TATA 1mg Labs

TATA 1MG Technologies Pvt. Ltd
LABORATORY: Ground Floor, P.I.D. No. 67-8-607
No. 607, 6th Block, Koramangala
Corporation Ward No. 67, Bangalore - 560 095
www.1mg.com/labs
care@1mg.com
CIN : U74140DL2015PTC279229

REGISTERED OFFICE:
LEVEL 3, Vasant Square Mall,
Pocket V, Sector B,
Vasant Kunj New Delhi - 110070

MC - 4291

PO No :PO2927017599-968

Name	: Ms.P SURYA KUMARI	Client Name	: TATA 1MG BANGALORE
Age/Gender	: 71/Female	Registration Date	: 01-Jul-23 11:45 AM
Patient ID	: MGB472355	Collection Date	: 01/Jul/2023 06:33AM
Barcode ID/Order ID	: D4378905 / 7541482	Sample Receive Date	: 01/Jul/2023 11:48AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Whole Blood-EDTA	Report Date	: 01/Jul/2023 02:19PM

HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Complete Blood Count				
Hemoglobin	**11.3**	g/dL	12.0 - 15.0	Cyanide-free SLS-Hemoglobin
RBC	3.86	mili/cu.mm	3.8-4.8	DC Impedence Method
HCT	**33.7**	%	36 - 46	Pulse height average
MCV	87.3	fl	83 - 101	Calculated
MCH	29.2	pg	27 - 32	Calculated
MCHC	33.4	g/dL	31.5 - 34.5	Calculated
RDW-CV	**14.1**	%	11.6-14.0	Calculated
Total Leucocyte Count	5.38	10^3/µI	4 - 10	Impedence / Microscopy
Differential Leucocyte Count				
Neutrophils	54.0	%	40-80	Flowcytometry DHSS/ Microscopy
Lymphocytes	33.4	%	20-40	Flowcytometry DHSS/ Microscopy
Monocytes	**10.8**	%	2-10	Flowcytometry DHSS/ Microscopy
Eosinophils	1.2	%	1-6	Flowcytometry DHSS/ Microscopy
Basophils	0.6	%	0-2	Flowcytometry DHSS/ Microscopy
Absolute Leucocyte Count				
Absolute Neutrophil Count	2.91	10^3/µL	2-7	Calculated
Absolute Lymphocyte Count	1.8	10^3/µL	1-3	Calculated
Absolute Monocyte Count	0.58	10^3/µL	0.2-1	Calculated
Absolute Eosinophil Count	0.06	10^3/µL	0.02-0.5	Calculated
Absolute Basophil Count	0.03	10^3/µL	0.02-0.1	Calculated
Platelet Count	190	10^3/µI	150-410	Impedence Variation /Microscopy
MPV	11.8	fl	6.5 - 12	Calculated
PDW	**22**	fL	9-17	Calculated

Dr. Pritha Aggarwal
MBBS, MD (Pathologist)
Consultant Pathologist
Reg No: 20120000011

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HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method

Comment:

- 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.

Dr. Pritha Aggarwal
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Consultant Pathologist
Reg No: 20120000011

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Age/Gender	: 71/Female	Registration Date	: 01-Jul-23 11:45 AM
Patient ID	: MGB472355	Collection Date	: 01/Jul/2023 06:33AM
Barcode ID/Order ID	: D4378904 / 7541482	Sample Receive Date	: 01/Jul/2023 11:47AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Fluoride Plasma F	Report Date	: 01/Jul/2023 01:18PM

BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose - Fasting				
Glucose - Fasting	87	mg/dL	70-99	Hexokinase/G-6-PDH

Fasting Plasma Glucose (mg/dL)	2 hr plasma Glucose (mg/dL)	Diagnosis
99 or below	139 or below	Normal
100 to 125	140 to 199	Pre-Diabetes (IGT)
126 or above	200 or above	Diabetes

Reference : American Diabetes Association

Comment:

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes. IGT (2 hrs Post meal), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes

Plasma Glucose Goals	For people with Diabetes
Before meal	70-130 mg/dL
2 Hours after meal	Less than 180 mg/dL
HbA1c	Less than 7%

Dr Ashwin Kumar A.S
MBBS M.D (Biochemistry)
Consultant Biochemist
Reg No:68123

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Age/Gender	: 71/Female	Registration Date	: 01-Jul-23 11:45 AM
Patient ID	: MGB472355	Collection Date	: 01/Jul/2023 11:27AM
Barcode ID/Order ID	: D4378515 / 7541482	Sample Receive Date	: 01/Jul/2023 11:47AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Fluoride Plasma P	Report Date	: 01/Jul/2023 01:31PM

BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose - Postprandial				
Glucose Postprandial	**197**	mg/dL	70-140	Hexokinase/G-6-PDH

Comment:

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes.
IGT (2 hrs Post meal), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes.

Plasma Glucose Goals	For people with Diabetes
Before meal	70-130 mg/dL
2 Hours after meal	Less than 180 mg/dL
HbA1c	Less than 7%

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Age/Gender	: 71/Female	Registration Date	: 01-Jul-23 11:45 AM
Patient ID	: MGB472355	Collection Date	: 01/Jul/2023 06:33AM
Barcode ID/Order ID	: D4378906 / 7541482	Sample Receive Date	: 01/Jul/2023 11:47AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 01/Jul/2023 04:43PM

BIOCHEMISTRY

KIDNEY FUNCTION TEST & LIVER FUNCTION TEST

Test Name	Result	Unit	Bio. Ref. Interval	Method
Liver Function Test				
Bilirubin-Total	**1.30**	mg/dL	0.3-1.2	Diazonium Salt
Bilirubin-Direct	0.35	mg/dL	0-0.5	Diazo
Bilirubin-Indirect	0.95	mg/dL	0 - 1.8	Calculated
Protein, Total	6.70	g/dL	6.2-8.1	Biuret
Albumin	4.20	g/dL	3.2-4.6	Bromocresol Green
Globulin	2.5	g/dl	1.8 - 3.6	Calculated
A/G Ratio	1.68	Ratio	0.8 - 1.9	Calculated
Aspartate Transaminase (SGOT)	19	U/L	5-34	NADH w/o P-5'-P
Alanine Transaminase (SGPT)	14	U/L	0-55	NADH w/o P-5'-P
SGOT/SGPT	1.36	Ratio	<1	Calculated
Alkaline Phosphatase	94	U/L	40-150	Para-Nitrophenyl Phosphate
Gamma Glutamyltransferase (GGT)	22	U/L	9-38	L-gamma-glutamyl-3-Carboxy-4-Nitroanilide

Comment:

- LFTS are based upon measurements of substances released from damaged hepatic cells into the blood that gives idea of the Existence, Extent and Type of Liver damage. - Acute Hepatocellular damage: ALT & AST levels are sensitive index of hepatocellular damage - Obstruction to the biliary tract,Cholestasis and blockage of bile flow:1) Serum Total Bilirubin concentration 2) Serum Alkaline Phosphatase (ALP) activity 3) Gamma Glutamyl Transpeptidase (GGTP) 4) 5`-Nucleotidase - Chronic liver disease: Serum Albumin concentration
- Bilirubin results from the enzymatic breakdown of heme. Jaundice is a yellowish discoloration of the skin and mucous membranes caused by hyperbilirubinemia.
- Pre-hepatic or hemolytic jaundice - Abnormal red cells, antibodies,drugs and toxins,Hemoglobinopathies, Gilbert's syndrome, Crigler-Najjar syndrome
- Hepatic or Hepatocellular jaundice-Viral hepatitis,toxic hepatitis, intrahepatic cholestasis
- Post-hepatic jaundice -Extrahepatic cholestasis, gallstones, tumors of the bile duct, carcinoma of pancreas
- In viral hepatitis and other forms of liver disease associated with acute hepatic necrosis, serum AST and ALT concentrations are elevated even before the clinical signs and symptoms of disease appear.
- ALT is the more liver-specific enzyme and elevations of ALT activity persist longer than AST activity.

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Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 01/Jul/2023 04:43PM

BIOCHEMISTRY

KIDNEY FUNCTION TEST & LIVER FUNCTION TEST

Test Name	Result	Unit	Bio. Ref. Interval	Method

- Peak values of aminotransferase activity occur between the seventh and twelfth days. Activities then gradually decrease, reaching normal activities by the third to fifth week. Peak activities bear no relationship to prognosis and may fall with worsening of the patient's condition.
- Aminotransferase activities observed in cirrhosis vary with the status of the cirrhotic process and range from the upper reference limit to four to five times higher, with an AST/ALT ratio greater than 1. The ratio's elevation can reflect the grade of fibrosis in these patients. Slight or moderate elevations of both AST and ALT activities have been observed after administration of various medications and chronic hepatic injury such as (1) hemochromatosis, (2) Wilson disease, (3) autoimmune hepatitis, (4) primary biliary cirrhosis, (5) sclerosing cholangitis, and (6) a1-antitrypsin deficiency.
- AST activity also is increased in acute myocardial infarction, progressive muscular dystrophy and dermatomyositis, reaching concentrations up to eight times the upper reference limit.Slight to moderate AST elevations are noted in hemolytic disease.
- GGT is a sensitive indicator of the presence of hepatobiliary disease, being elevated in most subjects with liver disease regardless of cause. Increased concentrations of the enzyme are also found in serum of subjects receiving anticonvulsant drugs, such as phenytoin and phenobarbital.

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BIOCHEMISTRY

KIDNEY FUNCTION TEST & LIVER FUNCTION TEST

Test Name	Result	Unit	Bio. Ref. Interval	Method
Kidney Function Test.				
Blood Urea Nitrogen	**8**	mg/dL	9.8-20.1	Urease
Urea	**17.12**	mg/dL	20.9 - 43.0	Calculated
Creatinine	0.57	mg/dL	0.5-1.2	Kinetic Alkaline Picrate
Uric Acid	3.5	mg/dL	2.5-6.2	Uricase
Sodium	138	mmol/L	136-145	INDIRECT ISE
Potassium	4.50	mmol/L	3.5-5.1	INDIRECT ISE
Chloride	105.0	mmol/L	98-107	INDIRECT ISE
BUN/Creatinine Ratio	14.0	Ratio		Calculated

Comment:

BUN is directly related to protein intake and nitrogen metabolism and inversely related to the rate of excretion of urea.Blood urea nitrogen (BUN) levels reflect the balance between the production and excretion of urea. Increased levels are seen in renal failure (acute or chronic), urinary tract obstruction, dehydration, shock, burns, CHF, GI bleeding, nephrotoxic drugs. Decreased levels are seen in hepatic failure, nephrotic syndrome, cachexia (low-protein and high-carbohydrate diets).
Urea is a non-proteinous nitrogen compound formed in the liver from ammonia as an end product of protein metabolism. Urea diffuses freely into extracellular and intracellular fluid and is ultimately excreted by the kidneys. Increased levels are found in acute renal failure, chronic glomerulonephritis, congestive heart failure, decreased renal perfusion, diabetes, excessive protein ingestion, gastrointestinal (GI) bleeding, hyperalimentation, hypovolemia, ketoacidosis, muscle wasting from starvation, neoplasms, pyelonephritis, shock, urinary tract obstruction, nephrotoxic drugs. Decreased levels are seen in inadequate dietary protein, low-protein/high-carbohydrate diet, malabsorption syndromes, pregnancy, severe liver disease, certain drugs.
Creatinine is catabolic product of creatinine phosphate, which is excreted by filtration through the glomerulus and by tubular secretion. Creatinine clearance is an acceptable clinical measure of glomerular filtration rate (GFR). Increased levels are seen in acute/chronic renal failure, urinary tract obstruction, hypothyroidism, nephrotoxic drugs, shock, dehydration, congestive heart failure, diabetes. Decreased levels are found in muscular dystrophy.
BUN/Creatinine ratio (normally 12:1–20:1) is decreased in acute tubular necrosis, advanced liver disease, low protein intake, and following hemodialysis. BUN/Creatinine ratio is increased in dehydration, GI bleeding, and increased catabolism.
Uric acid levels show diurnal variation. The level is usually higher in the morning and lower in the evening. Increased levels are seen in starvation, strenuous exercise, malnutrition, or lead poisoning, gout, renal disorders, increased breakdown of body cells in some cancers (including leukemia, lymphoma, and multiple myeloma) or cancer treatments, hemolytic anemia, sickle cell anemia, or heart failure, pre-eclampsia, liver disease (cirrhosis), obesity, psoriasis, hypothyroidism, low blood levels of parathyroid hormone (PTH), certain drugs, foods that are very high in purines - such as organ meats, red meats, some seafood and beer. Decreased levels are seen in liver disease, Wilson's disease, Syndrome of inappropriate antidiuretic hormone (SIADH), certain drugs.

***** End Of Report *****

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TATA 1mg | Labs

NABL certificate and Scope

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- In accordance with international norms & clinical safetystandards
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- Doctor-verified reports with 3-step review process

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Test results released pertain to the sample, as received. Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the interpreting clinician. Result delays may happen because of unforeseen or uncontrollable circumstances. Test report may vary depending on the assay method used. Test results may show inter-laboratory variations. Test results are not valid for medico-legal purposes. Please mail your queries related to test results to Customer Care mail ID cs.labs@1mg.com

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