

Registration On : 07/06/2018

**Name Of Patient : Mr. Junior Anand Gupta**

Age / Gender : 44 Yrs Male

Referred By :

Test Request ID : 511816885

Order ID : 585261

Sample Collected On : 07/06/2018 07:00:00

Sample Recived on : 07/06/2018 10:55:08

Report Printed On : 07/06/2018 17:35:01

Sample Type : Serum



Test Name	Value	Unit	Biological Ref Interval
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### IMMUNOASSAY

Vit D Total (25-Hydroxy)  
chemiluminescence immunoassay

34.06

ng/ml

Deficiency : Below 20 ng/ml  
Insufficiency : 20 - 30 ng/ml  
Sufficiency : 30 - 100 ng/ml  
Toxicity : Above 100 ng/ml.

#### Remarks :

1. Cholecalciferol (VitaminD3) is synthesized in skin in response to sunlight, some part also comes from Diet and supplements.Ergocalciferol (Vitamin D2) comes essentially from diet and supplements.
2. Both Cholecalciferol and Ergocalciferol are converted in liver to 25 OH Vitamin D.
3. 25 OH Vitamin D is considered the best indicator of Vitamin D nutritional status.

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-  
-

**( Tests are Performed By Fully Automated Roche Cobas 6000 Analyzer. )**

**Dr.Poonam Singh**  
DNB-Pathology

**Dr.Sumera Amin**  
MBBS,DCP

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Clinically Tested By: **Ufirst Diagnostics: 323, Sector-12A, Near Mianwali Colony, Gurgaon - 122001**



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Sample Type : WB-EDTA, WB-EDTA (HBA1C)



Test Name	Value	Unit	Biological Ref Interval
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### BIOCHEMISTRY

<b>HbA1c</b>	5.6	%	
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#### Reference Range:

Normal	below - 6%
Good Control	6 - 7%
Fair Control	7 - 8%
Unsatisfactory	8 - 10%
Poor control	> 10%

#### REMARKS :

1. HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months.
2. HbA1c may be falsely low or undetectable in diabetes with hemolytic disease or in presence of hemoglobin variant or abnormal hemoglobin in homozygous form. In such cases, a plasma fructosamine level may be used which evaluates the diabetic status of previous 2 to 3 weeks.
3. HbA1C may be increased in patients with polycythemia or post-splenectomy.
4. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
5. Any sample with >15% HbA1C should be suspected of having a hemoglobin variant, especially in a non-diabetic patients
6. HbA1c target in pregnancy is to attain level <6 % .
7. HbA1c target in pediatric age group is to attain level < 7.5 % .

- Test are performed by fully Automated Tosho-G8.

<b>Average blood Glucose (ABG)</b>	114
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Calculated from HBA1C value Indicate average blood sugar level over past 3 months.

#### Reference Range:

Excellent Control	90 - 120 mg/dl
Good Control	121 - 150 mg/dl
Average Control	151 - 180 mg/dl
Critical Sugar	181 - 210 mg/dl
Panic Value	>211 mg/dl

### HAEMATOLOGY

Blood Group ABO & Rh Typing (manual)  
 , Blood  
 Forward Grouping

"B" POSITIVE

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Sample Type : URINE



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### CLINICAL PATHOLOGY

#### URINE ROUTINE EXAMINATION

##### PHYSICAL EXAMINATION

Colour	Pale Yellow		Pale Yellow
Volume	25	mL	
Specific Gravity	1.030		1.001 - 1.035
Appearance	Clear		Clear
Ph	5.0		4.5 - 7.0

##### CHEMICAL EXAMINATION

Protein	Nil		Nil
Glucose	Nil		Nil
Ketone	Nil		Nil
Urobilinogen	Normal		Normal
Bilirubin	Negative		Negative
Nitrate	Negative		Negative
Blood	NIL		NIL

##### MICROSCOPY EXAMINATION

Pus Cells	2-4	/HPF	0 - 5
Epithelial Cells	1-2	/HPF	0 - 2
RBC's	Nil	/HPF	Nil
Casts	Nil		Nil
Crystals	Nil		Absent
Bacteria	Absent		Absent
Other	Nil		Nil

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### IMMUNOASSAY

Vitamin B12 chemiluminescence immunoassay{ CLIA }	336.0	pg/ml	211.0 - 911.0
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#### REMARKS :

- 1.Vit B12 levels are decreased in megaloblastic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia, and treated epilepsy.
- 2.An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.
3. HoloTranscobalamin II levels are a more accurate marker of active VitB12 component.



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Sample Type : WB-EDTA



Test Name	Value	Unit	Biological Ref Interval
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## HAEMATOLOGY

Basic Screening package

### Complete Hemogram / CBC

Haemoglobin (Hb) Modified Drabkins Method(cynmeth Hb)	15.3	g/dl	13.0 - 17.0
Total Leucocyte Count (TLC) Electrical Resistance Impedence	6220	cells/ $\mu$ L	4000 - 10000
Hematocrit (PCV) Calculated	43.4	%	40.0 - 54.0
Red Blood Cell count (RBC) Electrical Resistance Impedence	5.34	millions/cumm	4.50 - 6.50
Mean Corp Volume (MCV) Calculated	<b>81.0</b>	fl	83.0 - 101.0
Mean Corp Hb (MCH) Calculated	28.7	pg	27.0 - 33.0
Mean Corp Hb Conc (MCHC) Calculated	<b>35.4</b>	gm%	30.0 - 35.0
RDW- CV Calculated	<b>18.3</b>	%	11.6 - 14.0
Mentzer index Calculated	<b>15.2</b>	Ratio	< 13 Thalassemia > 13 Iron Deficiency Anaemia
<b>Differential Leucocyte Count</b>			
Neutrophil Impedence & Light- Scattering	47	%	40 - 80
Lymphocyte Impedence & Light- Scattering	40	%	20 - 40
Monocyte Impedence & Light- Scattering	09	%	02 - 10
Eosinophil Impedence & Light- Scattering	03	%	01 - 06
Basophil Impedence & Light- Scattering	01	%	00 - 02
<b>Absolute Leucocyte Count</b>			
Absolute Neutrophil Count Calculated	2.81	$10^3/\mu$ l	2.0 - 7.0
Absolute Lymphocyte Count Calculated	2.67	$10^3/\mu$ l	1.4 - 3.5



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Test Name	Value	Unit	Biological Ref Interval
Absolute Monocyte Count Calculated	0.54	10 <sup>3</sup> /μl	0.2 - 1.0
Absolute Eosinophil Count, Blood Calculated	0.16	10 <sup>3</sup> /μl	0.02 - 0.50
Absolute Basophil Count Calculated	0.04	10 <sup>3</sup> /μl	0.00 - 100.00
Platelet Count(PLT) Automated Electrical Resistance/ Light Microscopy	213	10 <sup>3</sup> /μl	150 - 410
PDW Calculated	13.3	%	9.6 - 15.2
MPV Calculated	7.8	fl	6.0 - 9.0
PCT Calculated	<b>0.17</b>	%	0.19 - 0.39

Test are performed by Fully Automated ABX- Pentra XL80 Hematology Analyzer.

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Sample Type : WB-EDTA

Test Name	Value	Unit	Biological Ref Interval
ESR ( Westergren) Modified Westergren Method	04	mm/Ist hr.	00 - 15

**( Tests are Performed By Vesmatic -30 Analyzer.)**

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Sample Type : Plasma -F

Test Name	Value	Unit	Biological Ref Interval
Fasting Blood Sugar Hexokinase	89.8	mg/dl	

American Diabetes Association Reference Range :

Normal	< 100 mg/dl
Impaired fasting glucose(Prediabetes)	100 - 126 mg/dl
Diabetes	>= 126 mg/dl

**( Tests are Performed By XL-640 Analyzer.)**

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Sample Type : Serum




Test Name	Value	Unit	Biological Ref Interval
<b>KIDNEY FUNCTION TEST (KFT)</b>			
Blood Urea	22.6	mg/dl	19.0 - 44.0
Serum Creatinine Modified Jaffe's	0.85	mg/dl	0.70 - 1.30
Serum Uric Acid Uricase-POD	5.0	mg/dl	3.5 - 7.2
Serum Calcium Arsenazo	9.0	mg/dl	8.6 - 10.2
Serum Phosphorus UV Molybdate	4.0	mg/dl	2.5 - 4.5
Blood Urea Nitrogen (BUN)	10.6	mg/dl	7.0 - 18.0
Serum Sodium Method: Ion Selective Electrodes	<b>133</b>	mmol/L	136 - 145
Serum Potassium Method: Ion Selective Electrodes	3.9	mmol/L	3.5 - 5.1
Serum Chloride Method: Ion Selective Electrodes	103	mmol/L	98 - 107
Urea/Creatinine Ratio	26.6	Ratio	
Bun/Creatinine Ratio	12.5	Ratio	12:1 - 20:1

**( Tests are Performed By Fully Automated Advia-1800 Analyzer.)**

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Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE / LFT</b>			
Serum Bilirubin (Total) Diazo	0.61	mg/dl	0.00 - 1.20
Serum Bilirubin (Direct) Diazo	0.30	mg/dl	0.00 - 0.30
Serum Bilirubin (Indirect)	0.31	mg/dl	0.10 - 1.00
Aspartate Aminotransferase( SGOT ) IFCC, Without Pyridoxal Phosphate	33	U/l	0 - 35
Alanine Transaminase( SGPT ) IFCC, Without Pyridoxal Phosphate	35	U/l	0 - 45
Alkaline Phosphatase, Serum AMP	61	U/l	53 - 128
Gamma glutamyl transferase(GGT) Glupa C	29	U/l	0 - 55
SerumTotal Protein	6.7	gm/dl	6.4 - 8.3
Albumin, Serum BCG	4.2	gm/dl	3.5 - 5.2
Serum Globulin	2.5	gm/dl	1.8 - 3.5
Albumin/Globulin Ratio	1.7	Ratio	> 1.5
SGOT/SGPT ratio	0.9	Ratio	

**( Tests are Performed By Fully Automated Advia - 1800 Analyzer. )**

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Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
Total Cholesterol CHOD-PAP	<b>249.0</b>	mg/dl	< 200 Desirable 200 - 239 Borderline High ≥ 240 High
Serum Triglycerides GPO	138.0	mg/dl	Normal : < 150 Borderline High: 150 - 199 High : 200 - 499 Very High : ≥ 500
Serum HDL Cholesterol HDL-Direct	<b>61.0</b>	mg/dl	35.0 - 55.0
Serum LDL Cholesterol Calculated	<b>160</b>	mg/dl	50.0 - 135.0
Serum VLDL Cholesterol	28	mg/dl	Optimal : < 100 Above optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : ≥ 190
Total CHO/HDL Cholesterol Ratio	4.08	Ratio	10.0 - 30.0 3.30 - 4.40 Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0
LDL/HDL Cholesterol Ratio	2.62	Ratio	Desirable/Low Risk : 0.5 - 3.0 Border Line/Moderate Risk : 3.0 - 6.0 Elevated/High Risk : > 6.0
HDL/LDL Cholestrol Ratio	0.38	Ratio	Desirable/Low Risk : 0.5 - 3.0 Border Line/Moderate Risk : 3.0 - 6.0 Elevated/High Risk : > 6.0
Non HDL Cholesterol	188		

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### IMMUNOASSAY

#### TOTAL THYROID PROFILE

Serum Total T3 chemiluminescence immunoassay{ CLIA }	0.95	ng/ml	0.60 - 1.81
Serum Total T4 chemiluminescence immunoassay{ CLIA }	6.40	µg/dl	4.50 - 10.90
Serum TSH chemiluminescence immunoassay{ CLIA }	2.84	uIU/ml	0.35 - 5.50

pregnancy Reference Range :  
 Trimester T1 : 0.10 - 2.50  
 Trimester T2 : 0.20 - 3.0  
 Trimester T3 : 0.30 - 3.0  
 Hyperthyroid : < 0.35 MIU/ml  
 Hypothyroid : > 5.50 MIU/ml

Test are Performed By Fully Automated Siemens Advia- Centaur XP Analyzer.

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

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