

Name : MS ARCHANA PANDA  
Registration No : MH006664869  
Patient Episode : H01000137706  
Referred By : HC MHW  
Receiving Date : 13 Sep 2024 09:10

Age : 32 Yr(s) Sex :Female  
Lab No : 22240905726  
Collection Date : 13 Sep 2024 07:30  
Reporting Date : 13 Sep 2024 10:14

## BIOCHEMISTRY

## Clinical Laboratory Report

## Serum LIVER FUNCTION TEST

Specimen: Serum

BILIRUBIN-TOTAL (Diazo)**	0.70	mg/dl	[0.00-1.20]
BILIRUBIN - DIRECT (Diazo)	0.12	mg/dl	[0.00-0.40]
BILIRUBIN - INDIRECT (Calculated)	0.58	mg/dl	[0.00-1.60]
SGOT/ AST(Without P5P,IFCC)	22.0	U/L	[<35.0]
Serum SGPT/ ALT(Without P5P,IFCC)	12.0 #	U/L	[14.0-41.0]
ALP (p-NPP,kinetic)*	68.0	U/L	[46.0-122.0]
TOTAL PROTEIN (mod.Biuret)	7.5	g/dl	[6.6-8.3]
SERUM ALBUMIN (BCG-dye)	4.4	g/dl	[3.5-5.2]
SERUM GLOBULIN (Calculated)	3.1	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.42		[1.10-1.80]
GGT (GCNA-IFCC)	13	U/L	[<38]

## Note:

\*\*NEW BORN:Vary according to age (days), body wt &amp; gestation of baby

\*New born: 4 times the adult value

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## Manipal Hospital Whitefield

## Department of Laboratory Medicine

143, 212-215, EPIP Industrial Area, Hoodi Village, KR Puram Hobli, Bengaluru 560066, Karnataka

OPD sample collection: 080 2502 7177 (9am to 5pm), Laboratory: 080 2502 7416/7417

Home sample collection: 9900344001 Email: labservices.mhw@manipalhospitals.com

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LIPID PROFILE		Specimen: Serum	
TOTAL CHOLESTEROL (CHOD/POD)	173	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	125	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Enzymatic)	55	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	25	mg/dl	[10-40]
LDL- CHOLESTEROL (Enzymatic)	110 #	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio (Calculated)	3.1		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.0		<3 Optimal 3-4 Borderline >6 High Risk

## Note:

Reference ranges based on ATP III Classifications.

Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.

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## THYROID PROFILE,- Serum

T3 - Triiodothyronine (CLIA)	1.480	ng/ml	[0.700-2.040]
T4 - Thyroxine (CLIA)	13.640	µg/dl	[5.480-14.280]
Thyroid Stimulating Hormone (CLIA)	4.000	µIU/mL	[0.400-4.200]

1st Trimester:0.6 - 3.4 micIU/ml

2nd Trimester:0.37 - 3.6 micIU/mL

3rd Trimester:0.38 - 4.04 micIU/mL

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results

\* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html> 2

## GLUCOSE-Fasting

Specimen: Plasma

Plasma GLUCOSE-Fasting (Hexokinase)	90	mg/dl	[70-100]
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KIDNEY PROFILE -		Specimen: Serum	
BUN (Urease/GLDH)	11.21	mg/dl	[6.00-20.00]
SERUM CREATININE (mod.Jaffe)	0.70	mg/dl	[0.60-1.10]
SERUM URIC ACID (mod.Uricase)	5.6	mg/dl	[2.6-6.0]
SERUM CALCIUM (Arsenazo III)	9.20	mg/dl	[8.60-10.20]
SERUM PHOSPHORUS (Molybdate, UV)	2.8	mg/dl	[2.5-4.5]
SERUM SODIUM (Indirect ISE)	137.0	mmol/l	[136.0-145.0]
SERUM POTASSIUM (Indirect ISE)	4.30	mmol/l	[3.50-5.10]
SERUM CHLORIDE (Indirect ISE)	106.0	mmol/L	[98.0-107.0]
eGFR (calculated)	115.0	ml/min/1.73sq.m	[>60.0]

## Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

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Specimen: Serum  
Serum GGT (GCNA - IFCC) 13 U/L [<38]

Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin) 5.0 %  
As per American Diabetes Association(ADA) 2010  
[4.0-6.5]  
HbA1c in %  
Non diabetic adults : < 5.7 %  
Prediabetes (At Risk ) : 5.7 % - 6.4 %  
Diabetic Range : > 6.5 %

Methodology High-Performance Liquid Chromatography(HPLC)

Estimated Average Glucose (eAG) 97 mg/dl

## Use :

1. Monitoring compliance and long-term blood glucose level control in patients with diabetes.
2. Index of diabetic control (direct relationship between poor control and development of complications).
3. Predicting development and progression of diabetic microvascular complications.

## Limitations :

1. A1C values may be falsely elevated or decreased in those with chronic kidney disease.
2. False elevations may be due in part to analytical interference from carbamylated hemoglobin formed in the presence of elevated concentrations of urea, with some assays.
3. False decreases in measured A1C may occur with hemodialysis and altered red cell turnover, especially in the setting of erythropoietin treatment

References : Rao.L.V.,Michael snyder.L.(2021).Wallach's Interpretation of Diagnostic Tests. 11th Edition. Wolterkluwer. NaderRifai,Andrea Rita Horvath,Carl T.wittwer.(2018)Teitz Text book of Clinical Chemistry and Molecular Diagnostics.First edition,Elsevier,South Asia.

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-----END OF REPORT-----

*Spoothy y*

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