C000019157 - C000019157-Uprise Healthcare
604, Skyline Status, M.G Road, Above Rassikal Sakalchand Jewellers, Ghatkopar(east) Umubai-400077, Mumbai, Maharashtra, INDIA
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NAME : AJIT LAKHANI AGE : 70 /YEARS GENDER : MALE

LAB REF NO. : **MU120A006407**

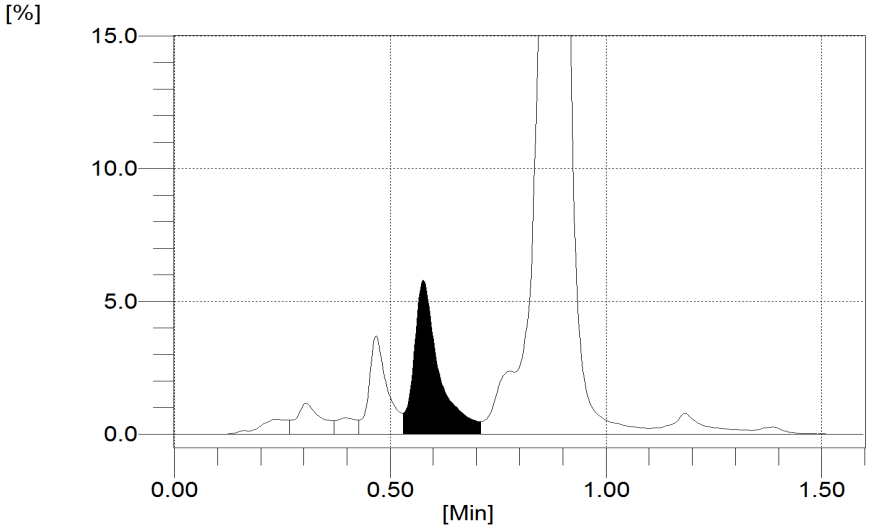
COLLECTED ON : 07/11/2020 02:58 REGISTERED ON : 07/11/2020,02.59 REPORTED ON : 07/11/2020,06.10

REPORT STATUS : FINAL REFERRED BY : Dr Shraddha Doshi

Haematology

Parameters	Value	Unit	Biological Ref Range
HBA1C (GLYCOSYLATED HEMOGLOBIN), WHOLE BLOOD			
HBA1C	5.8	%	4.30 - 6.40
MPG - MEAN PLASMA GLUCOSE	119.76	mg /dL	70 - 140

METHOD : HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC).



Interpretation(s)

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Haematology

Parameters	Value	Unit	Biological Ref Range

As per American Diabetic Association (ADA)

Adult Reference group	Hemoglobin A1c(%)
Non Diabetic	4.0 – 5.6%
Prediabetic (increased risk)	5.7 – 6.4%
Diabetes mellitus	>= 6.5%
Treatment goal for adult with diabetes	<7.0%

NOTE:

1.Glycosylated hemoglobin (HbA1c) test is done to assess compliance with therapeutic regimen in diabetic patients.
2. A three monthly monitoring is recommended in clinical management of diabetes.
3. It is not affected by daily glucose fluctuations, exercise and recent food intake.
4. The HbA1c is linearly related to the average blood sugar over the past 1-3 months (but is heavily weighted to the past 2-4 weeks).
5. The HbA1c is strongly associated with the risk of development and progression of microvascular and nerve complications
6. High HbA1c (>9.0-9.5%) is associated with very rapid progression of microvascular complications
7. Any condition that shortens RBC life span like acute blood loss, hemolytic anemia can falsely lower HbA1c results.
8. HbA1c results from patients with HbSS, HbCC, HbSC and HbD must be interpreted with caution, given the pathological processes including anemia, increased red cell turnover, and transfusion requirements that adversely impact HbA1c as a marker of long -term glycemic control.
9. Specimens from patients with polycythemia or post – splenectomy patients may exhibit an increase in HbA1c values due to a somewhat longer life span of the red cells.
10. The relationship between eAG (Estimated Average Glucose) and HbA1c based on linear regression analysis is eAG(mg/dl)= (28.7*HbA1c)-46.7, (Diabetes Care 2008;31:1-6).
11. It is recommended that HbA1c value be repeated on TWO separate occasions to confirm the diagnosis of Diabetes mellitus.

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COLLECTED ON : 07/11/2020 02:58 REGISTERED ON : 07/11/2020,02.59 REPORTED ON : 07/11/2020,06.33
REPORT STATUS : FINAL REFERRED BY : Dr Shraddha Doshi

Haematology

Parameters	Value	Unit	Biological Ref Range
COMPLETE BLOOD COUNT (CBC) WHOLE BLOOD			
HEMOGLOBIN	16.80	g/dl	13-17
HEMATOCRIT	46.90	%	40-50
RBC COUNT	5.43	10^6/uL	4.50-5.50
MCV	86.50	fL	83 - 101
MCH	30.90	pg	27-32
MCHC	**35.80**	g/dl	31.5-34.5
RDW-CV	**10.50**	%	11.6-14.0
PLATELET COUNT	**132.00**	10^3/uL	150-410
TOTAL LEUCOCYTE COUNT	5.10	10^3/uL	4-10
METHOD : IMPEDANCE			
DIFFERENTIAL LEUKOCYTE COUNT,WHOLE BLOOD			
NEUTROPHILS	55.80	%	40-80
LYMPHOCYTES	36.20	%	20 - 40
MONOCYTES	6.27	%	2.0 - 10.0
EOSINOPHILS	**0.96**	%	1.0 - 6.0
BASOPHILS	0.77	%	<2.0
ABSOLUTE NEUTROPHIL COUNT	2.85	10^3/uL	2.00-7.00
ABSOLUTE LYMPHOCYTE COUNT	1.85	10^3/uL	1-3
ABSOLUTE MONOCYTE COUNT	0.32	10^3/uL	0.20 - 1.0
ABSOLUTE EOSINOPHIL COUNT	0.05	10^3/uL	0.02-0.50
ABSOLUTE BASOPHIL COUNT	0.04	10^3/uL	0.02 - 0.10
METHOD : IMPEDANCE			

Comment

RBC :	NORMOCYTIC NORMOCHROMIC RBCS
WBC :	WITHIN NORMAL LIMITS
PLATELET :	MILD THROMBOCYTOPENIA WITH GIANT FORMS

Interpretation(s)

Note: The percentage counting of each type of differential leucocytesdoes not indicate correctly their absoluteincrease or decrease, hence as per recommendation of the InternationalCouncil for Standardization in Hematology the differential leucocyte counts are reported as absolutenumber of each cell type per unit volume of blood.

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LAB REF NO. : **MU120A006407**

COLLECTED ON : 07/11/2020 02:58 REGISTERED ON : 07/11/2020,02.59 REPORTED ON : 07/11/2020,04.39

REPORT STATUS : FINAL REFERRED BY : Dr Shraddha Doshi

Biochemistry

Parameters	Value	Unit	Biological Ref Range
GLUCOSE FASTING, PLASMA			
GLUCOSE FASTING	93	mg/dL	70-110

METHOD : SPECTROPHOTOMETRY, HEXOKINASE

Interpretation(s)

As per American Diabetic Association,(ADA) 2018 Guidelines

Fasting Plasma Glucose Value (in mg/dl)	Interpretation
• 70 – 100	Normal
• 101 – 125	IFG (Impaired Fasting Glucose)
• >/= 126	Diabetes mellitus

It is recommended that fasting plasma glucose be repeated on TWO separate occasions or fasting plasma glucose with HbA1c should be done to confirm the diagnosis of Diabetes mellitus.

NOTE: Fasting is defined as no caloric intake for at least 8 hours

As per WHO guidelines, the normal range for fasting plasma glucose is 70 -110 mg/dl. Values ranging from 111 – 125 mg/dl are suggestive of Pre-Diabetes.

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REPORT STATUS : FINAL REFERRED BY : Dr Shraddha Doshi

Biochemistry

Parameters	Value	Unit	Biological Ref Range
GLUCOSE POST-PRANDIAL	111.9	mg/dL	70-140

METHOD : SPECTROPHOTOMETRY, HEXOKINASE

Interpretation(s)

As per American Diabetic Association,(ADA) 2018 Guidelines

Post Prandial (PP) Plasma Glucose Value (in mg/dl)	Interpretation
• </= 140	Normal
• 141 – 199	IGT- (Impaired Glucose Tolerance)
• /= 200	Diabetic Mellitus

It is recommended that post prandial plasma glucose should be repeated on TWO separate occasions or post prandial plasma glucose with HbA1c should be done to confirm the diagnosis of diabetes mellitus.

As per WHO guidelines, the normal range for post –prandial plasma glucose is < 140 mg/dl. Values ranging from 141– 199 mg/dl are suggestive of Pre-Diabetes.

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REPORT STATUS : FINAL REFERRED BY : Dr Shraddha Doshi

Biochemistry

Parameters	Value	Unit	Biological Ref Range
SODIUM	**128.4**	mmol/L	136-145
METHOD : DIRECT ISE			
POTASSIUM	4.6	mmol/L	3.5-5.1
METHOD : DIRECT ISE			
CHLORIDE	**90.5**	mmol/L	98-107
METHOD : ISE, INDIRECT			

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REPORT STATUS : FINAL REFERRED BY : Dr Shraddha Doshi

Biochemistry

Parameters	Value	Unit	Biological Ref Range
LIPID PROFILE, SERUM			
CHOLESTEROL TOTAL, SERUM	185.1	mg/dL	<200
Photometry			
TRIGLYCERIDES	152.70	mg /dL	0-200
METHOD : SPECTROPHOTOMETRY, GPO- POD METHOD,Photometry			
HDL	57.9	mg/dL	Major Risk: <40 mg/dL Negative Risk: ≥ 60 mg/dL
METHOD : SPECTROPHOTOMETRY, DIRECT ENZYMATIC METHOD			
CHOLESTEROL LDL-CALCULATED	96.7	mg/dL	Optimal: <100 mg/dL Near or above optimal: 100 – 129 mg/dL Borderline High: 130 – 159 mg/dL High: 160 – 189 mg/dL Very High: ≥ 190 mg/dL
VLDL CHOLESTROL,CALCULATED	**31**	mg/dL	</= 30.0
CHOL/ HDLRATIO	**3**	Ratio	3.3 - 4.4 LOW RISK 4.5 - 7.0 AVERAGE RISK 7.1 - 11.0 MODERATE RISK >11.0 HIGH RISK

Interpretation(s)

TRIGLYCERIDES CAN SHOW MARKED VARIATION DEPENDING ON PREVIOUS DAY DIET INTAKE. 12 HRS FASTING IS MANDATORY BEFORE TESTING FOR LIPID PROFILE SPECIALLY FOR TRIGLYCERIDE VALUES. IN CASE, LIPID PROFILE IS DONE IN NON FASTING STATE,THEN ANY ABNORMAL VALUE, ESPECIALLY FOR TRIGLYCERIDES MUST BE RETESTED ON OVERNIGHT FASTING SAMPLE. CALCULATED LDL & VLDL VALUES MAY BE HIGHLY VARIABLE IF NON FASTING SAMPLES ARE TESTED.

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REPORT STATUS : FINAL REFERRED BY : Dr Shraddha Doshi

Biochemistry

Parameters	Value	Unit	Biological Ref Range
CREATININE, SERUM			
CREATININE	0.80	mg/dL	0.72-1.25

METHOD : SPECTROPHOTOMETRY, JAFFE-KINETIC

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REPORT STATUS : FINAL REFERRED BY : Dr Shraddha Doshi

Biochemistry

Parameters	Value	Unit	Biological Ref Range
UREA, SERUM			
UREA	19.50	mg /dL	19.5-44.09

METHOD : SPECTROPHOTOMETRY, UREASE-GLDH

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REPORT STATUS : FINAL REFERRED BY : Dr Shraddha Doshi

Biochemistry

Parameters	Value	Unit	Biological Ref Range
CREATININE, SERUM	0.80	mg/L	0.6-1.0
AGE (YRS)	70		
GLOMERULAR FILTRATION RATE (MALE)	90.50	ml/min/1.7	

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LAB REF NO. : **MU120A006407**
COLLECTED ON : 07/11/2020 02:58 REGISTERED ON : 07/11/2020,02.59 REPORTED ON : 07/11/2020,05.24
REPORT STATUS : FINAL REFERRED BY : Dr Shraddha Doshi

Immunology

VIT D COMBO

Parameters	Value	Unit	Biological Ref Range
25-HYDROXY VITAMIN D	34.70	ng/mL	Deficiency : <10 ng/mL Insufficiency : 10 - 30 ng/mL Sufficiency: > 30 – 100 ng/mL Toxicity : >100 ng/mL

METHOD : CHEMILUMINESCENCE (CLIA)

1,25(OH)2 Vitamin D is the active form of Vitamin D with regard to the known functions whereas 25OH Vitamin D and Vitamin D itself can be excluded as being physiologically functional. 1,25(OH)2 Vitamin D stimulates the intestinal absorption of both calcium and phosphorus. It also stimulates bone resorption and mineralization thereby preventing the development of rickets and osteomalacia. 1,25(OH)2 Vitamin D is also be active in other tissues responsible for Calcium transport (placenta, kidney, mammary gland,...) and endocrine glands such as parathyroid glands. 1,25(OH)2 Vitamin D is rapidly metabolized and its halflife is approximately 12h in plasma. Its main metabolite is calcitroic acid, a C-23 carboxylic derivative, essentially without any biological activity. In addition to this pathway, 1,25(OH)2 Vitamin D undergoes 24-hydroxylation to produce 1,24,25-trihydroxyvitamin D. This compound has less biological activity than its parent and this metabolic route is considered as a minor pathway.The measurement of circulating 1,25(OH)2 Vitamin D is indicated in several disorders affecting calcium metabolism such as : phosphate diabetes, sarcoidosis, renal failure, hyper and hypo-parathyroidism, rickets, tumor-associated hypercalcemia, hypercalciuria, Vitamin-resistant dysfunction and treatment with anticonvulsive Medication. SUMMARY AND EXPLANATION OF THE TEST 1,25(OH)2 Vitamin D is the active form of Vitamin D with regard to the known functions whereas 25OH Vitamin D and Vitamin D itself can be excluded as being physiologically functional. 1,25(OH)2 Vitamin D stimulates the intestinal absorption of both calcium and phosphorus. It also stimulates bone resorption and mineralization thereby preventing the development of rickets and osteomalacia. 1,25(OH)2 Vitamin D is also be active in other tissues responsible for Calcium transport (placenta, kidney, mammary gland,...) and endocrine glands such as parathyroid glands. 1,25(OH)2 Vitamin D is rapidly metabolized and its halflife is approximately 12h in plasma. Its main metabolite is calcitroic acid, a C-23 carboxylic derivative, essentially without any biological activity. In addition to this pathway, 1,25(OH)2 Vitamin D undergoes 24-hydroxylation to produce 1,24,25-trihydroxyvitamin D. This compound has less biological activity than its parent and this metabolic route is considered as a minor pathway.

The measurement of circulating 1,25(OH)2 Vitamin D is indicated in several disorders affecting calcium metabolism such as : phosphate diabetes, sarcoidosis, renal failure, hyper and hypo-parathyroidism, rickets, tumor-associated hypercalcemia, hypercalciuria, Vitamin-resistant dysfunction and treatment with anticonvulsive Medication.

Interpretation(s)

Uses for Vitamin D assay:

- Diagnosis of Vitamin D deficiency
- Differential Diagnosis of causes of Rickets and Osteomalacia
- Monitoring Vitamin D replacement therapy
- Diagnosis of Hypervitaminosis D

LIMITATION:

Various methods are available for measuring circulating concentrations of 25-OH vitamin D. The studies report reasonable correlation between methods, but with significant differences, the reasons for which are not well understood. Vitamin D values must be interpreted within the clinical context of each patient.

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REPORT STATUS : FINAL REFERRED BY : Dr Shraddha Doshi

Immunology

VIT D COMBO

Parameters	Value	Unit	Biological Ref Range
VITAMIN B12, SERUM			
VITAMIN B12	189	pg/mL	187-833

METHOD : CMIA

Interpretation(s)

Uses of Vitamin B12 assay :

- Investigation of macrocytic anaemia
- Work up of deficiencies seen in Megaloblastic Anemia
- Assistance in Diagnosis of CNS Disorders
- Evaluation of Alcoholism
- Evaluation of Malabsorption syndrome

Limitation:

- The evaluation of Macrocytic Anemia requires simultaneous measurement of both Vitamin B12 and folate levels.
- Patients taking B12 supplementation may have misleading results

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REPORT STATUS : FINAL REFERRED BY : Dr Shraddha Doshi

Immunology

Parameters	Value	Unit	Biological Ref Range
PSA TOTAL	3.100	ng/mL	<=4.0

Interpretation(s)

Prostate specific antigen (PSA) is prostate tissue specific, expressed by both normal and neoplastic prostate tissue. PSA total is the collective measurement of its three forms in serum, two forms are complexed to protease inhibitors- alpha 2 macroglobulin and alpha 2 anti-chymotrypsin and third form is not complexed to a protease inhibitor, hence termed free PSA.

TPSA =Complex PSA+FPSA.

Use:

Monitoring patients with history of Prostate cancer as an early indicator of recurrence and response to treatment.
Prostate cancer screening: Patients with PSA levels >10 ng/mL have >50% probability of prostate cancer.

Increased in:

Prostate diseases: Cancer, Prostatitis, benign prostatic hyperplasia, prostate ischemia, acute urinary retention. Manipulations such as Prostatic massage, cystoscopy, needle biopsy, Transurethral resection, digital rectal examination, indwelling catheter, vigorous bicycle exercise.
Physiological fluctuations

Decreased in:

Castration, Antiandrogen drugs, Radiation therapy, Prostatectomy

Limitation:

It is recommended to use same assay method for long term monitoring.
Care should be taken in interpreting results from patients taking drugs such as Buserelin, Finasteride and Flutamide which are known to decrease PSA levels

* This test is not covered under any Accreditation scope

* This test is performed at SPAN affiliate lab.

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REPORT STATUS : FINAL REFERRED BY : Dr Shraddha Doshi

Immunology

Parameters	Value	Unit	Biological Ref Range
FREE T3	2.13	pg/mL	1.71-3.71
CMIA			
FREE T4	1.02	ng/dL	0.70-1.48
CMIA			
THYROID STIMULATING HORMONE (ULTRASENSITIVE)	4.320	µIU/mL	0.35-4.94
CMIA			

Interpretation(s)

Use:

To asses thyroid status, diagnosis of thyroid disease, and treatment of thyroid disease by measuring physiologically active Free T3, Free T4 and TSH by Ultrasensitive method. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), the hypothalamic tripeptide, in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism.

Clinical Condition	Free T3	Free T4	TSH
Subclinical Hypothyroid	Normal	Normal	Increase
Hypothyroid	Decrease or Borderline low normal	Decrease	Increase
Subclinical Thyrotoxicosis	Normal/ Borderline High	Normal	Decrease
Thyrotoxicosis	Increase	Increase	Decrease
Euthyroid Sick	Increase/ Decrease	Increase/ Decrease	Normal
T3 Toxicosis	Increase	Normal	Decrease
Secondary/Tertiary Hypothyroidism	Normal / Decrease	Decrease	Decrease

TSH has a diurnal rhythm so values may vary as high as 50% if sample collection is done at different times of the day.

Age specific reference intervals for Free T4 from TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS- 5th Edition

FREE T3		FREE T4		TSH	
Age	**Reference Intervals (pg/mL)**	**Age**	**Reference Intervals (ng/dL)**	**Age**	**Reference Intervals (µIU/mL)**
Cord Blood	1.50 - 3.91	**Children**		**Children**	
Children & Adults	2.10 - 4.40	1 - 4 Days	2.2 - 5.3	0 - 4 Days	1.0 - 39.0
Pregnancy	2.00 - 3.80	2 weeks – 20 years	0.8-2.0	2 weeks – 5 months	1.7 – 9.1
		Pregnancy		**Pregnancy**	
		6 months – 20 Years	0.7 – 6.4	First Trimester	0.1 – 2.5
		First Trimester	0.7 – 2.0	Second Trimester	0.2 – 3.0
		Second/Third Trimesters	0.5 – 1.6	Third Trimester	0.3 – 3.0

*Pregnancy reference values for TSH provided as per recommendations by American Thyroid Association

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Clinical Pathology

Parameters	Value	Unit	Biological Ref Range
URINE SUGAR, FASTING			
GLUCOSE FASTING, URINE	NEGATIVE		NOT DETECTED

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REPORT STATUS : FINAL REFERRED BY : Dr Shraddha Doshi

Clinical Pathology

Parameters	Value	Unit	Biological Ref Range
URINE SUGAR,PP			
URINE SUGAR,PP	NEGATIVE		NOT DETECTED

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REPORT STATUS : FINAL REFERRED BY : Dr Shraddha Doshi

Clinical Pathology

Parameters	Value	Unit	Biological Ref Range
URINE ROUTINE EXAMINATION			
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
PH	6.5		> or =7.2
SPECIFIC GRAVITY	1.020		1.0050-1.0350
GLUCOSE	NOT DETECTED		
PROTEIN	DETECTED++		
KETONES	NOT DETECTED		
BLOOD	NOT DETECTED		
BILIRUBIN	NOT DETECTED		
UROBILINOGEN	NORMAL		
NITRITE	NOT DETECTED		
PUS CELLS/WBCS	6-8	/HPF	0-5
EPITHELIAL CELLS	4-5	/HPF	0-5
RED BLOOD CELLS	NOT DETECTED	/HPF	
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
REMARKS	KINDLY CORRELATE CLINICALLY		

Interpretation(s)
METHOD:- DIPSTIX STRIP METHOD / MICROSCOPY

---------- End of Report ----------

Sample ID: SERUM 1MU120A006407 URINE 14MU120A006407 EDTA WHOLE BLOOD 23MU120A006407 FASTING PLASMA FL. 61MU120A006407 PP PLASMA FL. 62MU120A006407

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FASTING URINE