







Name

UID : 35423

: 43 years / Male Age / Sex

Ref. Doctor : DIRECT Client Name: DIRECT Sample Collected On: 16/05/20, 01:17 PM

Sample Received On: 16/05/20, 10:09 PM

Report Released On: 18/05/20, 01:28 PM

Client Address

Sample Type: Serum



BIOCHEMISTRY

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

COMMENT:

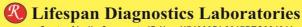
THE LEVELS OF THYROID HORMONE (T3 & T4) ARE LOW IN CASE OF PRIMARY, SECONDARY AND TERTIARY HYPOTHYROIDISM AND SOMETIMES IN NONTHYROIDAL ILLNESS ALSO. INCREASED LEVELS ARE FOUND IN GRAVE~S DISEASE, HYPERTHYROIDISM AND THYROID HORMONE RESISTANCE. T3 LEVELS ARE ALSO RAISED IN T3 THYROTOXICOSIS. TSH LEVELS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

NOTE:

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CLINICAL PATHOLOGY

COMPL	FTF	LIRINE	ROUTINE	ANALYSIS

PHYSICAL EXAMINATION Urine

25 **QUANTITY** mL 15 - 50

COLOUR Pale yellow

TRANSPARENCY Clear

SPECIFIC GRAVITY 1.005 - 1.035

Method: by Strip

рΗ 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 NFGATIVE

Method: by GOD-POD

UROBILINOGEN 0.27 0.2-1.0 mg/dL

Method: Colour Reaction

LEUCOCYTE ESTERASE **NEGATIVE NEGATIVE**

Method: by Photometry

NITRITE NEGATIVE NEGATIVE

Method: by Photometry

MICROSCOPIC EXAMINATION

PUS CELLS 1-2 0 - 5 /hpf R.B.C's **Absent** 0 - 2 /hpf 2-3 **EPITHELIAL CELLS** /hpf 0 - 5 **CRYSTALS** Not detected NIL **CASTS** NIL Not detected YEAST CELLS NIL NIL **OTHERS** NIL **Absent**

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

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DCP (V.Pathologist) Consultant









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BLOOD SUGAR FASTING

92.0 **Blood Sugar Fasting** mg/dl

Techniques & Kits Used

SIEMENS DIMENSION RxLMAX

Interpretation

Goal plasma blood glucose	Goal plasma blood glucose range
for people without diabetes	for people with diabetes
<100	70-130
<110	70-130
<140	<180
<120	90-150
	for people without diabetes <100 <110 <140

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COMPLETE HAEMOGRAM-23 COMPLETE HEMOGRAM(EDTA)

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

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Infection Screening

ERYTHROCYTE SEDIMENTATION RATE 28* mm/hr Upto 20

Method: Modified Westergren Method

Method Modified Westergren Method

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0002713720

ALLERGY SCREENING

ABSOLUTE EOSINOPHIL COUNT (AEC), BLOOD 325

/cumm

40 - 440

NOTE:

UID

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Client Name : DIRECT			
KIDNEY (17 Parameters)			
BLOOD UREA LEVEL	24.50	mg/dl	15 - 44
Method : SPECTROPHOTOMETRY, UREASE U	IV,		
BERTHELOT METHOD			
CREATININE	0.76	mg/dl	0.5 - 1.5
Method : SPECTROPHOTOMETRY,			
ENZYMATIC-PAP METHOD			
URIC ACID,	5.80	mg/dl	2 - 7
by SPECTROPHOTOMETRY, TOOS			
Method : SPECTROPHOTOMETRY, TOOS METHOD			
BUL/CREATININE RATIO	32.24	mg/dl	_
Method : Calculated	32.24	mg/ai	
BLOOD UREA NITROGEN	11.45	mg/dl	7.80 - 20.0
Method : Calculated		mg/ai	7.00 20.0
BUN/CREATININE RATIO	15.07		-
Method : Calculated			
TOTAL PROTEIN	7.10	gm/dl	6.6 - 8.8
Method : SPECTROPHOTOMETRY, BIURET		9	
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			0.0 44.0
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	1.01	IIIIIOI/Lt	1.12 - 1.02
MOUTOU . ONEOGENTED			





8.5 - 10.2





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mg/dl

Client Address

Sample Type: Serum

CORRECTED CALCIUM

Method: CALCULATED

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12.72*

END OF REPORT









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Client Address : -

Sample Type: Serum



LIVER (11 Parameter Reports)

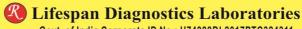
, , , , , , , , , , , , , , , , , , , ,			
BILIRUBIN TOTAL	0.70	mg/dl	0.2-1.0 Children
by SPECTROPHOTOMETRY, DCA METHOD			0.1-1.2 Adult
BILIRUBIN DIRECT	0.20	mg/dl	<=0.2
by SPECTROPHOTOMETRY, DCA METHOD			
BILIRUBIN INDIRECT	0.5	mg/dl	upto 0.7
by CALCULATED			
ALANINE AMINOTRANSFERASE(ALT/SGPT)	47.00*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

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HEART-8

271.0* **CHOLESTEROL** Desirable: < 200 mg/dl mg/dl Borderline high: 200-239 mg/dl by SPECTROPHOTOMETRY, CHOD-PAP METHOD High: > 240 mg/dl

TRIGLYCERIDES 207.0* Desirable mg/dl : < 150 mg/dl

Borderline high: 150 - 199 mg/dl by SPECTROPHOTOMETRY, GPO-PAP METHOD Very High : > 500 mg/dl

CHOLESTEROL HDL 37.0 mg/dl Increased risk: < 40 mg/dl

Average risk: 40 - 50 mg/dl by SPECTROPHOTOMETRY, Immunoinhibition METHOD

Less Than average risk : > 60 mg/dl

CHOLESTEROL VLDL 41.4 5 - 51 mg/dl

by CALCULATED

CHOLESTEROL LDL Direct 192.6* mg/dl

by CALCULATED

5.21* LDL/ HDL RATIO Low risk : < 3.5

Average risk : 3.5 - 5.0 by CALCULATED High risk : > 5.0

HDL/LDL Cholesterol Ratio 0.19

by CALCULATED

TC (Total Cholesterol) / HDL Cholesterol Ratio 7.32

by CALCULATED

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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FINAL REPORT

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

Consultant









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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 gueries 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 please talk to your family doctors (about result(s) Lipemia Please 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.

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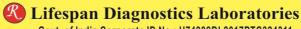
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BIOCHEMISTRY

EGFR

Test Description Assayed on Bs400 Fully Auto Biochem Analyser 0.76* Creatinine mg/dl 0.9 - 1.4

118.63 e-GFR (Automatic Reporting: Original MDRD mL/min/1.73m2

study equation)

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.

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.

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









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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

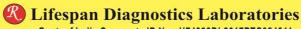
Interpretation:

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

VITAMIN B12 218 pg/ml Normal : 180 - 914

Chemiluminescence Immuno Assay Indeterminate Range: 145 - 180

Deficiency : < 145

LINEARITY 50 - 1500

Techniques & kits Used VITROS Eci, CLIA.

25-OH-VITAMIN-D

VITAMIN D TOTAL 27.69* ng/ml Deficient : <20

: 20 - 29 **Chemiluminescence Immuno Assay** Insufficient

Sufficient : 30 - 100 Potential toxicity: >100

LINEARITY Low detection limit : < 8.1

High detection limit: 167.0

VITROS Eci, CLIA Techniques & Kits

Remark

NOTE:

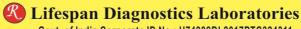
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Consultant









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HbA1C (GLYCOSYLATED HAEMOGLOBIN)

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

BI OOD

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	DIABETIC	DIABETIC
> 6.5	> 6.5	> 6.5
PRE-DIABETIC	PRE-DIABETIC	PRE-DIABETIC
5.7-6.5	5.7-6.5	5.7-6.5
NORMAL	NORMAL	NORMAL
< 5.7	< 5.7	< 5.7

Method

HLC-723 GX TOSOH Japan HPLC Chromatograph

Graph:

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DCP (V.Pathologist) Consultant









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SEROLOGY

CRP (C-- REACTIVE PROTEIN QUALITATIVE)

CRP Non Reactive

Method Immunoturbidometric Method

NOTE:

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