

A65 - WALK IN-LPL GURGAON 3
 Shop No, 139,140,141 & 142, Eros Square
 Rosewood City, Sector- 49-50
 Gurgaon



Name	: Ms. SHALINI SHARMA	Collected	: 14/8/2021 10:21:00AM
Lab No.	: 157152559	Received	: 14/8/2021 10:22:19AM
Age:	47 Years	Reported	: 15/8/2021 3:21:37PM
Gender:	Female	Report Status	: Interim
A/c Status	: P		
Ref By	: CGHS		

Test Name	Results	Units	Bio. Ref. Interval
HEMOGRAM (DC Detection, Flow Cytometry, SLS, & Capillary photometry)			
Hemoglobin	13.50	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	43.70	%	36.00 - 46.00
RBC Count	5.04	mill/mm3	3.80 - 4.80
MCV	86.70	fL	83.00 - 101.00
MCH	26.80	pg	27.00 - 32.00
MCHC	30.90	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	13.80	%	11.60 - 14.00
Total Leukocyte Count (TLC)	9.78	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	62.50	%	40.00 - 80.00
Lymphocytes	30.70	%	20.00 - 40.00
Monocytes	3.90	%	2.00 - 10.00
Eosinophils	2.80	%	1.00 - 6.00
Basophils	0.10	%	<2.00
Absolute Leucocyte Count			
Neutrophils	6.11	thou/mm3	2.00 - 7.00
Lymphocytes	3.00	thou/mm3	1.00 - 3.00
Monocytes	0.38	thou/mm3	0.20 - 1.00
Eosinophils	0.27	thou/mm3	0.02 - 0.50
Basophils	0.01	thou/mm3	0.02 - 0.10
Platelet Count	288.0	thou/mm3	150.00 - 410.00



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Test Name	Results	Units	Bio. Ref. Interval
Mean Platelet Volume	11.0	fL	6.5 - 12.0
ESR	34	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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Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE, BASIC, SERUM (Spectrophotometry, Calculated)			
Cholesterol Total	195.00	mg/dL	<200.00
Triglycerides	110.80	mg/dL	<150.00
HDL Cholesterol	32.70	mg/dL	>50.00
LDL Cholesterol,Direct	136.11	mg/dL	<100.00
VLDL Cholesterol	22.16	mg/dL	<30.00
Non-HDL Cholesterol	162.30	mg/dL	<130.00

Interpretation

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above optimal	-	-	100- 129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

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.
- Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for



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Test Name	Results	Units	Bio. Ref. Interval
Atherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors			
3.	Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia		
4.	Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)		
5.	LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target		
6.	Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved		
7.	Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement		

Risk Stratification of ASCVD by Lipid Association of India 2016

Major ASCVD Risk Factors		
1. Age \geq 45 years in males and \geq 55 years females 2. Family h/o premature ASCVD($<$ 55 years of age in a male first degree relative or $<$ 65 years of age in a female first degree relative) 3. Current Cigarette smoking or tobacco use 4. High blood pressure 5. Low HDL		
ASCVD Risk Categories		
Risk Category	Conventional Risk markers	Non-Conventional Risk markers (Optional)
Very High Risk	1. Established ASCVD 2. Diabetes with 2 or more major ASCVD risk factors and/or evidence of end organ damage 3. Familial Homozygous hypercholesterolemia	None
High Risk	1. \geq 3 major ASCVD risk factors 2. Diabetes with 0-1 major risk factor and no evidence of end organ damage 3. CKD stage 3 B or 4 4. Familial Hypercholesterolemia(other than Familial Homozygous hypercholesterolemia) 5. Extreme of a single factor e.g. LDL Cholesterol $>$ 190 mg/dL, Heavy smoker, strong family h/o premature ASCVD	1. Coronary artery calcium, CAC score \geq 300 AU 2. Lp(a) $>$ = 50 mg/dL 3. Non stenotic carotid plaque
Moderate risk	Any 2 major ASCVD risk factors	1. Coronary artery calcium,



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Test Name	Results	Units	Bio. Ref. Interval
			CAC score 100-299 AU 2. Lp(a) 20-49 mg/dL 3. Metabolic syndrome
Low risk	0-1 major ASCVD risk factors	None	

Treatment Goals as per Lipid Association of India 2016

RISK CATEGORY	CONSIDER THERAPY		TREATMENT GOAL	
	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)
Very High	>=50	>=80	<50	<80
High	>=70	>=100	<70	<100
Moderate	>=100	>=130	<100	<130
Low	>=130*	>=160*	<100	<130

* In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

LIVER PANEL 1; LFT,SERUM (Spectrophotometry)			
AST (SGOT)	26	U/L	<35
ALT (SGPT)	29	U/L	<35
AST:ALT Ratio	0.89		<1.00
GGTP	18	U/L	<38
Alkaline Phosphatase (ALP)	100	U/L	30 - 120



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Test Name	Results	Units	Bio. Ref. Interval
Bilirubin Total	0.56	mg/dL	0.30 - 1.20
Bilirubin Direct	0.07	mg/dL	<0.30
Bilirubin Indirect	0.49	mg/dL	<1.10
Total Protein	6.60	g/dL	6.40 - 8.30
Albumin	3.92	g/dL	3.50 - 5.20
A : G Ratio	1.46		0.90 - 2.00

Note

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

KIDNEY PANEL; KFT,SERUM (Spectrophotometry, Indirect ISE)

Urea	19.26	mg/dL	17.00 - 43.00
Creatinine	0.68	mg/dL	0.51 - 0.95



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Test Name	Results	Units	Bio. Ref. Interval
Uric Acid	4.83	mg/dL	2.60 - 6.00
Calcium, Total	8.76	mg/dL	8.80 - 10.60
Phosphorus	3.88	mg/dL	2.40 - 4.40
Alkaline Phosphatase (ALP)	100	U/L	30 - 120
Total Protein	6.60	g/dL	6.40 - 8.30
Albumin	3.92	g/dL	3.50 - 5.20
A : G Ratio	1.46		0.90 - 2.00
Sodium	144.10	mEq/L	136.00 - 146.00
Potassium	4.40	mEq/L	3.50 - 5.10
Chloride	107.20	mEq/L	101.00 - 109.00



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Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC)			
HbA1c	5.8	%	4.00 - 5.60
Estimated average glucose (eAG)	120	mg/dL	

Interpretation
 HbA1c result is suggestive of at risk for Diabetes (Prediabetes)/ well controlled Diabetes in a known Diabetic

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1C MEASUREMENT	FACTORS THAT AFFECT INTERPRETATION OF HbA1C RESULTS
Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements	Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g., recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c



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Test Name	Results	Units	Bio. Ref. Interval
BLOOD PICTURE; PERIPHERAL BLOOD SMEAR EXAMINATION (Microscopy)	RBCs are normocytic normochromic, WBCs are normal in number and morphology, Platelets are adequate, No abnormal cells/hemoparasite seen, Imp: Normal Blood picture.		

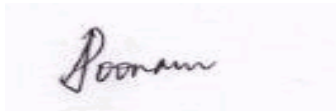


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Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F) AND POST MEAL, PLASMA (Hexokinase)			
Glucose Fasting	90.70	mg/dL	70.00 - 100.00
Glucose (PP)	Sample Not Received		



Dr Poonam Yadav
 DNB, Pathology
 Chief of Laboratory
 Dr Lal PathLabs Ltd

Result/s to follow:

THYROID PROFILE,TOTAL, SERUM, VITAMIN B12; CYANOCOBALAMIN, SERUM, VITAMIN D, 25 - HYDROXY, SERUM

IMPORTANT INSTRUCTIONS

*Test results released pertain to the specimen submitted.*All test results are dependent on the quality of the sample received by the Laboratory.
 *Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.*Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.*Test results may show interlaboratory variations.*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).*Test results are not valid for medico legal purposes. *Contact customer care Tel No. +91-11-39885050 for all queries related to test results.
 (#) Sample drawn from outside source.

