









### COMPLETE BLOOD COUNT (CBC with E.S.R).

Patient : MS. MANDIRA SHOREY Delivery : EMAIL Collected : 22/01/2021 10:01

Sample Type : Blood Received :

**Ref. Doctor** : M M PAITHANKAR **Reported** : 22/01/2021 10:47

**Hospital/NH** : **Print Date** 22/01/2021 17:21

Investigation	<u>Result</u>	<u>Biological</u>	<u>Units</u>
		Reference Interval	
HEMOGLOBIN, Blood(SLS Hemoglobin)	11.4	12.00 - 15.00	g/dl
PACKED CELL VOLUME, Blood(Impedence)	36.5	36 - 46	%
TLC, Blood (Flow cytometry)	4590.00	4000 - 11000	/cumm
D.L.C., Blood (Flow Cytometry)			
POLYMORPHS	64.0	44.00 - 68.00	%
LYMPHOCYTES	28.00	25.00 - 44.00	%
EOSINOPHILS	1.0	0.00 - 4.00	%
MONOCYTES	7.00	0.00 - 7.00	%
ABSOLUTE NEUTROPHIL COUNT(Blood, Calculated).	2937.60	2000 - 7000	/Cu mm
ABSOLUTE LYMPHOCYTE COUNT(Blood, Calculated).	1285.20	1000 - 3000	/Cu mm
ABSOLUTE EOSINOPHIL COUNT BLOOD, (Calculated)	45.90	20 - 500	/Cu mm
PLATELET COUNT, Blood (Impedence)	325.00	150 - 410	1000/Cumm
E.S.R, Blood(Capillary Photometry)	21.00	0.00 - 20.00	1st hour
R B C COUNT, Blood (Impedence)	4.44	3.8 - 4.8	10^12/L
MCV, Blood(Calculated)	82.21	83 - 101	fl
MCH, Blood(Calculated)	25.68	27.00 - 32.60	Pg
MCHC, Blood(Calculated)	31.23	31.50 - 34.50	gm/dl
RDW, Blood (Calculated)	14.3	11.6 - 14.0	%

COMMENTS ON PERIPHERAL SMEAR:

(Microscopy, Leishman stain)
\*Test performed by SYSMEX XN-550.

The red blood cells show hypochromia, anisocytosis & microcytosis.

The white cells are normal. The platelets are adequate.

Absolute Neutrophil Count (ANC) <1000 - Markedly increased susceptibility of infectious diseases.

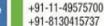
- Absolute Neutrophil Count (ANC) <500 control of endogenous microbial flora impaired.

- Absolute Neutrophil Count (ANC) < 200 absent inflammatory processes.

Comments:

\*\*\* END OF REPORT \*\*\*



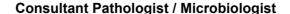




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# **REPORT**

: 46 Years

**Reference No.** : 21015054

Age/Sex

FEMALE

Reg. Date

: 1/22/2021

10:01

Patient

**Ref. Doctor** 

: MS. MANDIRA SHOREY

**Delivery** : EMAIL

Collected

: 22/01/2021 10:01

Sample Type

: FLUORIDE

Received :

:

Hospital/NH :

: M M PAITHANKAR

**PLASMA** 

Reported

: 22/01/2021 11:14

Print Date

22/01/2021 17:21

 Investigation
 Result
 Biological
 Units

 Reference Interval

 FASTING GLUCOSE, Plasma(Hexokinase)
 98.90
 60 - 100
 mg/dl

Comments:

BLOOD GLUCOSE PP, Plasma, (Hexokinase)

120.3

60.00 - 140.00

mg/dl

Post 75 gms oral glucose: <140 = Normal, 140-199 = Impaired glucose tolerance, 200 or more = Diabetes.

Conditions in which the post prandial sugar is less than the fasting sugar:

\_\_\_\_\_

1). Excessive increase in insulin. (2). Rapid gastric emptying. (3). Brisk glucose absorption.

The probable causes are :

1). Early type II diabetes. (2). Drugs like Salicylates, Beta Blockers, Pentamidine, Alcohol etc.(3). Foods with higher glycaemic index (4). Exercise in between samples. (5). Family history of diabetes. (6). Partial or total gastrectomy.

Comments:

\*\*\* END OF REPORT \*\*\*

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**Consultant Pathologist / Microbiologist** 



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### HbA1c

Patient : MS. MANDIRA SHOREY Delivery : EMAIL Collected : 22/01/2021 10:01

Sample Type : Blood Received :

**Ref. Doctor** : M M PAITHANKAR **Reported** : 22/01/2021 11:53

**Hospital/NH** : **Print Date** 22/01/2021 17:21

InvestigationResultUnitsGLYCOSYLATED HEMOGLOBIN (HbA1c)5.5%

Immunoturbidimetry

#### REFERENCE RANGE:

4.00 - 5.60 % Normal

5.70 - 6.40 % Prediabetes (The values should be co-related with Glucose levels)

 $\begin{array}{lll} \hbox{6.10 - 7.00 \%} & \hbox{HbA1C indicates very good control in diabetes} \\ \hbox{7.10 - 8.00 \%} & \hbox{HbA1C indicates adequate control in diabetes} \\ \hbox{8.10 - 9.00 \%} & \hbox{HbA1C indicates suboptimal control in diabetes} \end{array}$ 

>9.00% HbA1C indicates poor control in diabetes

#### HbA1c (%) Average Glucose mg/dl

5	97	
6	126	
7	154	
8	183	
9	212	
10	240	
11	269	
12	298	

-----

# Note:

An estimated average glucose (eAG) can be calculated from the HbA1c values. The A1c test is also used to monitor the glucose control of diabetics over time. This helps to minimize the complications caused by chronically elevated glucose levels, such as progressive damage to kidneys, eyes, cardiovascular system, and nerves.

The A1c test, however, should not be used for screening for cystic fibrosis-related diabetes, people who have had recent severe bleeding or blood transfusions, those with chronic kidney or liver disease, or people with blood disorders such as iron-deficiency anemia, vitamin B12 deficiency anemia, and some Hemoglobin variants (e.g., patients with sickle cell disease or Thalassemia).

Comments:

\*\*\* END OF REPORT \*\*\*



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**Hospital/NH** : **Print Date** 22/01/2021 17:21

<u>Investigation</u> <u>Result</u> <u>Biological</u> <u>Units</u>

Reference Interval

CRP-HS, Serum(Immunoturbidimetry) **1.32** 0.00 - 1.00 mg/L

CVD Risk Assessment

Low : 0.00 - 1.00 mg/L Average : 1.00 - 3.00 mg/L

High : More Than 3.00 mg/L

Reference Range For :-

Neonates 0.10 - 4.10 mg/LChildren 0.10 - 2.80 mg/L

Comments:

\*\*\* END OF REPORT \*\*\*

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**Consultant Pathologist / Microbiologist** 















### **LIPID PROFILE**

Patient : MS. MANDIRA SHOREY Delivery : EMAIL Collected : 22/01/2021 10:01

Sample Type : SERUM Received :

Ref. Doctor : M M PAITHANKAR Reported : 22/01/2021 11:37

Hospital/NH : Print Date 22/01/2021 17:21

Investigation	Result	<u>Biological</u>	<u>Units</u>
		<b>Reference Interval</b>	
CHOLESTROL, SERUM (Enz. Colorimetry)	206.2	80.00 - 200.00	mg/dl
HDL CHOLESTEROL (Enz.Colorimetry)	65.60	40.00 - 70.00	mg/dl
TRIGLYCERIDES, SERUM (Enz.Colorimetry)	60.08	40.00 - 150.00	mg/dl
VLDL CHOLESTEROL (Calculated)	12.02	24.00 - 45.00	mg/dl
LDL CHOLESTEROL (Enz.Colorimetry)	128.58	30.00 - 100.00	mg/dl
LDL / HDL RATIO (Calculated)	1.96	0.00 - 3.00	
CHOLESTEROL / HDL RATIO(Calculated)	3.14	0.00 - 4.00	

INTERPRETATION:-

 $\begin{array}{ll} \mbox{Desirable} & : \mbox{Less than 200 mg/dl} \\ \mbox{Borderline High Risk} & : \mbox{200 to 239 mg/dl} \\ \end{array}$ 

High Risk : 240 mg/dl and over, on repeated values Optimal Level for Cardiac Patients : Less than 200 mg/dl

TRIGLYCERIDES REFERECE RANGE

> Normal - Less than 150 mg/dL,

> Borderline high - 150 to 199 mg/dL

> High - 200 to 499 mg/dL

> Very high - 500 mg/dL or above

HDL-C : High HDL has generally been found to be protective, decreasing the risk of coronary Artery disease (CAD) in most people. However, some recent studies have shown that in some people with high HDL, the HDL is not protective and may, in fact result in higher risk for CAD than in people with normal HDL levels. In one study it was shown that people with CAD and high HDL had underlying genetic anomalies in enzymes important in lipid turnover. Another study showed that high levels of abnormally large HDL particles were associated with increased risk of CAD. Factors that elevate HDL concentrations include chronic alcoholism, treatment with oral estrogen replacement therapy, extensive aerobic exercise, and treatment with niacin, statins, or fibrates. Smoking reduces levels of HDL cholesterol, while quitting smoking leads to a rise in the plasma HDL level.

LDL Reference Range: Levels in terms of risk for coronary heart disease:

Adult levels:

Comments:



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### **LIPID PROFILE**

**Reference No.** : 21015054

: M M PAITHANKAR

Age/Sex : 46 Years FEMALE

: 1/22/2021

10:01

Patient

**Ref. Doctor** 

Hospital/NH

: MS. MANDIRA SHOREY

Delivery : EMAIL

Collected

Reg. Date

: 22/01/2021 10:01

Sample Type

: SERUM

Received

: 22/01/2021 11:37

Reported
Print Date

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\*\*\* END OF REPORT \*\*\*

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# L.F.T WITH G.G.T.P

10:01 **Reference No.** : 21015054 Reg. Date : 1/22/2021 Age/Sex **FEMALE** 46 Years

**Patient** : MS. MANDIRA SHOREY : 22/01/2021 10:01 Delivery **EMAIL** Collected

> : SERUM Received Sample Type

: M M PAITHANKAR : 22/01/2021 11:37 **Ref. Doctor** Reported

Hospital/NH **Print Date** 22/01/2021 17:21

Investigation	Result	<u>Biological</u>	<u>Units</u>
		<b>Reference Interval</b>	
BILIRUBIN (TOTAL), Serum(Diazo)	0.47	0.00 - 1.20	mg/dl
BILIRUBIN (DIRECT), Serum(Diazo)	0.25	0 - 0.30	mg/dl
BILIRUBIN (INDIRECT), Serum(Calculated)	0.22	0.00 - 0.70	mg/dl
TOTAL PROTEINS Serum(Biuret)	7.3	6.40 - 8.30	gms/dl
ALBUMIN, Serum(BCG)	4.6	3.50 - 5.20	gms/dl
GLOBULIN (Calculated)	2.70	2.00 - 3.50	gms/dl
A:G RATIO (Calculated)	1.70	1.00 - 2.00	
ALKALINE	70.5	35.00 - 105.00	U/L
PHOSPHATASE, Serum (Colorimetry)	12.4	1.00 22.00	11/1
SGOT, Serum(IFCC)	13.4	1.00 - 32.00	U/I
SGPT, Serum(IFCC)	9.6	2.00 - 33.00	U/I
GGTP, Serum(Enz.Colorimetry)	11	5.00 - 36.00	U/L
Comments:			

\*\*\* END OF REPORT \*\*\*

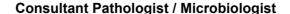






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Dr. Dhruti Manek MBBS, MD (Path)











### **KIDNEY FUNCTION TEST (KFT)**

Reg. Date 10:01 **Reference No.** : 21015054 : 1/22/2021 **FEMALE** Age/Sex : 46 Years

**Patient** : MS. MANDIRA SHOREY : 22/01/2021 10:01 Delivery : EMAIL Collected

> : SERUM Received Sample Type

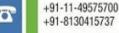
: M M PAITHANKAR : 22/01/2021 11:37 **Ref. Doctor** Reported

Hospital/NH **Print Date** 22/01/2021 17:21

Investigation	Result	<u>Biological</u>	<u>Units</u>
		Reference Interval	
UREA Serum(Urease)	17.73	12.00 - 45.00	mg/dl
UREA NITROGEN(Calculated)	8.29	6.00 - 20.00	mg/dl
CREATININE SERUM(Jaffe)	0.71	0.50 - 0.90	mg/dl
URIC ACID, Serum(Colorimetry)	4.2	2.40 - 5.70	mg/dl
CALCIUM, Serum(BAPTA)	9.15	8.60 - 10.00	mg/dl
PHOSPHATE, Serum(Phosphomolybdate)	3.1	2.50 - 4.80	mg/dl
SODIUM, Serum(ISE Indirect)	139.2	130.00 - 149.00	meq/L
POTASSIUM, Serum(ISE Indirect)	4.38	3.50 - 5.00	meq/L
CHLORIDE, Serum(ISE Indirect)	99.2	97.0 - 107.0	meq/L
Comments:			

\*\*\* END OF REPORT \*\*\*



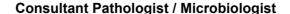




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Dr. Dhruti Manek MBBS, MD (Path)







**Reference Interval** 





#### FOLATE.

Patient : MS. MANDIRA SHOREY Delivery : EMAIL Collected : 22/01/2021 10:01

Sample Type : Blood Received :

: M M PAITHANKAR Reported : 22/01/2021 14:55

Hospital/NH : Print Date 22/01/2021 17:21

<u>Investigation</u> <u>Result</u> <u>Biological</u> <u>Units</u>

FOLATE, Serum, (CLIA) 12.5 4.80 - 37.30 ng/ml

#### Summary and Explanation of the Test

-----

Folates are compounds of pteroylglutamic acid (PGA) that function Folate. with as coenzymes. vitamin B12. is essential DNA synthesis, which is required for normal red blood cell maturation. Humans obtain folate from dietary sources fruits, green and leafy vegetables, yeast, Folate is absorbed through the small intestine and stored in and organ intake, malabsorption result of gastrointestinal diseases, pregnancy, and drugs such as phenytoin Low folate as а folate deficiency. alcoholism. Folate and vitamin Folate deficiency also associated with chronic B12 deficiency causes of is impair DNA synthesis, causing macrocytic anemias. These anemias are characterized by abnormal maturation of red cell megaloblasts, blood cell survival. Since both precursors in the bone marrow, the presence of and decreased red vitamin B12 deficiency can cause macrocytic anemia, appropriate treatment depends on the differential diagnosis of the deficiency. Serum folate measurement provides an early index of folate status. However, folate is much more concentrated in red blood cells than in serum so the red blood cell folate measurement more closely reflects tissue stores.4 Red blood folate concentration is considered the most reliable indicator of folate status.

#### Limitations

Ref. Doctor

Hemolysis significantly increases folate values due to the high folate concentrations in red blood cells. Methotrexate and leucovorin interfere with folate measurement because these drugs cross-react with folate binding proteins.

Comments:

\*\*\* END OF REPORT \*\*\*













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Patient : MS. MANDIRA SHOREY Delivery : EMAIL Collected : 22/01/2021 10:01

Sample Type : SERUM Received :

Ref. Doctor : M M PAITHANKAR Reported : 22/01/2021 14:55

Hospital/NH : Print Date 22/01/2021 17:21

Investigation	<u>Result</u>	<u>Biological</u>	<u>Units</u>
		Reference Interval	
FT3 Serum, (CLIA)	4.76	3.80 - 6.00	pmol/L
FREE T4, Serum,(CLIA)	10.9	7.00 - 15.96	pmol/L
TSH, Serum,(CLIA)	2.89	0.45 - 5.33	uIU/ml

\*Pregnancy

Units First Trimester Second Timester Third Trimester

Free T4 pmol/L 6.00 - 16.28 5.19 - 13.86 5.77 - 15.79

\* PHYSIOLOGICAL ALTERATIONS IN THYROID VALUES

\* REFERENCE RANGE :-

Pregnancy

TSH

Units First Trimester Second Timester Third Trimester  $\mu IU/mL$  0.05 - 3.70 0.31 - 4.35 0.41 - 5.18

\*Referenge range has been changed due to change in testing platform.

Comments:

\*\*\* END OF REPORT \*\*\*

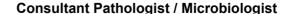






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**Reference Interval** 





#### VITAMIN B12.

Patient : MS. MANDIRA SHOREY Delivery : EMAIL Collected : 22/01/2021 10:01

Sample Type : SERUM Received :

: M M PAITHANKAR Reported : 22/01/2021 11:37

**Hospital/NH** : **Print Date** 22/01/2021 17:21

<u>Investigation</u> <u>Result</u> <u>Biological</u> <u>Units</u>

VITAMIN B12, Serum,(ECLIA) 261.20 pg/ml

Category Range (pg/mL) Range (pg/mL)

Normal 197-771

Deficient <197.00

Summary and Explanation of the Test

Vitamin D13 or grandockalamin

Vitamin B12, or cyanocobalamin, is a complex corrinoid compound containing four pyrrole rings that surround a single cobalt atom. Humans obtain vitamin B12 exclusively from animal dietary sources, such as meat, eggs, and milk. Vitamin B12 requires intrinsic factor, a protein secreted by the parietal cells in the gastric mucosa, for absorption. Vitamin B12 and intrinsic factor form a complex that attaches to receptors in the ileal mucosa. where proteins known as trans-cobalamins transport vitamin B12 from the mucosal cells to the blood and tissues. Most vitamin B12 is stored in the liver well as in the bone as other tissues. Vitamin B12 and folate are critical to normal DNA synthesis, which in affects erythrocyte turn maturation. Vitamin B12 is also necessary for myelin sheath formation and maintenance. The body its B12 stores uses economically, reabsorbing vitamin B12 from the ileum and returning it to the liver so that very little is excreted.

Clinical laboratory findings for B12 deficiency include neurological abnormalities, decreased B12 levels, and serum methylmalonic synthesis B12 deficiency increased excretion acid. The impaired DNA associated with vitamin causes anemias are characterized abnormal maturation of erythrocyte precursors macrocytic anemias. These by in the bone marrow. which results in the presence of megaloblasts and in decreased erythrocyte survival. Pernicious anemia is a macrocytic anemia caused by vitamin B12 deficiency that is due to lack of intrinsic factor. Low vitamin B12 intake, gastrectomy, small intestine, malabsorption, and trans-cobalamin deficiency can also cause vitamin B12 deficiency.

Limitations

Ref. Doctor

\* kindly Correlate Clinically

Comments:

\*\*\* END OF REPORT \*\*\*

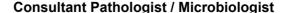






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Hospital/NH : Print Date 22/01/2021 17:21

<u>Investigation</u> <u>Result</u> <u>Biological</u> <u>Units</u>

Reference Interval

VITAMIN D, 25-HYDROXY, Serum,(CLIA) 78.8 75.00 - 250.00 nmol/L

INTERPRETATION

Ref. Doctor

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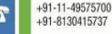
 $\begin{array}{lll} \mbox{Deficient} & <50.0 & \mbox{nmol/L} \\ \mbox{Insufficient} & 50.0 \mbox{ to } <75.0 & \mbox{nmol/L} \\ \end{array}$ 

Sufficient 75.0 - 250.0 nmol/L Upper Safety Limit >250.0 nmol/L

Comments:

\*\*\* END OF REPORT \*\*\*







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### STOOL ROUTINE EXAMINATION

Patient : MS. MANDIRA SHOREY Delivery : EMAIL Collected : 22/01/2021 10:01

Sample Type : Stool Received :

**Ref. Doctor** : M M PAITHANKAR **Reported** : 22/01/2021 12:08

Hospital/NH : Print Date 22/01/2021 17:21

Investigation Result PHYSICAL EXAMINATION (Manual)

COLOUR BROWNISH

CONSISTENCY SEMIFORMED

MUCUS NIL
BLOOD NIL
Parasite NIL

3. MICROSCOPIC EXAMINATION (Manual)

R.B.C. NIL

MACROPHAGES 0-1/HPF

W.B.C. 1-2/HPF

EPITHELIAL NIL

MUSCLE FIBRES NIL

TROPHOZITES NIL

CYSTS NIL

OVA NIL

C. L. CRYSTALS NIL

Comments:

\*\*\* END OF REPORT \*\*\*







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# **URINE ROUTINE EXAMINATION**

Patient : MS. MANDIRA SHOREY Delivery : EMAIL Collected : 22/01/2021 10:01

Sample Type : Urine Received :

**Ref. Doctor** : M M PAITHANKAR **Reported** : 22/01/2021 11:54

**Hospital/NH** : **Print Date** 22/01/2021 17:21

Investigation	Result	Biological_
<del></del>		Reference Interval
PHYSICAL EXAMINATION (Manual)		
COLOUR	PALE YELLOW	YELLOW
TRANSPARENCY	CLEAR	CLEAR
pH (Reagent strip, methyl red phenophthalein and bromothymol blue)	7.00	4.6 - 8.0
SPECIFIC GRAVITY (Reagent strip (bromothymol blue)	1.000	1.001 - 1.035
2. CHEMICAL EXAMINATION SUGAR (Reagent Strip, GOD/POD)	NEGATIVE	NEGATIVE
PROTEIN Reagent Strip (protein error of a pH indicator method)	NEGATIVE	NEGATIVE
KETONE BODIES Reagent Strip (legals test)	NEGATIVE	NEGATIVE
NITRITE, Reagent Strip (Griess test)	NEGATIVE	NEGATIVE
BLOOD, Reagent Strip (peroxidase method)	POSITIVE	NEGATIVE
3. MICROSCOPIC EXAMINATION (Manual)		
WBC/HPF	3-4/HPF	<5/HPF
RBC/HPF	4-5/HPF	NIL
EPITHELIAL/HPF	2-3/HPF	<15/HPF
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	NIL
YEAST CELLS	NIL	NIL
*Test Performed on Roche cobas u411, from urine. Comments:		

\*\*\* END OF REPORT \*\*\*



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