



Vijaya Diagnostic Centre

16-11-741/C/C, Beside TITAN Showroom, Dilsukhnagar, Hyderabad.

Helpline : 040-21000000

Email : info@vijayadiagnostic.com

www.vijayadiagnostic.com

LABORATORY TEST REPORT

Regn Date : 24/11/2020 07:38
Name : MRS. BINDU LAL
Regn No : 632023347
Ref By : SELF
Sample Type : Serum

Sample Collection : 24/11/2020 07:44
Print Date : 19/02/2021 00:37
Age / Sex : 67 Years / Female
Regn Centre : Balapur - 63
Ref no. :

UREA

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Urea	: 37	Adult : 17 - 43 mg/dL Newborn : 8.4 - 25.8 mg/dL Children : 10.8 - 38.4 mg/dL Infant : 10.8 - 38.4 mg/dL mg/dL

Comments / Interpretation :

- In conjunction with serum creatinine, urea level aids in differential diagnosis of Pre-Renal, Renal and Post-Renal hyperuremia.

CREATININE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Creatinine	: 0.8	Adult Female : 0.6 - 1.0 mg/dL Neonate : 0.3 - 1.0 mg/dL Infant : 0.2 - 0.4 mg/dL Children : 0.3 - 0.8 mg/dL mg/dL

Method : Jaffe Kinetic IDMS traceable

Comments / Interpretation :

- Useful in the diagnosis of renal insufficiency and is more specific and sensitive indicator of renal disease than of BUN.
- Use of simultaneous BUN and creatinine levels provide more information in the diagnosis of renal insufficiency.



MC-2657

V. Shabbar

DR.SYED SHABBAR MASHI
CONSULTANT BIOCHEMIST



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LABORATORY TEST REPORT

Regn Date : 24/11/2020 07:38
Name : MRS. BINDU LAL
Regn No : 632023347
Ref By : SELF
Sample Type : Fluoride Plasma

Sample Collection : 24/11/2020 07:44
Print Date : 19/02/2021 00:37
Age / Sex : 67 Years / Female
Regn Centre : Balapur - 63
Ref no. :

FASTING PLASMA GLUCOSE (FPG)

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Fasting Plasma Glucose	: 137	Normal : 70-100 mg/dL Impaired Fasting Glucose : 101-125 mg/dL Diabetes : \geq 126 mg/dL

Method : Hexokinase

Comments / Interpretation :

- ADA Guidelines (2019) are adopted for the evaluation of Diabetic Status.



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T3,T4 & TSH

TEST NAME

RESULT

BIOLOGICAL REFERENCE INTERVAL

Total T3

: 0.99

Adult : 0.6-1.81 ng/mL

Pregnancy :

First Trimester : 0.81-1.9 ng/mL

Second Trimester : 1.0-2.6 ng/mL

Third Trimester : 1.0-2.6 ng/mL

Method : Chemiluminescence Immuno Assay (CLIA)

Total T4

: 8.60

Adult : 3.2-12.6 µg/dL

Pregnancy : 6.4-10.7 µg/dL

Method : Chemiluminescence Immuno Assay (CLIA)

TSH

: 4.482

Adult : 0.55-4.78 µIU/mL

Pregnancy :

First Trimester : 0.3-4.5 µIU/mL

Second Trimester : 0.5-4.6 µIU/mL

Third Trimester : 0.8-5.2 µIU/mL

Method : Chemiluminescence Immuno Assay (CLIA)

Comments / Interpretation :

- Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet and drug therapy.
- The levels of T3 helps in the diagnosis of T3 Thyrotoxicosis and monitoring the course of hyperthyroidism.
- T3 is not recommended for diagnosis of hypothyroidism as decreased values have minimal clinical significance.
- Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism.
- Elevated level of T4 are seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum Thyroxine Binding Globulin.
- Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in Thyroxine Binding Globulin.
- TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium and iodine induced or deficiency goiter.
- Decreased levels of TSH may be seen in Graves Disease, Toxic multinodular Goitre, Thyroiditis, Excessive treatment with thyroid hormone replacement and central Hypothyroidism.



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LABORATORY TEST REPORT

Regn Date : 24/11/2020 07:38
Name : MRS. BINDU LAL
Regn No : 632023347
Ref By : SELF
Sample Type : Whole Blood - EDTA

Sample Collection : 24/11/2020 07:44
Print Date : 19/02/2021 00:37
Age / Sex : 67 Years / Female
Regn Centre : Balapur - 63
Ref no. :

COMPLETE BLOOD PICTURE (CBP)

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Haemoglobin <i>Photometric measurement</i>	: 9.6	12.0 - 15.0 g/dL
Total RBC Count <i>Coulter Principle</i>	: 3.82	3.8 - 4.8 millions/cumm
Packed Cell Volume / Hematocrit <i>Calculated</i>	: 29.20	36.0 - 46.0 Vol%
MCV <i>Derived from RBC Histogram</i>	: 76.50	83.0 - 101.0 fl
MCH <i>Calculated</i>	: 25.00	27 - 32 pg
MCHC <i>Calculated</i>	: 32.70	31.5 - 34.5 gm/dL
RDW <i>Derived from RBC Histogram</i>	: 16.9	11.6 - 14.0 %
Total WBC Count <i>Coulter Principle</i>	: 6800	4000 - 10000 Cells/cumm
<u>Differential count</u>		
Neutrophils <i>VCSn Technology & Microscopy</i>	: 57	40 - 80 %
Lymphocytes <i>VCSn Technology & Microscopy</i>	: 34	20 - 40 %
Eosinophils <i>VCSn Technology & Microscopy</i>	: 3	1 - 6 %
Monocytes <i>VCSn Technology & Microscopy</i>	: 5	2 - 10 %
Basophils <i>VCSn Technology & Microscopy</i>	: 1	0 - 2 %
<u>Absolute Leucocyte Count</u>		
Absolute Neutrophil Count <i>Method : Calculation</i>	: 3876	2000 - 7000 Cells/cumm
Absolute Lymphocyte Count <i>Method : Calculation</i>	: 2312	1000 - 3000 Cells/cumm
Absolute Eosinophil Count <i>Method : Calculation</i>	: 204	20 - 500 Cells/cumm
Absolute Monocyte Count <i>Method : Calculation</i>	: 340	200 - 1000 Cells/cumm
Platelet Count <i>Coulter Principle/ Microscopy</i>	: 150000	150000 - 410000 /cumm
<u>Peripheral Smear</u>		



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COMPLETE BLOOD PICTURE (CBP)

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
RBC <i>Microscopy of Leishman stained smear</i>	: Microcytic Hypochromic with anisocytosis	
WBC <i>Microscopy of Leishman stained smear</i>	: Normal in morphology, maturity and distribution	
Platelets <i>Microscopy of Leishman stained smear</i>	: Adequate with giant platelets	
Remarks	: Note : Giant platelets can affect exact estimation of platelet count.	



MC-2657

B. Pavani

DR.PAVANI B
CONSULTANT PATHOLOGIST





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LIVER FUNCTION TEST - A (LFT-A)

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Total Bilirubin <i>Method : Dichlorophenyl Diazonium Tetrafluoroborate</i>	: 0.4	0.3 - 1.2 mg/dL
Conjugated Bilirubin <i>Method : Dichlorophenyl Diazonium Tetrafluoroborate</i>	: 0.1	Less than 0.2 mg/dL
Unconjugated Bilirubin <i>Method : Dichlorophenyl Diazonium Tetrafluoroborate + Calculation</i>	: 0.3	0.3 - 1.00 mg/dL
ALT/SGPT <i>Method : IFCC, Kinetic</i>	: 14	Female (Adult) : 0 - 35 U/L Newborn/Infant : 13 - 45 U/L U/L
AST/SGOT <i>Method : IFCC, Kinetic</i>	: 21	Female (Adult) : 0 - 35 U/L Newborn : 25 - 75 U/L Infant : 15 - 60 U/L U/L
Alkaline Phosphatase <i>Method : Kinetic PNPP- AMP</i>	: 79	30 - 120 U/L
Total Protein (TP) <i>Method : Biuret</i>	: 6.3	6.6 - 8.3 g/dL
Albumin <i>Method : Bromocresol Green (BCG)</i>	: 3.9	Adult : 3.5 - 5.2 g/dL New Born (0-4 days) : 2.8 - 4.4 g/dL
Globulin <i>Method : Biuret + Bromocresol Green + Calculation</i>	: 2.4	1.8 - 3.6 g/dL
Albumin / Globulin (A/G) Ratio	: 1.6	0.8 - 2.0
Gamma-Glutamyl Transferase (GGT) <i>Method : IFCC, Kinetic</i>	: 15	0 - 38 U/L

Comments / Interpretation :

- Liver function test aid in the diagnosis of various pre hepatic, hepatic & post hepatic causes of dysfunction like hemolytic anemias, viral & alcoholic hepatitis and cholestasis of obstructive causes.
- The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage.
- LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.



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