Accuprobe Diagnostics

NABL Accredited Pathology Laboratory

Customer Care Number
9599593622
9599593625

Barcode No	**11659965**	Lab No	00012212312303
Patient Name	**Ms.RUBAL**	Reg Date	31/Dec/2022 05:06PM
Age/Sex	27 YRS/Female	Sample Coll. Date	31/Dec/2022 05:06 PM
Refered By	SELF	Sample Rec.Date	31/Dec/2022 05:09 PM
Client Code/Name	AP091699 Virtue Health Clinic		
Ref. Lab/Hosp		Report Date	31/Dec/2022 05:39PM
Panel Address	Shop no.32, Gaur City Arcade, Gaur City-2		

HAEMATOLOGY

Nirogyam Accuprobe Profile II

Test Name With Methodology	Result	Unit	Biological Ref.Interval
Complete Blood Count (CBC EXT)			
Haemoglobin Whole Blood EDTA, Cyanide free	**11.6**	gm/dl	12.0-15.0
TLC (Total Leucocyte Count) Whole Blood EDTA, Flow Cytometry	9.21	th/cumm	4.0-10.0
DIFFERENTIAL LEUCOCYTE COUNT			
Polymorphs Whole Blood EDTA Flowcytometry	62.4	%	40-80
Lymphocytes Flowcytometry	24.5	%	20-40
Eosinophils Flowcytometry	4.2	%	1-6
Monocytes Whole Blood EDTA Flowcytometry	8.3	%	2-10
Basophils Whole Blood EDTA Flowcytometry	0.6	%	0-1
Absolute Neutrophil Count Whole Blood EDTA, Calculated	5,747	/cumm	2000-7000
Absolute Lymphocyte Count Whole Blood EDTA, Calculated	2,256	/cumm	1000-3000
Absolute Eosinophil Count Whole Blood EDTA, Calculated	387	/cumm	20-500
Absolute Monocyte Count Whole Blood EDTA, Calculated	764	/cumm	20-1000
Absolute Basophils Count Whole Blood EDTA, Calculated	55	/cumm	20-100
RBC Whole Blood EDTA, Impedance	**5.37**	millions/cmm	3.8-4.8
HCT Whole Blood EDTA, Calculated	37.3	%	36-46
MCV Whole Blood EDTA, Calculated	**69.46**	fl	83-101
MCH	**21.6**	pg	27-32

Dr. Kanhika Sanyal, M.D.
(Consultant Pathologist)

Dr Prashant Goyal
(Chief Pathologist)

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Whole Blood EDTA, Calculated MCHC	**31.1**	g/dl	31.5-34.5
Whole Blood EDTA, Calculated Platelet Count	380	thou/µL	150-410
Whole Blood EDTA, Impedance MPV	**11.9**	fl	7.4-10.4
Calculated RDW- CV	**20.2**	%	11.6-14.0
Whole Blood EDTA, Flowcytometry RDW- SD	52.1	fl	35-56
Whole Blood EDTA, Flowcytometry PCT	**0.452**	%	0.10-0.28
Whole Blood EDTA, Flow Cytometry PDW	15.8	fl	9.0-17.0
Whole Blood EDTA, Calculated Mentzer Index	12.93	Ratio	
RDWI	261.28		
Green and King	84.02		
Neutrophil - Lymphocyte Ratio (NLR) Calculated	2.55		
Lymphocyte - Monocyte Ratio (LMR) Calculated	2.95		
Platelet - Lymphocyte Ratio (PLR)	168.41		
ESR [Westergren] Modified Westergren	**25**	mm/ 1 hr	0 -20

Kindly correlate clinically. Advise for recheck from fresh sample in case, it is not correlation clinically, to rule out any pre-analytical error.

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Test Name With Methodology	Result	Unit	Biological Ref.Interval
.IMMUNO BIOCHEMISTRY-1			
Glucose Fasting (Blood Glucose Fasting)			
Blood Sugar Fasting Plasma Fluoride, Hexokinase	90	mg/dl	70-100

COMMENTS:
Fasting Blood Sugar/Glucose test. A blood sample will be taken after an overnight fast. A fasting blood sugar level less than 100 mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes. (***American Diabetes Association***)

Dr Vandana *(MD, Path)*
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Dr Prashant Goyal *(DCP)*
(Chief Pathologist)

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Test Name With Methodology	Result	Unit	Biological Ref.Interval
	HAEMATOLOGY		
HbA1c (Glycated hemoglobin)			
Glycosylated Hb (HbA1c) EDTA, HPLC	5.7	%	4.2-6.5
Average Glucose Calculated.	117	mg/dl	73-140

Ref Range for HBA1c

Non Diabetic: < 5.7 %
Pre-Diabetic: 5.7 - 6.5 %
Diabetic: > 6.5 %

Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are <18 years of age.

HbA1c goals in treatment of diabetes:

Ages 0-6 years: 7.6% - 8.4%
Ages 6-12 years: <8%
Ages 13-19 years: <7.5%
Adults: <7%

COMMENT:

The Glycosylated Hemoglobin (HbA1c or A1c) test evaluates the average amount of glucose in the blood over the last 2 to 3 months. This test is used to monitor treatment in someone who has been diagnosed with diabetes. It helps to evaluate how well the person's glucose levels have been controlled by treatment over time. This test may be used to screen for and diagnose diabetes or risk of developing diabetes. Depending on the type of diabetes that a person has, how well their diabetes is controlled, and on doctor recommendations, the HbA1c test may be measured 2 to 4 times each year. The American Diabetes Association recommends HbA1c testing in diabetics at least twice a year. When someone is first diagnosed with diabetes or if control is not good, HbA1c may be ordered more frequently.

Note: If a person has anemia, few type of hemoglobinopathy, hemolysis, or heavy bleeding, HbA1c test results may be falsely low. If someone is iron-deficient, the HbA1c level may be increased. If a person has had a recent blood transfusion, the HbA1c may be inaccurate and may not accurately reflect glucose control for 2 to 3 months..

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.IMMUNO BIOCHEMISTRY-1

Iron Panel Basic

Test Name With Methodology	Result	Unit	Biological Ref.Interval
Iron Serum, FerroZine without deproteinization	**19.4**	ug/dl	33-193
UIBC Serum, Biochemical	395.9	ug/dL	63 - 433
TIBC Serum, Biochemical	**415.3**	ug/dL	250-400
Transferrin Saturation Calculated	**4.67**	%	15-55

COMMENT:

Serum iron measures the amount of circulating iron that is bound to transferrin. Clinicians order this laboratory test when they are concerned about iron deficiency, which can cause anemia and other problems.
Total iron-binding capacity The test measures the extent to which iron-binding sites in the serum can be saturated. Because the iron-binding sites in the serum are almost entirely dependent on circulating transferrin, this is really an indirect measurement of the amount of transferrin in the blood. Taken together with serum iron and percent transferrin saturation clinicians usually perform this test when they are concerned about anemia, iron deficiency or iron deficiency anemia. However, because the liver produces transferrin, liver function must be considered when performing this test. It can also be an indirect test of liver function, but is rarely used for this purpose.

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Test Name With Methodology	Result	Unit	Biological Ref.Interval
Kidney Panel-2			
Blood Urea Serum, Urease, GLDH	25.4	mg/dL	15-40.0
Serum Creatinine. Serum, Jaffes	0.66	mg/dL	0.5-0.9
Uric Acid Serum, Uricase	4.2	mg/dl	2.4 - 5.7
Sodium Serum, Ion Selective Electrode	137.0	mmol /L	135 - 148
Potassium Serum, Ion Selective Electrode	4.49	mmol /L	3.7-5.5
Chloride Serum, Ion Selective Electrode	101.0	mmol /L	98-107
Calcium Serum, NM-BAPTA	9.04	mg/dl	8.6-10.0
Phosphorous Serum Serum, Molybdate UV	3.17	mg/dl	2.5-4.5
BUN (Blood Urea Nitrogen) Serum, Calculated	12	mg/dl	6.0-20.0
BUN/Creatinine Ratio Calculated	17.98	Ratio	10-20
Urea/Creatinine Ratio Calculated	38.48	Ratio	
eGFR (estimated Glomerular Filtration Rate) Calculated	114.37	mL/min/1.73 m2	>90

Kindly correlate clinically. Advise for recheck from fresh sample in case, it is not correlation clinically, to rule out any pre-analytical error.

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Test Name With Methodology	Result	Unit	Biological Ref.Interval
Lipid Profile			
Cholesterol Serum, CHOD-PAP Enzymatic	141.4	mg/dl	<200
Triglyceride Serum, GPO, Colorimetric	65.3	mg/dl	<150
HDL-Cholesterol Serum, Homogeneous Enz.Colorimetric	41.8	mg/dl	40-60
LDL Cholesterol Serum, Calculated	86.5	mg/dl	0-100
VLDL Cholesterol Serum, Calculated	13.1	mg/dl	5 - 40
LDL / HDL Ratio Serum, Calculated	2.07		0 - 3.55
HDL / LDL Ratio Serum, Calculated	0.48		>0.3
Chol / HDL Ratio Serum, Calculated	3.38		0 - 4.97
Non-HDL Cholesterol Serum, Calculated	99.6	mg/dl	<160

Lipids are a group of fats and fat-like substances that are important constituents of cells and sources of energy. The lipid profile is used as part of a cardiac risk assessment to help determine an individual's risk of heart disease. It is recommended that healthy adults with no other risk factors for heart disease be tested with a fasting lipid profile once every four to six years. If other risk factors are present or if previous testing revealed a high cholesterol level in the past, more frequent testing is recommended.

TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

*REFERENCE RANGES AS PER NCEP ATP III GUIDELINES

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Test Name With Methodology	Result	Unit	Biological Ref.Interval
Liver Panel (LFT)			
Total Bilirubin Serum, DCA	0.25	mg/dl	0.1-1.2
Conjugated Bilirubin Serum, DCA	0.12	mg/dl	0.0-0.3
Unconjugated Bilirubin Serum, Calculated	**0.13**	mg/dl	0.2-0.7
SGOT (AST) Serum, Optimized UV test with IFCC	17.3	IU/L	0 -32
SGPT (ALT) Serum, Optimized UV test with IFCC	18.1	IU/L	0-33
Alk.Phosphatase Serum, Kinetic, IFCC	**130.0**	IU/L	30-104
T.Protein Serum, Biuret	**8.44**	gm/dl	6.4-8.3
Albumin Serum, Bromocresol Green	4.72	gm/dl	3.5-5.2
Globulin Serum, Calculated	3.72	gm/dl	2.5-3.8
A/G Ratio Serum, Calculated	**1.27**		1.30 - 1.70
Gamma G.T. Serum, Kinetic with IFCC	19	IU/L	<40
SGOT/SGPT Ratio Serum, Calculated	0.96	Ratio	0-5

Comment:

A liver panel (Liver function test) or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments.

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Test Name With Methodology	Result	Unit	Biological Ref.Interval
Thyroid Profile-I [T3,T4,TSH]			
T3 (Trilodothyronine)	156	ng/dl	60-181
Serum, Electro Chemi Luminescent Immuno Assay			
T4 (Thyroxine)	9.21	ug/dl	4.5-12.6
Serum, Electro Chemi Luminescent Immuno Assay			
TSH (Ultrasensitive)	1.80	uIU/mL	0.13-6.33
Serum, Electro Chemi Luminescent Immuno Assay			

Comments:

- Our reference range applies the central 95th interval (2.5th – 97.5th quantile) according to the CLSI/IFCC guidelines EP28-A3c.
- A circadian variation in serum TSH in healthy subjects is well documented. TSH level is reaching peak levels between 2-4 am 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 value of TSH.
- TSH levels between 6.3 and 15.0 may represent subclinical or compensated hypothyroidism or show considerable physiological & seasonal variation, suggest clinical correlation or repeat testing with fresh sample.
- TSH levels may be transiently altered because of non-thyroid illness, like severe infection, renal disease, liver disease, heart disease, severe burns, trauma, surgery etc. Few drugs also altered the TSH values.
- A high TSH result often means an underactive thyroid gland caused by failure of the gland (hypothyroidism). A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH.
- Resistance to thyroid hormone (RTH) and central hyperthyroidism (TSH-oma) are rare conditions associated with elevated TSH, T4 and T3 levels.

Below mentioned are the guidelines for age reference ranges for T3,T4 and TSH results:

Age	Total T3 (ng/dl)	Total T4 (µg/dl)	TSH (µIU/ml)
1 - 6 days	73 - 288	5.04 - 18.5	0.7 - 15.0
6 days -3 months	80 - 275	5.41 - 17.0	0.72 - 11.0
4 - 12 months	86 - 265	5.67 - 16.0	0.73 - 8.35
1 - 6 years	92 - 248	5.95 - 14.7	0.70 - 5.97
7 - 11 years	93 - 231	5.99 - 13.8	0.60 - 5.84
12 - 20 years	91 - 218	5.91 - 13.2	0.51 - 6.50
>20 years	60 - 181	4.50 - 12.6	0.13 - 6.33

TSH Level in pregnancy

First Trimester	0.10 – 2.5 µIU/ml
Second Trimester	0.20 – 3.0 µIU/ml
Third Trimester	0.30 – 3.0 µIU

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Test Name With Methodology	Result	Unit	Biological Ref.Interval
Vitamin B12 (Cynocobalamin)			
Vitamin B12 Level Serum, Electro Chemi Luminescent Immuno Assay	300.2	pg/ml	197-711

Comment:
Vitamin B12 (cobalamin) is an important water-soluble vitamin. In contrast to other water-soluble vitamins it is not excreted quickly in the urine, but rather accumulates and is stored in the liver, kidney and other body tissues. Humans obtain Vitamin B12 exclusively from animal dietary sources, such as meat, eggs and milk. As a result, a vitamin B12 deficiency may not manifest itself until after 5 or 6 years of a diet supplying inadequate amounts. Vitamin B12 functions as a methyl donor and works with folic acid in the synthesis of DNA and red blood cells and is vitally important in maintaining the health of the insulation sheath (myelin sheath) that surrounds nerve cells. Preservatives such as fluorides & ascorbic acid interfere with this assay. Excessive exposure of the specimen to light may alter Vitamin B12 result.
Kindly correlate with clinical conditions.

Vitamin D-25 OH			
Vitamin D 25 OH Serum, Electro Chemi Luminescent Immuno Assay	**26.54**	ng/mL	Deficeincy: <20.0 Insufficient: 21-29 Sufficient: 30-100

Comments:
This test is used to determine the levels of 25-hydroxy-vitamin D and is used to determine if bone weakness, bone malformation, or abnormal metabolism of calcium is occurring as a result of a deficiency or excess of vitamin D. Since vitamin D is a fat-soluble vitamin and is absorbed from the intestine like a fat, vitamin D is also s used to monitor individuals with diseases that interfere with fat absorption, such as cystic fibrosis and Crohn's disease, and in patients who have had gastric bypass surgery and may not be able to absorb enough Vitamin D. Vitamin D is also used to determine effectiveness of treatment when vitamin D, calcium, phosphorus, and/or magnesium supplementation is prescribed. Reasons for suboptimal 25-OH-VitD levels include lack of sunshine exposure, inadequate intake; malabsorption eg, due to Celiac disease); depressed hepatic vitamin D 25-hydroxylase activity, secondary to advanced liver disease; and enzyme-inducing drugs, in particular many antiepileptic drugs, including phenytoin, phenobarbital, and carbamazepine, that increase 25-OH-VitD metabolism. In contrast to the high prevalence of 25-OH-VitD deficiency, hypervitaminosis D is rare, and is only seen after prolonged exposure to extremely high doses of vitamin D. When it occurs, it can result in severe hypercalcemia and hyperphosphatemia.
Kindly correlate with clinical conditions

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Bio-Rad CDM System
VII Inst. #1. SN 15919

PATIENT REPORT
V2TURBO_A1c_2.0

Patient Data

Sample ID: 11659965
Patient ID:
Name:
Physician:
Sex:
DOB:

Comments:

Analysis Data

Analysis Performed: 12/31/2022 17:59:46
Injection Number: 784
Run Number: 18
Rack ID:
Tube Number: 10
Report Generated: 12/31/2022 18:01:19
Operator ID:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.4	0.155	15145
A1b	---	1.8	0.218	20349
LA1c	---	1.9	0.397	20575
A1c	5.7	---	0.501	51230
P3	---	3.7	0.782	40547
P4	---	1.3	0.864	14660
Ao	---	85.3	1.006	943957

Total Area: 1,106,464

HbA1c (NGSP) = 5.7 %