

Name	: Ms. VEER BALA SINGH	Age	: 74 Years
Lab No.	: 192722412	Gender	: Female
Ref By	: Dr. MAHIPAL SINGH SACHDEV	Reported	: 1/1/2025 3:02:50PM
Collected	: 1/1/2025 9:35:00AM	Report Status	: Revised
A/c Status	: P	Processed at	: LPL-VASANT KUNJ LAB
Collected at	: FPSC MUNIRKA-2		
	Shop no 1, L-92/2,Bank street munirka,Near		NELSON MANDELA MARG, BUILDING No.1,
	Nestiva Hospital Munirka,Munirka Metro Gate		L.S.C., SECTOR-B, POCKET-7, VASANT
	No. 3		KUNJ, NEW DELHI-110070



Test Report

Test Name	Results	Units	Bio. Ref. Interval
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SwasthFit Super 2

LIVER & KIDNEY PANEL, SERUM

Creatinine (Modified Jaffe,Kinetic)	0.72	mg/dL	0.55 - 1.02
GFR Estimated	87	mL/min/1.73m2	>59
GFR Category	G2		
Urea (Urease UV,Calculated)	29.00	mg/dL	17.00 - 43.00
Urea Nitrogen Blood	13.54	mg/dL	8.00 - 23.00
BUN/Creatinine Ratio	19		
Uric Acid (Uricase)	5.20	mg/dL	2.60 - 6.00
AST (SGOT) (IFCC)	16.0	U/L	9.00 - 36.00
ALT (SGPT) (IFCC)	8.0	U/L	10.00 - 49.00
GGTP (IFCC)	16.0	U/L	0 - 38
Alkaline Phosphatase (ALP) (IFCC-AMP)	71.00	U/L	30.00 - 120.00
Bilirubin Total (Oxidation)	0.41	mg/dL	0.20 - 1.10
Bilirubin Direct (Oxidation)	0.15	mg/dL	<0.3
Bilirubin Indirect (Calculated)	0.26	mg/dL	<1.10
Total Protein (Biuret)	7.00	g/dL	5.70 - 8.20
Albumin (BCG)	4.00	g/dL	3.20 - 4.60
A : G Ratio (Calculated)	1.33		0.90 - 2.00
Globulin(Calculated)	3.00	gm/dL	2.0 - 3.5
Calcium, Total (Arsenazo III)	9.70	mg/dL	8.80 - 10.20



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Phosphorus (Phosphomolybdate UV)	3.90	mg/dL	2.80 - 4.00
Sodium (Indirect ISE)	133.80	mEq/L	136.00 - 145.00
Potassium (Indirect ISE)	5.85	mEq/L	3.50 - 5.10
Result Rechecked, Please Correlate Clinically.			
Chloride (Indirect ISE)	100.60	mEq/L	98.00 - 107.00



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
LIPID SCREEN, SERUM (Spectrophotometry)			
Cholesterol, Total	165.00	mg/dL	<200.00
Triglycerides	109.00	mg/dL	<150.00
HDL Cholesterol	39.30	mg/dL	>50.00
LDL Cholesterol, Calculated	103.90	mg/dL	<100.00
VLDL Cholesterol, Calculated	21.80	mg/dL	<30.00
Non-HDL Cholesterol	126	mg/dL	<130

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.
- 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 2020

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)
Extreme Risk Group Category A	<50 (Optional goal ≤30)	<80 (Optional goal ≤60)	≥50	≥80
Extreme Risk Group Category B	≤30	≤60	>30	>60
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



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F), PLASMA (Hexokinase)			
Glucose Fasting	107.00	mg/dL	70 - 100
THYROID PROFILE,TOTAL, SERUM (Chemiluminescent Immunoassay)			
T3, Total	1.10	ng/mL	0.60 - 1.81
T4, Total	8.00	µg/dL	4.50 - 11.60
TSH	6.85	µIU/mL	0.550 - 4.780

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



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP certified)			
HbA1c	6.5	%	4.00 - 5.60
Estimated average glucose (eAG)	140	mg/dL	

Interpretation

HbA1c result is suggestive of Diabetes/ well controlled Diabetes in a known Diabetic

Interpretation as per American Diabetes Association (ADA) Guidelines

Reference Group	Non diabetic adults ≥ 18 years	At risk (Prediabetes)	Diagnosing Diabetes	Therapeutic goals for glycemic control
HbA1c in %	4.0-5.6	5.7-6.4	≥ 6.5	< 7.0

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



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT; CBC (Photometry,Electrical Impedence,VCS Technology,Calculated)			
Hemoglobin	12.30	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	36.50	%	36.00 - 46.00
RBC Count	4.19	mill/mm3	3.80 - 4.80
MCV	87.20	fL	83.00 - 101.00
Mentzer Index	20.8		
MCH	29.50	pg	27.00 - 32.00
MCHC	33.80	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	15.00	%	11.60 - 14.00
Total Leukocyte Count (TLC)	8.30	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	66.10	%	40.00 - 80.00
Lymphocytes	24.70	%	20.00 - 40.00
Monocytes	7.80	%	2.00 - 10.00
Eosinophils	1.10	%	1.00 - 6.00
Basophils	0.30	%	<2.00
Absolute Leucocyte Count			
Neutrophils	5.49	thou/mm3	2.00 - 7.00
Lymphocytes	2.05	thou/mm3	1.00 - 3.00
Monocytes	0.65	thou/mm3	0.20 - 1.00
Eosinophils	0.09	thou/mm3	0.02 - 0.50



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Test Name	Results	Units	Bio. Ref. Interval
Basophils	0.02	thou/mm3	0.02 - 0.10
Platelet Count	256	thou/mm3	150.00 - 410.00
Mean Platelet Volume	9.6	fL	6.5 - 12.0

Comment

In anaemic conditions Mentzer index is used to differentiate Iron Deficiency Anaemia from Beta- Thalassemia trait. If Mentzer Index value is >13, there is probability of Iron Deficiency Anaemia. A value <13 indicates likelihood of Beta- Thalassemia trait and Hb HPLC is advised to rule out the Thalassemia trait.

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



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Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, PLASMA (Hexokinase)	159.00	mg/dL	70 - 140

Note

- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions
- Very low glucose levels cause severe CNS dysfunction
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical

Interpretation

Status	Fasting plasma glucose in mg/dL	PP plasma glucose in mg/dL
Normal	70-100	70-140
Impaired fasting glucose	101-125	70-140
Impaired glucose tolerance	70-100	141-199
Pre-Diabetes	101-125	141-199
Diabetes mellitus	$>$ 126	$>$ 200



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Test Name	Results	Units	Bio. Ref. Interval
URINE EXAMINATION, ROUTINE; URINE, R/E (Automated Strip Test, Microscopy)			
Gross Examination			
Colour	Pale Yellow		Pale yellow
Specific Gravity	1.010		1.001 - 1.030
pH	5.5		5.0 - 8.0
Proteins	Negative		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Normal		Normal
Blood	Negative		Negative
Leucocyte Esterase	Negative		Negative
Nitrite	Negative		Negative
Microscopy			
R.B.C.	Negative		0-2 RBC/hpf
Pus Cells	Negative		0-5 WBC / hpf
Epithelial Cells	0-1 Epi Cells/hpf		0-5 Epi cells/hpf
Casts	None seen		None seen/Lpf
Crystals	None seen		None seen
Others	None seen		None seen



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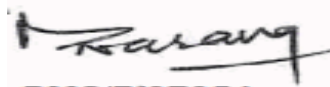


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DMC/R/14118

Dr. Anupam Kumar Anveshi
Consultant Microbiologist
Dr Lal PathLabs Ltd


DMC/R/07054

Dr.Divya
MD Biochemistry
Consultant Biochemist
Dr Lal PathLabs Ltd


DMC NO.33087

Dr Gaurav Jyoti Phukan
DCP, Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd


DMC-5243

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

This is a revised report & supersedes all the previously issued reports



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.

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