



Accuracy Matters...



Barcode No	84088611	Lab No	00012305291476
Patient Name	Ms.MEENA SINGH	Reg Date	29/May/2023 03:14PM
Age/Sex	60 YRS/FEMALE	Sample Coll. Date	29/May/2023 03:14 PM
Referred By	SELF	Sample Rec.Date	29/May/2023 03:18 PM
Client Code/Name	AP091699 Virtue Health Clinic		
Ref. Lab/Hosp		Report Date	29/May/2023 09:56PM
Panel Address	Shop no.32, Gaur City Arcade, Gaur City-2		

HAEMATOLOGY

Health Check Profile: Complete Health Check Up with Hba1c

Test Name With Methodology	Result	Unit	Biological Ref.Interval
Complete Blood Count (CBC EXT)			
Haemoglobin <small>Whole Blood EDTA, Cyanide free</small>	11.7	gm/dl	12.0-15.0
TLC (Total Leucocyte Count) <small>Whole Blood EDTA, Flow Cytometry</small>	7.42	th/cumm	4.0-10.0
DIFFERENTIAL LEUCOCYTE COUNT			
Polymorphs <small>Whole Blood EDTA Flowcytometry</small>	50.1	%	40-80
Lymphocytes <small>Flowcytometry</small>	38.9	%	20-40
Eosinophils <small>Flowcytometry</small>	3.4	%	1-6
Monocytes <small>Whole Blood EDTA Flowcytometry</small>	7	%	2-10
Basophils <small>Whole Blood EDTA Flowcytometry</small>	0.6	%	0-1
Absolute Neutrophil Count <small>Whole Blood EDTA, Calculated</small>	3,717	/cumm	2000-7000
Absolute Lymphocyte Count. <small>Whole Blood EDTA, Calculated</small>	2,886	/cumm	1000-3000
Absolute Eosinophil Count <small>Whole Blood EDTA, Calculated</small>	252	/cumm	20-500
Absolute Monocyte Count <small>Whole Blood EDTA, Calculated</small>	519	/cumm	20-1000
Absolute Basophils Count <small>Whole Blood EDTA, Calculated</small>	45	/cumm	20-100
RBC <small>Whole Blood EDTA, Impedance</small>	5.03	millions/cmm	3.8-4.8
HCT <small>Whole Blood EDTA, Calculated</small>	37.9	%	36-46
MCV <small>Whole Blood EDTA, Calculated</small>	75.35	fl	83-101
MCH	23.3	pg	27-32

Dr Anupama Jha (DCP)
(Consultant Pathologist)Dr Prashant Goyal (DCP)
(Chief Pathologist)



LAB REPORT

Customer Care Number
9599593622
9599593625



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Whole Blood EDTA, Calculated	MCHC	30.9	g/dl	31.5-34.5
Whole Blood EDTA, Calculated	Platelet Count	160	thou/ μ L	150-410
Whole Blood EDTA, Impedance	MPV	11.6	fl	7.4-10.4
Calculated	RDW- CV	26.4	%	11.6-14.0
Whole Blood EDTA, Flowcytometry	RDW- SD	70.2	fl	35-56
Whole Blood EDTA, Flowcytometry	PCT	0.18	%	0.10-0.28
Whole Blood EDTA, Flow Cytometry	PDW	15.7	fl	9.0-17.0
Whole Blood EDTA, Calculated	Mentzer Index	14.98	Ratio	
	RDWI	395.48		
	Green and King	128.11		
	Neutrophil - Lymphocyte Ratio (NLR)	1.29		
Calculated	Lymphocyte - Monocyte Ratio (LMR)	5.56		
Calculated	Platelet - Lymphocyte Ratio (PLR)	55.43		
	ESR [Westergren]	28	mm/ 1 hr	0 -20
Modified Westergren				

Kindly correlate clinically. Advise for recheck from fresh sample in case, it is not correlation clinically, to rule out any pre-analytical error.



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(Consultant Pathologist)



Dr Prashant Goyal (DCP)
(Chief Pathologist)





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Test Name With Methodology	Result	Unit	Biological Ref.Interval
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.IMMUNO BIOCHEMISTRY-1**Glucose Fasting (Blood Glucose Fasting)**

Blood Sugar Fasting	114	mg/dl	70-100
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Plasma Fluoride, Hexokinase

COMMENTS:

Fasting Blood Sugar/Glucose test. A blood sample will be taken after an overnight fast. A fasting blood sugar level less than 100 mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes. (**American Diabetes Association**)

Glucose Post Prandial (Blood Glucose Post Prandial)

Blood Sugar PP	225	mg/dl	70-140
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Plasma Fluoride, Hexokinase

COMMENTS:

Postprandial means after a meal. Glucose Postprandial Blood (or PPBS) Test measures the glucose levels in the blood after a period of 2 hours from the start of last meal. This test is usually done along with a Fasting Blood Glucose test. This test is done to see how your body responds to sugar and starch after you eat a meal. As you digest the food in your stomach, blood glucose, or blood sugar, levels rise sharply.

Interpretations:**Normal:** under 140 mg/dl**Impaired glucose tolerance or Pre-diabetes:** between 140 and 200 mg/dl**Diabetes:** equal to or above 200 mg/dl

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Test Name With Methodology	Result	Unit	Biological Ref.Interval
HAEMATOLOGY			

HbA1c (Glycated hemoglobin)Glycosylated Hb (HbA1c)
EDTA, HPLC

6.4

%

4.2-6.5

Average Glucose

137

mg/dl

73-140

Calculated.

Ref Range for HbA1c

Non Diabetic:	< 5.7 %
Pre-Diabetic:	5.7 - 6.5 %
Diabetic:	> 6.5 %

Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are <18 years of age.**HbA1c goals in treatment of diabetes:**

Ages 0-6 years:	7.6% - 8.4%
Ages 6-12 years:	<8%
Ages 13-19 years:	<7.5%
Adults:	<7%

COMMENT:

The Glycosylated Hemoglobin (HbA1c or A1c) test evaluates the average amount of glucose in the blood over the last 2 to 3 months. This test is used to monitor treatment in someone who has been diagnosed with diabetes. It helps to evaluate how well the person's glucose levels have been controlled by treatment over time. This test may be used to screen for and diagnose diabetes or risk of developing diabetes. Depending on the type of diabetes that a person has, how well their diabetes is controlled, and on doctor recommendations, the HbA1c test may be measured 2 to 4 times each year. The American Diabetes Association recommends HbA1c testing in diabetics at least twice a year. When someone is first diagnosed with diabetes or if control is not good, HbA1c may be ordered more frequently.

Note: If a person has anemia, few type of hemoglobinopathy, hemolysis, or heavy bleeding, HbA1c test results may be falsely low. If someone is iron-deficient, the HbA1c level may be increased. If a person has had a recent blood transfusion, the HbA1c may be inaccurate and may not accurately reflect glucose control for 2 to 3 months..

*Prashant*Dr Prashant Goyal
(Chief Pathologist)

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Test Name With Methodology	Result	Unit	Biological Ref.Interval
.IMMUNO BIOCHEMISTRY-1			
Iron Serum, FerroZine without deproteinization	61.1	ug/dl	33-193



Prashant F.

Dr Prashant Goyal
(Chief Pathologist)

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Test Name With Methodology	Result	Unit	Biological Ref.Interval
Kidney Panel-2			
Blood Urea <small>Serum, Urease, GLDH</small>	36.5	mg/dL	21-40.0
Serum Creatinine. <small>Serum, Jaffes</small>	0.84	mg/dL	0.5-0.9
Uric Acid <small>Serum, Uricase</small>	6.2	mg/dl	2.4 - 5.7
Sodium <small>Serum, Ion Selective Electrode</small>	137.2	mmol /L	135 - 148
Potassium <small>Serum, Ion Selective Electrode</small>	5.12	mmol /L	3.7-5.5
Chloride <small>Serum, Ion Selective Electrode</small>	99.8	mmol /L	98-107
Calcium. <small>Serum, NM-BAPTA</small>	9.3	mg/dl	8.6-10.0
Phosphorus Serum <small>Serum, Molybdate UV</small>	4.33	mg/dl	2.5-4.5
BUN (Blood Urea Nitrogen) <small>Serum, Calculated</small>	17	mg/dl	6.0-20.0
BUN/Creatinine Ratio <small>Calculated</small>	20.31	Ratio	10-20
Urea/Creatinine Ratio <small>Calculated</small>	43.45	Ratio	
eGFR (estimated Glomerular Filtration Rate) <small>Calculated</small>	73.63	mL/min/1.73 m2	>90

Kindly correlate clinically. Advise for recheck from fresh sample in case, it is not correlation clinically, to rule out any pre-analytical error.



Dr Prashant Goyal
(Chief Pathologist)





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Test Name With Methodology	Result	Unit	Biological Ref.Interval
Lipid Profile			
Cholesterol <small>Serum, CHOD-PAP Enzymatic</small>	230.3	mg/dl	<200
Triglyceride <small>Serum, GPO, Colorimetric</small>	255.8	mg/dl	<150
HDL-Cholesterol <small>Serum, Homogeneous Enz.Colorimetric</small>	38.4	mg/dl	40-60
LDL Cholesterol <small>Serum, Calculated</small>	140.7	mg/dl	0-100
VLDL Cholesterol <small>Serum, Calculated</small>	51.2	mg/dl	5 - 40
LDL / HDL Ratio <small>Serum, Calculated</small>	3.67		0 - 3.55
HDL / LDL Ratio <small>Serum, Calculated</small>	0.27		>0.3
Chol / HDL Ratio <small>Serum, Calculated</small>	6		0 - 4.97
Non-HDL Cholesterol <small>Serum, Calculated</small>	191.9	mg/dl	<160

Lipids are a group of fats and fat-like substances that are important constituents of cells and sources of energy. The lipid profile is used as part of a cardiac risk assessment to help determine an individual's risk of heart disease. It is recommended that healthy adults with no other risk factors for heart disease be tested with a fasting lipid profile once every four to six years. If other risk factors are present or if previous testing revealed a high cholesterol level in the past, more frequent testing is recommended.

TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

*REFERENCE RANGES AS PER NCEP ATP III GUIDELINES



Prashant F.

Dr Prashant Goyal
(Chief Pathologist)



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Test Name With Methodology	Result	Unit	Biological Ref.Interval
Liver Panel (LFT)			
Total Bilirubin. <small>Serum, DCA</small>	0.27	mg/dl	0.0-1.2
Conjugated Bilirubin <small>Serum, DCA</small>	0.13	mg/dl	0.0-0.3
Unconjugated Bilirubin <small>Serum, Calculated</small>	0.14	mg/dl	0.2-0.7
SGOT (AST) <small>Serum, Optimized UV test with IFCC</small>	25.5	IU/L	0 -32
SGPT (ALT) <small>Serum, Optimized UV test with IFCC</small>	34.0	IU/L	0-33
Alk.Phosphatase <small>Serum, Kinetic, IFCC</small>	94.2	IU/L	30-104
T.Protein <small>Serum, Biuret</small>	6.21	gm/dl	6.4-8.3
Albumin <small>Serum, Bromocresol Green</small>	4.01	gm/dl	3.5-5.2
Globulin <small>Serum, Calculated</small>	2.20	gm/dl	2.5-3.8
A/G Ratio <small>Serum, Calculated</small>	1.82		1.30 - 1.70
Gamma G.T. <small>Serum, Kinetic with IFCC</small>	31	IU/L	<40
SGOT/SGPT Ratio <small>Serum, Calculated</small>	0.75	Ratio	0-5

Comment:

A liver panel (Liver function test) or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments.



Prashant Goyal

Dr Prashant Goyal
(Chief Pathologist)





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Test Name With Methodology	Result	Unit	Biological Ref.Interval
Thyroid Profile-I [T3,T4,TSH]			
T3 (Trilodothyronine) Chemi Luminescent Immuno Assay	109.3	ng/dl	60-181
Serum, Electro Chemi Luminescent Immuno Assay			
T4 (Thyroxine) Chemi Luminescent Immuno Assay	6.84	ug/dl	4.5-12.6
Serum, Electro Chemi Luminescent Immuno Assay			
TSH (Ultrasensitive) Serum, Electro Chemi Luminescent Immuno Assay	20.8	uIU/mL	0.13-6.33

Comments:

- Our reference range applies the central 95th interval (2.5th – 97.5th quantile) according to the CLSI/IFCC guidelines EP28-A3c.
- A circadian variation in serum TSH in healthy subjects is well documented. TSH level is reaching peak levels between 2-4 am 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 value of TSH.
- TSH levels between 6.3 and 15.0 may represent subclinical or compensated hypothyroidism or show considerable physiological & seasonal variation, suggest clinical correlation or repeat testing with fresh sample.
- TSH levels may be transiently altered because of non-thyroid illness, like severe infection, renal disease, liver disease, heart disease, severe burns, trauma, surgery etc. Few drugs also altered the TSH values.
- A high TSH result often means an underactive thyroid gland caused by failure of the gland (hypothyroidism). A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH.
- Resistance to thyroid hormone (RTH) and central hyperthyroidism (TSH-oma) are rare conditions associated with elevated TSH, T4 and T3 levels.

Below mentioned are the guidelines for age reference ranges for T3,T4 and TSH results:

Age	Total T3 (ng/dl)	Total T4 (µg/dl)	TSH (µIU/ml)
1 - 6 days	73 - 288	5.04 - 18.5	0.7 - 15.0
6 days - 3 months	80 - 275	5.41 - 17.0	0.72 - 11.0
4 - 12 months	86 - 265	5.67 - 16.0	0.73 - 8.35
1 - 6 years	92 - 248	5.95 - 14.7	0.70 - 5.97
7 - 11 years	93 - 231	5.99 - 13.8	0.60 - 5.84
12 - 20 years	91 - 218	5.91 - 13.2	0.51 - 6.50
>20 years	60 - 181	4.50 - 12.6	0.13 - 6.33

TSH Level in pregnancy

First Trimester	0.10 – 2.5 µIU/ml
Second Trimester	0.20 – 3.0 µIU/ml
Third Trimester	0.30 – 3.0 µIU

Dr Vandana (MD, Path)
(Consultant Pathologist)Dr Prashant Goyal (DCP)
(Chief Pathologist)



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CLINICAL PATHOLOGY

Urine R/M (Urine Analysis)

PHYSICAL EXAMINATION

Color	Pale Yellow		Pale Yellow
Urine, Visual			
Transparency	Hazy		Clear
Visual			
pH	5.0		4.7-7.5
Double indicator			
Specific Gravity	1.030		1.005-1.035
Urine, Hydrogenous ionogen reaction			

CHEMICAL EXAMINATION

Urine Glucose	Negative		Negative
Urine, Oxidation reaction			
Urine Protein.	Negative		Negative
Urine, Protein ionization			
Urine Bilirubin	Negative		Negative
Urine, Azo- coupling reaction			
Ketones	Negative		Negative
Urine, Acetoacetate and nitroprusside reaction			
Urobilinogen	Normal		Normal
Urine, p-aminobenzoic acid and phenazopyridine reaction			
Nitrate	Negative		Negative
Urine, Diazotized reaction			
Blood	Negative		Negative
Urine, peroxiase reaction			
Leukocytes Est	Negative		Negative
Urine, Esterases			

MICROSCOPIC EXAMINATION

Pus Cells.	3-4	/hpf	3-5
Urine, Manual Microscopic			
Epithelial Cells	10-15	/hpf	3-5
Urine, Manual Microscopic			
R.B.C.	Not Seen	/hpf	Not Seen
Manual Microscopic			
Crystals	Cal Carbonate Seen	/hpf	Not Seen

Dr Vikas S. (MBBS, MD, DNB Micro)
(Consultant Microbiologist)



Dr Prashant Goyal (DCP)
(Chief Pathologist)

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Urine, Manual Microscopic

Casts	Not Seen	/lpf	Not Seen
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Urine, Manual Microscopic

Bacteria	Not Seen	/hpf	Not Seen
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Manual Microscopic

Others.	N/A		
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Accuprobe
Diagnostics


Dr Vikas S. (MBBS, MD, DNB Micro)
(Consultant Microbiologist)




Dr Prashant Goyal (DCP)
(Chief Pathologist)

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- In case of insufficient quantity or poor quality of specimen test will not be performed. In such cases it is expected that fresh specimen is sent for reporting of the same parameter.
- There may be circumstances beyond our control that can delay results, e.g., invalid assay run.
- The results of a laboratory test are dependent on the quality of the sample as well as the assay procedure.
- The report is to be interpreted and used by medical personnel only.
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- For the test performed on specimens received or collected from different locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request form and such verification has been carried out at the point of generation of the said specimen by the sender.
- Accuprobe will be responsible only for the analytical part of the test carried out. All other responsibility will be of referring Laboratory.
- If any dispute arising in future party can file the suit in the court of law with the jurisdiction within Delhi jurisdiction only.

----- End of Report -----

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Accuprobe Diagnostics : Near Apollo Clinic, Shah Complex, Main Chowk Karan Nagar, Srinagar - 190010 (J&K) | Mob.: 9205882054

ACCUPROBE DIAGNOSTICS, JAIPUR

Accuprobe Diagnostics : 8-A, 2nd Floor, Sudershanpura Industrial Area, Bais Godown, Jaipur - 302006 (RJ) | Mob.: 9289485990

ACCUPROBE DIAGNOSTICS, MORADABAD

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ACCUPROBE DIAGNOSTICS, ASSAM

Accuprobe Diagnostics : New Aroti Diagnostics, Ward no. 3, Mission Road H ailakandi - 788155 (Assam) | Mob.: 9707629449, 9707629450

ACCUPROBE DIAGNOSTICS, KARNAL

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ACCUPROBE DIAGNOSTICS, JALANDHAR

Accuprobe Diagnostics : First Floor, Adarsh Nagar, Basti Guzan, Jalandhar, Punjab - 144008

ACCUPROBE DIAGNOSTICS, KOLKATA

1st Floor of the Premises No. 2 Hemachandra Naskar Road, Police Station and Post Office- 700010



Team of Experts



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ISO 9001:2015 Quality as per ISO



Blood Tests



FASTEST SERVICE