





Patient Name Age/Gender Mobile No

: Mrs. ANJU RANI : 48 Y/Female

Patient ID Refered By : LSHHI265615

Report Status SRF ID

Received Reported Barcode

Collection

GADARPUR COLLECTION CENTRE (UK017

: 08/Feb/2024 05:57PM : 09/Feb/2024 04:31AM : 09/Feb/2024 07:48AM

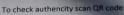
: M751191 : 042402080054 Lab No

Aadhar/PP.No:

Test Name	Value	Unit	Bio Ref.Interval
<u>CB</u>	C, COMPLETE BLC	OOD COUNT	100450
HAEMOGLOBIN	10.9	g/dL	12.0-15.0
SLS-Hemoglobin RBC Count	3.60	10^6/uL	3.8-4.8
Hydro Dynamic Focusing	30.40	%	36.0-46.0
PCV/ HAEMATOCRIT Pulse height detection	85.30	fL	83-101
MCV(MEAN CORPUSCULAR VOLUME) Calculated			27-32
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	30.50	pg	
MCHC (MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	35.80	g/dL	31.5-34.5
Calculated PDW (cv)	10.7	%	10.0-17.9
PDW (SD)	15.7	fL	9.0-17.0
PLATELET COUNT	313	10^3/uL	150-450
Hydro Dynamic Focusing P-LCC (PLATELET LARGE CELL COUNT)	167.5	10^3/uL	30-90
P-LCR (PLATELET TO LARGE CELL RATIO)	53.5	%	11.0-45.0
MPV (MEAN PLATELET VOLUME)	12.20	fL	6.5-12.0
PCT (PLATELETCRIT)	0.382	%	0.108-0.282
RDW (cv)	13.00	%	11.0-16.0
RDW (SD)	46.20	fL	35.0-56.0
TLC (Total Leucocyte Count)	4500	10^3/uL	4000-10000
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	60.0	%	40-80
Flow Cytomerty LYMPHOCYTES	30.0	%	20-40
Flow Cytomerty EOSINOPHIL	2.0	%	1-6
Flow Cytometry MONOCYTES	8.0	%	2-10
	The state of the s		











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Test Name	Value	Unit	Bio Ref.Interval
Flow Cytomerty BASOPHILS	0.0	%	<2.0
Flow Cytomerty ABSOLUTE NEUTROPHIL COUNT	2700	10^3/uL	2000-7000
Calculated ABSOLUTE LYMPHOCYTE COUNT Calculated	1350	10^3/uL	1000-3000
ABSOLUTE EOSINOPHIL COUNT Calculated	90.0	10^3/uL	40-440
ABSOLUTE MONOCYTE COUNT Calculated	360	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]

mm/1st

0 - 12

*** End Of Report ***







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Barcode : M751190 Lab No : 04240208

Lab No : 042402080054 Aadhar/PP.No :

Test Name

SRF ID

Value

Unit

Bio Ref.Interval

GLUCOSE FASTING (FBS)

GLUCOSE FASTING

70.2

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.

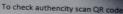
The reference interval has been referred from American diabetes Association (https://www.diabetes.org/alc/diagnosis).

Dr Shweta Yaday
MD Pathology
Consultant Pathologist

All Lab results are subject to clinical interpretation by a qualified medical professional & This report is not subject to use for any medico-legal purpose. The above tests has been performed at Marvel Pathology Lab Pvc.1xd Gurugran

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Test Name	W.		
	Value	Unit	Bio Ref.Interval
TOTAL BILIRUBIN	LIVER FUNCTION TEST	vith GGT (LFT)	
DIRECT BILIRURIN	0.79	mg/dl	0.0-1.2
Spectrophotometric INDIRECT BILIRUBIN	0.29	mg/dl	0.0-0.40
SGOT (AST)	0.50	mg/dL	0.1-1.0
SGPT (ALT)	37.7	U/L	0-31
ALKALINE PHOSPHATASE	38.2	U/L	0.0-34.0
MPP/AMP buffer	49.3	U/L	42-98
Gamma-glutamyl transferase (GGT)	47.80	U/L	15-73
OTAL PROTEIN	6.48	g/dL	
LBUMIN omocresol Green	3.65	g/dL	6.4-8.3
LOBULIN alculated	2.83		3.5-5.2
/G Ratio	1.29		
GOT/SGPT Ratio	0.99	Ratio	
inical Significance		raio	0.0-2.0

Total Bilirubin: Bilirubin comes from normal breakdown of old RBC, elevated levels may be s een in viral hepatitis, drug reactions, alcoholic liver disease, bile duct disease, hemolytic

art, kidney, brain and red blood cells. Raised levels are seen in liver

amounts in the blood, liver damage is most likely

anaemia, Gilbert syndrome.

Aspartate aminotransferase (AST),SGOT: AST is found in the highest concentrations in I damage, cardiac injury, kidney disease, cholestasis, muscle injury, hemolysis, muscle injury. Alanine aminotransferase (ALT), SGPT: is almost exclusively found in the liver. If ALT an present. Raised levels are seen in hepatitis, liver disease, hemolysis, high consumption of vita Alkaline Phosphatase and GGT: an enzyme found in liver, bones, kidney, placenta, intestito steomalacia, paget's disease, bone canocr, pregnancy. GGT is present in highest concentra 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, occ immunoglobulins as seen in genetic deficiencies and in some leukaemias.

Low protein levels: bleeding, liver and kidney disorder ,malnutrition, agammaglobulinemia, High Protein levels: dehydration, chronic inflammation, viral infection, bone marrow disord Kindly complate clinically. els are seen in hepatitis, cirrhosis, cholecyctitis, rickets, d in chronic alcoholic liver disease. If alkaline phosphatase and

syndrome. High ratio suggest underproduction of

Kindly correlate clinically.

Shurta

MD Pathology Consultant Pathologist







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Test Name	Value	Unit	Bio Ref.Interval
	LIPID PROFIL	<u>.E</u>	
TOTAL CHOLESTEROL Enzymatic(CHE/CHO/POD)	202.0	mg/dL	<200
TRIGLYCERIDE GK/GPO/POD	109.9	mg/dL	<150
HDL-CHOLESTEROL Direct measure	42.3	mg/dL	>40
LDL CHOLESTEROL Calculated	137.72	mg/dL	100-130
VLDL Calculated	21.98	mg/dL	< 30
TOTAL CHOLESTEROL /HDL RATIO	4.78	mg/dL	<4.97
LDL / HDL CHOLESTEROL RATIO	3.26	mg/dL	1.5-3.5
NON HDL CHOLESTEROL Calculated	159.70	mg/dL	<160
HDL/LDL CHOLESTEROL RATIO Calculated	0.31	mg/dL	
ipid profile is useful for evaluation of cardiovascular risk.			

ath in India. Risk factors, including age, smoking status, hypertension, diabetes, cholesterol, and HDL cholesterol, are used by physician to identify individuals likely

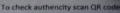
terol Education Program (NCEP) have set the guidelines for lipid (Total cholesterol, Triglycerides, HDL Cholesterol, LDL Cholesterol, and non HDL Cholesterol) in

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

Kindly correlate clinically.













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mL/min/1.73m2

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Test Name

Value

Unit

Bio Ref.Interval

KIDNEY	FUNCTION TEST (KFT / RFT) WITH ELECTROLYTE	
Urease	32.30	mg/dL	12.8-42.8
CREATININE Enzymatic	0.69	mg/dL	0.5-0.9
URIC ACID Uricase	3.41	mg/dL	2.6-6.0
BLOOD UREA NITROGEN Calculated	15.09	mg/dL	8.87 - 21.0
BUN/CREATININE RATIO Calculated	21.87	Ratio	0-24
UREA/CREATININE RATIO	46.81	Ratio	
SODIUM	136.3	mmol/L	135-150
POTASSIUM	4.20	mmol/L	3.5-5.0
CHLORIDE	105.3	mmol/L	94-110
CALCIUM Arsenazo dye	8.10	mg/dL	8.6-10.3

eGFR

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.

96.7

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)

50 SVO moderate chronic kidney disease.

515 - 29 SVO severe chronic kidney disease.

515 SVO 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

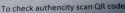
Kindly correlate clinically.

*** End Of Report ***

MD Pathology Consultant Pathologist

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Bio Ref.Interval Unit Value **Test Name**

THYROID PROFILE (TFT)

0.69-2.15 ng/mL 1.10 T3 (Triiodothyronine) 52-127 ng/mL ECLIA 82.30 T4(Thyroxine) 0.3-4.5 ulU/mL 5.61 TSH(Thyroid Stimulating Hormone)

ment:
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 µIU/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. ECLIA Comment

In pregnancy as per American Thyroid Association Reference range for TSH is as follows:

1st Trimester 2st Trimester 3st Trimester

0.10 - 2.50 μIU/ml 0.20 - 3.0 μIU/ml 0.30 - 3.0 μIU/ml

Kindly correlate clinically.

*** End Of Report ***



Dr Shweta Yadav MD Pathology
Consultant Pathologist