

Patient Name	: Mrs.RAJALAKSHMI.G	Collected	: 15/Nov/2019 08:06AM
Age/Gender	: 63 Y O M O D /F	Received	: 15/Nov/2019 12:13PM
UHID/MR No	: DPMM.0000002333	Reported	: 15/Nov/2019 12:48PM
Visit ID	: DPMMOPV4300	Status	: Final Report
Ref Doctor	: Dr.SELF	Client Name	: PCC PAMMAL
IP/OP NO	:	Patient location	: Pammal,Chennai

### DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

### COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD-EDTA

HAEMOGLOBIN	10.1	g/dL	12-15	Spectrophotometer
PCV	32.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.27	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	74	fL	83-101	Calculated
MCH	24	pg	27-32	Calculated
MCHC	32	g/dL	31.5-34.5	Calculated
R.D.W	18.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,400	cells/cu.mm	4000-10000	Electrical Impedance

### DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	68	%	40-80	Electrical Impedance
LYMPHOCYTES	23	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	07	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

### ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	5032	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1702	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	148	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	518	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	309000	cells/cu.mm	150000-410000	Electrical impedance



SIN No:HA01101920

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Chennai

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to: Ameerpet Metro Station, Ameerpet, Hyderabad- 500038

For more information contact us at : [customer.care@apollo diagnostics.in](mailto:customer.care@apollo diagnostics.in)

[www.apolلودiagnostics.in](http://www.apolلودiagnostics.in)

Patient Name : Mrs.RAJALAKSHMI.G	Collected : 15/Nov/2019 10:00AM
Age/Gender : 63 Y O M O D /F	Received : 15/Nov/2019 12:16PM
UHID/MR No : DPMM.0000002333	Reported : 15/Nov/2019 02:15PM
Visit ID : DPMMOPV4300	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : PCC PAMMAL
IP/OP NO :	Patient location : Pammal,Chennai

### DEPARTMENT OF BIOCHEMISTRY

### GLUCOSE FASTING & PP

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	174	mg/dL	70 - 100	GOD - POD
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	280	mg/dL	70 - 140	GOD - POD



SIN No:BI03194086,BI03194087

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Chennai

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Regd. Office: #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to: Ameerpet Metro Station, Ameerpet, Hyderabad- 500038

For more information contact us at : [customer.care@apollo diagnostics.in](mailto:customer.care@apollo diagnostics.in)

[www.apolلودiagnostics.in](http://www.apolلودiagnostics.in)

Patient Name : Mrs.RAJALAKSHMI.G	Collected : 15/Nov/2019 08:06AM
Age/Gender : 63 Y O M O D /F	Received : 15/Nov/2019 12:13PM
UHID/MR No : DPMM.0000002333	Reported : 15/Nov/2019 01:19PM
Visit ID : DPMMOPV4300	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : PCC PAMMAL
IP/OP NO :	Patient location : Pammal,Chennai

### DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA</b>	10	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA</b>	240	mg/dL		Calculated

#### Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	>= 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



SIN No:BI03194085

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Chennai

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Regd. Office: #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to: Ameerpet Metro Station, Ameerpet, Hyderabad- 500038

For more information contact us at : [customer.care@apollodiagnostics.in](mailto:customer.care@apollodiagnostics.in)

[www.apollodiagnostics.in](http://www.apollodiagnostics.in)

Patient Name	: Mrs.RAJALAKSHMI.G	Collected	: 15/Nov/2019 08:06AM
Age/Gender	: 63 Y O M O D /F	Received	: 15/Nov/2019 12:55PM
UHID/MR No	: DPMM.0000002333	Reported	: 15/Nov/2019 01:34PM
Visit ID	: DPMMOPV4300	Status	: Final Report
Ref Doctor	: Dr.SELF	Client Name	: PCC PAMMAL
IP/OP NO	:	Patient location	: Pammal,Chennai

### DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

### COMPLETE URINE EXAMINATION , URINE

#### PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Dipstick
SP. GRAVITY	1.025		1.002-1.030	Dipstick

#### BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	Dipstick/Heat test
GLUCOSE	NEGATIVE		NEGATIVE	Dipstick/Benedicts Test
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Dipstick/Fouchet Test
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Dipstick/Rotheras Test
UROBILINOGEN	NORMAL		NORMAL	Dipstick/Ehrlichs Test
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Dipstick

#### CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-4	/hpf	0-5	
EPITHELIAL CELLS	2-4	/hpf	<10	
RBC	NIL	/hpf	ABSENT	
CASTS	ABSENT		ABSENT	
CRYSTALS	ABSENT		ABSENT	

\*\*\* End Of Report \*\*\*



DR. MARQUESS RAJ  
M.D (PATH), D.N.B (PATH)  
Consultant Pathologist



DR. R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:C00511086

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Chennai

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to: Ameerpet Metro Station, Ameerpet, Hyderabad- 500038

For more information contact us at : [customer.care@apollodiagnostics.in](mailto:customer.care@apollodiagnostics.in)

[www.apollodiagnostics.in](http://www.apollodiagnostics.in)

Patient Name	: Mrs.RAJALAKSHMI.G	Collected	: 15/Nov/2019 08:06AM
Age/Gender	: 63 Y O M O D /F	Received	: 15/Nov/2019 12:54PM
UHID/MR No	: DPMM.0000002333	Reported	: 17/Nov/2019 10:39AM
Visit ID	: DPMMOPV4300	Status	: Final Report
Ref Doctor	: Dr.SELF	Client Name	: PCC PAMMAL
IP/OP NO	:	Patient location	: Pammal,Chennai

## DEPARTMENT OF MICROBIOLOGY

**TEST NAME : CULTURE AND SENSITIVITY URINE**

**SPECIMEN TYPE : URINE**

### MICROSCOPY

#### WET MOUNT

PUS CELLS

/HPF

#### GRAM STAIN

OTHERS

OCCASIONAL PUS CELLS AND NO BACTERIA SEEN.

CULTURE

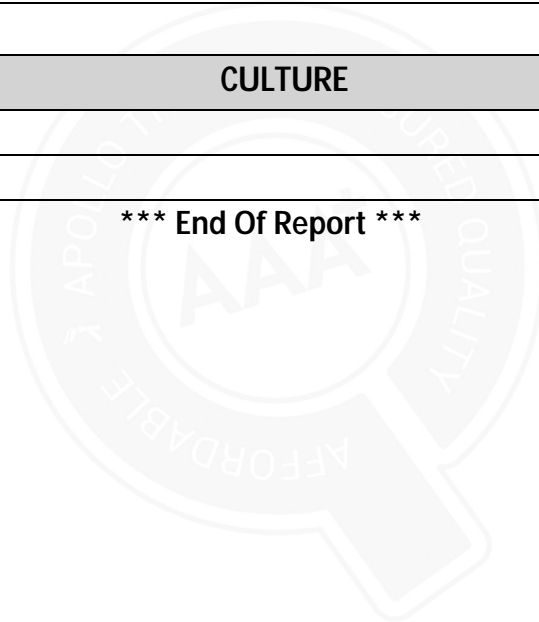
NO GROWTH AFTER 48 HOURS.

### CULTURE

NO GROWTH AFTER 48 HOURS.

\*\*\* End Of Report \*\*\*

*S. Krithikaa*  
DR. S.KRITHIKAA  
M.D.(Microbiology)



SIN No:MI00166272

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Chennai

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Regd. Office: #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to: Ameerpet Metro Station, Ameerpet, Hyderabad- 500038

For more information contact us at : [customer.care@apollodiagnostics.in](mailto:customer.care@apollodiagnostics.in)

[www.apollodiagnostics.in](http://www.apollodiagnostics.in)



Patient Name	: Mr.AKSHYA KUMAR DAS	Collected	: 18/Jul/2023 10:13AM
Age/Gender	: 37 Y 6 M 2 D/M	Received	: 18/Jul/2023 01:56PM
UHID/MR No	: CMAR.0000319213	Reported	: 18/Jul/2023 03:21PM
Visit ID	: CMAROPV693755	Status	: Final Report
Ref Doctor	: Dr.CHETAN SHIRAKANAHALLI		

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD-EDTA

HAEMOGLOBIN	13.4	g/dL	13-17	Spectrophotometer
PCV	40.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.83	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,300	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	71.5	%	40-80	Electrical Impedance
LYMPHOCYTES	19	%	20-40	Electrical Impedance
EOSINOPHILS	0.8	%	1-6	Electrical Impedance
MONOCYTES	8.3	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
CORRECTED TLC	3,300	Cells/cu.mm		Calculated

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	2359.5	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	627	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	26.4	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	273.9	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	13.2	Cells/cu.mm	0-100	Electrical Impedance
PLATELET COUNT	198000	cells/cu.mm	150000-410000	Electrical impedance

Mild Leucopenia with Lymphopenia.



Patient Name	: Mr.AKSHYA KUMAR DAS	Collected	: 18/Jul/2023 10:13AM
Age/Gender	: 37 Y 6 M 2 D/M	Received	: 18/Jul/2023 01:56PM
UHID/MR No	: CMAR.0000319213	Reported	: 18/Jul/2023 05:26PM
Visit ID	: CMAROPV693755	Status	: Final Report
Ref Doctor	: Dr.CHETAN SHIRAKANAHALLI		

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

MALARIA VIVAX ANTIGEN , WHOLE BLOOD-EDTA	NEGATIVE		NEGATIVE	Immunochromatography.
MALARIA FALCIPARUM ANTIGEN , WHOLE BLOOD-EDTA	NEGATIVE		NEGATIVE	Immunochromatography

Comment:

1. The test uses monoclonal anti-pf HRP-2 antibody (for P. Falciparum) and monoclonal anti-pv specific pLDH antibody (P. vivax)
2. This is only a screening test. The results of the test are to be interpreted within the epidemiological, clinical and therapeutic context.
3. Since the HRP-2 levels persists for upto 15 days even after successful therapy, a reactive test result does not indicate a failed therapeutic response.
4. Patient with rheumatoid factor, anti-nuclear antibody or dengue may give false positive results.



Patient Name	: Mr.AKSHYA KUMAR DAS	Collected	: 18/Jul/2023 10:13AM
Age/Gender	: 37 Y 6 M 2 D/M	Received	: 18/Jul/2023 01:46PM
UHID/MR No	: CMAR.0000319213	Reported	: 18/Jul/2023 03:40PM
Visit ID	: CMAROPV693755	Status	: Final Report
Ref Doctor	: Dr.CHETAN SHIRAKANAHALLI		

## DEPARTMENT OF SEROLOGY

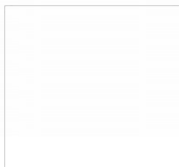
Test Name	Result	Unit	Bio. Ref. Range	Method
TYPHIDOT - IGM , SERUM	NEGATIVE		NEGATIVE	ICT

Page 3 of 5

SIN No:SE04426747







Patient Name	: Mr.AKSHYA KUMAR DAS	Collected	: 18/Jul/2023 10:13AM
Age/Gender	: 37 Y 6 M 2 D/M	Received	: 18/Jul/2023 01:46PM
UHID/MR No	: CMAR.0000319213	Reported	: 18/Jul/2023 03:40PM
Visit ID	: CMAROPV693755	Status	: Final Report
Ref Doctor	: Dr.CHETAN SHIRAKANAHALLI		

DEPARTMENT OF SEROLOGY

DENGUE PROFILE (NS1/IGG/IGM) - RAPID

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

DENGUE FEVER NS1 ANTIGEN, RAPID , SERUM	REACTIVE		NON REACTIVE	ICT
--	----------	--	--------------	-----

**Comment:**

Dengue virus (DV) is a globally distributed flavivirus with 4 distinct serotypes (DV-1, -2, -3, -4) and is primarily transmitted by the Aedesaegypti mosquito.

**Interpretation:**

**Positive:**

The presence of dengue nonstructural protein 1 (NS1) antigen is consistent with acute-phase infection with dengue virus. The NS1 antigen is typically detectable within 1 to 2 days following infection and up to 9 days following symptom onset. NS1 antigen may also be detectable during secondary dengue virus infection, but for a shorter duration of time (1-4 days following symptom onset).

**Negative:**

The absence of dengue NS1 antigen is consistent with the lack of acute-phase infection.

**Note:**

Serological cross-reactivity across the Flavivirus group (Dengue virus, St. Louis encephalitis, Japanese encephalitis, West Nile and yellow fever virus) is common.

As with all diagnostic tests, all results must be correlated with other clinical findings.

This is a Rapid immunochromatography method. Advised to confirm by ELISA, if positive.

If the test result is negative and clinical symptoms persist, additional follow-up testing using other clinical methods is recommended.

A negative result at any time does not preclude the possibility of an early infection of Dengue virus.



Patient Name	: Mr.AKSHYA KUMAR DAS	Collected	: 18/Jul/2023 10:13AM
Age/Gender	: 37 Y 6 M 2 D/M	Received	: 18/Jul/2023 01:46PM
UHID/MR No	: CMAR.0000319213	Reported	: 18/Jul/2023 03:40PM
Visit ID	: CMAROPV693755	Status	: Final Report
Ref Doctor	: Dr.CHETAN SHIRAKANAHALLI		

DEPARTMENT OF SEROLOGY

DENGUE PROFILE (NS1/IGG/IGM) - RAPID

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

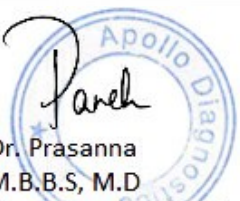
DENGUE IgG/IgM ANTIBODIES - RAPID , SERUM

DENGUE IgG ANTIBODIES	NON REACTIVE		NON REACTIVE	ICT
DENGUE IgM ANTIBODIES	NON REACTIVE		NON REACTIVE	ICT

Comment:

This is a Rapid immunochromatography method. Advised to confirm by ELISA, if positive.

\*\*\* End Of Report \*\*\*



Dr. Prasanna  
M.B.B.S, M.D  
Consultant Pathologist



DR.VINITHA  
M.Sc, PH.D  
MICRO BIOLOGIST



**DEPARTMENT OF LABORATORY MEDICINE**

<b>Name</b>	: Lijo Chiriyankandath Jacob	<b>Ordered On</b>	: 17/01/2021 16:37
<b>Age/Gender</b>	: 38Y 8M 6D/Male	<b>Collected On</b>	: 17/01/2021 16:58
<b>MPI</b>	: 1000124271	<b>Received On</b>	: 17/01/2021 19:26
<b>Referred By</b>	: Dr.Kapil Kumar Talreja	<b>Reported On</b>	: 17/01/2021 23:56
<b>Referring Org</b>	: ASTER MEDICAL CENTER-SHARJAH	<b>Reporting Org</b>	: ASTER DIAGNOSTIC CENTRE SHARJAH

HAEMATOLOGY					
Test Name	Results	Biological Reference Interval	Units	Specimen	Test Method
<b>CBC - Complete Blood Count</b>					
<i>Sample : Whole Blood EDTA</i>					
<b>RBC</b>	5.26	4.5 - 5.5	10 <sup>6</sup> / uL		Cell Counter Flow Cytometry
<b>Haemoglobin</b>	15.10	13.5 - 18	g/dL		Colorimetric Method Automated
<b>Hematocrit</b>	46.30	40 - 50	%		Cell Count computation
<b>MCV</b>	88.01	80 - 100	fL		Cell Count computation
<b>MCH</b>	28.65	27 - 32	Pg		Cell Count computation
<b>MCHC</b>	32.56	31.5 - 34.5	g/dL		Cell Count computation
<b>Red Cell Distribution Width</b>	12.35	11.6 - 14	%		Cell Count computation
<b>Total WBC Count</b>	7.24	4 - 11	10 <sup>3</sup> /uL		Cell Counter Flow Cytometry
<b>Automated Diff WBC Count</b>					
<b>Neutrophils</b>	61.80	40 - 75	%		Multi Angle Polarised Scatter Separations
<b>Lymphocytes</b>	24.74	20 - 40	%		Multi Angle Polarised Scatter Separations
<b>Eosinophils</b>	<b>0.76 L</b>	1 - 6	%		Multi Angle Polarised Scatter Separations
<b>Monocytes</b>	<b>10.50 H</b>	2 - 10	%		Multi Angle Polarised Scatter Separations
<b>Basophils</b>	<b>2.21 H</b>	0 - 2	%		Multi Angle Polarised Scatter Separations
<b>Platelet</b>	323.10	150 - 450	10 <sup>3</sup> /uL		Cell Counter Flow Cytometry
<b>Mean Platelet Volume</b>	9.14	6 - 10.6	fL		Cell Count computation
Value out of reference range should be confirmed (if clinically indicated) by repeating the test with a fresh sample. Low cell count or platelet count may be sample related(clot/lyse), suggested repeat fresh citrate and EDTA sample for confirmation.					
--- END OF HAEMATOLOGY---					

--- End of Report ---

Entered By:

Reviewed By:

Released By:  
Jafar Ali Puthuveettil  
Backer  
Lab Technician

**Aster Diagnostic Centre, AbuShagara**  
P.O Box:61172 Behind Mega Mall,  
Abu Shagara, Sharjah, United Arab Emirates,  
T: 971 065973300  
Email : adc.sharjah@asterclinics.com  
www.asterclinic.ae

**DEPARTMENT OF LABORATORY MEDICINE**

<b>Name</b>	: Lijo Chiriyankandath Jacob	<b>Ordered On</b>	: 17/01/2021 16:37
<b>Age/Gender</b>	: 38Y 8M 6D/Male	<b>Collected On</b>	: 17/01/2021 16:58
<b>MPI</b>	: 1000124271	<b>Received On</b>	: 17/01/2021 19:26
<b>Referred By</b>	: Dr.Kapil Kumar Talreja	<b>Reported On</b>	: 17/01/2021 21:33
<b>Referring Org</b>	: ASTER MEDICAL CENTER-SHARJAH	<b>Reporting Org</b>	: ASTER DIAGNOSTIC CENTRE SHARJAH

<b>BIOCHEMISTRY</b>					
<b>Test Name</b>	<b>Results</b>	<b>Biological Reference Interval</b>	<b>Units</b>	<b>Specimen</b>	<b>Test Method</b>
<b>CRP - C Reactive Protein</b>	2.59	< 5	mg/L	Serum	Particle Enhanced Immunoturbidimetric Assay
<b>--- END OF BIOCHEMISTRY---</b>					

--- End of Report ---

Entered By:

Reviewed By:

Released By:  
Sijo Antoney  
Lab Technician

**Aster Diagnostic Centre, AbuShagara**  
P.O Box:61172 Behind Mega Mall,  
Abu Shagara, Sharjah, United Arab Emirates,  
T: 971 065973300  
Email : [adc.sharjah@asterclinics.com](mailto:adc.sharjah@asterclinics.com)  
[www.asterclinic.ae](http://www.asterclinic.ae)

LPL - PSC YAMUNA VIHAR-2  
B-4/122 yamuna vihar nr Bhajanpura Thana  
Cont: 011 22915901, 9811119729



<b>Name</b> :	<b>Master KIAANSH</b>	<b>Collected</b> :	<b>18/8/2020 1:00:00PM</b>
<b>Lab No.</b> :	<b>152027726</b>	<b>Received</b> :	<b>18/8/2020 1:17:51PM</b>
<b>Age:</b>	<b>1 Year</b>	<b>Reported</b> :	<b>18/8/2020 7:31:33PM</b>
<b>Gender:</b>	<b>Male</b>	<b>Report Status</b> :	<b>Interim</b>
<b>A/c Status</b> :	<b>P</b>	<b>Ref By :</b>	<b>Dr.SANJIV SABHARWAL</b>

Test Name	Results	Units	Bio. Ref. Interval
<b>COMPLETE BLOOD COUNT;CBC</b>			
Hemoglobin (Photometry)	10.20	g/dL	11.00 - 14.00
Packed Cell Volume (PCV) (Calculated)	33.40	%	34.00 - 40.00
RBC Count (Electrical Impedence)	5.43	mill/mm3	4.00 - 5.20
MCV (Electrical Impedence)	61.50	fL	75.00 - 87.00
MCH (Calculated)	18.70	pg	24.00 - 30.00
MCHC (Calculated)	30.40	g/dL	31.00 - 37.00
Red Cell Distribution Width (RDW) (Electrical Impedence)	18.20	%	11.50 - 14.50
Total Leukocyte Count (TLC) (Electrical Impedence)	11.10	thou/mm3	5.00 - 15.00
<b>Differential Leucocyte Count (DLC) (VCS Technology)</b>			
Segmented Neutrophils	52.20	%	
Lymphocytes	34.30	%	
Monocytes	11.80	%	
Eosinophils	0.70	%	
Basophils	1.00	%	
<b>Absolute Leucocyte Count (Calculated)</b>			
Neutrophils	5.79	thou/mm3	1.50 - 8.00
Lymphocytes	3.81	thou/mm3	6.00 - 9.00
Monocytes	1.31	thou/mm3	0.20 - 1.00
Eosinophils	0.08	thou/mm3	0.10 - 1.00
Basophils	0.11	thou/mm3	0.01 - 0.10
Platelet Count (Electrical impedence)	451.0	thou/mm3	150.00 - 490.00





LPL - PSC YAMUNA VIHAR-2  
B-4/122 Yamuna Vihar nr Bhajanpura Thana  
Cont: 011 22915901, 9811119729



Name	: Master KIAANSH	Collected	: 18/8/2020 1:00:00PM
Lab No.	: 152027726	Age: 1 Year	Gender: Male
A/c Status	: P	Ref By: Dr.SANJIV SABHARWAL	Report Status: Interim

Test Name	Results	Units	Bio. Ref. Interval
Mean Platelet Volume (MPV) (Electrical Impedence)	6.80	fL	6.50 - 12.00

**Advised:** Hb HPLC to rule out Thalassemia Minor

**Note**

- As per the recommendation of International Council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
- Test conducted on EDTA whole blood



LPL - PSC YAMUNA VIHAR-2  
B-4/122 yamuna vihar nr Bhajanpura Thana  
Cont: 011 22915901, 9811119729



Name	: Master KIAANSH	Collected	: 18/8/2020 1:00:00PM
Lab No.	: 152027726	Age: 1 Year	Gender: Male
		Received	: 18/8/2020 1:17:51PM
		Reported	: 18/8/2020 7:31:43PM
A/c Status	: P	Ref By	: Dr.SANJIV SABHARWAL
		Report Status	: Interim

Test Name	Results	Units	Bio. Ref. Interval
ALT (SGPT), SERUM (IFCC without P5P)	20	U/L	<50
C-REACTIVE PROTEIN; CRP, SERUM (Immunoturbidimetry)	2.85	mg/L	<5.00

### Comments

CRP is an acute phase reactant which is used in inflammatory disorders for monitoring course and effect of therapy. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis and infections. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.



Dr Anand Chandrasekaran Annan  
MD (American Board of Pathology)  
PhD (Molecular & Cellular Pathology)  
HOD - Oncopathology



Dr Himangshu Mazumdar  
MD, Biochemistry  
Senior Consultant - Clinical Chemistry  
& Biochemical Genetics  
NRL - Dr Lal PathLabs Ltd



Dr.Kamal Modi  
MD, Biochemistry  
Consultant Biochemist  
NRL - Dr Lal PathLabs Ltd



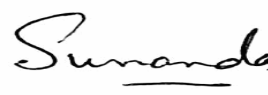
Dr Nimmi Kansal  
MD, Biochemistry  
National Head - Clinical Chemistry &  
Biochemical Genetics  
NRL - Dr Lal PathLabs Ltd



Dr Anil Arora  
MD, Pathology  
HOD Hematology &  
Immunohematology  
NRL - Dr Lal PathLabs Ltd



Dr Parul Chopra  
MD, Laboratory Medicine  
Consultant  
NRL - Dr Lal PathLabs Ltd



Dr Sunanda  
MD, Pathology  
Consultant  
NRL - Dr Lal PathLabs Ltd

Result/s to follow:

TYPHI DOT/ SALMONELLA TYPHI IgM



LPL - PSC YAMUNA VIHAR-2  
 B-4/122 yamuna vihar nr Bhajanpura Thana  
 Cont: 011 22915901, 9811119729



Name	: Master KIAANSH	Collected	: 18/8/2020 1:00:00PM
Lab No.	: 152027726	Received	: 18/8/2020 1:17:51PM
Age:	1 Year	Reported	: 18/8/2020 7:31:43PM
Gender:	Male	Report Status	: Interim
A/c Status	: P		
Ref By	: Dr.SANJIV SABHARWAL		


Test Name	Results	Units	Bio. Ref. Interval
-----------	---------	-------	--------------------

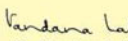
**IMPORTANT INSTRUCTIONS**

\*Test results released pertain to the specimen submitted.\*All test results are dependent on the quality of the sample received by the Laboratory.  
 \*Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.\*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.\*Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.\*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.\*Test results may show interlaboratory variations.\*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).\*Test results are not valid for medico legal purposes. \*Contact customer care Tel No. +91-11-39885050 for all queries related to test results.  
 (#) Sample drawn from outside source.



S04 - LPL-SDA  
C-2/6,SAFDARJUNG  
DEVELOPMENT AREA, NEW D  
ELHI-110016  
DELHI

  
(Hony) Brig. Dr. Arvind Lal  
M.B.B.S., D.C.P.  
*Padmajithi*  
FMR HONORARY PHYSICIAN TO THE PRESIDENT OF INDIA


  
Dr. Vandana Lal  
M.D (PATH), IFCAP  
*Chief of Pathology*  
SHRIOMANI AWARD WINNER

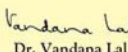
<b>Name</b> :	<b>Mr. RANBIR SINGH</b>	<b>Collected</b> :	<b>17/12/2017 8:37:00AM</b>
<b>Lab No.</b> :	<b>139123642</b>	<b>Received</b> :	<b>17/12/2017 8:39:24AM</b>
<b>Age:</b>	<b>55 Years</b>	<b>Reported</b> :	<b>17/12/2017 5:03:01PM</b>
<b>Gender:</b>	<b>Male</b>	<b>Report Status</b> :	<b>Cumulative</b>
<b>A/c Status</b> :	<b>P</b>	<b>Ref By :</b>	<b>CGHS</b>

Test Name	Lab No/Date	Lab No/Date	Lab No/Date	Lab No/Date	Units
	139123642 17/12/2017	136582666 30/4/2017	131176914 21/8/2016	124347863 6/3/2016	
Microalbumin Urine					
Microalbumin	12.70	-	-	-	mg/L
Creatinine	51.37	-	-	-	mg/dL
Microalbumin : Creatinine Ratio	24.72	-	-	-	mg/g creatinine
Urea	20.00	18.00	22.00	24.00	mg/dL
Creatinine, Serum	0.66	0.74	0.65	0.58	mg/dL
Uric Acid	5.00	-	4.93	4.90	mg/dL
Calcium	8.70	-	9.04	8.90	mg/dL
Phosphorus	2.89	-	3.23	3.70	mg/dL
Sodium	128.30	-	132.00	134.00	mEq/L
Potassium	4.79	-	4.25	4.28	mEq/L
Chloride	96.50	-	97.00	101.00	mEq/L
LIPID PROFILE, BASIC, SERUM					
Cholesterol Total	173.00	191.00	172.00	184.00	mg/dL
Triglycerides	88.00	61.00	73.00	74.00	mg/dL
HDL Cholesterol	54.20	53.70	52.30	47.00	mg/dL
LDL Cholesterol,Direct	106.90	130.00	107.00	115.00	mg/dL
VLDL Cholesterol	11.90	<8.00	12.70	22.00	mg/dL
Non-HDL Cholesterol	118.80	137.30	119.70	137.00	mg/dL
Bilirubin Total, Direct & Indirect					
Bilirubin Total	2.95	-	2.92	2.37	mg/dL
Bilirubin Direct	0.40	-	0.43	0.35	mg/dL
Bilirubin Indirect	2.55	-	2.49	2.02	mg/dL
AST (SGOT)	34	-	33	32	U/L
ALT (SGPT)	21	-	19	16	U/L
GGTP	20	-	20	17	U/L
Alkaline Phosphatase (ALP)	71	-	75	71	U/L
Protein, Total					
Total Protein	7.70	-	8.04	8.00	g/dL
Albumin	4.03	-	4.13	4.11	g/dL
A : G Ratio	1.10	-	1.06	1.06	
HbA1c	9.1	7.8	-	8.60	%
COMPLETE BLOOD COUNT(CBC)					



**S04 - LPL-SDA**  
**C-2/6,SAFDARJUNG**  
**DEVELOPMENT AREA, NEW D**  
**ELHI-110016**  
**DELHI**

  
(Hony) Brig. Dr. Arvind Lal  
M.B.B.S., D.C.P.  
*Padmajitri*  
FMR HONORARY PHYSICIAN TO THE PRESIDENT OF INDIA

  
Dr. Vandana Lal  
M.D (PATH), IFCAP  
*Chief of Pathology*  
SHRIOMANI AWARD WINNER

<b>Name</b> :	<b>Mr. RANBIR SINGH</b>	<b>Collected</b> :	<b>17/12/2017 8:37:00AM</b>
<b>Lab No.</b> :	<b>139123642</b>	<b>Received</b> :	<b>17/12/2017 8:39:24AM</b>
<b>Age:</b>	<b>55 Years</b>	<b>Reported</b> :	<b>17/12/2017 5:03:01PM</b>
<b>Gender:</b>	<b>Male</b>	<b>Report Status</b> :	<b>Cumulative</b>
<b>A/c Status</b> :	<b>P</b>	<b>Ref By</b> :	<b>CGHS</b>

Test Name	Lab No/Date	Lab No/Date	Lab No/Date	Lab No/Date	Units
	139123642 17/12/2017	136582666 30/4/2017	131176914 21/8/2016	124347863 6/3/2016	
Hemoglobin	10.00	-	-	-	g/dL
Packed Cell Volume (PCV)	35.50	-	-	-	%
RBC Count	5.10	-	-	-	mill/mm3
MCV	69.60	-	-	-	fL
MCH	19.60	-	-	-	pg
MCHC	28.20	-	-	-	g/dL
Red Cell Distribution Width (RDW)	16.60	-	-	-	%
Total Leukocyte Count (TLC)	4.93	-	-	-	thou/mm3
Segmented Neutrophils	43.30	-	-	-	%
Lymphocytes	44.60	-	-	-	%
Monocytes	8.30	-	-	-	%
Eosinophils	3.20	-	-	-	%
Basophils	0.60	-	-	-	%
Neutrophils	2.13	-	-	-	thou/mm3
Lymphocytes	2.20	-	-	-	thou/mm3
Monocytes	0.41	-	-	-	thou/mm3
Eosinophils	0.16	-	-	-	thou/mm3
Basophils	0.03	-	-	-	thou/mm3
Platelet Count	213.0	-	-	-	thou/mm3
<b>ESR</b>	<b>73</b>	-	-	-	<b>mm/hr</b>
<b>Glucose, Fasting</b>	<b>309.00</b>	-	-	-	<b>mg/dL</b>
<b>PSA (PROSTATE SPECIFIC ANTIGEN), TOTAL, SERUM</b>	<b>0.220</b>	-	-	-	<b>ng/mL</b>
<b>VITAMIN D, 25 - HYDROXY, SERUM</b>	<b>21.65</b>	-	-	-	<b>nmol/L</b>

This is an electronically validated cumulative report. No signature required.



S02 - SUMAN -FPSC DLF PHASE-V-GGN  
H NO-C-1/2746, GROUND FLOOR, SUSHANT  
LOK, PHASE-1, GURGAON  
DLF QE

Name	: Mr. ISRARUL HAQUE	Collected	: 19/8/2022 9:09:00AM
Lab No.	: 159854690	Age: 67 Years	Gender: Male
A/c Status	: P	Ref By : DR JASJIT SINGH	Report Status : Final
		Received	: 19/8/2022 9:16:48AM
		Reported	: 19/8/2022 1:08:46PM

Test Name	Results	Units	Bio. Ref. Interval
-----------	---------	-------	--------------------

<b>COMPLETE BLOOD COUNT;CBC*</b> (DC Detection, Flow Cytometry & SLS)			
Hemoglobin*	7.30	g/dL	13.00 - 17.00
Packed Cell Volume (PCV)*	22.80	%	40.00 - 50.00
RBC Count*	2.97	mill/mm3	4.50 - 5.50
MCV*	76.80	fL	83.00 - 101.00
MCH*	24.60	pg	27.00 - 32.00
MCHC*	32.00	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)*	24.90	%	11.60 - 14.00
Total Leukocyte Count (TLC)*	4.99	thou/mm3	4.00 - 10.00
<b>Differential Leucocyte Count (DLC)</b>			
Segmented Neutrophils*	65.20	%	40.00 - 80.00
Lymphocytes*	16.80	%	20.00 - 40.00
Monocytes*	14.20	%	2.00 - 10.00
Eosinophils*	3.40	%	1.00 - 6.00
Basophils*	0.40	%	<2.00
<b>Absolute Leucocyte Count</b>			
Neutrophils*	3.25	thou/mm3	2.00 - 7.00
Lymphocytes*	0.84	thou/mm3	1.00 - 3.00
Monocytes*	0.71	thou/mm3	0.20 - 1.00
Eosinophils*	0.17	thou/mm3	0.02 - 0.50
Basophils*	0.02	thou/mm3	0.02 - 0.10
Platelet Count*	225	thou/mm3	150.00 - 410.00
Anisopoikilocytosis +, microcytic hypochromic RBCs+, Advised: Serum iron studies.			



S02 - SUMAN -FPSC DLF PHASE-V-GGN  
H NO-C-1/2746, GROUND FLOOR, SUSHANT  
LOK, PHASE-1, GURGAON  
DLF QE

Name	: Mr. ISRARUL HAQUE	Collected	: 19/8/2022 9:09:00AM
Lab No.	: 159854690	Age: 67 Years	Gender: Male
A/c Status	: P	Ref By : DR JASJIT SINGH	Report Status : Final
		Received	: 19/8/2022 9:16:48AM
		Reported	: 19/8/2022 1:08:46PM

Test Name	Results	Units	Bio. Ref. Interval
Followup and clinical correlation			
Mean Platelet Volume*	10.1	fL	6.5 - 12.0

**Note**

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
2. Test conducted on EDTA whole blood



S02 - SUMAN -FPSC DLF PHASE-V-GGN  
H NO-C-1/2746, GROUND FLOOR, SUSHANT  
LOK, PHASE-1, GURGAON  
DLF QE

Name	: Mr. ISRARUL HAQUE	Collected	: 19/8/2022 9:09:00AM
Lab No.	: 159854690	Age: 67 Years	Gender: Male
A/c Status	: P	Ref By : DR JASJIT SINGH	Report Status : Final

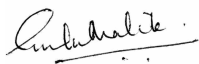
Test Name	Results	Units	Bio. Ref. Interval
<b>LIVER &amp; KIDNEY PANEL, SERUM</b> (Spectrophotometry, Indirect ISE)			
Bilirubin Total*	0.87	mg/dL	0.20 - 1.10
Bilirubin Direct*	0.25	mg/dL	<0.30
Bilirubin Indirect*	0.62	mg/dL	<1.10
AST (SGOT)*	119.2	U/L	<50
ALT (SGPT)*	65.2	U/L	<50
GGTP*	62.9	U/L	<55
Alkaline Phosphatase (ALP)*	60.10	U/L	30 - 120
Total Protein*	7.91	g/dL	6.40 - 8.10
Albumin*	2.74	g/dL	3.20 - 4.60
A : G Ratio*	0.53		0.90 - 2.00
Urea*	27.60	mg/dL	17.00 - 43.00
Creatinine*	0.86	mg/dL	0.67 - 1.17
Uric Acid*	4.10	mg/dL	3.50 - 7.20



S02 - SUMAN -FPSC DLF PHASE-V-GGN  
H NO-C-1/2746, GROUND FLOOR, SUSHANT  
LOK, PHASE-1, GURGAON  
DLF QE

Name	: Mr. ISRARUL HAQUE	Collected	: 19/8/2022 9:09:00AM
Lab No.	: 159854690	Age: 67 Years	Gender: Male
A/c Status	: P	Ref By : DR JASJIT SINGH	Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
Calcium, Total*	7.68	mg/dL	8.80 - 10.20
Phosphorus*	3.32	mg/dL	2.30 - 3.70
Sodium*	124.60	mEq/L	136.00 - 146.00
Potassium*	4.00	mEq/L	3.50 - 5.10
Chloride*	96.60	mEq/L	101.00 - 109.00



Dr Rachna Malik  
MD, Pathology  
Consultant Pathologist  
Dr Lal PathLabs Ltd

-----End of report -----



\* Test conducted under NABL scope MC-2133,LPL-GURGAON at GURGAON



S02 - SUMAN -FPSC DLF PHASE-V-GGN  
H NO-C-1/2746, GROUND FLOOR, SUSHANT  
LOK, PHASE-1, GURGAON  
DLF QE

Name	: Mr. ISRARUL HAQUE	Collected	: 19/8/2022 9:09:00AM
Lab No.	: 159854690	Received	: 19/8/2022 9:16:48AM
Age: 67 Years	Gender: Male	Reported	: 19/8/2022 1:08:46PM
A/c Status : P	Ref By : DR JASJIT SINGH	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
<b>IMPORTANT INSTRUCTIONS</b>			
•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory . •Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Sample repeats are accepted on request of Referring Physician within 7 days post reporting. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value . Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •Contact customer care Tel No. +91-11-39885050 for all queries related to test results. (#) Sample drawn from outside source.			





Name	: Ms. L K ROY	Age	: 69 Years
Lab No.	: 438814726	Gender	: Female
Ref By	: Dr. S.S.DAS.	Reported	: 4/4/2023 6:09:34PM
Collected	: 4/4/2023 8:25:00AM	Report Status	: Final
A/c Status	: P	Processed at	: LPL-KOLKATA REFERENCE LAB
Collected at	: LPL - Sinthi		DR LAL PATH LABS LTD
	Dr. Lal Pathlabs, 48B & 48C/1,B.T Road, Sinthi,		Premises No-031-0199 Plot No-CB 31/1 Street
	Kolkata- 700050		199 Action Area 1C,Newtown Kolkata-70015
			6



### Test Report

Test Name	Results	Units	Bio. Ref. Interval
-----------	---------	-------	--------------------

SwasthFit Super 2

#### COMPLETE BLOOD COUNT;CBC (Electrical Impedence & VCS)

Hemoglobin	10.20	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	31.50	%	36.00 - 46.00
RBC Count	3.46	mill/mm3	3.80 - 4.80
MCV	91.10	fL	83.00 - 101.00
MCH	29.60	pg	27.00 - 32.00
MCHC	32.50	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	14.80	%	11.60 - 14.00
Total Leukocyte Count (TLC)	9.60	thou/mm3	4.00 - 10.00
<b>Differential Leucocyte Count (DLC)</b>			
Segmented Neutrophils	63.70	%	40.00 - 80.00
Lymphocytes	27.30	%	20.00 - 40.00
Monocytes	7.00	%	2.00 - 10.00
Eosinophils	1.50	%	1.00 - 6.00
Basophils	0.50	%	<2.00
<b>Absolute Leucocyte Count</b>			
Neutrophils	6.12	thou/mm3	2.00 - 7.00
Lymphocytes	2.62	thou/mm3	1.00 - 3.00
Monocytes	0.67	thou/mm3	0.20 - 1.00
Eosinophils	0.14	thou/mm3	0.02 - 0.50
Basophils	0.05	thou/mm3	0.02 - 0.10
Platelet Count	160	thou/mm3	150.00 - 410.00
Mean Platelet Volume	8.7	fL	6.5 - 12.0

#### Note



Name	: Ms. L K ROY	Age	: 69 Years
Lab No.	: 438814726	Gender	: Female
Ref By	: Dr. S.S.DAS.	Reported	: 4/4/2023 6:09:34PM
Collected	: 4/4/2023 8:25:00AM	Report Status	: Final
A/c Status	: P	Processed at	: LPL-KOLKATA REFERENCE LAB
Collected at	: LPL - Sinthi		: DR LAL PATH LABS LTD
	Dr. Lal Pathlabs, 48B & 48C/1,B.T Road, Sinthi,		Premises No-031-0199 Plot No-CB 31/1 Street
	Kolkata- 700050		199 Action Area 1C,Newtown Kolkata-70015
			6



### Test Report

- | Test Name   | Results | Units | Bio. Ref. Interval |
|---|---------|-------|--------------------|
| 1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood |         |       |                    |
| 2. Test conducted on EDTA whole blood   |         |       |                    |



Dr. Kaushik Dey  
MD (Pathology)  
Consultant Pathologist  
KRL - Dr Lal PathLabs Ltd



Dr. Sumedha Dey  
MD, Pathology  
Consultant Pathologist  
KRL - Dr Lal PathLabs Ltd



Name	: Ms. L K ROY	Age	: 69 Years
Lab No.	: 438814726	Gender	: Female
Ref By	: Dr. S.S.DAS.	Reported	: 4/4/2023 6:09:34PM
Collected	: 4/4/2023 8:25:00AM	Report Status	: Final
A/c Status	: P	Processed at	: Dr Lal Pathlabs
Collected at	: LPL - Sinthi		
	Dr. Lal Pathlabs, 48B & 48C/1,B.T Road, Sinthi,		B.T Road, Sinthi, Kolkata- 700050
	Kolkata- 700050		

### Test Report

Test Name	Results	Units	Bio. Ref. Interval
SwasthFit Super 2			
LIVER & KIDNEY PANEL, SERUM (Spectrophotometry, Indirect ISE)			
Creatinine	0.68	mg/dL	0.51 - 0.95
GFR Estimated	94	mL/min/1.73m2	>59
GFR Category	G1		
Urea	16.87	mg/dL	14.9 - 38.5
Urea Nitrogen Blood	7.88	mg/dL	8.00 - 23.00
BUN/Creatinine Ratio	12		
Uric Acid	2.95	mg/dL	2.60 - 6.00
AST (SGOT)	17.9	U/L	<35
ALT (SGPT)	15.2	U/L	<35
GGTP	24.0	U/L	<38
Alkaline Phosphatase (ALP)	87.00	U/L	30 - 120
Bilirubin Total	0.64	mg/dL	<1.00
Bilirubin Direct	0.09	mg/dL	0.00 - 0.30
Bilirubin Indirect	0.55	mg/dL	<1.10
Total Protein	7.51	g/dL	6.40 - 8.10
Albumin	4.02	g/dL	3.20 - 4.60
A : G Ratio	1.15		0.90 - 2.00
Globulin(Calculated)	3.49	gm/dL	2.0 - 3.5
Calcium, Total	9.34	mg/dL	8.80 - 10.20



Name	: Ms. L K ROY	Age	: 69 Years
Lab No.	: 438814726	Gender	: Female
Ref By	: Dr. S.S.DAS.	Reported	: 4/4/2023 6:09:34PM
Collected	: 4/4/2023 8:25:00AM	Report Status	: Final
A/c Status	: P	Processed at	: Dr Lal Pathlabs
Collected at	: LPL - Sinthi Dr. Lal Pathlabs, 48B & 48C/1,B.T Road, Sinthi, Kolkata- 700050		: B.T Road, Sinthi, Kolkata- 700050

### Test Report

Test Name	Results	Units	Bio. Ref. Interval
Phosphorus	4.00	mg/dL	2.80 - 4.00
Sodium	<b>135.10</b>	mEq/L	136.00 - 146.00
Potassium	3.86	mEq/L	3.50 - 5.10
Chloride	<b>99.80</b>	mEq/L	101.00 - 109.00

### Note

1. Estimated GFR (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012.
2. eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage
3. The BUN-to-creatinine ratio is used to differentiate prerenal and postrenal azotemia from renal azotemia. Because of considerable variability, it should be used only as a rough guide. Normally, the BUN/creatinine ratio is about 10:1

### LIPID SCREEN, SERUM (CHOD-POD)

Cholesterol, Total	194.00	mg/dL	<200.00
Triglycerides	<b>223.00</b>	mg/dL	<150.00
HDL Cholesterol	<b>42.00</b>	mg/dL	>50.00
LDL Cholesterol, Calculated	<b>107.40</b>	mg/dL	<100.00
VLDL Cholesterol, Calculated	<b>44.60</b>	mg/dL	<30.00
Non-HDL Cholesterol	<b>152</b>	mg/dL	<130

### Interpretation

REMARKS	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above optimal	-	-	100-129	130 - 159





Name : Ms. L K ROY  
Lab No. : 438814726  
Ref By : Dr. S.S.DAS.  
Collected : 4/4/2023 8:25:00AM  
A/c Status : P  
Collected at : LPL - Sinthi  
Dr. Lal Pathlabs, 48B & 48C/1,B.T Road, Sinthi,  
Kolkata- 700050

Age : 69 Years  
Gender : Female  
Reported : 4/4/2023 6:09:34PM  
Report Status : Final  
Processed at : Dr Lal Pathlabs  
B.T Road, Sinthi, Kolkata- 700050

### Test Report

Test Name	Results	Units	Bio. Ref. Interval
Borderline High	200-239	150-199	130-159
High	>=240	200-499	160-189
Very High	-	>=500	190-219
		>=190	>=220

### Note

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- NLA-2014 recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- NLA-2014 identifies Non HDL Cholesterol(an indicator of all atherogeniclipoproteins such as LDL , VLDL, IDL, Lpa, Chylomicron remnants)along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL &Non HDL.
- Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- Additional testing for Apolipoprotein B, hsCRP,Lp(a ) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

### Treatment Goals as per Lipid Association of India 2016

RISK CATEGORY	TREATMENT GOAL		CONSIDER THERAPY	
	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)
Very High	<50	<80	>=50	>=80
High	<70	<100	>=70	>=100
Moderate	<100	<130	>=100	>=130
Low	<100	<130	>=130*	>=160*

\*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

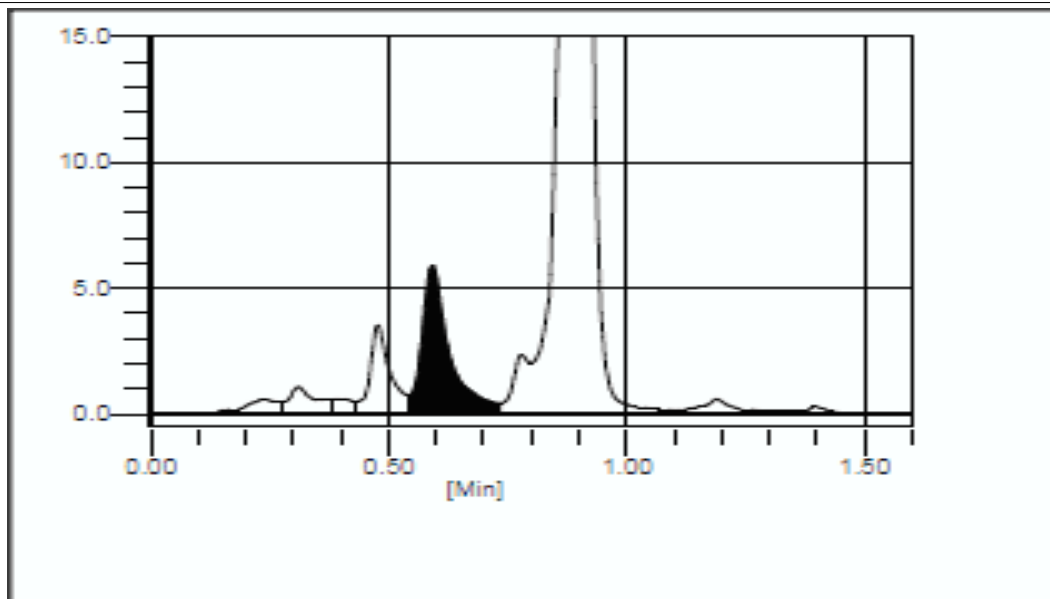




<b>Name</b> : Ms. L K ROY	<b>Age</b> : 69 Years
<b>Lab No.</b> : 438814726	<b>Gender</b> : Female
<b>Ref By</b> : Dr. S.S.DAS.	<b>Reported</b> : 4/4/2023 6:09:34PM
<b>Collected</b> : 4/4/2023 8:25:00AM	<b>Report Status</b> : Final
<b>A/c Status</b> : P	<b>Processed at</b> : Dr Lal Pathlabs
<b>Collected at</b> : LPL - Sinthi	<b>B.T Road, Sinthi, Kolkata- 700050</b>
Dr. Lal Pathlabs, 48B & 48C/1,B.T Road, Sinthi, Kolkata- 700050	

### Test Report

Test Name	Results	Units	Bio. Ref. Interval
<b>HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC)</b>			
HbA1c	5.9	%	4.00 - 5.60
Estimated average glucose (eAG)	123	mg/dL	



### Interpretation

HbA1c result is suggestive of at risk for Diabetes (Prediabetes)/ well controlled Diabetes in a known Diabetic

**Note:** Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1C MEASUREMENT	FACTORS THAT AFFECT INTERPRETATION OF HbA1C RESULTS
Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements	Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g., recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c



## Test Report

**Bio. Ref. Interval**



<b>Name</b> : Ms. L K ROY	<b>Age</b> : 69 Years
<b>Lab No.</b> : 438814726	<b>Gender</b> : Female
<b>Ref By</b> : Dr. S.S.DAS.	<b>Reported</b> : 4/4/2023 6:09:34PM
<b>Collected</b> : 4/4/2023 8:25:00AM	<b>Report Status</b> : Final
<b>A/c Status</b> : P	<b>Processed at</b> : Dr Lal Pathlabs
<b>Collected at</b> : LPL - Sinthi	<b>B.T Road, Sinthi, Kolkata- 700050</b>
Dr. Lal Pathlabs, 48B & 48C/1,B.T Road, Sinthi, Kolkata- 700050	

### Test Report

Test Name	Results	Units	Bio. Ref. Interval
<b>GLUCOSE, FASTING (F), PLASMA</b> (Hexokinase)			
Glucose Fasting	<b>106.00</b>	mg/dL	70.00 - 100.00

<b>THYROID PROFILE,TOTAL, SERUM</b> (ECLIA)			
T3, Total	1.07	ng/mL	0.80 - 2.00
T4, Total	7.93	µg/dL	5.10 - 14.10
TSH	<b>6.61</b>	µIU/mL	0.27 - 4.20

### Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction ( Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals



Dr. Biparnak Haldar  
MBBS, MD (Pathology)  
Chief of Lab



Name	: Ms. L K ROY	Age	: 69 Years
Lab No.	: 438814726	Gender	: Female
Ref By	: Dr. S.S.DAS.	Reported	: 4/4/2023 6:09:34PM
Collected	: 4/4/2023 8:25:00AM	Report Status	: Final
A/c Status	: P	Processed at	: Dr Lal Pathlabs
Collected at	: LPL - Sinthi		: B.T Road, Sinthi, Kolkata- 700050
	Dr. Lal Pathlabs, 48B & 48C/1,B.T Road, Sinthi,		
	Kolkata- 700050		

Test Report

Test Name	Results	Units	Bio. Ref. Interval
-----------	---------	-------	--------------------

-----End of report-----



IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory. •Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor. •The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050, Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com





A55 - MR. MANOJ KUMAR - FPSC MEDICAL  
COLLEGE  
710/6, MANSA DEVI ROAD, OPPOSITE  
MEDICAL COLLEGE, JAGRITI VIHAR MEERUT  
Mob:9412209158, 8430858847

Name	: Mrs. BABITA TYAGI	Collected	: 14/3/2022 9:06:00AM
Lab No.	: 327358089	Age: 51 Years	Gender: Female
A/c Status	: P	Ref By : SELF	Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
SwasthFit Super 4			

**COMPLETE BLOOD COUNT;CBC**

(Photometry,Electrical Impedence,VCS Technology,Calculated)

Hemoglobin	11.60	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	35.30	%	36.00 - 46.00
RBC Count	3.94	mill/mm3	3.80 - 4.80
MCV	89.80	fL	83.00 - 101.00
MCH	29.40	pg	27.00 - 32.00
MCHC	33.00	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	14.70	%	11.60 - 14.00
Total Leukocyte Count (TLC)	4.30	thou/mm3	4.00 - 10.00
<b>Differential Leucocyte Count (DLC)</b>			
Segmented Neutrophils	56.60	%	40.00 - 80.00
Lymphocytes	34.00	%	20.00 - 40.00
Monocytes	6.40	%	2.00 - 10.00
Eosinophils	2.40	%	1.00 - 6.00
Basophils	0.60	%	<2.00
<b>Absolute Leucocyte Count</b>			
Neutrophils	2.43	thou/mm3	2.00 - 7.00
Lymphocytes	1.46	thou/mm3	1.00 - 3.00
Monocytes	0.28	thou/mm3	0.20 - 1.00
Eosinophils	0.10	thou/mm3	0.02 - 0.50
Basophils	0.03	thou/mm3	0.02 - 0.10
Platelet Count	112.0	thou/mm3	150.00 - 410.00
Result Rechecked, Please Correlate Clinically.			





A55 - MR. MANOJ KUMAR - FPSC MEDICAL  
COLLEGE  
710/6, MANSA DEVI ROAD, OPPOSITE  
MEDICAL COLLEGE, JAGRITI VIHAR MEERUT  
Mob: 9412209158, 8430858847

Name	: Mrs. BABITA TYAGI	Collected	: 14/3/2022 9:06:00AM
Lab No.	: 327358089	Age: 51 Years	Gender: Female
A/c Status	: P	Ref By : SELF	Report Status : Final
		Received	: 14/3/2022 9:21:25AM
		Reported	: 14/3/2022 3:03:59PM

Test Name	Results	Units	Bio. Ref. Interval
Mean Platelet Volume	12.5	fL	6.5 - 12.0

**Note**

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
- Test conducted on EDTA whole blood



A55 - MR. MANOJ KUMAR - FPSC MEDICAL  
COLLEGE  
710/6, MANSA DEVI ROAD, OPPOSITE  
MEDICAL COLLEGE, JAGRITI VIHAR MEERUT  
Mob:9412209158, 8430858847

Name	: Mrs. BABITA TYAGI	Collected	: 14/3/2022 9:06:00AM
Lab No.	: 327358089	Received	: 14/3/2022 9:21:25AM
Age: 51 Years	Gender: Female	Reported	: 14/3/2022 3:03:59PM
A/c Status : P	Ref By : SELF	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
LIVER & KIDNEY PANEL, SERUM			
Bilirubin Total (DPD)	0.57	mg/dL	0.30 - 1.20
Bilirubin Direct (DPD)	0.10	mg/dL	<0.30
Bilirubin Indirect (Calculated)	0.47	mg/dL	<1.10
AST (SGOT) (IFCC without P5P)	31	U/L	<35
ALT (SGPT) (IFCC without P5P)	25	U/L	<35
GGTP (GCNA)	17	U/L	<38
Alkaline Phosphatase (ALP) (PNPP)	57	U/L	30 - 120
Total Protein (Biuret)	6.88	g/dL	6.40 - 8.30
Albumin (BCG)	4.05	g/dL	3.50 - 5.20
A : G Ratio (Calculated)	1.43		0.90 - 2.00
Urea (Urease UV)	31.30	mg/dL	17.00 - 43.00
Creatinine (Modified Jaffe)	0.77	mg/dL	0.51 - 0.95
Uric Acid (Uricase)	5.13	mg/dL	2.60 - 6.00



A55 - MR. MANOJ KUMAR - FPSC MEDICAL  
COLLEGE  
710/6, MANSA DEVI ROAD, OPPOSITE  
MEDICAL COLLEGE, JAGRITI VIHAR MEERUT  
Mob: 9412209158, 8430858847

Name	: Mrs. BABITA TYAGI	Collected	: 14/3/2022 9:06:00AM
Lab No.	: 327358089	Received	: 14/3/2022 9:21:25AM
Age: 51 Years	Gender: Female	Reported	: 14/3/2022 3:03:59PM
A/c Status : P	Ref By : SELF	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
Calcium, Total (Arsenazo III)	9.58	mg/dL	8.80 - 10.60
Phosphorus (Molybdate UV)	3.62	mg/dL	2.40 - 4.40
Sodium (Indirect ISE)	139.10	mEq/L	136.00 - 146.00
Potassium (Indirect ISE)	4.65	mEq/L	3.50 - 5.10
Chloride (Indirect ISE)	103.00	mEq/L	101.00 - 109.00



A55 - MR. MANOJ KUMAR - FPSC MEDICAL  
COLLEGE  
710/6, MANSA DEVI ROAD,OPPOSITE  
MEDICAL COLLEGE, JAGRITI VIHAR MEERUT  
Mob:9412209158, 8430858847

Name	: Mrs. BABITA TYAGI	Collected	: 14/3/2022 9:06:00AM
Lab No.	: 327358089	Age: 51 Years	Gender: Female
A/c Status	: P	Ref By : SELF	Report Status : Final
		Received	: 14/3/2022 9:21:25AM
		Reported	: 14/3/2022 3:03:59PM

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP certified)			
HbA1c	5.8	%	4.00 - 5.60
Estimated average glucose (eAG)	120	mg/dL	

**Interpretation**  
HbA1c result is suggestive of at risk for Diabetes (Prediabetes)/ well controlled Diabetes in a known Diabetic

**Note:** Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1C MEASUREMENT	FACTORS THAT AFFECT INTERPRETATION OF HbA1C RESULTS
Hemoglobin variants,elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements	Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g.,recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used.Iron deficiency anemia is associated with higher HbA1c



A55 - MR. MANOJ KUMAR - FPSC MEDICAL  
COLLEGE  
710/6, MANSA DEVI ROAD, OPPOSITE  
MEDICAL COLLEGE, JAGRITI VIHAR MEERUT  
Mob:9412209158, 8430858847

Name	: Mrs. BABITA TYAGI	Collected	: 14/3/2022 9:06:00AM
Lab No.	: 327358089	Received	: 14/3/2022 9:21:25AM
Age: 51 Years	Gender: Female	Reported	: 14/3/2022 3:03:59PM
A/c Status : P	Ref By : SELF	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F), PLASMA (Hexokinase)	93.20	mg/dL	70.00 - 100.00
VITAMIN B12; CYANOCOBALAMIN, SERUM (CLIA)	<50.00	pg/mL	180.00 - 914.00

#### Interpretation

Remarks	Result In pg/mL
Normal	180 - 914
Indeterminate	120 - 180
Deficient	< 120

#### Notes

1. Interpretation of the result should be considered in relation to clinical circumstances.
2. It is recommended to consider supplementary testing with plasma Methylmalonic acid (MMA) or plasma homocysteine levels to determine biochemical cobalamin deficiency in presence of clinical suspicion of deficiency but indeterminate levels. Homocysteine levels are more sensitive but MMA is more specific
3. False increase in Vitamin B12 levels may be observed in patients with intrinsic factor blocking antibodies, MMA measurement should be considered in such patients
4. The concentration of Vitamin B12 obtained with different assay methods cannot be used interchangeably due to differences in assay methods and reagent specificity

VITAMIN D, 25 - HYDROXY, SERUM (CLIA)	9.44	nmol/L
--	------	--------

#### Interpretation

LEVEL	REFERENCE RANGE IN nmol/L	COMMENTS
Deficient	< 50	High risk for developing bone disease
Insufficient	50-74	Vitamin D concentration which normalizes Parathyroid hormone concentration
Sufficient	75-250	Optimal concentration





**A55 - MR. MANOJ KUMAR - FPSC MEDICAL COLLEGE**  
710/6, MANSA DEVI ROAD, OPPOSITE  
MEDICAL COLLEGE, JAGRITI VIHAR MEERUT  
Mob:9412209158, 8430858847

Name	:	Mrs. BABITA TYAGI			Collected	:	14/3/2022	9:06:00AM
Lab No.	:	327358089	Age: 51 Years	Gender: Female	Received	:	14/3/2022	9:21:25AM
					Reported	:	14/3/2022	3:03:59PM
A/c Status	:	P	Ref By :	SELF	Report Status	:	Final	

Test Name	Results	Units	Bio. Ref. Interval
Potential intoxication	>250 High risk for toxic effects		

#### Note

- The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D.
- 25 (OH)D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.
- Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L.
- It shows seasonal variation, with values being 40-50% lower in winter than in summer.
- Levels vary with age and are increased in pregnancy.
- A new test Vitamin D, Ultrasensitive by LC-MS/MS is also available

#### Comments

Vitamin D promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs).

#### Decreased Levels

- Inadequate exposure to sunlight
- Dietary deficiency
- Vitamin D malabsorption
- Severe Hepatocellular disease
- Drugs like Anticonvulsants
- Nephrotic syndrome

#### Increased levels

Vitamin D intoxication



A55 - MR. MANOJ KUMAR - FPSC MEDICAL  
COLLEGE  
710/6, MANSA DEVI ROAD, OPPOSITE  
MEDICAL COLLEGE, JAGRITI VIHAR MEERUT  
Mob: 9412209158, 8430858847

Name	: Mrs. BABITA TYAGI	Collected	: 14/3/2022 9:06:00AM
Lab No.	: 327358089	Age: 51 Years	Gender: Female
A/c Status	: P	Ref By : SELF	Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID PROFILE, TOTAL, SERUM (CLIA)</b>			
T3, Total	1.07	ng/mL	0.40 - 1.81
T4, Total	8.70	µg/dL	5.74 - 13.03
TSH	<b>8.56</b>	µIU/mL	0.34 - 5.60

#### Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction ( Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

#### Interpretation

PREGNANCY	REFERENCE RANGE FOR TSH IN µIU/mL (As per American Thyroid Association)
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300- 3.000



A55 - MR. MANOJ KUMAR - FPSC MEDICAL  
COLLEGE  
710/6, MANSA DEVI ROAD, OPPOSITE  
MEDICAL COLLEGE, JAGRITI VIHAR MEERUT  
Mob:9412209158, 8430858847

Name	: Mrs. BABITA TYAGI	Collected	: 14/3/2022 9:06:00AM
Lab No.	: 327358089	Received	: 14/3/2022 9:21:25AM
Age: 51 Years	Gender: Female	Reported	: 14/3/2022 3:03:59PM
A/c Status : P	Ref By : SELF	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
<b>LIPID SCREEN, SERUM</b>			
Cholesterol, Total (CHO-POD)	<b>243.00</b>	mg/dL	<200.00
Triglycerides (GPO-POD)	118.40	mg/dL	<150.00
HDL Cholesterol (Enzymatic Immunoinhibiti	51.30	mg/dL	>50.00
LDL Cholesterol, Calculated	<b>168.02</b>	mg/dL	<100.00
VLDL Cholesterol, Calculated	23.68	mg/dL	<30.00
Non-HDL Cholesterol	<b>192</b>	mg/dL	<130

### Interpretation

REMARKS	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

### Note

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol.
- NLA-2014 recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL



A55 - MR. MANOJ KUMAR - FPSC MEDICAL  
COLLEGE  
710/6, MANSA DEVI ROAD, OPPOSITE  
MEDICAL COLLEGE, JAGRITI VIHAR MEERUT  
Mob: 9412209158, 8430858847

Name	: Mrs. BABITA TYAGI	Collected	: 14/3/2022 9:06:00AM
Lab No.	: 327358089	Received	: 14/3/2022 9:21:25AM
Age: 51 Years	Gender: Female	Reported	: 14/3/2022 3:03:59PM
A/c Status : P	Ref By : SELF	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
4. NLA-2014 identifies Non HDL Cholesterol(an indicator of all atherogenic lipoproteins such as LDL , VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.			
5. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved			
6. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement			

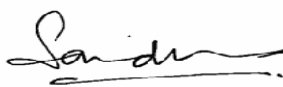
#### Treatment Goals as per Lipid Association of India 2016

RISK CATEGORY	TREATMENT GOAL		CONSIDER THERAPY	
	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHOLESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHOLESTEROL (NON HDL-C) (mg/dL)
Very High	<50	<80	>=50	>=80
High	<70	<100	>=70	>=100
Moderate	<100	<130	>=100	>=130
Low	<100	<130	>=130*	>=160*

\*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months



Dr Ankit Jain  
MD, Pathology  
Chief of Laboratory  
Dr Lal PathLabs Ltd



Dr. Sandeep Yadav  
MBBS, MD (Biochemistry)  
Consultant Biochemist  
Dr Lal PathLabs Ltd



Dr Virendra Tapparwal  
MD, Pathology  
Consultant Pathologist  
Dr Lal PathLabs Ltd





A55 - MR. MANOJ KUMAR - FPSC MEDICAL  
COLLEGE  
710/6, MANSA DEVI ROAD, OPPOSITE  
MEDICAL COLLEGE, JAGRITI VIHAR MEERUT  
Mob: 9412209158, 8430858847

Name	: Mrs. BABITA TYAGI	Collected	: 14/3/2022 9:06:00AM
Lab No.	: 327358089	Received	: 14/3/2022 9:21:25AM
Age: 51 Years	Gender: Female	Reported	: 14/3/2022 3:03:59PM
A/c Status : P	Ref By : SELF	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
-----End of report-----			



**IMPORTANT INSTRUCTIONS**

•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory.  
•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Sample repeats are accepted on request of Referring Physician within 7 days post reporting. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes.  
•Contact customer care Tel No. +91-11-39885050 for all queries related to test results.  
(#) Sample drawn from outside source.





Patient ID : TK010288  
**Patient Name** : **MAHESH GOLE**  
Age /Gender : 36 Years / Male  
**Referred By** :

Regn/Sample Date : 20-Apr-2022

Report Date : 20-Apr-2022

Barcode



### COMPLETE BLOOD COUNT

Investigation	Result	Unit	Bio. Ref. Range
Haemoglobin	15.2	gm/dl	14-18
Total WBC Count	7500	/ cumm	4000-11000
RBC	4.65	10 <sup>6</sup> /uL	4.5-6.5
<b>DIFFERENTIAL COUNT</b>			
Neutrophils	67	%	40-70
Lymphocytes	29	%	20-45
Eosinophils	02	%	1-6
Monocytes	02	%	1-8
Basophils	00	%	0 to 1
<b>RBC INDICES</b>			
HCT	43.30	%	40-54
MCV	93.1		80-100
MCH	32.7	pg	27-34
MCHC	35.1	g/dl	32-36
<b>Platelet count</b>	253000	/cumm	150000-450000

### PERIPHERAL SMEAR EXAMINATION

RBC Morphology : Normocytic Normochromic  
WBC Morphology : Count Within Normal Limit  
Platelets : Adequate  
PBS For Parasites : Not Detected

**Instrument Nihon KOHDEN 3 part Fully Automated Hematology Analyser.**

----- END OF REPORT -----

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

**Dr. Laxman Karle**  
MBBS D.C.P  
Reg No.2016010055

Patient ID	: TK010288	Regn/Sample Date	: 20-Apr-2022
Patient Name	: <b>MAHESH GOLE</b>	Report Date	: 20-Apr-2022
Age /Gender	: 36 Years / Male	Barcode	
Referred By	:		* T K 0 1 0 2 8 8 *

**HAEMATOLOGY.**

Investigation	Result	Unit	Bio. Ref. Range
<b>ESR (Westergren)</b> (EDTA Whole Blood)	08	mm/1hr.	0-15

----- END OF REPORT -----

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code



**Dr.Laxman Karle**  
MBBS D.C.P  
Reg No.2016010055

Patient ID	: TK010288	Regn/Sample Date	: 20-Apr-2022
Patient Name	: <b>MAHESH GOLE</b>	Report Date	: 20-Apr-2022
Age /Gender	: 36 Years / Male	Barcode	
Referred By	:		* T K 0 1 0 2 8 8 *

**RENAL FUNCTION TEST (Full Panel)**

Investigation	Result	Unit	Bio. Ref. Range
<b>KIDNEY FUNCTION TEST</b>			
Blood Urea (Serum,Urease)	19	mg/dL	10-50
Creatinine (Serum,Picrate Alcalin)	1.28	mg/dL	0.5-1.5
Uric acid	5.16	mg/dL	3.5-7.2

----- END OF REPORT -----

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code



**Dr.Laxman Karle**  
MBBS D.C.P  
Reg No.2016010055

Patient ID : TK010288  
**Patient Name** : **MAHESH GOLE**  
Age /Gender : 36 Years / Male  
**Referred By** :

Regn/Sample Date : 20-Apr-2022  
Report Date : 20-Apr-2022

Barcode



### LIVER FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Range
SGPT (ALT) (Serum,IFCC)	21	U/L	Upto 40
<b>LIVER FUNCTION TEST</b>			
SGOT (AST) (Serum,IFCC)	31	U/L	Upto 50
Bilirubin-Total (Serum,Diazo)	0.83	mg/dL	0.1-1.2
Bilirubin-Direct (Serum,Diazo)	0.41	mg/dL	0.0 - 0.60
Bilirubin- Indirect	0.42	mg/dL	0.1-1.0
Alkaline Phosphatase (Serum, ALP-AMP)	157	U/L	54-306

----- END OF REPORT -----

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code



**Dr.Laxman Karle**  
MBBS D.C.P  
Reg No.2016010055

Patient ID	: TK010288	Regn/Sample Date	: 20-Apr-2022
Patient Name	: MAHESH GOLE	Report Date	: 20-Apr-2022
Age /Gender	: 36 Years / Male	Barcode	
Referred By	:		* T K 0 1 0 2 8 8 *

**BLOOD GLUCOSE LEVEL ( FASTING & POST PRANDIAL )**

Investigation	Result	Unit	Bio. Ref. Range
Glucose Fasting (Plasma)	97	mg/dL	70-110
Glucose PP (Plasma)	108	mg/dL	90-150

Instrument Test done on Robonic Prietest TOUCH Automated Biochemistry Analyser.

----- END OF REPORT -----

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code



**Dr.Laxman Karle**  
MBBS D.C.P  
Reg No.2016010055



Patient ID	: TK010288	Regn/Sample Date	: 20-Apr-2022
Patient Name	: MAHESH GOLE	Report Date	: 20-Apr-2022
Age /Gender	: 36 Years / Male	Barcode	
Referred By	:		* T K 0 1 0 2 8 8 *

### URINE ANALYSIS REPORT

Investigation	Result
<b>PHYSICAL EXAMINATION</b>	
Quantity	10 ml
Colour	Pale Yellow
Appearance	Clear
Deposit	Absent
Reaction	Acidic
<b>CHEMICAL EXAMINATION</b>	
Protein	Present +
Sugar	Absent
Ketone Bodies	Absent
Bile Salt	Absent
Bile Pigment	Absent
Urobilinogen	Normal
<b>MICROSCOPIC EXAMINATION (/HPF)</b>	
Pus Cell	3-4
RBC	Absent
Epithelial Cells	1-2
Crystals	Absent
Casts	Absent
Other findings	No Other Findings

----- END OF REPORT -----

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

**Dr.Laxman Karle**  
MBBS D.C.P  
Reg No.2016010055

Patient ID	: TK010288	Regn/Sample Date	: 20-Apr-2022
Patient Name	: <b>MAHESH GOLE</b>	Report Date	: 20-Apr-2022
Age /Gender	: 36 Years / Male	Barcode	
Referred By	:		* T K 0 1 0 2 8 8 *

**BIOCHEMISTRY**

Investigation	Result	Unit	Bio. Ref. Range
<b>Sr. Calcium</b> (Serum, Arsenazo III dye)	8.96	mg/dL	8.5-10.5

----- END OF REPORT -----

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code



**Dr. Laxman Karle**  
MBBS D.C.P  
Reg No. 2016010055

Patient ID	: TK010288	Regn/Sample Date	: 20-Apr-2022
Patient Name	: MAHESH GOLE	Report Date	: 20-Apr-2022
Age /Gender	: 36 Years / Male	Barcode	
Referred By	:		* T K 0 1 0 2 8 8 *

### TSH

Investigation	Result	Unit	Bio. Ref. Range
TSH(Ultrassensitive)	1.62	μIU/ml	0.35-4.5

(Serum,Chemiluminiscence)

#### INTERPRETATION :

- 1] TSH results between 4.5 to 15 show considerable physiologic & seasonal variation, suggest clinical correlation or repeat testing with fresh sample .
- 2] TSH results between 0.1 to 0.45 require correlation with patient age & clinical symptoms. As with increasing age, there are marked changes in thyroid hormone production, metabolism & its actions resulting in an increased prevalence of subclinical thyroid disease .
- 3] TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc .
- 4] Drugs that decrease TSH values e.g: L-dopa, Glucocorticoid Drugs that increase TSH values e.g Iodine, Lithium, Amiodarone.
- 5] Pregnancy reference ranges for TSH
  - 1st Trimester : 0.10 - 2.50
  - 2nd Trimester : 0.20 - 3.00
  - 3rd Trimester : 0.30 - 3.00

REFERENCE : TIETZ Fundamentals of Clinical Chemistry

----- END OF REPORT -----

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code



**Dr. Laxman Karle**  
MBBS D.C.P  
Reg No. 2016010055

Patient ID	: TK010288	Regn/Sample Date	: 20-Apr-2022
Patient Name	: MAHESH GOLE	Report Date	: 20-Apr-2022
Age /Gender	: 36 Years / Male	Barcode	
Referred By	:		

### LIPID PROFILE

Investigation	Result	Unit	Bio. Ref. Range
Nature Of Sample (Serum, Enzymatic)	Fasting		
Serum Cholesterol -Total	155	mg/dL	Desirable - Upto 200 Borderline High - 200-239 High - Above 240
Serum Triglycerides	121	mg/dL	Normal: Below 150 Borderline High :150-199 High : 200-499 Very High : >= 500
HDL Cholesterol	54	mg/dL	Major risk factor for heart disease: < 40 Negative risk factor for heart disease: >=60
LDL Cholesterol	77	mg/dL	Optimal: < 100 Near Optimal/Above Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
VLDL Cholesterol	24	mg/dL	6-38
CHOL/HDL Ratio	2.87	Ratio	0-4.5
LDL / HDL Ratio	1.4	Ratio	1.5-3.5

Note: Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

VLDL,CHOL/HDL Ratio, LDL/HDL Ratio, LDL Cholesterol,serum, are calculated parameter

----- END OF REPORT -----

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

**Dr.Laxman Karle**  
MBBS D.C.P  
Reg No.2016010055

Patient ID	: TK010288	Regn/Sample Date	: 20-Apr-2022
Patient Name	: MAHESH GOLE	Report Date	: 20-Apr-2022
Age /Gender	: 36 Years / Male	Barcode	
Referred By	:		

#### BIOCHEMISTRY.

Investigation	Result	Unit	Bio. Ref. Range
HbA1C	58	%	Non-diabetic: $\leq 5.8$ Pre-diabetic: 5.9-6.4 Diabetic: $\geq 6.5$

Method Nephelometry

#### INTERPRETATION :

- 1] HbA1c is used for monitoring diabetic control . It reflects the estimated average glucose (eAG) .
- 2] HbA1c has been endorsed by clinical groups & ADA(American Diabetes Association ) guidelines 2012 , for diagnosis of diabetes using a cut- off point of 6.5%. ADA defined biological reference range for HbA1c is 4% - 6%. Patient with HbA1c value between 6.0% to 6.5% are considered at risk for developing diabetes in the future .
- 3] Trends in HbA1c are a better indicator of diabetes control than a solitary test .
- 4] In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 % , Fair to Good Control - 7 to 8 % , Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

----- END OF REPORT -----

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code



**Dr.Laxman Karle**  
MBBS D.C.P  
Reg No.2016010055





Dr. Indrani Khandelwal  
M.D. PGI, Chandigarh

Formerly  
Assistant Professor Virology, PGIMER  
Research Associate B.I. Hospital  
Harvard Medical School, Boston (USA)

## Khandelwal Diagnostics

AUTOMATED CLINICAL LAB & MOLECULAR DIAGNOSTIC CENTRE  
SCO 108-109, Sector 8-C, Madhya Marg, Chandigarh.  
Phones: 2772052, 2540731, Res.: 2714323  
Branch: SCF - 5, Sector 11-D, Chandigarh, Phone: 5035579



TIMING 8.00 A.M. TO 7.00 P.M.  
SUNDAY CLOSED

Date	26/03/2015	Srl.No.	57		
Name	MR. TARKESHWAR	Age	31 Yrs.	Sex	M
Refd.By.	Dr. ANIL PAHWA	LAB NO	3290		

### HAEMATOLOGY

#### SYSMEX KX - 21.

PARAMETERS	PARAMETERS	REF. VALUE	RESULT
HAEMOGLOBIN	HB g/dl	14.0 - 18.0	14.5
TOTAL LEUCOCYTE COUNT	WBC X 1000/uI	4.0 - 11.0	6.5
NEUTROPHIL COUNT	NEUTRO %	43.7 - 77.0	55.1
LYMPHOCYTE COUNT	LYMPHO %	15.0 - 45.8	31.4
BASO,EOSINO,MONO	MIXED %	1.3 - 25.9	13.5
ABS. COUNT OF NEUTRO	NEUTRO 1000/uI	1.6 - 6.9	3.6
ABS. COUNT OF LYMPHO	LYMPHO 1000/uI	0.9 - 2.8	2.0
ABS.COUNT OF BA,EO,MO	MIXED 1000/uI	0.1 - 1.6	0.9
RED BLOOD CELL	RBC X 1000000/uI	3.8 - 5.5	5.50
HEMATOCRIT VALUE	HCT %	32.6 - 47.5	44.5
MEAN RBC VOLUME	MCV -fl	78.6 - 102.2	80.9
MEAN RBC HEMOGLOBIN	MCH pg	26.0 - 34.4	26.4
MEAN RBC HB CONC	MCHC %	31.8 - 36.3	32.6
PLATELET	PLATELET X 1000/uI	140.0 - 440.0	215
RDW :	%	11.6 - 14.6	12.6
MP	BY IF TECHNIQUE		NEGATIVE

Contd...2

#### Note :

1. If the test result (s) is alarming or unexpected, the patient is advised to contact the Laboratory immediately for possible remedial advice.
2. Not valid for medicolegal purpose. 3. Sample drawn : Lab - Outside



**Dr. Indrani Khandelwal**  
M.D. PG, Chandigarh  
Formerly  
Assistant Professor Virology, PGIMER  
Research Associate B.I. Hospital  
Harvard Medical School, Boston (USA)

**Khandelwal Diagnostics**  
AUTOMATED CLINICAL LAB & MOLECULAR DIAGNOSTIC CENTRE  
SCO 108-109, Sector 8-C, Madhya Marg, Chandigarh.  
Phones: 2772052, 2540731, Res.: 2714323  
Branch: SCF - 5, Sector 11-D, Chandigarh, Phone: 5035579



Date	26/03/2015	Srl.No.	57		
Name	MR. TARKESHWAR	Age	31 Yrs.	Sex	M
Refd.By.	Dr. ANIL PAHWA	LAB NO	3290		

#### IMMUNOLOGY - SEROLOGY

##### WIDAL TEST

	1/20	1/40	1/80	1/160	1/320
TYPHY "O"	POSITIVE	POSITIVE	NEGATIVE	NEGATIVE	NEGATIVE
TYPHI "H"	POSITIVE	POSITIVE	NEGATIVE	NEGATIVE	NEGATIVE
TYPHI "AH"	POSITIVE	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE
TYPHI "BH"	POSITIVE	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE

WIDAL TEST IS NEGATIVE.

\*END OF REPORT\*

**DR. (MRS.) INDRANI KHANDELWAL**

Contd...3

##### Note :

1. If the test result (s) is alarming or unexpected, the patient is advised to contact the Laboratory immediately for possible remedial advice.
2. Not valid for medicolegal purpose. 3. Sample drawn : Lab - Outside



**Dr. Indrani Khandelwal**  
M.D. PGI, Chandigarh  
Formerly  
Assistant Professor Virology, PGIMER  
Research Associate B.I. Hospital  
Harvard Medical School, Boston (USA)

**Khandelwal Diagnostics**  
AUTOMATED CLINICAL LAB & MOLECULAR DIAGNOSTIC CENTRE  
SCO 108-109, Sector 8-C, Madhya Marg, Chandigarh.  
Phones: 2772052, 2540731, Res.: 2714323  
Branch: SCF - 5, Sector 11-D, Chandigarh, Phone: 5035579



Date	26/03/2015	Srl.No.	57		
Name	MR. TARKESHWAR	Age	31 Yrs.	Sex	M
Refd.By.	Dr. ANIL PAHWA	LAB NO	3290		

## URINE

### URINE ROUTINE

#### PHYSICAL EXAMINATION

COLOUR	PALE YELLOW
TRANSPARENCY	CLEAR
REACTION (pH)	ACIDIC

#### CHEMICAL EXAMINATION

ALBUMIN	NIL
SUGAR	NIL

#### MICROSCOPIC EXAMINATION

##### CELLULAR EXUDATES :

PUS CELL	0 - 1/HPF
EPITHELIAL CELLS	0 - 1/HPF
ERYTHROCYTES	1 - 2/HPF

##### CRYSTALS :

CALCIUM OXALATE	NIL
URIC ACID	NIL
URATES/ PHOSPHATES	NIL

##### CASTS :

HYALINE	NIL
EPITHELIAL	NIL
GRANULAR	NIL

##### OTHERS :

YEASTS CELL	NIL
BACTERIA	NIL
SPERMATOOZOA	NIL

\*END OF REPORT\*

**DR. (MRS.) INDRANI KHANDELWAL**

#### Note :

1. If the test result (s) is alarming or unexpected, the patient is advised to contact the Laboratory immediately for possible remedial advice.
2. Not valid for medicolegal purpose. 3. Sample drawn : Lab - Outside