Registration Id	: 258358093	**Registration Date**	: 3/24/2018
Patient Name	: MS. PERCIS ANKLESARIA	**Collection Date**	: 24/03/2018
		Reporting Date	: 24/03/2018 /
Referred By	: SELF	**Age /Sex**	: 43 Years Female

Investigation		Patients Value			Reference	
Test	**Sample**	Low	Normal	High		
Blood Sugar Fasting	PLASMA		90.36		70 - 110	mg/dl
Blood Sugar (PP)	PLASMA		94.44		70 - 140	mg/dl
Total Cholesterol	SERUM		196.00		0 - 200	mg/dl
GGTP	SERUM		9.00		9 - 36	U/L
Bilirubin (Total)	SERUM		0.90		0.0 - 1.2	mg/dl
Bilirubin (Direct)	SERUM		0.19		0 - 0.50	mg/dl
Bilirubin (Indirect)	SERUM		0.71		0.10 - 1.00	mg/dl
SGOT/AST	SERUM		13.00		8 - 33	U/L
SGPT/ALT	SERUM		18.00		0.0 - 55.0	U/L
Alkaline Phosphatase	SERUM		60.0		20 - 130	U/L
Total Proteins	SERUM		6.31		6.3 - 8.4	gm/dl
Albumin	SERUM		3.9		3.8 - 5.0	gm/dl
Globulin	SERUM		2.45		2.3 - 3.5	gm/dl
A/G Ratio	SERUM		1.58		1.10 - 2.20	
Creatinine	SERUM		0.70		0.50 - 1.50	mg/dl
Blood Urea	SERUM		17.1		14.9 - 40.0	mg/dl
Blood Urea Nitrogen	SERUM		8.00		8 - 23	mg/dl
Uric Acid	SERUM		4.4		2.4 - 5.7	mg/dl
Calcium	SERUM		8.80		8.4 - 10.2	mg/dl
Inorganic Phosphorus	SERUM		4.0		2.3 - 4.7	mg/dl
Sodium	SERUM		140.20		136.0 - 145.0	mEq/L
Potassium	SERUM		4.37		3.5 - 5.0	mEq/L
Chlorides	SERUM		105.35		98 - 108	mEq/L

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		Reporting Date	: 24/03/2018 /
Referred By	: SELF	**Age /Sex**	: 43 Years Female

Investigation		Patients Value			Reference	
Test	**Sample**	Low	Normal	High		
LIPID PROFILE						
LIPID PROFILE						
S. Triglycerides	SERUM			180.00*	Upto 150	mg/dl
Total Cholesterol	SERUM		196.00		0 - 200	mg/dl
HDL Cholesterol	SERUM		40.00		40 - 60	mg/dl
LDL Cholesterol	SERUM			120.00*	Upto 100	mg/dl
VLDL Cholesterol	SERUM			36.0*	7 - 35	mg/dl
LDL/HDL Ratio	SERUM		3.00		2.5 - 3.5	
TC/HDL Ratio	SERUM		4.90		3.0 - 5.0	

***Rechecked**

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		Reporting Date	: 24/03/2018 /
Referred By	: Self	**Age /Sex**	: 43 Years / Female

COMPLETE BLOOD COUNT

Sample Type: **EDTA Whole Blood**

TEST		OBSERVED VALUE	UNITS	Reference Range
Leucocytes Count	:	9600	/c.mm	4000 - 10000
Method : Flowcytometry using a Semi-Conductor Laser)				
Erythrocytes	:	3.95	mill/c.mm	3.8 - 4.8
Method : Hydro Dynamic Focusing)				
Haemoglobin	:	12.5	gm %	12.0 - 15.0
Method : Colorimetric Technique - Cyanide Free)				
Packed Cell Volume	:	37.6	%	36.0 - 46.0
Method : Calculated Parameters)				
MCV	:	95.0	fl	83 - 101
Method : Calculated Parameters)				
MCH	:	31.7	Pg	27 - 32
Method : Calculated Parameters)				
MCHC	:	33.3	g/dl	31.5 - 34.5
Method : Calculated Parameters)				
RDW	: *	**10.9**	%	11.6 - 14.0
Method : Calculated Parameters)				
Platelet Count	:	211	10 ^ 3/c.mm	150 - 400
Method : Hydro Dynamic Focusing)				
MPV	:	9.5	fl	9.0 - 13.0
Method : Calculated Parameters)				
Neutrophils	:	45	%	40 - 80
Lymphocytes	: *	**46**	%	20 - 40
Monocytes	:	06	%	2 - 10
Eosinophils	:	03	%	01 - 06
Basophils	:	00	%	00 - 01
Microcytes	:	-		

***Rechecked**

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Macrocytes	:	-
Anisocytosis	:	-
Poikilocytosis	:	-
Hypochromia	:	-
Polychromasia	:	-
Oval cells	:	-
Target cells	:	-
Remarks	:	Platelet adequate on smear. Normocytic Normochromic RBCs.

** END OF REPORT **

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Insulin Test (Post Prandial)

Sample Type: SERUM

TEST		OBSERVED VALUE	UNITS	Reference Range
Insulin Post Prandial (PP-120 mins)	:	56.5	uIU/ML	FASTING : 02 - 25 30 MIN POST GLUCOSE : 18 - 172 60 MIN POST GLUCOSE : 12 - 134 90 MIN POST GLUCOSE : 12 - 107 120 MIN POST GLUCOSE: 12 - 82 180 MIN POST GLUCOSE: 03 - 23

Method : CMIA)

Method	:	CMIA

....

- Immunoassays for insulin have been widely used to provide supplementary information,first for the diagnosis of diabetes mellitus and, second for differential diagnosis of fasting hypoglycemia to discriminate between insulinoma and factitious hypoglycemia.

- Increased levels of insulin are found with obesity, Cushing~s syndrome,oral contraceptives,acromegaly, insulinoma and hyperthyroidism.

- Decreased levels of insulin are found in overt diabetes mellitus (although this may not be clearly expressed in early stages of the condition) and by part of a complex mechanism involving catecholamines.

** END OF REPORT **

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Thyroid Stimulating Hormone (TSH)

Sample Type: SERUM

TEST		OBSERVED VALUE	UNITS	Reference Range
Ultrasensitive TSH	:	1.7517	ulU/ml	0.35 - 4.94
Method	:	CMIA		

...

- In cases of primary hypothyroidism, T3 and T4 levels are low and TSH is significantly elevated. In the case of pituatary dysfunction,either due to intrinsic hypothalamic or pituatary disease i.e central hypothyroidism, normal or marginally elevated basal TSH levels are often seen despite significant reduction in T4 and T3 levels.

- Primary hyperthyroidism (eg: Grave~s disease,nodular goiter) is associated with high levels of thyroid hormones and depressed or undetectable levels of TSH.

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25-OH Vitamin D

Sample Type: SERUM

TEST		OBSERVED VALUE	UNITS	Reference Range
25-OH Vitamin D	:	16.4	ng/ml	Deficiency : Below 10 Insufficiency: 10 to 30 Sufficiency : 30 to 100 Toxicity : Above 100

Method : CMIA)

Method	:	CMIA

....

INTERPRETATION:

-Vitamin D is a fat-soluble steroid prohormone mainly produced photochemiccally in the skin from 7-dehydrocholesterol.

-Two forms of Vitamin D are biologically relevant-vitamin D3 (Cholecalciferol) & Vitamin D2 (Ergocalciferol). Both vitamins D2 & D3 can be absorbed from food, with vitamin D2 being an artificial source, but only an estimated 10-20% of vitamin D is supplied through nutritional intake. Vitamin D3 and D2 can be found in vitamin supplements.

-Vitamin D is converted to the active hormone 1,25-(OH)2-vitamin d (Calcitriol) through two hydroxylation reactions. The first hydroxylation converts vitamin D into 25-OH vitamin D and occurs in liver. the second hydroxylation converts 25-OH vitamin d into biologically active 1,25-(OH)2-vitamin D and occurs in the kidneys as well as in many other cells of the body.

-Vitamin D deficiency is a cause of secondary hyperpar thyroidism and diseases resulting in impaired bone metabolism (like rickets, osteoporosis, osteomalacia). Reduced 25-OH vitamin D concentrations in blood (vitamin D insufficiency) have been associated with an increasing risk of many chronic diseases, including common cancers, autoimmune or infectious diseases or cardiovascular problems.

***Kindly note the change in reference range.**

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Vitamin B 12 Level

Sample Type: SERUM

TEST		OBSERVED VALUE	UNITS	Reference Range
Cobalamin (Vitamin B12)	:	209	pg/ml	187 - 883
Method	:	CMIA		

....

- Vitamin B12 is a cofactor in the synthesis of methionine from homocystiene,is implicated in the formation of myelin and along with folate, is required for DNA synthesis.

- There are a number of conditions that are associated with low serum B12 levels including iron deficiency, normal near-term pregnancy, vegetarianism, partial gasterectomy/ ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

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		Age /Sex	: 43 Years / Female

Insulin (Fasting)

Sample Type: SERUM

TEST		OBSERVED VALUE	UNITS	Reference Range
Insulin (Fasting)	:	14.50	uIU/ML	FASTING : 02 - 25 30 MIN POST GLUCOSE : 18 - 172 60 MIN POST GLUCOSE : 12 - 134 90 MIN POST GLUCOSE : 12 - 107 120 MIN POST GLUCOSE: 12 - 82 180 MIN POST GLUCOSE: 03 - 23

Method : CMIA)

Method : CMIA

....

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Glycosylated Haemoglobin (HbA1c)

Sample Type: EDTA Whole Blood

TEST	OBSERVED VALUE	Reference Range
HbA1c	: 4.6	>8% : Action suggested <7% : Goal <6% : Non-Diabetic Level

1.HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months.
2.HbA1c is falsely low in diabetics with hemolytic disease.In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.
3.Trends in HbA1c are a better indicator of diabetic control than a soliditary test.
4.HbA1c should not be used to diagnose diabetes mellitus.

NOTE:HbA1c PARAMETER IS NGSP LEVEL 1 CERTIFIED.

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Urine Routine

Sample Type: Urine

			Reference Range
PHYSICAL EXAMINATION			
Quantity	:	30 ml	---
Colour	:	PALE YELLOW	---
Appearance	:	SLIGHT HAZY	---
Deposit	:	ABSENT	---
CHEMICAL EXAMINATION			
pH	:	5.0	4.6 - 8.0
Specific Gravity	:	1.015	1.003 - 1.035
Albumin	:	Negative	NEGATIVE
Sugar	:	Negative	NEGATIVE
Ketone Bodies	:	Negative	NEGATIVE
Nitrite	:	Negative	NEGATIVE
Blood	:	Negative	ABSENT
Bile Pigments	:	Negative	NEGATIVE
Bile Salts	:	Negative	NEGATIVE
Urobilinogen	:	Normal	NORMAL
MICROSCOPIC EXAMINATION			
Epithelial Cells	:	18-20/hpf,Few Clusters also seen.	---
Pus Cells	:	3-4/hpf	0 - 5 cells/hpf
Red Blood Cells	:	1-2/hpf	0 - 2 cells/hpf
Casts	:	ABSENT	
Crystals	:	ABSENT	
Amorphous Materials	:	ABSENT	
Bacteria	:	ABSENT	
Yeast Cells	:	ABSENT	

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Trichomonas Vaginalis	:	ABSENT

METHOD: Chemical Examination is done by Strip Method

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