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MARVEL PATH LAB

Laboratory Investigation Report

Patient Name	**: Miss. NANDANI**	Centre	: GADARPUR COLLECTION CENTRE (UK017
Age/Gender	: 23 Y/Female	Collection	: 08/Feb/2024 05:55PM
Mobile No	:	Received	: 09/Feb/2024 04:31AM
Patient ID	: LSHHI265613	Reported	: 09/Feb/2024 07:48AM
Refered By	: Self	Barcode	: M751188
Report Status	: Final	Lab No	: 042402080053
SRF ID	:	Aadhar/PP.No	:

Test Name	Value	Unit	Bio Ref.Interval
CBC, COMPLETE BLOOD COUNT			
HAEMOGLOBIN SLS-Hemoglobin	12.1	g/dL	12.0-15.0
RBC Count Hydro Dynamic Focusing	4.20	10^6/uL	3.8-4.8
PCV/ HAEMATOCRIT Pulse height detection	**34.50**	%	36.0-46.0
MCV(MEAN CORPUSCULAR VOLUME) Calculated	**81.70**	fL	83-101
MCH (MEAN CORPUSCULAR HEMOGLOBIN) Calculated	28.70	pg	27-32
MCHC (MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION) Calculated	**35.10**	g/dL	31.5-34.5
PDW (cv)	11.0	%	10.0-17.9
PDW (SD)	15.1	fL	9.0-17.0
PLATELET COUNT Hydro Dynamic Focusing	297	10^3/uL	150-450
P-LCC (PLATELET LARGE CELL COUNT)	**147.0**	10^3/uL	30-90
P-LCR (PLATELET TO LARGE CELL RATIO)	**49.5**	%	11.0-45.0
MPV (MEAN PLATELET VOLUME)	11.80	fL	6.5-12.0
PCT (PLATELETCRIT)	**0.350**	%	0.108-0.282
RDW (cv) Calculated	13.10	%	11.0-16.0
RDW (SD) Calculated	44.30	fL	35.0-56.0
TLC (Total Leucocyte Count) Flow Cytometry	6400	10^3/uL	4000-10000
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL Flow Cytometry	47.0	%	40-80
LYMPHOCYTES Flow Cytometry	**43.0**	%	20-40
EOSINOPHIL Flow Cytometry	2.0	%	1-6
MONOCYTES	8.0	%	2-10

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Dr Shweta Yadav
MD Pathology
Consultant Pathologist

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Test Name	Value	Unit	Bio Ref.Interval
Flow Cytomerty BASOPHILS Flow Cytomerty	0.0	%	<2.0
ABSOLUTE NEUTROPHIL COUNT Calculated	3008	10^3/uL	2000-7000
ABSOLUTE LYMPHOCYTE COUNT Calculated	2752	10^3/uL	1000-3000
ABSOLUTE EOSINOPHIL COUNT Calculated	128.0	10^3/uL	40-440
ABSOLUTE MONOCYTE COUNT Calculated	512	10^3/uL	200-1000
ABSOLUTE BASOPHIL COUNT Calculated	0.00	10^3/uL	0-100

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.

ESR (WESTERGEN METHOD)

ESR [WESTERGEN] Sedimentation	**16**	mm/1st	0 - 12

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Test Name	Value	Unit	Bio Ref.Interval
GLUCOSE FASTING (FBS)			
GLUCOSE FASTING GOD-POD	88.3	mg/dL	70-110

Clinical SIgnificance

A low blood glucose level may be due to Overdose Insulin, Insulinomas, Starvation, Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections.

High levels of glucose most frequently indicate diabetes, but many other diseases and conditions can also cause elevated blood glucose. e.g.Acromegaly,Acute stress (response to trauma, heart attack, and stroke for instance),Cushing syndrome, Hyperthyroidism, Pancreatic cancer, Pancreatitis.

The reference interval has been referred from American diabetes Association (https://www.diabetes.org/a1c/diagnosis).

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Test Name	Value	Unit	Bio Ref.Interval
LIVER FUNCTION TEST with GGT (LFT)			
TOTAL BILIRUBIN Dyphylline	0.51	mg/dl	0.0-1.2
DIRECT BILIRUBIN Spectrophotometric	0.15	mg/dl	0.0-0.40
INDIRECT BILIRUBIN Calculated	0.36	mg/dL	0.1-1.0
SGOT (AST) UV With P5P	19.2	U/L	0-31
SGPT (ALT) UV With P5P	23.0	U/L	0.0-34.0
ALKALINE PHOSPHATASE pNPP/AMP buffer	90.3	U/L	42-98
Gamma-glutamyl transferase (GGT) G-glutamyl-p-nitroanilide	49.30	U/L	15-73
TOTAL PROTEIN Biuret Method	7.51	g/dL	6.4-8.3
ALBUMIN Bromocresol Green	3.94	g/dL	3.5-5.2
GLOBULIN Calculated	3.57		
A/G Ratio Calculated	1.10		
SGOT/SGPT Ratio Calculated	0.83	Ratio	0.0-2.0

Clinical Significance

Total Bilirubin: Bilirubin comes from normal breakdown of old RBC. elevated levels may be seen in viral hepatitis, drug reactions, alcoholic liver disease, bile duct disease, hemolytic anaemia, Gilbert syndrome.

Aspartate aminotransferase (AST),SGOT: AST is found in the highest concentrations in liver, muscles, heart, kidney, brain and red blood cells. Raised levels are seen in liver damage, cardiac injury, kidney disease, cholestasis, muscle injury, hemolysis, muscle injury.

Alanine aminotransferase (ALT), SGPT: is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present. Raised levels are seen in hepatitis, liver disease, hemolysis, high consumption of vitamin A, drugs like statins , aspirin, barbiturate.

Alkaline Phosphatase and GGT: an enzyme found in liver,bones , kidney, placenta, intestinal epithelium. Elevated levels are seen in hepatitis, cirrhosis, cholecyctitis, rickets, osteomalacia, paget's disease, bone cancer, pregnancy. GGT is present in highest concentration in the liver & it is raised in chronic alcoholic liver disease. If alkaline phosphatase and GGT are elevated, a problem with liver and bile flow is most likely present.

A/G ratio: low ratio may reflect overproduction of globulin or underproduction of albumin, occurs with cirrhosis, nephrotic syndrome. High ratio suggest underproduction of immunoglobulins as seen in genetic deficiencies and in some leukaemias.

Low protein levels: bleeding, liver and kidney disorder ,malnutrition , agammaglobulinemia, inflammatory bowel disease

High Protein levels: dehydration , chronic inflammation, viral infection, bone marrow disorder

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Test Name	Value	Unit	Bio Ref.Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Enzymatic(CHE/CHO/POD)	167.9	mg/dL	<200
TRIGLYCERIDE GK/GPO/POD	89.1	mg/dL	<150
HDL-CHOLESTEROL Direct measure	48.3	mg/dL	>40
LDL CHOLESTEROL Calculated	101.78	mg/dL	100-130
VLDL Calculated	17.82	mg/dL	< 30
TOTAL CHOLESTEROL /HDL RATIO Calculated	3.48	mg/dL	<4.97
LDL / HDL CHOLESTEROL RATIO Calculated	2.11	mg/dL	1.5-3.5
NON HDL CHOLESTEROL Calculated	119.60	mg/dL	<160
HDL/LDL CHOLESTEROL RATIO Calculated	0.47	mg/dL	

Lipid profile is useful for evaluation of cardiovascular risk.

Clinical information :

Cardiovascular disease is one of the leading causes of death in India. Risk factors, including age, smoking status, hypertension, diabetes, cholesterol, and HDL cholesterol, are used by physician to identify individuals likely to have ischemic events.

Reference values :

The National Lipid Association and the National Cholesterol Education Program (NCEP) have set the guidelines for lipid (Total cholesterol, Triglycerides, HDL Cholesterol, LDL Cholesterol, and non HDL Cholesterol) in children and adults.

Interpretation

NCEP Recommendations	Desirable	Borderline	Undesirable
Total Cholestrol (mg/dL)	<200	200-239	>240
Triglyceride (mg/dL)	<150	150-199	>200
LDL Cholesterol	<130	130-159	>160
HDL Cholesterol	>40	<40	

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Test Name	Value	Unit	Bio Ref.Interval
KIDNEY FUNCTION TEST (KFT / RFT) WITH ELECTROLYTE			
BLOOD UREA Urease	15.20	mg/dL	12.8-42.8
CREATININE Enzymatic	0.68	mg/dL	0.5-0.9
URIC ACID Uricase	**2.51**	mg/dL	2.6-6.0
BLOOD UREA NITROGEN Calculated	**7.10**	mg/dL	8.87 - 21.0
BUN/CREATININE RATIO Calculated	10.44	Ratio	0-24
UREA/CREATININE RATIO Calculated	22.35	Ratio	
SODIUM ISE	138.3	mmol/L	135-150
POTASSIUM ISE	4.80	mmol/L	3.5-5.0
CHLORIDE ISE	104.2	mmol/L	94-110
CALCIUM Arsenazo dye	8.60	mg/dL	8.6-10.3
eGFR Calculated	114.1	mL/min/1.73m2	

Clinical Significance

Kidney function tests is a collective term for a variety of individual tests that can be done to evaluate how well the kidneys are functioning. This panel help diagnose kidney-related disorders, to screen those who may be at risk of developing kidney disease or to monitor someone who has been diagnosed with kidney disease.

Reference range of eGFR eGFR

Value (ml/min/1.73m2)	Interpretation
> 90	Normal
60-89	Mild decrease- Common in 30% healthy adults.Suggests repeat testing in 6-12months. R/O kidney disease in those at high risk (DM / HYT)
30 - 59	S/O moderate chronic kidney disease.
15 - 29	S/O severe chronic kidney disease.
<15	S/O kidney failure.

NOTE : eGFR is less precise in its estimation. When >60 this test is less accurate in pregnancy, older age grp, younger than 18 yrs, very heavy weight,very muscular, having any serious illness etc.

Kindly correlate clinically.

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Test Name	Value	Unit	Bio Ref.Interval
	THYROID PROFILE (TFT)		
T3 (Triiodothyronine) ECLIA	0.91	ng/mL	0.69-2.15
T4(Thyroxine) ECLIA	80.10	ng/mL	52-127
TSH(Thyroid Stimulating Hormone) ECLIA	**8.91**	ulU/mL	0.3-4.5

Comment:

- TSH levels are subject to circadian variation, reaching peak levels between 2am to 4am and at a minimum between 6pm to 10pm. The variation is of the order of 50%; hence time of the day has influence on the measured serum TSH concentrations.
- Significant numbers of patients particularly those above 55 years of age have a serum TSH level between 4.68 & 10 µlU/ml. This borderline elevation may be due to presence of SUBCLINICAL HYPOTHYROIDISM. Thyroid profile and anti-thyroid (anti TPO & TG) antibodies estimation is suggested in all such cases.
- Very low serum TSH values are observed in patients who are being treated for hypothyroidism. In such patients Serum Free T3 & Free T4 estimation may also be performed.
- In pregnancy as per American Thyroid Association Reference range for TSH is as follows: -

1st Trimester	0.10 - 2.50 µlU/ml
2st Trimester	0.20 - 3.0 µlU/ml
3st Trimester	0.30 - 3.0 µlU/ml

Kindly correlate clinically.

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