



Patient Name: Ms.GARIMA VERMA

Age/Gender : 30 Y/F

UHID/MR No : HEA.000004304

Visit ID : HEA4323 Ref. By : SELF : HEA01 Client Code

Collected : 05/Aug/2025 12:32PM Received

: 05/Aug/2025 12:38PM

: HEALIC LAB

Reported : 05/Aug/2025 02:33PM Status : Final Report

Barcode No : HH0003873

DEPARTMENT OF BIOCHEMISTRY

Panel Name

Test Name Result Bio. Ref. Range

PLASMA GLUCOSE - FASTING

Sample Type: FLOURIDE PLASMA

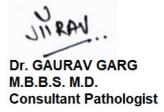
Plasma Glucose Fasting 102.5 mg/dL 74.0-100.0

GOD-PAP

COMMENTS:

Blood glucose determinations are the most frequently performed clinical chemistry laboratory procedures, commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyperfunction as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.









Patient Name: Ms.GARIMA VERMA

Age/Gender : 30 Y/F

UHID/MR No : HEA.000004304

Visit ID : HEA4323
Ref. By : SELF
Client Code : HEA01

Collected : 05/Aug/2025 12: 32PM Received : 05/Aug/2025 12: 38PM Reported : 05/Aug/2025 02: 33PM

Status : Final Report
Panel Name : HEALIC LAB
Barcode No : HH0003873

DEPARTMENT OF CLINICAL PATHOLOGY

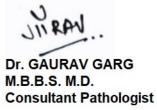
Test Name Result Unit Bio. Ref. Range

URINE ROUTINE EXAMINATION

Sample Type : URINE PHYSICAL EXAMINATION

VOLUME	10	mL	10-50
COLOUR	PALE YELLOW		PALE YELLOW
Visual Examination			
APPEARANCE	CLEAR		CLEAR
CHEMICAL EXAMINATION			
рН	6.5		5.0 - 8.0
Double Indicator			
SPECIFIC GRAVITY	1.015		1.010 - 1.035
Colorimetric			
PROTEIN	NIL		NIL
(Tetra Bromophenol)			
GLUCOSE	NIL		NIL
(Glucose oxidase peroxidase chromogen reaction)			
BLOOD	NIL		NIL
Tetramethyl benzidine			
KETONE	NIL		NIL
Sodium nitroprusside			
BILIRUBIN	NIL		Nil
(Diazonium salt)			
UROBILINOGEN	NIL		NIL
(Diazonium salt)			
NITRITE	NIL		NIL
(Sulfananic acid tetrahydro benzol)	N. 111		
LEUCOCYTE ESTERASE	NIL		NIL
(Carboxylic acid ester diazonium salt)			
MICROSCOPIC EXAMINATION			
PUS CELLS	2-3	/hpf	0-5
(Light microscopy)			
RBCs	NIL	/hpf	0-2
(Light microscopy)		, ,	
EPITHELIAL CELLS	3-4	/hpf	1-2
(Light microscopy)	NOTOFFN	,, ,	NOTOFF
CRYSTALS	NOT SEEN	/hpf	NOT SEEN









Patient Name: Ms.GARIMA VERMA

Age/Gender : 30 Y/F

UHID/MR No : HEA.0000004304

Visit ID : HEA4323
Ref. By : SELF
Client Code : HEA01

Collected : 05/Aug/2025 12:32PM

Received : 05/Aug/2025 12:38PM Reported : 05/Aug/2025 02:33PM

Status : Final Report
Panel Name : HEALIC LAB
Barcode No : HH0003873

DEPARTMENT OF CLINICAL PATHOLOGY

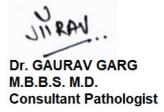
Test Name	Result	Unit	Bio. Ref. Range	_
(Light microscopy)				
CASTS	NOT SEEN	/hpf	Not Seen	
(Light microscopy)				
BACTERIA	NOT SEEN			
OTHER	NOT SEEN		Not Seen	

COMMENT:

(Light microscopy)

Urine routine and microscopic examination involves checking the appearance, concentration and content of urine. It is the most common screening laboratory procedures for the early detection for renal or urinary tract diseases as well as for the monitoring and evaluation for the systemic diseases of extra-genitourinary tract system.









Patient Name: Ms.GARIMA VERMA

Age/Gender : 30 Y/F

UHID/MR No : HEA.0000004304

Visit ID : HEA4323
Ref. By : SELF
Client Code : HEA01

Collected : 05/Aug/2025 12:32PM

Received : 05/Aug/2025 12:38PM Reported : 05/Aug/2025 02:33PM

Status : Final Report Panel Name : HEALIC LAB Barcode No : HH0003873

DEPARTMENT OF HAEMATOLOGY

Test Name Result Unit Bio. Ref. Range

BLOOD GROUP ABO & RH

Sample Type: WHOLE BLOOD EDTA

ABO "B"

Slide/Tube Method

Rh Typing POSITIVE

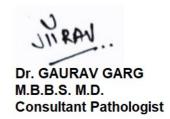
Slide/Tube Method

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.









Patient Name: Ms.GARIMA VERMA

Age/Gender : 30 Y/F

UHID/MR No : HEA.000004304

Visit ID : HEA4323
Ref. By : SELF
Client Code : HEA01

Collected : 05/Aug/2025 12:32PM Received : 05/Aug/2025 12:38PM Reported : 05/Aug/2025 02:33PM

Status : Final Report
Panel Name : HEALIC LAB
Barcode No : HH0003873

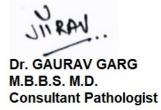
DEPARTMENT OF HAEMATOLOGY

Test Name Result Unit Bio. Ref. Range

Sampl	e Tv	me:	WHOL	E BL	COC	EDTA
Juilipi	U	PC.	VVIICE	L DL	$\sigma \sigma \sigma$	LUIN

Haemoglobin Colorimetric	11.60	g/dL	12.0-16.0
PCV/Haematocrit	36.5	%	36-46
RBC pulse height detection	30.3	70	30-40
Total Leucocyte Count	9.60	10^3/uL	4.0-10.0
Impedance	7.00	10 3/UL	4.0-10.0
RBC Count	4.3	10^6/μL	4.5-5.5
Optical Flowcytometry		20 0/μ2	1.0 0.0
MCV	84.7	fL	80-100
Automated/Calculated	0		00 100
MCH	26.9	pg	27-32
Automated/Calculated		13	
MCHC	31.80	g/dL	31.5-34.5
Automated/Calculated		· ·	
Platelet Count	223	10^3/μL	150-450
Optical Flowcytometry			
PCT	0.25	%	0.108-0.282
MPV	11.1	fL	6.5-12.0
Calculated			
PDW	27	fL	15.0-17.0
Calculated			
RDW-CV	16.7	%	11.0-16.0
Automated/Calculated			
RDW-SD	42.5	fL	35.0-56.0
Calculated			
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophil	62.5	%	50-80
Lymphocyte	28.2	%	20-40
Eosinophil	2.9	%	0.5-5.0
Monocyte	6.3	%	3-12.0
Basophil	0.1	%	0.0-1.0
Absolute Leucocyte Count			
Absolute Neutrophil Count	6	10^3/uL	2.0-7.0









Patient Name: Ms.GARIMA VERMA

Age/Gender : 30 Y/F

UHID/MR No : HEA.000004304

Visit ID : HEA4323
Ref. By : SELF
Client Code : HEA01

Collected : 05/Aug/2025 12:32PM Received : 05/Aug/2025 12:38PM

Reported : 05/Aug/2025 02:33PM Status : Final Report

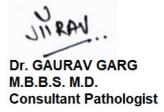
Status : Final Report
Panel Name : HEALIC LAB
Barcode No : HH0003873

DEPARTMENT OF HAEMATOLOGY

DELYMENT OF TIME WINT OCCUP			
Result	Unit	Bio. Ref. Range	
2.71	10^3/uL	1.5-4.0	
0.28	10^3/uL	0.02-0.50	
0.6	10^3/uL	0.12-1.20	
0.01	10^3/uL	0.00-0.10	
	2.71 0.28 0.6	2.71 10^3/uL 0.28 10^3/uL 0.6 10^3/uL	

*** End Of Report ***









Bio. Ref Interval

Barcode : A0517748 Patient Name : Ms Garima Verma Sample Collected On : 05/Aug/2025 02:51PM Age/Gender : 30Y 0M 0D /Female Order Id : 14684110495 Sample Received On : 05/Aug/2025 08:03PM Referred By : Self : 05/Aug/2025 09:31PM Report Generated On Customer Since : 05/Aug/2025 Sample Temperature : Maintained 🗸 Sample Type : Serum ReportStatus : Final Report

DEPARTMENT OF IMMUNOLOGY

Unit

Thyroid Profile (Total T3,T4, TSH)			
Tri-Iodothyronine (T3, Total) Method: CLIA Machine: Siemens Atellica IM1300	1.27	ng/ml	0.60-1.81
Thyroxine (T4, Total) Method: CLIA Machine: Siemens Atellica IM1300	8.90	ug/dl	3.2-12.6
Thyroid Stimulating Hormone (TSH)-Ultrasensitive	4.095	μIU/ml	0.55-4.78

Value

Method: CLIA Machine: Siemens Atellica IM1300

Test Name

Pregnancy interval	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

Healthians recommends that the following potential sources of variation should be considered while interpreting thyroid hormone results:

- 1. Thyroid hormones undergo rhythmic variation within the body this is called circadian variation in TSH secretion: Peak levels are seen between 2-4 AM. Minimum levels seen between 6-10 AM. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.
- 2. Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding Pre-Albumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.
- 3. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment.
- 4. T4 may be normal even in the presence of hyperthyroidism under the following conditions: T3 thyrotoxicosis, Hypoproteinemia related reduced binding, during intake of certain drugs (eg Phenytoin, Salicylates etc)
- 5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
- 6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin
- 7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetectable by conventional methods.
- 8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones.
- 9. Various drugs influence the levels of thyroid hormones such as L-Dopa, Lithium, Glucocorticoids, Phenytoin etc.
- 10. Healthians recommends evaluation of unbound fractions, that is free T3 (fT3) and free T4 (fT4) for clinic-pathologic correlation, as these are the metabolically active forms.

*** End Of Report ***

Dr. Walia Murshida Huda MBBS, MD, Biochemistry Consultant Biochemist

DMC-97314.Healthians Labs

