Patient Name	: **Mrs.S SUNANDHA**	SID	: HM0443865
Age /Gender	: **53 Y(s) / Female**	Registered	: 15-12-2024 12:40
Refered By	: SELF	Accepted	: 15-12-2024 13:15
Ref Customer	: CAMP	Reported	: 15-12-2024 13:58
Sample Type	: WB-EDTA	Fr Code	: TS829
		Barcode	: E073692

HAEMATOLOGY

CBC - Complete Blood Count

TEST NAME	RESULTS	UNITS	Bio.Ref.Interval
Haemoglobin *Method : Photometry(Non Cyanide Method)*	**10.7**	gm%	11.5-16.0
Total RBC Count *Method : Impedance*	**3.9**	Millions/cumm	4.0-5.2
Total WBC count *Method : Impedance*	7,300	cells/cumm	4,000-11,000
Platelet Count *Method : Impedance*	2.8	Lakhs/Cumm	1.5-4.5
PCV/Hematocrit *Method : Numeric Integration*	**35.3**	% Vol	36.0-46.0 %Vol
MCV *Method : Calculated*	89.2	fL	70-100
MCH *Method : Calculated*	**26.9**	pg	27-32
MCHC *Method : Calculated*	**30.3**	g/dL	32-36
RDWcv *Method : Calculated*	**14.8**	%	11.6-14.0
Differential Count			
Neutrophils *Method : Impedance*	66	%	40-75
Lymphocytes *Method : Impedance*	28	%	20-40
Eosinophils *Method : Impedance*	02	%	0-6
Monocytes *Method : Impedance*	04	%	2-10
Basophils	00	%	0.0-1.0

Peripheral Smear Examination

RBC	Normocytic Mild Hypochromic.
WBC	Normal in Morphology.
Platelets	Adequate.

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Age /Gender	: **53 Y(s) / Female**	Registered	: 15-12-2024 12:40
Refered By	: SELF	Accepted	: 15-12-2024 13:54
Ref Customer	: CAMP	Reported	: 15-12-2024 14:34
Sample Type	: Plasma - NaF .	Fr Code	: TS829
		Barcode	: E073686

BIOCHEMISTRY

Glucose - Fasting - FBS

TEST NAME	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVALS
Glucose - Fasting	85	mg/dL	70-110

Method : Hexokinase

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Refered By	: SELF	Accepted	: 15-12-2024 13:54
Ref Customer	: CAMP	Reported	: 15-12-2024 15:24
Sample Type	: Serum	Fr Code	: TS829
		Barcode	: E073686

BIOCHEMISTRY

25-Hydroxy Vitamin D

TEST NAME	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVALS
25-Hydroxy Vitamin D *Method : CLEIA*	**16.8**	ng/ml	Deficiency :<10 Insufficiency :10-30 Sufficiency :30-100 Potential Toxicity :>100

Interpretation

Vitamin D, the sunshine vitamin, is now recognized not only for its importance of bone health in children and adults, but also for other health benefits including reducing risk of chronic diseases including autoimmune diseases, common cancer and cardiovascular disease. Vitamin D made in the skin or ingested in the diet is biologically inert and requires two successive hydroxylations first in the liver on carbon 25 to form 25-hydroxyvitamin D [25(OH)D], and then in the kidney for a hydroxylation on carbon 1 to form the biologically active form of vitamin D, 1,25-dihydroxyvitamin D [1,25(OH)2D]. With the identification of 25(OH)D and 1,25(OH)2D, methods were developed to measure these metabolites in the circulation. Serum 25(OH)D is the barometer for vitamin D status. Serum 1,25(OH)2D provides no information about vitamin D status and is often normal or even elevated due to secondary hyperparathyroidism associated with vitamin D deficiency. Most experts agree that 25(OH)D of < 10 ng/ml is considered to be vitamin D deficiency whereas a 25(OH)D of 10-30 ng/ml is considered to be insufficient. The goal should be to maintain both children and adults at a level > 30 ng/ml to take full advantage of all the health benefits that vitamin D provides.

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Ref Customer	: CAMP	Reported	: 15-12-2024 14:00
Sample Type	: Serum	Fr Code	: TS829
		Barcode	: E073686

BIOCHEMISTRY

Electrolyte Profile

TEST NAME	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVALS
Sodium *Method : ISE Direct*	142	mEq/L	136-145
Potassium *Method : ISE Direct*	4.6	mEq/L	3.5-5.3
Chloride *Method : ISE Direct*	105	mmol/L	97-110

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Age /Gender	: **53 Y(s) / Female**	Registered	: 15-12-2024 12:40
Refered By	: SELF	Accepted	: 15-12-2024 13:54
Ref Customer	: CAMP	Reported	: 15-12-2024 14:34
Sample Type	: Serum	Fr Code	: TS829
		Barcode	: E073686

BIOCHEMISTRY

Liver Function Profile

TEST NAME	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVALS
Bilirubin Total *Method : Vanadate Oxidase*	0.3	mg/dL	0.2-1.2
Bilirubin Direct *Method : Vanadate Oxidase*	0.1	mg/dL	0.0-0.4
Bilirubin Indirect *Method : Calculated*	0.2	mg/dL	Adult : 0.2-0.8 New Born : 0.6-10.5
ALT (SGPT) *Method : UV with P5P*	22	U/L	14-59
AST (SGOT) *Method : UV with P5P*	20	U/L	: 15-37 1day - 1year - 30 - 80
Alkaline Phosphatase *Method : PNP-AMP Kinetic*	72	U/L	53-141
Gamma Glutamyl Transferase (GGT) *Method : Enzymatic (Gamma Glutamyl-3 Carboxy-4 Nitroanilide)*	18	U/L	5-55
Protein Total *Method : Biuret Method*	7.0	g/dl	6.4-8.3
Albumin *Method : Bromo Cresol Green*	3.8	g/dl	3.4-5.0
Globulin *Method : Calculated*	3.2	g/dl	2.5-3.5
Albumin/Globulin Ratio *Method : Calculated*	1.2	%	1.0-2.1

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Age /Gender	: **53 Y(s) / Female**	Registered	: 15-12-2024 12:40
Refered By	: SELF	Accepted	: 15-12-2024 13:54
Ref Customer	: CAMP	Reported	: 15-12-2024 15:19
Sample Type	: Serum	Fr Code	: TS829
		Barcode	: E073686

BIOCHEMISTRY

Thyroid Profile-I

TEST NAME	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVALS
TriIodothyronine Total (TT3) *Method : ECLIA*	103.42	ng/dL	60-181 51 yrs - 99 yrs
Thyroxine (TT4) *Method : ECLIA*	8.63	ug/dL	1 Yrs - 5 Yrs :7.3-15.0 6 Yrs - 10 Yrs :6.4-13.3 11 Yrs - 15 Yrs : 5.6-11.7 16 Yrs - 100 Yrs : Adults: 3.2-12.6 Pregnancy : 3.2-18.9
Thyroid Stimulating Hormone (TSH) *Method : electrochemiluminescence*	2.09	µIU/mL	0.52 - 16.0 : 1 Day - 30 Days 0.46 - 8.10 : 1 Mon - 5 Yrs 0.36 - 5.80 : 6 Yrs - 18 Yrs 0.35 - 5.50 : 18 Yrs - 55 Yrs 0.50 - 8.90 : >55 yrs **Pregnancy Ranges** Ist Tri :0.1 - 2.5 IInd Tri :0.2 - 3.0 IIIrd Tri:0.3 - 3.0

Interpretation

Thyroid stimulating hormone (TSH) is a pulsatile hormone and is subjected to circadian variation, reaching peak levels between 2-4 am at minimum between 6-10 pm. The variation of the order may be 50%, hence the time of the sample collection has influence on the measured serum concentrations. The TSH values <0.03 µIU/mL need to be correlated due to presence of rare TSH variant in some individuals. Low TSH results may indicate hyperthyroidism. Elevated TSH results may indicate hypothyroidism.

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Refered By	: SELF	Accepted	: 15-12-2024 13:15
Ref Customer	: CAMP	Reported	: 15-12-2024 14:31
Sample Type	: Whole Blood Sodium Citrate	Fr Code	: TS829
		Barcode	: E073692

HAEMATOLOGY

ESR(Erythrocyte Sedimentation Rate)

TEST NAME	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVALS
Erythrocyte Sedimentation Rate (ESR)	18	mm 1st Hour	0-15 (Male) 0-20 (Female)

Method : Westergren Method

Interpretation

ESR is a prognostic marker for many disease significant in chronic illness along with other parameters.

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Ref Customer	: CAMP	Reported	: 15-12-2024 15:24
Sample Type	: Serum	Fr Code	: TS829
		Barcode	: E073686

BIOCHEMISTRY

Vitamin - B12

TEST NAME	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVALS
Vitamin - B12	258	pg/ml	211-911

Method : ECLIA

Interpretation

Vitamin B12 and folate are critical to normal DNA synthesis, which in turn affects erythrocyte maturation.3 Vitamin B12 is also necessary for myelin sheath formation and maintenance. The body uses its B12 stores very economically, reabsorbing vitamin B12 from the ileum and returning it to the liver so that very little is excreted. Clinical and laboratory findings for B12 deficiency include neurological abnormalities, decreased serum B12 levels, and increased excretion of methylmalonic acid. The impaired DNA synthesis associated with vitamin B12 deficiency causes macrocytic anemias. These anemias are characterized by abnormal maturation of erythrocyte precursors in the bone marrow, which results in the presence of megaloblasts and in decreased erythrocyte survival. Pernicious anemia is a macrocytic anemia caused by vitamin B12 deficiency that is due to lack of intrinsic factor. Low vitamin B12 intake, gastrectomy, diseases of the small intestine, malabsorption, and trans-cobalamin deficiency can also cause vitamin B12 deficiency.

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Sample Type	: Serum	Fr Code	: TS829
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BIOCHEMISTRY

Lipid Profile

TEST NAME	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVALS
Cholesterol - Total *Method : CHOD-PAP*	**208**	mg/dL	Desirable Level : <200 Boderline : 200-240 Undesirable : >240
HDL Cholesterol *Method : Direct immunoinhibition*	49	mg/dL	40-59 desirable >60 undesirable <40 Pregnancy 40-87
Cholestrol-LDL *Method : Calculated*	**131**	mg/dL	Optimal :<100 Near Optimal :100-129 Borderline High :130-159 High :160-189 Very High :>190
VLDL Cholesterol *Method : Calculated*	28	mg/dL	< 40
Triglycerides(TG) *Method : GPO-PAP Enzymatic*	138	mg/dL	Normal : <150 Borderline :150-199 High :200-499 High risk :>= 500 Pregnancy :40-453
Total Cholesterol/HDL Ratio *Method : Calculated*	4.2		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0
LDL Cholesterol/HDLRatio *Method : Calculated*	2.7		Desirable Level : 0.5-3.0 Borderline Risk : 3.0-6.0 High Risk : >6.0

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Sample Type	: Serum	Fr Code	: TS829
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BIOCHEMISTRY

Iron Profile

TEST NAME	RESULTS	Units	BIOLOGICAL REFERENCE INTERVALS
Iron *Method : Ferrozine*	78	ug/dL	50-170
Iron Binding Capacity - Total (TIBC) *Method : Spectrophotometry*	356	ug/dL	255-450
Transferrin Saturation% *Method : SPECTROPHOMETRY*	21.9	%	20-40
Transferrin *Method : Immunonephelometry*	242	ug/dL	170-280

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BIOCHEMISTRY

Kidney Basic Screen (KFT)

TEST NAME	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVALS
KIDNEY BASIC SCREEN (KFT)			
Urea	24	mg/dL	15-38.5
Method : Urease- (GLDH)			
Uric Acid Serum	3.9	mg/dL	2.6-6
Method : Uricase - Peroxidase method			
Creatinine (Serum)	0.8	mg/dL	0.6-1.0
Method : Modified Jaffe-Kinetic			
Calcium	9.2	mg/dL	8.7-10.7
Method : Arsenazo III			
Blood Urea Nitrogen (BUN)	11.2	mg/dL	7-18
Method : Calculated			
BUN/Creatinine Ratio	14.0	%	7.0-22.3
Method : calculation			

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Ref Customer	: CAMP	Reported	: 15-12-2024 14:55
Sample Type	: WB-EDTA	Fr Code	: TS829
		Barcode	: E073692

BIOCHEMISTRY

Glycosylated Hemoglobin (HbA1c)

TEST NAME	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVALS
Glycosylated Hemoglobin (HBA1c) *Method : HPLC*	4.2		Non-Diabetic : 4.0-5.6 % Diabetes : >6.5 % Good Control : 6.5-7.0 Poor Control : >7.0
Approximate mean plasma glucose	74	mg/dL	68-128

Interpretation

NOTE : Approximate mean plasma glucose value is calculated from HBA1c value and it indicates Average Blood Sugar level over past three months.

The hemoglobin A1c test -- also called HbA1c, glycated hemoglobin test, or glycohemoglobin -- is an important blood test used to determine how well your diabetes is being controlled. Hemoglobin A1c provides an average of your blood sugar control over a six to 12 week period and is used in conjunction with home blood sugar monitoring to make adjustments in your diabetes medicines. Hemoglobin is a substance within red blood cells that carries oxygen throughout your body. When your diabetes is not controlled (meaning that your blood sugar is too high), sugar builds up in your blood and combines with your hemoglobin, becoming "glycated." Therefore, the average amount of sugar in your blood can be determined by measuring a hemoglobin A1c level. If your glucose levels have been high over recent weeks, your hemoglobin A1c test will be higher. The amount of hemoglobin A1c will reflect the last several weeks of blood sugar levels, typically encompassing a period of 120 days.

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