PharmEasy Lab

Powered by IGENETIC Diagnostics

TRUTEST LABORATORIES

ID	: 37454	Collection	: 30/12/20, 03:12 PM	Client Name	: Axelia Solutions Pvt Ltd -BLR0004
Name	: MS. POOJA DUDHANI	Received	: 30/12/20, 03:23 PM		
DOB/Age	: 35 years	Reported	: 30/12/20, 09:51 PM	Client Address	: BANGLORE
Gender	: Female	Ref. Doctor	: SELF		

2120122336

Test Description	Value(s)	Unit(s)	Reference Range
FULL BODY CHECK UP WITH VITAMIN			
HAEMATOLOGY			
Complete Blood Count; CBC (EDTA whole blood)			
Erythrocytes			
Hemoglobin (Hb)	14.55	gm/dL	12.0 - 15.0
Erythrocyte (RBC) Count	**4.91**	mil/cu.mm	3.8 - 4.8
Packed Cell Volume (PCV)	43.8	%	36 - 46
Mean Cell Volume (MCV)*	89.3	fL	83 - 101
Mean Cell Haemoglobin (MCH)	29.6	pg	27 - 32
Mean Corpuscular Hb Concn. (MCHC)	33.2	gm/dL	31.5 - 34.5
Red Cell Distribution Width (RDW)	13.6	%	11.6 - 14.0
RBC Morphology			
Remarks	Normocytic normochromic		
Leucocytes			
Total Leucocytes (WBC) Count	7370	cell/cu.mm	4000-10000
Neutrophils	47	%	40 - 80
Lymphocytes	37	%	20 - 40
Monocytes	6	%	2 - 10
Eosinophils	**10**	%	1 - 6
Basophils	**0**	%	1-2
Absolute Count (calculated)			
Absolute Neutrophil Count	3.46	* 10^9/L	2.0 - 7.0
Absolute Lymphocyte Count	2.73	* 10^9/L	1-3
Absolute Monocyte Count	0.44	* 10^9/L	0.2-1.0
Absolute Eosinophil Count	**0.74**	* 10^9/L	0.05-0.5
Absolute Basophils Count	**0**	* 10^9/L	1-2
Platelets			
Platelet Count	243	10^3/ul	150 - 410
Mean Platelet Volume (MPV)	9.90	fL	7.2 - 11.7
Platelet Morphology	Adequate on smear		

Tests done on Automated Five Part Cell Counter. (WBC, RBC, Platelet count by impedance method, spectrophotometric method for Hemoglobin, WBC differential by VCS method and other parameters are calculated). All Abnormal Haemograms are reviewed and confirmed microscopically.

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HbA1c (Glycosylated Haemoglobin)

Glyco Hb (HbA1C) (Whole blood EDTA, HPLC)	5.3	%	Non-Diabetic: <=5.6 Pre Diabetic:5.7-6.4 Diabetic: >=6.5
Estimated Average Glucose :	105.41	mg/dL	-

Interpretations

1. HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
2. Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
3. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.

   Excellent control-6-7 %
   Fair to Good control – 7-8 %
   Unsatisfactory control – 8 to 10 %
   Poor Control – More than 10 %

ESR; Erythrocyte Sedimentation Rate

Erythrocyte Sedimentation Rate (modified westerngren)	12	mm/hour	Male: > 16 Years : Between 0-15 Male: <= 16 Years : Between 0-20 Female: 0-20 Male: 0-15

Interpretation:

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Liver Function Test 2			
Total Protein, Serum			
Total Protein (Serum, Biuret, reagent blank end point)	7.66	g/dL	6.6 - 8.3
Albumin (Serum, Bromcresol Green)	4.10	g/dL	Adults: 3.5 - 5.2
Globulin (Serum, Calculated)	3.56	g/dL	1.8 - 3.6
A/G Ratio (Serum, Calculated)	**1.15**		1.2 - 2.2
Bilirubin Profile			
Bilirubin - Total (Serum, DPD)	0.50	mg/dL	Adults: 0.3 - 1.2
Bilirubin - Direct (Serum, Diazotization)	0.06	mg/dL	Adults and Children: < 0.2
Bilirubin - Indirect (Serum, Calculated)	0.44	mg/dL	0.1 - 1.0
SGOT (Serum, UV with P5P, IFCC 37 degree)	21.70	U/L	< 50
SGPT (Serum, UV with P5P, IFCC 37 degree)	28.90	U/L	< 50
GGT-Gamma Glutamyl Transpeptidae (Serum, G-glutamyl-carboxy-nitoanilide)	20.80	U/L	< 55
ALKALINE PHOSPHATASE (PNPP, AMP Buffer - IFCC)	61.00	U/L	30-120 U/L
Lipid Profile 2, Basic			
Cholesterol-Total (Serum, Cholesterol oxidase esterase peroxidase)	**210.40**	mg/dL	Desirable: <= 200 Borderline High: 201-239 High: > 239 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

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Test Description	Value(s)	Unit(s)	Reference Range
Triglycerides (Serum, Enzymatic, endpoint)	109.80	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
Cholesterol-HDL Direct (Serum, Direct measure-Immunoinhibition)	46.70	mg/dL	Normal: > 40 Major Heart Risk: < 40
LDL Cholesterol (Serum, Calculated)	141.74	mg/dL	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190
VLDL Cholesterol (Serum, Calculated)	21.96	mg/dL	6 - 38
CHOL/HDL RATIO (Serum, Calculated)	4.51		3.5 - 5.0
LDL/HDL RATIO (Serum, Calculated)	3.04		2.5 - 3.5

Note: 8-10 hours fasting sample is required.

Kidney Function Test 2-Mini (KFT)

Blood Urea Nitrogen-BUN (Serum, Calculated)	9.72	mg/dL	7 - 18
Creatinine (Alkaline Picrate-Kinetic)	0.61	mg/dL	0.4-1.0
Uric Acid (Serum, Uricase, Colorimetric)	3.50	mg/dL	3.5 - 7.2
Urea (Serum, Urease)	20.80	mg/dL	13 - 43
Electrolytes, Serum			
Sodium (Serum, Indirect ISE)	141.00	mmol/L	136 - 146
Potassium (Serum, Indirect ISE)	4.20	mmol/L	3.5 - 5.1
Chloride (Serum, Indirect ISE)	102.40	mmol/L	98 - 107

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Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOLOGY			
Thyroid Profile, Total (T3,T4,TSH)			
T3 Total (Serum, CLIA)	113.90	ng/dL	87-178
T4 Total (Serum, CLIA)	8.84	ug/dl	6.09-12.23
TSH Ultrasensitive (Serum, CLIA)	5.319	uIU/mL	0.34-5.6

Interpretation

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Isolated High TSH especially in the range of 4.7 to 15 m1U/m1 is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism, Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy,Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies). Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease). Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in 13 level can be upto 25%.

Testosterone, Total

TESTOSTERONE TOTAL	**70.37**	ng/dl	8-60

Interfering Factors:

- Drugs that may cause increased testosterone levels include anticonvulsants, barbiturates, estrogens and oral contraceptives.
- Drugs that may cause decreased testosterone levels include alcohol, androgens, dexamethasone, diethylstilbestrol,■ digoxin, ketoconazole, phenotiazine, spironolactone and steroids.

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Test Description	Value(s)	Unit(s)	Reference Range

Increased Levels (Male)	Decreased Levels (Male)
Idiopathic sexual precocity	Klinfelter syndrome
Pinealoma	Cryptorchidism
Encephalitis	Primary and secondary hypogonadism
Congenital adrenal hyperplasia	Trisomy 21 (down syndrome)
Adrenocortical tumor	Orchidectomy
Testicular or extragonadal tumor	Hepatic cirrhosis
Testosterone resistance syndromes	
Increased Levels (Female)	**Decreased Levels (Female)**
Ovarian tumor	
Adrenal tumor	
Congenital adrenocortical hyperplasia	
Trophoblastic tumor	
Polycystic ovaries	
Idiopathic hirsutism	

Vitamin B12; Cyanocobalamin

Vitamin B12-Cyanocobalamin	206	pg/ml	120 - 914
(Serum, CLIA)			

Interpretation:

Vitamin B12 is a coenzyme that is involved in very important metabolic functions vital to normal cell growth and DNA synthesis. Deficiency of this vitamin can lead to megaloblastic anemia and ultimately to severe neurological problems. The most common cause is a defect in the secretion of intrinsic factor, resulting in inadequate vitamin B12 absorption from foods. This condition is called pernicious anemia and is most common in people over age 50. Other causes of vitamin B12 deficiency are gastrectomy, malabsorption due to surgical resections, and a variety of bacterial or inflammatory diseases affecting the small intestine. Elevated levels of vitamin B12 have been associated with pregnancy, the use of oral contraceptives and multivitamins, and in myeloproliferative diseases such as chronic granulocytic leukemia and myelomonocytic leukemia. An elevated vitamin B12 level in itself has not been known to cause clinical problems.

Vitamin D, 25 - Hydroxy

Vitamin D (25 - Hydroxy)	**8.27**	ng/mL	Deficiency: < 20 Insufficiency: 20 - 30 Sufficiency: 30 - 100
(Serum, CLIA)			

Interpretation:

1. Vitamin D is a fat soluble vitamin and exists in two main forms cholecalciferol "(vitamin D3)" which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) present mainly in dietary sources. Both cholecalciferol & Ergocalciferol are converted to 25(OH) vitamin D in liver.

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2. Testing for 25(OH) vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietray "intake". "Diagnosis of vitamin D deficiency has clinical correlation with serum 25(OH) vitamin D, serum calcium, serum PTH, and serum alkaline phosphatase."

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Test Description	Value(s)	Unit(s)	Reference Range
CLINICAL PATHOLOGY			
Urine Examination-Routine			
Physical Examination (Urine)			
Volume	20	ml	-
Colour	Pale Yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	5.0		4.5 - 8
Specific Gravity	1.020		1.010 - 1.030
Chemical Examination (Automated Dipstick Method) Urine			
Urine Glucose (sugar)	Absent		Absent
Urine Protein (Albumin)	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Blood	Absent		Absent
Bile pigments	Absent		Absent
Nitrite	Negative		Negative
Urobilinogen	Normal		Normal
Microscopic Examination (Urine)			
Pus Cells (WBCs)	2-3	/hpf	0 - 5
Epithelial Cells	2-3	/hpf	0 - 4
Red blood Cells	Absent	/hpf	Absent
Crystals	Absent		Absent
Cast	Absent	/Lpf	Absent
Yeast Cells	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent

Note

Microscopic Examination is performed on centrifuged Urine Sediment.

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BIOCHEMISTRY			
Iron Studies			
Iron (Serum, TPTZ)	65.4	µg/dL	Males : 60-160 Females: 35-145 Neonates: 150-220
UIBC (Serum, Nitroso-PSAP)	356.4	µg/dL	160-360
TIBC (Calculated)	**421.80**	µg/dL	250 - 400
Transferrin Saturation * (calculated)	**15.50**	%	20 - 50

Interpretation:

Disease	Iron	TIBC	UIBC	%Transferrin Saturation	Ferritin
Iron Deficiency	Low	High	High	Low	Low
Hemochromatosis	High	Low	Low	High	High
Chronic Illness	Low	Low	Low/Normal	Low	Normal/High
Hemolytic Anemia	High	Normal/Low	Low/Normal	High	High
Sideroblastic Anemia	Normal/High	Normal/Low	Low/Normal	High	High
Iron Poisoning	High	Normal	Low	High	Normal

END OF REPORT

Dr. Suraj Jain
MD (Pathology)