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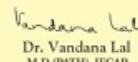E-mail: lalpathlabs@lalpathlabs.com Web: www.lalpathlabs.com

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ROAD, NEW DELHI -110001
DELHI**

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NABL ACCREDITED
M-0626

Dr. Vandana Lal
M.D (PATH), IFCAP
Chief of Pathology
SHIROMANI AWARD WINNER

Name : CGHS-554392-MS. SUNAINA SINGH		**Collected** : **11/4/2015 11:39:00AM**	
		Received : **11/4/2015 11:43:04AM**	
Lab No. : **111154209**	**Age: 52 Years** **Gender: Female**	**Reported** : **11/4/2015 7:28:48PM**	
A/c Status : **P**	**Ref By : SAFDARJANG HOSPITAL**	**Report Status** : **Final**	

Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE, BASIC, SERUM (Spectrophotometry, Calculated)			
Cholesterol Total	**203.00**	mg/dL	<200.00
Triglycerides	146.00	mg/dL	<150.00
HDL Cholesterol	59.20	mg/dL	40.00 - 60.00
LDL Cholesterol	**114.60**	mg/dL	<100.00
VLDL Cholesterol	29.20	mg/dL	<30.00
Non-HDL Cholesterol	143.80	mg/dL	

Interpretation

NCEP RECOMMENDATIONS	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100
Above Optimal	–	–	100-129
Borderline High	200-239	150-199	130-159
High	>=240	200-499	160-189
Very High	–	>=500	>=190

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. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

3. NCEP identifies elevated Triglycerides as an independent risk factor for Coronary Heart Disease (CHD).

4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

5. ATP III guidelines uses LDL Cholesterol as the primary target for cholesterol lowering therapy. Note that major risk factors can modify LDL goals.
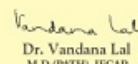
NON HDL CHOLESTEROL

RISK CATEGORY	LDL GOAL (mg/dL)	NON HDL GOAL (mg/dL)
CHD & CHD risk equivalent (10 year risk for CHD > 20 %)	< 100	< 130

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Lab No. : 111154209 **Age: 52 Years** **Gender: Female**	**Reported** : 11/4/2015 7:28:48PM
A/c Status : P **Ref By :** SAFDARJANG HOSPITAL	**Report Status** : Final

Test Name	Results	Units	Bio. Ref. Interval
Multiple (2+) Risk Factors and 10 year risk < or = 20%	< 130	< 160	
0-1 Risk factor	< 160	<190	

Comments

ATP III suggested the addition of Non HDL Cholesterol (Total Cholesterol - HDL Cholesterol) as an indicator of all atherogenic lipoproteins (mainly LDL & VLDL). The Non HDL Cholesterol is used as a secondary target of therapy in persons with triglycerides >=200 mg/dL. The goal for Non HDL Cholesterol in those with increased triglyceride is 30 mg/dL above that set for LDL Cholesterol.

For calculation of CHD risk, history of smoking, any medication for hypertension & current blood pressure levels are required.

LIVER PANEL 1; LFT,SERUM
(Spectrophotometry)

Test Name	Results	Units	Bio. Ref. Interval
AST (SGOT)	27	U/L	<35
ALT (SGPT)	27	U/L	<35
GGTP	18	U/L	<38
Alkaline Phosphatase (ALP)	119	U/L	30 - 120
Bilirubin Total	0.55	mg/dL	0.30 - 1.20
Bilirubin Direct	0.12	mg/dL	<0.20
Bilirubin Indirect	0.43	mg/dL	<1.10
Total Protein	7.67	g/dL	6.40 - 8.30
Albumin	4.28	g/dL	3.50 - 5.20
A : G Ratio	1.26		0.90 - 2.00
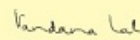
KIDNEY PANEL; KFT,SERUM
(Spectrophotometry, Indirect ISE)

Test Name	Results	Units	Bio. Ref. Interval
Urea	23.00	mg/dL	17.00 - 43.00
Creatinine	0.84	mg/dL	0.51 - 0.95
Uric Acid	4.80	mg/dL	2.60 - 6.00
Alkaline Phosphatase (ALP)	119	U/L	30 - 120
Total Protein	7.67	g/dL	6.40 - 8.30
Albumin	4.28	g/dL	3.50 - 5.20
A : G Ratio	1.26		0.90 - 2.00

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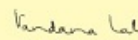
Test Name	Results	Units	Bio. Ref. Interval
Calcium, Total	9.38	mg/dL	8.80 - 10.60
Phosphorus	3.60	mg/dL	2.40 - 4.40
Sodium	138.00	mEq/L	136.00 - 146.00
Potassium	4.27	mEq/L	3.50 - 5.10
Chloride	105.00	mEq/L	101.00 - 109.00

GLUCOSE, FASTING (F) AND POST MEAL, PLASMA
(Hexokinase)

	Results	Units	Bio. Ref. Interval
Glucose Fasting	95.00	mg/dL	70.00 - 100.00
Glucose (PP)	133.00	mg/dL	70.00 - 140.00

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A/c Status	: **P** Ref By : **SAFDARJANG HOSPITAL**	**Report Status**	: **Final**

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT (CBC)			
(Electrical Impedence,Flow cytometry & SLS)			
Hemoglobin	**10.60**	g/dL	11.50 - 15.00
Packed Cell Volume (PCV)	**35.80**	%	36.00 - 46.00
RBC Count	4.20	mill/mm3	3.80 - 4.80
MCV	85.20	fL	80.00 - 100.00
MCH	**25.20**	pg	27.00 - 32.00
MCHC	**29.60**	g/dL	32.00 - 35.00
Red Cell Distribution Width (RDW)	14.40	%	11.50 - 14.50
Total Leukocyte Count (TLC)	5.90	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	56.90	%	40.00 - 80.00
Lymphocytes	33.60	%	20.00 - 40.00
Monocytes	5.90	%	2.00 - 10.00
Eosinophils	3.40	%	1.00 - 6.00
Basophils	0.20	%	<2.00
Absolute Leucocyte Count			
Neutrophils	3.36	thou/mm3	2.00 - 7.00
Lymphocytes	1.98	thou/mm3	1.00 - 3.00
Monocytes	0.35	thou/mm3	0.20 - 1.00
Eosinophils	0.20	thou/mm3	0.02 - 0.50
Basophils	0.01	thou/mm3	0.01 - 0.10
Platelet Count	150.0	thou/mm3	150.00 - 450.00

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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A/c Status	:	**P** **Ref By :** **SAFDARJANG HOSPITAL**	**Report Status**	: **Final**

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD @ (HPLC)	6.00	%	

Interpretation

```
--------------------------------------------------------------------
|                As per American Diabetes Association (ADA)        |
|------------------------------------------------------------------|
| Reference Group            | HbA1c in %                          |
|----------------------------|-------------------------------------|
| Non diabetic adults >=18 years | 4.0 - 6.0                       |
|----------------------------|-------------------------------------|
| At risk                    | >=6.0  to <= 6.5                    |
|----------------------------|-------------------------------------|
| Diagnosing Diabetes        | > 6.5                               |
|----------------------------|-------------------------------------|
| Therapeutic goals for glycemic | Age > 19 years                  |
| control                    | . Goal of therapy: < 7.0            |
|                            | . Action suggested: > 8.0           |
|                            |                                     |
|                            | Age < 19 years                      |
|                            | . Goal of therapy: <7.5             |
--------------------------------------------------------------------
```

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.

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.
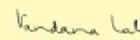
ADA criteria for correlation between HbA1c & Mean plasma glucose levels

```
----------------------------------------
| HbA1c(%) | Mean Plasma Glucose (mg/dL)|
|----------|----------------------------|
| 6        | 126                        |
|----------|----------------------------|
| 7        | 154                        |
|----------|----------------------------|
| 8        | 183                        |
|----------|----------------------------|
```

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Test Name		Results	Units	Bio. Ref. Interval
9	212			
10	240			
11	269			
12	298			

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Chief Consultant Pathologist

Dr. Sushrut Pownikar
DNB (Pathology)
HOD Hemat & Imm

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