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Passport No :

LABORATORY TEST REPORT



Patient Information	Sample Information	Client/Location Information
Name : Mr. XYZ	Lab Id : 082303800172	Client Name : Sterling Accuris Wellness Pvt Ltd.@ Ashram
Sex/Age : Male / 62 Y	Registration on : 10-Aug-2023 07:44	Road : Home Visit
Ref. Id :	Collected at : non SAWPL	Approved on : 10-Aug-2023 08:43 Status : Final
Ref. By :	Collected on : 10-Aug-2023 07:22	Printed On : 10-Aug-2023 11:11
	Sample Type : EDTA Blood	Process At : 1. NRL SAWPL Gujarat Ahmedabad Paldi

Complete Blood Count

Test		Result	Unit	Biological Ref. Interval
Hemoglobin	Colorimetric	13.6	g/dL	13.0 - 16.5
RBC Count	Electrical impedance	4.65	million/cmm	4.5 - 5.5
Hematocrit	Calculated	L 39.3	%	40 - 49
MCV	Derived	84.5	fL	83 - 101
MCH	Calculated	29.1	pg	27.1 - 32.5
MCHC	Calculated	34.5	g/dL	32.5 - 36.7
RDW CV	Calculated	13.00	%	11.6 - 14

Total WBC and Differential Count

WBC Count	SF Cube cell analysis	6420	/cmm	4000 - 10000
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Differential Count

					Absolute Count
Neutrophils	Microscopic	66	%	40 - 80	4237 /cmm 2000 - 6700
Lymphocytes	Microscopic	23	%	20 - 40	1477 /cmm 1100 - 3300
Eosinophils	Microscopic	05	%	1 - 6	321 /cmm 00 - 400
Monocytes	Microscopic	06	%	2 - 10	385 /cmm 200 - 700
Basophils	Microscopic	00	%	0 - 2	0 /cmm 0 - 100

Platelet Count	Electrical impedance	210000	/cmm	150000 - 410000
MPV	Calculated	10.20	fL	7.5 - 10.3

Peripheral Smear Examination

RBC Morphology	Normochromic Normocytic
WBC Morphology	WBCs Series Shows Normal Morphology
Platelets Morphology	Platelets are adequate with normal morphology.
Parasites	Malarial parasite is not detected.

Erythrocyte Sedimentation Rate

ESR	Capillary photometry	2	mm/1hr	0 - 19
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Dr. Purvish Darji

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	Sample Type : Serum	Process At : 1. NRL SAWPL Gujarat Ahmedabad Paldi

Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase – Peroxidase method</i>	114.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPO/POD)</i>	49.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl₂</i>	L 32.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	80.13	mg/dL	Optimal: <100 Near to above Optimal: 100–129 Borderline High: 130-159 High: 160–189 Very High: =190
VLDL <i>Calculated</i>	L 9.80	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	3.6		Up to 5.0
LDL/HDL Ratio <i>Calculated</i>	2.5		Up to 3.5

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Ref. By :	Collected on : 10-Aug-2023 07:22	Printed On : 10-Aug-2023 11:11
	Sample Type : Serum	Process At : 1. NRL SAWPL Gujarat Ahmedabad Paldi

Immunoassay

Test	Result	Unit	Biological Ref. Interval
Homocysteine, Serum <small>Chemiluminescence</small>	H 15.05	micromol/L	6.0 - 14.8

Summary and Uses:

- Total Hcy is a thiol-containing amino acid, produced by the intracellular demethylation of methionine to cysteine.
- Elevated levels of t Hcy may be used to exclude or confirm deficiencies of vitamin B12 or folate.
- It is recommended to test in patients using medications that interfere with folate status (methotrexate, antiepileptics), vegetarians without B12 supplementations, unexplained anemia, peripheral neuropathy or myelopathy, recurrent spontaneous abortions or infertility.
- Testing also recommended for patients 40 years of age with coronary artery disease to exclude homocystinuria.
- Elevations in tHcy levels have also been used as an independent risk factor of coronary or cerebral vascular disease. Treatment of moderate hyperhomocystinemia with folic acid supplementation for primary and secondary cardiovascular protection has met with inconsistent results and at present cannot be routinely recommended.

Limitations:

- The plasma must be separated immediately on collection to avoid continuous synthesis of Hcy by red cells.
- Samples must be immediately stored on ice and serum centrifuged immediately before a complete clot is formed.
- Certain drugs, such as anticonvulsants, methotrexate, or nitrous oxide, may interfere with the assay.
- Cigarette smoking and coffee consumption increase tHcy levels.
- Intraindividual variability is approximately 8%; it can be as much as 25% in patients with hyperhomocystinemia.
- Generally, a single measurement of tHcy is considered adequate.

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Renal Function Test

Test	Result	Unit	Biological Ref. Interval
Urea <i>Urease, Colorimetric</i>	23.0	mg/dL	19.3 - 43.0
Creatinine, Serum <i>Creatinine Amidohydrolase</i>	0.88	mg/dL	0.66 - 1.25
Sodium (Na+) <i>Direct-ISE</i>	142.00	mmol/L	136 - 145
Potassium (K+) <i>Direct-ISE</i>	5.00	mmol/L	3.5 - 5.1
Chloride (Cl-) <i>Direct-ISE</i>	105.0	mmol/L	98 - 107

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Liver Function Test

Test	Result	Unit	Biological Ref. Interval
SGPT <i>UV with P5P, IFCC</i>	48.0	U/L	0 - 50
SGOT <i>UV with P5P</i>	36.0	U/L	17 - 59
GGT <i>L-y-Glytamyl-p-nitroanilide</i>	32.0	U/L	15 - 73
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	79.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.60	mg/dL	0.2 - 1.3
Conjugated Bilirubin <i>Cationic Mordant Binding</i>	0.10	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Cationic Mordant Binding</i>	0.40	mg/dL	0.0 - 1.1
Delta Bilirubin <i>Calculated</i>	0.10	mg/dL	0.0 - 0.2
Total Protein <i>Copper tartrate to colour complex</i>	7.10	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.10	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	3.00	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.37		1.3 - 1.7

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	Sample Type : Fluoride plasma,Serum	Process At : 1. NRL SAWPL Gujarat Ahmedabad Paldi

Biochemistry

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar <i>GOD-POD</i>	83.0	mg/dL	74 - 106
Uric Acid <i>Uricase</i>	5.90	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III</i>	9.20	mg/dL	8.4 - 10.2
Phosphorus <i>Phosphomolybdate-UV</i>	3.80	mg/dL	2.5 - 4.5

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	Sample Type : Serum	Process At : 1. NRL SAWPL Gujarat Ahmedabad Paldi

Thyroid Function Test

Test	Result	Unit	Biological Ref. Interval
T3 - Triiodothyronine <i>Chemiluminescence</i>	1.14	ng/mL	0.58 - 1.59
T4 - Thyroxine	8.93	mg/mL	4.87 - 11.72
TSH - Thyroid Stimulating Hormone <i>Chemiluminescence</i>	L 0.1343	microlU/mL	0.35 - 4.94

Interpretation

TSH	T3/FT3	T4/FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	Isolated low T3 often seen in elderly & associated Non-Thyroid illness. In elderly the drop in T3 level can be up to 25%
Raised	Within Range	Within Range	<ul style="list-style-type: none"> Isolated High TSH Especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Intermediate T4 therapy for hypothyroidism. Recovery phase after Non-Thyroidal illness.
Raised	Decreased	Decreased	<ul style="list-style-type: none"> Chronic Autoimmune Thyroiditis. Post thyroidectomy, post radioiodine. Hypothyroid phase of transient thyroiditis.
Raised or Within Range	Raised	Raised or Within Range	<ul style="list-style-type: none"> Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermediate T4 therapy of T4 overdose. Drug Interference-Amiodarone, Heparin, Beta blocker, steroids, anti-epileptics
Decreased	Raised or Within Range	Raised or Within Range	<ul style="list-style-type: none"> Isolated Low TSH – Especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness. Subclinical Hypothyroidism. Thyroxine ingestion.
Decreased	Decreased	Decreased	<ul style="list-style-type: none"> Central Hypothyroidism. Non-Thyroidal illness. Recent treatment for Hypothyroidism (TSH remains suppressed)
Decreased	Raised	Raised	<ul style="list-style-type: none"> Primary Hyperthyroidism (Graves' disease), Multinodular goitre Toxic nodule. Transient thyroiditis: postpartum, Silent (lymphocytic), Post viral (granulomatous, subacute, DeQuervain's) Gestational thyrotoxicosis hyperemesis gravidarum.
Decreased or Within Range	Raised	Within Range	<ul style="list-style-type: none"> T3 toxicosis. Non-Thyroidal illness

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Ref. By :	Collected on : 10-Aug-2023 07:22	Printed On : 10-Aug-2023 11:11
	Sample Type : EDTA Blood	Process At : 1. NRL SAWPL Gujarat Ahmedabad Paldi

HbA1c (Glycosylated Hemoglobin) by HPLC

Test	Result	Unit	Biological Ref. Interval
HbA1c	H 5.90	%	For Screening: Diabetes: >6.5% Pre-Diabetes: 5.7% - 6.4% Non-Diabetes: < 5.7%
			For Diabetic Patient: Poor Control : > 7.0 % Good Control : 6.0-7.0 %
Mean Blood Glucose	122.63	mg/dL	

Explanation:-

- Total haemoglobin A1 c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HbA1c in the cell reflects the average blood glucose concentration it encounters.
- The level of HbA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c (HbF) or differences in their glycation from that of HbA (HbS).

Reference: ADA Guideline 2023

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TOSOH HLC 723 G8 V5.29U 1 2023-08-10 10:04:55

ID 082303800172
Sample No. 08090026 SL 0002 - 09
Patient ID
Name
Comment

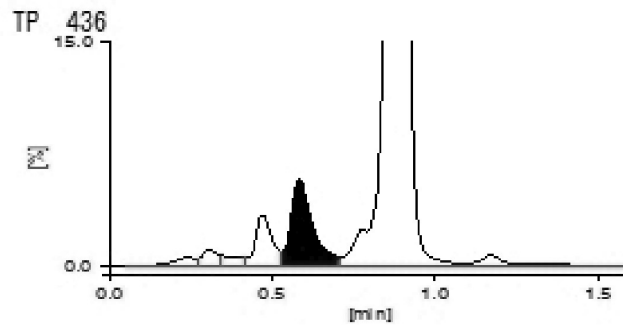
CALIB	Y =1.1507X + 0.6243		
Name	%	Time	Area
A1A	0.5	0.24	5.32
A1B	0.6	0.31	6.68
F	0.5	0.39	5.63
LA1C+	2.1	0.47	22.68
SA1C	5.9	0.58	51.04
A0	92.2	0.88	1016.38
H-V0			
H-V1			
H-V2			

Total Area 1107.73

HbA1c 5.9 %

HbA1 6.9 %

HbF 0.5 %



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	Sample Type : Serum	Process At : 1. NRL SAWPL Gujarat Ahmedabad Paldi

Immunoassay

Test	Result	Unit	Biological Ref. Interval
Vitamin B12 CLIA	358.00	pg/mL	187 - 833

Vitamin B12 is essential in DNA synthesis, hematopoiesis, and CNS integrity.

Interpretation:

- Increased In** : Chronic granulocytic leukemia , COPD and Chronic renal failure , Leukocytosis , Liver cell damage (hepatitis, cirrhosis) , Obesity and Severe CHF , Polycythemia vera , Protein malnutrition.
- Decreased In** : Abnormalities of cobalamin transport or metabolism , Bacterial overgrowth , Crohn disease , Dietary deficiency (e.g. in vegetarians) , Diphyllobothrium (fish tapeworm) infestation , Gastric or small intestine surgery , Hypochlorhydria , Inflammatory bowel diseases , Intestinal malabsorption and Intrinsic factor deficiency

Limitations:

- Drugs such as chloral hydrate increase vitamin B12 levels. On the other hand , alcohol, aminosalicic acid, anticonvulsants, ascorbic acid, cholestyramine, cimetidine, colchicines, metformin, neomycin, oral contraceptives, ranitidine, and triamterene decrease vitamin B12 levels.
- The evaluation of macrocytic anemia requires measurements of both vitamin B12 and folate levels; ideally they should be measured simultaneously.
- Specimen collection soon after blood transfusion can falsely increase vitamin B12 levels.
- Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

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Immunoassay

Test	Result	Unit	Biological Ref. Interval
25(OH) Vitamin D CLIA	24.5	ng/mL	Deficiency : <10 Insufficiency : 10 - 30 Sufficiency : 30 - 100 Toxicity : >100

Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol(vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol(vitamin D2) present mainly in dietary sources.Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver.

Interpretation:

Increased In

- Vitamin D intoxication
- Excessive exposure to sunlight

Decreased In

- Malabsorption
- Steatorrhea
- Dietary osteomalacia, anticonvulsant osteomalacia
- Biliary and portal cirrhosis
- Thyrotoxicosis
- Pancreatic insufficiency
- Celiac disease
- Rickets
- Alzheimer disease

Limitations:

More recently, it has become clear that receptors for vitamin D are present in a wide variety of cells and that this hormone has biologic effects extending beyond the control of mineral metabolism. Vitamin D deficiency is not clear. Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels (20–30 ng/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL. A recent study states that increasing mean baseline levels from 29 to 38 ng/mL was associated with a 50% lower risk for colon cancer and levels of 52 ng/mL with a 50% reduction in the incidence of breast cancer. It is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.

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MD Path

Dr. Yash Shah
MD Path

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Sterling Accuris Pathology Laboratory

101-109, First Floor, Sankalp Square - 2 Nr. Old Sharda Mandir Cross Roads, Jalaram Mandir
Railway Crossing, Ellisbridge, Ahmedabad, Gujarat-380 006

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Passport No :

LABORATORY TEST REPORT



Patient Information	Sample Information	Client/Location Information
Name : Mr. XYZ	Lab Id : 082303800172	Client Name : Sterling Accuris Wellness Pvt Ltd. @ Ashram Road
Sex/Age : Male / 62 Y	Registration on : 10-Aug-2023 07:44	Location : Home Visit
Ref. Id :	Collected at : non SAWPL	Approved on : 10-Aug-2023 09:07 Status : Final
Ref. By :	Collected on : 10-Aug-2023 07:22	Printed On : 10-Aug-2023 11:11
	Sample Type : Serum	Process At : 1. NRL SAWPL Gujarat Ahmedabad Paldi

Immunoassay

Test	Result	Unit	Biological Ref. Interval
PSA-Prostate Specific Antigen, Total <small>CLIA</small>	1.981	ng/mL	0 - 4

PSA is a glycoprotein that is expressed by both normal and neoplastic prostate tissue and is prostate tissue specific and not prostate cancer specific. PSA is constantly expressed in nearly all prostate cancers, although its level of expression on a per cell basis is lower than in normal prostate epithelium. The absolute value of serum PSA is useful for determining the extent of prostate cancer and assessing the response to prostate cancer treatment; its use as a screening method to detect prostate cancer is also common.

Interpretation

Increased in

- Prostate disease (Cancer, Prostatitis, Benign prostatic hyperplasia, Acute urinary retention)
- Manipulations (Cystoscopy, Needle biopsy, Radiation therapy, Indwelling catheter, Prostatic massage)
- Transurethral resection
- Prostatic ischemia

Decreased in

- Castration
- Prostatectomy
- Radiation therapy
- Ejaculation within 24 - 48 hours
- 5-alpha-reductase inhibitor reduces PSA by 50% after 6 months in men without cancer

Limitations

- PSA has been recommended by the American Cancer Society for use in conjunction with a DRE for early detection of prostate cancer starting at the age of 50 years for men with at least 10 year life expectancy
- PSA levels that are measured repeatedly over time may vary because of biologic variability where the true PSA level in a given man is different on different measurements.
- A change in PSA of >30% in man with a PSA initially below 2.0 ng/mL was likely to indicate a true change beyond normal random variation.

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Patient Information	Sample Information	Client/Location Information
Name : Mr. XYZ	Lab Id : 082303800172	Client Name : Sterling Accuris Wellness Pvt Ltd.@ Ashram Road
Sex/Age : Male / 62 Y	Registration on : 10-Aug-2023 07:44	Location : Home Visit
Ref. Id :	Collected at : non SAWPL	Approved on : 10-Aug-2023 08:35 Status : Final
Ref. By :	Collected on : 10-Aug-2023 07:22	Printed On : 10-Aug-2023 11:11
	Sample Type : Serum	Process At : 1. NRL SAWPL Gujarat Ahmedabad Paldi

Iron Studies

Test	Result	Unit	Biological Ref. Interval
Iron <i>Pyridyl azo Dye</i>	80.00	micro g/dL	49 - 181
Total Iron Binding Capacity (TIBC)	393.00	mg/dL	261 - 462
Transferrin Saturation <i>Calculated</i>	20.36	%	Children : >16 Adult : 20 - 50

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LABORATORY TEST REPORT



Patient Information	Sample Information	Client/Location Information
Name : Mr. XYZ	Lab Id : 082303800172	Client Name : Sterling Accuris Wellness Pvt Ltd.@ Ashram
Sex/Age : Male / 62 Y	Registration on : 10-Aug-2023 07:44	Location : Home Visit
Ref. Id :	Collected at : non SAWPL	Approved on : 10-Aug-2023 11:10 Status : Final
Ref. By :	Collected on : 10-Aug-2023 10:31	Printed On : 10-Aug-2023 11:11
	Sample Type : Urine	Process At : 1. NRL SAWPL Gujarat Ahmedabad Paldi

Urine Routine Examination

Test	Result	Unit	Biological Ref. Interval
Physical & Chemical (Dip strip) examination			
Colour	Pale Yellow		Pale Yellow
Clarity	Clear		Clear
pH <i>Double indicator</i>	6.0		4.6 - 8.0
Specific Gravity <i>Polyelectrolyte based reaction</i>	1.020		1.005 - 1.030
Urine Glucose <i>GOD-POD</i>	Absent		Absent
Urine Protein <i>Protein error of indicators</i>	Absent		Absent
Bilirubin <i>Diazo reaction</i>	Absent		Absent
Urobilinogen <i>Modified Ehrlich reaction</i>	Absent		Absent
Urine Ketone <i>Nitroprusside</i>	Absent		Absent
Nitrite <i>Nitrite reaction</i>	Absent		Absent
Microscopic Examination (Manual Microscopy)			
Pus Cells	Occasional		Absent
Red Cells	Nil	/hpf	0 - 2
Epithelial Cells	Occasional	/hpf	.
Casts	Absent	/hpf	Absent
Crystals	Absent	/hpf	Absent
Amorphous Material	Absent		

----- End Of Report -----

Dr. Tejaswini Dhoté

DR. TEJASWINI DHOTE

M.D. Pathology

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