



Dr. Saraswat's Pathology

7/199, Anand Bazar, (Opp. Hallet Hospital), Swaroop Nagar, Kanpur • Ph. : 9839031141, 0512-2550219, 3249669

113/2B, Friends Colony, Swaroop Nagar, Kanpur (Main Branch)

Consultant Pathologist :

Dr. PRAVEEN SARASWAT

M.B.B.S., M.D., (Pathology)

E-mail : info@saraswatpathology.com

Web Site : www.saraswatpathology.com

Booking No. : COL190820016

Booking Date : 20/08/2019

Patient : MS. SHALINI LOHIA

Sample Date : 20/08/2019

Sex/Age : Female / 49 yrs

Report Date : 20/08/2019

Referred by : DR. .

Center : HOME COLLECTION

Corporate : GENERAL

<u>Test</u>	<u>Observed Value</u>	<u>Units</u>	<u>Ref. Range</u>
<u>HAEMATOLOGY</u>			
<u>C.B.C (COMPLETE BLOOD COUNT)*</u>			
<u>HAEMOGLOBIN *</u>	13.3	Gm.%	12 - 15
Automated (whole blood)			
<u>T.L.C. *</u>	8,200	/cub.mm.	4000 - 10000
Automated (whole blood)			
<u>NEUTROPHILS</u>	60	%	40 - 80
<u>LYMPHOCYTES</u>	31	%	20 - 40
<u>EOSINOPHILS</u>	07	%	1 - 6
<u>MONOCYTES</u>	02	%	2 - 10
<u>ABNORMAL IMMATURE CELLS</u>	00	%	
<u>PLATELET COUNT</u>	3.05 Lacs	/cub.mm.	150000 - 450000
Rechecked by manual method (whole blood)			
<u>GBP (GENERAL BLOOD PICTURE)</u>			
RBC are normocytic-normochromic. WBC picture is as mentioned above.			
Platelets are adequate. No immature cells seen.			

<u>E.S.R. (WESTERGREN'S METHOD) *</u>	36	mm.	10 - 20
----------------------------------------------	----	-----	---------

BIOCHEMISTRY

<u>FASTING PLASMA GLUCOSE *</u>	116	mg/dl	Normal : < 110 Impaired Glucose Tolrence: 110-125
----------------------------------------	-----	-------	---------------------------------------------------------

GOD POD, Plasma

RFT/KFT

<u>CREATININE*</u>	0.89	mg/dl	0.8 - 1.1
---------------------------	------	-------	-----------

ALKALINE PICRATE, Serum

<u>BLOOD UREA*</u>	41	mg/dl	10-45
---------------------------	----	-------	-------

UV KINETIC (GLDH), Serum

Page 1 of 9

Shivali

Dr. Shivali Budhiraja
M.D. (Path)

ADMIN

P. V. S.

Dr. Praveen Saraswat
M.D.(Path)



* NABL Accredited M - 0169



Dr. Saraswat's Pathology

7/199, Anand Bazar, (Opp. Hallet Hospital), Swaroop Nagar, Kanpur • Ph. : 9839031141, 0512-2550219, 3249669

113/2B, Friends Colony, Swaroop Nagar, Kanpur (Main Branch)

Consultant Pathologist :

Dr. PRAVEEN SARASWAT

M.B.B.S., M.D., (Pathology)

E-mail : info@saraswatpathology.com

Web Site : www.saraswatpathology.com

Booking No. : COL190820016

Booking Date : 20/08/2019

Patient : MS. SHALINI LOHIA

Sample Date : 20/08/2019

Sex/Age : Female / 49 yrs

Report Date : 20/08/2019

Referred by : DR. .

Center : HOME COLLECTION

Corporate : GENERAL

<u>Test</u>	<u>Observed Value</u>	<u>Units</u>	<u>Ref. Range</u>
<u>BLOOD UREA NITROGEN(BUN)*</u>	19	mg/dl	5-20
UV KINETIC (GLDH), Serum			
<u>URIC ACID*</u>	3.2	mg/dl	3.4 - 7.0
PEROXIDASE, Serum			
<u>LFT (LIVER FUNCTION TEST)</u>			
<u>BILIRUBIN TOTAL*</u>	0.8	mg/dl	0.1 - 1
DCA, (E.P.), Serum			
<u>DIRECT*</u>	0.2	mg/dl	0 - 0.25
DCA, (E.P.) Serum			
<u>BILIRUBIN INDIRECT*</u>	0.6	mg/dl	
Calculated			
<u>S.G.P.T (ALT)*</u>	15	IU/L	Upto 40
IFCC (KINETIC), Serum			
<u>S.G.O.T (AST)*</u>	12	IU/L	Upto 40
IFCC (KINETIC), Serum			
<u>ALKALINE PHOSPHATASE*</u>	84	IU/L	0 - 258
AMP BUFFER, Serum			
<u>TOTAL PROTEINS*</u>	6.2	Gm/dl	6.6 - 8.2
BIURET REACTION, END POINT, Serum			
<u>ALBUMIN*</u>	4.1	Gm/dl	3.5 - 5.0
BCG DYE, Serum			
<u>GLOBULIN</u>	2.1	Gm/dl	2.3 - 3.5
<u>A/G RATIO</u>	1.95:1		1.4 : 1 - 1.6 : 1

LIPID PROFILE

<u>CHOLESTEROL*</u>	181	mg/dl	Desired Level : < 200 (Low Risk) Borderline Level : 200 - 239 (Moderate Risk) Elevated Level : > 240
----------------------------	-----	-------	----------------------------------------------------------------------------------------------------------------------

Method : CHOD-PAP, (Serum)

Page 2 of 9

Shivali

Dr. Shivali Budhiraja
M.D. (Path)

ADMIN

P. V. S.

Dr. Praveen Saraswat
M.D.(Path)



* NABL Accredited M - 0169



Dr. Saraswat's Pathology

7/199, Anand Bazar, (Opp. Hallet Hospital), Swaroop Nagar, Kanpur • Ph. : 9839031141, 0512-2550219, 3249669

113/2B, Friends Colony, Swaroop Nagar, Kanpur (Main Branch)

Consultant Pathologist :

Dr. PRAVEEN SARASWAT

M.B.B.S., M.D., (Pathology)

E-mail : info@saraswatpathology.com

Web Site : www.saraswatpathology.com

Booking No. : COL190820016

Booking Date : 20/08/2019

Patient : MS. SHALINI LOHIA

Sample Date : 20/08/2019

Sex/Age : Female / 49 yrs

Report Date : 20/08/2019

Referred by : DR. .

Center : HOME COLLECTION

Corporate : GENERAL

<u>Test</u>	<u>Observed Value</u>	<u>Units</u>	<u>Ref. Range</u>
<u>TRIGLYCERIDES*</u>	202	mg/dl	Normal : <150 Borderline Level : 150-199 High : 200-499 Very High : 500
GPO, Trinder Method.			
<u>LDL CHOLESTEROL(DIRECT ENZYMATIC DETERMINATION)*</u>	107	mg/dl	Desired Level : < 130 (Low Risk) Borderline Level : 130 - 159 (Moderate Risk) Elevated Level : > 160 (High Risk)
Direct Enzymatic.			
<u>HDL CHOLESTEROL(DIRECT ENZYMATIC DETERMINATION)*</u>	45	mg/dl	Desired Level : > 60 (Low Risk) Borderline Level : 35 - 60 (Moderate Risk) Low Level : < 35 (High Risk)
Direct Enzymatic.			
<u>V.L.D.L.</u>	29	mg/dl	9 - 33
Calculated.			
<u>TOTAL CHOLESTEROL/HDL RATIO</u>	4.0		Recommended ratio : 2.6 - 3.5 Low risk : 3.3 - 4.4 Average risk : 4.4 - 7.1 Moderate risk : 7.1 - 11.0 High risk : > 11.0
<u>LDL /HDL RATIO</u>	2.4		Below Average Risk : Below 2.3 Average Risk : 2.3 - 4.9 Moderate Risk : 4.9 - 7.1 High Risk : 7.2 & Above.

Page 3 of 9

Shivali

Dr. Shivali Budhiraja
M.D. (Path)

ADMIN

P. Sarwat

Dr. Praveen Saraswat
M.D.(Path)



* NABL Accredited M - 0169



Dr. Saraswat's Pathology

7/199, Anand Bazar, (Opp. Hallet Hospital), Swaroop Nagar, Kanpur • Ph. : 9839031141, 0512-2550219, 3249669

113/2B, Friends Colony, Swaroop Nagar, Kanpur (Main Branch)

Consultant Pathologist :

Dr. PRAVEEN SARASWAT

M.B.B.S., M.D., (Pathology)

E-mail : info@saraswatpathology.com

Web Site : www.saraswatpathology.com

Booking No. : COL190820016

Booking Date : 20/08/2019

Patient : MS. SHALINI LOHIA

Sample Date : 20/08/2019

Sex/Age : Female / 49 yrs

Report Date : 20/08/2019

Referred by : DR. .

Center : HOME COLLECTION

Corporate : GENERAL

Test

Observed Value

Units

Ref. Range

INTERPRETATION :-

1) IT IS IMPORTANT TO NOTE THAT TRIGLYCERIDES ARE ONLY REALLY ACCURATELY MEASURED AFTER 12 HRS. OF FAST.

2) LOW LEVEL OF HDL (LESS THAN 35 MG/DL.) IS CONSIDERED AS A RISK FACTOR EVEN IF TOTAL CHOLESTEROL IS WITHIN NORMAL LIMITS. FOR EACH 1 MG/DL INCREASE IN HDL THERE IS 2-4 % REDUCTION IN THE RISK OF HEART DISEASE.

3) TOTAL CHOLESTEROL / HDL RATIO SHOULD BE LESS THAN 4.

ELECTROLYTES & OTHER IONS

SODIUM *

135

meq/L

138 - 148

POTASSIUM *

3.9

meq/L

3.7 - 5.2

IONIZED CALCIUM *

4.33

mg/dl

4.0 - 5.2

I.S.E. (Serum)

HbA1c

GLYCOSYLATED HB (HbA1c) *

6.4

%

Action Suggested : > 8.0

Goal : < 7.0

Non diabetic level : < 6.0

MEAN BLOOD GLUCOSE (MBG)

127

mg.%

HPLC, BIORAD, USA

CHLORIDE

114

m.mol/L

98 - 109 (Serum)

118 - 132 (In CSF)

170 - 250 / 24 hrs (In Urine)

SEROLOGY

RHEUMATOID FACTOR *

2.45

IU/ml

Negative : < 15

Positive : > 15

Immunoturbidometry.

C. REACTIVE PROTEIN

2.56

mg/dl

0 - 0.5

Page 4 of 9

Shivali

Dr. Shivali Budhiraja
M.D. (Path)

ADMIN

Praveen

Dr. Praveen Saraswat
M.D.(Path)



* NABL Accredited M - 0169



Dr. Saraswat's Pathology

7/199, Anand Bazar, (Opp. Hallet Hospital), Swaroop Nagar, Kanpur • Ph. : 9839031141, 0512-2550219, 3249669

113/2B, Friends Colony, Swaroop Nagar, Kanpur (Main Branch)

Consultant Pathologist :

Dr. PRAVEEN SARASWAT

M.B.B.S., M.D., (Pathology)

E-mail : info@saraswatpathology.com

Web Site : www.saraswatpathology.com

Booking No. : COL190820016

Booking Date : 20/08/2019

Patient : MS. SHALINI LOHIA

Sample Date : 20/08/2019

Sex/Age : Female / 49 yrs

Report Date : 20/08/2019

Referred by : DR. .

Center : HOME COLLECTION

Corporate : GENERAL

Test

Observed Value

Units

Ref. Range

H.S. C.R.P. (High Sensitive)

0.01

mg/dl

Low Risk : < 0.1

Average Risk : 0.1 - 0.3

High Risk : > 0.3

SPECIAL TESTS

IRON PROFILE

SR. IRON *

34.8

micro Gm/dl

41 - 132

T.I.B.C.

421

micro Gm/dl

259 - 388

% SATURATION INDEX

8.3

%

23 - 43

Calculated.

FERRITIN *

68.13

ng/ml

12 - 150

ELECTROCHEMILUMINESCENCE IMMUNOASSAY, ECLIA

SPECIAL TESTS (ELISA)

THYROID PROFILE

FREE T3 *

4.89

p.mol/L

3 - 8.3

FREE T4 *

16.62

p.mol/L

9 - 20

T.S.H. *

3.23

micro-U/ml

0.25 - 5

ELECTROCHEMILUMINESCENCE IMMUNOASSAY, ECLIA

Shivali

Dr. Shivali Budhiraja
M.D. (Path)

ADMIN

P. V. S.

Dr. Praveen Saraswat
M.D.(Path)





Dr. Saraswat's Pathology

7/199, Anand Bazar, (Opp. Hallet Hospital), Swaroop Nagar, Kanpur • Ph. : 9839031141, 0512-2550219, 3249669

113/2B, Friends Colony, Swaroop Nagar, Kanpur (Main Branch)

Consultant Pathologist :

Dr. PRAVEEN SARASWAT

M.B.B.S., M.D., (Pathology)

E-mail : info@saraswatpathology.com

Web Site : www.saraswatpathology.com

Booking No. : COL190820016

Booking Date : 20/08/2019

Patient : MS. SHALINI LOHIA

Sample Date : 20/08/2019

Sex/Age : Female / 49 yrs

Report Date : 20/08/2019

Referred by : DR. .

Center : HOME COLLECTION

Corporate : GENERAL

Test

Observed Value

Units

Ref. Range

INTERPRETATION:-

FT3 (FREE TRIIODOTHYRONINE) IS ONE OF THE THYROID HORMONES WHICH REGULATE METABOLISM. DETERMINATION OF THIS HORMONE CONCENTRATION IS IMPORTANT FOR THE DIAGNOSTIC DIFFERENTIATION OF EUTHYROID, HYPERTHYROID AND HYPOTHYROID STATES. THE MAJOR PROTION OF TOTAL T3 IS BOUND TO TRANSPORT PROTEINS (TBG, PREALBUMIN & ALBUMIN). FT3 IS THE PHYSIOLOGICALLY ACTIVE FORM OF TOTAL T3. SO DETERMINATION OF FT3 HAS THE ADVANTAGE OF BEING INDEPENDENT OF CHANGES IN CONCENTRATION OF BINDING PROTEINS, THEREFORE DETERMINATION OF T-UPTAKE OR TBG IS NOT REQUIRED.

FT4 : THE THYROID HORMONE THYROXINE (T4) IS PHYSIOLOGICALLY PART OF THE REGULATING CIRCUIT OF THE THYROID GLAND AND HAS AN EFFECT ON GENERAL METABOLISM. THE MAJOR FRACTION OF TOTAL THYROXINE IS BOUND TO TRANSPORT PROTEINS (TBG, PREALBUMIN, AND ALBUMIN). THE FREE THYROXINE (FT4) IS PHYSIOLOGICALLY ACTIVE THYROXINE COMPONENT. FT4 IS MEASURED WITH TSH WHEN THYROID FUNCTION DISORDER ARE SUSPECTED OR IN CASE OF MONITORING THYROSUPPRESSIVE THERAPY. THE DETERMINATION OF FT4 HAS THE ADVANTAGE OF BEING INDEPENDENT OF CHANGES IN THE CONCENTRATIONS AND BINDING PROPERTIES OF THE BINDING PROTEINS.

TSH : THYROID-STIMULATING HORMONE (TSH, THYROTROPIN) - A GLYCOPROTEIN, IS FORMED BY ANTERIOR PITUITARY AND IS SUBJECT TO A CIRCARDIAN SECRETION SEQUENCE. THE DETERMINATION OF TSH SERVES AS THE INITIAL TEST IN THYROID DIAGNOSTICS. EVEN VERY SLIGHT CHANGES IN THE CONCENTRATION OF FREE THYROID HORMONES BRING ABOUT MUCH GREATER OPPOSITE CHANGES IN THE TSH LEVEL. THERE FORE, TSH IS A VERY SENSITIVE AND SPECIFIC PARAMETER FOR ASSESSING THYROID FUNCTION.

L.H. *

7.06

m.IU/ml

Males : upto 15

Females :

Follicular phase : 1 - 7

Mid cycle peak : 6 - 73

Luteal phase : 0.5 - 10

Post Minopause : 12 - 58

Page 6 of 9

Shivali

Dr. Shivali Budhiraja
M.D. (Path)

ADMIN

P. Sar

Dr. Praveen Saraswat
M.D.(Path)



* NABL Accredited M - 0169



Dr. Saraswat's Pathology

7/199, Anand Bazar, (Opp. Hallet Hospital), Swaroop Nagar, Kanpur • Ph. : 9839031141, 0512-2550219, 3249669

113/2B, Friends Colony, Swaroop Nagar, Kanpur (Main Branch)

Consultant Pathologist :

Dr. PRAVEEN SARASWAT

M.B.B.S., M.D., (Pathology)

E-mail : info@saraswatpathology.com

Web Site : www.saraswatpathology.com

Booking No. : COL190820016

Booking Date : 20/08/2019

Patient : MS. SHALINI LOHIA

Sample Date : 20/08/2019

Sex/Age : Female / 49 yrs

Report Date : 20/08/2019

Referred by : DR. .

Center : HOME COLLECTION

Corporate : GENERAL

Test

Observed Value

Units

Ref. Range

ELECTROCHEMILUMINESCENCE IMMUNOASSAY, ECLIA

INTERPRETATION:

L.H. (lutinizing hormone) together with FSH belongs to the gonadotropin family. L.H. & F.S.H regulate and stimulate the growth and function of the gonads (ovaries & testes). In women the gonadotropins act within the hypothalamus-pituitary-ovary regulating circuit to control the menstrual cycle.

L.H. & F.S.H are released in pulses from the gonadotropic cells of anterior pituitary and pass via the blood stream to the ovaries. Here the gonadotropins stimulate the growth and maturation of the follicle and hence the biosynthesis of estrogens and progesterones. The highest L.H. concentrations occur during the mid-cycle peak and induce ovulation & formation of corpus luteum, the principal product of which is progesterone. In the leydig cells of testes, L.H. stimulates production of testosterone. The determination of L.H. in conjunction with FSH is utilized for the following indications : congenital diseases with chromosome aberrations, polycystic ovaries (PCO), clarifying the causes of amenorrhea, menopausal syndrome and suspected Leyding cell insufficiency.

F.S.H. *

10.94

m.IU/ml

Males : 10 - 40

Females:-

Follicular phase : 3 - 6

Mid cycle peak : 4 - 18

Luteal phase : 2 - 8

Post menopause : 19 - 130

Shivali

Dr. Shivali Budhiraja
M.D. (Path)

ADMIN

Praveen

Dr. Praveen Saraswat
M.D.(Path)





Dr. Saraswat's Pathology

7/199, Anand Bazar, (Opp. Hallet Hospital), Swaroop Nagar, Kanpur • Ph. : 9839031141, 0512-2550219, 3249669

113/2B, Friends Colony, Swaroop Nagar, Kanpur (Main Branch)

Consultant Pathologist :

Dr. PRAVEEN SARASWAT

M.B.B.S., M.D., (Pathology)

E-mail : info@saraswatpathology.com

Web Site : www.saraswatpathology.com

Booking No. : COL190820016

Booking Date : 20/08/2019

Patient : MS. SHALINI LOHIA

Sample Date : 20/08/2019

Sex/Age : Female / 49 yrs

Report Date : 20/08/2019

Referred by : DR. .

Center : HOME COLLECTION

Corporate : GENERAL

Test

Observed Value

Units

Ref. Range

ELECTROCHEMILUMINESCENCE IMMUNOASSAY, ECLIA.

INTERPRETATION:-

FSH (follicle stimulating hormone) together with LH belong to the gonadotropin family. FSH & LH regulate and stimulate the growth and function of the gonads (ovaries & testes). In women the gonadotropins act within hypothalamus-pituitary-ovary regulating circuit to control menstrual cycle. FSH & LH are released in pulses from the gonadotropic cells of the anterior pituitary. In the ovaries FSH with LH stimulates the growth and maturation of the follicle & hence also the biosynthesis of estrogens. The FSH level shows a peak at mid-cycle although this is less marked than with LH. Due to changes in ovarian function and reduced estrogen secretion, high FSH concentrations occur during menopause. In men, FSH serves to induce spermatogonium development. The determination of FSH with LH is utilized for following indications : congenital diseases with chromosome aberrations, polycystic ovaries (PCO), causes of amenorrhea, & menopausal syndrome. Depressed gonadotropin levels in men occur in azospermia.

PROLACTIN *

23.71

ng/ml

1 - 20

ELECTROCHEMILUMINESCENCE IMMUNOASSAY, ECLIA.

INTERPRETATION:-

Prolactin is synthesized in the anterior pituitary and is secreted in episodes. Prolactin appears in serum in three different forms. The biologically and immunologically active monomeric (Little) form predominates. Both dimeric (big) and tetrameric (big-big) forms constitute less than 20% of total prolactin and are biologically inactive. This assay measures mainly active monomeric form and is not affected by esp. tetrameric forms. The target organ for prolactin is mammary gland. High concentrations of prolactin have an inhibiting action on steroidogenesis of the ovaries and on hypophyseal gonadotropin secretion. Hyperprolactinemia (in men & women) is the main cause of fertility disorders. The determination of prolactin is utilized in the diagnosis of anovular cycles, hyperprolactinemic amenorrhea & galactorrhea, gynecomastia and azospermia.

Shivali

Dr. Shivali Budhiraja
M.D. (Path)

ADMIN

P. V. S.

Dr. Praveen Saraswat
M.D.(Path)





Dr. Saraswat's Pathology

7/199, Anand Bazar, (Opp. Hallet Hospital), Swaroop Nagar, Kanpur • Ph. : 9839031141, 0512-2550219, 3249669

113/2B, Friends Colony, Swaroop Nagar, Kanpur (Main Branch)

Consultant Pathologist :

Dr. PRAVEEN SARASWAT

M.B.B.S., M.D., (Pathology)

E-mail : info@saraswatpathology.com

Web Site : www.saraswatpathology.com

Booking No. : COL190820016

Booking Date : 20/08/2019

Patient : MS. SHALINI LOHIA

Sample Date : 20/08/2019

Sex/Age : Female / 49 yrs

Report Date : 20/08/2019

Referred by : DR. .

Center : HOME COLLECTION

Corporate : GENERAL

Test

Observed Value

Units

Ref. Range

ESTRADIOL LEVEL (E-2) *

74.18

pg/ml

Males : 15 - 60

Females :

Follicular phase : 30 - 120

Ovulatory peak : 130 - 370

Luteal phase : 70 - 250

Menopause : 15 - 60

(Non Pregnant Women)

Follicular phase : 0.15 - 1.6

Luteal phase : 1.1 - 21.0

Post Menopausal : 0.15 - 1.4

(Pregnant Women)

1st Trimester : 7.2 - 43.0

2nd Trimester : 21.0 - 108

3rd Trimester : 53 - 293

0.06 - 0.82

191 - 663

Negative : < 8.0

Positive : > 8.0

PROGESTERONE

7.48

ng/ml

TESTOSTERONE TOTAL

0.25

ng/ml

VITAMIN B12

494

pg/ml

Electrochemiluminescence (ECLIA)

ANTI THYROPEROXIDASE ANTIBODY (TPO)

< 0.8

IU/ml

Electrochemiluminescence (ECLIA)

VITAMIN D3-25 HYDROXY

33.3

ng/ml

Electrochemiluminescence (ECLIA)

End of Report

Page 9 of 9

Shivali

Dr. Shivali Budhiraja
M.D. (Path)

ADMIN

P.V.

Dr. Praveen Saraswat
M.D.(Path)



* NABL Accredited M - 0169