

Patient Name : **SUNNY SAVITA_101563047**

Age / Sex : 28 years / Male

Ref. Doctor : SELF

Client Name : PWC BLR CAMP

Sample ID : 7831821



Patient ID / Billing ID : 507488 / 555264

Specimen Collected by: PWC BLR CAMP

Sample Receiving
Time : 23 Sep, 2024, 08:00 p.m.

Registration On : 23 Sep, 2024, 10:07 p.m.

Reported On : 24 Sep, 2024, 01:57 a.m.

HAEMATOLOGY

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
COMPLETE BLOOD COUNT - CBC				
Haemoglobin	15.4	gm/dl	13.0 - 17.0	Cyanide Free Method
Total WBC Count	9.69	10 ³ / uL	4.0 - 10.0	Elec. Impedance & Microscopy
RBC Count	4.92	10 ⁶ / uL	4.5 - 5.5	Elec. Impedance
Haematocrit/Packed Cell Volume	46.8	%	40 - 50	Calculated
MCV	95.1	fL	83 - 101	Derived from impedance variation
MCH	31.3	pg	27 - 32	Calculation
MCHC	32.9	gm/dl	31.5 - 34.5	Calculation
P-LCR	34.3	%	18.0 - 50.0	
RDW-SD	40.6	fL	36 - 56	AT-Cell Counter
RDW-CV	13.1	%	11.5 - 14.5	
Platelet Crit (PCT)	0.33	%	0.15 - 0.62	Calculated
MPV	10.1	fL	7.4 - 10.4	AT-Cell Counter
PDW	17	um ³	11.0 - 22.0	
Platelet Count	323	10 ³ / uL	150 - 410	Elec. Impedance / Microscopy

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DIFFERENTIAL COUNT

Neutrophils	59.4	%	40 - 80	Flow Cytometry / Microscopy
Lymphocytes	30	%	20 - 40	Flow Cytometry / Microscopy
Monocytes	7.2	%	2 - 10	Flow Cytometry / Microscopy
Eosinophil	2.8	%	1 - 6	Flow Cytometry / Microscopy
Basophils	0.6	%	0 - 1	Flow Cytometry / Microscopy
Absolute Neutrophils Count	5.77	$10^3/uL$	1.5 - 8	Calculated
Absolute Lymphocyte Count	2.9	$10^3/uL$	1.5 - 8	Calculated
Absolute Eosinophil Count	0.27	$10^3/uL$	0.04 - 0.4	Calculated
Absolute Basophils Count	0.05	$10^3/uL$	0 - 0.2	Calculated
Absolute Monocyte Count	0.7	$10^3/uL$	0.2 - 1.0	Calculated

Remarks**Outside samples to be correlated with other clinical findings.****Comments :** Kindly Correlate Clinically.****END OF REPORT****Dr. Priyanka Somwanshi
Pathologist MBBS, MD#360, Sri Sai Padma Arcade, 2nd Floor,
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Time : 23 Sep, 2024, 08:00 p.m.

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Reported On : 24 Sep, 2024, 05:41 a.m.

BIOCHEMISTRY

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
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GLYCOSYLATED HEMOGLOBIN - HBA1C

HbA1c - HPLC Method	5.5	%	Below 6.0% - Normal Value 6.0% - 7.0% - Good Control 7.0% - 8.0% - Fair Control 8.0% - 10% - Unsatisfactory Control Above 10% - Poor Control	
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AVERAGE BLOOD GLUCOSE 111.15 mg/dl
(ABG)**Technology** CALCULATED**Method :** Derived from HBA1c values**Comments :** Please correlate with clinical conditions.

END OF REPORT

Dr. Priyanka Somwanshi
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Sample Receiving
Time : 23 Sep, 2024, 08:00 p.m.

Registration On : 23 Sep, 2024, 10:07 p.m.

Reported On : 24 Sep, 2024, 07:22 a.m.

BIOCHEMISTRY

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
<u>LIVER FUNCTION TEST</u>				
Bilirubin Total	0.55	mg/dL	0.3 - 1.2	Diazo Salt Method
Bilirubin Direct	0.16	mg/dL	0.0 - 0.2	Diazo Salt Method
Bilirubin Indirect	0.39	mg/dL	0.3 - 1.0	Calculated
SGOT (AST)	103.0	U/L	13 - 30	IFCC
SGPT (ALT)	98.7	U/L	10 - 35	IFCC with P5P
SGOT/SGPT Ratio	1.04	%	<2.0	Calculated
Alkaline Phosphatase	111.0	U/L	43 - 115	IFCC / pNPP
Protein Total	7.75	g/dL	6.0 - 8.2	Biuret Method
Albumin	5.1	g/dL	4.0 - 5.0	Bromo-Cresol Green
Globulin	2.65	g/dL	2.0 - 4.1	Calculated
A/G Ratio	1.92		1.0 - 2.1	Calculated
GGTP - Gamma GT	69.0	U/L	10 - 47	IFCC Reference Method

Comments : Outside samples to be correlated with other clinical findings

END OF REPORT

Dr. Priyanka Somwanshi
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BIOCHEMISTRY

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
<u>LIPID PROFILE</u>				
Total Cholesterol	267	mg/dl	Desirable : < 200 Borderline High : 200 - 239 High : > 240	CHOD - PAP
Triglycerides	291	mg/dl	Normal : < 150 Borderline High : 151 - 199 High : ≥ 200	GK / GPO / POD
HDL Cholesterol	50.7	mg/dl	< 35 Low ≥ 60 High	CHOD - PAP
Non HDL Cholesterol	216.30	mg/dl	Desirable : < 130 Boderline high : 130 - 159 High : ≥ 160	Calculated
LDL Cholesterol	158.10	mg/dL	Desirable : < 130 Boderline high : 130 - 159 High : ≥ 160	Calculated
VLDL Cholesterol	58.20	mg/dl	Below 30	Calculated
CHOL/HDL Ratio	5.27		Desirable/Low Risk : 3.3 - 4.4 Borderline/Middle Risk : 4.5 - 7.1 Elevated/High Risk : 7.2 - 11.0	Calculated
Cholesterol LDL/HDL Ratio	3.12		Desirable/Low Risk : 0.5 - 3.0 Borderline/Middle Risk : 3.1 - 6.0 Elevated/High Risk : >6.1	
HDL / LDL Cholesterol Ratio	0.32	Ratio	>0.40	Calculated
Comments :	Comments : Outside samples to be correlated with other clinical findings			

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NABL ACCREDITED
MC- 6384

Patient ID / Billing ID : 507488 / 555264

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Sample Receiving
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Registration On : 23 Sep, 2024, 10:07 p.m.

Reported On : 24 Sep, 2024, 07:10 a.m.

END OF REPORT

Dr. Priyanka Somwanshi
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BIOCHEMISTRY

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
KIDNEY BASIC SCREEN - KFT				
Serum Urea	17.3	mg/dl	16.6 - 45.5	Glutamate Dehydrogenase
BUN	8.08	mg/dl	6 - 20	Calculated
Serum Creatinine	0.82	mg/dl	0.60 - 1.10	ESPMT
Serum Uric acid	6.63	mg/dl	4.0 - 7.0	Uricase Peroxidase
BUN / Creatinine Ratio	9.85		12 - 20	Calculated
Urea / Creatinine Ratio	21.10		34-110	
eGFR	139.48			

Comments : Outside samples to be correlated with other clinical findings

END OF REPORT

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BIOCHEMISTRY

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
<u>CALCIUM - SERUM</u>				
Calcium Total (Serum)	9.4	mg/dl	8.8 - 10.6	Colorimetric - Arsenazo Method

Method :Colorimetric - Arsenazo Method

END OF REPORT

Dr. Priyanka Somwanshi
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Reported On : 24 Sep, 2024, 08:20 a.m.

IMMUNOLOGY

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
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THYROID PROFILE : T3,T4,TSH

TOTAL TRIIODOTHYRONINE (T3)	116	ng/dL	76.3 - 220.8	CLIA
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TOTAL THYROXINE (T4)	7.38	µg/dL	4.5 - 12	CLIA
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THYROID STIMULATING HORMONE (TSH)	1.58	µIU/mL	0.3 - 5.5	CLIA
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Method : CLIA

Note : Serum Tri-iodo-thyronine (T3), Thyroxine (T4) and Thyroid stimulating hormone (TSH) form the three components of thyroid screening panel, useful in diagnosing various disorders of the thyroid gland. Primary Hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels. Although elevated TSH levels are nearly always indicative of Primary Hypothyroidism, rarely they can from TSH secreting pituitary tumors (Secondary hyperthyroidism) To confirm diagnosis - evaluate FT3 and FT4.

PREGNANCY	TSH REFERENCE RANGE (uIU/ml)
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.00
3rd Trimester	0.300 - 3.00

Comments : IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION**Outside samples to be correlated with other clinical findings**#360, Sri Sai Padma Arcade, 2nd Floor,
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Reported On : 24 Sep, 2024, 08:20 a.m.

END OF REPORT

Dr. Priyanka Somwanshi
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IMMUNOLOGY

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
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VITAMIN D 25 (OH)

Vitamin D Total-25 Hydroxy (Serum)	14.4	ng/mL	Deficiency < 20 Insufficiency : 20 - 30 Sufficiency : 30 - 100 Toxicity > 150	CLIA
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Interpretation:

Vitamin D deficiency can result from inadequate exposure to the sun, inadequate alimentary intake, decreased absorption, abnormal metabolism, or vitamin D resistance. Recently, many chronic diseases such as cancer, high blood pressure, osteoporosis, and several autoimmune diseases have been linked to vitamin D deficiency. Vitamin D toxicity is known but very rare.

Remark :

Vitamin D is essential for the formation and maintenance of strong, healthy bones.

Comments: Kindly Correlate Clinically.****END OF REPORT****Dr. Priyanka Somwanshi
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IMMUNOLOGY

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
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VITAMIN - B12

VITAMIN B-12	270	pg/mL	Normal :187-833.3pg/mL	CLIA
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Clinical significance :

- Vitamin B 12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination and affective behavioral changes.
- Many patients have the neurologic defects without macrocytic anemia. Serum methylmalonic acid (MMA) and homocysteine levels are also elevated in Vit B 12 deficiency states.
- For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Limitations:

- Specimen collection soon after blood transfusion can falsely increase Vit B12 levels.
- Patient taking Vit B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of Vit B12. The most sensitive test at the cellular level is the assay for MMA.
- If Clinical symptoms suggest deficiency, measurement of MMA and Homocysteine should be considered, even if serum B12 concentrations are normal.

Comments: Please correlate with clinical conditions.****END OF REPORT****Dr. Priyanka Somwanshi
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BIOCHEMISTRY

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
HIGH SENSITIVE CRP (HSCRP)				
High Sensitive CRP (hsCRP)	1.55	mg/L	Low Risk : < 1.0 mg/L Average Risk : 1.0 - 3.0 mg/L High Risk : > 3.0 mg/L	Latex Particle immunoturbidimetric

Comments : **Please correlate with clinical conditions.******END OF REPORT****Dr. Priyanka Somwanshi
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BIOCHEMISTRY

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
<u>PHOSPHORUS</u>				
Phosphorus	3.19	mg/dL	2.5 - 4.5	Photometric UV Method

END OF REPORT

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HAEMATOLOGY

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
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CAMP REPORT VITAL

Blood Pressure (mmHg)	139/98			
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