Patient Name	**: Mr. UDAY KUMAR**	Specimen Drawn ON	: 21/Nov/2024 10:42AM
Age/Gender	: 35 YRS /M	Specimen Received ON	: 21/Nov/2024 04:54PM
UHID/MR No	: ADEL.0001447833	Report Date	: 21/Nov/2024 06:08PM
Visit ID	**: MDEL1448694**	Client Code	: DL2253
Ref Doctor	: Dr.SELF	Barcode No	: B9609083
Client Name	: B.M.DIAGNO	Ref Customer	: SELF

DEPARTMENT OF HAEMATOLOGY

CRL SWASTHYA CARE

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Sample Type : WHOLE BLOOD EDTA				
HbA1c (ngsp)	**6.2**	%	Non diabetic adults >=18 years <5.7~At risk (Prediabetes) 5.7 - 6.4~Diagnosing Diabetes >= 6.5	HPLC
HbA1c (IFCC)	44.15	mmol/mol		HPLC
Estimated Average Glucose	131.2	mg/dl		Calculated

Interpretation:

As per American Diabetes Association (ADA)	
Reference Group	**HbA1c in %**
Non diabetic adults >=18 years	**<5.7**
At risk (Prediabetes)	**5.7 – 6.4**
Diagnosing Diabetes	**>=6.5**

Note:

1, Since HbA1c reflects long term fluctuation in the blood glucose concentration , a diabetic patient who is recently under good control may still have a high concentration of HbA1c . Converse is true for a diabetic previously under good control but now proply controlled.

2, Target goals of <7.0% may be beneficial in patients with short duration of diabetes , long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes ,limit life expectancy or extensive co-morbid conditions, targeting a goal of <7.0 % may not be appropriate.

Comment :

HBA1c provides an index of average blood glucose levels over the past 8 – 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

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DEPARTMENT OF HAEMATOLOGY

CRL SWASTHYA CARE

Test Name	Result	Unit	Bio. Ref. Range	Method

Chromatogram Report

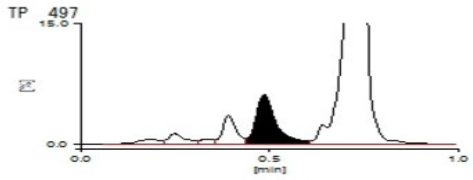
G11-1(3511) 2024/11/21 18:04:00
ID B9609083
Sample No. 2024112118020235 SL 0001 - 04
Patient ID
Name
Comment

CALIB(N) Y =1.1257X + 0.7910

Name	%	Time	Area
FP			
A1A	0.5	0.19	5.64
A1B	0.9	0.25	8.95
F	0.3	0.34	3.06
LA1C+	1.8	0.39	19.28
SA1C	6.2	0.49	49.77
A0	92.0	0.72	960.08
H-VAR			
	Total Area		1046.78

HbA1c 6.2 %

HbF 0.3 %



11/21/2024 6:04:02 PM CRL 1 / 1
CRL
Paschim Vihar, Delhi

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DEPARTMENT OF HAEMATOLOGY

CRL SWASTHYA CARE

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT(CBC)23				
R.B.C	4.72	Millions/cumm	4.5-5.5	Impedance variation
Haemoglobin	14.6	g/dl	13-17	Spectrophotometry
Packed Cell Volume	43.10	%	40.0-50.0	Analogical Integration
MCV	91.31	fL	80-100	
MCH	30.93	pg	27.0-32.0	Calculated
MCHC	33.87	g/dL	27.0-48.0	Calculated
RDW-CV	**15.8**	%	11.5-14.0	Calculated
Platelet Count	**110**	x1000/uL	150-450	Impedance Variation
Total WBC Count	5800	/cumm	4000-10000	Impedance Variation
TNC	5.80			
MPV	**15.40**	%	9.1-11.9	Calculated
PCT	**0.10**	%	0.18-0.39	Calculated
PDW	**28.10**	%	9.0-15.0	Calculated
Differential Leucocyte Count				
Neutrophil	47	%	40.0-80.0	flow cytometry/manual
Lymphocyte	40	%	20.0-40.0	flow cytometry/manual
Monocytes	08	%	2-10	flow cytometry/manual
Eosinophils	05	%	01-06	Flow cytometry/manual
Basophils	00	%	0-1	Flow cytometry/manual
Absolute Neutrophils	2.73	1000/µL	2.00-7.00	
Absolute Lymphocytes	2.32	1000/µL	1.00-3.00	
Absolute Monocytes	0.46	1000/µL	0.20-1.00	
Absolute Eosinophils	0.29	1000/µL	0.02-0.50	
Neutrophil-Lymphocyte Ratio	1.18			Calculated
Lymphocyte-Monocyte Ratio	5			Calculated
Platelet-Lymphocyte Ratio	3			Calculated

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DEPARTMENT OF HAEMATOLOGY

CRL SWASTHYA CARE

Test Name	Result	Unit	Bio. Ref. Range	Method
Erythrocyte Sedimentation Rate (ESR)	10	mm/h	0-20	Westergren

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Client Name	: B.M.DIAGNO	Ref Customer	: SELF

DEPARTMENT OF BIOCHEMISTRY

CRL SWASTHYA CARE

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE FASTING				
Sample Type : Sod.Fluoride - F				
Glucose Fasting	81.5	mg/dl	70.0 - 110.0	GOD-POD

Interpretation (In accordance with the American diabetes association guidelines):

· A fasting plasma glucose level below 110 mg/dL is considered normal.

· A fasting plasma glucose level between 100-126 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.

· A fasting plasma glucose level of above 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

EGFR (ESTIMATED GLOMERULAR FILTRATION RATE)				
Creatinine	0.73	mg/dL	0.70-1.40	Jaffe Kinetic
Blood Urea Nitrogen (BUN)	11.42	mg/dl	6.00-20.0	Spectro-photometry
Albumin (Serum)	4.66	g/dL	3.5-5.5	Bromo Cresol Green (BCG)
EGFR By MDRD	130.16	mL/min/1.73 m2		Spectrophotometric - Calculated

COMMENT-The Kidney Disease Improving Global Outcomes (KDIGO) guideline defines CKD by the presence of glomerular filtration rate (GFR) <60 mL/min/1.73m2 for >3 months and/or evidence of kidney damage (eg, structural abnormalities, histologic abnormalities, albuminuria, urinary sediment abnormalities, renal tubular disorders, and/or history of kidney transplantation) for >3months.2 Thus, monitoring should include tests for GFR, albuminuria, and urine sediment.

CLINICAL USE-

• Detect chronic kidney disease (CKD) in adults.

• Monitor CKD therapy and/or progression in adults.

Interpretation of eGFR Values	
eGFR (mL/min/1.73m^2)	**Interpretation**
90	Normal
60-89	Mild decrease
45-59	Mild to moderate decrease
30-44	Moderate to severe decrease
15-29	Severe decrease
<15	Kidney failure

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DEPARTMENT OF BIOCHEMISTRY

CRL SWASTHYA CARE

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT)-EXTENDED				
Sample Type : SERUM				
Bilirubin Total	0.54	mg/dl	<1.1	Diazotized Sulfanilic
Bilirubin Direct	0.14	mg/dl	0-0.3	Diazotized Sulfanilic
Bilirubin Indirect	0.4	mg/dl	0.30-1.00	Calculated
SGOT (AST)	**37.2**	U/L	<31.0	IFCC without pyridoxal phosphate
SGPT (ALT)	**46.8**	U/L	<33.0	IFCC without pyridoxal phosphate
Alkaline Phosphatase (ALP)	94.8	U/L	40-129	Spectrophotometry
Gamma Glutamyl Transferase (GGT)	**62.2**	U/L	15-60	L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate
Protein Total	8.2	g/dL	6.6-8.7	Biuret
Albumin (Serum)	4.66	g/dL	3.5-5.5	Bromo Cresol Green (BCG)
Globulin	**3.54**	g/dL	2.50-3.50	Calculated
A/G Ratio	**1.32**		1.5-2.5	Calculated

Interpretation:- Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels.: Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes.There are less common conditions and diseases that also cause elevated liver enzyme levels.

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DEPARTMENT OF BIOCHEMISTRY

CRL SWASTHYA CARE

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE BASIC				
Sample Type : SERUM				
Total Cholesterol	**220.3**	mg/dL	Desirable - 200, Borderline high - 200-239, High - ≥ 240	CHO-POD
Triglyceride	**276.6**	mg/dL	0.0-150 :Normal 151-199:Border Line >=200 :High 200.0-499.0 High ~> 500 Very High	GPO-POD
HDL Cholesterol	**37.4**	mg/dL	40-60	Direct (PVS/PEGME precipitation & Trinder reaction)
Non HDL Cholesterol	**182.90**	mg/dL	< 130 mg/dL	Calculated
VLDL Cholesterol	**55.3**	mg/dL	2.00-30.00	Calculated
LDL Cholesterol	127.58	mg/dL	0-130 :Normal~131-155:Borderline~>=160 :High	Direct (PVS/PEGME precipitation & Trinder reaction)
Cholesterol/HDL Ratio	**5.89**	Ratio	<4.00	Calculated
LDL / HDL Cholestrol Ratio	3.41	Ratio	<3.50	Calculated
HDL/LDL Cholesterol Ratio	0.29	Ratio	<3.50	Calculated

Cholesterol Level	mg/dL
Desirable	200
Borderline High	200 - 239
High	≥ 240

Risk Modifiers As per ASCVD

PARAMETRS	mg/dL
HDL	<40 - low
	>60 - high
LDL	<100 optimal
TRIGLYCERIDE LEVELS	< 150 for fasting
	< 175 for Non fasting

Treatments Goal as per LAI 2023

ASCVD RISK CATEGORY	TREATMENT GOAL	
	LDL-C in mg/dL Primary Target	Non HDL-C in mg/dL CO-Primary Target
LOW	<100	<130

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DEPARTMENT OF BIOCHEMISTRY

CRL SWASTHYA CARE

Test Name	Result	Unit	Bio. Ref. Range	Method
MODERATE	<100	<130		
HIGH	<70	<100		
VERY HIGH	<50	<80		
EXTREME (A)	<50 or <30	<80 or <60		
EXTREME (B)	<30	<60		

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CRL SWASTHYA CARE

Test Name	Result	Unit	Bio. Ref. Range	Method
IRON PROFILE BASIC				
Iron, Serum	75	ug/dL	59-158	Colorimetric
Total Iron Binding Capacity-(TIBC)	369	ug/dL	250-400	Spectro-photometry
UIBC-SERUM	294.00	ug/dL	110-370	Direct Determination with Ferrozinc
Transferrin Saturation	20.33	%	16-50	Calculated

Total iron-binding capacity

The test measures the extent to which iron-binding sites in the serum can be saturated. Because the iron-binding sites in the serum are almost entirely dependent on circulating transferrin, this is really an indirect measurement of the amount of transferrin in the blood.

Taken together with serum iron and percent transferrin saturation clinicians usually perform this test when they are concerned about anemia, iron deficiency or iron deficiency anemia. However, because the liver produces transferrin, liver function must be considered when performing this test. It can also be an indirect test of liver function, but is rarely used for this purpose

Transferrin Saturation

1g of transferrin can carry 1.43g of iron. Normally, iron saturation of transferrin (transferrin saturation) is between 10% and 50%. Because of its short half-life, transferrin values decrease more quickly in protein malnutrition states and should be taken into consideration while evaluating iron-deficiency states

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Test Name	Result	Unit	Bio. Ref. Range	Method
Kidney Function Test EXTENDED				
Urea	24.44	mg/dl	18.0-45.0	Spectro-photometry
Creatinine	0.73	mg/dL	0.70-1.40	Jaffe Kinetic
Uric Acid	6.93	mg/dl	4.40-7.60	Spectro-photometry
Calcium	9.6	mg/dL	8.6-10.2	NM-BAPTA
Phosphorus	3.8	mg/dL	2.50-5.00	Ammonium molybdate UV
Sodium (NA+)	142.50	mmol/L	135.0-145.0	Ion Selective Electrode
Potassium (K+)	4.99	mmol/L	3.50-5.50	Ion Selective Electrode
Chloride	105.20	mmol/L	98.0-109.0	Ion Selective Electrode
Blood Urea Nitrogen (BUN)	11.42	mg/dl	6.00-20.0	Spectro-photometry
Bun / Creatinine Ratio	15.64	Ratio	0.0-23.0	Calculated
Urea / Creatinine Ratio	33.48	Ratio	20-35	Calculated

Interpretation:- Kidney blood tests, or Kidney function tests, are used to detect and diagnose disease of the Kidney.

The higher the blood levels of urea and creatinine, the less well the kidneys are working.
The level of creatinine is usually used as a marker as to the severity of kidney failure. (Creatinine in itself is not harmful, but a high level indicates that the kidneys are not working properly. So, many other waste products will not be cleared out of the bloodstream.) You normally need treatment with dialysis if the level of creatinine goes higher than a certain value.
Dehydration can also be a come for increases in urea level.
Before and after starting treatment with certain medicines. Some medicines occasionally cause kidney damage (Nephrotoxic Drug) as a side-effect. Therefore, kidney function is often checked before and after starting treatment with certain medicines.

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CRL DIAGNOSTICS PVT. LTD.
Plot No. 10, Avtar Enclave, Opposite Metro Pillar No. 227, Paschim Vihar, Rohtak Road, New Delhi-110063
E-mail : info@crldiagnostics.com, web : www.crldiagnostics.com, Phone : + 011-42-78-78-78

Patient Name	**: Mr. UDAY KUMAR**	Specimen Drawn ON	: 21/Nov/2024 10:42AM
Age/Gender	: 35 YRS /M	Specimen Received ON	: 21/Nov/2024 04:48PM
UHID/MR No	: ADEL.0001447833	Report Date	: 21/Nov/2024 05:30PM
Visit ID	**: MDEL1448694**	Client Code	: DL2253
Ref Doctor	: Dr.SELF	Barcode No	: B9609082
Client Name	: B.M.DIAGNO	Ref Customer	: SELF

DEPARTMENT OF IMMUNOASSAY

CRL SWASTHYA CARE

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE				
Sample Type : SERUM				
Triiodothyronine Total (T3)	1.15	ng/mL	0.70-2.04	Chemiluminescence Immunoassay (CLIA)
Thyroxine Total (T4)	8.93	ug/dL	4.6-10.5	Chemiluminescence Immunoassay (CLIA)
TSH (4th Generation)	2.635	uIU/mL	0.40-4.20	Chemiluminescence Immunoassay (CLIA)

PREGNANCY	REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association.)
1st Trimester	0.10-2.50 uIU/mL
2nd Trimester	0.20-3.00 uIU/mL
3rd Trimester	0.30-3.00 uIU/mL

INTERPRETATION-

1. Primary hyperthyroidism is accompanied by elevated serum T3 & T4 values along with depressed TSH level.
2 .Primary hypothyroidism is accompanied by depressed serum T3 and T4 values & elevated serum TSH levels.
3. Normal T4 levels accompanied by high T3 levels and low TSH are seen in patients with T3 thyrotoxicosis.
4. Normal or low T3 & high T4 levels indicate T4 thyrotoxicosis (problem is conversion of T4 to T3)
5. Normal T3 & T4 along with low TSH indicate mild / subclinical HYPERTHYROIDISM .
6. Normal T3 & low T4 along with high TSH is seen in HYPOTHYROIDISM .
7. Normal T3 & T4 levels with high TSH indicate Mild / Subclinical HYPOTHYROIDISM .
8. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness , malnutrition , renal failure and during therapy with drugs like propanolol.
9. Although elevated TSH levels are nearly always indicative of primary hypothroidism . rarely they can result from TSH secreting pituitary tumours (seconday hyperthyroidism)

TSH IS DONE BY ULTRASENSITIVE 4th GENERATION CHEMIFLEX ASSAY

COMMENTS:

Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved.The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

***NOTE**-TSH levels are subject to circardian variation,reaching peak levels between 2-4AM and ninimum between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration.Dose and time of drug intake also influence the test result. Reference ranges are from Teitz fundamental of clinical chemistry 7th ed.*

This report has been validated by:

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DEPARTMENT OF IMMUNOASSAY

CRL SWASTHYA CARE

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
Sample Type : SERUM				
Vitamin B12 Level	**209.2**	pg/mL	220-914	Chemiluminescence Immunoassay(CLIA)

Comments

Vitamin B_{12} along with folate is essential for DNA synthesis and myelin formation. Vitamin B_{12} deficiency can be because of nutritional deficiency, malabsorption and other gastrointestinal causes. The test is ordered primarily to help diagnose the cause of macrocytic/ megaloblastic anemia.

Decreased levels are seen in:	Increased levels are seen in:
anaemia, normal near term pregnancy, vegetarianism, partial gastrectomy/ ileal damage, celiac disease, with oral contraceptive use, parasitic competition, pancreatic deficiency, treated epilepsy, smoking, hemodialysis and advancing age	renal failure, hepatocelluar disorders, myeloproliferative disorders and at times with excess supplementation of vitamins pills

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UHID/MR No	: ADEL.0001447833	Report Date	: 21/Nov/2024 05:30PM
Visit ID	**: MDEL1448694**	Client Code	: DL2253
Ref Doctor	: Dr.SELF	Barcode No	: B9609082
Client Name	: B.M.DIAGNO	Ref Customer	: SELF

DEPARTMENT OF IMMUNOASSAY

CRL SWASTHYA CARE

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D3 25-HYDROXY				
Sample Type : SERUM				
Vitamin D, 25 Hydroxy	**12.94**	ng/mL	Deficiency<20 Sufficiency:20-65 Intoxication:>70	Enhanced Chemiluminescence (Ultre Sensitive 4th Generation Chemiflex)

Lower-than-normal levels suggest a vitamin D deficiency. This condition can result from Lack of exposure to sunlight,Lack of adequate vitamin D in the diet, Liver and kidney diseases and Malabsorption. A vitamin D deficiency may lead to: *Low blood calcium levels (hypocalcaemia) *Thin or weak bones (rickets, osteoporosis and osteomalacia) *High levels of parathyroid hormone (secondary hyperparathyroidism) Total 25-hydroxyvitamin D (D2 + D3) is the correct measure of Vitamin D status.Higher-than-normal levels suggest excess vitamin D, a condition called hypervitaminosis D. It is usually caused by vitamin D in the form of doctor-prescribed dietary supplements. 95% of serum vitamin D is Vit D3. D2 is only received from supplements.

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Patient Name	**: Mr. UDAY KUMAR**	Specimen Drawn ON	: 21/Nov/2024 10:42AM
Age/Gender	: 35 YRS /M	Specimen Received ON	: 21/Nov/2024 04:37PM
UHID/MR No	: ADEL.0001447833	Report Date	: 21/Nov/2024 06:40PM
Visit ID	**: MDEL1448694**	Client Code	: DL2253
Ref Doctor	: Dr.SELF	Barcode No	: B9609085
Client Name	: B.M.DIAGNO	Ref Customer	: SELF

DEPARTMENT OF CLINICAL PATHOLOGY

CRL SWASTHYA CARE

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION ROUTINE				
Gross Examination(Physical Examination)				
Volume	25.0	ml		
Colour	PALE YELLOW		Colourless	
Appearance	**SLIGHTLY TURBID**		Clear	
Ph	5.0		4.6-8.0	Double Indicators Test
Specific Gravity	1.025		1.005-1.030	Refractometric
Chemical Examination				
Urine Protein.	TRACE		NEGATIVE	Protein Error of Indicator
Urine Glucose.	NEGATIVE		NEGATIVE	Oxidase Peroxidase Reaction
Ketone	NEGATIVE		NEGATIVE	Sodium Nitropruside
Nitrite	NEGATIVE		NEGATIVE	Diazotisation Reaction
Blood	++		NEGATIVE	Peroxidase Reaction
Urobilinogen	NORMAL		NORMAL	Modified Ehrlich Reaction
Urine Bilirubin	NEGATIVE		NEGATIVE	Diazotisation
Leukocyte	++		NEGATIVE	Diazonization Reaction
Microscopic Examination(Light Microscopy)				
R.B.C.	28-30	/HPF	NIL	Light Microscopy
Pus Cells	12-15	/HPF	0-3	
Epithelial Cells	2-3	/HPF	0-3	
Casts	NIL		NIL	
Crystals	NIL		NIL	
Bacteria	NIL		NIL	
Budding yeast Cells	NIL		NIL	

Note: Urine Culture and Sensitivity is advised in case Pus cells are 10 or above with Nitrite positive.
1. Urine routine and microscopy is a screening test.
2. Abnormal results of chemical examination are confirmed by manual methods.
3. All abnormal results of chemical examination are confirmed by manual methods. Manually pH checked by pH paper, Specific gravity by Urinometer, Protein by sulfosalicylic acid method, Glucose by Benedict's method, Ketone by Rothera's method, Bile salt by Sulfur granule method, Bile pigment by Fouchet method, Urobilinogen by Ehrlich Method, Nitrite by Nitrate reduction test.
4. During interpretation, points to be considered are Negative nitrite test does not exclude the presence of the bacteria or urinary tract infections.
5. Physiological variations may affect the test results.

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

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