

Name : Ms. ANITA KUMARI
Lab No. : 471070718
Ref By : SELF
Collected : 7/8/2024 10:12:00AM
A/c Status : P
Collected at : RAZA BAZAR -CC
RAZA BAZAR SHEIKHPURA SUKH SMRITI
APARTM ENT PS-SHASHTRINAGAR Patna
MO-9835463985

Age : 53 Years
Gender : Female
Reported : 7/8/2024 4:52:08PM
Report Status : Final
Processed at : Patna Lab II
R K ESTATE opposite IGIMS Raja Bazar
Bailey Road Patna-800014



Test Report

Test Name	Results	Units	Bio. Ref. Interval
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SwasthFit Super 2

LIVER & KIDNEY PANEL, SERUM

Creatinine (Jaffe Compensated)	0.75	mg/dL	<0.90
GFR Estimated	95	mL/min/1.73m2	>59
GFR Category	G1		
Urea (Urease UV)	47.70	mg/dL	21.00 - 43.00
Urea Nitrogen Blood	22.28	mg/dL	9.80 - 20.10
BUN/Creatinine Ratio	30		
Uric Acid (Enzymatic Colorimetric)	3.40	mg/dL	2.4 - 5.7
AST (SGOT) (IFCC without P5P)	18.8	U/L	<32
ALT (SGPT) (IFCC without P5P)	16.5	U/L	<33
GGTP (IFCC)	21.0	U/L	<42.00
Alkaline Phosphatase (ALP) (IFCC)	80.00	U/L	<98
Bilirubin Total (Diazo)	0.41	mg/dL	<1.10
Bilirubin Direct (Diazo)	0.14	mg/dL	<0.20
Bilirubin Indirect (Calculated)	0.27	mg/dL	<1.10
Total Protein (Biuret)	7.06	g/dL	6.40 - 8.30
Albumin (BCG)	4.73	g/dL	3.50 - 5.20
A : G Ratio (Calculated)	2.03		0.90 - 2.00
Globulin(Calculated)	2.33	gm/dL	2.0 - 3.5
Calcium, Total (NM-BAPTA)	10.74	mg/dL	8.6 - 10.0



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Test Name	Results	Units	Bio. Ref. Interval
Phosphorus (Molybdate UV)	2.63	mg/dL	2.6 - 4.5
Sodium (Indirect ISE)	127.30	mEq/L	136.00 - 145.00
Result Rechecked, Please Correlate Clinically.			
Potassium (Indirect ISE)	4.71	mEq/L	3.5 - 5.1
Chloride (Indirect ISE)	90.70	mEq/L	98 - 108



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Test Name	Results	Units	Bio. Ref. Interval
LIPID SCREEN, SERUM			
Cholesterol, Total (CHOD-PAP)	185.80	mg/dL	<200
Triglycerides (GPO-PAP)	136.60	mg/dL	<150.00
HDL Cholesterol (Homogenous Enzymatic Colorimetric)	47.90	mg/dL	>50
LDL Cholesterol, Calculated (Calculated)	110.58	mg/dL	<100.00
VLDL Cholesterol, Calculated (Calculated)	27.32	mg/dL	<30.00
Non-HDL Cholesterol (Calculated)	138	mg/dL	<130

Note

- 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.
- 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 2020

RISK CATEGORY	TREATMENT GOAL		CONSIDER THERAPY	
	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHOLESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHOLESTEROL (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*

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



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F) (Hexokinase)			
Glucose Fasting	83.00	mg/dL	70.00 - 100.00
THYROID PROFILE,TOTAL, SERUM (ECLIA)			
T3, Total	0.80	ng/mL	0.80 - 2.00
T4, Total	10.90	µg/dL	5.10 - 14.10
TSH	2.30	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 Report

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP certified)			
HbA1c	6.9	%	4.00 - 5.60
Estimated average glucose (eAG)	151	mg/dL	

Interpretation
HbA1c result is suggestive of Diabetes/ well controlled Diabetes in a known Diabetic
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: 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
COMPLETE BLOOD COUNT; CBC (SLS Method, Sheath Flow DC Detection Method, Fluorescent Flow Cytometry & Calculated)			
Hemoglobin	10.00	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	32.00	%	36.00 - 46.00
RBC Count	3.38	mill/mm3	3.80 - 4.80
MCV	94.70	fL	83.00 - 101.00
Mentzer Index	28.0		
MCH	29.60	pg	27.00 - 32.00
MCHC	31.30	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	16.10	%	11.60 - 14.00
Total Leukocyte Count (TLC)	15.93	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	60.40	%	40.00 - 80.00
Lymphocytes	35.90	%	20.00 - 40.00
Monocytes	3.20	%	2.00 - 10.00
Eosinophils	0.30	%	1.00 - 6.00
Basophils	0.20	%	<2.00
Absolute Leucocyte Count			
Neutrophils	9.62	thou/mm3	2.00 - 7.00
Lymphocytes	5.72	thou/mm3	1.00 - 3.00
Monocytes	0.51	thou/mm3	0.20 - 1.00
Eosinophils	0.05	thou/mm3	0.02 - 0.50



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Test Name	Results	Units	Bio. Ref. Interval
Basophils	0.03	thou/mm3	0.02 - 0.10
Platelet Count	223	thou/mm3	150.00 - 410.00

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

- 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
- Test conducted on EDTA whole blood



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Test Name	Results	Units	Bio. Ref. Interval
ERYTHROCYTE SEDIMENTATION RATE (ESR) (Capillary Photometry)	57	mm/hr	0.00 - 30.00

Note

- 1. Test conducted on EDTA whole blood at 37°C
- 2. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.



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Test Name	Results	Units	Bio. Ref. Interval
HEPATITIS B SURFACE ANTIGEN (HBsAg), RAPID SCREENING TEST, SERUM (ICT)	Non-Reactive		

Interpretation

RESULT	REMARKS
Reactive	Indicates presence of Hepatitis B Surface Antigen.
Non-Reactive	Indicates absence of Hepatitis B Surface Antigen.

* All reactive results should be subjected to HBsAg Neutralization test which can be requested as Test Code S116.

Note

1. Reactive test result indicates presence of Hepatitis B Surface Antigen. It cannot differentiate between the stages of Hepatitis B viral infection.
2. Non-Reactive test result indicates absence of Hepatitis B Surface Antigen.
3. False positive results may be observed in presence of heterophilic antibodies in serum or after HBV vaccination for transient period of time.
4. False negative reaction may be due to processing of sample collected early in the course of disease or presence of mutant forms of HBsAg.
5. For monitoring HBsAg levels, HBsAg Quantitative assay is recommended.



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Test Name	Results	Units	Bio. Ref. Interval
HEPATITIS C VIRUS (HCV), RAPID SCREENING TEST, SERUM (ICT)	Non-Reactive		

Interpretation

RESULTS	REMARKS
Reactive	Indicates presence of antibodies to Hepatitis C virus
Non-Reactive	Indicates absence of antibodies to Hepatitis C virus

* It is recommended to confirm all reactive results with the HCV antibody confirmatory test (S314).*

Note

- Reactive test result indicates presence of Hepatitis C virus infection. Active infection to be confirmed by HCV RNA PCR test. It cannot differentiate between the stages of Hepatitis C viral infection nor used to monitor the efficacy of treatment.
- Non-Reactive test result indicates Hepatitis C virus infection is unlikely.
- False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy or presence of heterophilic antibodies in serum.
- False negative reaction may be due to processing of sample collected early in the course of disease, Prozone phenomenon, Immunosuppression & Immuno-incompetence.
- Test conducted on serum.

Uses

- To diagnose suspected HCV infection in risk group.
- Prenatal Screening of pregnant women and pre surgical/interventional procedures work up.

LDH;LACTATE DEHYDROGENASE, SERUM (IFCC)	361.00	U/L	135 - 214
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Comments

Lactate dehydrogenase (LDH) is a nonspecific enzyme found in most organs. Highest concentrations are found in liver, heart, kidney and blood cells. LDH measurements are used in the diagnosis and treatments of liver diseases like Acute viral hepatitis, Cirrhosis & Metastatic carcinoma; Cardiac diseases like Myocardial infarction; Tumors of lungs / kidneys & Hematologic disorders like Megaloblastic anemia & Hemolytic anemia.



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HIV 1 & 2 ANTIBODIES SCREENING TEST, SERUM (Immunochromatography)	Non-Reactive		
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Final Result :	Negative	Negative
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REMARKS	INTERPRETATION
Reactive	Indicates Presence of antibodies to HIV 1/2 virus
Non-Reactive	Indicates absence of antibodies to HIV 1/2 virus

It is advised to verify all positive results by conducting the supplemental HIV 1 and HIV2 antibody confirmation and differentiation, LIA (S315).

Note

- Positive test result indicates antibody detected against HIV-1/2.
- Negative test result indicates antibody is not detected against HIV- 1/2.
- Indeterminate test result indicates antibody to HIV-1/2 have been detected in the sample by two of three methods.
- False positive results may be observed in Autoimmune diseases, Alcoholic hepatitis, Primary biliary cirrhosis, Leprosy, Multiple pregnancies, Rheumatoid factor, and due to presence of heterophile antibodies.
- False negative results may occur during the window period and during the end stage of the disease.

Recommendations

- Post-test counseling available between 9 am to 5 pm at LPL laboratories.



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Units

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BK

Dr Binay kumar.
MD, Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

Manju Sharma

Dr Manju Sharma
DCP, Pathology
Consultant Pathologist

Surya Kant Nirala

Dr Suryakant Nirala
MD, Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

Poonam Sinha

Dr. Poonam Sinha
MD Biochemistry
Consultant Biochemist
Dr Lal PathLabs Ltd

P. Narain

Dr. Priyanka Narain
MD, Microbiology
Consultant Microbiologist

Ssinha

Dr. Shalini Sinha
MBBS, DCP
Chief of Laboratory
Dr Lal PathLabs Ltd

-----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. •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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