



GUNJAN LAB LLP

Reg. Off. : B-8, Falshrutinagar, Near S. T. Depot, Bharuch - 392 001.

Phone : (02642) 240483, 7490034273/74. Timing : 7.10 a.m. to 7.00 p.m. | E-mail : gunjanlab@gmail.com

Dr. B. B. Zanzarukiya

M.D. (Path & Bact.) D.C.P.
Consultant Pathologist

Dr. Tejas S. Patel

M.D. (Pathologist)

Dr. Kinnari T. Patel

M.D., D.P.B. (Pathologist)

Patient Name : **Ms. NEHA SHAH**

Age/sex: 43 Years / Female

Lab No. : **256001908 11-Feb-2025**

Dr Name: Dr. VIVEK VAGHELA



Sample Registration Time: 11-Feb-2025 07:35

Sample Collection Time: 11-Feb-2025 07:36

Report Status:

Sample Collected At: Zadeshwar Road

Test Name	Test Result	Unit	Biological Ref. Interval/Method
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LIPID PROFILE

At Room Temperature Clear

Serum Cholesterol **234** mg/dL 100 - 200 Cholesterol oxidase, Serum

H.D.L. Cholesterol 56 mg/dL >40 Direct measure-PEG, Serum

Non-HDL Cholesterol **178** mg/dL 0 - 125 Calculated

Direct LDL cholesterol **175** mg/dL < 129 Direct measure, Serum

Cholesterol/HDL Ratio 4.2 < 5 Calculated

Serum Triglycerides 144 mg/dL < 150 Enzymatic, Serum

V.L.D.L. Cholesterol 29 mg/dL <30 Calculated

New ATP III Guidelines, Modification of NCEP

	Cholesterol	HDL Cholesterol	Direct LDL	Triglycerides
Desirable	< 200	40-60	100-129	< 150
Borderline High	200 - 239	-	130-150	150 - 199
High	> 240	-	151-189	200 - 499
Very High			> 190	> 500

Cholesterol level for Person with CHD <150mg/dL, With High BP, Diabetes, Smoking <180mg/dL

The treatment goal for non-HDL-C is usually 30 mg/dL above the LDL-C treatment target.

For example, if the LDL-C treatment goal is <70 mg/dL, the non-HDL-C treatment target would be <100 mg/dL.

* LDL level is primary goal for treatment and varies with risk category and Assessment.

* Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.



NIKHIL PATEL

Tejas

Dr. TEJAS PATEL

M.D (Pathology)

GMC No: G-15088

Reported on 11-Feb-2025 09:54

Collection Centres

Test reports are subject to technical limitation & should be clinically co-related, Lab may be contacted whenever required.

• **Main Lab** : A-10,11 Falshrutinagar, Near S.T.D Depot, Station Road, **Bharuch-392001** Mobile : 7490034273 • Time : 7:10 a.m. to 7:00 p.m.

• 28, Al-Aksa Complex, Doctor House, Opp. Patel Welfare Hospital, Jumbusar Road, **Bharuch**.

M.: 9428303557

• 1 & 2, Rang Multiplex Complex, 1st Floor, Zadeshwar Road, **Bharuch**.

M.: 7490034275

• 25, Rang Platinum, Opp. Decor House, Dahej Bypass Road, **Bharuch**.

M.: 9429072043

• Rajpardi Collection Centre : AB -8 "Chandrakant Enclave", **Rajpardi**. | Time: 7:30am to 3:00pm

M.: 7490034261

• 123, Shreeji Sahaj Business Hub, Opp. Narmada College, **Bharuch**

M.: 9054461767

• 54, Nyrika Plaza, Teen Rasta Circle, ONGC Road, **Ankleshwar**.

M.: 9824461192

• F-6, R-16, Square, Near Kapodara Patiya, **Ankleshwar**.

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TSH (Ultrasensitive)	7.9579	uIU/mL	0.35 - 4.94 <small>CMIA, Serum</small>

Note: TSH levels are subject to circadian variation, reaching peak levels in early morning and in evening. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH. Transient increase in TSH levels or abnormal TSH levels can be seen in various nonthyroidal diseases. Simultaneous measurement of TSH with Free T4 is useful in evaluating the differential diagnosis.

Biological Reference Interval during Pregnancy

1st Trimester - 0.1 - 2.5 uIU/mL, 2nd Trimester - 0.2 - 3.0 uIU/mL, 3rd Trimester - 0.3 - 3.0 uIU/mL



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VITAMIN B12 ASSAY

Vitamin B12 Level

216

pg/mL

200 - 900

ECL, Serum

Vitamin B12 is a cofactor for the conversion of methylmalonyl Coenzyme-A to succinyl CoA. In addition, B12 is a cofactor in the synthesis of methionine from homocysteine, is implicated in the formation of myelin, and along with folate, is required for DNA synthesis.

The cause of vitamin B12 deficiency can be three type: Nutritional deficiency, Malabsorption Syndromes and other gastrointestinal causes.

B12 deficiency can cause Megaloblastic Anemia(MA)(serum level is usually <100 pg/mL), nerve damage, and degeneration of the spinal cord. Lack of B12, even mild deficiencies, damages the myelin sheath that surrounds and protects nerves which may lead to peripheral neuropathy.

The nerve damage caused by a lack of B12 may become permanently debilitating if the underlying condition is not treated. People with intrinsic factor defects who do not get treatment eventually develop a Megaloblastic anemia called Pernicious anemia(PA).

The relationship between B12 levels and Megaloblastic Anemia is not always clear in that some patients with MA will have normal B12 level; conversely, many individuals with B12 deficiency are not afflicted with Megaloblastic anemia. Despite these complication, however, in the presence of Megaloblastic anemia (eg; elevated MCV) there is usually serum B12 or folate deficiency.

A serum B12 level below the normal expected range may indicate that tissue B12 levels are becoming depleted. A condition that is associated with low serum B12 levels includes:- iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, oral contraception, parasitic infestation, and advancing age.

* Therapeutic intake during preceding days - (oral- 3 days, parenteral 3 wk.) may lead to an increased level



NIKHIL PATEL

----- End Of Report -----

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