

Patient: **PADALA, VAMSI PRIYA**Lab No: **25-221456103**

Patient ID:

Powered By 

Age: 26 years Sex: F

Date of Birth: May 01 1998

PHN: **9691325315** BC

Patient's Phone: (672)338-4778

Collected on: Mar 31 2025 10:39

Reported on: Apr 01 2025 16:10

Reported by: LifeLabs

Telephone: 604-431-7206
Toll Free: 1-800-431-7206
Fax: 604-412-4445

Ordered by: WONG Dr. MICHELLE

Reported to: POUR Dr. ALIREZA, WONG Dr. MICHELLE

Printed on: 2025-07-15 10:32

Page1 of 3

Test	Flag	Result	Reference Range - Units
------	------	--------	-------------------------

Hematology

WBC		5.3	4.0-10.0	10 ⁹ /L
RBC		4.80	3.50-5.00	10 ¹² /L
Hemoglobin		137	115-155	g/L
Hematocrit		0.41	0.35-0.45	L/L
MCV		85	82-98	fl
MCH		28.5	27.5-33.5	pg
MCHC		335	300-370	g/L
RDW		11.7	11.5-14.5	%
Platelet Count		179	150-400	10 ⁹ /L

Differential

Neutrophils		2.8	2.0-7.5	10 ⁹ /L
Lymphocytes		1.9	1.0-4.0	10 ⁹ /L
Monocytes		0.5	0.1-0.8	10 ⁹ /L
Eosinophils		0.1	0.0-0.7	10 ⁹ /L
Basophils		0.0	0.0-0.2	10 ⁹ /L
Granulocytes Immature		0.0	0.0-0.1	10 ⁹ /L

Biochemical Investigation of Anemias and Iron Overload

Iron		17.1	10.6-33.8	umol/L
Transferrin		3.01	2.00-4.00	g/L
Iron Saturation		0.23	0.13-0.45	

The reference interval has changed at the higher end as 45% or 0.45 TSAT is suggestive of iron overload.

Ferritin		24	15-247	ug/L
----------	--	----	--------	------

Adults >18 y:
<15 ug/L: diagnostic of iron deficiency
15-30 ug/L: probable iron deficiency
>30 ug/L: iron deficiency unlikely
>100 ug/L: normal iron stores
=>600 ug/L: consider test for iron overload

See BC guideline for Iron Deficiency
Diagnosis and Management, 2019

Urinalysis**Urine Microscopic**

RBC		1-2	0-2	/HPF
WBC		Neg	0-5	/HPF
Squamous Epithelial Cells		1-5		/HPF
Non Squamous Epithelial Cells		Neg	0-5	/HPF
Pathologic Casts		Neg	Negative	/HPF
Crystals		Neg		/HPF

FINAL RESULTS

This report contains confidential information intended for view by authorized person(s) only, and should be shredded before discarding.

Note to physicians: This report has been printed by the patient - the contents should be confirmed by accessing Excelleris or source laboratory reports.

Note to patients: Please contact your physician if you have any questions regarding the results on this report.

Patient: **PADALA, VAMSI PRIYA**Lab No: **25-221456103**

Patient ID:

Powered By 

Age: 26 years Sex: F

Date of Birth: May 01 1998

PHN: **9691325315** BC

Patient's Phone: (672)338-4778

Collected on: Mar 31 2025 10:39

Reported on: Apr 01 2025 16:10

Reported by: LifeLabs

Telephone: 604-431-7206
Toll Free: 1-800-431-7206
Fax: 604-412-4445

Ordered by: WONG Dr. MICHELLE

Reported to: POUR Dr. ALIREZA, WONG Dr. MICHELLE

Printed on: 2025-07-15 10:32

Page2 of 3

Test	Flag	Result	Reference Range - Units
------	------	--------	-------------------------

General Chemistry**Hemoglobin A1C**

Hemoglobin A1C	4.8	4.5-5.9	%
Therapeutic target for most adults with type 1 or type 2 diabetes is <=7.0%. In the frail elderly and patients who are prone to hypoglycemia, target is <=8.5%. A1c >=6.5% meets the criterion for type 2 diabetes mellitus in adults. See 2018 Diabetes Canada guidelines.			

Sodium	139	135-145	mmol/L
Potassium	4.3	3.5-5.0	mmol/L
Chloride	107	102-113	mmol/L
Carbon Dioxide	27	20-30	mmol/L
Creatinine	46	45-90	umol/L
Estimated GFR	>120	>=60	

Units for eGFR are mL/min/1.73sq.m
Kidney function estimate based on assumption of a stable serum creatinine concentration: diet, drugs, pregnancy, clinical state and muscle mass can affect accuracy of the estimate. Urinary ACR may assist interpretation.
See <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/chronic-kidney-disease>

Calcium	2.37	2.10-2.60	mmol/L
Phosphate	1.4	0.8-1.5	mmol/L
Urate	343	140-360	umol/L
Albumin	47	35-50	g/L
Alkaline Phosphatase	61	35-120	U/L

Random Urine Chemistry**Urine Creatinine**

Urine Creatinine	3.0		mmol/L
No reference range has been established for this test.			

Urine (Micro)albumin

ACR (Microalbumin/Creatinine Ratio)	A	19.3	<2.8	mg/mmol
Note: Reference interval for albumin/creatinine ratio as per BCMA/MSD guidelines. Microalbuminuria: Equivocal: 2.8-28.0 mg/mmol Abnormal: >28.0 mg/mmol				

FINAL RESULTS

This report contains confidential information intended for view by authorized person(s) only, and should be shredded before discarding.

Note to physicians: This report has been printed by the patient - the contents should be confirmed by accessing Excelleris or source laboratory reports.

Note to patients: Please contact your physician if you have any questions regarding the results on this report.

Patient: **PADALA, VAMSI PRIYA**Lab No: **25-221456103**

Patient ID:



Age: 26 years Sex: F

Date of Birth: May 01 1998

PHN: **9691325315** BC

Patient's Phone: (672)338-4778

Collected on: Mar 31 2025 10:39

Reported on: Apr 01 2025 16:10

Reported by: LifeLabs

Telephone: 604-431-7206
Toll Free: 1-800-431-7206
Fax: 604-412-4445

Ordered by: WONG Dr. MICHELLE

Reported to: POUR Dr. ALIREZA, WONG Dr. MICHELLE

Printed on: 2025-07-15 10:32

Page 3 of 3

Test	Flag	Result	Reference Range - Units
------	------	--------	-------------------------

Serum Proteins**Protein Electrophoresis**

Total Protein	75	60-80	g/L
---------------	----	-------	-----

Protein Electrophoresis

Albumin	44.1	35.0-50.0	g/L
Alpha 1 Globulin	2.9	2.0-4.0	g/L
Alpha 2 Globulin	6.4	5.0-9.0	g/L
Beta 1 Globulin	4.7	3.0-6.0	g/L
Beta 2 Globulin	3.8	2.0-5.0	g/L
Gamma Globulin	13.2	7.0-14.0	g/L
Pattern	Normal pattern: no discrete monoclonal bands are detected. Interpreted by Jan Palaty PhD FCACB		

Immunology**Nuclear Ab**ANA not performed
Test cancelled according to MSP protocol.**Bone Markers**

Parathyroid Hormone Intact	3.3	<7.0	pmol/L
----------------------------	-----	------	--------

Virology**Hepatitis Serology**

Hep B Core Antibody (HBcAb)	Non-Reactive No Evidence of current or remote HBV infection.		
Hep B Surface Antigen(HBsAg)	Non-Reactive Initially non-reactive. No confirmatory neutralization assay required. No evidence of active Hepatitis B infection.		
Hep B Surface Antibody (HBsAb)	196		IU/L
	An HBsAb level of at least 10 IU/L is consistent with immunity to HBV if HBsAg is non-reactive. Patients with lower levels are also considered immune if they previously had a protective HBsAb level.		

Referred Tests**Hep C Ab**Hepatitis C
Sent to BCCDC PHL for testing. For further information on testing or consultation see <http://www.elabhandbook.info/phsa/>**FINAL RESULTS**

This report contains confidential information intended for view by authorized person(s) only, and should be shredded before discarding.

Note to physicians: This report has been printed by the patient - the contents should be confirmed by accessing Excelleris or source laboratory reports.

Note to patients: Please contact your physician if you have any questions regarding the results on this report.