

R.V. No. : V2761206  
 Name : Ms. VAAMA R BALDOTA  
 Ref. by : DR HORTIKAR A H  
 Corporate : NON CORPORATE

Reg. Date : 04/05/2021 14:24  
 Age / Sex : 24 Year(s) / Female  
 Reported On : 05/05/2021 10:08



## TEST REPORT

### Biochemistry Special

Test Name	Result(s)	Biological Reference Interval
<b>Specimen</b>	<b>Collected Date/Time</b>	
Clotted Blood / Serum		
<b>SERUM IRON STUDY TIBC/UIBC</b>		
SERUM IRON : (Ferene)	72.00 ug/dL	New born : 100 - 250 ug/dL Children : 50 - 120 ug/dL Male : 65 - 175 ug/dL Female : 50 - 170 ug/dL
T.I.B.C. :	396.92	250 - 450 ug/dL
U.I.B.C. : (Nitrozo-PSAP)	<b>324.92</b>	155 - 300 ug/dL
TRANSFERRIN :	277.84	175 - 320 ug/dL
SATURATION % :	18.14	Male : 20 - 50 % Female : 15 - 50 %

Tests	Iron Deficiency anaemia	Anaemia of Chronic disease	Iron overload	Hemoglobinopathy (Especially Trait)
Serum Iron	Decreased	Decreased	Increased	Normal
Serum Total Iron Binding Capacity	Increased	Decreased or Normal	Increased or Normal	Normal
% Transferrin Saturation	Decreased	Decreased or Normal	Increased or Normal	Normal
Serum UIBC	Increased	Decreased or Normal	Decreased	Normal
Serum Ferritin	Decreased	Increased	Increased or Normal	Normal

### TRUHEALTH SENIOR WOMAN

VITAMIN B 12 (Chemiluminescence) 189.00 pg/mL 187 - 883 pg / mL

### Apolipoprotein B / A1

Apolipoprotein A1 (Serum, Immunoturbidimetric) 124.0 mg/dL 120 - 176

R V

**METROPOLIS**  
The Pathology Specialist

For any result clarification please contact : 080 66883939  
 \*\*Referred Test Results relate only to the sample as received

INNER HEALTH REVEALED

R.V. No. : V2761206  
 Name : Ms. VAAMA R BALDOTA  
 Ref. by : DR HORTIKAR A H  
 Corporate : NON CORPORATE

Reg. Date : 04/05/2021 14:24  
 Age / Sex : 24 Year(s) / Female  
 Reported On : 05/05/2021 10:08



## TEST REPORT

### Apolipoprotein B / A1

Apolipoprotein B (Serum, Immunoturbidimetric)	87.5 mg/dL	63 - 114
Apolipoprotein B/A1 Ratio (Serum)	0.71	0.30 - 0.90

### FT3, FT4, TSH REPORT :

FREE T3 (Chemiluminescence)	4.95 pmol/L	3.2 - 6.8 pmol/L.
Pregnancy : 3.1 - 5.9 pmol/L. In children Higher values are obtained.		
FREE T4 : (Chemiluminescence)	12.72 pmol/L	9.00 - 19.04 pmol/L [ See below, age wise reference range, including pregnancy].

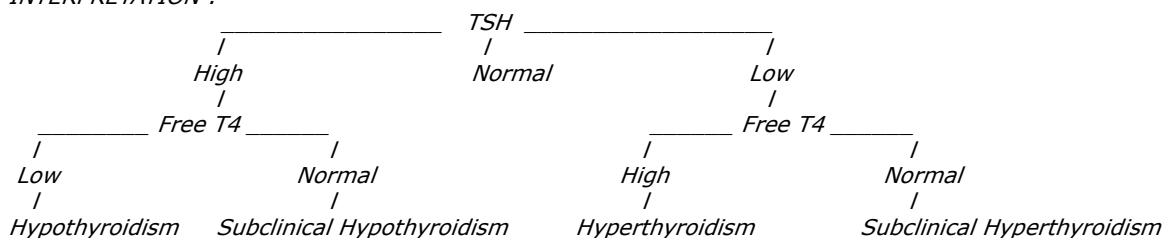
New born - Pre term-1st week: 15.48-56.76 pmol/L  
 Term baby - 1st week: 25.8-68.37 pmol/L  
 2-6 weeks: 11.61-28.38 pmol/L  
 Children: 10.3-25.8 pmol/L  
 1yr - 12yrs : 10.3-25.8 pmol/L  
 13yrs & above: 10-22 pmol/L  
 (Ref: Martin CR Manual of Neonatal Care)

Pregnancy- I Trimester : 9.0 - 25.7 pmol/L, II Trimester & III Trimester: 6.4 - 20.6 pmol/L

(NOTE: Racial variation are known to occur)

TSH (Ultrasensitive) : (Chemiluminescence) (Serum)	<b>6.456 uIU/mL</b>	0.35 - 4.94 uIU/mL [Please note the changes in Reference range]
---	---------------------	---

#### INTERPRETATION :



For Subclinical Hypo/hyperthyroidism, Thyroid antibodies, repeat TSH & FT4 suggested. Please evaluate for comorbid conditions like DM, CHD etc. TSH values may be transiently altered because of non thyroidal illness like infections, recovery phase of illness, surgery & certain drugs. Diurnal variation of upto 50%, is known to occur and hence, time of the day can influence the measured value.

Ref range for Pregnancy: (ATA 2014) I Tri-0.1-2.5, II Tri-0.2-3.0, III Tri-0.3-3.0.

References- NHS 2013 & JAPI 2011.

### TRUHEALTH SENIOR WOMAN

VITAMIN D (25 HYDROXY) (Chemiluminescence)	21.90 ng/ml	Deficiency : < 10 ng/mL, Insufficiency : 10 - 30 ng/mL Sufficiency : 30 - 100 ng/mL Toxicity : Above 100 ng/mL
---	-------------	---

R V

**METROPOLIS**  
The Pathology Specialist

For any result clarification please contact : 080 66883939

\*\*Referred Test Results relate only to the sample as received

INNER HEALTH REVEALED

R.V. No. : V2761206  
Name : Ms. VAAMA R BALDOTA  
Ref. by : DR HORTIKAR A H  
Corporate : NON CORPORATE

Reg. Date : 04/05/2021 14:24  
Age / Sex : 24 Year(s) / Female  
Reported On : 05/05/2021 10:08



## TEST REPORT

AMH-Mullerian Inhibiting substance: 1.33 ng/mL

Women-  
20-24yrs: 1.52 - 9.95 ng/mL  
25-29yrs: 1.20 - 9.05  
30-34yrs: 0.711 - 7.59  
35-39yrs: 0.405 - 6.96  
40-44yrs: 0.059 - 4.44  
45-50yrs: 0.010 - 1.79  
PCOS - 2.41-17.1  
Male-1.43 - 11.6 ng/mL

### Interpretation :

Low values may be obtained in females before puberty and after menopause.

*IN FEMALES*-During reproductive age, follicular AMH production begins during the primary stage, peaks in preantral stage & has influence on follicular sensitivity to FSH which is important in selection for follicular dominance. AMH levels thus represent the pool or number of primordial follicles but not the quality of oocytes. AMH does not vary significantly during menstrual cycle & hence can be measured independently of day of cycle.

*IN MALES*- it is used to evaluate testicular presence and function in infants with intersex conditions or ambiguous genitalia, and to distinguish between cryptorchidism and anorchia in males.

- Polycystic ovarian syndrome can elevate AMH 2 to 5 fold higher than age-specific reference ranges & predict anovulatory, irregular cycles. Ovarian tumours like Granulosa cell tumour are often associated with higher AMH.

- Obese women are often associated with diminished ovarian reserve & can have 65% lower mean AMH levels than nonobese women.

- A combination of Age, Ultrasound markers -ovarian volume and Antral follicle count, AMH level & FSH level are useful for optimal assessment of ovarian reserve. Studies in various fertility clinics are ongoing to establish optimal AMH concentrations for predicting response to invitro fertilization.

[This test conducted by Chemiluminescence method].

(This method correlates well with AFC as per European standards).

FOLLICLE STIMULATING HORMONE (F.S.H) 3.26 mIU/ml  
(Chemiluminescence))

Follicular Phase : 3.03 - 8.08 mIU/mL

Ovulation Phase : 2.55 - 16.69 mIU/mL

Luteal Phase : 1.38 - 5.47 mIU/mL

Post Menopause : 26.72 - 133.41 mIU/mL

Males : 0.95 - 11.95 mIU/mL

LUTEINIZING HORMONE (LH) 3.68 mIU/mL  
(Chemiluminescence)

Follicular phase : 1.80 - 11.78 mIU/mL

Ovulation phase : 7.59 - 89.08 mIU/mL

Luteal phase : 0.56 - 14.0 mIU/mL

Postmenopausal : 5.16 - 61.99 mIU/mL

Men : 0.57 - 12.07 mIU/mL

R V

**METROPOLIS**  
The Pathology Specialist

For any result clarification please contact : 080 66883939

\*\*Referred Test Results relate only to the sample as received

INNER HEALTH REVEALED

R.V. No. : V2761206  
Name : Ms. VAAMA R BALDOTA  
Ref. by : DR HORTIKAR A H  
Corporate : NON CORPORATE

Reg. Date : 04/05/2021 14:24  
Age / Sex : 24 Year(s) / Female  
Reported On : 05/05/2021 10:08



## TEST REPORT

SERUM PROLACTIN (III Generation), **44.63 ng/ml** 5.18 - 26.53 ng/mL  
(Chemiluminescence)

*NOTE: Since Prolactin is secreted episodically, multiple sampling technique (Eg. Pooling equal volume of sera from specimen drawn at intervals) is advantageous. Any elevated level has to be rechecked with additional pooled sample for confirmation.*

SERUM CORTISOL (8 am) : **11.70 ug/dL** Cord blood : 5 - 17  
(CLIA) Infants (1 - 7 days) : 2 - 11  
Children (1 - 16 years)  
(8.00 am): 3 - 21  
Adults : 3.7 - 19.4

### Interpretation:

- . Cortisol is a glucocorticoid hormone produced by the adrenal gland.
- . Serum cortisol is subject to circadian rhythm and levels are highest early in the morning and reach a nadir at about midnight (in a non stressed subject)
- . Circadian rhythm is lost in patients with Cushing's syndrome.
- . Various factors such as stress, illness, time of day, drugs, estrogen therapy and pregnancy may alter the results.

Ref: Williams Text book of Endocrinology 12th Ed (2011) Pg-505.

HOMOCYSTEINE LEVELS : **12.16 umol/L** Male: 5.46 - 16.20 umol/L  
(Chemiluminescence) Female: 4.44-13.56 umol/L

- 1) Increased levels are seen in deranged Vit B12 metabolism and form an independent marker for risk of thromboembolic episodes in coronary artery disease.
- 2) Levels are also increased in homocysteinuria, various neoplastic diseases like cancers of ovary and breast and Acute Lymphoblastic Leukemia, chronic liver or renal failure post menopausal state, drug usage and cigarette smoking.

Patients taking methotrexate, nicotinic acid, theophylline, nitrous oxide or L-dopa can have falsely elevated serum or plasma homocysteine levels.

R V

**METROPOLIS**  
The Pathology Specialist

For any result clarification please contact : 080 66883939  
\*\*Referred Test Results relate only to the sample as received

INNER HEALTH REVEALED

R.V. No. : V2761206  
Name : Ms. VAAMA R BALDOTA  
Ref. by : DR HORTIKAR A H  
Corporate : NON CORPORATE

Reg. Date : 04/05/2021 14:24  
Age / Sex : 24 Year(s) / Female  
Reported On : 05/05/2021 10:08



Certificate No.: MC 2642

## TEST REPORT

SERUM FERRITIN : 24.10 ng/mL  
(Chemiluminescence)

*New born : 25-200*

*1 month : 200-600*

*2-5 months : 50-200*

*6 months - 15yrs : 7-140*

*Adult -*

*Male : 20 - 250 ng/mL*

*Female : 10 - 120 ng/mL*

*Ferritin is an Acute Phase Reactant. Please avoid Ferritin estimation during infection / inflammation, since false high value may be obtained.*

## End Of Report

*Latha M.*

Verified By  
DEEPAK M - 820109  
LAB INCHARGE

**Dr. Latha M**  
**Pathologist**  
94505

R V

**METROPOLIS**  
The Pathology Specialist

**For any result clarification please contact : 080 66883939**

**\*\*Referred Test Results relate only to the sample as received**

**INNER HEALTH REVEALED**

R.V. No. : V2761206  
 Name : Ms. VAAMA R BALDOTA  
 Ref. by : DR HORTIKAR A H  
 Corporate : NON CORPORATE

Reg. Date : 04/05/2021 14:24  
 Age / Sex : 24 Year(s) / Female  
 Reported On : 04/05/2021 18:11



## TEST REPORT

### Haematology

Test Name	Result(s)	Biological Reference Interval
<b>Specimen</b>	<b>Collected DateTime</b>	
EDTA W Blood		
EDTA Smear		
<b>COMPLETE HAEMOGRAM</b>		
HAEMOGLOBIN : (Cyanmeth)	12.0 gm%	11.5 - 16.5 gm%
TOTAL WBC COUNT (Automated)	7100 Cells/cu.mm	4000 - 11,500 Cells/cu.mm
<b>DIFFERENTIAL COUNT</b>		
NEUTROPHILS : (Automated)	<b>36.9 %</b>	40 - 75 %
LYMPHOCYTES : (Automated)	<b>54.5 %</b>	20 - 40%
EOSINOPHILS : (Automated)	3.2 %	3 - 8 %
MONOCYTES : (Automated)	5.0 %	2 - 12 %
BASOPHILS : (Automated)	0.4 %	0 - 2 %
<i>NOTE : Differential count may also be performed manually, whenever required.</i>		
<b>COMPLETE HAEMOGRAM</b>		
ESR : (Automated)	12 mm	Up to 20mm
RBC COUNT (Automated)	4.28 mlln/cu.mm	Male : 4.5 - 6.5 mlln/cu.mm Female : 3.8 - 5.8 mlln/cu.mm
PLATELET COUNT (Automated / Verified in smear)	322000 Cells/cu.mm	150000 - 450000 Cells /cu.mm
<i>(Please repeat with another sample in case of very low counts for reconfirmation)</i>		
PCV (Automated)	40.1 %	37 - 47%
MCV	93.7 fl	76 - 96 fl
MCH	28.1 pg	27 - 32 pg

R V

**METROPOLIS**  
 The Pathology Specialist

**For any result clarification please contact : 080 66883939**  
**\*\*Referred Test Results relate only to the sample as received**

**INNER HEALTH REVEALED**

R.V. No. : V2761206  
Name : Ms. VAAMA R BALDOTA  
Ref. by : DR HORTIKAR A H  
Corporate : NON CORPORATE

Reg. Date : 04/05/2021 14:24  
Age / Sex : 24 Year(s) / Female  
Reported On : 04/05/2021 18:11



## TEST REPORT

### COMPLETE HAEMOGRAM

MCHC	29.9 %	30 - 35 %
RDW	16.0 %	Upto 15 %
ABSOLUTE LYMPHOCYTE COUNT	3870 Cells/cu.mm	Birth : Upto 8000 cells/cu.mm 1mth - 1yr : Upto 7200 " 2yrs - 8yrs : Upto 8000 " Above 8yrs : Upto 4600 "
ABSOLUTE MONOCYTE COUNT	355 Cells/cu.mm	Upto 1380 Cells/cu.mm
ABSOLUTE NEUTROPHIL COUNT :	2620 Cells/cu.mm	Birth : Upto 14000 cells/cu.mm 1mth -1 yr : Upto 13,500 " 2yrs - 8yrs : Upto 4800 " Above 8yrs : Upto 8625 "
ABSOLUTE EOSINOPHIL COUNT :	227 Cells/cu.mm	Upto 444 Cells/cu.mm
ABSOLUTE BASOPHIL COUNT	28 Cells/cu.mm	Upto 110 Cells/cu.mm
PERIPHERAL BLOOD SMEAR	RBCs : predominantly normocytic normochromic. No immature RBCs seen. No evidence of haemolysis seen. WBCs : show relative lymphocytosis. Platelets : adequate in number and normal in morphology..	

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE LYMPHOCYTOSIS.

Suggested: Clinical correlation and follow up.

### End Of Report

Verified By  
SUMITHRA J - 820012  
SECTION HEAD

**DR.BHARATHI N S**  
**PATHOLOGIST**  
KMC: 80778

R V

**METROPOLIS**  
The Pathology Specialist

For any result clarification please contact : 080 66883939  
\*\*Referred Test Results relate only to the sample as received

INNER HEALTH REVEALED



R.V. No. : V2761206  
Name : Ms. VAAMA R BALDOTA  
Ref. by : DR HORTIKAR A H  
Corporate : NON CORPORATE

Reg. Date : 04/05/2021 14:24  
Age / Sex : 24 Year(s) / Female  
Reported On : 04/05/2021 17:11



Certificate No.: MC 2642

## TEST REPORT

### Clinical Pathology

Test Name	Result(s)	Biological Reference Interval
<b>Specimen</b>		
Urine		
0		

Collected DateTime

### PHYSICAL EXAMINATION - URINE

VOLUME : \*\* ml NA

**NOTE :** \*\* Urine sample not given

### End Of Report

Verified By  
Dr. Ravi Kumar

**Dr. Pannaga P Kumar MD**  
**Pathologist**  
KMC: 95542

R V

**METROPOLIS**  
The Pathology Specialist

*For any result clarification please contact : 080 66883939*

*\*\*Referred Test Results relate only to the sample as received*

**INNER HEALTH REVEALED**



R.V. No. : V2761206  
Name : Ms. VAAMA R BALDOTA  
Ref. by : DR HORTIKAR A H  
Corporate : NON CORPORATE

Reg. Date : 04/05/2021 14:24  
Age / Sex : 24 Year(s) / Female  
Reported On : 04/05/2021 23:18



## TEST REPORT

### Biochemistry Routine

Test Name	Result(s)	Biological Reference Interval
<b>Specimen</b>	<b>Collected DateTime</b>	
F-Fluoride W Blood / Plasma		
PP-Fluoride W Blood / Plasma		
EDTA W Blood		
0		
Clotted Blood / Serum		
<b>TRUHEALTH SENIOR WOMAN</b>		
FASTING BLOOD GLUCOSE (Plasma) (Hexokinase method)	80.5 mg/dL	60 - 110 mg/dL (WHO guidelines) 60 - 100 mg/dL (ADA guidelines)

#### INTERPRETATION :

Normal (Non Diabetic) : FBS <110 (WHO) & PPBS <140 mg/dL. FBS: <100mg/dL(ADA).

...FBS (Pregnancy) : Upto 92mg/dL (75gm of glucose)

Impaired Fasting Glucose: FBS :Above normal range, PPBS :Within normal range.

Borderline/Intermediate hyperglycemia:FBS 110/100-126 & PPBS 140-200mg/dL

Diabetes good control : FBS 100 +/- 20 or PPBS 140 +/- 20 mg/dL.

Diabetes fair control : FBS 120 - 140 or PPBS 160 - 200 mg/dL.

Uncontrolled Diabetes : FBS >140 or PPBS >200 mg/dL.

Hypoglycemia (Low sugar : Any sample < 60 mg/dL.

Diagnosis of Diabetes : FBS >126 or PPBS >200 mg/dL, If positive, confirm by repeating the test on subsequent day as per WHO guidelines.

Plasma glucose sugar is recommended by WHO and it gives 10 - 15% higher values than other samples. (CONVERSION

FACTOR : mg/dL x 0.05551 = mmol/L)

(FBS - 8 - 10 hrs for fasting, PPBS - 2 hrs breakfast or \* 75gms of D-glucose, RBS - Any time after food)

#### GLYCOSYLATED HB% - HbA1C

GLYCOSYLATED HAEMOGLOBIN : 5.00 %

R V

**METROPOLIS**  
The Pathology Specialist

For any result clarification please contact : 080 66883939

\*\*Referred Test Results relate only to the sample as received

INNER HEALTH REVEALED

R.V. No. : V2761206  
Name : Ms. VAAMA R BALDOTA  
Ref. by : DR HORTIKAR A H  
Corporate : NON CORPORATE

Reg. Date : 04/05/2021 14:24  
Age / Sex : 24 Year(s) / Female  
Reported On : 04/05/2021 23:18



## TEST REPORT

### GLYCOSYLATED HB% - HbA1C

ESTIMATED AVERAGE GLUCOSE : 96.8 mg/dL

*Recent ADA guidelines 2018  
(Please see the recent change of  
reference range as per guidelines)*

Normal : 4.8 - 5.6 %  
Pre-Diabetes : 5.7 - 6.4 %  
Diabetes :  $\geq$  6.5 %

*In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.*

*Excellent Control - 6 to 7 %,  
Fair to Good Control - 7 to 8 %,  
Unsatisfactory Control - 8 to 10 %  
and Poor Control - More than 10 % .*

*NOTE : Any condition altering red cell life will alter the GHB values. Low Hb% values may not correlate with GHB. GHB value should not be taken as a sole criteria for diagnosis. GHB gives average Blood Glucose level for the period of 10 - 12 wks & it need not correlate with blood sugar levels.  
For Geriatric group, HbA1c reference range depends upon Co-morbid conditions.*

*METHOD : HPLC .*

### LIVER FUNCTION TEST

TOTAL BILIRUBIN : 1.11 mg/dL 0.1 - 1.2 mg/dL  
(Diazo method)

DIRECT BILIRUBIN : 0.45 mg/dL 0 - 0.50 mg/dL  
(Diazo method)

INDIRECT BILIRUBIN : 0.66 mg/dL 0 - 0.8 mg/dL  
(Calculated)

*In certain normal individuals Total Bilirubin upto 2.0 mg/dL is considered as normal.  
Ref: Tietz 5th edition.*

TOTAL PROTEIN 6.2 g/dL 6.4 - 8.3  
(Biuret)

SERUM ALBUMIN : 4.1 g/dL 3.5 - 5.2 gm/dL  
(BCG)

GLOBULIN : 2.1 g/dL 2.3 - 3.5 g/dL  
(Calculated)

A/G RATIO - (Calculated) 1.9 1.1 - 1.8

AST (S.G.O.T) : 44 U/L Upto 38 U/L  
(UV Kinetic)

ALT (S.G.P.T) : 50 U/L Upto 55 U/L  
(UV Kinetic)

R V

**METROPOLIS**  
The Pathology Specialist

**For any result clarification please contact : 080 66883939**  
**\*\*Referred Test Results relate only to the sample as received**

**INNER HEALTH REVEALED**

R.V. No. : V2761206  
 Name : Ms. VAAMA R BALDOTA  
 Ref. by : DR HORTIKAR A H  
 Corporate : NON CORPORATE

Reg. Date : 04/05/2021 14:24  
 Age / Sex : 24 Year(s) / Female  
 Reported On : 04/05/2021 23:18



## TEST REPORT

### LIVER FUNCTION TEST

ALKALINE PHOSPHATASE : (Kinetic)	59 U/L	40 - 150 U/L
G.G.T.P : (Kinetic)	43 U/L	Upto 66 U/L

### TRUHEALTH SENIOR WOMAN

CREATININE (Serum) (Kinetic Alkaline picrate)	0.74 mg/dL	0.5 - 1.11 mg/dL
--	------------	------------------

*Creatinine is a by product of muscle energy metabolism is produced at a constant rate according to the muscle mass of the individual. Creatinine is a fairly reliable indicator of kidney function. Creatinine levels should be correlated with clinical data and used in conjunction with other renal function tests for complete assessment.*

BLOOD UREA NITROGEN : (Kinetic)	9.0 mg/dL	6 - 20 mg/dL
URIC ACID : (Enzymatic)	3.20 mg/dL	Upto 5.7 mg/dL

*Note : Since Uric Acid is elevated in number disease process where there is increased metabolic turnover, correlation with clinical data is requested, for interpretation of the results.*

### SERUM ELECTROLYTES

SERUM SODIUM : (ISE)	139 mEq/L	135 - 150 mEq/L
POTASSIUM : (ISE)	<b>8.2 mEq/L</b>	3.5 - 5.4 mEq/L

*False low/high values are found if the sample is not collected properly, eg: haemolysed sample, Anticoagulated sample etc.*

CHLORIDE : (ISE)	105 mEq/L	95 - 107 mEq/L
---------------------	-----------	----------------

### TRUHEALTH SENIOR WOMAN

TOTAL CHOLESTEROL : (Enzymatic)	185.1 mg/dL	Desirable : < 200 mg/dL Borderline : 200-240 High : > 240
TRIGLYCERIDES : (Enzymatic)	72.0 mg/dL	Normal : < 150 mg/dL Borderline : 150-199 mg/dL High : 200 - 499 mg/dL Very High : >= 500 mg/dL

*NOTE : NCEP recommends TWO or THREE serial fasting samples for Triglycerides, since physiological variations are high in this parameter.*

R V

**METROPOLIS**  
The Pathology Specialist

**For any result clarification please contact : 080 66883939**  
**\*\*Referred Test Results relate only to the sample as received**

**INNER HEALTH REVEALED**

R.V. No. : V2761206  
Name : Ms. VAAMA R BALDOTA  
Ref. by : DR HORTIKAR A H  
Corporate : NON CORPORATE

Reg. Date : 04/05/2021 14:24  
Age / Sex : 24 Year(s) / Female  
Reported On : 04/05/2021 23:18



## TEST REPORT

### TRUEHEALTH SENIOR WOMAN

LDL CHOLESTEROL : 112.4 mg/dL  
(Direct)  
Optimal : < 100 mg/dL,  
Near/Above Optimal: 100-129  
Borderline High : 130 - 159  
High : 160 - 189  
Very High > / = 190

HDL CHOLESTEROL : 63.1 mg/dL  
(Enzymatic)  
Low : < 40  
High : > / = 60

TOTAL CALCIUM : 8.20 mg/dL  
(Colorimetric, Arsenazo III)  
8.5 - 11.0 mg/dL

*Calcium is a very sensitive test and any haemolysis in the sample may give rise to false high values. False low values are seen if any anticoagulated sample is used. We recommend to repeat the test with fresh sample in case the values are abnormal.*

PHOSPHORUS : 8.6 mg/dL  
(End Point)  
2.3 - 4.7 mg/dL

LDH : 195.0 U/L at 37'C  
(Kinetic)  
135 - 214 U/L at 37'C.

*NOTE : LDH is increased in MI, Hepatitis, Pernicious anaemia, Malignant tumors, Muscle disease, Trauma, Pul. Infarction, Haemolytic disease, Renal disease and various other infections.*

C.P.K (UV Kinetic) 55.00 U/L  
29 - 168 U/L at 37'C.

*C.P.K is increased in MI, Muscular dystrophy, Alcoholic myopathy, Delirium tremers, Hypothyroidism, I.M. Infection, Exercise, pulmonary infection etc. Ref. Todd VII Ed. Please refer standard text books for paediatric specific age related reference ranges.*

### End Of Report

Verified By  
DINESH M R - 820018  
TECHNICAL MANAGER

**Dr. Santosh K V MD**  
**PATHOLOGIST**  
KMC: 42052

R V

**METROPOLIS**  
The Pathology Specialist

**For any result clarification please contact : 080 66883939**  
**\*\*Referred Test Results relate only to the sample as received**

**INNER HEALTH REVEALED**

R.V. No. : V2761206  
Name : Ms. VAAMA R BALDOTA  
Ref. by : DR HORTIKAR A H  
Corporate : NON CORPORATE

Reg. Date : 04/05/2021 14:24  
Age / Sex : 24 Year(s) / Female  
Reported On : 05/05/2021 13:32



## TEST REPORT

### INFECTIOUS SEROLOGY

Test Name	Result(s)	Biological Reference Interval
<b>Specimen</b> Clotted Blood / Serum	<b>Collected DateTime</b>	
IgG Antibodies to Toxoplasma : (Chemiluminescence)	0.10 UI/ml	< 1.6 UI/ml is Non-Reactive 1.6 - < 3.0 UI/ml : Gray zone >/ = 3.0 UI/ml is Reactive

*Interpretation :*

The detection of IgG antibodies to Toxoplasma can be used to show immunity and detect seroconversion. A positive result indicates the presence of anti-toxoplasma IgG antibodies. To repeat after 8 -10 weeks to see for rise in titre, if necessary.

IgM Antibodies to Toxoplasma : (Chemiluminescence)	0.16	< 0.50 is Non-Reactive 0.50 - < 0.60 is Gray zone >/= 0.60 is Reactive
---	------	--

To repeat the test at a later date to see for rise in titre to R/O disease activity. Values above normal indicates recent exposure to above antigens. Please correlate clinically since false positive results are known to occur.  
Reflex test : PCR Technique for confirmation.

IgG Antibodies to Cytomegalovirus : (Chemiluminescence)	<b>153.40 AU/ml</b>	< 6.0 AU/ml : Non-Reactive > 6.0 AU/ml : Reactive
--	---------------------	--

*Interpretation :*

The detection of IgG antibodies to Cytomegalovirus can be used to show immunity and detect seroconversion. A positive result indicates the presence of anti-cytomegalovirus IgG antibodies. To repeat after 8 -10 weeks to see for rise in titre, if necessary.

IgM Antibodies to Cytomegalovirus : (Chemiluminescence)	0.21	< 0.85 - Non-Reactive, >/= 0.85 & < 1.00 - Equivocal, >/= 1.00 - Reactive.
--	------	--

To repeat the test at a later date to see for rise in titre to R/O disease activity. Values above normal indicates recent exposure to above antigens. Please correlate clinically since false positive results are known to occur.  
Reflex test : PCR Technique for confirmation.

IgG Antibodies to Rubella : (Chemiluminescence)	<b>33.30 IU/ml</b>	0.0 - 4.9 IU/ml : Non-Reactive 5.0 - 9.9 IU/ml: Grayzone (Equivocal) >/= 10 IU/ml : Reactive
--	--------------------	---

*Interpretation :*

The detection of IgG antibodies to Rubella can be used to show immunity and detect seroconversion. A Reactive result indicates the presence of anti-rubella IgG antibodies. To repeat after 8 -10 weeks to see for rise in titre, if necessary.

IgM Antibodies to Rubella : (Chemiluminescence)	0.50	Non-Reactive - < 1.20 Gray zone - >/= 1.20 - < 1.60 Reactive - >/= 1.60
--	------	---

To repeat the test at a later date to see for rise in titre & to rule out disease activity. Values above normal indicates recent exposure to above antigens. Please correlate clinically since false positive results are known to occur.  
Reflex test : PCR Technique for confirmation.

R V

**METROPOLIS**  
The Pathology Specialist

**For any result clarification please contact : 080 66883939**

**\*\*Referred Test Results relate only to the sample as received**

**INNER HEALTH REVEALED**

R.V. No. : V2761206  
Name : Ms. VAAMA R BALDOTA  
Ref. by : DR HORTIKAR A H  
Corporate : NON CORPORATE

Reg. Date : 04/05/2021 14:24  
Age / Sex : 24 Year(s) / Female  
Reported On : 05/05/2021 13:32



## TEST REPORT

HSV I - IgG Antibodies to Herpes Simplex <2 RU/mL  
Virus - Type I :  
(ELISA)

< 16 RU/mL : Non-reactive  
> or = 16 to < 22 RU/mL :  
Borderline,  
> or = 22 RU/mL : Reactive

*Note : The sample should be re-tested in case the result is Borderline, a second sample should be tested, within the following 2 to 3 weeks.*

HSV I - IgM Antibodies to Herpes Simplex 0.10  
Virus - Type 1 (ELISA) :

Ratio < 0.8 : Non-Reactive  
Ratio  $\geq 0.8$  - < 1.1 : Borderline  
Ratio  $\geq 1.1$  : Reactive

*To repeat the test at a later date to see for rise in titre to R/O disease activity. Values above normal indicates recent exposure to above antigens. Please correlate clinically since false positive results are known to occur. Sug: Reflex test - HSV 1 & 2 - Western blot / PCR (IgG & IgM) for confirmation.*

HSV 2 - IgG Antibodies to Herpes Simplex <2 RU/mL  
Virus Type II :  
(Elisa) :

< 16 RU/mL : Non-reactive  
> or = 16 to < 22 RU/mL :  
Borderline,  
> or = 22 RU/mL : Reactive

*Note : The sample should be re-tested in case the result is Borderline, a second sample should be tested, within the following 2 to 3 weeks.*

HSV 2 - IgM Antibodies to Herpes Simplex 0.19  
Virus - Type II  
(Elisa) :

Ratio < 0.8 : Non-Reactive  
Ratio  $\geq 0.8$  - < 1.1 : Borderline  
Ratio  $\geq 1.1$  : Reactive

*To repeat the test at a later date to see for rise in titre to R/O disease activity. Values above normal indicates recent exposure to above antigens. Please correlate clinically since false positive results are known to occur. Sug: Reflex test - HSV 1 & 2 - Western blot / PCR (IgG & IgM) for confirmation.*

## End Of Report

Verified By  
UDAY KUMAR B P - 820534  
SCIENTIFIC OFFICER

*Chhavi Gandhi*

**Dr. Chhavi Gandhi - MBBS,MD**  
**Consultant - Microbiologist**  
KMC:105283

R V

**METROPOLIS**  
The Pathology Specialist

**For any result clarification please contact : 080 66883939**

**\*\*Referred Test Results relate only to the sample as received**

**INNER HEALTH REVEALED**

R.V. No. : V2761206  
Name : Ms. VAAMA R BALDOTA  
Ref. by : DR HORTIKAR A H  
Corporate : NON CORPORATE

Reg. Date : 04/05/2021 14:24  
Age / Sex : 24 Year(s) / Female  
Reported On : 08/05/2021 18:27

## TEST REPORT

### SPECIAL TEST

Test Name Result(s) Biological Reference Interval

**Specimen**

**Collected DateTime**

0

VITAMIN E (TOCOPHEROL) , SERUM : \*\*

For Report, Please refer 5 - 18 mg/l  
VID:11218002501

Hardcopy will follow, verify the demography before  
issuing the report.

Vitamin A (Retinol), serum : \*\*

For Report, Please refer  
VID:11218002501

Hardcopy will follow, verify the demography before  
issuing the report.

Vitamin K1

Follows

### End Of Report

Verified By  
RAJESHWARI A H - 820005  
SECTION HEAD

**Signature**

..

R V

**METROPOLIS**  
The Pathology Specialist

*For any result clarification please contact : 080 66883939*  
*\*\*Referred Test Results relate only to the sample as received*

**INNER HEALTH REVEALED**