Name	: **Mrs. ANITA SINGH**		**Age**	: **52 Years**	
Lab No.	: **387061102**		**Gender**	: **Female**	
Ref By	: **SELF**		**Reported**	: **13/11/2022 4:18:19PM**	
Collected	: **13/11/2022 9:44:00AM**		**Report Status**	: **Final**	
A/c Status	: **P**				
Collected at	: **VERMA DIAGNOSTIC B-24, MITRA MANDAL COLONY,SAKET VIHAR, M no -7050483752**		**Processed at**	: **Patna Lab II R K ESTATE opposite IGIMS Raja Bazar Bailey Road Patna-800014**	

Test Report

SwasthFit Super 2

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT;CBC (Electrical Impedence & Flow)			
Hemoglobin	**9.70**	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	**32.60**	%	36.00 - 46.00
RBC Count	**3.54**	mill/mm3	3.80 - 4.80
MCV	92.10	fL	83.00 - 101.00
MCH	27.40	pg	27.00 - 32.00
MCHC	**29.80**	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	**14.60**	%	11.60 - 14.00
Total Leukocyte Count (TLC)	6.48	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	61.20	%	40.00 - 80.00
Lymphocytes	31.00	%	20.00 - 40.00
Monocytes	3.20	%	2.00 - 10.00
Eosinophils	4.00	%	1.00 - 6.00
Basophils	0.60	%	<2.00
Absolute Leucocyte Count			
Neutrophils	3.97	thou/mm3	2.00 - 7.00
Lymphocytes	2.01	thou/mm3	1.00 - 3.00
Monocytes	0.21	thou/mm3	0.20 - 1.00
Eosinophils	0.26	thou/mm3	0.02 - 0.50
Basophils	0.04	thou/mm3	0.02 - 0.10
Platelet Count	176	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

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
blood			

2. Test conducted on EDTA whole blood

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
LIVER & KIDNEY PANEL, SERUM (Spectrophotometry, Indirect ISE)			
Bilirubin Total	0.33	mg/dL	<1.10
Bilirubin Direct	0.12	mg/dL	<0.20
Bilirubin Indirect	0.21	mg/dL	<1.10
AST (SGOT)	19.9	U/L	<32
ALT (SGPT)	22.8	U/L	<33
GGTP	19.0	U/L	<42.00
Alkaline Phosphatase (ALP)	93.00	U/L	<98
Total Protein	7.14	g/dL	6.40 - 8.30
Albumin	4.28	g/dL	3.97 - 4.94
A : G Ratio	1.50		0.90 - 2.00
Urea	40.30	mg/dL	21.00 - 43.00
Creatinine	0.87	mg/dL	<0.90
Uric Acid	**7.00**	mg/dL	2.4 - 5.7
Calcium, Total	9.21	mg/dL	8.6 - 10.0
Phosphorus	3.54	mg/dL	2.6 - 4.5
Sodium	136.10	mEq/L	136.00 - 145.00
Potassium	4.89	mEq/L	3.5 - 5.1
Chloride	102.30	mEq/L	98 - 108

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP certified)			
HbA1c	**7.0**	%	4.00 - 5.60
Estimated average glucose (eAG)	154	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 Report

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F), PLASMA (Hexokinase)			
Glucose Fasting	98.00	mg/dL	70.00 - 100.00
THYROID PROFILE,TOTAL, SERUM (ECLIA)			
T3, Total	**0.78**	ng/mL	0.80 - 2.00
T4, Total	9.00	µg/dL	5.10 - 14.10
TSH	**6.58**	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

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 Report

Test Name	Results	Units	Bio. Ref. Interval
LIPID SCREEN, SERUM (CHO-POD)			
Cholesterol, Total	**209.10**	mg/dL	<200
Triglycerides	**150.10**	mg/dL	<150.00
HDL Cholesterol	**37.50**	mg/dL	>50
LDL Cholesterol, Calculated	**141.58**	mg/dL	<100.00
VLDL Cholesterol,Calculated	**30.02**	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.

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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
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

Manju Sharma

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

Sinha

Dr.Shalini Sinha
MBBS , DCP
Chief of Lab

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

Name	: Mrs. ANITA SINGH		
Lab No.	: 387061102	Age	: 52 Years
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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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