L96 - VERMA DIAGNOSTIC
B-24, MITRA MANDAL COLONY,SAKET VIHAR,
M no -7050483752

Name	: **Mr. ASHOK KUMAR SINGH**			**Collected**	: **14/8/2022 9:39:00AM**
Lab No.	: **332767451**	**Age: 63 Years**	**Gender: Male**	**Received**	: **14/8/2022 12:24:11PM**
				Reported	: **14/8/2022 6:50:42PM**
A/c Status	: **P**	**Ref By : SELF**		**Report Status**	: **Final**

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT;CBC (Electrical Impedence & Flow)			
Hemoglobin	14.30	g/dL	13.00 - 17.00
Packed Cell Volume (PCV)	46.60	%	40.00 - 50.00
RBC Count	4.93	mill/mm3	4.50 - 5.50
MCV	94.50	fL	83.00 - 101.00
MCH	29.00	pg	27.00 - 32.00
MCHC	**30.70**	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	**14.60**	%	11.60 - 14.00
Total Leukocyte Count (TLC)	8.75	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	59.70	%	40.00 - 80.00
Lymphocytes	35.30	%	20.00 - 40.00
Monocytes	3.50	%	2.00 - 10.00
Eosinophils	1.30	%	1.00 - 6.00
Basophils	0.20	%	<2.00
Absolute Leucocyte Count			
Neutrophils	5.22	thou/mm3	2.00 - 7.00
Lymphocytes	**3.09**	thou/mm3	1.00 - 3.00
Monocytes	0.31	thou/mm3	0.20 - 1.00
Eosinophils	0.11	thou/mm3	0.02 - 0.50
Basophils	0.02	thou/mm3	0.02 - 0.10
Platelet Count	**110**	thou/mm3	150.00 - 410.00

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

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2. Test conducted on EDTA whole blood

Result Rechecked,
Please Correlate Clinically.

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Test Name	Results	Units	Bio. Ref. Interval
LIVER & KIDNEY PANEL, SERUM (Spectrophotometry, Indirect ISE)			
Bilirubin Total	0.53	mg/dL	<1.10
Bilirubin Direct	0.16	mg/dL	<0.20
Bilirubin Indirect	0.37	mg/dL	<1.10
AST (SGOT)	19.1	U/L	<40
ALT (SGPT)	15.6	U/L	<41
GGTP	17.0	U/L	<71.00
Alkaline Phosphatase (ALP)	**141.00**	U/L	<119
Total Protein	7.33	g/dL	6.40 - 8.30
Albumin	4.37	g/dL	3.97 - 4.94
A : G Ratio	1.48		0.90 - 2.00
Urea	31.30	mg/dL	18.00 - 55.00
Creatinine	0.95	mg/dL	<1.20
Uric Acid	**2.80**	mg/dL	3.4 - 7.0

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Test Name	Results	Units	Bio. Ref. Interval
Calcium, Total	9.39	mg/dL	8.8 - 10.2
Phosphorus	3.86	mg/dL	2.6 - 4.5
Sodium	**135.22**	mEq/L	136.00 - 145.00
Potassium	4.01	mEq/L	3.5 - 5.1
Chloride	104.08	mEq/L	97 - 107

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Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP certified)			
HbA1c	**7.9**	%	4.00 - 5.60
Estimated average glucose (eAG)	180	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.

Note: 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.

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 Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F), PLASMA (Hexokinase)	**150.00**	mg/dL	70.00 - 100.00
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, PLASMA (Hexokinase)	**248.00**	mg/dL	70.00 - 140.00

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Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE,TOTAL, SERUM (ECLIA)			
T3, Total	1.30	ng/mL	0.80 - 2.00
T4, Total	7.77	µg/dL	5.10 - 14.10
TSH	2.91	µIU/mL	0.27 - 4.20

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

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Test Name	Results	Units	Bio. Ref. Interval
LIPID SCREEN, SERUM (CHO-POD)			
Cholesterol, Total	189.20	mg/dL	<200
Triglycerides	117.80	mg/dL	<150.00
HDL Cholesterol	43.70	mg/dL	>40
LDL Cholesterol, Calculated	**121.94**	mg/dL	<100.00
VLDL Cholesterol,Calculated	23.56	mg/dL	<30.00
Non-HDL Cholesterol	**146**	mg/dL	<130

Interpretation

REMARKS	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

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. NLA-2014 recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
3. Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL

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4. NLA-2014 identifies Non HDL Cholesterol(an indicator of all atherogeniclipoproteins such as LDL , VLDL, IDL, Lpa, Chylomicron remnants)along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL &Non HDL.
5. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
6. Additional testing for Apolipoprotein B, hsCRP,Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2016

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)
Very High	<50	<80	>=50	>=80
High	<70	<100	>=70	>=100
Moderate	<100	<130	>=100	>=130
Low	<100	<130	>=130*	>=160*

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

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

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.•Sample repeats are accepted on request of Referring Physician within 7 days post reporting.•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.•Contact customer care Tel No. +91-11-39885050 for all queries related to test results.
(#) Sample drawn from outside source.