

Combined Health Report

Field: some_field

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Name : Mr. DUMMY

Lab No. : WM17SPF Age : 25 Years

Ref By : SELF Gender : Male

Collected : 7/11/2023 11:08:00AM Reported : 17/1/2024 10:55:48AM

A/c Status : P Report Status : Revised

Collected at : L P L-ROHINI (NATIONAL REFERENCE LAB) Processed at : L P L-NATIONAL
REFERENCE LAB

National Reference laboratory, Block E, Sector National Reference laboratory, Block E,
18, ROHINI Sector 18, Rohini, New Delhi -110085

DELHI 110085

Test Report

Test Name Results Units Bio. Ref. Interval

SWASTHFIT SUPER 4

LIVER & KIDNEY PANEL, SERUM

Creatinine 1.00 mg/dL 0.70 - 1.30

(Modified Jaffe,Kinetic)

GFR Estimated 107 mL/min/1.73m2 >59

(CKD EPI Equation 2021)

GFR Category G1

(KDIGO Guideline 2012)

Urea 40.00 mg/dL 13.00 - 43.00

(Urease UV)

Urea Nitrogen Blood 18.68 mg/dL 6.00 - 20.00

(Calculated)

BUN/Creatinine Ratio 19

(Calculated)

Uric Acid 7.00 mg/dL 3.50 - 7.20

(Uricase)

AST (SGOT) 30.0 U/L 15.00 - 40.00

(IFCC without P5P)

ALT (SGPT) 40.0 U/L 10.00 - 49.00

(IFCC without P5P)

GGTP 50.0 U/L 0 - 73

(IFCC)

Alkaline Phosphatase (ALP) 100.00 U/L 30.00 - 120.00

(IFCC-AMP)

Bilirubin Total 1.00 mg/dL 0.30 - 1.20

(Oxidation)

Bilirubin Direct 0.20 mg/dL <0.3

(Oxidation)

Bilirubin Indirect 0.80 mg/dL <1.10

(Calculated)

Total Protein 8.00 g/dL 5.70 - 8.20

(Biuret)

Albumin 4.00 g/dL 3.20 - 4.80

(BCG)

A : G Ratio 1.00 0.90 - 2.00

(Calculated)

Globulin(Calculated) 4.00 gm/dL 2.0 - 3.5

Calcium, Total 9.00 mg/dL 8.70 - 10.40

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(Arsenazo III)

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Phosphorus 4.00 mg/dL 2.40 - 5.10

(Molybdate UV)

Sodium 140.00 mEq/L 136.00 - 145.00

(Indirect ISE)

Potassium 4.00 mEq/L 3.50 - 5.10

(Indirect ISE)

Chloride 100.00 mEq/L 98.00 - 107.00

(Indirect ISE)

LIPID SCREEN, SERUM

Cholesterol, Total 100.00 mg/dL <200.00

(CHO-POD)

Triglycerides 100.00 mg/dL <150.00

(GPO-POD)

HDL Cholesterol 30.00 mg/dL >40.00

(Enz Immunoinhibition)

LDL Cholesterol, Calculated 50.00 mg/dL <100.00

(Calculated)

VLDL Cholesterol, Calculated 20.00 mg/dL <30.00

(Calculated)

Non-HDL Cholesterol 70 mg/dL <130

(Calculated)

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. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement.

Treatment Goals as per Lipid Association of India 2020

RISK TREATMENT GOAL CONSIDER THERAPY				
CATEGORY ----- -----				
LDL CHOLESTEROL NON HDL CHLOESTEROL LDL CHOLESTEROL NON HDL CHLOESTEROL				
(LDL-C)(mg/dL) (NON HDL-C) (mg/dL) (LDL-C)(mg/dL) (NON HDL-C) (mg/dL)				
----- ----- ----- ----- -----				
Extreme <50 <80				
Risk Group (Optional goal 30) (Optional goal 60) 50 80				
Category A				

|-----|-----|-----|-----|-----|

| Extreme | | | |

| Risk Group | 30 | 60 | >30 | >60 |

| Category A | | | |

|-----|-----|-----|-----|-----|

| Very | <50 | <80 | 50 | 80 |

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| High | | | |

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|-----|-----|-----|-----|-----|

| High | <70 | <100 | 70 | 100 |

|-----|-----|-----|-----|-----|

| Moderate | <100 | <130 | 100 | 130 |

|-----|-----|-----|-----|-----|

| Low | <100 | <130 | 130* | 160* |

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

GLUCOSE, FASTING (F)

Glucose Fasting 80.00 mg/dL 70 - 100

(Hexokinase)

VITAMIN B12; CYANOCOBALAMIN

(CLIA)

Vitamin B12; Cyanocobalamin 400.00 pg/mL 211.00 - 911.00

VITAMIN D, 25 - HYDROXY, SERUM

(CLIA)

Vitamin D, 25 Hydroxy 150.00 nmol/L 75.00 - 250.00

Interpretation

| LEVEL | REFERENCE RANGE IN nmol/L | COMMENTS |

|-----|-----|-----|

| Deficient | < 50 | High risk for developing bone disease |

|-----|-----|-----|

| Insufficient | 50-74 | Vitamin D concentration which normalizes |

| | | Parathyroid hormone concentration |

|-----|-----|-----|

| Sufficient | 75-250 | Optimal concentration for maximal health benefit|

|-----|-----|-----|

| Potential | >250 | High risk for toxic effects |

| intoxication | | |

Note

- The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D.
- 25 (OH)D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.
- Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L.
- It shows seasonal variation, with values being 40-50% lower in winter than in summer.

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- Levels vary with age and are increased in pregnancy.
- A new test Vitamin D, Ultrasensitive by LC-MS/MS is also available

THYROID PROFILE,TOTAL, SERUM

(CLIA)

T3, Total 1.00 ng/mL 0.60 - 1.81

T4, Total 7.00 µg/dL 5.01 - 12.45

TSH 3.00 µIU/mL 0.550 - 4.780

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. 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 measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

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HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD

(HPLC, NGSP certified)

HbA1c 10.0 % 4.00 - 5.60

Estimated average glucose (eAG) 240 mg/dL

Interpretation

HbA1c result is suggestive of Diabetes/ Higher than glycemic goal in a known Diabetic patient.

Please note, Glycemic goal should be individualized based on duration of diabetes, age/life expectancy,

comorbid conditions, known CVD or advanced microvascular complications, hypoglycaemia unawareness,

and individual patient considerations

Interpretation as per American Diabetes Association (ADA) Guidelines

| Reference Group | Non diabetic | At risk | Diagnosing | Therapeutic goals |

| | adults >=18 years | (Prediabetes) | Diabetes | for glycemic control |

| -----|-----|-----|-----|-----|

| HbA1c in % | 4.0-5.6 | 5.7-6.4 | >= 6.5 | <7.0 |

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered,

particularly when the HbA1C result does not correlate with the patients blood glucose levels.

| FACTORS THAT INTERFERE WITH HbA1C | FACTORS THAT AFFECT INTERPRETATION |

| MEASUREMENT | OF HBA1C RESULTS |

|-----|-----|

| Hemoglobin variants,elevated fetal | Any condition that shortens erythrocyte |

| hemoglobin (HbF) and chemically | survival or decreases mean erythrocyte |

modified derivatives of hemoglobin	age (e.g.,recovery from acute blood loss,
(e.g. carbamylated Hb in patients	hemolytic anemia, HbSS, HbCC, and HbSC)
with renal failure) can affect the	will falsely lower HbA1c test results
accuracy of HbA1c measurements	regardless of the assay method used.Iron
	deficiency anemia is associated with
	higher HbA1c

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COMPLETE BLOOD COUNT; CBC

Hemoglobin 15.00 g/dL 13.00 - 17.00

(Photometry)

Packed Cell Volume (PCV) 45.00 % 40.00 - 50.00

(Calculated)

RBC Count 5.00 mill/mm³ 4.50 - 5.50

(Electrical Impedence)

MCV 100.00 fL 83.00 - 101.00

(Electrical Impedence)

MCH 30.00 pg 27.00 - 32.00

(Calculated)

MCHC 33.00 g/dL 31.50 - 34.50

(Calculated)

Red Cell Distribution Width (RDW) 12.00 % 11.60 - 14.00

(Electrical Impedence)

Total Leukocyte Count (TLC) 5.00 thou/mm³ 4.00 - 10.00

(Electrical Impedence)

Differential Leucocyte Count (DLC)

(VCS Technology)

Segmented Neutrophils 50.00 % 40.00 - 80.00

Lymphocytes 40.00 % 20.00 - 40.00

Monocytes 5.00 % 2.00 - 10.00

Eosinophils 4.00 % 1.00 - 6.00

Basophils 1.00 % <2.00

Absolute Leucocyte Count

(Calculated)

Neutrophils 2.50 thou/mm³ 2.00 - 7.00

Lymphocytes 2.00 thou/mm³ 1.00 - 3.00

Monocytes 0.25 thou/mm³ 0.20 - 1.00

Eosinophils 0.20 thou/mm³ 0.02 - 0.50

Basophils 0.05 thou/mm³ 0.02 - 0.10

Platelet Count 151 thou/mm³ 150.00 - 410.00

(Electrical impedance)

Mean Platelet Volume 6.5 fL 6.5 - 12.0

(Electrical Impedance)

Note

1. As per the recommendation of International cou*nciWI foMr S1ta7ndaSrdPizaFtio*n in Hematology, the differential

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leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume
of

blood

2. Test conducted on EDTA whole blood

Dr Ajay Gupta Dr Gurleen Oberoi Dr Himangshu Mazumdar Dr Jatin Munjal

MD, Pathology DM(Hematopathology), MD, Biochemistry MD,Pathology

Technical Director - Hematology & MD,DNB,MNAMS Sr. Consultant Biochemist C o n s u l t a n t

Pathologist

Immunology Senior Consultant and Lead- NRL - Dr Lal PathLabs Ltd Dr Lal PathLabs Ltd

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MD, Biochemistry MD, Biochemistry MD, Pathology MD, Pathology

Consultant Biochemist T e c h n ical Director - Clinical Chemistry Consultant Pathologist Sr.

Consultant Pathologist -

NRL - Dr Lal PathLabs Ltd & Biochemical Genetics Dr Lal PathLabs Ltd Hematology & Immunology

NRL - Dr Lal PathLabs Ltd NRL - Dr Lal PathLabs Ltd

This is a revised report & supersedes all the previously issued reports

AHEEEHAPMCIOAAMGABHMKINKAHPEFLFCNKKOAFPCJGCJOPAHEEEHA

BNFFFNBP AOFOFGEOACFDEDFHAHFHACEHMGIOEOJPMDAPNPBNFFFNBN

GPFAACFPJNFNMACOFODKIGJOGABFDCIGKFPCBNFBOKKKMLECFGHOL

CJPHPNFBFNNAMGCGEAKLJLPGMPHELLIIKNGOFNMFOMCHFKNAFGFCG

OCPAHJFPNIBLHBDGKFCIMCGHDCJKAOCNIBKOIKEDGHKFPGKPCH

HGNCLKFMEIMKBPEBALFCKKEGBGDDKECNOONFCCGJMLAAEMFEBIPKO

ICMCAHFHAFIKOJLMNCIPCKLIAHFHAKBEMLNCAKFFOKKFAHFHAKHHK

FGKPCDFGABGGDAGDHAPAHJPCGFEBFLBJPCECBNFFOBDGCCCCFBHDDL

CFAGDIFKGPJLKMLNAMKAFPPDFEFFPHCDKKNKBMMBKNCIBACDIFHOC

MJDBGAFJKBKKNKMPBALJCFLDIPLCFHKHPFHNBDGPJNDPKBOIIEHCP

FMKBNJFMBIEAOIHLOIGDJEOKPLIFFNLHKFN CBIMNNKDOLFGIKKNNL

MNNFNNEHCEIPKKEAEMGAOKIDAHFHAFKHMKFGHLNPONKIAHFHACPPL

APBBBPAPBALONHHCOOIJFIELBCHDACAJOGMIBNNBOLCBCHHCFABAJ

HHHHHHHPHPHHHPHHPHPHPHPHHHPHPHHHPHPHPHPHPHPHPHPHPHPHP

IMPORTANT INSTRUCTIONS

Test results released pertain to the specimen submitted.All test results are dependent on the quality

of the sample received by the Laboratory.

Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. Report

delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. Certain tests may require further testing at additional cost

for derivation of exact value. Kindly submit request within 72 hours post reporting. Test results may show interlaboratory variations. The

Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). Test results are not valid

for medico legal purposes. This is computer generated medical diagnostic report that has been validated by Authorized Medical

Practitioner/Doctor. The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

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National Reference lab, Delhi, a CAP (7171001) Accredited, ISO 9*001W:201M5 (F1S67041S1) &P ISO 27*001:2013 (616691) Certified laboratory.