Delivery mode : Email

Name	MRS. ANJANA ARYA	Srl No.	5	Age	53 Yrs.
Ref. By		Patient Id	1907230005	Sex	F
Date	23/07/2019				

Test	Value	Unit	Reference Value
PROFILE			
COMPLETE HEMOGRAM			
HAEMOGLOBIN (HB)	13.4	Gm%	12.0 - 16.0
TOTAL LEUCOCYTES COUNT (T.L.C.)	6,900	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTES COUNT (D.L.C)			
Neutrophil	50	%	40 - 75
Lymphocyte	45	%	20 - 45
Eosinophil	04	%	01 - 06
Monocyte	01	%	01 - 05
Basophil	00	%	0 - 01
E.S.R.(Westergren)	**40**	mm/Ist hr.	0.00 - 20
RED BLOOD CELL COUNT (R.B.C.)	4.7	Millions/cmm	4.2 - 5.4
PACKED CELLS VOLUME(PCV)	41	cc%	35 - 47
PLATELETS COUNT	1,75,000	/cmm	150000 - 450000
MEAN CORP VOLUME (MCV)	87.8	fl	76.0 - 96.0
MEAN CORP Hb (MCH)	28.2	pgm	27.0 - 32.0
MEAN CORP Hb CONC (MCHC)	32.1	gm/dl	31.0 - 35.0

* **GENERAL BLOOD PICTURE** : - Red blood cells are predominently normocytic and normochromic. TLC and DLC are normal. Platelets are adequate in number.

IMPRESSION **:- NORMAL SMEAR**

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Pathologist

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HAEMATOLOGY

HbA1c and Estimated average glucose by NGSP/DCCT certified method HPLC

TEST	RESULTS	UNITS	REF VALUES
(Glycated HbA1c)/ HbA1c	5.3	%	<5.70 NON DIABETIC 5.7-6.4 PREDIABETIC >6.50 DIABETIC
Estimated average glucose (eAG)	104.0	mg/dL	<117 NON DIABETIC 118-139 PREDIABETIC >140 DIABETIC
Hb variant			
FOR KNOWN DIABETIC PATIENTS			
GOAL			< 7.0
ACTION SUGGETED			> 8.0

Significance of HbA1c

Hemoglobin A 1c is the test that measures the amount of glycated hemoglobin in the RBC.HBA1c ,the glycohemoglobin of interest ,is formed by two steps by the non enzymatic glycation of HBA .The first step is the formation of unstable aldimine (schif base) named LABILE A1c or preA1c,which is a reversible reaction between the carbonyl (C=O) group of glucose and the N-terminal valine of beta chain of HbA.

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Test	Value	Unit	Reference Value
BIOCHEMISTRY			
Blood Sugar (Fasting)	80	mg/dl	70 - 110

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Test	Value	Unit	Reference Value
LIPID PROFILE			
Serum Cholestrol	**207**	mg/dl	0 - 200
Serum Triglycerides	142	mg/dl	50 - 160
HDL Cholesterol	53.8	mg/dl	30 - 75
Serum L.D.L.Cholestrol	126	mg/dl	LESS THAN 150
Serum V L D L	28.4	mg/dl	10 - 30
CHO / HDL Cholesterol Ratio REFLECT SPECTROPHOTO	3.848		0.00 - 4.9
LDL / HDL Cholesterol Ratio	2.342		0.00 - 3.5
TOTAL LIPID	525	mg/dl	250 - 850

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Test	Value	Unit	Reference Value
Kidney Function Test			
Blood Urea	23	mg/dl	10 - 40
Serum Creatinine	0.8	mg/dl	0.7 - 1.5
Serum Uric Acid	4.7	mg/dl	2.5 - 6.2
Blood Urea Nitrogen (BUN)	10.7	mg/dl	6.0 - 21.0
Calcium	8.8	mg / dl	8.4 - 10.2
Total Protein	7.2	gm/dl	6.0 - 8.3
Serum Albumin	3.8	gm/ dl	3.2 - 5.0
Globulin	3.4	gm/dl	2.3 - 3.6
A/G Ratio	1.1 : 1		1.1 : 1 - 2.2 : 1
Serum Sodium	142	MEq/L	135 - 150
Serum Potassium	4.2	MEq /L	3.5 - 5.5

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Test	Value	Unit	Reference Value
LIVER FUNCTION TEST			
Serum Bilirubin (Total)	0.6	mg/dl	0.1 - 1.2
Bilirubin (Direct)	0.3	mg/dl	0.0 - 0.75
Bilirubin (Indirect)	0.3	mg/dl	0.2 - 0.6
Serum G. O. T./AST	26	IU/L	5 - 40
Serum G. P. T. /ALT	21	U/L	5 - 45
Serum Alkaline Phosphatase	**124**	IU/L	40 - 117
Total Protein	7.2	gm/dl	6.0 - 8.3
Serum Albumin	3.8	gm/ dl	3.2 - 5.0
Globulin	3.4	gm/dl	2.3 - 3.6
A/G Ratio	1.1 : 1		1.1 : 1 - 2.2 : 1
GAMMA G.T.	25	U/L	7 - 32
VITAMIN B-12 LEVEL	**178**	pg/ml	211 - 911

SIGNIFICANCE OF THE TEST

Vit B12 along with folate are clinical to normal DNA synthesis, which in turn effects RBC'S maturation.
It is required for myline sheath for case of Vit B12 deficiency, there is synvhronous nuclear and cytoplasmic maturation in all ery thyroid and myloid cell lines due to aberra

CLINICAL APPLICATION

In differential diagnosis of anemia
To detect high turnover states of bone marrow.

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Test	Value	Unit	Reference Value

DECRAESED LEVELS.

1. Pernicious anemia
2. Megaloblastic anemia
3 Iron deficiency anemia
4. Normal full term pregnancy
5. Vegetarianism
6. Partial gastrectomy
7,. Oral contraceptive
8. Pancreatic deficiency
9. Treated epilepsy
10. Advanciung Age
11. Abnormal Vit B12 carrier protien

INCREASED LEVELS

1. Renal faliure
2. Liver desease
3. Myloproliferative disorder

VITAMIN D3 LEVEL	61.2	ng/ml	40 - 100

Expected Values

(Recent litrature has suggested trhe following ranges for the classification of 25 OH Vitamin D status)

Deficiency	0 to 5.0 ng /ml
Insufficiency	5 to 20 ng/ml
Hypovitaminosis	20 to 40 ng/ml
Sufficiency	40 to 100 ng /ml
Toxicity	> 100 ng /ml

SUMMARY AND EXPLANATION

As calciferol (Vitamin D) enters the circulation, it is metabolized to several foems, the major of these being 25

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hydroxycalciferol (25-OH-D). The first step in the metabolism of vitamin D, 25 hydroxylation, occurs mainly in liver 1Only a small amount of 25-OH-D is metabolized in the kidney to other dihydroxyvitamin Dmetabolites man. 2,3 Since 25-OH-D is the predominant circulating form of vitamin D in the normal population, it is concider the most reliabe index of vitamin d status 4

The two principal forms of 25-OH-d are cholecalciferol (vitamin D3) and ergocalciferol (vitamin D2) 3,5 Vitamin derived mainly from actions of ultraviolet light on the skin while D2 is derived solely from dietry sourses. Sin two parent compounds provide various contributions to the overall vitamin D status of the individual, it is important that both forms are measured equally. 6,7 A great deal of research has provided information about the circulation of 25-OH-D metabolism and their physiological significance.

The measurment of 25-OH-D is becoming increasing importent in the management of patients with various disorders of calcium metabolism associated with rickets, neonatal hypocalcemia, pregnancy, nutritional and osteodystrophy, hypoparathyrodism, and postmenopausal oseoporosis.6,8-10/.

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Test	Value	Unit	Reference Value

HORMONE ASSAY PROFILE

SERUM PROLACTIN
CHEMILUMINESCENCE

Test	Result	UNITS
S. PROLACTIN :	11.1	**ng/ml**

NORMAL RANGE

MALE	**: 4.0 - 18.0**
FEMALE	**: 5.0 - 25.0**
PREGNANCY	**: 35.0 - 600.0**
LACTATION	**: 75.0 - 400.0**

COMMENT: Consistently elevated serumprolactin levels greater than 30 ng/ml in the absebce of pregnancy and postpartum lactation are indicative of hyperprolactinemia, which is the most common hypothalamic-pituitary dysfunction encountered in clinical endocrinology. Hyperprolactinemia often results in galactorrhea, amenorrhea, and infertility in females, and in impotence and hypoganadism in males. Renal faliure, hypoparathyrodism, and prolactine- secreting pituitary adenomas are also common causes of abnormally elevated prolactin levels.

SERUM TRI-IODO THYROXINE (T3)	112	ng/dl	97.0 - 170.0

T 3 is a hormone produced primarily in the peripheral tissues like liver and kidneys from. T4 by the monodeiodinase enzyme. Small amount of T3 is also produced by thyroid gland. The blood levels of T3 are low in hypothyrodism and high in hyperthyrodism.

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Test	Value	Unit	Reference Value
SERUM THYROXINE (T4)	10.0	ug/dl	5.50 - 11.0

T4 is the major hormone synthesized by the thyroid gland which is regulated by the TSH . when released from the thyroid gland 99.96% is bound to proteins like tbg, prealbumin and albumin. the bound hormone is termed as total T4. the blood levels of T4 are low in hypothyrodism and high in hyperthyrodism.

SERUM TSH	**9.59**	uIU/ml	0.35 - 5.50

TSH is produced by the anterior pituitary gland and stimulate the secretion of T3 and T4. measurement of tsh is used in the diagnosis of primary hypothroidism when there is thyroid gland failure due to intrinsic disease. tsh levels are raised in primary hypothroidism and are low in hyperthyroidism and secondary hypothyroidism .

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