[redacted]

Reference:Dr.--

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Collection Date:
04-05-2021 09:17 AM
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04-05-2021 03:40 PM

REPORT

Age:70.90 Years Sex:FEMALE

Complete Blood Count	Result	Biological Reference Interval
(EDTA Whole Blood)		
Hemoglobin (Hb), EDTA whole blood	**12.40**	12.3 - 15.3 g/dL
Method: Photometry		
Total Leucocytes (WBC) count	**8,100**	4000-10000/µL
Method : Coulter Principle / Microscopy		
Platelet count	**429,000**	150000 - 450000 /µL
Method : Coulter Principle / Microscopy		
Red blood cell (RBC) count	**4.37**	4.10 - 5.10 x 10^6 /µL
Method: Coulter Principle		
PCV (Packed Cell Volume)	**36.60**	35.9 - 44.6 %
Method: Calculated		
MCV (Mean Corpuscular Volume)	**83.90**	80.0 - 96.0 fL
Method: Derived from RBC histogram		
MCH (Mean Corpuscular Hb)	**28.50**	27.5 - 33.2 pgms
Method: Calculated		
MCHC (Mean Corpuscular Hb Conc.)	**33.90**	33.4 - 35.5 g/dL
Method: Calculated		
RDW (RBC distribution width)	**13.80**	11.6 - 14.6 %
Method: Derived from RBC Histogram		
WBC Differential Count		
Method: VCSn / Microscopy / Calculated		
Neutrophils	**67**	40 - 80 %
Absolute Neutrophils	**5,427**	2000 - 7000 /µL
Eosinophils	**1**	1 - 6 %
Absolute Eosinophils	**81**	20 - 500 /µL
Basophils	**0**	0 - 2 %
Absolute Basophils	**0**	0 - 100 /µL
Lymphocytes	**26**	20 - 40 %
Absolute Lymphocytes	**2,106**	1000 - 3000 /µL
Monocytes	**6**	2 - 10 %
Absolute Monocytes	**486**	200 - 1000 /µL
-	**@@#**	

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Complete Blood Count Findings

R.B.C. : **Normocytic, Normochromic**

W.B.C. : **Occasional reactive lymphocyte seen.**

Platelets : **Adequate**

Remark : ON FOLLOW UP.

SUGGESTED CLINICAL CORRELATION & FOLLOW UP.

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Test Description	Observed Value	Biological Reference Interval
Ferritin, serum by CMIA	**214.14**	Female : 4.63- 204 ng/mL

High Ferritin : Please correlate clinically and follow up , .
? Acute phase reactant

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.

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Test Description	Observed Value	Biological Reference Interval
Lipid Profile Mini :		
Cholesterol (Total), serum by Enzymatic method	**91**	Desirable : < 200 mg/dL Borderline high : 200 - 239 mg/dL High : >/= 240 mg/dL
Triglycerides, serum by Enzymatic method	**194**	Normal : < 150 mg/dL Borderline high : 150-199 mg/dL High : 200-499 mg/dL Very high : >/= 500 mg/dL
HDL Cholesterol, serum by Enzymatic method	**35**	Men : > 40 mg/dL Women : > 50 mg/dL
VLDL Cholestrol, serum by calculation	**39**	< 30 mg/dL
LDL Cholesterol, serum by calculation	**17**	Optimal : <100 mg/dL Near optimal/above optimal : 100-129 mg/dL Borderline high : 130-159 mg/dL High : 160-189 mg/dL Very high : >/= 190 mg/dL
Cholesterol(Total)/HDL Cholesterol Ratio	**2.60**	Males : Acceptable ratio </= 5.00 Females : Acceptable ratio </= 4.50
LDL Cholesterol/HDL Cholesterol Ratio	**0.49**	Males : Acceptable ratio </= 3.60 Females : Acceptable ratio </= 3.20

Serum Cholesterol rechecked.

Reference : ATP III, NCEP Guidelines and National Lipid Association (NLA) 2014 Recommendations

As per most international and national guidelines including Lipid Association of India 2016 :

1. Lipoprotein and lipid levels should be considered in conjunction with other atherosclerotic cardiovascular disease (ASCVD) risk determinants to assess treatment goals and strategies.
2. Non-fasting lipid levels can be used in screening and in general risk estimation.

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Test Description	Observed Value	Biological Reference Interval
TEST NAME		
Glycated Hemoglobin (HbA1C), by HPLC	**10.10**	4.0 to 5.6 %

Interpretation :
HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

For diagnosis of Diabetes Mellitus (>/= 18 yrs of age) :
5.7 % - 6.4 % : Increased risk for developing diabetes.
>/= 6.5 % : Diabetes

Therapeutic goals for glycemic control :
Adults : < 7%
Toddlers and Preschoolers : < 8.5% (but > 7.5 %)
School age (6-12 yrs) : < 8%
Adolescents and young adults (13 - 19 yrs) : < 7.5 %

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA. In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Ref : ADA (Standards of Medical Care in Diabetes - 2017)

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Test Description	Observed Value	Biological Reference Interval
Plasma Glucose :		
Plasma glucose fasting, by Hexokinase method	**198**	< 100 mg/dL 100 to 125 mg/dL : Impaired fasting glucose tolerance / Prediabetes >/= 126 mg/dL : Suggestive of diabetes mellitus (On more than one occasion) American Diabetes Association Guidelines 2020
Enzymes		
LDH-Lactate Dehydrogenase,serum by UV Kinetic	**205.00**	81 to 234 U/Lt.
Hormones		
T3 (Total), serum by CMIA	**0.51**	0.64 to 1.52 ng/ml
T4 (Total), serum by CMIA	**8.03**	4.87 to 11.72 µg/dL
TSH(Ultrasensitive), serum by CMIA	**27.26**	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

IMP : Hypo. , Suggested FT3 ,FT4 , Anti thyroid antibodies & follow up.

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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.

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Test Description	Observed Value	Biological Reference Interval
Auto Immunity :		

[redacted]

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Test Description	Observed Value	Biological Reference Interval
Coagulation :		
D-Dimer, Citrate plasma	**531.30**	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 Intavascular 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.

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Urine Routine Examination	Result	Biological Reference Interval
(Sample : Urine, Automated / Semiautomated)		
Physical		
Quantity Examined	**5.0**	ml
Method : Visual		
Appearance	**Clear**	-
Method : Visual / Automated		
Colour	**Pale yellow**	-
Method : Visual / Automated		
Chemical (Dipstick)		
pH	**5.5**	4.6 - 8.0
Method : Indicator Principle		
Protein	**Absent**	Absent
Method : Sulphosalycylic Acid/ pH Indicator		
Glucose	**Present Trace**	Absent
Method : GOD-POD / Benedict's		
Acetone	**Absent**	Absent
Method : Sodium Nitroprusside reaction		
Bile Pigments	**Absent**	Absent
Method : Diazo Reaction / Fouchet's test		
Urobilinogen	**Not significant**	Not Significant
Method : Modified Ehrlich / Watson Schwartz		
Microscopy / Flow cytometry		
R.B.Cs	**Absent**	0 - 2 per hpf
Pus cells	**1-2**	0 - 5 per hpf
Epithelial cells	**Occasional**	0 - 5 per hpf
Casts	**Not Detected**	-
Crystals	**Not Detected**	-
-	**<-->**	

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Test Description	Observed Value	Biological Reference Interval
CRP(hs) - C- Reactive Protein high sensitivity	**10.25**	See clinical information below . Method : Nephelometry / Immunoturbidimetry

Kindly correlate clinically and follow up.

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 : >/= 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

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Test Description	Observed Value	Biological Reference Interval
Interleukin 6 (IL-6), serum by ECLIA	**20.50**	Upto 7 pg/mL

Kindly correlate clinically and follow up.

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, septicimia
  - Rheumatoid arthritis
  - Systemic lupus erythematosus
  - Ankylosing spondylitis
  - Inflammatory Bowel Disease

* IL-6 concentration correlate with severity of sepsis.

End of Report

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