Bio. Ref. Interval

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. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

ANTI CCP (CYCLIC CITRULLINATED PEPTIDE), SERUM @ (CMIA)	<0.50	U/mL	<5.00

Note

1. Sensitivity of this assay is 70.6% and specificity is 98.2%
2. Specificity of Anti CCP antibodies in Juvenile arthritis patients has not been established

Comments

Anti CCP antibodies are useful for evaluating patients suspected of Rheumatoid arthritis. Positive results occur in 60-80% of Rheumatoid arthritis patients depending on disease severity. The positive predictive value of Anti CCP antibodies for Rheumatoid arthritis is far greater than Rheumatoid factor. False positive results are uncommon. Upto 30% patients with seronegative Rheumatoid arthritis also show Anti CCP antibodies.

Clinical Uses

- For diagnosis of early Rheumatoid arthritis - Anti CCP antibodies are detected in approximately 50-60% patients of Rheumatoid arthritis usually after 3-6 months of symptoms
- Prediction of severity of disease - Early Rheumatoid arthritis patients with Anti CCP positivity may develop a more erosive form of the disease as compared with Anti CCP negative patients
- To differentiate elderly onset Rheumatoid arthritis from Polymyalgia rheumatica and erosive SLE

C-REACTIVE PROTEIN; CRP, SERUM @ (Immunoturbidimetry)	<0.50	mg/L	<5.00

Comments

CRP is an acute phase reactant which is used in inflammatory disorders for monitoring course and effect of therapy. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis and infections. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.

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Test Name	Results	Units	Bio. Ref. Interval
RHEUMATOID FACTOR (RA), SERUM @ (Immunoturbidimetry)	<10.00	IU/mL	<14.00

Comments

Rheumatoid factor is an antibody directed against the Fc portion of the IgG molecule. Polyreactive RF has binding specificity for substances other than IgG like nuclear components. This polyreactive RF is usually of the IgM class with low affinity. RF is not specific only for Rheumatoid arthritis, but it is often seen in cases of chronic infection and other systemic inflammatory conditions. Healthy individuals > 65 years of age may also show positive RF results. In addition to the common IgM RF, both IgA RF & IgG RF have been detected. IgA RF has been related to the more severe form of the disease with erosions.

VITAMIN B12; CYANOCOBALAMIN, SERUM @ (CLIA)	299.00	pg/mL	211.00 - 911.00

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 @ (CLIA)	87.15	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

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Test Name	Results	Units	Bio. Ref. Interval
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.
- 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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Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE,TOTAL, SERUM @ (CLIA)			
T3, Total	1.16	ng/mL	0.60 - 1.81
T4, Total	9.50	µg/dL	5.01 - 12.45
TSH	3.58	µIU/mL	0.35 - 5.50

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

Interpretation

PREGNANCY	REFERENCE RANGE FOR TSH IN µIU/mL (As per American Thyroid Association)
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300- 3.000

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Dr.Kamal Modi
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Immunohematology
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Dr Sunanda
MD, Pathology
Consultant
NRL - Dr Lal PathLabs Ltd

----------End of report ----------

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.