Patient NAME	: Ms.RADHIKA SARDER	Barcode NO	: 13131684
Age/Gender	: 35 Y/Female	Registration ON	: 08/Oct/2024
LabNo	: 012410081470	Sample Collected ON	: 08/Oct/2024
Referred BY	:Dr. S K MONDAL	Sample Received ON	: 08/Oct/2024
CLIENT CODE	:WBCL/NAPP/LIH	Report Generated ON	: 08/Oct/2024
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DEPARTMENT OF HEMATOLOGY

Test Name	Value	Unit	Bio Ref.Interval
CBC			
Erythrocytes			
Haemoglobin (Method:Spectrophotometry) (Sample:EDTA)	**11.1**	g/dL	12-15
RBC Count (Method:Electrical Impedance) (Sample:EDTA)	**4.9**	10^12/L	3.8-4.5
PCV (Packed Cell Volume) (Method:Electrical Impedance) (Sample:EDTA)	36.0	%	36-46
MCV (Mean Corpuscular Volume) (Method:Calculated) (Sample:EDTA)	**73.5**	fl	81-101
MCH (Mean Corpuscular Hemoglobin) (Method:Calculated) (Sample:EDTA)	**22.65**	pg	27-32
MCHC (Mean Corpuscular Hemoglobin Concentration) (Method:Calculated) (Sample:EDTA)	**30.8**	g/dl	31.5-34.5
RDW-CV (Method:Calculated) (Sample:EDTA)	**14.1**	%	11.6-14.0
Leucocytes			
WBC Count,Total (Method:Flow cytometry) (Sample:EDTA)	7,500	cells/µl	4000-10000
Differential Leucocyte Count			
Neutrophils (Method:Leishman Stain - Light Microscopy) (Sample:EDTA)	62	%	40-80
Lymphocytes (Method:Leishman Stain - Light Microscopy) (Sample:EDTA)	32	%	20-40
Monocytes (Method:Leishman Stain - Light Microscopy) (Sample:EDTA)	3	%	2-10
Eosinophils (Method:Leishman Stain - Light Microscopy) (Sample:EDTA)	3	%	1-6
Basophils (Method:Leishman Stain - Light Microscopy) (Sample:EDTA)	0	%	0-2
Absolute Neutrophil Count (Method:Leishman Stain - Light Microscopy) (Sample:EDTA)	4,650	Cells/µL	2000-7000
Absolute Lymphocyte Count (Method:Leishman Stain - Light Microscopy) (Sample:EDTA)	2,400	Cells/µL	1000-3000
Absolute Monocyte Count (Method:Leishman Stain - Light Microscopy) (Sample:EDTA)	225	Cells/µL	200 - 1000
Absolute Eosinophil Count (Method:Leishman Stain - Light Microscopy) (Sample:EDTA)	225	cells/µL	20-500

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DEPARTMENT OF HEMATOLOGY

Test Name	Value	Unit	Bio Ref.Interval
Absolute Basophil Count (Method:Leishman Stain - Light Microscopy) (Sample:EDTA)	0	Cells/µL	<200
Thrombocytes			
Platelet Count (Method:Electrical Impedance) (Sample:EDTA)	265	10^9/L	150-410
Erythrocyte Sedimentation Rate			
ESR (Method:Westergren method) (Sample:EDTA)	**21**	mm in 1hr	≤12
Morphology			
RBC Morphology (Method:Microscopic) (Sample:EDTA)	Microcytic And Hypochromic.		
WBC Morphology (Method:Microscopic) (Sample:EDTA)	Abnormal cells are not seen		
Platelets (Method:Microscopy) (Sample:EDTA)	Adequate.		

Please clinically correlate. Partial reproduction of test reports is strictly prohibited.
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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.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio Ref.Interval
Glucose - Fasting (Method:Hexokinase) (Sample:Fluoride Plasma)	105	mg/dL	Adults:74-106 Children:60-100 Pre-Diabetic: 111 - 125 Diabetic: ≥ 126

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Comments:
Glucose is a reducing monosaccharide that serves as the principal fuel for all tissues. It enters the cell through the influence of insulin and undergoes a series of chemical reactions to produce energy. Lack of insulin or resistance to its action at the cellular level causes diabetes. Therefore, in diabetes mellitus, the blood glucose levels are very high. Hyperglycemia is also noted in gestational diabetes during pregnancy and may be found in pancreatic disease, pituitary, and adrenal disorders. A decreased level of blood glucose and hypoglycemia is often associated with starvation, hyperinsulinemia, and in those who are taking high insulin doses for therapy. Clinical diagnosis should not be made on the findings of a single test result but should integrate both clinical and laboratory data.
Note: *For pre-hyperglycemic results please repeat the test with fresh samples for 2 consecutive days recommended.*
Reference: www.who.int/diabetes/publications/

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio Ref.Interval
Liver Function Test (LFT)			
Bilirubin Total (Method:DPD) (Sample:Serum)	0.52	mg/dL	Adults- 0.3-1.2 Children (0-1 Day) 1.4-8.7 Children (1-2 Day) 3.4-11.5 Children (3-5 Day) 1.5-12.0
Bilirubin Direct (Method:DPD) (Sample:Serum)	0.14	mg/dL	<0.2
Bilirubin Indirect (Method:Calculated) (Sample:Serum)	0.38	mg/dl	0.2-0.8
ALT/SGPT (Method:IFCC) (Sample:Serum)	33	U/L	Male ≤ 50 Female ≤ 35 New Born:13-45 Infant:13-45
AST/SGOT (Method:IFCC) (Sample:Serum)	26	U/L	Male ≤ 50 Female ≤ 35 New Born : 25-75 Infant:15-60
SGOT/SGPT Ratio	0.79		
Alkaline Phosphotase (ALP) (Method:IFCC) (Sample:Serum)	56	U/L	42-141
Protein Total (Method:Biuret) (Sample:Serum)	6.6	g/dL	Newborn: 4.1-6.3 Children:5.7-8.0 Adults: 6.6-8.3
Albumin (Method:BCG) (Sample:Serum)	3.7	g/dL	Adults- 3.5-5.2 New Born- 2.8 – 4.4
Globulin (Method:Calculated) (Sample:Serum)	2.9	g/dL	2.3 - 3.9
Albumin / Globulin Ratio (Method:Calculated) (Sample:Serum)	1.3	-	

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Comments:
Liver function tests (LFTs), also known as liver panel or hepatic function tests, are a group of blood tests used to assess the health and function of the liver. These tests provide valuable information about the liver's ability to perform its essential functions, including metabolizing nutrients, filtering toxins, and producing proteins necessary for various bodily functions.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio Ref.Interval
Lipid Profile Basic			
Cholesterol Total (Method:CHOD POD) (Sample:Serum)	188	mg/dL	Desirable< 200 Borderline High-200-239 High- 240
Cholesterol HDL (Method:Enzymatic Immunoinhibition) (Sample:Serum)	45	mg/dL	Low-HDL Cholesterol <40 High HDL Cholesterol >60
Cholesterol VLDL (Method:Calculated) (Sample:Serum)	**47**	mg/dL	7 - 40
Cholesterol LDL (Method:Calculated) (Sample:Serum)	96	mg/dL	Optimal : < 100 Near optimal : 100-129 Borderline High : 130-159 High : 160-189 Very high : >= 190
Triglycerides (Method:GPO-POD) (Sample:Serum)	**234**	mg/dL	Normal: < 150 Borderline: 150-199 High: >200 Very High:>500
Cholesterol Total / HDL Ratio (Method:Calculated) (Sample:Serum)	**4.2**		0 - 4.0
Cholesterol LDL / HDL Ratio (Method:Calculated) (Sample:Serum)	2.1		0 - 3.5

Note:
1. 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.
2. As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
3. Low HDL levels are associated with increased risk forAtherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
4. NLA-2014identifies Non HDL Cholesterol(an indicator of all atherogeniclipoproteins such as LDL , VLDL, IDL, Lpa, Chylomicron remnants)along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL &Non HDL.
5. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.
6. Additional testing for Apolipoprotein B, hsCRP,Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement.
7. For calculation of CHD risk, history of smoking, any medication for hypertension & current blood pressure levels are required.

Sample: O.S.S

*** End Of Report ***

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