NABL ACCREDITED MC - 2872

MEDCIS
Healthy testing for Wealthy living

Patient Name	: **MR SHARAT CHANDRA**			**JANANI DIAGNOSTICS**	
Age/Gender	: 36 Year(s) / Male	Sample Drawn Date	: 2019-03-03 07:40	HYDERABAD, Telangana	
Sample Type	: SERUM	Sample Regd Date	: 2019-03-03 15:38	**MEDID : 4460810**	
Sample ID	: 9442119	Sample Auth Date	: 2019-03-03 17:08		
Ref. Doctor	: **DR PREETI**				

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
25-Hydroxy Vitamin D Total (D2 & D3) *(Method: Electro Chemiluminescence)*	22.79	ng/mL	

Level	2019/03/03
1 SEVERE DEFICIE	
2 MILD DEFICIENC	
3 OPTIMAL	22.79
4 INCREASED	
5 TOXIC LEVELS	

NOTE: ***The above Given Risk Level Interpretation is not age specific and is an information resource only and is not to be used or relied on for any diagnostic or treatment purposes and should not be used as a substitute for professional diagnosis and treatment. Kindly Correlate clinically.***

METHOD: Electrochemiluminescence binding assay
Equipment: Roche Cobas

VALUE	CONDITION	INFERENCE
< 10	SEVERE DEFICIENCY	Could be associated with osteomalacia or rickets
10 -19	MILD DEFICIENCY	May be associated with increased risk of osteoporosis or secondary hyperparathyroidism
20 – 50	OPTIMUM LEVELS	Optimum levels in the healthy population; patients with bone disease may benefit from higher levels within this range
51 – 80	INCREASED Risk of hypercalciuria	Sustained levels >50 ng/mL 25OH-VitD along with prolonged calcium supplementation may lead to hypercalciuria and decreased renal function
>80	TOXICITY POSSIBLE	80 ng/mL is the lowest reported level associated with toxicity in patients without primary hyperparathyroidism who have normal renal function. Most patients with toxicity have levels >150 ng/mL. Patients with renal failure can have very high 25-OH-VitD levels without any signs of toxicity, as renal conversion to the active hormone 1, 25-OH-VitD is impaired or absent.

These reference ranges represent clinical decision values, based on the 2011 Institute of Medicine report, that apply to males and females of all ages, rather than population-based reference values. Population reference ranges for 25-OH-VitD vary widely depending on ethnic background, age, geographic location of the studied populations, and the sampling season.

M.Ramesh Babu
Bio-Chemist

Dr. Ramana MD
Pathologist

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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
Calcium *(Method: Spectrophotometry(Cresol Complex))*	9.0	mg/dL	8.6 - 10.3

Level	2019/03/03
1 SEVERE HYPERC	
2 HYPERCALCEMIA	
3 NORMAL	9.00
4 HYPOCALCEMIA	

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
Iron *(Method: Ferene)*	74.5	µg/dL	59 - 158

Level	2019/03/03
1 HIGH	
2 CAUTIOUS	
3 NORMAL	74.50
4 CAUTIOUS	
5 LOW	

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
Iron Binding Capacity - Total (TIBC)* *(Method: Ferrozine)*	325	µg/dL	240-450

Level	2019/03/03
1 HIGH	
2 HIGH CAUTIOUS	
3 NORMAL	325.00
4 LOW CAUTIOUS	
5 LOW	

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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
Transferrin *(Method: Immunoturbidometry)*	221.1	ug/dL	176 - 280

Level	2019/03/03
1 HIGH	
2 CAUTIOUS HIGH	
3 NORMAL	221.10
4 CAUTIOUS LOW	
5 LOW	

Vitamin - B12 *(Method: Chemiluminescence)*	**164.9**	pg/mL	200 - 911

Level	2019/03/03
1 HIGH	
2 CAUTIOUS HIGH	
3 NORMAL	
4 CAUTIOUS LOW	164.90
5 LOW	

A serum vitamin B12 level less than 180 ng/L may cause megaloblastic anemia and peripheral neuropathies.
Vitamin B12 levels less than 150 ng/L is considered evidence of vitamin B12 deficiency.
Follow-up with tests for antibodies to intrinsic factor (IFBA / Intrinsic Factor Blocking Antibody, Serum) are recommended to identify this potential cause of vitamin B12 malabsorption.For specimens without antibodies, follow-up testing of vitamin B12 tissue deficiency by measuring methylmalonic acid (MMA) (MMAS / Methylmalonic Acid [MMA], Quantitative, Serum) and/or homocysteine (HCYSP / Homocysteine, Total, Plasma) may be indicated if the patient is symptomatic.
Patients with serum B12 levels between 150 and 400 ng/L are considered borderline and should be evaluated further by functional tests for vitamin B12 deficiency. The plasma homocysteine level is a good screening test.

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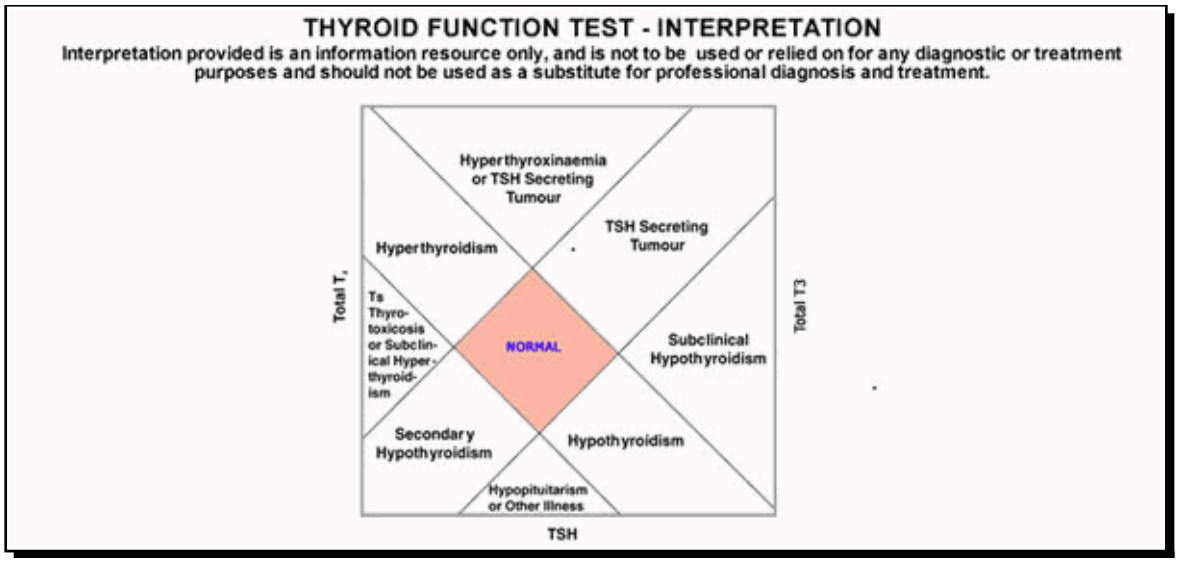
CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
THYROID PROFILE I			
Trilodothyronine Total (TT3) *(Method: Electro Chemiluminescence)*	87.99	ng/dL	80 – 253 : 1 Yr – 10 Yr 76 – 199 : 11 Yr – 15 Yr 69 – 201 : 16 Yr – 18 Yr 60 – 181 : > 18 years
Thyroxine - Total (TT4) *(Method: Electro Chemiluminescence)*	8.65	ug/dL	4.6-12.5
Thyroid Stimulating Hormone (TSH) *(Method: Ultra sensitive Chemiluminescence)*	3.50	uIU/mL	0.52-16.0 : 1 Day - 30 Days 0.55–7.10 : 1 Mon – 5 Yrs 0.37–6.00 : 6 Yrs – 18 Yrs 0.35–5.50 : 18 Yrs – 55 Yrs 0.50–8.90 : > 55 yrs



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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
LIVER FUNCTION TEST			
Bilirubin Total *(Method: Diazotised Sulphanilic Acid)*	0.4	mg/dL	0 - 1.0
Bilirubin Direct *(Method: Diazotised Sulphanilic Acid)*	0.1	mg/dL	0 - 0.3
Bilirubin Indirect *(Method: Calculation)*	0.3	mg/dL	0 - 1.0
Alkaline Phosphatase (ALP) *(Method: AMP Buffer)*	70	U/L	50 – 136 : > 16 Years
Alanine Transaminase (ALT) *(Method: UV with pyridoxal - 5 - phosphate)*	23	U/L	< 65
Aspartate Aminotransferase(AST) *(Method: UV with Pyridoxal-5-phosphate)*	17	U/L	15 - 37
Y- Glutamyl Transferase (GGT) *(Method: g-Glut-3-carboxy-4 nitro)*	27	U/L	0 - 55
Protein Total *(Method: BIURET)*	6.9	g/dL	6.4-8.3
Albumin *(Method: Bromocresol Purple)*	4.4	g/dL	3.4 - 5.0
Globulin *(Method: Calculated)*	2.5	g/dL	2.5 - 3.5
Albumin / Globulin Ratio *(Method: Calculated)*	1.8		1.0 - 2.1

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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
LIPID PROFILE			
Cholesterol - Total *(Method: CHOD/PAP)*	197	mg/dL	<200 : Desirable 200-239 : Borderline risk >240 : High risk
Cholesterol - HDL *(Method: Direct)*	41	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
Cholesterol - LDL *(Method: Homogeneous enzymatic end point assay)*	106	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 – 159 : Borderline-High 160 – 189 : High > 190 : Very High
Cholesterol VLDL *(Method: Calculation)*	**50**	mg/dL	7-40
Triglycerides *(Method: Lipase / Glycerol Kinase)*	**254**	mg/dL	< 150 :Normal 150–199 :Borderline-High 200–499 :High > 500 :Very High
Total cholesterol/HDL ratio *(Method: Calculation)*	4.8		0 - 5.0
LDL / HDL Ratio *(Method: Calculation)*	2.6	ratio	0 - 3.5

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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
KIDNEY BASIC SCREEN			
Creatinine(Serum) *(Method: JAFFE-Kinetic)*	0.9	mg/dL	0.7 - 1.4
Urea (Serum) *(Method: UV-Kinetic)*	18.1	mg/dL	10 - 50
Blood Urea Nitrogen (BUN) *(Method: Calculation)*	8.4	mg/dL	7 - 18
Blood Urea Nitrogen (BUN)/Creatinine *(Method: Calculation)*	9.3	Ratio	6 - 22
Sodium *(Method: Ion selective electrode (ISE Direct))*	141	mmol/L	135 - 145
Potassium *(Method: Ion selective electrode (ISE Direct))*	4.2	mmol/L	3.8 - 5.2
Chloride *(Method: ISE Direct)*	96	mmol/L	94-108
Uric Acid* *(Method: Uricase)*	5.4	mg/dL	3.5 - 7.2

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Sample Type	: WB EDTA	Sample Regd Date	: 2019-03-03 15:38	**MEDID : 4460810**	
Sample ID	: 9442121	Sample Auth Date	: 2019-03-03 17:09		
Ref. Doctor	: **DR PREETI**				

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
GLYCOSYLATED HEMOGLOBIN (HbA1c) *(Method: ion-exchange high-performance liquid chromatography(HPLC))*	5.9	%	< 6 : Non Diabetic 6-7 : Good Control 7-8 : POOR Control >8 : ALERT

Level	2019/03/03
1 ALERT	
2 POOR CONTROL	
3 GOOD CONTROL	
4 NON DIABETIC	5.90

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INTERPRETATION

Method: BIO-RAD **D-10™ Hemoglobin Analyzer** Fully automated **HPLC** platform.

Average Blood Glucose(eAG) (mg/dL)	Level of Control	Hemoglobin A1c (%)
421	ALERT	14%
386		13%
350		12%
314		11%
279		10%
243		9%
208		8%
172	POOR	7%
136	GOOD	6%
101	EXCELLENT	5%

HbA1c values of 5.0- 6.5 percent indicate good control or an increased risk for developing diabetes mellitus. HbA1c values greater than 6.5 percent are diagnostic of diabetes mellitus. Diagnosis should be confirmed by repeating the HbA1c test.

NOTE: *Hb F higher than 10 percent of total Hb may yield falsely low results. Conditions that shorten red cell survival, such as the presence of unstable hemoglobins like Hb SS, Hb CC, and Hb SC, or other causes of hemolytic anemia may yield falsely low results. Iron deficiency anemia may yield falsely high results.*

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Sample Type	: URINE	Sample Regd Date	: 2019-03-03 15:38	**MEDID : 4460810**	
Sample ID	: 9442120	Sample Auth Date	: 2019-03-03 16:38		
Ref. Doctor	: **DR PREETI**				

CLINICAL PATHOLOGY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
Complete Urine Analysis (CUE) *(Method: Strip/Microscopy)*			
Colour	Pale Yellow		
Appearence	Clear		
Specific gravity*	1.020		1.000 - 1.030
Reaction (pH)*	6.0		5.0 - 8.5
Proteins*	Negative		Negative
Glucose*	Negative		Negative
Bile salts & Bile pigments	Negative	-	Negative
Ketones*	Negative		Negative
Blood*	Negative		Negative
Urobilinogen*	Normal		Normal
Nitrites	Negative		Negative
PUS(WBC) Cells	2-4		0 – 5 /HPF
Urine RBC	Nil		NIL
U.Epithelial Cells	2-3		0 – 5 /HPF
Casts & Crystals	Nil		NIL
Others	Nil		

Ch. Vinay
Sr.Analyst

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Pathologist

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HEMATOLOGY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
COMPLETE BLOOD PICTURE			
Hemoglobin (Hb)* *(Method: Photometry)*	14.5	g/dL	13.0 - 18.0
Erythrocyte Count (RBC Count) *(Method: Electronic Impedance)*	4.8	mil/µL	4.5 - 5.5
Packed Cell Volume(Hematocrit) *(Method: Calculated)*	42.3	%	40 - 54
Platelet Count *(Method: Electronic Impedance)*	3.52	lakh/Cumm	1.50 - 4.50
Red Cell Indices *(Method: Calculated/Automated 5 Part Cell Counter)*			
MCV	87	fl	83 - 101
MCH	29.7	pg	27 - 32
MCHC	34.2	g/dL	31.5 - 34.5
RDW - CV	12.8	%	11.5 - 14.5
Total Count and Differential Count *(Method: Impdedance and light scattering/Microscopy/Automated 5 Part Cell Counter)*			
Total Leucocyte Count(WBC)	5400	cells/Cumm	4000 - 11000
Neutrophils	50	%	40 - 75
Lymphocytes	40	%	20 - 40
Eosinophils	03	%	0 - 6
Monocytes	07	%	2 - 10
Basophils	00	%	0 - 1
MICROSCOPIC BLOOD PICTURE			
RBC MORPHOLOGY	Normocytic Normochromic Cells		
WBC Morphology	Normal in Morphology		
Platelet Morphology	Adequate		
Hemoparasites	Not found		
Impression	Normal Study		
Advise	Correlate Clinically		

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