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3-6-16 & 17, Street No. 19, Himayatnagar, Hyderabad - 500 029

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LABORATORY TEST REPORT

Regn Date	:	26/07/2020 09:02	Sample Collection	:	26/07/2020 09:03
Name	:	**MRS. BINDULAL**	Print Date	:	26/07/2020 15:49
Regn No	:	**462012625**	Age / Sex	:	**67 Years / Female**
Ref By	:	SELF	Regn Centre	:	Nizampet - 46
Sample Type	:	Serum	Ref no.	:	

URIC ACID

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
Uric Acid	:	**8.0**	2.6 - 6.0 mg/dL

Method : Uricase Peroxidase

Comments / Interpretation :

- Useful for monitoring therapeutic management of gout and chemotherapeutic treatment of neoplasms.

UREA

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
Urea	:	47	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

Method : Urease / GLDH

Comments / Interpretation :

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

ALBUMIN SERUM

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
Albumin	:	4.6	3.2 - 4.8 g/dL

Method : Bromocresol Green (BCG)

Comments / Interpretation :

- High albumin levels may be caused by severe dehydration.
- Low albumin levels may be caused by malnutrition, severe burns, Kidney & Liver diseases.

CALCIUM

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
Serum Calcium	:	8.70	Adults : 8.3 - 10.6 mg/dL Children 10 Days - 24 Months : 9.0 - 11.0 mg/dL 2 - 12 Years : 8.8 - 10.8 mg/dL

Method : OCPC

Comments / Interpretation :

- Useful in diagnosis and prognosis of a wide range of disorders including disorders of proteins and Vitamin D, diseases of bone, Kidney, Parathyroid gland and GI tract.

CREATININE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL

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Ref By	:	SELF	Regn Centre	:	Nizampet - 46
Sample Type	:	Serum	Ref no.	:	

CREATININE

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
Creatinine	:	1.0	Adult Female : 0.5 - 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

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.

ELECTROLYTES

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
Sodium	:	139	136 - 146 mmol/L
Method : Indirect ISE			
Potassium	:	4.71	3.5 - 5.1 mmol/L
Method : Indirect ISE			
Chlorides	:	**114**	101 - 109 mmol/L
Method : Indirect ISE			

Comments / Interpretation :

Sodium :-

- Levels of sodium when evaluated with electrolytes aid in assessing acid base balance, water balance and water intoxication.

Potassium :-

- Useful in evaluation of electrolyte balance, cardiac arrhythmia, muscular weakness, hepatic encephalopathy and renal failure.

Chloride :-

- Useful, when assayed along with Sodium, Potassium and bicarbonate in assessment of electrolyte, acid base and water balance.

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Regn No	:	**462012625**	Age / Sex	:	**67 Years / Female**
Ref By	:	SELF	Regn Centre	:	Nizampet - 46
Sample Type	:	Fluoride Plasma	Ref no.	:	

FASTING PLASMA GLUCOSE (FPG)

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
Fasting Plasma Glucose	**:**	**101**	Normal : 70 - 100 mg/dL Impaired Fasting Glucose : 101 - 125 mg/dL Diabetes : >/= 126 mg/dL

Method : Hexokinase

Comments / Interpretation :

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

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Regn No	:	**462012625**	Age / Sex	:	**67 Years / Female**
Ref By	:	SELF	Regn Centre	:	Nizampet - 46
Sample Type	:	Serum	Ref no.	:	

T3,T4 & TSH

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
Total T3	:	0.76	0.60 - 1.81 ng/mL
Method : Chemiluminescence Immuno Assay (CLIA)			
Total T4	:	8.0	Infants : 6.0 - 13.2 µg/dL Children : 5.5 - 12.1 µg/dL Adolescents : 5.5 - 11.1 µg/dL Adults : 4.5 - 10.9 µg/dL Pregnancy: 6.4 -10.7 µg/dL
Method : Chemiluminescence Immuno Assay (CLIA)			
TSH ULTRASENSITIVE	:	1.778	Infants : 0.87 - 6.15 µIU/mL Children : 0.67 - 4.16 µIU/mL Adolescents : 0.48 - 4.17 µIU/mL Adults : 0.55 - 4.78 µIU/mL Pregnancy : 1st Trimester : 0.3 - 4.5 µIU/mL 2nd Trimester : 0.5 - 4.6 µIU/mL 3rd 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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Name : **MRS. BINDULAL**		Print Date : 26/07/2020 15:49	
Regn No : **462012625**		Age / Sex : **67 Years / Female**	
Ref By : SELF		Regn Centre : Nizampet - 46	
Sample Type : Whole Blood - EDTA		Ref no. :	

COMPLETE BLOOD PICTURE (CBP)

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
Haemoglobin *Photometric measurement*	:	**10.0**	12.0 - 15.0 g/dL
Total RBC Count *Coulter Principle*	:	4.04	3.8 - 4.8 millions/cumm
Packed Cell Volume / Hematocrit *Calculated*	:	**30.90**	36.0 - 46.0 Vol%
MCV *Derived from RBC Histogram*	:	**76.40**	83.0 - 101.0 fl
MCH *Calculated*	:	**24.70**	27 - 32 pg
MCHC *Calculated*	:	32.40	31.5 - 34.5 gm/dL
RDW *Derived from RBC Histogram*	:	**15.8**	11.6 - 14.0 %
Total WBC Count *Coulter Principle*	:	7800	4000 - 10000 Cells/cumm
Differential count			
Neutrophils *VCSn Technology / Microscopy*	:	62	40 - 80 %
Lymphocytes *VCSn Technology / Microscopy*	:	32	20 - 40 %
Eosinophils *VCSn Technology / Microscopy*	:	2	1 - 6 %
Monocytes *VCSn Technology / Microscopy*	:	4	2 - 10 %
Basophils *VCSn Technology / Microscopy*	:	0	0 - 2 %
Absolute Leucocyte Count			
Absolute Neutrophil Count *Method : Calculation*	:	4836	2000 - 7000 Cells/cumm
Absolute Lymphocyte Count *Method : Calculation*	:	2496	1000 - 3000 Cells/cumm
Absolute Eosinophil Count *Method : Calculation*	:	156	20 - 500 Cells/cumm
Absolute Monocyte Count *Method : Calculation*	:	312	200 - 1000 Cells/cumm
Platelet Count *Coulter Principle*	:	**89000**	150000 - 410000 /cumm
Peripheral Smear			

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Ref By	:	SELF	Regn Centre	:	Nizampet - 46
Sample Type	:	Whole Blood - EDTA	Ref no.	:	

COMPLETE BLOOD PICTURE (CBP)

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
RBC *Microscopy : Leishman stain/Modified Giemsa Stain*	:	Normocytic Normochromic with microcytes	
WBC *Microscopy : Leishman stain/Modified Giemsa Stain*	:	Normal in morphology,maturity and distribution	
Platelets *Microscopy : Leishman stain/Modified Giemsa Stain*	:	Mild thrombocytopenia with giant platelets	

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Ref By	:	SELF	Regn Centre	:	Nizampet - 46
Sample Type	:	Serum	Ref no.	:	

LIPID PROFILE (LP)

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
Serum Status	:	Clear	
Triglycerides	:	138	Desirable Level : < 150 mg/dL Borderline : 150 - 199 mg/dL High : 200 - 499 mg/dL Very High : > 499 mg/dL
Method : GPO-POD			
Total Cholesterol	:	216	Desirable Level : < 200 mg/dL Borderline : 200 - 239 mg/dL Undesirable : > 239 mg/dL
Method : CHOD-POD			
LDL Cholesterol.	:	142	Optimal : < 100 mg/dL Near Optimal : 100 - 129 mg/dL Borderline High : 130 - 159 mg/dL High : 160 - 189 mg/dL Very High : > 189 mg/dL
Method: Calculation			
HDL Cholesterol	:	46	Desirable Level : > 60 mg/dL Optimal : 40 – 60 mg/dL Undesirable : < 40 mg/dL
Method : Elimination-Catalase/CHOD - POD			
VLDL	:	28	< 30 mg/dL
Method: Calculation			
Total Cholesterol/HDL Cholesterol Ratio	:	4.70	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.1 Moderate Risk : 7.2 - 11.0
Method: Calculation			
LDL Cholesterol/HDL Cholesterol Ratio	:	3.10	Desirable Level : 0.5 - 3.0 Borderline Risk : 3.0 - 6.0 High Risk : > 6.0
Method: Calculation			

Comments / Interpretation :

- Lipid profile is a panel of blood tests that serves as an initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases.

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Ref By	:	SELF	Regn Centre	:	Nizampet - 46
Sample Type	:	Serum	Ref no.	:	

LIVER FUNCTION TEST - A (LFT-A)

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
Total Bilirubin *Method : Dichlorophenyl Diazonium Tetrafluroborate*	:	0.6	0.3 - 1.2 mg/dL
Conjugated Bilirubin *Method : Dichlorophenyl Diazonium Tetrafluroborate*	:	0.1	Less than 0.2 mg/dL
Unconjugated Bilirubin *Method : Calculation*	:	0.5	0.3 - 1.00 mg/dL
ALT/SGPT *Method : IFCC without P-5-P*	:	12	Female (Adult) : 0 - 35 U/L Newborn/Infant : 13 - 45 U/L
AST/SGOT *Method : IFCC without P-5-P*	:	16	Female (Adult) : 0 - 35 U/L Newborn : 25 - 75 U/L Infant : 15 - 60 U/L
Alkaline Phosphatase *Method : Kinetic PNPP- AMP*	:	82	30 - 120 U/L
Total Protein (TP) *Method : Biuret*	:	6.6	6.6 - 8.3 g/dL
Albumin *Method : Bromocresol Green (BCG)*	:	4.6	Adult : 3.5 - 5.2 g/dL New Born (0-4 days) : 2.8 - 4.4 g/dL
Globulin *Method : Biuret + Bromocresol Green + Calculation*	:	2.0	1.8 - 3.6 g/dL
Albumin / Globulin (A/G) Ratio *Method : Calculation*	:	**2.3**	0.8 - 2.0
Gamma-Glutamyl Transferase (GGT) *Method : UV Kinetic*	:	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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