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MARVEL™ PATH LAB

Laboratory Investigation Report

Patient Name	**: Mrs. ANJU RANI**	Centre	: GADARPUR COLLECTION CENTRE (UK017
Age/Gender	: 48 Y/Female	Collection	: 08/Feb/2024 05:57PM
Mobile No	:	Received	: 09/Feb/2024 04:31AM
Patient ID	: LSHHI265615	Reported	: 09/Feb/2024 07:48AM
Refered By	: Self	Barcode	: M751191
Report Status	: Final	Lab No	: 042402080054
SRF ID	:	Aadhar/PP.No	:

Test Name	Value	Unit	Bio Ref.Interval
CBC, COMPLETE BLOOD COUNT			
HAEMOGLOBIN SLS-Hemoglobin	**10.9**	g/dL	12.0-15.0
RBC Count Hydro Dynamic Focusing	**3.60**	10^6/uL	3.8-4.8
PCV/ HAEMATOCRIT Pulse height detection	**30.40**	%	36.0-46.0
MCV(MEAN CORPUSCULAR VOLUME) Calculated	85.30	fL	83-101
MCH (MEAN CORPUSCULAR HEMOGLOBIN) Calculated	30.50	pg	27-32
MCHC (MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION) Calculated	**35.80**	g/dL	31.5-34.5
PDW (cv)	10.7	%	10.0-17.9
PDW (SD)	15.7	fL	9.0-17.0
PLATELET COUNT Hydro Dynamic Focusing	313	10^3/uL	150-450
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) Calculated	13.00	%	11.0-16.0
RDW (SD) Calculated	46.20	fL	35.0-56.0
TLC (Total Leucocyte Count) Flow Cytometry	4500	10^3/uL	4000-10000
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL Flow Cytomerty	60.0	%	40-80
LYMPHOCYTES Flow Cytomerty	30.0	%	20-40
EOSINOPHIL Flow Cytomerty	2.0	%	1-6
MONOCYTES	8.0	%	2-10

Shweta

Dr Shweta Yadav
MD Pathology
Consultant Pathologist

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*Marked Tests are under the scope of NABL

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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	1350	10^3/uL	1000-3000
Calculated ABSOLUTE EOSINOPHIL COUNT	90.0	10^3/uL	40-440
Calculated ABSOLUTE MONOCYTE COUNT	360	10^3/uL	200-1000
Calculated ABSOLUTE BASOPHIL COUNT	0.00	10^3/uL	0-100
Calculated			

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	**22**	mm/1st	0 - 12

*** End Of Report ***

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Test Name	Value	Unit	Bio Ref.Interval
GLUCOSE FASTING (FBS)			
GLUCOSE FASTING GOD-POD	79.2	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/a1c/diagnosis).

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LIVER FUNCTION TEST with GGT (LFT)

Test Name	Value	Unit	Bio Ref.Interval
TOTAL BILIRUBIN Dyphylline	0.79	mg/dl	0.0-1.2
DIRECT BILIRUBIN Spectrophotometric	0.29	mg/dl	0.0-0.40
INDIRECT BILIRUBIN Calculated	0.50	mg/dL	0.1-1.0
SGOT (AST) UV With P5P	**37.7**	U/L	0-31
SGPT (ALT) UV With P5P	**38.2**	U/L	0.0-34.0
ALKALINE PHOSPHATASE pNPP/AMP buffer	49.3	U/L	42-98
Gamma-glutamyl transferase (GGT) G-glutamyl-p-nitroanilide	47.80	U/L	15-73
TOTAL PROTEIN Biuret Method	6.48	g/dL	6.4-8.3
ALBUMIN Bromocresol Green	3.65	g/dL	3.5-5.2
GLOBULIN Calculated	2.83		
A/G Ratio Calculated	1.29		
SGOT/SGPT Ratio Calculated	0.99	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

Kindly correlate clinically.

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Test Name	Value	Unit	Bio Ref.Interval
	LIPID PROFILE		
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 Calculated	4.78	mg/dL	<4.97
LDL / HDL CHOLESTEROL RATIO Calculated	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	

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	

Kindly correlate clinically.

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KIDNEY FUNCTION TEST (KFT / RFT) WITH ELECTROLYTE

Test Name	Value	Unit	Bio Ref.Interval
BLOOD UREA Urease	32.30	mg/dL	12.8-42.8
CREATININE Enzymatic	0.69	mg/dL	0.5-0.9
URIC ACID Uncase	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 Calculated	46.81	Ratio	
SODIUM ISE	136.3	mmol/L	135-150
POTASSIUM ISE	4.20	mmol/L	3.5-5.0
CHLORIDE ISE	105.3	mmol/L	94-110
CALCIUM Arsenazo dye	**8.10**	mg/dL	8.6-10.3
eGFR Calculated	96.7	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	1.10	ng/mL	0.69-2.15
T4(Thyroxine) ECLIA	82.30	ng/mL	52-127
TSH(Thyroid Stimulating Hormone) ECLIA	**5.61**	uIU/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 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.
- In pregnancy as per American Thyroid Association Reference range for TSH is as follows: -

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

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