PATIENT'S NAME	:	MS. JAIN KAREENA	**CLIENT**	:	P.H.AUNDH
AGE / GENDER	:	19 Years / Female	**REGISTRATION DATE**	:	13/04/2021 02:37pm
REFERRED BY DR	:	KERING RAMESH	**SAMPLE COLL. DATE**	:	13/04/2021 02:38pm
PATIENT ID	:	701003257	**ACCESSION DATE**	:	13/04/2021 06:12pm
SAMPLE COLLECTED BY	:	P.H.AUNDH	**AUTHENTICATION DATE**	:	13/04/2021 07:09pm

COMPLETE BLOOD COUNT

Test	Observed Value	Unit	Biological Reference Interval
HAEMOGLOBIN	L **10.5**	g/dL	12.0 - 15.0
R.B.C COUNT	4.14	10^6 / uL	3.8 - 4.8
PCV	L **31.9**	%	36 - 46
MCV	L **77.05**	fL	83 - 101
MCH	L **25.36**	pg	27 - 32
MCHC	32.92	g/dl	31.5 - 34.5
RDW	H **15.6**	%	11.0 - 14.5
PLATELET COUNT	276	x 10^3 /µL	150 - 410
MEAN PLATELET VOLUME(MPV)	9.0	fL	7.8 - 11.0
W.B.C COUNT	7300	per cu-mm	4000 - 10000
DIFFERENTIAL COUNT			
NEUTROPHILS	60.4	%	40.0 - 75.0
LYMPHOCYTES	30.4	%	20 - 45
EOSINOPHILS	2.3	%	1.0 - 6.0
MONOCYTES	5.9	%	0.0 - 10.0
BASOPHILS	1.0	%	0.0 - 1.0
RBC MORPHOLOGY	Mild Hypochromia		
W.B.C MORPHOLOGY	Normal		
PLATELET MORPHOLOGY	Platelet adequate		

Specimen : Whole Blood (EDTA)
Method : Coulter Principle/Derived from WBC Histogram/Cyanmethhaemoglobin photometry/Calculated.
Instrument : Beckmen Coulter LH750/DXH800/Microscopy.

End of Report

NABL
Certificate No : MC - 2630

Reviewed By :MANDALIK

DR.PRIYA PATHAK
M.D. Consultant Pathologist

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AGE / GENDER	: 19 Years / Female		**REGISTRATION DATE**	: 13/04/2021 02:37pm	
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SAMPLE COLLECTED BY	: P.H.AUNDH		**AUTHENTICATION DATE**	: 13/04/2021 07:43pm	

BIOCHEMICAL TEST

Test	Observed Value	Unit	Biological Reference Interval
URIC ACID	3.4	mg/dL	2.4 - 5.7

Serum by Enzymatic colorimetric test (Uricase)
Instrument : Cobas 6000 / Cobas C 311

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

Reviewed By :AVINASH INGOLE

NABL
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DR.PRIYA PATHAK
M.D. Consultant Pathologist

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SAMPLE COLLECTED BY	:	P.H.AUNDH	**AUTHENTICATION DATE**	:	13/04/2021 07:58pm

TSH

Test	Observed Value	Unit	Biological Reference Interval
THYROID STIMULATING HORMONE (TSH)	0.761	µIU/mL	0.7 - 6.4

Specimen : Serum By CMIA
Instrument: ARCHITECT i2000 SRPLUS

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

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SAMPLE COLLECTED BY	: P.H.AUNDH		**AUTHENTICATION DATE**	: 13/04/2021 07:58pm	

VITAMIN B12

Test	Observed Value	Unit	Biological Reference Interval
VITAMIN B12	**H 1182**	pg/mL	Normal : 180 - 914 Indeterminate : 145 - 180 Deficient : < 145

Specimen: Serum By ECLIA
Instrument: Cobas 6000

INTERPRETATION
1. Increased level are seen in Chronic granylocytic leukemia, COPD, Chronic renal 1eukocytosis, Liver cell damage, Obesity, Polycythemia vera, Severe CHF and some carcinomas.
2. Decreased level are seen in Abnormalities of cobalamin transport or metabolism, Bacterial overgrowth, Dietary deficiency, Gastric or small intestine surgery, Inflammatory bowel disease, Intestinal malabsorption, Intrinisic factor deficiency and Late pregnancy.
3. Pregnany, smoking, hemodialysis, multiple myeloma, can decrease B 12 levels.
4. Patients taking vitamin B12 supplementation may have misleading results.
5. A normal serum B12 level does not rule out tissue deficiency of vitamin B12.

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

Reviewed By :AVINASH INGOLE

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SAMPLE COLLECTED BY	:	P.H.AUNDH	**AUTHENTICATION DATE**	:	13/04/2021 07:45pm

HBA1C

Test	Observed Value	Unit	Biological Reference Interval
HbA1C	5.8	%	Normal : 4.0 - 5.6 Pre Diabetes : 5.7 - 6.4 Diabetic : > 6.5
MEAN GLUCOSE LEVEL	119.76	mg/dL	

Specimen : Whole Blood EDTA
Method : HPLC

INTERPRETATION :
ADA Recommendation for Diabetic control
4 - 6 : Non-diabetic
6 - 7 : Excellent Control
7 - 8 : Fair To Good Control
8 - 10 : Unsatisfactory Control
Above 10 : Poor Control

1. HbA1c is used for monitoring diabetic control and reflects mean plasma glucose over three months.
2. HbA1c is falsely low in diabetic with hemolytic disease. In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. HbA1c value is used to estimate the mean plasma Glucose(MPG) level over the last 90 days.

End of Report

Reviewed By :YOGESH JIROLE

NABL
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DR.PRIYA PATHAK
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VITAMIN D TOTAL (25 HYDROXY)

Test	Observed Value	Unit	Biological Reference Interval
VITAMIN D TOTAL (25-HYDROXY VIT.D)	32.4	ng/mL	Deficiency : < 10 Insufficiency :10 - 30 Sufficiency : 30 - 100 Toxicity : > 100
METHOD	CMIA		

INTERPRETATION:

1. Decreased in Malabsorption, Steatorrhea, Dietary osteomalacia, anticonvulsant osteomalacia, Billary & portal cirrhosis, Thyrotoxicosis, Pancreatic insufficiency, Celiac disease, Inflammatory bowel disease, Rickets, Alzheimer disease.
2. Increased in Vitamin D intoxication, Excessive exposure to sunlight.

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

NABL
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Priya Pathak

DR.PRIYA PATHAK
M.D. Consultant Pathologist

Reviewed By :AVINASH INGOLE