Healic Health Pvt Ltd
Gaur City Plaza, Greater Noida
Gaur City 1, Uttar Pradesh

www.healic.in

Patient Name	**: Ms.GARIMA VERMA**	Collected	: 05/Aug/2025 12:32PM
Age/Gender	: 30 Y/F	Received	: 05/Aug/2025 12:38PM
UHID/MR No	: HEA.0000004304	Reported	: 05/Aug/2025 02:33PM
Visit ID	**: HEA4323**	Status	: Final Report
Ref. By	: SELF	Panel Name	: HEALIC LAB
Client Code	: HEA01	Barcode No	: HH0003873

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
PLASMA GLUCOSE - FASTING			
Sample Type : FLOURIDE PLASMA			
Plasma Glucose Fasting GOD-PAP	**102.5**	mg/dL	74.0-100.0

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.

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M.B.B.S. M.D.
Consultant Pathologist

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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			
pH Double Indicator	6.5		5.0 - 8.0
SPECIFIC GRAVITY Colorimetric	1.015		1.010 - 1.035
PROTEIN (Tetra Bromophenol)	NIL		NIL
GLUCOSE (Glucose oxidase peroxidase chromogen reaction)	NIL		NIL
BLOOD Tetramethyl benzidine	NIL		NIL
KETONE Sodium nitroprusside	NIL		NIL
BILIRUBIN (Diazonium salt)	NIL		Nil
UROBILINOGEN (Diazonium salt)	NIL		NIL
NITRITE (Sulfananic acid tetrahydro benzol)	NIL		NIL
LEUCOCYTE ESTERASE (Carboxylic acid ester diazonium salt)	NIL		NIL
MICROSCOPIC EXAMINATION			
PUS CELLS (Light microscopy)	2-3	/hpf	0-5
RBCs (Light microscopy)	NIL	/hpf	0-2
EPITHELIAL CELLS (Light microscopy)	3-4	/hpf	1-2
CRYSTALS	NOT SEEN	/hpf	NOT SEEN

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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
(Light microscopy)			

COMMENT:
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.

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range

BLOOD GROUP ABO & RH

Sample Type : WHOLE BLOOD EDTA

ABO Slide/Tube Method	"B"		
Rh Typing **Slide/Tube Method**	**POSITIVE**		

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.

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range
COMPLETE BLOOD COUNT			
Sample Type : WHOLE BLOOD EDTA			
Haemoglobin Colorimetric	**11.60**	g/dL	12.0-16.0
PCV/Haematocrit RBC pulse height detection	36.5	%	36-46
Total Leucocyte Count Impedance	9.60	10^3/uL	4.0-10.0
RBC Count Optical Flowcytometry	**4.3**	10^6/µL	4.5-5.5
MCV Automated/Calculated	84.7	fL	80-100
MCH Automated/Calculated	**26.9**	pg	27-32
MCHC Automated/Calculated	31.80	g/dL	31.5-34.5
Platelet Count Optical Flowcytometry	223	10^3/µL	150-450
PCT	0.25	%	0.108-0.282
MPV Calculated	11.1	fL	6.5-12.0
PDW Calculated	**27**	fL	15.0-17.0
RDW-CV Automated/Calculated	**16.7**	%	11.0-16.0
RDW-SD Calculated	42.5	fL	35.0-56.0
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

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range
Automated Calculated			
Absolute Lymphocyte Count	2.71	10^3/uL	1.5-4.0
Automated Calculated			
Absolute Eosinophil Count	0.28	10^3/uL	0.02-0.50
Automated Calculated			
Absolute Monocyte Count	0.6	10^3/uL	0.12-1.20
Automated Calculated			
Absolute Basophil Count	0.01	10^3/uL	0.00-0.10
Automated Calculated			

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

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

DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
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 Method: CLIA Machine: Siemens Atellica IM1300	4.095	µIU/ml	0.55-4.78

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 therapy etc.
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
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DMC-97314,Healthians Labs

SIN No:A0517748

*Some of the tests in this report have been done via outsourced lab.