Name	: **Ms. RADHIKA DESAI**		
Lab No.	: **485266175**	**Age**	: **49 Years**
Ref By	: **Self**	**Gender**	: **Female**
Collected	: **9/11/2025 8:01:00AM**	**Reported**	: **9/11/2025 4:30:25PM**
A/c Status	: **P**	**Report Status**	: **Final**
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Test Report

SwasthFit Super 2

LIVER & KIDNEY FUNCTION TEST

Test Name	Results	Units	Bio. Ref. Interval
Creatinine (Compensated Jaffes reaction, IDMS traceable)	0.78	mg/dL	0.51 - 0.95
GFR Estimated (CKD EPI Equation 2021)	93	mL/min/1.73m2	>59
GFR Category (KDIGO Guideline 2012)	G1		
Urea (Urease UV)	19.84	mg/dL	17.00 - 43.00
Urea Nitrogen Blood (Urease UV)	9.27	mg/dL	6.00 - 20.00
BUN/Creatinine Ratio (Calculated)	12		
Uric Acid (Uricase)	5.50	mg/dL	2.60 - 6.00
AST (SGOT) (IFCC without P5P)	23.1	U/L	<35
ALT (SGPT) (IFCC without P5P)	21.4	U/L	<35
AST:ALT Ratio (Calculated)	**1.08**		<1.00
GGTP (IFCC)	**46.8**	U/L	<38
Alkaline Phosphatase (ALP) (IFCC, AMP-Buffer)	116.00	U/L	30 - 120
Bilirubin Total (DPD)	0.37	mg/dL	0.30 - 1.20
Bilirubin Direct (DPD)	0.10	mg/dL	<0.20
Bilirubin Indirect (Calculated)	0.27	mg/dL	<1.10
Total Protein (Biuret)	7.40	g/dL	6.40 - 8.30
Albumin (BCG)	4.05	g/dL	3.50 - 5.20
Globulin(Calculated)	3.35	gm/dL	2.0 - 3.5
A : G Ratio (Calculated)	1.21		0.90 - 2.00

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
Calcium, Total (Arsenazo III)	8.92	mg/dL	8.80 - 10.60
Phosphorus (Molybdate UV)	3.78	mg/dL	2.40 - 4.40
Sodium (Indirect ISE)	137.30	mEq/L	136.00 - 146.00
Potassium (Indirect ISE)	4.19	mEq/L	3.50 - 5.10
Chloride (Indirect ISE)	104.00	mEq/L	101.00 - 109.00

Note: Test conducted in Serum

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE, SCREEN			
Cholesterol, Total (CHO-POD)	**209.00**	mg/dL	<200.00
Triglycerides (GPO-POD)	**223.00**	mg/dL	<150.00
HDL Cholesterol (Enzymatic Immunoinhibition)	50.30	mg/dL	>50.00
LDL Cholesterol, Calculated (Calculated)	**114.10**	mg/dL	<100.00
VLDL Cholesterol,Calculated (Calculated)	**44.60**	mg/dL	<30.00
Non-HDL Cholesterol (Calculated)	**159**	mg/dL	<130

Advice: Direct LDL Cholesterol (B129)

Please note, Calculated LDL Cholesterol may be underestimated in the setting of high triglyceride levels, which could result in under treatment of high-risk patients.

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. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement.
3. Test conducted in Serum

Treatment Goals as per Lipid Association of India 2020

RISK CATEGORY	TREATMENT GOAL		CONSIDER THERAPY	
	LDL CHOLESTEROL (LDL-C)(mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C)(mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)
Extreme Risk Group Category A	<50 (Optional goal ≤30)	<80 (Optional goal ≤60)	≥50	≥80
Extreme Risk Group Category B	≤30	≤60	>30	>60
Very High	<50	<80	≥50	≥80
High	<70	<100	≥70	≥100
Moderate	<100	<130	≥100	≥130
Low	<100	<130	≥130*	≥160*

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Test Report

Test Name	Results	Units	Bio. Ref. Interval

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

GLUCOSE, FASTING (Hexokinase)			
Glucose Fasting	**215.00**	mg/dL	70.00 - 100.00

Note: Test conducted in Plasma

THYROID PROFILE,TOTAL, SERUM (CLIA)			
T3, Total	1.05	ng/mL	0.70 - 2.04
T4, Total	11.69	µg/dL	4.82 - 15.65
TSH	**5.78**	µIU/mL	0.34 - 5.60

Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals
5. Test conducted on serum

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (HPLC, NGSP certified)			
HbA1c	**10.9**	%	4.00 - 5.60
Estimated average glucose (eAG)	266	mg/dL	

Interpretation

HbA1c result is suggestive of Diabetes/ Higher than glycemic goal in a known Diabetic patient.

Please note, Glycemic goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycaemia unawareness, and individual patient considerations

Result Rechecked,
Please Correlate Clinically.

Interpretation as per American Diabetes Association (ADA) Guidelines

Reference Group	Non diabetic adults >=18 years	At risk (Prediabetes)	Diagnosing Diabetes	Therapeutic goals for glycemic control
HbA1c in %	4.0-5.6	5.7-6.4	>= 6.5	<7.0

Note

1. Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.
2. Test conducted in EDTA Whole blood

FACTORS THAT INTERFERE WITH HbA1C MEASUREMENT	FACTORS THAT AFFECT INTERPRETATION OF HBA1C RESULTS
Hemoglobin variants,elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements	Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g.,recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used.Iron deficiency anemia is associated with higher HbA1c

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT (Spectrophotometry, Electrical Impedance, Flow Cytometry & Calculated)			
Hemoglobin	12.70	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	38.50	%	36.00 - 46.00
RBC Count	4.38	mill/mm3	3.80 - 4.80
MCV	87.90	fL	83.00 - 101.00
Mentzer Index	20.1		
MCH	29.00	pg	27.00 - 32.00
MCHC	33.00	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	**14.80**	%	11.60 - 14.00
Total Leukocyte Count (TLC)	5.40	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	48.00	%	40.00 - 80.00
Lymphocytes	39.20	%	20.00 - 40.00
Monocytes	9.50	%	2.00 - 10.00
Eosinophils	3.10	%	1.00 - 6.00
Basophils	0.20	%	<2.00
Absolute Leucocyte Count			
Neutrophils	2.59	thou/mm3	2.00 - 7.00
Lymphocytes	2.12	thou/mm3	1.00 - 3.00
Monocytes	0.51	thou/mm3	0.20 - 1.00
Eosinophils	0.17	thou/mm3	0.02 - 0.50

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
Basophils	**0.01**	thou/mm3	0.02 - 0.10
Platelet Count	345	thou/mm3	150.00 - 410.00
Mean Platelet Volume	6.8	fL	6.5 - 12.0

Comment

In anaemic conditions Mentzer index is used to differentiate Iron Deficiency Anaemia from Beta- Thalassemia trait. If Mentzer Index value is >13, there is probability of Iron Deficiency Anaemia. A value <13 indicates likelihood of Beta- Thalassemia trait and Hb HPLC is advised to rule out the Thalassemia trait.

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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Test Report

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, POST PRANDIAL (Hexokinase)	**248.00**	mg/dL	70.00 - 140.00

Note: Test conducted in Plasma

Note

1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions
2. Very low glucose levels cause severe CNS dysfunction
3. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical
4. Test conducted in Plasma

Interpretation

Status	Fasting plasma glucose in mg/dL	PP plasma glucose in mg/dL
Normal	70-100	70-140
Impaired fasting glucose	101-125	70-140
Impaired glucose tolerance	70-100	141-199
Pre-Diabetes	101-125	141-199
Diabetes mellitus	>126	>200

Dr.Lavanya B
DCP
Consultant Pathologist
Dr Lal PathLabs Ltd

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

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Test Report

Test Name	Results	Units	Bio. Ref. Interval

IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted.•All test results are dependent on the quality of the sample received by the Laboratory.•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician .•Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.•Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.•Test results may show interlaboratory variations.•The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).•Test results are not valid for medico legal purposes.•This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner /Doctor.•The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

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