REPORT

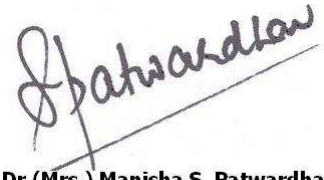
VINEET K GOYAL
24, Kohinoor,
Vishrambaug Hsg Society,
Senapati Bapat Road, Pune
Tel No: 919822403677
PID: 114462

Age:39.07 Years Sex:MALE

Reference:Dr.--
Sample Collected At:
The Poona Club Ltd.
6,Bund Garden Road,
Pune 1
Zone CA

SID: 120023915
Collection Date:
16-06-2020 09:12 AM
Sample Date:
16-06-2020 09:12 am
Report Date:
16-06-2020 12:15 PM

Complete Blood Count	Result	Biological Reference Interval
(EDTA Whole Blood)		
Hemoglobin (Hb), EDTA whole blood	**14.80**	14.0 - 17.50 g/dL
Method: Photometry		
Total Leucocytes (WBC) count	**6,900**	4000-10000/µL
Method : Coulter Principle / Microscopy		
Platelet count	**275,000**	150000 - 450000 /µL
Method : Coulter Principle / Microscopy		
Red blood cell (RBC) count	**5.40**	4.52 - 5.90 x 10^6 /µL
Method: Coulter Principle		
PCV (Packed Cell Volume)	**44.90**	41.5 - 50.4 %
Method: Calculated		
MCV (Mean Corpuscular Volume)	**83.00**	80.0 - 96.0 fL
Method: Derived from RBC histogram		
MCH (Mean Corpuscular Hb)	**27.40**	27.5 - 33.2 pgms
Method: Calculated		
MCHC (Mean Corpuscular Hb Conc.)	**32.90**	33.4 - 35.5 g/dL
Method: Calculated		
RDW (RBC distribution width)	**14.60**	11.6 - 14.6 %
Method: Derived from RBC Histogram		
WBC Differential Count		
Method: VCSn / Microscopy / Calculated		
Neutrophils	**49**	40 - 80 %
Absolute Neutrophils	**3,381**	2000 - 7000 /µL
Eosinophils	**5**	1 - 6 %
Absolute Eosinophils	**345**	20 - 500 /µL
Basophils	**0**	0 - 2 %
Absolute Basophils	**0**	0 - 100 /µL
Lymphocytes	**40**	20 - 40 %
Absolute Lymphocytes	**2,760**	1000 - 3000 /µL
Monocytes	**6**	2 - 10 %
Absolute Monocytes	**558**	200 - 1000 /µL
-	**+#**	



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Complete Blood Count Findings

R.B.C. : **Normocytic, Normochromic**

W.B.C. : **No abnormality detected**

Platelets : **Adequate**

Remark : ON FOLLOW UP

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Test Description	Observed Value	Biological Reference Interval
Lipid Profile Mini :		
Cholesterol (Total), serum by Enzymatic method	**185**	Desirable : < 200 mg/dL Borderline high : 200 - 239 mg/dL High : >/= 240 mg/dL
Triglycerides, serum by Enzymatic method	**162**	Normal : < 150 mg/dL Borderline high : 150-199 mg/dL High : 200-499 mg/dL Very high : >/= 500 mg/dL
HDL Cholesterol, serum by Enzymatic method	**44**	Men : > 40 mg/dL Women : > 50 mg/dL
VLDL Cholestrol, serum by calculation	**32**	< 30 mg/dL
LDL Cholesterol, serum by calculation	**109**	Optimal : <100 mg/dL Near optimal/above optimal : 100-129 mg/dL Borderline high : 130-159 mg/dL High : 160-189 mg/dL Very high : >/= 190 mg/dL
Cholesterol(Total)/HDL Cholesterol Ratio	**4.20**	Males : Acceptable ratio </= 5.00 Females : Acceptable ratio </= 4.50
LDL Cholesterol/HDL Cholesterol Ratio	**2.47**	Males : Acceptable ratio </= 3.60 Females : Acceptable ratio </= 3.20

Reference : ATP III, NCEP Guidelines and National Lipid Association (NLA) 2014 Recommendations

As per most international and national guidelines including Lipid Association of India 2016 :

1. Lipoprotein and lipid levels should be considered in conjunction with other atherosclerotic cardiovascular disease (ASCVD) risk determinants to assess treatment goals and strategies.
2. Non-fasting lipid levels can be used in screening and in general risk estimation.

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Test Description	Observed Value	Biological Reference Interval
Clinical Chemistry :		
Urea, serum by GLDH-urease	**17**	17 to 49 mg/dL
BUN-Blood Urea Nitrogen,serum by calculation	**8**	8 to 23 mg/dL
Creatinine, serum by Jaffe w/o deproteinization	**0.81**	0.6 to 1.2 mg/dL
Uric Acid, serum by Uricase method	**7.20**	Male : 3.50 to 7.20 mg/dL

** Uric acid is useful for 1. Diagnosis and follow up of renal failure. 2. Monitoring patients receiving cytotoxic drugs and a variety of other disorders, including gout, leukemia, psoriasis, starvation and other wasting conditions . * Increased uric acid is seen in following conditions : 1. Increased purine synthesis 2. Inherited metabolic disorders 3. Excess dietary purine intake 4. Increased nucleic acid turnover 5. Malignancy, cytotoxic drugs 6. Decreased urinary excretion (due to CRF) 7. Increased renal reabsorption . * Uric acid is decreased in : 1. Hepatocellular disease with reduced purine synthesis 2. Defective renal reabsorption 3. Overtreatment of uricemia (allopurinol or cancer therpies like 6-mercaptopurine, etc).*

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Test Description	Observed Value	Biological Reference Interval

Clinical Chemistry :

"Laboratory is accredited as per ISO 15189:2012, Certificate Number MC-3143. Scope available on request / @ ww

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Test Description	Observed Value	Biological Reference Interval
TEST NAME		
Vitamin B12, serum by CMIA	**239.0**	187 - 883 pg/mL

Interpretation :

1. Vitamin B12 (cobalamin) is necessary for hematopoiesis and normal neuronal function.

2. Vitamin B12 is decreased in

Decreased Serum B12
Pregnancy
Contraceptive hormones
Malabsorption
Ethanol ingestion
Smoking
Strict vegan diet
Pernicious anemia

3. Serum methylmalonic acid and homocysteine levels are also elevated in vitamin B12 deficiency states. Active B12 (Holotranscobalamin) is low in Vitamin B12 deficiency.

4. Please correlate in case of patients taking vitamin B12 supplementation.

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Test Description	Observed Value	Biological Reference Interval
TEST NAME		
25 - OH Vitamin D, serum by CMIA	**44.70**	Severe deficiency : < 10 ng/mL Mild to moderate deficiency : 10 to 19 ng/mL Optimum levels : 20 to 50 ng/mL Increased risk of hypercalciuria: 51 to 80 ng/mL Toxicity possible : > 80 ng/mL Ref. : Mayo Medical Laboratories These reference ranges represent clinical decision values, based on the 2011 Institute of Medicine report

Interpretation :
Vitamin D is vital for strong bones. It also has important, emerging roles in immune function and cancer prevention.

Vitamin D compounds in the body are exogenously derived by dietary means; from plants as 25-hydroxyvitamin D2 (ergocalciferol or calciferol) or from animal products as 25-hydroxyvitamin D3 (cholecalciferol or calcidiol).

Vitamin D may also be endogenously derived by conversion of 7-dihydrocholesterol to 25-hydroxyvitamin D3 in the skin upon ultraviolet exposure.

The total 25-hydroxyvitamin D (25-OH-VitD) level (the sum of 25-OH-vitamin D2 and 25-OH-vitamin D3) is the appropriate indicator of vitamin D body stores.

Patients with renal failure can have very high 25-OH-VitD levels without any signs of toxicity, as renal conversion to the active hormone 1,25-OH-VitD is impaired or absent.

Kindly corelate clinically, with supplementation history & repeat with fresh sample if necessary.

End of Report

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