

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

**Reference No.** : 201170520 **Age/Sex** : 47 Years FEMALE **Reg. Date** : 20/11/2020 12:57  
**Patient** : MS. NIVEDITA JOSHI **Delivery** : EMAIL **Collected** : 20/11/2020 13:01  
**Ref. Doctor** : SELF **Sample Type** : Blood **Received** :  
**Hospital/NH** : **Reported** : 20/11/2020 14:37  
**Print Date** : 20/11/2020 17:48

Investigation	Result	Biological Reference Interval	Units
HEMOGLOBIN, Blood(SLS Hemoglobin)	13.7	12.00 - 15.00	g/dl
PACKED CELL VOLUME, Blood(Impedence)	41.7	36 - 46	%
TLC, Blood (Flow cytometry)	5420.00	4000 - 11000	/cumm
<b><u>D.L.C., Blood (Flow Cytometry)</u></b>			
POLYMORPHS	66.0	44.00 - 68.00	%
LYMPHOCYTES	25.00	25.00 - 44.00	%
EOSINOPHILS	2.0	0.00 - 4.00	%
MONOCYTES	7.00	0.00 - 7.00	%
ABSOLUTE NEUTROPHIL COUNT(Blood, Calculated).	3577.20	2000 - 7000	/Cu mm
ABSOLUTE LYMPHOCYTE COUNT(Blood, Calculated).	1355.00	1000 - 3000	/Cu mm
ABSOLUTE EOSINOPHIL COUNT BLOOD, (Calculated)	108.40	20 - 500	/Cu mm
PLATELET COUNT, Blood (Impedence)	303.00	150 - 410	1000/Cumm
E.S.R, Blood(Capillary Photometry)	9.00	0.00 - 20.00	1st hour
R B C COUNT, Blood (Impedence)	4.59	3.8 - 4.8	10 <sup>12</sup> /L
MCV, Blood(Calculated)	90.85	83 - 101	fl
MCH, Blood(Calculated)	29.85	27.00 - 32.60	Pg
MCHC, Blood(Calculated)	32.85	31.50 - 34.50	gm/dl
RDW, Blood (Calculated)	13.5	11.6 - 14.0	%
COMMENTS ON PERIPHERAL SMEAR : (Microscopy, Leishman stain)	The red blood cells are normocytic and normochromic. The white cells are normal. The platelets are adequate.		

\*Test performed by SYSMEX XN-550.

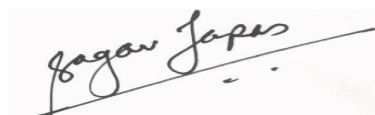
Absolute Neutrophil Count (ANC) <1000 - Markedly increased susceptibility of infectious diseases.

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

- Absolute Neutrophil Count (ANC) <200 absent inflammatory processes.

Comments:

\*\*\* END OF REPORT \*\*\*



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## REPORT

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**Patient** : MS. NIVEDITA JOSHI **Delivery** : EMAIL **Collected** : 20/11/2020 13:01  
**Ref. Doctor** : SELF **Sample Type** : FLUORIDE PLASMA **Received** :  
**Hospital/NH** : **Reported** : 20/11/2020 13:59  
**Print Date** : 20/11/2020 17:48

<u>Investigation</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Units</u>
FASTING GLUCOSE, Plasma(Hexokinase)	97.8	60 - 100	mg/dl
Comments:			
BLOOD GLUCOSE PP,Plasma,(Hexokinase)	99.40	60.00 - 140.00	mg/dl

Post 75 gms oral glucose : <140 = Normal, 140- 199 = Impaired glucose tolerance, 200 or more = Diabetes.

Conditions in which the post prandial sugar is less than the fasting sugar:

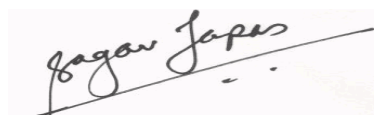
1). Excessive increase in insulin. (2). Rapid gastric emptying. (3). Brisk glucose absorption.

The probable causes are :

1). Early type II diabetes. (2). Drugs like Salicylates, Beta Blockers, Pentamidine, Alcohol etc.(3). Foods with higher glycaemic index (4). Exercise in between samples. (5). Family history of diabetes. (6). Partial or total gastrectomy.

Comments:

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## HbA1c

<b>Reference No.</b> : 201170520	<b>Age/Sex</b> : 47 Years FEMALE	<b>Reg. Date</b> : 20/11/2020 12:57
<b>Patient</b> : MS. NIVEDITA JOSHI	<b>Delivery</b> : EMAIL	<b>Collected</b> : 20/11/2020 13:01
	<b>Sample Type</b> : Blood	<b>Received</b> :
<b>Ref. Doctor</b> : SELF		<b>Reported</b> : 20/11/2020 14:32
<b>Hospital/NH</b> :		<b>Print Date</b> : 20/11/2020 17:48

<u>Investigation</u>	<u>Result</u>	<u>Units</u>
GLYCOSYLATED HEMOGLOBIN (HbA1c)	5.7	%
Immunoturbidimetry		

### REFERENCE RANGE:

4.00 - 5.60 % Normal  
 5.70 - 6.40 % Prediabetes (The values should be co-related with Glucose levels)  
 6.10 - 7.00 % HbA1C indicates very good control in diabetes  
 7.10 - 8.00 % HbA1C indicates adequate control in diabetes  
 8.10 - 9.00 % HbA1C indicates suboptimal control in diabetes  
 >9.00% HbA1C indicates poor control in diabetes

HbA1c (%) Average Glucose mg/dl

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 \*\*\*

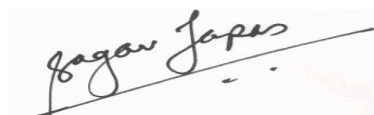
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**Received** :  
**Ref. Doctor** : SELF  
**Reported** : 20/11/2020 13:59  
**Hospital/NH** :  
**Print Date** : 20/11/2020 17:48

<u>Investigation</u>	<u>Result</u>	<u>Biological Reference</u>	<u>Units</u>
CALCIUM, Serum(BAPTA)	8.80	8.60 - 10.00	mg/dl

Comments:

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## LIPID PROFILE

**Reference No.** : 201170520 **Age/Sex** : 47 Years FEMALE **Reg. Date** : 20/11/2020 12:57  
**Patient** : MS. NIVEDITA JOSHI **Delivery** : EMAIL **Collected** : 20/11/2020 13:01  
**Sample Type** : SERUM **Received** :  
**Ref. Doctor** : SELF **Reported** : 20/11/2020 13:59  
**Hospital/NH** : **Print Date** : 20/11/2020 17:48

Investigation	Result	Biological Reference Interval	Units
CHOLESTROL, SERUM (Enz. Colorimetry)	199.1	80.00 - 200.00	mg/dl
HDL CHOLESTEROL (Enz.Colorimetry)	<b>38.00</b>	40.00 - 70.00	mg/dl
TRIGLYCERIDES, SERUM (Enz.Colorimetry)	<b>237.39</b>	40.00 - 150.00	mg/dl
VLDL CHOLESTEROL (Calculated)	<b>47.48</b>	24.00 - 45.00	mg/dl
LDL CHOLESTEROL (Enz.Colorimetry)	<b>113.62</b>	30.00 - 100.00	mg/dl
LDL / HDL RATIO (Calculated)	2.99	0.00 - 3.00	
CHOLESTEROL / HDL RATIO(Calculated)	<b>5.24</b>	0.00 - 4.00	

### INTERPRETATION :-

Desirable : Less than 200 mg/dl  
 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 REFERENCE 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

**HDL-C** : High HDL has generally been found to be protective, decreasing the risk of coronary Artery disease (CAD) in most 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  
 High 160 - 189 mg/dL  
 Very High >=190 mg/dL

Comments:

\*\*\* END OF REPORT \*\*\*

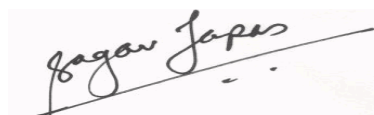
## L.F.T WITH G.G.T.P

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Investigation	Result	Biological Reference Interval	Units
BILIRUBIN (TOTAL), Serum(Diazo)	0.24	0.00 - 1.20	mg/dl
BILIRUBIN (DIRECT), Serum(Diazo)	0.15	0 - 0.30	mg/dl
BILIRUBIN (INDIRECT), Serum(Calculated)	0.09	0.00 - 0.70	mg/dl
TOTAL PROTEINS Serum(Biuret)	7.0	6.40 - 8.30	gms/dl
ALBUMIN, Serum(BCG)	4.5	3.50 - 5.20	gms/dl
GLOBULIN (Calculated)	2.50	2.00 - 3.50	gms/dl
A:G RATIO (Calculated)	1.80	1.00 - 2.00	
ALKALINE PHOSPHATASE, Serum(Colorimetry)	91.3	35.00 - 105.00	U/L
SGOT, Serum(IFCC)	24.3	1.00 - 32.00	U/l
SGPT, Serum(IFCC)	32.9	2.00 - 33.00	U/l
GGTP, Serum(Enz.Colorimetry)	<b>86.5</b>	5.00 - 36.00	U/L

Comments:

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<u>Investigation</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Units</u>
MAGNESIUM, Serum(CPZ III)	2.09	1.6 - 2.60	mg/dl

Comments:

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## THYROID PROFILE

**Reference No.** : 201170520 **Age/Sex** : 47 Years FEMALE **Reg. Date** : 20/11/2020 12:57  
**Patient** : MS. NIVEDITA JOSHI **Delivery** : EMAIL **Collected** : 20/11/2020 13:01  
**Ref. Doctor** : SELF **Sample Type** : SERUM **Received** :  
**Hospital/NH** : **Reported** : 20/11/2020 13:59  
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<u>Investigation</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Units</u>
FT3 Serum, (CLIA)	5.29	3.80 - 6.00	pmol/L
FREE T4, Serum, (CLIA)	10.6	7.00 - 15.96	pmol/l
TSH, Serum, (CLIA)	3.11	0.45 - 5.33	uIU/ml

\*Pregnancy

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

\* PHYSIOLOGICAL ALTERATIONS IN THYROID VALUES  
 \* REFERENCE RANGE :-

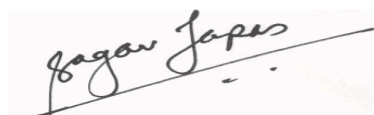
Pregnancy

Units	First Trimester	Second Trimester	Third Trimester
TSH uIU/mL	0.05 - 3.70	0.31 - 4.35	0.41 - 5.18

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

Comments:

\*\*\* END OF REPORT \*\*\*



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## VITAMIN D, 25 - HYDROXY

**Reference No.** : 201170520  
**Patient** : MS. NIVEDITA JOSHI  
**Ref. Doctor** : SELF  
**Hospital/NH** :  
**Age/Sex** : 47 Years FEMALE  
**Delivery** : EMAIL  
**Sample Type** : SERUM  
**Reg. Date** : 20/11/2020 12:58  
**Collected** : 20/11/2020 13:01  
**Received** :  
**Reported** : 20/11/2020 14:32  
**Print Date** : 20/11/2020 17:48

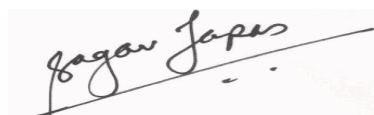
<u>Investigation</u>	<u>Result</u>	<u>Biological Reference</u>	<u>Units</u>
		<u>Interval</u>	
VITAMIN D, 25-HYDROXY, Serum,(CLIA)	73.0	75.00 - 250.00	nmol/L

### INTERPRETATION

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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