Sample Collection Date	19-04-2021 15:14	**DDL Center**	Dr.Dangs Lab
Lab Ref. No.	210098126		
Name	MS. RENU KAKAR	**Age / Sex**	47 Years / FEMALE

Test (Methodology)	Result	Biological Reference Interval
HAEMATOLOGY		
D-DIMER (QUANTITATIVE)		
D-Dimer, Citrate plasma [Immunoturbidmetric Assay]	0.21 mg FEU/L	< 0.5

D-Dimer is a sensitive marker for the activation of coagulation. When D-Dimer values below the cut off are obtained, deep venous thrombosis (DVT) of the lower limb and pulmonary embolism (PE) can be excluded with high sensitivity.

In disseminated intravascular coagulation (DIC)/consumptive coagulopathy, fibrin degradation products are a sensitive marker. Monitoring the fibrin-specific degradation products can be used to

- confirm or refute a tentative diagnosis
- estimate the potential risk for patients with existing DIC
- monitor an initiated therapy

Apart from DVT, PE, and DIC, D-Dimer may reflect other causes associated with fibrin formation such as trauma, pregnancy complications, malignant disease or vascular abnormalities. Elevated D-Dimer levels therefore have to be interpreted in the context of possible underlying diseases and clinical symptoms.

**** End of HAEMATOLOGY Report ****

DR. MANAVI DANG
M.D. (PATHOLOGY)
(Associate Director)

DR. SONAL JAIN
D.M. (Hematology, A.I.I.M.S.)
(Head Hematology)

Authentication : 19-04-2021 16:32
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Sample Collection Date	19-04-2021 15:14	**DDL Center**	Dr.Dangs Lab
Lab Ref. No.	210098126		
Name	MS. RENU KAKAR	**Age / Sex**	47 Years / FEMALE

Test (Methodology)	Result	Biological Reference Interval
HAEMATOLOGY		
COMPLETE BLOOD COUNT		
E.S.R. (WESTERGREN AUTOMATED)		
E.S.R.WESTERGREN (AUTOMATED)	2 mm 1st Hr	0 - 20

**** End of HAEMATOLOGY Report ****

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Name	MS. RENU KAKAR	**Age / Sex**	47 Years / FEMALE

HAEMATOLOGY

Test (Methodology)	Result	Biological Reference Interval
COMPLETE BLOOD COUNT		
HAEMOGLOBIN	14.0 g/dL	11 - 15
TOTAL LEUCOCYTE COUNT	6840 Cells/cu.mm	4000 - 11000
RED BLOOD CELL COUNT	4.80 mill/cu.mm	4.2 - 5.5
PACKED CELL VOLUME	44.40 %	36 - 46
MCV (MEAN CORPUSCULAR VOLUME)	92.50 fL	79 - 98
MCH (MEAN CORPUSCULAR HB)	29.17 pg	26 - 32
MCHC (MEAN CORPUSCULAR HB CONC)	31.53 g/dL	30 - 36
RED CELL DISTRIBUTION WIDTH	12.80 %	11.5 - 15.5
PLATELET COUNT	231000 /cu.mm	150000 - 450000
DIFFERENTIAL LEUCOCYTE COUNT		
SEGMENTED NEUTROPHILS	54 %	40 - 80
LYMPHOCYTES	35 %	20 - 40
MONOCYTES	10 %	2 - 10
EOSINOPHILS	1 %	1 - 6
BASOPHILS	0 %	0 - 2
ABSOLUTE LEUCOCYTE COUNT		
NEUTROPHIL	3694 cells/mm3	1800-7700
LYMPHOCYTE	2394 cells/mm3	1000-4800
MONOCYTE	684 cells/mm3	0-800
EOSINOPHIL	68 cells/mm3	0-450

BLOOD PICTURE

RBCs are predominantly normocytic normochromic. WBC series is essentially unremarkable. Platelets are adequate on smear.

Sample Type: K2 EDTA Whole blood
Methodology: Automated cell counter, Sysmex XN-1000 based on Optical / Fluorescence / Flow Cytometry / SLS .

**** End of HAEMATOLOGY Report ****

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Lab Ref. No.	210098126		
Name	MS. RENU KAKAR	**Age / Sex**	47 Years / FEMALE

Test (Methodology)	Result	Biological Reference Interval

Monika Sharma

DR. MONIKA SHARMA
M.D. (PATHOLOGY)

Sonal Jain

DR. SONAL JAIN
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Sample Collection Date	19-04-2021 15:14	**DDL Center**	Dr.Dangs Lab
Lab Ref. No.	210098126		
Name	MS. RENU KAKAR	**Age / Sex**	47 Years / FEMALE

Test (Methodology)	Result	Biological Reference Interval
BIOCHEMISTRY & IMMUNOTURBIDIMETRY		
® **INTERLEUKIN-6 (IL-6) LEVELS, EDTA Plasma** [ECLIA]	**7.85 pg/mL**	< 7.0

SUMMARY AND EXPLANATION OF THE TEST:

Interleukin-6 (IL-6) is a cytokine (protein) produced by various cells in the body. It helps regulate immune responses, which makes it potentially useful as a marker of immune system activation. IL-6 can be elevated with inflammation, sepsis, infections, autoimmune disorders, cardiovascular diseases and some cancers. The test measures the amount of IL-6 in the blood. Elevated levels have been associated in some cases with an increased risk of disease development or worsening prognosis.

NOTE: Interleukin-6 (IL-6) is a nonspecific marker associated with an inflammatory response and is not **diagnostic** for any specific disease or disease process. Elevated concentrations of IL-6 must be interpreted within the clinical context of the patient.

Normal concentrations of IL-6 do not exclude the possibility of an ongoing inflammatory process.

Lower detection limit: 1.5 pg/mL

**** End of BIOCHEMISTRY & IMMUNOTURBIDIMETRY Report ****

® MARKED RESULT IS RECHECKED AND VERIFIED

DR. MUKTA SEHGAL
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Sample Collection Date	19-04-2021 15:14	**DDL Center**	Dr.Dangs Lab
Lab Ref. No.	210098126		
Name	MS. RENU KAKAR	**Age / Sex**	47 Years / FEMALE

Test (Methodology)	Result	Biological Reference Interval
BIOCHEMISTRY & IMMUNOTURBIDIMETRY		
C- Reactive Protein, Serum [Immunoturbidimetry]	0.50 mg/l	0-5.0

INTERPRETATION:

Biological Reference range: 0 - 5 mg/L

1. C- Reactive Protein (CRP) is the most sensitive acute phase reactant for inflammation.

2. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

3. Measurements of CRP in blood are used to detect infections, inflammatory diseases, malignant neoplasms, severe trauma and to differentiate between active and inactive forms of disease with concurrent infections.

4. CRP has a half-life of only a few hours, making it an ideal tool for clinical monitoring.

5. Increase in CRP values are non-specific for many disease processes and should not be interpreted without a complete clinical evaluation.

6. There are two different tests for CRP. The standard CRP test measures a much wider range of CRP levels. hs-CRP test is more sensitive and can accurately detect lower concentrations of CRP. The hs-CRP is an independent marker of Cardiovascular disease risk, and may be useful as a prognostic indicator for recurrent events in patients with acute coronary syndrome.

Note: Conversion factor: mg/L X 0.1 = mg/dL

GLUCOSE RANDOM,Plasma [Hexokinase]	79.00 mg/dL	60 - 140
AMYLASE,Serum [Enzymatic Assay]	49.00 U/L	28 - 100
L.D.H.,Serum [U.V.Assay]	201.00 IU/L	135 - 214
LIVER FUNCTION TEST		
BILIRUBIN (TOTAL),Serum [Diazo Method]	0.50 mg/dL	0.2 - 1.00
BILIRUBIN (DIRECT),Serum [Diazo Method]	0.26 mg/dL	0-0.30
BILIRUBIN (INDIRECT),Serum [Calculated]	0.24 mg/dL	0.1 - 0.8
S.G.O.T.Serum [Kinetic Method]	15.00 U/L	5 - 32
S.G.P.T. Serum [Kinetic Method]	19.00 U/L	5 - 33
ALKALINE PHOSPHATASE,Serum [Kinetic (PNP)]	95.00 U/L	35 - 104
G.G.T.P. Serum [Enzymatic Assay]	16.00 U/L	6 - 42
TOTAL PROTEIN,Serum [Biuret method]	7.40 g/dL	6 - 8.5
ALBUMIN,Serum [Colorimetric BCG]	4.70 g/dL	3.5 - 5
GLOBULIN,Serum [Calculated]	2.70 g/dL	
ALBUMIN/GLOBULIN,Serum [Calculated]	1.74	1.1 - 2.2

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Test (Methodology)	Result	Biological Reference Interval
KIDNEY FUNCTION TEST		
UREA,Serum [Kinetic Method]	14.30 mg/dL	10 - 50
BUN (BLOOD UREA NITROGEN),Serum	6.68 mg/dL	4.7 - 23.4
CREATININE ,Serum [Kinetic Jaffe's method]	0.63 mg/dL	0.5-1.3
URIC ACID,Serum [Enzymatic Assay]	3.00 mg/dL	2 - 7
PHOSPHORUS,Serum [Molybdate UV]	4.10 mg/dL	2.5-4.5
SODIUM,Serum [Ion selective electrode]	140.00 mmol/L	132 - 150
POTASSIUM,Serum [Ion selective electrode]	3.80 mmol/L	3.5 - 5
CHLORIDE,Serum [Ion selective electrode]	100.00 mmol/L	98 - 107
IONIZED CALCIUM, Serum [BAPTA Method]	1.23 mmol/L	1.1-1.25
TOTAL CALCIUM, Serum [BAPTA Method]	9.84 mg/dL	8.6-10

**** End of BIOCHEMISTRY & IMMUNOTURBIDIMETRY Report ****

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Name	MS. RENU KAKAR	**Age / Sex**	47 Years / FEMALE

Test (Methodology)	Result	Biological Reference Interval
IMMUNO ASSAYS		
THYROID PROFILE		
FREE TRIIODOTHYRONINE [FT3], Serum [ECLIA]	2.53 pg/mL	2.00-4.40
FREE THYROXINE [FT4], Serum [ECLIA]	1.29 ng/dL	0.93-1.70
T.S.H.[ULTRASENSITIVE], Serum [ECLIA]	3.56 µIU/mL	0.27-4.20

- Thyroid profile is done to evaluate thyroid gland function and help diagnose thyroid disorders causing hypothyroidism (decreased thyroid activity) and hyperthyroidism (increased thyroid activity).
- The most common causes of thyroid dysfunction are autoimmune diseases. Graves-disease causes hyperthyroidism and Hashimoto thyroiditis causes hypothyroidism. Both hyperthyroidism and hypothyroidism can also be caused by thyroiditis, thyroid cancer.
- Assays detecting unbound or free form of thyroid hormones are highly sensitive to detect thyroid dysfunction. They reflect the active form of the hormone, unaffected by non-thyroidal factors.
- The FT3 and FT4 levels fluctuate significantly during birth and can remain much higher than adult values during the first month after birth. Proper clinical interpretation and correlation of the reports in neonates is mandatory and preterm thyroid profiles should be interpreted with caution.

Biological reference Interval:

Age Group	FT3 in pg/mL	FT4 in ng/dL	TSH in uIU/ml
<12 months	2.9 - 6.8	1.1 - 2.0	1.36 - 8.8
1 - 6 Years	2.5 - 5.3	0.9 - 1.7	0.85 - 6.5
7 - 12 Years	2.5 - 5.6	1.1 - 1.7	0.28 - 4.3
13 - 17 Years	2.4 - 5.0	1.1 - 1.8	0.28 - 4.3
Adults	2.0 - 4.4	0.93 - 1.7	0.27 - 4.2
Cord Blood>37 Weeks	Not available	1.1 - 2.0	2.3 - 13.2

Pregnancy	FT3 in pg/mL	FT4 in ng/dL	TSH in uIU/mL (As per American Thyroid Association)
1st Trimester	2.5 - 3.9	0.9 - 1.5	0.100 - 2.500
2nd Trimester	2.1 - 3.6	0.8 - 1.3	0.200 - 3.000
3rd Trimester	2.0 - 3.3	0.7 - 1.2	0.300 - 3.000

NOTE: TSH LEVELS ARE SUBJECT TO CIRCADIAN VARIATION, REACHING PEAK LEVELS BETWEEN 2-4 A.M. AND AT A MINIMUM BETWEEN 6-10 P.M. THE VARIATION IS OF THE ORDER OF 50 TO 206%, HENCE TIME OF THE DAY HAS INFLUENCE ON THE MEASURED SERUM TSH CONCENTRATIONS. (REF: TIETZ TEXTBOOK OF CLINICAL CHEMISTRY AND MOLECULAR DIAGNOSTICS-5TH EDITION Page 123). FLUCTUATING TSH VALUES SHOULD BE CLINICALLY CORRELATED.

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Test (Methodology)	Result	Biological Reference Interval
FERRITIN LEVEL, Serum [ECLIA]	92.70 ng/mL	

- Ferritin test is used to assess body's current store of iron and to evaluate the severity of anemia or iron overload.
- Ferritin is also an acute phase reactant.
- The concentration of serum ferritin corresponds with that of tissue ferritin and correlates with body iron stores in the absence of inflammation.
- This assay is clinically useful in distinguishing between Iron deficiency anemia (low level) and anemia of chronic disease (normal or high level).
- It is elevated in inflammation and infections, in iron overload states and also in some malignancies.
- A low serum ferritin reflects depleted iron stores but not necessarily the severity of depletion, as it progresses.
- Serum ferritin is of limited usefulness in diagnosing iron deficiency during pregnancy, as concentration falls during late pregnancy, even when bone marrow iron is present.
- Reference ranges updated. Please correlate results clinically.

Biological reference Interval:

Adults:

Males:	20 - 250 ng/mL
Females:	10 - 120 ng/mL

Children:

Newborn:	25 - 200 ng/mL
1 Month:	200 - 600 ng/mL
2 - 5 Months:	50 - 200 ng/mL
6 Months - 15 yr:	07 - 140 ng/mL

	Test (Methodology)	Result	Biological Reference Interval
®	**VITAMIN B-12 LEVEL, Serum** [ECLIA]	**812.10 pg/mL**	197 - 771

- Vitamin B12 (cobalamin) is a water-soluble vitamin and is normally found in animal products including meats, eggs and milk & milk products. It cannot be produced in the body and must be supplied by the diet.
- It is necessary for hematopoiesis and normal neuronal function. As it is obtained mainly from animal proteins, in humans, it requires intrinsic factor (IF) for absorption.
- Vitamin B12 deficiency may be due to lack of IF secretion by the gastric mucosa (pernicious anaemia) or intestinal malabsorption. It is also seen in vegetarians with inadequate B12 intake.
- Its deficiency frequently causes macrocytic anaemia, glossitis, peripheral neuropathy, weakness, ataxia, poor coordination and affective behavioural changes.
- An increase in the levels of Vitamin B 12 is mostly due to excessive ingestion of multivitamin capsules with B12. Conditions

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Test (Methodology)	Result	Biological Reference Interval

such as liver diseases and myeloproliferative disorders occasionally exhibit increased levels.

- Serum homocysteine levels are also elevated in B12 deficiency.

SERUM VITAMIN D-3 (25-OH)

VITAMIN D-3 LEVEL,Serum [ECLIA]	36.80 ng/mL	25-100

Interpretation:

Less than 12 ng/ml: Definitely deficient
12-25 ng/ml: Insufficient
25 - 100 ng/ml: Adequate
More than 100 ng/ml: Toxic

THE TEST IS BEING PERFORMED ON FDA APPROVED FULLY AUTOMATED REFERENCE IVD PLATFORM .
The two most important forms of Vitamin D are Vitamin D3 and Vitamin D2. In contrast to Vitamin D3, Vitamin D2 has to be taken up with food.In the human body Vitamin D3 and D2 are bound to Vitamin D- binding protein in plasma and transported to liver where both are hydroxylated in position 25 forming 25-OH Vitamin D. 25-OH Vitamin D is the metabolite that should be measured in blood to determine the overall Vitamin D status because it is the major storage form of Vitamin D in the human body.More than 95% of 25-OH Vitamin D, measurable in serum, is 25-OH Vitamin D3 whereas 25-OH Vitamin D2 reaches measurable levels only in patients taking Vitamin D2 supplements. Vitamin D is a common cause of secondary hyperparathyroidism. Elevations of PTH levels, especially in elderly Vitamin D deficient adults can result in osteomalacia, increased bone turnover, reduced bone mass and risk of bone fractures.

Reference - Position paper of the International Osteoporosis Foundation.

**** End of IMMUNO ASSAYS Report ****

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CONDITIONS OF REPORTING

- In case of alarming or unexpected test results you are advised to contact the laboratory immediately for further discussions and action. Laboratory results are meant to be correlated with the patient's clinical history.
- The report will carry the name and age provided at the time of registration.
- Reporting of tests will be as per defined laboratory turn around time for each test. The same will be informed to the patient during first point of contact i.e. registration or phlebotomy as the case may be.
- Test results & reference ranges vary depending on the technology and methodology used.
- Rarely a second sample may be requested for an indeterminate result or any other pre-analytical / analytical reason.
- Reports can be received either as a hard copy or an email on your personal ID. Reports can also be delivered via courier. Payments can be made online on our website. Only reports with no pending payments are mailed, uploaded or dispatched.
- Reports can also be accessed via Dr. Dangs lab website or through the Dr. Dangs mobile application on IOS and android using the unique ID and password provided to you during registration or received by you via SMS.
- Home collection sample facility is provided with prior appointment. Request for same to be given on 999-999-2020, booked online on **www.drdangslab.com** or through the Dr. Dangs mobile application on IOS and android.
- A digital invoice for tests performed is available on our website and can be accessed by using the unique I.D. and password provided.
- To maintain confidentiality, certain reports may not be mailed at the discretion of the management.
- In case of any queries pertaining to your test results or to provide feedback/suggestions please call us on 01145004200 or mail us at **info@drdangslab.com.**
- 48 hour notice is required for the issuing of slides and blocks.
- Test results are not valid for medico legal purposes.
- The courts (forums) at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the tests and/or results of the tests.
- * For any change in timings, please visit our website.

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