

Name : Ms. NASEEMA
Lab No. : 186930946
Ref By : DR KAISER HABIB
Collected : 13/11/2024 9:34:00AM
A/c Status : P
Collected at : BAGHI-E-MEHTAB CC
SHOP NO:-2, AG PLAZA, MAIN CHOWNK, NEAR
J&K BANK

Age : 50 Years
Gender : Female
Reported : 13/11/2024 6:36:24PM
Report Status : Final
Processed at : Dr Lal Path Labs
Bemina Degree College Road, Srinagar,
J&K - 190018



Test Report

Test Name Results Units Bio. Ref. Interval
SwasthFit Super 2

LIVER & KIDNEY PANEL, SERUM (Spectrophotometry, Indirect ISE)

Creatinine	0.82	mg/dL	0.51 - 0.95
GFR Estimated	87	mL/min/1.73m2	>59
GFR Category	G2		
Urea	34.00	mg/dL	17.00 - 43.00
Urea Nitrogen Blood	15.88	mg/dL	6.00 - 20.00
BUN/Creatinine Ratio	19		
Uric Acid	3.30	mg/dL	2.60 - 6.00
AST (SGOT)	16.0	U/L	<35
ALT (SGPT)	12.0	U/L	<35
GGTP	11.0	U/L	<38
Alkaline Phosphatase (ALP)	93.00	U/L	30 - 120
Bilirubin Total	0.67	mg/dL	0.30 - 1.20
Bilirubin Direct	0.10	mg/dL	<0.20
Bilirubin Indirect	0.57	mg/dL	<1.10
Total Protein	7.12	g/dL	6.40 - 8.30
Albumin	4.37	g/dL	3.50 - 5.20
A : G Ratio	1.59		0.90 - 2.00
Globulin(Calculated)	2.75	gm/dL	2.0 - 3.5
Calcium, Total	9.97	mg/dL	8.80 - 10.60



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Test Name	Results	Units	Bio. Ref. Interval
Phosphorus	3.49	mg/dL	2.40 - 4.40
Sodium	141.00	mEq/L	136.00 - 146.00
Potassium	4.07	mEq/L	3.50 - 5.10
Chloride	105.00	mEq/L	101.00 - 109.00



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
LIPID SCREEN, SERUM (CHO-POD)			
Cholesterol, Total	210.00	mg/dL	<200.00
Triglycerides	106.00	mg/dL	<150.00
HDL Cholesterol	56.00	mg/dL	>50.00

Note

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement.

Treatment Goals as per Lipid Association of India 2020

RISK CATEGORY	TREATMENT GOAL		CONSIDER THERAPY	
	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)
Extreme Risk Group Category A	<50 (Optional goal ≤30)	<80 (Optional goal ≤60)	≥50	≥80
Extreme Risk Group Category B	≤30	≤60	>30	>60
Very High	<50	<80	≥50	≥80
High	<70	<100	≥70	≥100
Moderate	<100	<130	≥100	≥130
Low	<100	<130	≥130*	≥160*

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

GLUCOSE, FASTING (F), PLASMA (Hexokinase)

Glucose Fasting	84.00	mg/dL	70.00 - 100.00
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Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE,TOTAL, SERUM (CLIA)			
T3, Total	1.11	ng/mL	0.40 - 1.81
T4, Total	9.07	µg/dL	4.82 - 15.65
TSH	3.38	µIU/mL	0.34 - 5.60

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals



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Test Name	Results	Units	Bio. Ref. Interval
LIPID SCREEN, SERUM (CHO-POD)			
LDL Cholesterol, Calculated	132.80	mg/dL	<100.00
VLDL Cholesterol, Calculated	21.20	mg/dL	<30.00
Non-HDL Cholesterol	154	mg/dL	<130

Note

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement.

Treatment Goals as per Lipid Association of India 2020

RISK CATEGORY	TREATMENT GOAL		CONSIDER THERAPY	
	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHOLESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHOLESTEROL (NON HDL-C) (mg/dL)
Extreme Risk Group Category A	<50 (Optional goal ≤30)	<80 (Optional goal ≤60)	≥50	≥80
Extreme Risk Group Category B	≤30	≤60	>30	>60
Very High	<50	<80	≥50	≥80
High	<70	<100	≥70	≥100
Moderate	<100	<130	≥100	≥130
Low	<100	<130	≥130*	≥160*

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP certified)			
HbA1c	4.9	%	4.00 - 5.60
Estimated average glucose (eAG)	94	mg/dL	

Interpretation

HbA1c result is suggestive of non diabetic adults (≥ 18 years)/ well controlled Diabetes in a known Diabetic

Interpretation as per American Diabetes Association (ADA) Guidelines

Reference Group	Non diabetic adults ≥ 18 years	At risk (Prediabetes)	Diagnosing Diabetes	Therapeutic goals for glycemic control
HbA1c in %	4.0-5.6	5.7-6.4	≥ 6.5	< 7.0

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1C MEASUREMENT	FACTORS THAT AFFECT INTERPRETATION OF HbA1C RESULTS
Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements	Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g., recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT; CBC (Spectrophotometry, Electrical Impedance, Analogical Integration, Flow Cytometry & Calculated)			
Hemoglobin	13.60	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	41.70	%	36.00 - 46.00
RBC Count	4.03	mill/mm3	3.80 - 4.80
MCV	103.00	fL	83.00 - 101.00
Mentzer Index	25.6		
MCH	33.70	pg	27.00 - 32.00
MCHC	32.60	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	11.00	%	11.60 - 14.00
Total Leukocyte Count (TLC)	5.20	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	71.00	%	40.00 - 80.00
Lymphocytes	23.10	%	20.00 - 40.00
Monocytes	4.70	%	2.00 - 10.00
Eosinophils	1.20	%	1.00 - 6.00
Basophils	0.00	%	<2.00
Absolute Leucocyte Count			
Neutrophils	3.69	thou/mm3	2.00 - 7.00
Lymphocytes	1.20	thou/mm3	1.00 - 3.00
Monocytes	0.24	thou/mm3	0.20 - 1.00
Eosinophils	0.06	thou/mm3	0.02 - 0.50



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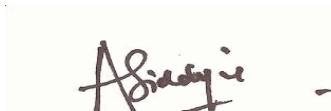
Test Name	Results	Units	Bio. Ref. Interval
Basophils	0.00	thou/mm3	0.02 - 0.10
Platelet Count	150	thou/mm3	150.00 - 410.00
Mean Platelet Volume	11.3	fL	6.5 - 12.0
Result Rechecked, Please Correlate Clinically.			

Comment

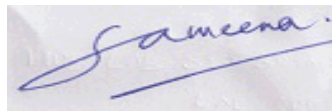
In anaemic conditions Mentzer index is used to differentiate Iron Deficiency Anaemia from Beta- Thalassemia trait. If Mentzer Index value is >13, there is probability of Iron Deficiency Anaemia. A value <13 indicates likelihood of Beta- Thalassemia trait and Hb HPLC is advised to rule out the Thalassemia trait.

Note

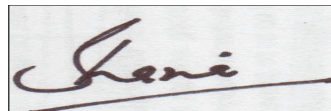
- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
- Test conducted on EDTA whole blood



Dr Adil Sidique
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Chief of Laboratory
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Dr. Shazia Bashir
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Chief of Laboratory
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Dr. Zoya Karra
MD PATHOLOGY
Consultant Pathologist
Dr Lal PathLabs Ltd

-----End of report-----



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
IMPORTANT INSTRUCTIONS			
•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory. •Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor. •The report does not need physical signature.			
(#) Sample drawn from outside source.			
If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.			
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