
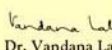


**S45 - AROGYAM DIAGNOSTIC
 CC**
**SHOP NO.11, KOYAL GHATI,
 OPP. ALLAHABAD BANK,
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 SHROMANI AWARD WINNER

Name	: Mrs. RACHNA DEV	Collected	: 5/9/2014 12:15:00PM
Lab No.	: 207785240	Received	: 5/9/2014 12:15:35PM
Age:	47 Years	Reported	: 5/9/2014 6:34:11PM
Gender:	Female	Report Status	: Final
A/c Status	: P		
Ref By	: SELF		

Test Name	Results	Units	Bio. Ref. Interval
LIVER PANEL, SCREEN (Reflectance Photometry)			
AST (SGOT)	27	U/L	<35
ALT (SGPT)	37	U/L	<35
Alkaline Phosphatase (ALP)	112	U/L	30.00 - 120.00
Bilirubin Total	1.10	mg/dL	0.30 - 1.20
Bilirubin Direct	0.50	mg/dL	<0.20
Bilirubin Indirect	0.60	mg/dL	<1.10
Total Protein	7.80	g/dL	6.40 - 8.30
Albumin	3.70	g/dL	3.50 - 5.20
A : G Ratio	0.90		0.90 - 2.00

THYROID PROFILE, TOTAL, SERUM (Chemiluminescent Immunoassay)			
T3, Total	1.09	ng/mL	0.60 - 1.81
T4, Total	13.00	ug/dL	5.01 - 12.45
TSH	1.41	uIU/mL	0.550 - 4.780

Interpretation

REFERENCE GROUP	REFERENCE RANGE IN uIU/mL (As per American Thyroid Association)
PREGNANCY	
1st Trimester	0.100-2.500
2nd Trimester	0.200-3.000
3rd Trimester	0.300-3.000


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. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

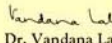
Clinical Use

- Primary Hypothyroidism

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



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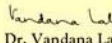
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Lab No.	: 207785240	Age: 47 Years	Gender: Female	Received	: 5/9/2014 12:15:35PM
A/c Status	: P	Ref By : SELF		Reported	: 5/9/2014 6:34:11PM
				Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
<ul style="list-style-type: none"> • Hyperthyroidism • Hypothalamic - Pituitary hypothyroidism • Inappropriate TSH secretion • Nonthyroidal illness • Autoimmune thyroid disease • Pregnancy associated thyroid disorders • Thyroid dysfunction in infancy and early childhood 			

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

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Age:	47 Years	Reported	: 5/9/2014 6:34:15PM
Gender:	Female	Report Status	: Final
A/c Status	: P		
Ref By :	SELF		


Test Name	Results	Units	Bio. Ref. Interval
URINE EXAMINATION, ROUTINE; URINE, R/E (Dipstick, Microscopy)			
Physical			
Colour	Slight Lemon Yellow		Pale yellow
Specific Gravity	1.005		1.001 - 1.030
pH	7		5.0 - 8.0
Chemical			
Proteins	Nil		Nil
Glucose	Nil		Nil
Ketones	Nil		Nil
Bilirubin	Nil		Nil
Urobilinogen	Normal		Normal
Leucocyte Esterase	Negative		Negative
Nitrite	Negative		Negative
Microscopy			
R.B.C.	20-30 RBC/HPF		Negative
Pus Cells	2-3 WBC/HPF		0-5 WBC / hpf
Epithelial Cells	+(in small numbers)		Few
Casts	Nil		Nil /lpf
Crystals	Negative		Nil
Others	Nil		-

Result Rechecked,
 Please Correlate Clinically.

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
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Lab No. :	207785240	Received :	5/9/2014 12:15:35PM
Age:	47 Years	Reported :	5/9/2014 6:34:19PM
Gender:	Female	Report Status :	Final
A/c Status :	P		
Ref By :	SELF		

Test Name	Results	Units	Bio. Ref. Interval
HEMOGRAM (Electrical Impedance & VCS, Capillary photometry)			
Hemoglobin	13.40	g/dL	11.50 - 15.00
Packed Cell Volume (PCV)	41.00	%	36.00 - 46.00
RBC Count	4.87	mill/mm3	3.80 - 4.80
MCV	84.20	fL	80.00 - 100.00
MCH	27.50	pg	27.00 - 32.00
MCHC	32.70	g/dL	32.00 - 35.00
Red Cell Distribution Width (RDW)	15.40	%	11.50 - 14.50
Total Leukocyte Count (TLC)	10.01	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	51.50	%	40.00 - 80.00
Lymphocytes	33.40	%	20.00 - 40.00
Monocytes	6.70	%	2.00 - 10.00
Eosinophils	8.20	%	1.00 - 6.00
Basophils	0.20	%	<2.00
Absolute Leucocyte Count			
Neutrophils	5.16	thou/mm3	2.00 - 7.00
Lymphocytes	3.34	thou/mm3	1.00 - 3.00
Monocytes	0.67	thou/mm3	0.20 - 1.00
Eosinophils	0.82	thou/mm3	0.02 - 0.50
Basophils	0.02	thou/mm3	0.01 - 0.10
Platelet Count	300.0	thou/mm3	150.00 - 450.00
ESR #	23	mm/hr	0.00 - 20.00


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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Lab No.	: 207785240	Received	: 5/9/2014 12:15:35PM
Age:	47 Years	Reported	: 5/9/2014 6:34:22PM
Gender:	Female	Report Status	: Final
A/c Status	: P		
Ref By	: SELF		

Test Name	Results	Units	Bio. Ref. Interval
BUN; BLOOD UREA NITROGEN, SERUM (Urease)	9.95	mg/dL	6.00 - 20.00
GLUCOSE, FASTING (F), PLASMA (GOD/POD)	93.40	mg/dL	70.00 - 100.00
CREATININE, SERUM (Enzymatic)	0.60	mg/dL	0.51 - 0.95
URIC ACID, SERUM (Uricase)	6.40	mg/dL	2.60 - 6.00

LIPID SCREEN, SERUM (Enzymatic)			
Cholesterol, Total	183.00	mg/dL	<200.00
Triglycerides	198.00	mg/dL	<150.00
HDL Cholesterol	33.00	mg/dL	40.00 - 60.00
LDL Cholesterol, Calculated	110.40	mg/dL	<100.00
VLDL Cholesterol, Calculated	39.60	mg/dL	<30.00


Interpretation

REMARKS	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100
Above Optimal	-	-	100-129
Borderline High	200-239	150-199	130-159
High	>=240	200-499	160-189
Very High	-	>=500	>=190

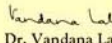
Note

- 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.
- ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is <400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is >400 mg/dL.

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Test Name	Results	Units	Bio. Ref. Interval
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 Chief of Lab



Dr. Nishant Bhagoliwal
 MBBS DCP
 Chief of Lab

-----End of report -----