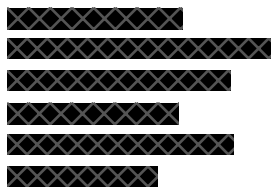


F-----



Age:70.90 Years Sex:FEMALE

Reference:Dr.--

Collection Date:
17-05-2021 12:14 PM
Sample Date:
17-05-2021 12:14 pm
Report Date:
17-05-2021 07:57 PM

<u>Complete Blood Count</u> (EDTA Whole Blood)	<u>Result</u>	<u>Biological Reference Interval</u>
Hemoglobin (Hb), EDTA whole blood Method: Photometry	<u>12.00</u>	12.3 - 15.3 g/dL
Total Leucocytes (WBC) count Method : Coulter Principle / Microscopy	<u>6,500</u>	4000-10000/ μ L
Platelet count Method : Coulter Principle / Microscopy	<u>301,000</u>	150000 - 450000 / μ L
Red blood cell (RBC) count Method: Coulter Principle	<u>4.22</u>	4.10 - 5.10 x 10 ⁶ / μ L
PCV (Packed Cell Volume) Method: Calculated	<u>36.90</u>	35.9 - 44.6 %
MCV (Mean Corpuscular Volume) Method: Derived from RBC histogram	<u>87.40</u>	80.0 - 96.0 fL
MCH (Mean Corpuscular Hb) Method: Calculated	<u>28.30</u>	27.5 - 33.2 pgms
MCHC (Mean Corpuscular Hb Conc.) Method: Calculated	<u>32.40</u>	33.4 - 35.5 g/dL
RDW (RBC distribution width) Method: Derived from RBC Histogram	<u>15.10</u>	11.6 - 14.6 %
<u>WBC Differential Count</u> Method: VCSn / Microscopy / Calculated		
Neutrophils	<u>55</u>	40 - 80 %
Absolute Neutrophils	<u>3,575</u>	2000 - 7000 / μ L
Eosinophils	<u>2</u>	1 - 6 %
Absolute Eosinophils	<u>130</u>	20 - 500 / μ L
Basophils	<u>0</u>	0 - 2 %
Absolute Basophils	<u>0</u>	0 - 100 / μ L
Lymphocytes	<u>37</u>	20 - 40 %
Absolute Lymphocytes	<u>2,405</u>	1000 - 3000 / μ L
Monocytes	<u>6</u>	2 - 10 %
Absolute Monocytes	<u>390</u>	200 - 1000 / μ L
-	+	



Awanti Golwilkar Mehendale
Dr.(Mrs.) Awanti Golwilkar Mehendale
MBBS,MD(Path) Regn.No:2000/02/1052
A.G Diagnostics Pvt. Ltd.

F-----

██████████
██████████████████
██████████████████
██████████████████
██████████████████
██████████████████

Reference:Dr.--

██████████████████
██████████████████
Collection Date:
17-05-2021 12:14 PM
Sample Date:
17-05-2021 12:14 pm
Report Date:
17-05-2021 07:57 PM

Age:70.90 Years Sex:FEMALE

Complete Blood Count Findings

R.B.C. : Normocytic, Normochromic

W.B.C. : No abnormality detected

Platelets : Adequate

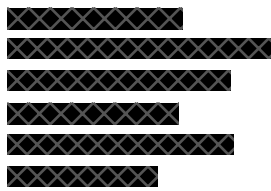
Remark : ON FOLLOW UP

.
.
.
.
.



Awanti Golwilkar Mehendale
Dr.(Mrs.) Awanti Golwilkar Mehendale
MBBS,MD(Path) Regn.No:2000/02/1052
A.G Diagnostics Pvt. Ltd.

F-----



Age:70.90 Years Sex:FEMALE

Reference:Dr.--

Collection Date:
17-05-2021 12:14 PM
Sample Date:
17-05-2021 12:14 pm
Report Date:
17-05-2021 07:57 PM

Test Description	Observed Value	Biological Reference Interval
Ferritin, serum by CMIA	76.45	Female : 4.63- 204 ng/mL

Ferritin is the major iron storage protein for the body. Ferritin is found chiefly in the cytoplasm of cells of the reticuloendothelial system and is a constituent of normal human serum. Generally the concentration of ferritin is directly proportional to the total iron stores in the body. There is a significant positive correlation between age and serum ferritin concentrations in females, but not in males. Patients with iron deficiency anemia have serum ferritin concentration approximately one-tenth of normal while patients with iron overload (hemochromatosis, hemosiderosis) have serum ferritin concentrations much higher than normal. Ferritin is a positive acute phase reactant in both adults and children, whereby chronic inflammation results in a disproportionate increase in ferritin in relation to iron reserves. Elevated ferritin is also observed in acute and chronic liver disease, chronic renal failure, and in some types of neoplastic disease.



Awanti Golwilkar Mehendale
Dr.(Mrs.) Awanti Golwilkar Mehendale
MBBS,MD(Path) Regn.No:2000/02/1052
A.G Diagnostics Pvt. Ltd.

F-----

██████████
██████████████████
██████████████████
██████████████████
██████████████████
██████████████████

Age:70.90 Years Sex:FEMALE

Reference:Dr.--

██████████
██████████
Collection Date:
17-05-2021 12:14 PM
Sample Date:
17-05-2021 12:14 pm
Report Date:
17-05-2021 07:57 PM

Test Description

Observed Value

Biological Reference Interval

Enzymes :

LDH-Lactate Dehydrogenase,serum by UV Kinetic

163.00

81 to 234 U/Lt.

Clinical Chemistry

Thyroglobulin level, serum by ECLIA

0.11

3.5 to 77 ng/mL

Kindly correlate clinically.

Hormones

T3 (Total), serum by CMIA

0.53

0.64 to 1.52 ng/ml

T4 (Total), serum by CMIA

9.35

4.87 to 11.72 µg/dL

TSH(Ultrassensitive), serum by CMIA

21.51

Imp : Hypo on replacement therapy

For non pregnant female :

0.40 - 4.00 µIU/mL

For pregnant female :

1st trimester : 0.1 - 2.5 µIU/mL

2nd trimester : 0.2 - 3.0 µIU/mL

3rd trimester : 0.3 - 3.0 µIU/mL

Ref : American Thyroid Association guidelines 2017

Suggested Free T4 estimation.



Awanti Golwilkar Mehendale

Dr.(Mrs.) Awanti Golwilkar Mehendale
MBBS,MD(Path) Regn.No:2000/02/1052
A.G Diagnostics Pvt. Ltd.

F-----

██████████
██████████████████
██████████████████
██████████████████
██████████████████
██████████████████

Age:70.90 Years Sex:FEMALE

Reference:Dr.--

██████████
██████████
Collection Date:
17-05-2021 12:14 PM
Sample Date:
17-05-2021 12:14 pm
Report Date:
17-05-2021 07:57 PM

Test Description	Observed Value	Biological Reference Interval
Auto Immunity : Thyroglobulin Antibody (ATA),serum by CMIA	Negative (<3)	Negative : < 4.11 IU/mL

Thyroglobulin autoantibodies bind thyroglobulin (Tg), a major thyroid-specific protein. Tg plays a crucial role in thyroid hormone synthesis, storage, and release. Follicular destruction through inflammation, hemorrhage, or rapid disordered growth of thyroid tissue can result in leakage of Tg into the blood stream. This results in the formation of autoantibodies to Tg (anti-Tg) in some individuals. The same processes also result in the formation of autoantibodies particularly Anti TPO. In individuals with autoimmune hypothyroidism, 30% to 50% will have detectable anti-Tg autoantibodies, while 50% to 90% will have Anti-Tg values determined by different methodologies might detectable anti-TPO autoantibodies. In Graves disease, both types of autoantibodies are observed at approximately half these rates.



Awanti Mehendale
Dr.(Mrs.) Awanti Golwilkar Mehendale
MBBS,MD(Path) Regn.No:2000/02/1052
A.G Diagnostics Pvt. Ltd.

F-----

██████████
██████████████████
██████████████████
██████████████████
██████████████████
██████████████████

Age:70.90 Years Sex:FEMALE

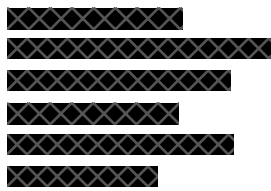
Reference:Dr.--

██████████
██████████
Collection Date:
17-05-2021 12:14 PM
Sample Date:
17-05-2021 12:14 pm
Report Date:
17-05-2021 07:57 PM

Test Description	Observed Value	Biological Reference Interval
<u>Auto Immunity :</u>		



F-----



Age:70.90 Years Sex:FEMALE

Reference:Dr.--

Collection Date:
17-05-2021 12:14 PM
Sample Date:
17-05-2021 12:14 pm
Report Date:
17-05-2021 07:57 PM

Test Description	Observed Value	Biological Reference Interval
Coagulation :		
D-Dimer, Citrate plasma	523.80	0 to 500 ng/ml (FEU) Upto four fold higher results may be observed in normal pregnancy. Method : ELFA / CLIA

Kindly correlate clinically and follow up.

Note :

D-Dimer assay results may be affected by sample integrity, drug history and assay platform used.
Kindly interpret the result in view of above factors and clinical details. In case of any discrepancy, repeat the estimation on fresh sample for confirmation.

D-Dimer is a fibrin degradation product.

D-Dimer is increased in : 1) DIC (Disseminated Intravascular Coagulation).

2) DVT (Deep Vein Thrombosis).

3) Hypercoagulable states.

4) Recent surgery, trauma, infection.

Increased levels may also be seen in the following conditions :

Liver disease, cardiac disease, rheumatoid arthritis, eclampsia, malignancy, hemolysis, lipemia & hyperbilirubinemia.

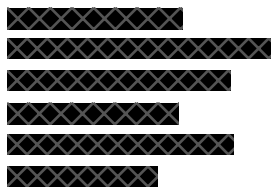
Please interpret with caution if patient is on anticoagulant therapy.



Awanti Golwilkar Mehendale

Dr.(Mrs.) Awanti Golwilkar Mehendale
MBBS,MD(Path) Regn.No:2000/02/1052
A.G Diagnostics Pvt. Ltd.

F-----



Age:70.90 Years Sex:FEMALE

Reference:Dr.--

Collection Date:
17-05-2021 12:14 PM
Sample Date:
17-05-2021 12:14 pm
Report Date:
17-05-2021 07:57 PM

Test Description	Observed Value	Biological Reference Interval
CRP(hs) - C- Reactive Protein high sensitivity	0.85	See clinical information below Method : Nephelometry / Immunoturbidimetry

Clinical Information :

1. C-reactive protein (CRP) is a biomarker of inflammation. Plasma CRP concentrations increase rapidly and dramatically (100-fold or more) in response to tissue injury or inflammation.

2. High-sensitivity CRP (hs-CRP) is more precise than standard CRP when measuring baseline (i.e. normal) concentrations and enables a measure of chronic inflammation. It is recommended for cardiovascular risk assessment. Atherosclerosis is an inflammatory disease and hs-CRP has been endorsed by multiple guidelines as a biomarker of atherosclerotic cardiovascular disease risk.

Low cardiovascular risk : < 2.0 mg/L
High cardiovascular risk : \geq 2.0 mg/L
Acute inflammation : > 10.0 mg/L

3. A single test for high-sensitivity CRP (hs-CRP) may not reflect an individual patient's basal hs-CRP level. Repeat measurement may be required to firmly establish an individual's basal hs-CRP concentration. The lowest of the measurements should be used as the predictive value.

Reference : Mayo Medical Laboratories

Awanti Golwilkar Mehendale
Dr.(Mrs.) Awanti Golwilkar Mehendale
MBBS,MD(Path) Regn.No:2000/02/1052
A.G Diagnostics Pvt. Ltd.

F-----

██████████
██████████████████
██████████████████
██████████████████
██████████████████
██████████████████

Age:70.90 Years Sex:FEMALE

Reference:Dr.--


██████████
██████████
Collection Date:
17-05-2021 12:14 PM
Sample Date:
17-05-2021 12:14 pm
Report Date:
17-05-2021 07:57 PM

Test Description	Observed Value	Biological Reference Interval
SARS-CoV-2 IgG Antibodies, Serum by CMIA	<u>Positive (8.98)</u>	Negative : < 1.4 Index (S/C) Positive : >= 1.4 Index (S/C)

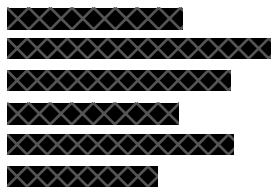
Remarks :

- * SARS-CoV-2 IgG antibodies usually appear after 2 weeks (14 days) of infection. Presence of IgG antibodies may / may not indicate immunity.
- * Detection of SARS-CoV-2 IgG antibodies may be useful for :
 - a. Understanding whether an individual is exposed to infection with SARS-CoV-2 including asymptomatic individuals.
 - b. Understanding the seroprevalence in communities and especially high risk or vulnerable populations.
- * This test may not detect post vaccine immune response to all vaccine types. Anti SARS-CoV-2 spike protein (S1/S2) IgG is recommended in such cases.
- ** SARS-CoV-2 IgG test is not useful for diagnosis of acute infection.

Reference : ICMR Advisory dated 23/06/2020


Dr.(Mrs.) Awanti Golwilkar Mehendale
MBBS,MD(Path) Regn.No:2000/02/1052
A.G Diagnostics Pvt. Ltd.

F-----



Age:70.90 Years Sex:FEMALE

Reference:Dr.--

Collection Date:
17-05-2021 12:14 PM
Sample Date:
17-05-2021 12:14 pm
Report Date:
17-05-2021 07:57 PM

Test Description	Observed Value	Biological Reference Interval
Interleukin 6 (IL-6), serum by ECLIA	2.74	Upto 7 pg/mL

Note :

IL-6 assay results may be affected by :

- Sample integrity
- Sample type (serum / plasma)
- Treatment given
- Assay platform used

Kindly interpret the result in view of the above factors and clinical details.

Please repeat on fresh sample if required. (Serum should be separated immediately after clotting).

- * Interleukin-6 (IL-6) is produced by different cell types, including macrophages, endothelial cells and T cells, in response to microbial invasion or other cytokines such as tumour necrosis factor (TNF).
- * IL-6 induces expression of C-reactive protein (CRP), fibrinogen and serum amyloid A also known as acute phase response.
- * Elevated IL-6 seen in :
 - Infections
 - Sepsis, septicemia
 - Rheumatoid arthritis
 - Systemic lupus erythematosus
 - Ankylosing spondylitis
 - Inflammatory Bowel Disease
- * IL-6 concentration correlate with severity of sepsis.

End of Report

Dr.(Mrs.) Awanti Golwilkar Mehendale
MBBS,MD(Path) Regn.No:2000/02/1052
A.G Diagnostics Pvt. Ltd.