AVINI LABS®
ACCURATE - RELIABLE - ADVANCED

Patient	: **Mrs. SUMATHI**	SID No.	: **01000963**
Age / Sex	: 50 M / Female	Reg Date & Time	: 15/04/2025 08:44:38
Referrer	: Self	Coll Date & Time	: 15/04/2025 08:44:38
Branch	: MAYILADUTHURAI	Report Date & Time	: 15/04/2025 17:38:02

Partial Test Report

INVESTIGATION / METHOD	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
BIOCHEMISTRY			
Regular Master Health Checkup - Female			
Glucose, Fasting (Method : Colorimetric : GOD-POD) (Specimen: Fluoride)	107.0	mg/dL	70 - 115
Glucose, Post-prandial (Method : Colorimetric : GOD-POD) (Specimen: Fluoride)	121.0	mg/dL	90 - 140

Notes : Blood glucose level primarily depends upon individual characters like type and quantity of food intake, physical activity and the body's metabolic response. Lower postprandial blood glucose level than fasting level can be noticed in variety of conditions in both normal population and diabetics. Various modifiable factors along with underlying condition of patient that affect blood glucose levels are: 1. Pre-analytical factors such as smoking, caffeinated drinks, use of hypoglycemic drugs, heavy exercise, anxiety, strenuous activity before sampling & time of sample collection. 2.Change in glucagon to insulin ratio, the commonest cause of impaired fasting glucose tolerance and diabetes mellitus. 3. high carbohydrate meal at bedtime or not enough diabetic medication, disturbed sleep, and other lesser known entities like Dawn phenomenon and Somogyi effect. 4.Chewing and eating slower or gastroparesis can reduce the reactive glucose surge post meal. 5.Consumption of less or eat non-carbohydrate meal before testing for PPBG level. Due to individual variation of FBG and PPBG and large imprecision in analysis, researchers have advocated the use of HbA1c only for diabetes diagnosis.

HbA1c
(NEPHELOMETRY)

Glycosylated Haemoglobin (HbA1c) (Specimen: EDTA BLOOD)	5.9	%	4.0 - 6.0 : Non Diabetic 6.1 - 7.0 : Good control 7.1 - 8.0 : Fair control 8.1 - 10.0 : Unsatisfactory > 10.0 : Poor control
Estimated Average Glucose (eAG) (Specimen: EDTA BLOOD)	122.6	mg/dL	

Notes : HbA1c level reflects the mean glucose concentration over the previous period (approximately 6-8 weeks) and provides a much better indication of long term glycemic control than blood and urine glucose determinations. The American Diabetes Association recommends measurement of HbA1c every 3 months to determine whether a patient's metabolic control has remained continuously within the target range.A1C test should be performed at least 2 times a year in patients who are meeting treatment goals (and who have stable glycemic control). A1C test should be performed quarterly in patients whose therapy has changed or who are not meeting glycemic goals. Predicting development and progression of diabetic microvascular complications. This assay is not useful in determining day to day glucose control and should not be used to replace routine blood glucose testing.

Lipid Profile

Cholesterol, Total (Method : Enzymatic : CHOD-PAP) (Specimen: Serum)	**265.0**	mg/dL	Desirable : <200 Borderline high : 200 - 239 High : >239

Notes : Note: Above Biological interval is based on 9 to 12 hours fasting.

AVINI LABS®
ACCURATE - RELIABLE - ADVANCED

Patient	: **Mrs. SUMATHI**	SID No.	: **01000963**
Age / Sex	: 50 M / Female	Reg Date & Time	: 15/04/2025 08:44:38
Referrer	: Self	Coll Date & Time	: 15/04/2025 08:44:38
Branch	: MAYILADUTHURAI	Report Date & Time	: 15/04/2025 17:38:02

Partial Test Report

INVESTIGATION / METHOD	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Triglycerides (Method : Glycerol-3-phosphate oxidase-PAP) (Specimen: Serum)	118.0	mg/dL	40 - 140
Notes : Note: Above Biological interval is based on 9 to 12 hours fasting			
Cholesterol, HDL (Method : Direct) (Specimen: Serum)	**40.0**	mg/dL	Acceptable: >45 Borderline: 40-45 Abnormal : <40
Cholesterol, LDL (Method : Direct) (Specimen: Serum)	**192.0**	mg/dL	Children (ACC 2018) Acceptable: <110 Borderline: 110-129 Abnormal : >=130
Cholesterol, VLDL (Method : Calculation) (Specimen: Serum)	23.6	mg/dL	Less than 30 (NCEP ATP-III)
Cholesterol/HDL Ratio (Method : Calculation) (Specimen: Serum)	6.6		Castelli's Risk Index -I Ideal : <3.5 Good: 3.5-5.0 High: >=5
LDL/HDL Ratio (Method : Calculation) (Specimen: Serum)	4.8	Ratio	Castelli's Risk Index -II Ideal : <2.0 Good: 2.0-5.0 High: >=5
Liver Function test			
Bilirubin, Total (Method : DCA) (Specimen: Serum)	0.40	mg/dL	0.3 - 1.2
Bilirubin, Direct (Method : DCA) (Specimen: Serum)	0.10	mg/dL	0.0 - 0.2
Bilirubin, Indirect (Method : Calculated) (Specimen: Serum)	0.30	mg/dL	0.1 - 1.0
Aspartate aminotransferase (AST/SGOT) (Method : IFCC) (Specimen: Serum)	17.00	U/L	< 45
Alanine aminotransferase (ALT/SGPT) (Method : IFCC) (Specimen: Serum)	26.00	U/L	< 45

AVINI LABS®
ACCURATE - RELIABLE - ADVANCED

Patient	: **Mrs. SUMATHI**	SID No.	: **01000963**
Age / Sex	: 50 M / Female	Reg Date & Time	: 15/04/2025 08:44:38
Referrer	: Self	Coll Date & Time	: 15/04/2025 08:44:38
Branch	: MAYILADUTHURAI	Report Date & Time	: 15/04/2025 17:38:02

Partial Test Report

INVESTIGATION / METHOD	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Alkaline phosphatase (Method : PNPP-DGKC) (Specimen: Serum)	82.0	U/L	Children : 47 - 406 (Age and gender dependent) Adults : 80 - 306
Gamma Glutamyl-Transferase (GGT) (Method : Carboxy Substrate) (Specimen: Serum)	25.00	U/L	6 - 42
Total Protein. (Method : Colorimetric-Biuret) (Specimen: Serum)	6.60	g/dL	6 - 8
Albumin. (Method : Colorimetric: Bromocresol Green (BCG)) (Specimen: Serum)	4.20	g/dL	3.8 - 5.4
Globulin. (Method : Calculated) (Specimen: Serum)	2.40	g/dL	2.0-3.9
Albumin/Globulin (Method : Calculated) (Specimen: Serum)	1.7	Ratio	
RENAL FUNCTION TESTS			
Urea (Method : Urease/GLDH) (Specimen: Serum)	19.00	mg/dL	10 - 50
Creatinine. (Method : Enzymatic) (Specimen: Serum)	0.7	mg/dL	0.5 - 1.1
Uric Acid. (Method : Uricase/peroxidase) (Specimen: Serum)	4.50	mg/dL	Child : 2.0 - 5.0
ELECTROLYTES			
Sodium. (Method : Ion Selective Electrode) (Specimen: Serum)	138	mmol/L	New Born : 133 - 146 Infant : 139 - 146 Child : 138 - 145
Potassium. (Method : Ion Selective Electrode) (Specimen: Serum)	4.1	mmol/L	New Born : 3.7 - 5.9 Infant : 4.1 - 5.3 Child : 3.4 - 4.7

AVINI LABS®
ACCURATE - RELIABLE - ADVANCED

Patient	: **Mrs. SUMATHI**	SID No.	: **01000963**
Age / Sex	: 50 M / Female	Reg Date & Time	: 15/04/2025 08:44:38
Referrer	: Self	Coll Date & Time	: 15/04/2025 08:44:38
Branch	: MAYILADUTHURAI	Report Date & Time	: 15/04/2025 17:38:02

Partial Test Report

INVESTIGATION / METHOD	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Chloride. (Method : Ion Selective Electrode) (Specimen: Serum)	104	mmol/L	98 - 107
IMMUNOLOGY			
Regular Master Health Checkup - Female			
Thyroid function tests			
Tri-Iodothyronine Total (TT3) (Method : CLIA) (Specimen: Serum)	1.00	ng/ml	0.6 - 1.81
Thyroxine Total (TT4) (Method : CLIA) (Specimen: Serum)	10.57	ug/dl	3.2 - 12.6 (Overall Range) 4.5- 10.9 (95% Range) 1.9- 13.3 (Sick Euthyroid)
Thyroid Stimulating Hormone (TSH) (Method : CLIA) (Specimen: Serum)	1.86	uIU/ml	0.35 - 5.5

Notes : Note: TSH has a diurnal rhythm, peaks at 2.00-4.00 am and has lowest level at 5.00-6.00 pm with ultradian variation. Hence thyroid test is only a snapshot of what is occurring within a dynamic system and for treatment purpose, the results should be accessed in conjugation with patient medical history, clinical examination & other tests/finding for confirmation. Many multivitamins (such as Vit B7), supplements (especially hair, skin, and nail) and over-the-counter and prescription medications may affect thyroid test results, and their use should be discussed with the healthcare practitioner prior to testing. When a high serum TSH concentration and normal free T4 is found, repeat measurement 3-6 months later along with thyroid antibodies after excluding nonthyroidal illness and drug interference is recommended.

Cancer Antigen 125 (CA-125) (Method : CLIA) (Specimen: Serum)	4.44	U/ml	<35
CLINICAL PATHOLOGY			
Regular Master Health Checkup - Female			
Urine Complete Examination			
COLOUR (Method :Macroscopic) (Specimen: URINE)	Yellow		
Appearance (Method :Macroscopic) (Specimen: URINE)	Turbid		

AVINI LABS®
ACCURATE - RELIABLE - ADVANCED

Patient	: **Mrs. SUMATHI**	SID No.	: **01000963**
Age / Sex	: 50 M / Female	Reg Date & Time	: 15/04/2025 08:44:38
Referrer	: Self	Coll Date & Time	: 15/04/2025 08:44:38
Branch	: MAYILADUTHURAI	Report Date & Time	: 15/04/2025 17:38:02

Partial Test Report

INVESTIGATION / METHOD	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE (Method :Reflectance photometry) (Specimen: URINE)	Not Present		Not Present
BILIRUBIN (Method :Reflectance photometry) (Specimen: URINE)	Not Present		Not Present
KETONES (Method :Reflectance photometry) (Specimen: URINE)	Not Present		Not Present
SP. GRAVITY (Method :Reflectance photometry) (Specimen: URINE)	1.020		1.016 - 1.022
pH (Method :Reflectance photometry) (Specimen: URINE)	6.5		4.8 - 7.4
PROTEIN. (Method :Reflectance photometry) (Specimen: URINE)	Trace		Not Present.
UROBILINOGEN (Method :Reflectance photometry) (Specimen: URINE)	Within Normal Limits		Within normal limits
NITRITES (Method :Reflectance photometry) (Specimen: URINE)	Negative		Negative
LEUCOCYTES (Method :Microscopic) (Specimen: URINE)	Not Present	/hpf	
Pus Cells (Method :Microscopic) (Specimen: URINE)	03 - 04		
EPITHELIAL CELLS (Method :Microscopic) (Specimen: URINE)	18 - 20	/hpf	Few
RBCs (Method :Microscopic) (Specimen: URINE)	Not Present	/hpf	Occasional
CAST (Method :Microscopic) (Specimen: URINE)	Not Present	/hpf	Not present

AVINI LABS®
ACCURATE - RELIABLE - ADVANCED

Patient	: **Mrs. SUMATHI**	SID No.	: **01000963**
Age / Sex	: 50 M / Female	Reg Date & Time	: 15/04/2025 08:44:38
Referrer	: Self	Coll Date & Time	: 15/04/2025 08:44:38
Branch	: MAYILADUTHURAI	Report Date & Time	: 15/04/2025 17:38:02

Partial Test Report

INVESTIGATION / METHOD	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
CRYSTALS (Method :Microscopic) (Specimen: URINE)	Not Present	/hpf	Not present
OTHERS (Method :Microscopic) (Specimen: URINE)	Bacteria Present		

End of the Report

Verified By
V. Jothi Lakshmi
Lab Technician

Dr. S.Asokkumar, PhD.,
Clinical Biochemist & Q M