

Name : **MRS. MONIKA**

Age/Gender : 32 years / Female

Sample Type : SERUM1

Sample ID : **AA9368437**

Client Name : 1KABLR461

Ref. Doctor : SELF

Collected : Mar 27, 2024, 04:12 p.m.

Received : Mar 27, 2024, 04:13 p.m.

Reported : Mar 27, 2024, 05:55 p.m.

MEDID : 128983



CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
Lipid Profile			
Cholesterol - Total <i>(Method: Cholesterol Oxidase, Esterase, peroxidase)</i>	156	mg/dL	<200 : Desirable 200-239 : Borderline risk >240 : High risk
Cholesterol - HDL <i>(Method: Enzymatic Colorimetric)</i>	44	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
Cholesterol - LDL <i>(Method: Enzymatic Colorimetric)</i>	95.20	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 – 159 : Borderline-High 160 – 189 : High > 190 : Very High
Cholesterol VLDL <i>(Method: Calculated)</i>	16.80	mg/dL	7 - 40
Triglycerides <i>(Method: Lipase / Glycerol Kinase)</i>	84	mg/dL	< 150 : Normal 150–199 :Borderline-High 200–499 :High > 500 :Very High
Total cholesterol/HDL <i>(Method: Calculated)</i>	3.55	Ratio	0 - 5.0
LDL / HDL <i>(Method: Calculated)</i>	2.16	Ratio	0 - 3.5

****END OF REPORT****




Dr. Suraj Jain
MD (Pathology)

This is an electronically authenticated report. Report Printed Date: Mar 30, 2024, 12:12 p.m.

NOTE: Assay results should be correlated clinically with other clinical findings and the total clinical status of the patient.

Name : **MRS. MONIKA**

Age/Gender : 32 years / Female

Sample Type : SERUM1

Sample ID : **A10068437**

Client Name : 1KABLR461

Ref. Doctor : SELF

Collected : Mar 27, 2024, 04:12 p.m.

Received : Mar 27, 2024, 04:13 p.m.

Reported : Mar 27, 2024, 05:57 p.m.

MEDID : 128983



CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
Liver Function Profile			
Bilirubin Total <i>(Method: Diazo Method)</i>	0.2	mg/dL	0 - 1.0
Bilirubin Direct <i>(Method: Diazo method)</i>	0.1	mg/dL	0 - 0.3
Bilirubin Indirect <i>(Method: Calculated)</i>	0.10	mg/dL	0 - 1.0
Alkaline Phosphatase (ALP) <i>(Method: PNPP, AMP Buffer)</i>	84	U/L	50 - 136
Alanine Transaminase (ALT/SGPT) <i>(Method: UV without pyridoxal -5- phosphate)</i>	26	U/L	Upto 33
Aspartate Aminotransferase(AST/SGOT) <i>(Method: IFCC Without Pyridoxal Phosphate)</i>	31	U/L	Upto 32
Y- Glutamyl Transferase (GGT) <i>(Method: glutamyl-carboxynitroanilide)</i>	36	U/L	5 - 36
Protein Total <i>(Method: Biuret)</i>	7.4	g/dL	6.4 - 8.3
Albumin <i>(Method: Bromocresol Green)</i>	4.3	g/dL	3.5 - 5.4
Globulin <i>(Method: Calculated)</i>	3.10	g/dl	2.5 - 3.5
Albumin/Globulin <i>(Method: Calculated)</i>	1.39	Ratio	1.0 - 2.1

****END OF REPORT****



Dr. Suraj Jain
MD (Pathology)

This is an electronically authenticated report. Report Printed Date: Mar 30, 2024, 12:12 p.m.

NOTE: Assay results should be correlated clinically with other clinical findings and the total clinical status of the patient.

Name : **MR. MANU A**

Age/Gender : 32 years / Female

Sample Type : SERUM1

Sample ID : **AA0000437**

Client Name : 1KABLR461

Ref. Doctor : SELF

Collected : Mar 27, 2024, 04:12 p.m.

Received : Mar 27, 2024, 04:13 p.m.

Reported : Mar 27, 2024, 06:02 p.m.

MEDID : 128983



CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
Creatinine (Method: Jaffe Kinetic)	0.7	mg/dL	0.5 - 1.0
Urea (Method: Urease)	20.6	mg/dL	Upto 50
Blood Urea Nitrogen (BUN) (Method: Calculated)	9.63	mg/dL	7 - 18
Blood Urea Nitrogen (BUN)/Creatinine (Method: Calculated)	13.76	Ratio	6 - 22
Sodium (Method: ISE)	138	mmol/L	135 - 145
Potassium (Method: ISE)	4.57	mmol/L	3.8 - 5.2
Chloride (Method: ISE)	100	mmol/L	94 - 108
Uric Acid (Method: Uricase)	2.0	mg/dL	2.4 - 6.6
Glomerular Filtration Rate (eGFR) (Method: Calculated)	117.53	mL/min	90 - 120 mL/min/1.73 m2

****END OF REPORT****



Dr. Suraj Jain

Dr. Suraj Jain
MD (Pathology)

Name : **MPC-MONIKA**

Age/Gender : 32 years / Female

Sample Type : SERUM1

Sample ID : **AA0000437**

Client Name : 1KABLR461

Ref. Doctor : SELF

Collected : Mar 27, 2024, 04:12 p.m.

Received : Mar 27, 2024, 04:13 p.m.

Reported : Mar 27, 2024, 06:00 p.m.

MEDID : 128983



CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
IRON PROFILE			
Iron <i>(Method: Ferrozine – without Deproteinization)</i>	68.3	µg/dL	33 - 193
Iron Binding Capacity - Total (TIBC) <i>(Method: Calculated)</i>	370	µg/dL	240 - 450
Transferrin <i>(Method: Immunoturbidimetry)</i>	251.70	ug/dL	176 - 280
Transferrin % <i>(Method: Calculated)</i>	18.46	%	20 - 50

****END OF REPORT****



Dr. Suraj Jain

Dr. Suraj Jain
MD (Pathology)

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Name : **MR. MONIKA**

Age/Gender : 32 years / Female

Sample Type : SERUM1

Sample ID : **AA000437**

Client Name : 1KABLR461

Ref. Doctor : SELF

Collected : Mar 27, 2024, 04:12 p.m.

Received : Mar 27, 2024, 04:13 p.m.

Reported : Mar 27, 2024, 05:18 p.m.

MEDID : 128983



CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
Thyroid Profile-II			
Triiodothyronine Total (TT3) <i>(Method: CLIA)</i>	147.5	ng/dL	126 – 258: 1 Yr – 5 Yr 96 – 227: 6 Yr – 15 Yr 91 – 164: 16 Yr – 18 Yr 60 – 181 : > 18 years Pregnancy: 1st Trimester: 81 - 190 2nd & 3rd Trimester: 100 - 260
Triiodothyronine Free (FT3) <i>(Method: CLIA)</i>	3.05	pg/mL	2.3 - 4.2 2.0 - 3.8: Pregnancy
Thyroxine - Total (TT4) <i>(Method: CLIA)</i>	8.8	ug/dL	4.6 - 10.9 Pregnancy: 4.6 – 16.5: 1st Trimester 4.6 – 18.5: 2nd & 3rd Tri
Thyroxine - Free (FT4) <i>(Method: CLIA)</i>	1.09	ng/dL	0.8 - 2.7: Adults Pregnancy 0.7 - 2.0: First Trimester 0.5 - 1.6: 2nd and 3rd Tri
Thyroid Stimulating Hormone (TSH) <i>(Method: CLIA)</i>	1.66	uIU/mL	0.46 – 8.10 : 1 Yrs – 5 Yrs 0.36 – 5.80 : 6 Yrs – 18 Yrs 0.35 – 5.50 : 18 Yrs – 55 Yrs 0.50 – 8.90 : >55 yrs Pregnancy Ranges Ist Tri: 0.1 - 2.5 IInd Tri: 0.2 - 3.0 IIIrd Tri: 0.3 - 3.0

****END OF REPORT****



Dr. Suraj Jain
MD (Pathology)

This is an electronically authenticated report. Report Printed Date: Mar 30, 2024, 12:12 p.m.

NOTE: Assay results should be correlated clinically with other clinical findings and the total clinical status of the patient.

Name : **MRS. MONIKA**

Age/Gender : 32 years / Female

Sample Type : WB EDTA

Sample ID : **A17270833**

Client Name : 1KABLR461

Ref. Doctor : SELF

Collected : Mar 27, 2024, 04:12 p.m.

Received : Mar 27, 2024, 04:13 p.m.

Reported : Mar 27, 2024, 04:32 p.m.

MEDID : 128983



CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
Glycosylated Hemoglobin (GHb/HbA1c)			
HbA1c (Method: HPLC)	5.2	%	< 6.0 : Non Diabetic 6.1 – 6.5 : Prediabetic 6.6 – 7.0 : Good Control 7.1-8.0 : POOR Control >8.1 : ALERT
Estimated Average Glucose (eAG)	102.54	%	70 - 136

****END OF REPORT****



Suraj Jain

Dr. Suraj Jain
MD (Pathology)

This is an electronically authenticated report. Report Printed Date: Mar 30, 2024, 12:12 p.m.

NOTE: Assay results should be correlated clinically with other clinical findings and the total clinical status of the patient.

Name : **MRS. MONIKA**

Age/Gender : 32 years / Female

Sample Type : SERUM1

Sample ID : **AA3868437**

Client Name : 1KABLR461

Ref. Doctor : SELF

Collected : Mar 27, 2024, 04:12 p.m.

Received : Mar 27, 2024, 04:13 p.m.

Reported : Mar 27, 2024, 05:59 p.m.

MEDID : 128983



CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
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Calcium & Phosphorus

Calcium 9.49 mg/dL 8.6 - 10.3

(Method: NM-Bapta complex)

Interpretation:

The diagnosis and monitoring of a wide range of disorders including diseases of bone, kidney, parathyroid gland, or gastrointestinal tract. Calcium levels may also reflect abnormal vitamin D or protein levels. Calcium ions affect the contractility of the heart and the skeletal musculature, and are essential for the function of the nervous system. In addition, calcium ions play an important role in blood clotting and bone mineralization.

Hypocalcemia is due to the absence or impaired function of the parathyroid glands or impaired vitamin-D synthesis. Chronic renal failure is also frequently associated with hypocalcemia due to decreased vitamin-D synthesis as well as hyperphosphatemia and skeletal resistance to the action of parathyroid hormone (PTH). A characteristic symptom of hypocalcemia is latent or manifest tetany and osteomalacia.

Phosphorus 4.0 mg/dL 2.5 - 4.5

(Method: Phosphomolybdate - UV)

****END OF REPORT****



Dr. Suraj Jain

Dr. Suraj Jain
MD (Pathology)

This is an electronically authenticated report. Report Printed Date: Mar 30, 2024, 12:12 p.m.

NOTE: Assay results should be correlated clinically with other clinical findings and the total clinical status of the patient.

Name : **MRS. MONIKA**

Age/Gender : 32 years / Female

Sample Type : Wb Edta

Sample ID : **ANT270838**

Client Name : 1KABLR461

Ref. Doctor : SELF

Collected : Mar 27, 2024, 04:12 p.m.

Received : Mar 27, 2024, 04:13 p.m.

Reported : Mar 27, 2024, 04:40 p.m.

MEDID : 128983



HAEMATOLOGY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
Complete Blood Count (CBC)			
Hemoglobin (Hb)	12.63	g/dL	12.0 - 15.0
Erythrocyte Count (RBC Count)	4.42	mil/ μ L	3.8 - 4.8
PCV (Hematocrit)	35.7	%	35 - 47
Platelet Count	2.77	lakh/Cumm	1.5 - 4.0
MCV	80.8	fl	83 - 101
MCH	28.6	pg	27 - 32
MCHC	35.4	g/dL	31.5 - 34.5
RDW - CV	15.1	%	11.5 - 14.5
WBC Count	6940	cells/Cumm	4000 - 11000
Neutrophils	49	%	40 - 80
Lymphocytes	45	%	20 - 40
Eosinophils	02	%	1 - 6
Monocytes	04	%	2 - 10
Basophils	00	%	0 - 1

****END OF REPORT****



Dr. Suraj Jain
MD (Pathology)

This is an electronically authenticated report. Report Printed Date: Mar 30, 2024, 12:12 p.m.

NOTE: Assay results should be correlated clinically with other clinical findings and the total clinical status of the patient.

Name : **MR. MONIKA**

Age/Gender : 32 years / Female

Sample Type : Urine

Sample ID : **A2708820**

Client Name : 1KABLR461

Ref. Doctor : SELF

Collected : Mar 27, 2024, 04:12 p.m.

Received : Mar 27, 2024, 04:13 p.m.

Reported : Mar 30, 2024, 12:06 p.m.

MEDID : 128983



MICROBIOLOGY

INVESTIGATION	RESULT
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URINE INFECTION SCREEN

Aerobic C&S Urine - DD

Culture & Sensitivity Aerobic Bacteria
(Method: Conventional Culture & Sensitivity)

-

Organism(s) Isolated:

Klebsiella oxytoca

Colony Count CFU/ml

>10*5Cfu/ml

Antibiotic Susceptibility Result

Sensitive to:

Amoxycillin/Clavulanate, Ampicillin/Sulbactam, Piperacillin/Tazobactam, Gentamicin, Ciprofloxacin, Levofloxacin, Trimethoprim-Sulfamethaxazole (COT), Cefepime, Imipenem, Meropenem, Amikacin, Tetracycline, Nitrofurantoin, Ceftriaxone, Cefotaxim,

Intermediate to:

Nil

Resistant to:

Nil

Note:

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INTERPRETATION:

- 1.Colony count: The presence of a single type of bacteria growing at high colony counts (>10*5 cfu/ml) for urine isolate is considered as positive.
- 2.Susceptible: Isolates is inhibited by usually achievable concentration of antimicrobial agents with dosage recommended to treat the site of infection used.
3. Intermediate: Isolates with antimicrobial Agent. that with usually attainable blood and tissue levels may be lower than for susceptible isolates, clinical efficiency of the drug in the body sites where the drugs are physiologically concentrative (Quinolones and β -lactams in urine) or when a higher than a normal dosage of the drug can be used(β -lactams).
- 4.Resistance: Isolates are not inhibited by usually achievable concentrations of the agents with normal dosage schedule.
- 5.Previous history of antibiotic usage may influence the growth of microorganisms in vitro.
- 6.Low counts can be considered significant in patients on antimicrobial therapy, diuretics and growth of pure culture of S.aureus.
7. Any growth of yeasts may be correlated clinically and specimen repeated for fungal culture with identification and susceptibility testing.
- 8.Result of culture and antimicrobial susceptibility test need to be correlated clinically.



Ashitha Sing

Dr ASHITHA SING
MD MICROBIOLOGY

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info@manipaltrutest.com www.manipaltrutest.com www.medcislabs.com

Name : **MRS. MONIKA**

Age/Gender : 32 years / Female

Sample Type : Urine

Sample ID : **AA7276820**

Client Name : 1KABLR461

Ref. Doctor : SELF

Collected : Mar 27, 2024, 04:12 p.m.

Received : Mar 27, 2024, 04:13 p.m.

Reported : Mar 30, 2024, 12:06 p.m.

MEDID : 128983



MICROBIOLOGY

INVESTIGATION

RESULT

Method: Culture on routine Culture medium, identification and sensitivity by automated Vitek MS / Vitek2 & conventional methods.

****END OF REPORT****



Ashitha

Dr ASHITHA SING
MD MICROBIOLOGY

This is an electronically authenticated report. Report Printed Date: Mar 30, 2024, 12:12 p.m.

NOTE: Assay results should be correlated clinically with other clinical findings and the total clinical status of the patient.

Name : **MRS. MONIKA**

Age/Gender : 32 years / Female

Sample Type : Urine

Sample ID : **A47270020**

Client Name : 1KABLR461

Ref. Doctor : SELF

Collected : Mar 27, 2024, 04:12 p.m.

Received : Mar 27, 2024, 04:13 p.m.

Reported : Mar 27, 2024, 05:25 p.m.

MEDID : 128983



CLINICAL PATHOLOGY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
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URINE INFECTION SCREEN

Complete Urine Analysis (CUE)

(Method: Strip/Microscopy)

Color	Pale yellow	--
Appearance	Clear	--
Specific gravity	1.020	1.000 - 1.030
Reaction (pH)	5.5	5.0 - 8.5
Proteins	Negative	Negative
Glucose	Negative	Negative
Bile salts & Bile pigments	Negative	Negative
Ketones	Negative	Negative
Blood	Negative	Negative
Urobilinogen	Normal	Normal
Nitrites	Negative	Negative
PUS(WBC) Cells	3-4	0 - 5 /HPF
Urine RBC	Absent	NIL
U.Epithelial Cells	2-3	0 - 5/HPF
Casts & Crystals	Absent	NIL

****END OF REPORT****



Suraj Jain

Dr. Suraj Jain
MD (Pathology)

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