Sample Collection Date	18-02-2021 10:01	**DDL Center**	Dr. Dangs Lab Punjabi Bagh
Lab Ref. No.	210031629		
Name	MR. SUSHIL SINGAL	**Age / Sex**	64 Years / MALE

Test (Methodology)	Result	Biological Reference Interval
HAEMATOLOGY		
ERYTHROCYTE SEDIMENTATION RATE		
E.S.R.WESTERGREN [Automated]	4 mm 1st Hr	0 - 22

**** End of HAEMATOLOGY Report ****

Sonal Jain

DR. SONAL JAIN
D.M. (Hematology, A.I.I.M.S.)
(Head Hematology)

Authentication : 18-02-2021 14:05
Printed on : 18-02-2021 16:05

Sample Collection Date	18-02-2021 10:01	**DDL Center**	Dr. Dangs Lab Punjabi Bagh
Lab Ref. No.	210031629		
Name	MR. SUSHIL SINGAL	**Age / Sex**	64 Years / MALE

HAEMATOLOGY

Test (Methodology)	Result	Biological Reference Interval
COMPLETE BLOOD COUNT		
HAEMOGLOBIN	15.1 g/dL	13 - 17
TOTAL LEUCOCYTE COUNT	6960 Cells/cu.mm	4000 - 11000
RED BLOOD CELL COUNT	5.29 mill/cu.mm	4.5 - 5.5
PACKED CELL VOLUME	47.00 %	40 - 50
MCV (MEAN CORPUSCULAR VOLUME)	88.85 fL	80 - 100
MCH (MEAN CORPUSCULAR HB)	28.54 pg	26 - 32
MCHC (MEAN CORPUSCULAR HB CONC)	32.13 g/dL	32 - 37
RED CELL DISTRIBUTION WIDTH	12.70 %	11.5 - 15.5
® PLATELET COUNT	**126000 /cu.mm**	150000 - 450000
DIFFERENTIAL LEUCOCYTE COUNT		
SEGMENTED NEUTROPHILS	56 %	40 - 80
LYMPHOCYTES	34 %	20 - 40
MONOCYTES	5 %	2 - 10
EOSINOPHILS	5 %	1 - 6
BASOPHILS	0 %	0 - 2
ABSOLUTE LEUCOCYTE COUNT		
NEUTROPHIL	3898 cells/mm3	1800-7700
LYMPHOCYTE	2366 cells/mm3	1000-4800
MONOCYTE	348 cells/mm3	0-800
EOSINOPHIL	348 cells/mm3	0-450

BLOOD PICTURE

RBCs are predominantly normocytic normochromic. WBC series is essentially unremarkable. Platelets appear mildly reduced on smear.

Sample Type: K2 EDTA Whole blood
Methodology: Automated cell counter, Sysmex XN-1000 based on Optical / Fluorescence / Flow Cytometry / SLS .

**** End of HAEMATOLOGY Report ****

® MARKED RESULT IS RECHECKED AND VERIFIED

Sample Collection Date	18-02-2021 10:01	**DDL Center**	Dr. Dangs Lab Punjabi Bagh
Lab Ref. No.	210031629		
Name	MR. SUSHIL SINGAL	**Age / Sex**	64 Years / MALE

Test (Methodology)	Result	Biological Reference Interval

DR. SHIVANGI CHAUHAN
M.D. (PATHOLOGY)
(Authorised Signatory)

DR. SONAL JAIN
D.M. (Hematology, A.I.I.M.S.)
(Head Hematology)

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Sample Collection Date	18-02-2021 10:01	**DDL Center**	Dr. Dangs Lab Punjabi Bagh
Lab Ref. No.	210031629		
Name	MR. SUSHIL SINGAL	**Age / Sex**	64 Years / MALE

Test (Methodology)	Result	Biological Reference Interval
BIOCHEMISTRY & IMMUNOTURBIDIMETRY		
GLUCOSE Fasting ,Plasma [Hexokinase]	98.00 mg/dL	60 - 100
C.P.K. ,Serum [U.V.Assay]	65.00 U/L	39 - 308
MAGNESIUM,Serum [Chlorophosphonazo III]	1.60 mg/dL	1.6-2.4
LIPID PROFILE		
CHOLESTEROL,Serum [Enzymatic Assay]	130.00 mg/dL	130 - 220
TRIGLYCERIDES,Serum [Enzymatic Colorimetric]	95.00 mg/dL	50 - 150
H.D.L. CHOLESTEROL,Serum [Homogeneous Enzymatic]	45.00 mg/dL	30 - 75
L.D.L. CHOLESTEROL,Serum [Homogeneous Enzymatic Assay]	79.00 mg/dL	30 - 100
VLDL CHOLESTEROL,Serum [Calculated]	19.00 mg/dL	10 - 30
NON H.D.L. CHOLESTEROL,Serum [Calculated]	85.00 mg/ dL	
CHOLESTEROL-HDL RATIO,Serum [Calculated]	2.89 : 1	
CHOLESTEROL-TRIGLYCERIDE RATIO,Serum [Calculated]	1.37 : 1	
KIDNEY FUNCTION TEST		
UREA,Serum [Kinetic Method]	27.50 mg/dL	10 - 50
BUN (BLOOD UREA NITROGEN),Serum	12.84 mg/dL	4.7 - 23.4
CREATININE,Serum [Kinetic Jaffe's method]	1.05 mg/dL	0.5-1.3
URIC ACID,Serum [Enzymatic Assay]	5.90 mg/dL	2 - 7
IONIZED CALCIUM,Serum [BAPTA Method]	1.20 mmol/L	1.1-1.28
TOTAL CALCIUM,Serum [BAPTA Method]	9.60 mg/dL	8.8-10.2
PHOSPHORUS,Serum [Molybdate UV]	3.20 mg/dL	2.5-4.5
SODIUM,Serum [Ion selective electrode]	138.00 mmol/L	132 - 150
POTASSIUM,Serum [Ion selective electrode]	4.90 mmol/L	3.5 - 5
CHLORIDE,Serum [Ion selective electrode]	99.00 mmol/L	98 - 107
LIVER FUNCTION TEST		
BILIRUBIN (Total),Serum [Diazo Method]	0.50 mg/dL	0.2 - 1.00
BILIRUBIN (DIRECT),Serum [Diazo Method]	0.14 mg/dL	0-0.30
BILIRUBIN (INDIRECT),Serum [Calculated]	0.36 mg/dL	0.1 - 0.8
S.G.O.T. Serum [Kinetic Method]	20.00 U/L	5 - 40
S.G.P.T. Serum [Kinetic Method]	18.00 U/L	5 - 41
ALKALINE PHOSPHATASE,Serum [Kinetic (PNP)]	62.00 U/L	40 - 129
G.G.T.P. Serum [Enzymatic Assay]	21.00 U/L	10 - 71
TOTAL PROTEINS,Serum [Biuret method]	7.80 g/dL	6 - 8.5

Sample Collection Date	18-02-2021 10:01	**DDL Center**	Dr. Dangs Lab Punjabi Bagh
Lab Ref. No.	210031629		
Name	MR. SUSHIL SINGAL	**Age / Sex**	64 Years / MALE

Test (Methodology)	Result	Biological Reference Interval
ALBUMIN,Serum [Colorimetric BCG]	4.50 g/dL	3.5 - 5
GLOBULIN,Serum [Calculated]	3.30 g/dL	
ALBUMIN/GLOBULIN RATIO,Serum [Calculated]	1.36	1.1 - 2.2

**** End of BIOCHEMISTRY & IMMUNOTURBIDIMETRY Report ****

DR. MUKTA SEHGAL
H.O.D. (BIOCHEMISTRY)
(Authorised Signatory)

DR. MANAVI DANG
M.D. (PATHOLOGY)
(Associate Director)

Authentication : 18-02-2021 14:06
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Sample Collection Date	18-02-2021 10:01	**DDL Center**	Dr. Dangs Lab Punjabi Bagh
Lab Ref. No.	210031629		
Name	MR. SUSHIL SINGAL	**Age / Sex**	64 Years / MALE

Test (Methodology)	Result	Biological Reference Interval
IMMUNO ASSAYS		
THYROID PROFILE		
FREE TRIIODOTHYRONINE [FT3], Serum [ECLIA]	2.84 pg/mL	2.00-4.40
FREE THYROXINE [FT4], Serum [ECLIA]	1.28 ng/dL	0.93-1.70
T.S.H.[ULTRASENSITIVE], Serum [ECLIA]	3.32 µIU/mL	0.27-4.20

- Thyroid profile is done to evaluate thyroid gland function and help diagnose thyroid disorders causing hypothyroidism (decreased thyroid activity) and hyperthyroidism (increased thyroid activity).
- The most common causes of thyroid dysfunction are autoimmune diseases. Graves-disease causes hyperthyroidism and Hashimoto thyroiditis causes hypothyroidism. Both hyperthyroidism and hypothyroidism can also be caused by thyroiditis, thyroid cancer.
- Assays detecting unbound or free form of thyroid hormones are highly sensitive to detect thyroid dysfunction. They reflect the active form of the hormone, unaffected by non-thyroidal factors.
- The FT3 and FT4 levels fluctuate significantly during birth and can remain much higher than adult values during the first month after birth. Proper clinical interpretation and correlation of the reports in neonates is mandatory and preterm thyroid profiles should be interpreted with caution.

Biological reference Interval:

Age Group	FT3 in pg/mL	FT4 in ng/dL	TSH in uIU/ml
<12 months	2.9 - 6.8	1.1 - 2.0	1.36 - 8.8
1 - 6 Years	2.5 - 5.3	0.9 - 1.7	0.85 - 6.5
7 - 12 Years	2.5 - 5.6	1.1 - 1.7	0.28 - 4.3
13 - 17 Years	2.4 - 5.0	1.1 - 1.8	0.28 - 4.3
Adults	2.0 - 4.4	0.93 - 1.7	0.27 - 4.2
Cord Blood>37 Weeks	Not available	1.1 - 2.0	2.3 - 13.2

Pregnancy	FT3 in pg/mL	FT4 in ng/dL	TSH in uIU/mL (As per American Thyroid Association)
1st Trimester	2.5 - 3.9	0.9 - 1.5	0.100 - 2.500
2nd Trimester	2.1 - 3.6	0.8 - 1.3	0.200 - 3.000
3rd Trimester	2.0 - 3.3	0.7 - 1.2	0.300 - 3.000

NOTE: TSH LEVELS ARE SUBJECT TO CIRCADIAN VARIATION, REACHING PEAK LEVELS BETWEEN 2-4 A.M. AND AT A MINIMUM BETWEEN 6-10 P.M. THE VARIATION IS OF THE ORDER OF 50 TO 206%, HENCE TIME OF THE DAY HAS INFLUENCE ON THE MEASURED SERUM TSH CONCENTRATIONS. (REF: TIETZ TEXTBOOK OF CLINICAL CHEMISTRY AND MOLECULAR DIAGNOSTICS-5TH EDITION Page 123). FLUCTUATING TSH VALUES SHOULD BE CLINICALLY CORRELATED.

Sample Collection Date	18-02-2021 10:01	**DDL Center**	Dr. Dangs Lab Punjabi Bagh
Lab Ref. No.	210031629		
Name	MR. SUSHIL SINGAL	**Age / Sex**	64 Years / MALE

Test (Methodology)	Result	Biological Reference Interval
GLYCOSYLATED HAEMOGLOBIN [HBA1C]		
GLYCOSYLATED HAEMOGLOBIN [HBA1C],Whole Blood [HPLC]	6.30 %	4.4-6.5
*Mean Plasma Glucose	147 mg/dL	

ANALYZER: Tosoh Automated Glycohemoglobin Analyzer HLC-723G8 (G8)
METHODOLOGY: HPLC

- This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 - 12 weeks and is a better indicator of long-term glycemic control as compared with blood and urine glucose levels due to lesser day to day variation.
- Specifically, the A1C test measures what percentage of hemoglobin is coated with sugar (glycated). Higher the A1C level, the poorer is blood sugar control and higher is the risk of diabetes complications.
- Disorders associated with a decreased erythrocyte life-span, as well as individuals with recent and significant blood loss and chronic renal failure, exhibit low glycated Hb values.
- The test is performed by Gold standard technique of HPLC.
- Effectiveness of A1C may be limited in conditions that affect RBC turnover, such as hemolytic anemia, glucose-6-phosphate dehydrogenase deficiency, recent blood transfusions, drugs that stimulate erythropoiesis, end-stage kidney disease, and pregnancy.
- Hemoglobin variants may interfere with A1c results. Fructosamine level estimation is recommended in such cases.

As per American Diabetes Association (ADA)	
Reference Group	**HbA1c in %**
Nondiabetic adults > =18 years	<5.7
At risk (Prediabetes)	5.7 -6.4
Diagnosing Diabetes	>=6.5

Comment: The final report has been generated after reviewing the HPLC Chromatogram.

**** End of IMMUNO ASSAYS Report ****

DR. MUKTA SEHGAL
H.O.D. (BIOCHEMISTRY)
(Authorised Signatory)

DR. MANAVI DANG
M.D. (PATHOLOGY)
(Associate Director)

Authentication : 18-02-2021 14:06
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Sample Collection Date	18-02-2021 10:01	**DDL Center**	Dr. Dangs Lab Punjabi Bagh
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Name	MR. SUSHIL SINGAL	**Age / Sex**	64 Years / MALE

CLINICAL PATHOLOGY

URINE EXAMINATION (ROUTINE)

MACROSCOPIC

Test (Methodology)	Result	Biological Reference Interval
COLOUR	PALE YELLOW	
CLARITY	CLEAR	
SPECIFIC GRAVITY	1.015	1 - 1.04
REACTION(pH)	6.0	4.6 - 8
GLUCOSE/REDUCING SUBSTANCES	NIL	
PROTEIN (ALBUMIN)	NIL	
NITRITES	NEGATIVE	

MICROSCOPIC EXAMINATION (CENTRIFUGED)

LEUCOCYTES	0-1 /HPF	
RBC	NIL /HPF	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	

Biochemical parameters in urine sample are being performed on automated analyser. With advancing technology we have upgraded the method. Comparison of reports on follow up becomes more accurate as results are quantitative.

**** End of CLINICAL PATHOLOGY Report ****

DR. MANIK AGARWAL
M.D. (PATHOLOGY)
(Authorised Signatory)

PROF (DR) NAVIN DANG
M.D.
(Director)

Authentication : 18-02-2021 15:27
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CONDITIONS OF REPORTING

- In case of alarming or unexpected test results you are advised to contact the laboratory immediately for further discussions and action. Laboratory results are meant to be correlated with the patient's clinical history.
- The report will carry the name and age provided at the time of registration.
- Reporting of tests will be as per defined laboratory turn around time for each test. The same will be informed to the patient during first point of contact i.e. registration or phlebotomy as the case may be.
- Test results & reference ranges vary depending on the technology and methodology used.
- Rarely a second sample may be requested for an indeterminate result or any other pre-analytical / analytical reason.
- Reports can be received either as a hard copy or an email on your personal ID. Reports can also be delivered via courier. Payments can be made online on our website. Only reports with no pending payments are mailed, uploaded or dispatched.
- Reports can also be accessed via Dr. Dangs lab website or through the Dr. Dangs mobile application on IOS and android using the unique ID and password provided to you during registration or received by you via SMS.
- Home collection sample facility is provided with prior appointment. Request for same to be given on 999-999-2020, booked online on **www.drdangslab.com** or through the Dr. Dangs mobile application on IOS and android.
- A digital invoice for tests performed is available on our website and can be accessed by using the unique I.D. and password provided.
- To maintain confidentiality, certain reports may not be mailed at the discretion of the management.
- In case of any queries pertaining to your test results or to provide feedback/suggestions please call us on 01145004200 or mail us at **info@drdangslab.com.**
- 48 hour notice is required for the issuing of slides and blocks.
- Test results are not valid for medico legal purposes.
- The courts (forums) at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the tests and/or results of the tests.
- * For any change in timings, please visit our website.

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