

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

Name : Mr. DEVENDRA PRATAP

332767431 Age: 31 Years

Ref By: SELF

Gender: Male

Collected Received : 15/8/2022 11:29:00AM

Received : 15/8/2022 11:34:20AM Reported : 15/8/2022 5:59:06PM

Report Status : Final

Test Name Results Units Bio. Ref. Interval

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Lab No.

A/c Status

COMPLETE BLOOD COUNT;CBC (Electrical Impedence & Flow)			
Hemoglobin	14.00	g/dL	13.00 - 17.00
Packed Cell Volume (PCV)	46.40	%	40.00 - 50.00
RBC Count	5.11	mill/mm3	4.50 - 5.50
MCV	90.80	fL	83.00 - 101.00
мсн	27.40	pg	27.00 - 32.00
MCHC	30.20	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	15.50	%	11.60 - 14.00
Total Leukocyte Count (TLC)	9.19	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	61.20	%	40.00 - 80.00
Lymphocytes	31.90	%	20.00 - 40.00
Monocytes	3.30	%	2.00 - 10.00
Eosinophils	3.40	%	1.00 - 6.00
Basophils	0.20	%	<2.00
Absolute Leucocyte Count			
Neutrophils	5.62	thou/mm3	2.00 - 7.00
Lymphocytes	2.93	thou/mm3	1.00 - 3.00
Monocytes	0.30	thou/mm3	0.20 - 1.00
Eosinophils	0.31	thou/mm3	0.02 - 0.50
Basophils	0.02	thou/mm3	0.02 - 0.10
Platelet Count	125	thou/mm3	150.00 - 410.0
Result Rechecked,			
Please Correlate Clinically.			



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 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	0.51	mg/dL	<1.10
Bilirubin Direct	0.15	mg/dL	<0.20
Bilirubin Indirect	0.36	mg/dL	<1.10
AST (SGOT)	25.2	U/L	<40
ALT (SGPT)	49.7	U/L	<41
GGTP	29.0	U/L	<71.00
Alkaline Phosphatase (ALP)	62.00	U/L	<128
Total Protein	7.23	g/dL	6.40 - 8.30
Albumin	4.92	g/dL	3.97 - 4.94
A : G Ratio	2.13		0.90 - 2.00
Urea	17.80	mg/dL	19.00 - 44.00
Creatinine	0.76	mg/dL	<1.20
Uric Acid	5.60	mg/dL	3.4 - 7.0



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Results 9.49	Units mg/dL	Bio. Ref. Interval 8.6 - 10.0
3.33	mg/dL	2.6 - 4.5
140.40	mEq/L	136.00 - 145.00
4.26	mEq/L	3.5 - 5.1
102.70	mEq/L	97 - 107
	9.493.33140.404.26	9.49 mg/dL 3.33 mg/dL 140.40 mEq/L 4.26 mEq/L

Male

Gender:





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Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP certified)			
HbA1c	5.6	%	4.00 - 5.60
Estimated average glucose (eAG)	114	mg/dL	

Interpretation

Lab No.

A/c Status

HbA1c result is suggestive of non diabetic adults (>=18 years)/ 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	FACTORS THAT AFFECT INTERPRETATION
MEASUREMENT	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 HbAlc 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 HbAlc test results regardless of the assay method used.Iron deficiency anemia is associated with higher HbAlc





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Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F), PLASMA	87.00	mg/dL	70.00 - 100.00
(Hexokinase)			



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THYROID PROFILE,TOTAL, SERUM (ECLIA)			
T3, Total	1.65	ng/mL	0.80 - 2.00
T4, Total	6.85	μg/dL	5.10 - 14.10
TSH	5.13	μIU/mL	0.27 - 4.20

Gender:

Male

Note

Lab No.

A/c Status

- 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	206.70	mg/dL	<200
Triglycerides	253.00	mg/dL	<150.00
HDL Cholesterol	34.60	mg/dL	>40
LDL Cholesterol, Calculated	121.50	mg/dL	<100.00
VLDL Cholesterol,Calculated	50.60	mg/dL	<30.00
Non-HDL Cholesterol	172	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.
- 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

- 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	
CATEGORY	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

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

Dr Shalini Sinha MBBS . DCP

Manju Starma Ssinha

Chief of Lab





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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.



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