Name	[redacted]	Sample Collected On : 16/05/20, 01:17 PM	Sample Type : Serum
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BIOCHEMISTRY

Test Name	Result	Unit(s)	Normal Range
TSH (THYROID STIMULATING HORMONE), SERUM			
3rd Gen. (TSH Ultrasensitive) Chemiluminescence Immuno Assay	**1.94**	ulU/mL	0.465 - 4.68
Method :	AIA-360, TOSOH, Japan Chemiluminescence Immuno Assays (CLIA)/ VITROS ECI		

COMMENT:

THE LEVELS OF THYROID HORMONE (T3 & T4) ARE LOW IN CASE OF PRIMARY, SECONDARY AND TERTIARY HYPOTHYROIDISM AND SOMETIMES IN NONTHYROIDAL ILLNESS ALSO. INCREASED LEVELS ARE FOUND IN GRAVE~S DISEASE, HYPERTHYROIDISM AND THYROID HORMONE RESISTANCE. T3 LEVELS ARE ALSO RAISED IN T3 THYROTOXICOSIS. TSH LEVELS ARE RAISED IN PRIMARY HYPOTHYROIDISM AND ARE LOW IN HYPERTHYROIDISM AND SECONDARY HYPOTHYROIDISM

NOTE :

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FINAL REPORT

Dr. K.P.Singh
DCP (V.Pathologist)
Consultant

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CLINICAL PATHOLOGY

COMPLETE URINE ROUTINE ANALYSIS

PHYSICAL EXAMINATION	Urine		
QUANTITY	**25**	mL	15 - 50
COLOUR	Pale yellow		
TRANSPARENCY	Clear		
SPECIFIC GRAVITY	**-**		1.005 - 1.035
Method : by Strip			
pH	**7.5**		4.7 - 7.5
Method : by Strip			
CHEMICAL EXAMINATION Strip Method			
ALBUMIN	**Trace***		NEGATIVE or less than 30 mg/dl
Method : by Photometry			
KETONES	**NEGATIVE**		NEGATIVE
Method : by Photometry			
GLUCOSE	**NEGATIVE**		NEGATIVE
Method : by GOD-POD			
UROBILINOGEN	**0.27**	mg/dL	0.2-1.0
Method : Colour Reaction			
LEUCOCYTE ESTERASE	**NEGATIVE**		NEGATIVE
Method : by Photometry			
NITRITE	**NEGATIVE**		NEGATIVE
Method : by Photometry			
MICROSCOPIC EXAMINATION			
PUS CELLS	**1-2**	/hpf	0 - 5
R.B.C's	**Absent**	/hpf	0 - 2
EPITHELIAL CELLS	**2-3**	/hpf	0 - 5
CRYSTALS	**Not detected**		NIL
CASTS	**Not detected**		NIL
YEAST CELLS	**NIL**		NIL
OTHERS	**Absent**		NIL

Method:- (Dip-strip) Processed on automated analyser SIEMENS CLINITEK advantus

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END OF REPORT

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-

BLOOD SUGAR FASTING

Blood Sugar Fasting **92.0** mg/dl

Techniques & Kits Used SIEMENS DIMENSION RxLMAX

Interpretation

TYPE - 2 Diabetes		
Time of Check	Goal plasma blood glucose	Goal plasma blood glucose range
	for people without diabetes	**for people with diabetes**
Before breakfast (fasting)	<100	70-130
Before lunch, supper and snack	<110	70-130
Two hours after meals	<140	<180
Bedtime	<120	90-150

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COMPLETE HAEMOGRAM-23

COMPLETE HEMOGRAM(EDTA)

HEMOGLOBIN	**16.1**	gm%	13.3 - 17.2
Method : Photometric			
TOTAL LEUCOCYTE COUNT	**6000**	/COMM	3700 - 9700
Method : Automated Electrical Resistance Impedance			

DIFFERENTIAL LEUCOCYTE COUNT

POLYMORPHS	**57**	%	42.9 - 78.4
Method : Flowcytometry			
LYMPHOCYTES	**34**	%	14.1 - 45.8
Method : Flowcytometry			
EOSINOPHILS	**5**	%	0.0 - 6.0
Method : Flowcytometry			
BASOPHILS	**0**	%	0.0 - 3.0
Method : Flowcytometry			
MONOCYTES	**4**	%	3.2 - 16.7
Method : Flowcytometry			
BAND CELLS	**0**	%	0.0 - 5.0
Method : Flowcytometry			
PLATELET COUNT	**2.30**	/cumm	1.79 - 3.73
Method : Automated Electrical Resistance Impedance			
R.B.C	**5.30**	million/cumm	4.54 - 5.78
Method : Automated Electrical Resistance Impedance			
PCV / HAEMATOCRIT	**50.1**	%	39 - 51
Method : Automated Electrical Resistance Impedance			
MCV	**94.53***	lemto litres	81 - 94
Method : Automated Electrical Resistance Impedance			
MCH	**30.38**	pico grams	27.10 - 32.50
MCHC	**32.14***	G/DL	32.5 - 36.7
RDW	**12.25**	%	11.5 - 14.1
PCT	**-**	%	0.00 - 0.00
ESR[WESTERGREN]	**28***	mm/1 hr	0 - 20
METHOD :	Sedimentation		

PERIPHERAL SMEAR

HAEMOPARASITES	NO HAEMOPARASITES SEEN

NOTE :

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END OF REPORT

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Infection Screening

ERYTHROCYTE SEDIMENTATION RATE	**28***	mm/hr	Upto 20
Method : Modified Westergren Method			
Method	Modified Westergren Method		

NOTE :

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FINAL REPORT

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ALLERGY SCREENING

ABSOLUTE EOSINOPHIL COUNT (AEC), BLOOD	**325**	/cumm	40 - 440

NOTE :

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FINAL REPORT

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KIDNEY (17 Parameters)

BLOOD UREA LEVEL	**24.50**	mg/dl	15 - 44
Method : SPECTROPHOTOMETRY, UREASE UV, BERTHELOT METHOD			
CREATININE	**0.76**	mg/dl	0.5 - 1.5
Method : SPECTROPHOTOMETRY, ENZYMATIC-PAP METHOD			
URIC ACID , by SPECTROPHOTOMETRY, TOOS	**5.80**	mg/dl	2 - 7
Method : SPECTROPHOTOMETRY, TOOS METHOD			
BUL/CREATININE RATIO	**32.24**	mg/dl	-
Method : Calculated			
BLOOD UREA NITROGEN	**11.45**	mg/dl	7.80 - 20.0
Method : Calculated			
BUN/CREATININE RATIO	**15.07**		-
Method : Calculated			
TOTAL PROTEIN	**7.10**	gm/dl	6.6 - 8.8
Method : SPECTROPHOTOMETRY, BIURET WITH SAMPLE BLANK METHOD			
ALBUMIN	**4.40**	gm/dl	3.5 - 5.2
Method : SPECTROPHOTOMETRY, BROMOCRESOL GREEN METHOD			
ALKALINE PHOSPHATASE	**91.0**	U/L	53-128
Method : IFCC METHOD			
GLOBULIN	**2.7***	gm/dl	2.8 - 3.4
Method : Calculated			
A:G RATIO	**1.63**		-
Method : Calculated			
SODIUM	**136.8**	mmol/l	135 - 155
Method : ISE METHOD			
POTASSIUM	**4.21**	meq/Lt	3.5 - 5.5
Method : ISE METHOD			
CHLORIDE	**95.76***	mmol/l	96 - 115
Method : ISE METHOD			
CALCIUM	**9.20**	mg/dl	8.6 - 11.3
Method : SPECTROPHOTOMETRY, PHOSPHONAZO METHOD			
IONIZED CALCIUM	**1.31**	mmol/Lt	1.12 - 1.32
Method : CALCULATED			

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CORRECTED CALCIUM	**12.72***	mg/dl	8.5 - 10.2

Method : CALCULATED

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END OF REPORT

Dr. K.P.Singh
DCP (V.Pathologist)
Consultant

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LIVER (11 Parameter Reports)

BILIRUBIN TOTAL by SPECTROPHOTOMETRY, DCA METHOD	**0.70**	mg/dl	0.2-1.0 Children 0.1-1.2 Adult
BILIRUBIN DIRECT by SPECTROPHOTOMETRY, DCA METHOD	**0.20**	mg/dl	<=0.2
BILIRUBIN INDIRECT by CALCULATED	**0.5**	mg/dl	upto 0.7
ALANINE AMINOTRANSFERASE(ALT/SGPT) by SPECTROPHOTOMETRY, IFCC METHOD	**47.00***	U/L	<41
ASPARTATE AMINOTRANSFERASE (AST/SGOT) by SPECTROPHOTOMETRY, IFCC METHOD	**26.00**	U/L	<35
SGOT/SGPT RATIO by CALCULATED	**0.55**		-
TOTAL PROTEIN by SPECTROPHOTOMETRY, BIURET WITH SAMPLE BLANK METHOD	**7.10**	gm/dl	6.6 - 8.8
ALBUMIN by SPECTROPHOTOMETRY, BROMOCRESOL GREEN METHOD	**4.40**	gm/dl	3.5 - 5.2
GLOBULIN by CALCULATED	**2.7***	gm/dl	2.8 - 3.4
ALBUMIN/GLOBULIN RATIO by CALCULATED	**1.63**		-
ALKALINE PHOSPHATASE by SPECTROPHOTOMETRY, IFCC METHOD	**91.0**	U/L	53-128

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FINAL REPORT

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HEART-8

CHOLESTEROL by SPECTROPHOTOMETRY, CHOD-PAP METHOD	**271.0***	mg/dl	Desirable : < 200 mg/dl Borderline high : 200- 239 mg/dl High : > 240 mg/dl
TRIGLYCERIDES by SPECTROPHOTOMETRY, GPO-PAP METHOD	**207.0***	mg/dl	Desirable : < 150 mg/dl Borderline high : 150 - 199 mg/dl Very High : > 500 mg/dl
CHOLESTEROL HDL by SPECTROPHOTOMETRY, Immunoinhibition METHOD	**37.0**	mg/dl	Increased risk : < 40 mg/dl Average risk : 40 - 50 mg/dl Less Than average risk : > 60 mg/dl
CHOLESTEROL VLDL by CALCULATED	**41.4**	mg/dl	5 - 51
CHOLESTEROL LDL Direct by CALCULATED	**192.6***	mg/dl	
LDL/ HDL RATIO by CALCULATED	**5.21***		Low risk : < 3.5 Average risk : 3.5 - 5.0 High risk : > 5.0
HDL/LDL Cholesterol Ratio by CALCULATED	**0.19**		-
TC (Total Cholesterol) / HDL Cholesterol Ratio by CALCULATED	**7.32**		-

NOTE:-

Interpretation(s) TRIGLYCERIDES CAN SHOW MARKED VARIATION DEPENDING ON PREVIOUS DAY DIET INTAKE, 12 HRS FASTING IS MANDATORY BEFORE TESTING OF LIPID PROFILE SPECIALLY FOR TRIGLYCERIDES RESULTS(VALUES), IN CASE, LIPID PROFILE IS DONE IN NON-FASTING STATE, THEN ANY ABNORMAL VALUE, ESPECIALLY FOR TRIGLYCERIDE MUST BE RETESTED ON OVERNIGHT FASTING BLOOD SAMPLE, BY CALCULATED LDL & VLDL VALUES MAY BE HIGHLY VARIABLE IF NON FASTING BLOOD SAMPLE TESTED.

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Welcome Letter

Welcome to Drreddylab.com initiated by Rlifespan

It is our great pleasure to welcome you on board to our esteemed member your family's Health care needs. We at DrReddyLab.com go extra mile when it comes to the Health of your family.

Ideology & Philosophy

• Strictly believes in building the 'Trust of Patients, Doctor and Business Associate. • Maintains uncompromised quality at affordable prices. • Has a dedicated patients/customer care team to handle all queries with prompt action. • The laboratory and R&D team provides technical support along with the latest information on test & technologies. • Committed to upgrade Test Menu on regular basis. • Qualified technical staff to maintain accuracy of reports and faster TAT (Turn Around Time). • Focus on pre & post analytical error prevention. Providing a convenient and real time platform for our patients and business associates through a robust IT network for:- ■ Sample Booking ■ Sample Tracking ■ Sample Testing visualization*(prior appointment) ■Online Report Tracking ■ Client FAQs and Grievance redressal ■ Digital Payments (As per GOI Guidelines).

■ If the result(s) of the test(s) are alarming or unexpected or do not correlate clinically or ***Lipemic sample always give abnormal result(s) please talk to your family doctors (about Lipemia Please r https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3936974/)***, the patient/referring doctor may please contact the laboratory immediately for possible recheck or remedial advice on 01145600260/+91-9953748579 ■ Free repeat sample requests will be accepted on request of the referring doctor upto 7 days post reporting.

Terms Of Use

1. The specimens received are presumed to be of the patient's named on the samples. 2. All test results are dependent on the quality of the sample received by the laboratory. 3. The findings and observations in the report pertain to the specimen submitted. 4. All investigations have their limitations which are imposed by the limits of sensitively and specificity of the individual assay procedures and the condition of the sample received by the laboratory. 5. The specimens received are discarded after conducting the required tests unless otherwise prior informed. 6. In the event of unforeseen circumstances or technical reasons, performance and/ or reporting date and time of tests may be changed. 7. The courts (Forums) at New Delhi shall have exclusive jurisdiction in all disputes/ claims concerning the test(s) and/ or result(s) of the rest(s). 8. Laboratory investigations only help in arriving at a diagnosis and should be correlated with the clinical presentation and other relevant investigations. 9. Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.10. Neither R LIFESPAN nor its employees/ representatives assume any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report. 11. All reports have to be correlated clinically.

Suggestions: 1. Values out of reference range require reconfirmation before starting any medical treatment. 2. Retesting is needed if you suspect quality shortcomings.

Please get in touch with us if you have any query during our working hours between 10 a.m. to 6.30 p.m. (Monday to Saturday). By choosing DrReddyLab.com, you have shown your faith in us. We plan to live up to that trust.

Sincerely,

DrReddyLab.com Team(Initiated By Rlifespan)

Write a Review about Our Services.

END OF REPORT

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BIOCHEMISTRY

EGFR

Test Description	Assayed on Bs400 Fully Auto Biochem Analyser		
Creatinine	**0.76***	mg/dl	0.9 - 1.4
e-GFR (Automatic Reporting : Original MDRD study equation)	**118.63**	mL/min/1.73m2	As per NKDEP (ml/min/173m^2) >59 : normal or mild impairment 30-59 : mod decrease (Stage III CKD) 15-29 : severe decreased (Stage IV CKD) <16 : end Stage kidney failure (Stage V CKD) (Refer NKDEP guidelines for details) ISHITA

Method : Kinetic Colorimetric Jaffé method

METHOD Selectra EM 180 fully auto biochem analyser

Comments :

Modification of diet in renal disease (MDRD) equation is most thoroughly validated an superior to all the other method for estimation of GFR. It does not require weight as a variable and yields an estimated GFR normalized to 1.73m2 body surface area. Using serum creatinine alone gives a poor inference of GFR because they are inversely related and effects of age,sex and race on creatinine production complicate interpretation. For African races a modified formula is used for calculation of GFR.

National Kidney Disease Education program recommends the use of MDRD equation to estimate or predict GFR in adults (>=20 years) with chronic Kidney Disease (CKD). * MDRD equation is most accurate for GFR <=60 mL/min/1.73m2 * Recalculation of estimated GFR is required for African American race.

** e-GFR result is interpreted for age group 17 to 70 yrs as per MKDEP guideline.

NOTE:- If you are younger than 18, pregnant, very overweight or very muscular. Talk to your doctor to find out if this test is right for you.

NOTE :

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T3 & T4

T3 (TRIIODOTHYRONINE)	**1.13**	ng/ml	0.87 - 1.78
Chemiluminescence Immuno Assay			
T4 (THYROXINE)T4 (THYROXINE)	**7.3**	ng/dl	6.09 - 12.23
Chemiluminescence Immuno Assay			

Techniques & Kits Used CLIA, AIA-360, TOSOH, Japan

Remark

Interpretation:

NOTE :

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VITAL VITAMINS (VITAMIN B12 & 25-OH-VITAMIN-D3)

VITAMIN B12 **Chemiluminescence Immuno Assay**	**218**	pg/ml	Normal : 180 - 914 Indeterminate Range : 145 - 180 Deficiency : < 145
LINEARITY	50 - 1500		
Techniques & kits Used	VITROS Eci, CLIA.		

25-OH-VITAMIN-D

VITAMIN D TOTAL **Chemiluminescence Immuno Assay**	**27.69***	ng/ml	Deficient : <20 Insufficient : 20 - 29 Sufficient : 30 - 100 Potential toxicity : >100
LINEARITY	Low detection limit : < 8.1 High detection limit : 167.0		
Techniques & Kits	VITROS Eci, CLIA		
Remark	-		

NOTE :

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END OF REPORT

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HbA1C (GLYCOSYLATED HAEMOGLOBIN)

HbA1C (GLYCOSYLATED HEMOGLOBIN), BLOOD	**5.7**	%	**Normal**	: 4 - 6.1

Interpretation

Diabetics require long term maintanance of the blood glucose level as close as possible to the normal level to minimise the risk of long term vascular- consequences. A single blood glucose measurement is an indication of the patients present condition but does not represent the true status of blood glucose regulation. An accurate index of mean blood glucose concentration may be established by the measurement of HbA1c. Levels of HbA1c depend on the life span of the RBCs and mean blood glucose concentration for the preceding 2-3 months. Hence, Hb A1c should be routinely done at least every 3 months in all diabetics.

A1C	FPG	GTT
DIABETIC > 6.5	DIABETIC > 6.5	DIABETIC > 6.5
PRE-DIABETIC 5.7-6.5	PRE-DIABETIC 5.7-6.5	PRE-DIABETIC 5.7-6.5
NORMAL < 5.7	NORMAL < 5.7	NORMAL < 5.7

Method HLC-723 GX TOSOH Japan HPLC Chromatograph

Graph:

NOTE :

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END OF REPORT

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SEROLOGY

CRP (C-- REACTIVE PROTEIN QUALITATIVE)

CRP	Non Reactive
Method	Immunoturbidometric Method

NOTE :

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FINAL REPORT

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Consultant