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Kavita Bhartia HOUSE NO-2 AMRITA SHERGIL MARG	DOB: 24/12/1959 Age: 58Y Gender: F PID: QD2114729 Physician:. Doctor	Shubham Sharma owner of Patient Service Centre 7/19,GROUND FLOOR,OLD DOUBLE STOREY LAJPAT NAGAR-IV NEW DELHI-110024 Delhi , Delhi Delhi Phone: 9999193644

Order#	Collected Date/Time	Reported Date/Time	Status
2241169	21/01/2018 11:05 AM		Prelim Report

CBC (INCLUDES DIFF/PLT)

Test	Within Range	Out of Range	Biological Ref Range	Units
HEMOGLOBIN	12.6		11.7 - 15.5	g/dL
HEMATOCRIT	37.9		35.0 - 45.0	%
WHITE BLOOD CELL COUNT	4.5		3.8 - 10.8	Thousand/uL
NEUTROPHILS	63.2		40.0 - 75.0	%
LYMPHOCYTES	28.2		16.0 - 46.0	%
MONOCYTES	5.5		0.0 - 12.0	%
EOSINOPHILS	2.3		0.0 - 7.0	%
BASOPHILS	0.8		0.0 - 2.0	%
NUCLEATED RBC	0.0			/100 WBC
PLATELET COUNT	208		140 - 400	Thousand/uL
ABSOLUTE NEUTROPHILS	2844		1500 - 7800	cells/uL
ABSOLUTE LYMPHOCYTES	1269		850 - 3900	cells/uL
ABSOLUTE MONOCYTES	248		200 - 950	cells/uL
ABSOLUTE EOSINOPHILS	104		15 - 550	cells/uL
ABSOLUTE BASOPHILS	36		0 - 200	cells/uL
RED BLOOD CELL COUNT	4.29		3.80 - 5.10	Million/uL
MCV	88.3		80.0 - 100.0	fL
MCH	29.3		27.0 - 33.0	pg
MCHC	33.2		32.0 - 36.0	g/dL
RDW	13.7		11.0 - 15.0	%
MPV	8.7		7.5 - 11.5	fL
MENTZER INDEX	20.58			

METHOD - CALCULATED

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

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Panel Comments
CBC (INCLUDES DIFF/PLT)
METHOD : CELL COUNTER

HEMOGLOBIN A1c PANEL

Test	Within Range	Out of Range		Biological Ref Range	Units
HEMOGLOBIN A1c		**5.7**	**H**	< 5.7	% of total Hgb

METHOD : HPLC
SAMPLE TYPE : WHOLE BLOOD

Hemoglobin A1c (Glycated hemoglobin) is structurally related to adult hemoglobin (HbA) and has a glucose molecule attached to it. HbA1c is continuously formed during the 120 day life of red blood cell, and a single measurement of HbA1c reflects the average blood glucose level during the preceding 2-3 months. HbA1c of 7% means that 7% of the total hemoglobin has glucose attached to it.

Criteria
For patients not diagnosed with Diabetes:
* Less than 5.7% - Normal
* 5.7 to 6.4% - Pre Diabetes
* 6.5% and above - Diabetes
For patients diagnosed with Diabetes:
* American Diabetic Association (ADA) recommends that for adequate glucose control a reasonable HbA1c goal for a non pregnant adult is less than 7%

Note: ADA recommends that individuals with diabetes be tested at least twice each year for those in good control and quarterly for those whose diabetes is not well controlled or whose therapy has changed.

eAG CALCULATED	116.9	< 140.0	mg/dL

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ADA is recommending the use of a new term in diabetes management, estimated Average Glucose, or eAG. The eAG is a value calculated from HbA1c and represents an average of glucose levels over the previous three month period.

ERYTHROCYTE SEDIMENTATION RATE

Test	Within Range	Out of Range		Biological Ref Range	Units
ERYTHROCYTE SEDIMENTATION RATE		**45**	**H**	1 - 15	mm/hr
METHOD : MODIFIED WESTERGREN (AUTOMATED)					
SAMPLE TYPE : EDTA WHOLE BLOOD					

LIVER FUNCTION PANEL 2

Test	Within Range	Out of Range		Biological Ref Range	Units
BILIRUBIN, TOTAL	0.4			0.2 - 1.2	mg/dL
METHOD : DIAZO					
SAMPLE TYPE : SERUM					
BILIRUBIN, DIRECT	0.1			< 0.4	mg/dL
METHOD : DIAZO					
SAMPLE TYPE : SERUM					
BILIRUBIN, INDIRECT	0.3			0.2 - 1.2	mg/dL (calc)
PROTEIN, TOTAL	6.2			6.0 - 8.5	g/dL
METHOD : BIURET					
SAMPLE TYPE : SERUM					
ALBUMIN	3.9			3.5 - 5.2	g/dL
METHOD : BROMOCRESOL GREEN					
SAMPLE TYPE : SERUM					
GLOBULIN	2.3			2.2 - 3.9	g/dL (calc)
ALBUMIN/GLOBULIN RATIO	1.7			1.0 - 2.1	(calc)
ALKALINE PHOSPHATASE	78			33 - 130	U/L
METHOD : IFCC/PNPP					
SAMPLE TYPE : SERUM					
GAMMA GLUTAMYL TRANSFERASE	16			< 45	U/L
METHOD : G-GLUT-3-CARBOXY-4 NITRO					
SAMPLE TYPE : SERUM					
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24			10 - 35	U/L

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Test	Within Range	Out of Range	Biological Ref Range	Units
METHOD : KINETIC IFCC				
SAMPLE TYPE : SERUM				
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19		6 - 29	U/L
METHOD : IFCC WITH NAD				
SAMPLE TYPE : SERUM				

PERIPHERAL SMEAR, REVIEW

Test	Within Range	Out of Range	Biological Ref Range	Units
PERIPHERAL SMEAR, REVIEW	RBCs- Normocytic normochromic predominantly. WBCs- Within normal limits. Platelets- Adequate on smear and normal in morphology. No abnormal cell form seen in the smear examined.			
COMMENT	Peripheral smear shows normocytic normochromic blood picture.			

Panel Comments
PERIPHERAL SMEAR, REVIEW
METHOD : MICROSCOPIC

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AUTOMATED CHEMISTRY

Test	Within Range	Out of Range	Biological Ref Range	Units
CALCIUM	9.7		8.5 - 10.3	mg/dL
METHOD : ARSENAZO III				
SAMPLE TYPE : SERUM				
GLUCOSE, FASTING (PLASMA)	77		70 - 99	mg/dL
REFERENCE RANGES:				
2013 American Diabetes Association				
Diagnostics Criteria for diabetes Mellitus				
Glucose Value (mg/dL)				
NORMAL = 70-99				
IMPAIRED FASTING = 100-125				
DIABETES =>126				
METHOD : HEXOKINASE				
SAMPLE TYPE : PLASMA				
CHOLESTEROL, TOTAL	189		< 200	mg/dL
METHOD : CHOD-POD				
SAMPLE TYPE : SERUM				
HDL CHOLESTEROL	55		>50	mg/dL
METHOD : ENZYMATIC COLORIMETRIC				
SAMPLE TYPE : SERUM				
TRIGLYCERIDES	53		< 150	mg/dL
METHOD : GPO-POD				
SAMPLE TYPE : SERUM				
VLDL CHOL, CALCULATED	11			mg/dL (calc)
LDL/HDL RATIO	1.9		0.5 - 3.0	(calc)
CHOLESTEROL/HDL RATIO	3.4		< 5.0	(calc)
DIRECT LDL		**105 H**	< 100	mg/dL
METHOD : ENZYMATIC COLORIMETRIC				
SAMPLE TYPE : SERUM				
Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease				

SPECIAL CHEMISTRY

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Test	Within Range	Out of Range		Biological Ref Range	Units
DHEA SULFATE	In Process				mcg/dL
INSULIN (FASTING)		**30**	**H**	< 17	uIU/mL
METHOD : CHEMILUMINESCENCE SAMPLE TYPE : SERUM					
CEA	0.9			< 2.5	ng/mL
NON-SMOKER: <2.5 SMOKER: <5.0 CEA values from different assay methods cannot be used interchangeably. This assay was performed using the Bayer chemiluminescent method. METHOD : CHEMILUMINESCENCE SAMPLE TYPE : SERUM					
FERRITIN	18			10 - 232	ng/mL
METHOD : CHEMILUMINESCENCE SAMPLE TYPE : SERUM					
TESTOSTERONE, TOTAL	26			20 - 76	ng/dL
METHOD : CHEMILUMINESCENCE SAMPLE TYPE : SERUM					
VITAMIN B12	246			200 - 1100	pg/mL
METHOD : CHEMILUMINESCENCE SAMPLE TYPE : SERUM					
FOLATE, SERUM	20.0				ng/mL
REFERENCE RANGE: LOW: <3.4 BORDERLINE:3.4-5.4 NORMAL:>5.4 METHOD : CHEMILUMINESCENCE SAMPLE TYPE : SERUM					
FSH	78.3				mIU/mL

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REFERENCE RANGE

FOLLICULAR PHASE	2.5-10.2
MID-CYCLE PEAK	3.1-17.7
LUTEAL PHASE	1.5- 9.1
POSTMENOPAUSAL	23.0-116.3

METHOD : CHEMILUMINESCENCE
SAMPLE TYPE : SERUM

ENHANCED ESTRADIOL (eE2) <19 pg/mL

METHOD : CHEMILUMINESCENCE
SAMPLE TYPE : SERUM
Reference range established on post-pubertal patient population. No pre-pubertal reference range established using this assay. For any patients for whom low estradiol levels are anticipated (e.g males, pre-pubertal children, and hypogonadal/post-menopausal females), the Estradiol Ultrasensitive assay is recommended.

Diagnostic applications of estradiol assays include assessment of ovarian function in a wide variety of situations (menstrual disorders, precocious or delayed puberty, assisted reproduction protocols). For men, estradiol measurement may be useful in the evaluation of gynecomastia.

PROGESTERONE, SERUM <0.5 ng/mL

REFERENCE RANGE

FEMALE:

FOLLICULAR PHASE	<1.0 ng/mL
LUTEAL PHASE	2.6 - 21.5 ng/mL
MID-LUTEAL PHASE	2.6 - 21.5 ng/mL
POSTMENOPAUSAL	<0.4 ng/mL

PREGNANCY:

FIRST TRIMESTER	4.1 - 34.0 ng/mL
SECOND TRIMESTER	24.0 - 76.0 ng/mL
THIRD TRIMESTER	52.0 - 302.0 ng/mL

METHOD : CHEMILUMINESCENCE
SAMPLE TYPE : SERUM

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THYROID PANEL 3 (FT3, FT4, TSH)

Test	Within Range	Out of Range	Biological Ref Range	Units
T3, FREE	262		230 - 420	pg/dL
METHOD : CHEMILUMINESCENCE SAMPLE TYPE : SERUM				
T-4, FREE	1.0		0.8 - 1.8	ng/dL
METHOD : CHEMILUMINESCENCE SAMPLE TYPE : SERUM				
TSH	1.46		0.50 - 8.90	uIU/mL
METHOD : CHEMILUMINESCENCE SAMPLE TYPE : SERUM				

CHILDREN
PREMATURE - 28-36 WEEKS : 0.7-27.0 uIU/mL
BIRTH - 4 DAYS : 1.0-39.0 uIU/mL
5 DAYS - 20 WEEKS : 1.7-9.1 uIU/mL
21 WEEK-20 YRS : 0.7-6.4 uIU/mL

ADULTS
21-54 YRS : 0.4-5.5 uIU/mL
55- 87 YRS : 0.5-8.9 uIU/mL

PREGNANCY
FIRST TRIMESTER : 0.1-2.5 uIU/mL
SECOND TRIMESTER : 0.2-3.0 uIU/mL
THIRD TRIMESTER : 0.3-3.0 uIU/mL

There is a modest, but clear, circadian variation in circulating TSH levels in humans. TSH levels begin to rise several hours before the onset of sleep, and peak levels are observed between 2300 and 0600 hours. Nadir concentrations are observed during the afternoon. The diurnal variation in TSH level approximates ±50%, so that the time of specimen collection may have some influence on the measured serum TSH concentration. Additionally, plotting changes over time allows more reliable tracking of patient response to therapy.

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KIDNEY FUNCTION PANEL 2

Test	Within Range	Out of Range		Biological Ref Range	Units
UREA NITROGEN (BUN)	17			7 - 25	mg/dL
METHOD : UREASE/GLDH					
SAMPLE TYPE : SERUM					
CREATININE	0.67			0.50 - 1.40	mg/dL
METHOD : JAFFE'S KINETIC					
SAMPLE TYPE : SERUM					
GFR ESTIMATED	97			>73	mL/min/1.73m2
BUN/CREATININE RATIO		**25.22**	**H**	6.00 - 22.00	(calc)
SODIUM	141			135 - 146	mmol/L
METHOD : ION SELECTIVE ELECTRODE - INDIRECT					
SAMPLE TYPE : SERUM					
POTASSIUM	4.7			3.5 - 5.3	mmol/L
METHOD : ION SELECTIVE ELECTRODE - INDIRECT					
SAMPLE TYPE : SERUM					
CHLORIDE		**109**	**H**	95 - 108	mmol/L
METHOD : ION SELECTIVE ELECTRODE - INDIRECT					
SAMPLE TYPE : SERUM					
ANION GAP CALCULATION	8			8 - 12	mmol/L
URIC ACID	3.6			2.3 - 6.6	mg/dL
METHOD : URICASE					
SAMPLE TYPE : SERUM					

TOTAL IgE

Test	Within Range	Out of Range	Biological Ref Range	Units
TOTAL IgE	In Process			IU/mL

end of report for Kavita Bhartia, Order No #2241169, Acc No # 180049368 180049370 180049366 180049367 180049369 180049364 180049365 180049376

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Dr Anurag Bansal M.D., Associate Director - Medical

Date and Time of Order Received in the Lab: 21/01/2018 04:49 PM

H - High, L - Low, VH - Very High, VL - Very Low, A - Clinically Abnormal, PA - Panic Abnormal

CONDITIONS OF LABORATORY TESTING AND REPORTING

Quest Diagnostics, Gurgaon, Haryana, India

1. Laboratory results should be used with other clinical information to determine a final diagnosis.
2. In case of unexpected test results please contact the laboratory. We will investigate and repeat analysis if possible.
3. The medical report must be viewed and reproduced as a whole.
4. This medical report is not intended for medico-legal purposes.
5. The medical report is to be interpreted and used by medical personnel only
6. The results reported herein are as tested by Quest Diagnostics, Gurgaon, unless remarked upon otherwise.
7. Assays are performed and reported in accordance with the stated schedule.
8. There may be circumstances beyond our control that delay results, e.g., invalid assay run.
9. The results of a laboratory test are dependant on the quality of the sample as well as the assay procedure.
10. A requested test may not be carried out if:
    a. Sample is insufficient or inappropriate.
    b. Sample quality is unsatisfactory.
    c. Request for testing is withdrawn by the ordering doctor or patient.
    d. There is discord between the labelling of the sample container and the name on the test requisition.
11. For any query contact client services (telephone number): 1800 180 5227 (toll free)

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