

L96 - RAZA BAZAR -CC

RAZA BAZAR SHEIKHPURA SUKH SMRITI
APARTM ENT PS-SHASHTRINAGAR Patna
MO-9835463985

Name	: Mrs. ANITA SINGH	Collected	: 8/10/2021 11:11:00AM
Lab No.	: 306506589	Received	: 8/10/2021 11:34:33AM
Age: 55 Years	Gender: Female	Reported	: 8/10/2021 3:47:24PM
A/c Status : P	Ref By : Dr. SANTOSH THAKUR	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
SwasthFit Super 2			
COMPLETE BLOOD COUNT;CBC (Electrical Impedence & Flow)			
Hemoglobin	11.00	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	34.20	%	36.00 - 46.00
RBC Count	4.02	mill/mm3	3.80 - 4.80
MCV	85.10	fL	83.00 - 101.00
MCH	27.40	pg	27.00 - 32.00
MCHC	32.20	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	15.90	%	11.60 - 14.00
Total Leukocyte Count (TLC)	6.93	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	59.90	%	40.00 - 80.00
Lymphocytes	34.90	%	20.00 - 40.00
Monocytes	3.20	%	2.00 - 10.00
Eosinophils	1.40	%	1.00 - 6.00
Basophils	0.60	%	<2.00
Absolute Leucocyte Count			
Neutrophils	4.15	thou/mm3	2.00 - 7.00
Lymphocytes	2.42	thou/mm3	1.00 - 3.00
Monocytes	0.22	thou/mm3	0.20 - 1.00
Eosinophils	0.10	thou/mm3	0.02 - 0.50
Basophils	0.04	thou/mm3	0.02 - 0.10
Platelet Count	183.0	thou/mm3	150.00 - 410.00
Mean Platelet Volume	12.5	fL	6.5 - 12.0

Note



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Test Name	Results	Units	Bio. Ref. Interval
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 Name	Results	Units	Bio. Ref. Interval
LIVER & KIDNEY PANEL, SERUM (Spectrophotometry, Indirect ISE)			
Bilirubin Total	0.49	mg/dL	<1.10
Bilirubin Direct	0.20	mg/dL	<0.20
Bilirubin Indirect	0.29	mg/dL	<1.10
AST (SGOT)	18	U/L	<32
ALT (SGPT)	18	U/L	<33
GGTP	14	U/L	<42.00
Alkaline Phosphatase (ALP)	86	U/L	<98
Total Protein	7.89	g/dL	6.40 - 8.30
Albumin	4.93	g/dL	3.97 - 4.94
A : G Ratio	1.67		0.90 - 2.00
Urea	44.10	mg/dL	21.00 - 43.00
Creatinine	0.92	mg/dL	<0.90
Uric Acid	5.70	mg/dL	2.4 - 5.7



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Test Name	Results	Units	Bio. Ref. Interval
Calcium, Total	9.85	mg/dL	8.6 - 10.0
Phosphorus	4.57	mg/dL	2.6 - 4.5
Sodium	136.50	mEq/L	136.00 - 145.00
Potassium	4.11	mEq/L	3.5 - 5.1
Chloride	97.50	mEq/L	97 - 107



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Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP certified)			
HbA1c	6.7	%	4.00 - 5.60
Estimated average glucose (eAG)	146	mg/dL	

Interpretation
HbA1c result is suggestive of Diabetes/ well controlled Diabetes in a known Diabetic

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)	89.00	mg/dL	70.00 - 100.00



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Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE,TOTAL, SERUM (ECLIA)			
T3, Total	0.92	ng/mL	0.80 - 2.00
T4, Total	11.60	µg/dL	5.10 - 14.10
TSH	6.06	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 µIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

Interpretation

PREGNANCY	REFERENCE RANGE FOR TSH IN µIU/mL (As per American Thyroid Association)
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300- 3.000



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Test Name	Results	Units	Bio. Ref. Interval
LIPID SCREEN, SERUM (CHO-POD)			
Cholesterol, Total	212.50	mg/dL	<200
Triglycerides	199.20	mg/dL	<150.00
HDL Cholesterol	39.30	mg/dL	>50
LDL Cholesterol, Calculated	133.36	mg/dL	<100.00
VLDL Cholesterol, Calculated	39.84	mg/dL	<30.00
Non-HDL Cholesterol	173	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



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Test Name	Results	Units	Bio. Ref. Interval
mg/dL			
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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URINE EXAMINATION, ROUTINE; URINE, R/E (Automated Strip test, Chemical, Light microscopy)			
Physical			
Colour	Light Yellow		Pale yellow
Specific Gravity	1.015		1.001 - 1.030
pH	5		5.0 - 8.0
Chemical			
Proteins	Negative		Negative
Glucose	Present 3+(1.0 g/dL)		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative
Leucocyte Esterase	Negative		Negative
Nitrite	Negative		Negative
Microscopy			
R.B.C.	Negative		0.0 - 2.0 RBC/hpf
Pus Cells	3-4 WBC/HPF		0-5 WBC / hpf
Epithelial Cells	0-1 Epi Cells/hpf		0.0 - 5.0 Epi cells/hpf
Casts	None seen		None seen/Lpf
Crystals	None seen		None seen
Others	None seen		None seen

Result Rechecked,
Please Correlate Clinically.



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Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, PLASMA (Hexokinase)	197.00	mg/dL	70.00 - 140.00

Note

1. The diagnosis of Diabetes requires a fasting plasma glucose of ≥ 126 mg/dL and/or a random / 2 hr post glucose value of ≥ 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

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



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STOOL EXAMINATION, ROUTINE; STOOL, R/E (Manual Method, Light microscopy)			
Colour	Dark Brown		Brown
Form and Consistency	Semi Solid		Semi Solid
Mucus	Absent		Absent
Visible Blood	Absent		Absent
Reaction	Acidic		Alkaline
Charcot-Leyden Crystals	None Seen		None Seen
Pus Cells	2-3	/hpf	0 - 5
RBC	None Seen	/hpf	None Seen
Macrophages	None Seen		None Seen
Trophozoites	None Seen		None Seen
Cysts	Entamoeba histolytica		None Seen
Helminthic Ova	None Seen		None Seen
Larva	None Seen		None Seen
Other Observations	None Seen		None Seen



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Manju Sharma

Dr Manju Sharma
DCP, Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd

Ssinha

Dr. Shalini Sinha
MBBS, DCP
Chief of Lab

-----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.

