Visit ID	**: CPD443**	Registration	: 17/Aug/2024 11:24AM
UHID/MR NO	: CPD.0000000442	Collected	: 17/Aug/2024 11:40AM
Patient NAME	**: Ms.NOOVI BEDI**	Received	: 17/Aug/2024 11:47AM
Age/Gender	: 20 Y 0 M 0 D /F	Reported	: 17/Aug/2024 12:37PM
Ref Doctor	: SELF	STATUS	: Final Report
Sec.Ref Doctor	: SELF	CLIENT Detail	: SUNSAI PATH LAB/CN00097
Barcode NO	: 0010647	CLIENT ADD	: PASCHIM VIHAR DELHI

DEPARTMENT OF HAEMATOLOGY

CPL FULL BODY COMPREHENSIVE

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC				
Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	**10.7**	g/dL	12.0-15.0	SLS Non Cyanide
TOTAL LEUCOCYTE COUNT (TLC)	7.2	x10^3 Cells/uL	4.0-10.0	Flow cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	52.7	%	40-75	Microscopy/Flow cytometry
LYMPHOCYTE	36.2	%	20-40	Microscopy/Flow cytometry
MONOCYTE	7.1	%	2-10	Microscopy/Flow cytometry
EOSINOPHIL	3.8	%	01-07	Microscopy/Flow cytometry
BASOPHIL	0.2	%	00-02	Microscopy/Flow cytometry
ABSOLUTE NEUTROPHIL COUNT	3.79	x10^3 Cells/uL	1.5-7.8	Automated Calculated
ABSOLUTE LYMPHOCYTE COUNT	2.61	x10^3 Cells/uL	2.0-3.9	Automated Calculated
ABSOLUTE EOSINOPHIL COUNT	0.27	x 10^3 cells/ul	Adult: 0.02 - 0.5	
ABSOLUTE MONOCYTE COUNT	0.51	x10^3 Cells/uL	0.2-0.95	Automated Calculated
ABSOLUTE BASOPHIL COUNT	**0.01**	x10^3 Cells/uL	0.02-0.2	Automated Calculated
RBC COUNT(RED BLOOD CELL COUNT)	**3.98**	million/cmm	4.50-5.50	Hydro Dynamic Focusing (DC - Detection)
PCV/HAEMATOCRIT	**32.0**	%	40-50	RBC pulse height detection
MCV	80.6	fL	80-100	Automated/Calculated
MCH	**26.8**	pg	27-32	Automated/Calculated
MCHC	33.2	g/dl	32-36	Automated/Calculated
RDW-CV	**17.2**	%	11.5-14.5	Automated/Calculated

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DEPARTMENT OF HAEMATOLOGY

CPL FULL BODY COMPREHENSIVE

Test Name	Result	Unit	Bio. Ref. Range	Method
PLATELET COUNT	353	x 10^3/mm^3	150 - 450	Optical Flowcytometry
MPV	9.2	fL	8.60-15.50	Calculated
P-LCR	15.6	%	0-100	
RDW-SD	42.8	fL	39-46	Calculated
PDW	8.3	fL	8.30-25.00	Calculated
PCT	0.325	%	0.15-0.62	

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Age/Gender	: 20 Y 0 M 0 D /F	Reported	: 17/Aug/2024 03:24PM
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DEPARTMENT OF HAEMATOLOGY

CPL FULL BODY COMPREHENSIVE

Test Name	Result	Unit	Bio. Ref. Range	Method
ESR (ERYTHROCYTE SEDIMENTATION RATE)				
Sample Type : WHOLE BLOOD EDTA				
ERYTHROCYTE SEDIMENTATION RATE	17	mm in 1st hr	0-20	Westergren

COMMENTS: ESR is an acute phase reactant that indicates the presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases.

HBA1C				
Sample Type : WHOLE BLOOD EDTA				
HBA1c	5.7	%	Normal - Below 5.7 %~ Pre-Diabetes - 5.7 - 6.4%~ Diabetes - > 6.4 %	High Profile Liquid Chromatography (WORLDWIDE GOLD STANDARD)
ESTIMATED AVG. GLUCOSE	116.89	mg/dl		

Increased Carbohydrates affect blood glucose level, eat healthier carbs like whole grains, veggies, lentils and fruits

Staying active with training, walking, jogging or yoga, helps keep diabetes under control

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DEPARTMENT OF BIOCHEMISTRY

CPL FULL BODY COMPREHENSIVE

Test Name	Result	Unit	Bio. Ref. Range	Method
RHEUMATOID FACTOR TEST (QUANTITATIVE)				
Sample Type : SERUM				
RHEUMATOID FACTOR TEST	4.88	IU/ml	<14	Immunoturbidimetry

INTERPRETATION:

- The test for Rheumatoid factor is positive only in about 80% patients with Rheumatoid arthritis.
- It has occasionally been found false positive with sera of patients with Hepatitis, Sarcoidosis, Cirrhosis of liver, Syphilis, Systemic lupus erythematosus, Hypergammaglobulinemia, Scleroderma, Sjogrens syndrome, as well as acute bacterial and viral infections. It is almost always absent in case of Rheumatic fever.
- The test does not provide definite diagnosis of Rheumatoid arthritis and therefore it should only be used with complete clinical evaluation.

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DEPARTMENT OF BIOCHEMISTRY

CPL FULL BODY COMPREHENSIVE

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE				
Sample Type : SERUM				
TOTAL CHOLESTEROL	168.9	mg/dl	50 - 200	Cholesterol oxidase Esterase, peroxidase
H D L CHOLESTEROL	42.6	mg/dl	40 - 60	Direct measure - PEG
TRIGLYCERIDES	134.5	mg/dl	0-150	Enzymatic, end Point
L D L CHOLESTEROL	99.4	mg/dl	0 - 100	Calculated
VLDL CHOLESTEROL	26.9	mg/dl	15 - 40	Calculated
T. CHOLESTEROL/ HDL RATIO	3.96	%	0.00 - 4.90	Calculated
LDL / HDL RATIO	2.33	%	0.00 - 3.55	Calculated

INTERPRETATION :

Guidelines for Total Plasma Cholesterol Levels on 11 to 12 hour fasting samples.
Desirable - < 200 mg/dl Borderline High Risk - 200 - 239 mg/dL High risk - >240 mg/dl

Guidelines for Serum Triglycerides Levels on 11 to 12 hour fasting samples.
Desirable - 0 - 200 mg/dL

Guidelines for HDL Cholesterol Levels on 11 to 12 hour fasting samples.
Females : - No Risk - > 65 mg/dl Moderate Risk - 45 - 65 mg/dl High Risk - < 45 mg/dl
Males : - No Risk - > 55 mg/dl Moderate Risk - 33 - 55 mg/dl High Risk - < 35 mg/dl

Guidelines for LDL Cholesterol Levels on 11 to 12 hour fasting samples.
Optimal - < 100 mg/dL Near Optimal / Above optimal - 100 - 129 mg/dl Borderline High Risk – 130 - 159 mg/dl
High risk - 160 - 189 mg/dl Very High - > 190 mg/dl

Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors

1.	Age > or = 45 years in males and > or = 55 years in females	2.	Current Cigarette smoking or tobacco use
3.	Family history of premature ASCVD	4.	High blood pressure
5.	Low HDL		

NOTE : IF CLINICALLY INDICATED , ADVISE FOR LIPOPROTEIN (a) LEVELS.

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Age/Gender	: 20 Y 0 M 0 D /F	Reported	: 17/Aug/2024 03:29PM
Ref Doctor	: SELF	STATUS	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

CPL FULL BODY COMPREHENSIVE

Test Name	Result	Unit	Bio. Ref. Range	Method
C-REACTIVE PROTEIN (CRP)				
Sample Type : SERUM				
C-REACTIVE PROTEIN	4.56	mg/L	0.0 - 5.0	TURBIDIMETRY

METHOD- ImmunoTurbidimetry

CRP is an acute phase reactant released by the liver into blood within a few hours after start of tissue injury, start of infection or other causes of inflammation.

Age Related Reference Ranges for C-Reactive Protein

Adults	**0 - <5**
Children	**0 - <10**
Infant	**<15.0**
New Born	**<15.0**

Test Name	Result	Unit	Bio. Ref. Range	Method
PLASMA GLUCOSE - FASTING				
Sample Type : FLOURIDE PLASMA				
PLASMA GLUCOSE FASTING	86.4	mg/dl	60-110	Hexokinase

INTERPRETATION :
Normal - < 110 IFG - 110 - 125 (Impaired Fasting Glucose) Diabetes Mellitus - ≥ 126
NOTE : Hemoglobin A1c test, also called HbA1c (Glycosylated hemoglobin test, or glycohemoglobin), is an important blood test which provides an average of your blood sugar control over the past 2 to 3 months and is used along with blood sugar monitoring to make adjustments in your diabetes medicines.

Staying active with training, walking, jogging or yoga, helps keep diabetes under control

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DEPARTMENT OF BIOCHEMISTRY

CPL FULL BODY COMPREHENSIVE

Test Name	Result	Unit	Bio. Ref. Range	Method
25 HYDROXY VITAMIN D				
Sample Type : SERUM				
VITAMIN D	**2.11**	ng/mL	30 - 100	CLIA

INTERPRETATION:

Normal Range For 25 (OH) -Vitamin D ng/mL

Deficiency (Seriously deficient)	< 20
Insufficiency (Deficient)	21 - 29
Sufficiency (Adequately Supplied)	30-100
Potential Toxicity	> 100

A balanced diet can take care of all the vitamins needed by your body

Consult your doctor before taking any vitamin supplements

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DEPARTMENT OF BIOCHEMISTRY

CPL FULL BODY COMPREHENSIVE

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
Sample Type : SERUM				
VITAMIN B12	214	pg/mL	211-946 pg/mL	CLIA

Specimen - Serum
Vitamin B12 deficiency may present first with Anemia or with neurological symptoms. Other conditions related to low B12 levels include normal near-term pregnancy, Vegetarianism, partial gastrectomy, ileal damage, parasitic infestation, pancreatic deficiency, treated epilepsy and advancing age.

A balanced diet can take care of all the vitamins needed by your body

Consult your doctor before taking any vitamin supplements

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM IRON LEVELS				
Sample Type : Serum				
SERUM IRON LEVELS	56.7	ug/dl	50 - 170	Ferene

INTERPRETATION:

Serum iron test is used in differential diagnosis of anaemia and diagnosis of acute iron toxicity especially in children.

INCREASED IN:
-Hemosiderosis of excessive iron intake (e.g. repeated blood transfusion, iron therapy, iron containing vitamins).
-Decreased formation of RBCs (thalassemia, pyridoxal deficiency anaemia)
-Increased destruction of RBCs (hemolytic anaemia).
-Acute liver damage
-Progesteronal birth control pills & pregnancy
-Premenstrual elevation
-Acute iron toxicity

DECREASED IN:
-Iron deficiency anaemia
-Normochromic anaemia of infections & chronic diseases
-Nephrosis
-Menstruation
-Diurnal variation: Normal in mid morning, low values in mid afternoon, and very low values near midnight.

Eating plenty of iron rich food like green-leafy vegetables, lentils and beans prevents anemia

Avoid drinking tea or coffee with your meals, as they can affect iron absorption

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DEPARTMENT OF BIOCHEMISTRY

CPL FULL BODY COMPREHENSIVE

Test Name	Result	Unit	Bio. Ref. Range	Method
TIBC TEST				
Sample Type : Serum				
TOTAL IRON BINDING CAPACITY	325.6	ug/dl	250-450	Ferene

INTERPRETATION:
TIBC is used for differential diagnosis of anemia
INCREASED IN:
-Iron deficiency anemia
-Acute & Chronic blood loss
-Acute liver damage
-Progesterone birth control pills
DECREASED IN:
-Hemochromatosis
-Cirrhosis of the liver
-Thalassemia
-Anemia of infective & chronic disease
-Nephrosis

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DEPARTMENT OF BIOCHEMISTRY

CPL FULL BODY COMPREHENSIVE

Test Name	Result	Unit	Bio. Ref. Range	Method
KIDNEY FUNCTION TEST -II				
Sample Type : SERUM				
SERUM UREA	27.7	mg/dL	15 - 45	Urease Colorimetric
BLOOD UREA NITROGEN (BUN) *	12.94	mg/dL	5-20	Calculation
SERUM CREATININE	1.06	mg/dl	0.70 - 1.30	Alkalin Picrate - Kinetic
TOTAL PROTEINS	6.47	g/dL	6.40-8.20	Biuret,Reaction end point
ALBUMIN	3.80	g/dL	3.4 - 5.0	BROMCRESOL PURPLE
GLOBULIN	2.67	g/dl	2.0-4.1	Calculated
A/G RATIO	1.42		1.0-2.0	Calculated
SERUM URIC ACID	3.66	mg/dl	3.5- 7.2	Uricase colorimetric
SERUM SODIUM	140.3	mmol/L	136.0 - 145.0	ISE indirect
SERUM POTASSIUM	4.03	mmol/L	3.5 - 5.1	ISE indirect
SERUM TOTAL CALCIUM	9.78	mg/dl	8.5 10.1	O - cresolphthalein complexone
PHOSPHOROUS	3.56	mg/dl	2.6 - 4.7	Phosphomolybdate Reduction

Note:
Blood Urea Nitrogen (BUN) : Increased blood urea nitrogen (BUN) may be due to prerenal causes , renal causes and postrenal causes.
Creatinine : Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.
Calcium : Serum Calcium levels are used to monitor and diagnose a wide range of diseases of bone, kidney, parathyroid gland, or gastrointestinal tract.
Sodium : Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.
Potassium : Potassium (K+) is the major intracellular cation. It regulates neuromuscular excitability, heart contractility, intracellular fluid volume, and hydrogen ion concentration.
Chloride : Chloride (Cl) is the major extracellular anion and it has an important role in maintaining proper body water distribution, osmotic pressure, and normalanion-cation balance in the extracellular fluid compartment.

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DEPARTMENT OF BIOCHEMISTRY

CPL FULL BODY COMPREHENSIVE

Test Name	Result	Unit	Bio. Ref. Range	Method
TRANSFERRIN SATURATION %				
Sample Type : Serum				
TRANSFERRIN SATURATION	17.41	%	15-50	CALCULATED

INTERPRETATION:

- Low Values in iron deficiency
- High Values in iron overload
- Raised transferrin saturation is an early indicator of Iron accumulation in Genetic Haemochromatosis.

Ceruloplasmin, a ferroxidase, is important also for iron transport. By oxidizing ferrous iron to the ferric form, ceruloplasmin promotes iron loading onto transferrin, which binds only the ferric form of the metal. **If CLINICALLY INDICATED advise , Reports for Ceruloplasmin are available SAME DAY.**

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DEPARTMENT OF BIOCHEMISTRY

CPL FULL BODY COMPREHENSIVE

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST -II				
Sample Type : SERUM				
TOTAL BILIRUBIN	0.66	mg/dL	0.2 - 1.0	JENDRASSIK GROF
CONJUGATED (D. Bilirubin)	**0.51**	mg/dl	0.00-0.25	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.15	mg/dl	0.1-1.1	Calculated
TOTAL PROTEINS	6.47	g/dL	6.40-8.20	Biuret,Reaction end point
ALBUMIN	3.80	g/dL	3.4 - 5.0	BROMCRESOL PURPLE
GLOBULIN	2.67	g/dl	2.0-4.1	Calculated
A/G RATIO	1.42		1.0-2.0	Calculated
SGOT	20.2	U/L	0 - 40	UV With P5P
S.G.P.T	23.2	U/L	0 - 41	UV With P5P
GAMMA GT	41.2	U/L	5 - 55	Gamma-glutamyl-carboxy-nitroanilide
ALKALINE PHOSPHATASE	79.3	U/L	46 - 116	PNPP, AMP Buffer

NOTE:
Bilirubin Total : Hyperbilirubinemia may be due to increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Unconjugated hyperbilirubinemia is seen in newborn andd known as physiological jaundice.
Bilirubin Direct : Direct bilirubin is a measurement of conjugated bilirubin.Jaundice can occur as a result of increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice).
SGOT / AST : Elevated aspartate aminotransferase (AST) values are seen most commonly in parenchymal liver diseases. Values can be elevated from 10 to 100 times the normal range.
SGPT / ALT : Elevated alanine aminotransferase (ALT) values are seen in parenchymal liver diseases characterized by a destruction of hepatocytes. Values are at least 10 times higher the normal range and may reach up to 100 times the upper reference limit.
Alkaline Phosphatase (ALP) : Alkaline Phosphatase levels can be elevated in both liver related as well as bone related conditions. ALP levels are raised (more than 3 fold) in extrahepatic biliary obstruction (eg, by stone or by cancer of the head of the pancreas) than in intrahepatic obstruction, and indirectly proportional to the level of obstruction. Levels may rise up to 10 to 12 times the upper limit of normal range and returns to normal on surgical removal of the obstruction.
Total Protein : High levels of Serum Total Protein is seen in increased acute phase reactants in inflammation, late-stage liver disease, infections,multiple myeloma and other malignant paraproteinemias.
Albumin : Hypoalbuminemia can be caused by impaired synthesis due to liver disease (primary) or due to diminished protein intake (secondary), increased catabolism due to tissue damage and inflammation; malabsorption of amino acids; and increased renal excretion (eg, nephrotic syndrome).

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DEPARTMENT OF IMMUNOLOGY - SEROLOGY

CPL FULL BODY COMPREHENSIVE

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	2.39	nmol/L	1.3-3.1	CLIA
T4	88.7	nmol/L	66.0-181	CLIA
TSH	2.06	mIU/L	0.48 - 4.17	CLIA

REFERENCE RANGE :

PREGNANCY	TSH in mIU/L
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 – 4.04

Age	TSH in mIU/L
1 – 23 Months	0.87 - 6.15
2 – 12 Years	0.67 – 4.16
13 – 20 Years	0.48 – 4.17
Adult	0.55 – 4.78

(References range recommended by the American Thyroid Association)

Comments:

1. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

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DEPARTMENT OF CLINICAL PATHOLOGY

CPL FULL BODY COMPREHENSIVE

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE ROUTINE EXAMINATION				
Sample Type : URINE				
PHYSICAL EXAMINATION				
QUANTITY	20 ML	ML	0-50	
COLOUR	**PALE YELLOW**		PALE YELLOW	
TRANSPARENCY	CLEAR		Clear	
DEPOSIT	ABSENT			
pH	7.0		4.6 - 8.0	Double Indicator
SPECIFIC GRAVITY	1.015		1.010 - 1.030	
CHEMICAL EXAMINATION				
PROTEIN	NIL		Nil	Protein - error of pH Indicator
SUGAR	NIL	mg/dl		
NITRITE	NIL		Nil	Diazotization Reaction
UROBILINOGEN	NORMAL		Nil	Ehrlichs Reaction
BILIRUBIN	NIL		Nil	Azo-coupling Reaction
BILE PIGMENT	NIL			
PHOSPHATES	NIL		Nil	Heat Reaction
KETONE BODIES	NIL		Nil	Legals Nitroprasside
MICROSCOPIC EXAMINATION				
PUS CELLS (LEUCOCYTES)	3-5	cells/HPF	0-5	
R.B.C (ERYTHROCYTES)	NIL	Cells/HPF	0-1	
EPITHELIAL CELLS	3-5			
CASTS	NIL			
TYPE OF PATHOGENIC CASTS	No Casts Seen			
CRYSTALS	NIL	Nil	Nil	
YEAST LIKE CELLS	No fungal elements seen			
DYSMORPHIC R.B.C	0			

Drink 3-4 litres of water a day , unless clinically contraindicated.

Visit ID	**: CPD443**	Registration	: 17/Aug/2024 11:24AM
UHID/MR NO	: CPD.0000000442	Collected	: 17/Aug/2024 11:40AM
Patient NAME	**: Ms.NOOVI BEDI**	Received	: 17/Aug/2024 11:47AM
Age/Gender	: 20 Y 0 M 0 D /F	Reported	: 17/Aug/2024 03:24PM
Ref Doctor	: SELF	STATUS	: Final Report
Sec.Ref Doctor	: SELF	CLIENT Detail	: SUNSAI PATH LAB/CN00097
Barcode NO	: 0010647	CLIENT ADD	: PASCHIM VIHAR DELHI

DEPARTMENT OF CLINICAL PATHOLOGY

CPL FULL BODY COMPREHENSIVE

Test Name	Result	Unit	Bio. Ref. Range	Method

Drinking enough water will ensure your body removes waste substances leading to a healthy blood.

Drinking less water may affect kidney functions and increase chances of Urinary tract Infections

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

Dr. Amulya Singh
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