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S02 - AKSHAY KUMAR-FPSC GURGAON
SECTOR-57-GURGAON

NABL ACCREDITED
MC-2133

Name	: **Mrs. SONYA SAHNI**			**Collected**	: **27/5/2021 8:10:00AM**
Lab No.	: **303737584**	**Age: 49 Years**	**Gender: Female**	**Received**	: **27/5/2021 8:34:04AM**
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SwasthFit Super 2

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT;CBC (DC Detection, Flow Cytometry & SLS)			
Hemoglobin	12.40	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	36.60	%	36.00 - 46.00
RBC Count	3.83	mill/mm3	3.80 - 4.80
MCV	95.60	fL	83.00 - 101.00
MCH	**32.40**	pg	27.00 - 32.00
MCHC	33.90	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	13.30	%	11.60 - 14.00
Total Leukocyte Count (TLC)	6.99	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	54.90	%	40.00 - 80.00
Lymphocytes	34.90	%	20.00 - 40.00
Monocytes	6.20	%	2.00 - 10.00
Eosinophils	3.30	%	1.00 - 6.00
Basophils	0.70	%	<2.00
Absolute Leucocyte Count			
Neutrophils	3.84	thou/mm3	2.00 - 7.00
Lymphocytes	2.44	thou/mm3	1.00 - 3.00
Monocytes	0.43	thou/mm3	0.20 - 1.00
Eosinophils	0.23	thou/mm3	0.02 - 0.50
Basophils	0.05	thou/mm3	0.02 - 0.10

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Test Name	Results	Units	Bio. Ref. Interval
Platelet Count	227.0	thou/mm3	150.00 - 410.00
Mean Platelet Volume	10.3	fL	6.5 - 12.0

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 blood

2. Test conducted on EDTA whole blood

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Test Name	Results	Units	Bio. Ref. Interval
LIVER & KIDNEY PANEL, SERUM (Spectrophotometry, Indirect ISE)			
Bilirubin Total	0.39	mg/dL	0.30 - 1.20
Bilirubin Direct	0.07	mg/dL	<0.30
Bilirubin Indirect	0.32	mg/dL	<1.10
AST (SGOT)	22	U/L	<35
ALT (SGPT)	13	U/L	<35
GGTP	18	U/L	<38
Alkaline Phosphatase (ALP)	56	U/L	30 - 120
Total Protein	6.82	g/dL	6.40 - 8.30
Albumin	4.06	g/dL	3.50 - 5.20
A : G Ratio	1.47		0.90 - 2.00
Urea	26.40	mg/dL	17.00 - 43.00
Creatinine	0.66	mg/dL	0.51 - 0.95

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Test Name	Results	Units	Bio. Ref. Interval
Uric Acid	4.50	mg/dL	2.60 - 6.00
Calcium, Total	9.01	mg/dL	8.80 - 10.60
Phosphorus	4.28	mg/dL	2.40 - 4.40
Sodium	138.70	mEq/L	136.00 - 146.00
Potassium	4.98	mEq/L	3.50 - 5.10
Chloride	106.10	mEq/L	101.00 - 109.00

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Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC)			
HbA1c	5.2	%	4.00 - 5.60
Estimated average glucose (eAG)	103	mg/dL	

Interpretation

HbA1c result is suggestive of non diabetic adults (>=18 years)/ 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 Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F), PLASMA (Hexokinase)	84.40	mg/dL	70.00 - 100.00

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Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE,TOTAL, SERUM (Chemiluminescent Immunoassay)			
T3, Total	0.74	ng/mL	0.60 - 1.81
T4, Total	5.40	µg/dL	5.01 - 12.45
TSH	2.34	µIU/mL	0.35 - 5.50

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 Name	Results	Units	Bio. Ref. Interval
LIPID SCREEN, SERUM (Spectrophotometry)			
Cholesterol, Total	185.00	mg/dL	<200.00
Triglycerides	59.60	mg/dL	<150.00
HDL Cholesterol	62.30	mg/dL	>50.00
LDL Cholesterol, Calculated	**110.78**	mg/dL	<100.00
VLDL Cholesterol,Calculated	11.92	mg/dL	<30.00
Non-HDL Cholesterol	123	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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Test Name	Results	Units	Bio. Ref. Interval

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

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Test Name	Results	Units	Bio. Ref. Interval
HOMA IR; Insulin Resistance Index @ (Hexokinase, CMIA)			
Glucose Plasma, Fasting	82.00	mg/dL	70.00 - 100.00
Insulin, Serum , Fasting	7.90	uU/mL	2.00 - 25.00
Beta Cell Function (%B)	116.90	%	
Insulin Sensitivity (%S)	100.00	%	
HOMA IR Index	1.00		<2.50

Note

1. As insulin secretion is pulsatile, it is recommended to take mean of three samples at 5 minute intervals to compute HOMA accurately.
2. This assay cannot be used to assess beta cell function in those taking exogenous insulin. In such patients HOMA-IR, C-peptide Model is recommended.
3. The HOMA IR calculator version 2.2 accepts values only in following validated ranges, Insulin (2.9-57.6uU/mL) and Glucose (54.1-450.5 mg/dL).

Comment

Homeostatic model assessment (HOMA) is a method for assessing beta cell function (%B)and insulin sensitivity (%S) from fasting glucose and insulin concentrations. HOMA can be used to track changes in insulin sensitivity and beta cell function to examine natural history of diabetes. Insulin sensitivity is reduced in normal subjects having first degree relative with type 2 diabetes compared with control subjects. Changes in beta cell sensitivity in subjects on insulin secretogogues may be useful in determining beta cell function over a period.

Usage

- To assess risk of developing diabetes
- To assess response to treatment

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Test Name	Results	Units	Bio. Ref. Interval
ERYTHROCYTE SEDIMENTATION RATE (ESR) (Capillary photometry)	16	mm/hr	0.00 - 20.00

Note

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

CARDIO C-REACTIVE PROTEIN (hsCRP), SERUM * (Immunoturbidimetry)	**1.87**	mg/L	<1.00

Interpretation

CARDIO CRP IN mg/L	CARDIOVASCULAR RISK
<1	Low
1-3	Average
3-10	High
>10	Persistent elevation may represent Non cardiovascular inflammation

Note: To assess vascular risk, it is recommended to test hsCRP levels 2 or more weeks apart and calculate the average

Comments

High sensitivity C Reactive Protein (hsCRP) significantly improves cardiovascular risk assessment as it is a strongest predictor of future coronary events. It reveals the risk of future Myocardial infarction and Stroke among healthy men and women, independent of traditional risk factors. It identifies patients at risk of first Myocardial infarction even with low to moderate lipid levels. The risk of recurrent cardiovascular events also correlates well with hsCRP levels. It is a powerful independent risk determinant in the prediction of incident Diabetes.

* Not in NABL scope

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Dr Poonam Yadav
DNB, Pathology
Chief of Laboratory
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Dr Rachna Malik
MD, Pathology
Consultant Pathologist
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 .*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.*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. *Contact customer care Tel No. +91-11-39885050 for all queries related to test results.
(#) Sample drawn from outside source.

* Not in NABL scope