L37 - SAHARANPUR LAB HOME VISIT
2/880/37, DR. BHEEM RAO AMBADKER
MARG,COURT ROAD, SAHARANPUR UP
SAHARANPUR

Name	: Mr. MAHAVEER SINGH			Collected	: 27/10/2020 8:51:00AM
Lab No.	: 293605787	Age: 60 Years	Gender: Male	Received	: 27/10/2020 8:57:14AM
				Reported	: 27/10/2020 5:08:29PM
A/c Status	: P	Ref By : Dr.RISHI SHUKLA		Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
SWASTHFIT SUPER 2 PACKAGE			
LIVER & KIDNEY PANEL, SERUM			
Bilirubin Total (DPD)	0.49	mg/dL	0.20 - 1.10
Bilirubin Direct (DPD)	0.14	mg/dL	<0.20
Bilirubin Indirect (Calculated)	0.35	mg/dL	<1.10
AST (SGOT) (IFCC without P5P)	28	U/L	<50
ALT (SGPT) (IFCC without P5P)	34	U/L	<50
GGTP (GCNA)	22	U/L	<55
Alkaline Phosphatase (ALP) (PNPP)	63	U/L	30 - 120
Total Protein (Biuret)	**6.14**	g/dL	6.40 - 8.10
Albumin (BCG)	3.83	g/dL	3.20 - 4.60
A : G Ratio (Calculated)	1.66		0.90 - 2.00
Urea (Urease UV)	34.60	mg/dL	17.00 - 43.00
Creatinine (Modified Jaffe)	1.01	mg/dL	0.67 - 1.17

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Test Name	Results	Units	Bio. Ref. Interval
Uric Acid (Uricase)	**7.90**	mg/dL	3.50 - 7.20
Calcium, Total (Arsenazo III)	8.98	mg/dL	8.80 - 10.20
Phosphorus (Molybdate UV)	3.49	mg/dL	2.30 - 3.70
Sodium (Indirect ISE)	142.00	mEq/L	136.00 - 146.00
Potassium (Indirect ISE)	4.68	mEq/L	3.50 - 5.10
Chloride (Indirect ISE)	106.00	mEq/L	101.00 - 109.00

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Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT;CBC (Impedence, Photometry, Calculated, DHSS, Flow Cytometry & Cytochemistry)			
Hemoglobin	**12.30**	g/dL	13.00 - 17.00
Packed Cell Volume (PCV)	**37.20**	%	40.00 - 50.00
RBC Count	**4.08**	mill/mm3	4.50 - 5.50
MCV	91.00	fL	80.00 - 100.00
MCH	30.10	pg	27.00 - 32.00
MCHC	33.00	g/dL	32.00 - 35.00
Red Cell Distribution Width (RDW)	14.20	%	11.50 - 14.50
Total Leukocyte Count (TLC)	5.60	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	51.10	%	40.00 - 80.00
Lymphocytes	36.20	%	20.00 - 40.00
Monocytes	5.80	%	2.00 - 10.00
Eosinophils	**6.60**	%	1.00 - 6.00
Basophils	0.30	%	<2.00
Absolute Leucocyte Count			
Neutrophils	2.86	thou/mm3	2.00 - 7.00
Lymphocytes	2.03	thou/mm3	1.00 - 3.00
Monocytes	0.32	thou/mm3	0.20 - 1.00
Eosinophils	0.37	thou/mm3	0.02 - 0.50
Basophils	0.02	thou/mm3	0.01 - 0.10
Platelet Count	**51.0**	thou/mm3	150.00 - 450.00

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Test Name	Results	Units	Bio. Ref. Interval
Giant form and clumps seen. Platelets are reduced. Advised: Follow up and Review. Result rechecked			
Mean Platelet Volume (MPV)	**14.00**	fL	6.50 - 12.00

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

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Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC)			
HbA1c	**7.9**	%	
Estimated average glucose (eAG)	180	mg/dL	

Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	4.0 - 5.6
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	. Goal of therapy: < 7.0 . Action suggested: > 8.0

Note

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate
3. Any condition that shortens erythrocyte survival such as sickle cell disease, pregnancy (second and third trimesters), hemodialysis, recent blood loss or transfusion, or erythropoietin will falsely lower HbA1c results regardless of the assay method
4. In patients with HbA1c level between 7-8%, Glycemark (1,5 Anhydroglucitol) test may be done to identify those with more frequent and extreme hyperglycemic excursions

Comments

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations. This single test can be used both for diagnosing & monitoring diabetes. ADA recommends measurement of

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HbA1c 3-4 times per year in Type 1 diabetes and poorly controlled Type 2 diabetes patients. In well controlled Type 2 diabetes patients, the test can be performed twice a year.

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Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE,TOTAL, SERUM (ECLIA)			
T3, Total	0.84	ng/mL	0.80 - 2.00
T4, Total	6.85	µg/dL	5.10 - 14.10
TSH	3.84	µIU/mL	0.27 - 4.20

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

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Test Name	Results	Units	Bio. Ref. Interval
LIPID SCREEN, SERUM			
Cholesterol, Total (CHO-POD)	100.00	mg/dL	<200.00
Triglycerides (GPO-POD)	124.00	mg/dL	<150.00
HDL Cholesterol (Enzymatic Immunoinhibition)	**28.80**	mg/dL	>40.00
LDL Cholesterol, Calculated	46.40	mg/dL	<100.00
VLDL Cholesterol,Calculated	24.80	mg/dL	<30.00
Non-HDL Cholesterol	71	mg/dL	<130

Interpretation

REMARKS	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

Note

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol.
2. NLA-2014 recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.

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3. Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
4. NLA-2014 identifies Non HDL Cholesterol(an indicator of all atherogeniclipoproteins such as LDL , VLDL, IDL, Lpa, Chylomicron remnants)along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL &Non HDL.
5. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
6. Additional testing for Apolipoprotein B, hsCRP,Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2016

RISK CATEGORY	TREATMENT GOAL		CONSIDER THERAPY	
	LDL CHOLESTEROL (LDL-C)(mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C)(mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)
Very High	<50	<80	>=50	>=80
High	<70	<100	>=70	>=100
Moderate	<100	<130	>=100	>=130
Low	<100	<130	>=130*	>=160*

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Dr Anu Sharma
MD, Pathology

----------End of report ----------

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IMPORTANT INSTRUCTIONS

*Test results released pertain to the specimen submitted.*All test results are dependent on the quality of the sample received by the Laboratory. *Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician .*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.*Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.*Test results may show interlaboratory variations.*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).*Test results are not valid for medico legal purposes. *Contact customer care Tel No. +91-11-39885050 for all queries related to test results.
(#) Sample drawn from outside source.