TEST REPORT

Name : **Mrs AKANSHA AGARWAL**
Age & Sex : 39Years / Female
Referred By : SELF
Client : NDRC WALKING

Reg No. : **21120100336**
Reg. Date : 05/12/2021 12:04 pm
Collected On : 05/12/2021

COMPLETE BLOOD COUNTS

Parameter	Result	Bio. Ref. Interval	Units	Method
Haemoglobin(Hb)	: 12.3	12.0-16.0	gm/dl	
Erythrocyte(RBC) Count	: 4.56	3.8-4.8	mill/cu.mm	
Hematocrit(HCT)	: 36.4	36-46	%	
MCV(Mean Corpuscular Volume)	: **79.8**	83-101	fl	
MCH(Mean Corpuscular Hb)	: 27.0	27-31	pg	
MCHC(Mean Corpuscular Hb Conc.)	: 33.8	31.5-34.5	g/dl	
RDW(Red Cell Distribution Width)	: 13.6	11.5-14.0	%	
Total Leucocytes (WBC) Count	: 6100	4000-10500	cells/cu.mm	
Neutrophils	: 61	40-80	%	
Lymphocytes	: 34	20-40	%	
Eosinophils	: 01	01-06	%	
Monocytes	: 04	2.0-10.0	%	
Basophils	: 00	00-02	%	
Platelet count	: 241000	150000-450000	/cmm	
RBC Morphology	: Normocytic Normochromic RBCs			
Pleatelet on smear	: Adequate on Smear			
Malaria Parasite	: MALARIAL PARASITE NOT DETECTED			

This is an electronically authenticated report.

Approved On: 05/12/2021 02:26 pm

Approved By:

Dr. Sukriti Mehta
M.B.B.S., D.C.P
Reg. No. G-20294

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BIOCHEMISTRY

Parameter	Result	Bio. Ref. Interval	Units	Method
FBS				
Fasting Blood Sugar (FBS)	: 80.9	70-110	mg/dL	GODPOD
Urine Glucose -F	: Nil			

HbA1C

Parameter	Result	Bio. Ref. Interval	Units	Method
HbA1C	: **5.54**	Non Diabetic :< =5.6 Pre-Diabetic: 5.7-6.4 Diabetic: >= 6.5	%	

Estimated Average Glucose(eAG (in mg/dl)) : **112.3**

Interpretation & Remark:
1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis ofdiabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases,chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlationsuggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-46.7
6. Interference of Haemoglobinopathies in HbA1c estimation.
A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 %

SGPT	: 12.95	0-40	U/L	IFCC Method
SGOT	: 17.73	0-40	U/L	IFCC Method
ALKALINE PHOSPHATASE	: 38.8	37-142	U/L	IFCC ModifiedMethod

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BIOCHEMISTRY

Parameter	Result	Bio. Ref. Interval	Units	Method
TOTAL PROTEIN				
TOTAL PROTEIN	: 7.50	6.6-8.3	g/dL	Biuret Method
S.ALBUMIN	: 4.48	3.5-5.0	g/dL	Bromocresol Green Meth
GLOBULIN	: 3.02	2.3-3.5	g/dL	Calculated
A/G Ratio	: 1.48	0.8-2.0		Calculated
BILIRUBIN				
TOTAL BILIRUBIN	: 0.68	0.1-1.2	mg/dl	
DIRECT BILIRUBIN	: 0.24	0-0.25	mg/dL	
INDIRECT - BILIRUBIN	: 0.44	0.1-1.0	mg/dL	
CREATININE	: 0.67	0.6-1.5	mg/dL	Jaff Method
UREA	: 20.73	15-45	mg/dl	Urase-GLDH, UV Metho
URIC ACID	: **2.25**	2.4-5.7	mg/dL	URICASE Method
LIPID PROFILE				
CHOLESTEROL	: 166.56	150-250	mg/dL	CHOD-POD Method
TRIGLYCERIDE	: 67.67	10-150	mg/dL	GPO-POD Method
HDL CHOLESTEROL	: **60.88**	40-60	mg/dL	Direct Method
LDL CHOLESTEROL	: 92.15	50-150	mg/dL	Calculated
LDL/HDL RATIO	: 1.51	0-3.5		Calculated
CHOL/HDL RATIO	: 2.74	0-5.0		Calculated
VLDL	: **13.53**	15-35	mg/dL	Calculated

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BIOCHEMISTRY

Parameter	Result	Bio. Ref. Interval	Units	Method
NEW ATP III GUIDELINES(MAY 2001), MODIFICATION OF NCEP				
Cholesterol Desirable : < 200.0 Borderline High : 200-239 High : > 240.0		**Triglyceride** Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0	**LDL Cholesterol** Optimal < 100 Above Optimal 100 - 129 Borderline High 130 - 159 High 160 - 189 Very High >190	
CALCIUM	: 9.8	8.4-10.2	mg/dL	Arsenazo III

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HORMONE/IMMUNOASSAY

Parameter	Result	Bio. Ref. Interval	Units	Method
THYROID FUNCTION TEST				
T3	: 1.48	0.82-2.13	ng/mL	
T4	: 10.75	5.6-11.7	µg/dL	
TSH	: 5.293	0.38-5.33	µIU/ml	

Thyroid Stimulating Hormone(TSH) is synthesozed and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3(freeT3) and FT4(free T4).Additionally ,the hypothalamic tripeptide,thyroid releasing hormone(TRH),directly stimulates TSH production .TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary(thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated,while in secondary and tertairy hypothyroidism ,TSH levels are low.

TSH levels During Pregnancy:
First Trimester:0.1 to 2.5 microIU/mL
Second Trimester :0.2 to 3.0 microIU/mL
Third Trimester: 0.3 to 3.0microIU/mL

S .IgE	: **9.17**	28-140	IU/ML	
VITAMIN B12	: **141**	145-914	pg/mL	CLIA

1.Vitamin B-12 is an important water soluble vitamin whose deficiency leads to impaired DNA synthesis causing mainly hematological and neurological symptoms Clinically it may manifest as anemia,tingling,fatigue,weakness and poor memory.
2. Dietery sources of vitamin B-12 are meat,eggs, milk and milkproducts.Causes of B12 deficiency can be poor intake, malabsorption, certain intestinal disorders or low binding proteins.
3. Sample collected after vitamin B12 medication may interfere with results.

VITAMIN D3	: **33.37**	Deficiency : <10 Insufficiency : 10 - 30 Sufficiency : 30 - 100 Toxicity : >100	ng/mL	CLIA

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HORMONE/IMMUNOASSAY

Parameter	Result	Bio. Ref. Interval	Units	Method

1. Vitamin D is a fat soluble hormone having important role in regulating calcium and phosphorus level and mineralisation of bones.
2. Sources of vitamin D are mainly fish and dairy products.it is also synthesised by skin under sun exposure.
3.Vitamin D deficiency is associated with rickets in children,Osteomalacia in adults.Long terms deficiency leads to osteoporesis.It is also linked with cancer,cardiovascular disease,diabetes and autoimmune disease.

HOMA IR

Plasma Glucose -F	: 80.9	70-110	mg/dL
Insulin Fasting	: 3.38	2.60-37.60	µIU/mL
Insulin Glucose Ratio Fasting	: 0.041	0.00-0.22	Ratio
Homa IR(Mass Unit)	: **0.68**	< 3 Normal Insulin Resistance 3-5 Moderate Insulin Resistance > 5 Severe Insulin Resistance	

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