



Patient Detail Shumaila Tahir

Note:

Age/Sex: Registration Date: 50 (Y) / F

Lahore: Johar Town 24G-1 Market

03-Jun-2023 21:20

Reference Patient Number:

Blue Card - Diabetes Care Pro 44201-23-12047567

Consultant: Case Number: 44263-03-06



Department of Virology

Serum HBsAg

Non-Reactive

Cutoff

Reporting Time: 04-Jun-2023 02:52

1.00

Patient

0.36

Non Reactive < 1.0 | Reactive ≥ 1.0

Interpretation:

- 1)It can be detected in high levels in serum during acute or chronic hepatitis B virus (HBV) infection.
- 2)A reactive HBsAg test indicates that the person is infectious.
- 3)A non-reactive HBsAg test indicates that the person is not infectious.
- 4)In patients who subsequently recover, HBsAg usually becomes undetectable after four to six months.
- 5)Persistence of HBsAg for more than six months implies chronic infection.
- 6)HBsAg is the antigen used to make hepatitis B vaccine. So, it can also be reactive for a few days after Hepatitis B vaccination.

Methodology: HBsAg test performed on fully automated Chemiluminescence Immunoassay Analyzer (Abbott- Alinity i) using FDA Authorized reagent Kits.

References: Centers for Disease Control

Serum Anti-HCV

Non-Reactive

1.00

Patient

0.09

Electronically verified report. No signature required. Lab reports should be interpreted by a physician in correlation with clinical and radiologic findings

Non Reactive < 1.0 | Reactive ≥ 1.0

Interpretation:

- 1)Anti-HCV is a screening test for hepatitis C which detects antibodies to Hepatitis C virus Infection.
- 2) A reactive Anti-HCV test indicates that the patient has chronic HCV infection.
- 3) A reactive Anti-HCV test should be followed by HCV RNA testing by PCR.
- 4)A non-reactive Anti-HCV test indicates that the patient does not have chronic HCV infection and does not warrant further evaluation.
- 5)False-negative Anti-HCV test (non-reactive) can be seen in patients with severely immunocompromising conditions, on hemodialysis, or with suspected acute hepatitis C infection.

Methodology: Anti-HCV test performed on fully automated Chemiluminescence Immunoassay Analyzer (Abbott- Alinity i) using FDA Authorized reagent Kits.

References: Centers for Disease Control

Dr. Hajra Farooq

Prof. Waheed uz Zaman Tariq

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COLLEGE of AMERICAN PATHOLOGISTS

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Reporting Time: 04-Jun-2023 03:08



Department of Hematology

Blood C/E (Complete, CBC)

Test	Reference Value	Unit	44263-03-06 03-Jun-2023 21:20
Hb	11.5 - 16	g/dl	13.6
Total RBC	4 - 6	x10^12/l	4.5
нст	36 - 46	%	43
MCV	75 - 95	fl	94
МСН	26 - 32	pg	30
МСНС	30 - 35	g/dl	32
RDW CV %	11.5 - 14.5	%	14.7
Platelet Count	150 - 400	x10^9/l	181
MPV fl	7 - 11	fl	13.7
WBC Count (TLC)	4 - 11	x10^9/l	6.1
Neutrophils	40.0 - 75.0	%	52.9
Lymphocytes	20.0 - 50.0	%	33.5
Monocytes	2.0 - 10.0	%	8.0
Eosinophils	1.0 - 6.0	%	4.7
Basophils	Less Than 1.0	%	0.9
Abs. Neutrophils	2.00 - 7.00	x10^9/l	3.21
Abs. Lymphocytes	1.00 - 3.00	x10^9/l	2.02
Abs. Monocytes	0.20 - 1.00	x10^9/l	0.49
Abs. Eosinophils	0.02 - 0.50	x10^9/l	0.28
Abs. Basophils	0.02 - 0.10	x10^9/l	0.08

Dr. Mavra Fatima

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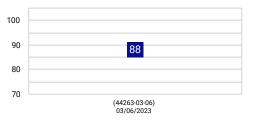
44263-03-06



Department of Chemical Pathology

Plasma Glucose (Random)

A blood sample can be taken at any time of the day and do not require fasting. High blood glucose level can be found in people with diabetes, critical medical conditions, as well as pregnant women with gestational diabetes. Low blood glucose level commonly affects people with diabetes, rarely it can also occur as a result of other underlying conditions.



Normal

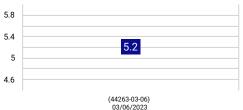
■ Low (<70) ■ Normal (70 - 200)

Reporting Time: 04-Jun-2023 01:41

■ High (>200)

Note: Change in reference range is effective from 15 June 2022

Glycosylated Hemoglobin (HbA1C)



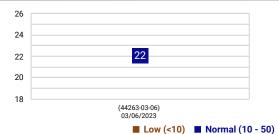
Normal

■ Normal (<5.7 %) ■ Pre-Diabetes (=5.7 - 6.4 %) ■ Diabetes (>6.4 %)

Interpretation: According to guidelines of the American Diabetes Association (ADA) patients already diagnosed with Diabetes Mellitus should monitor HbA1c level as an indicator of glycemic control over the previous 2-3 months time. The optimum HbA1c level is based on the health status of the individual. In conditions associated with an altered relationship between AIC & glycemia, such as hemoglobinopathies including sickle cell discease, pregnancy (second, third trimesters & the postpartum period), glucose-6-phosphate dehydrogenase deficiency, HIV, hemodialysis, recent blood lossor transfusion or erthropoietin therapy, only plasma blood

glucose criteria should be used to diagnose diabetes. Renal Function Tests

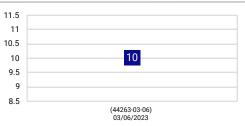
Serum Urea



:lectronically verified report. No signature required. Lab reports should be interpreted by a physician in correlation with clinical and radiologic findings

Normal

Serum BUN



Normal

■ Low (<8) ■ Normal (8 - 22) ■ High (>22)

Dr. Hijab Batool

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50 (Y) / F 03-Jun-2023 21:20 Reference: Patient Number:

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Serum Creatinine



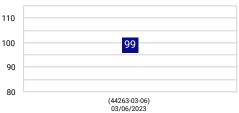
0.74 **Normal**

(44263-03-06) 03/06/2023

■ Low (<0.55) ■ Normal (0.55 - 1.02) ■ High (>1.02)

Note: Change in reference values is effective from 7 June 2022.

eGFR



Normal

■ Low (<60) ■ Normal (>60)

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Dr. M. Dilawar Khan





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Note:

Department Of Microbiology Urine Examination

04-Jun-2023 07:25 Reporting Time:

	LVOR	INATIAN
Physical	LEXALL	
1 117010a		

Colour: **Turbidity/Deposit:** Nil Yellow

Chemical Examination

Parameter Name	Result	Reference Value	Parameter Name	Result	Reference Value
SP Gravity	1.020	1.005-1.030	Sugar	Nil	Nil
pH	5.5	5.0-8.0	Ketones	Nil	Nil
Leukocyte Estrases	Nil	Nil	Urobilinogen	Normal	Normal
Nitrite	Negative	Negative	Bilirubin	Nil	Nil
Proteins	Nil	Nil	Heamoglobin	Nil	Nil

Microscopic Examination

Parameter Name	Result	Reference Value	Unit	Parameter Name	Result	Reference Value	Unit
Pus Cells	0-5	0-5	/HPF	Organisms	Nil	Nil	/HPF
Red Blood Cell	0-2	0-5	/HPF	Yeast Cells	Nil	Nil	/HPF
Epithelial Cells	0-2	0-5	/HPF	Dead Sperms	Nil	Nil	/HPF
Amorphous	Nil	Nil	/HPF	Misc	Nil	Nil	/HPF
Casts:	Nil	Nil	/LPF	Crystals:	Nil	Nil	/HPF

Note:

This test was performed on automated Urinalysis system.

Dr. Oamar Sultana

Dr. Irim Iftikhar





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Department of Chemical Pathology

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Liver Function Tests

Test	Reference Value	Unit	44263-03-06 03-Jun-2023 21:20
Serum Total Bilirubin	0.10 - 1.20	mg/dL	0.9
Serum Conjugated Bilirubin	UPTO 0.50	mg/dL	0.3
Serum Unconjugated Bilirubin	0.10 - 1.00	mg/dL	0.7
Serum ALT (SGPT)	UPTO 34.00	U/L	26
Serum AST (SGOT)	UPTO 31.00	U/L	27
Serum Alkaline Phosphatase	46.00 - 122.00	U/L	99
Serum Gamma GT	UPTO 33.00	U/L	20
Serum Total Protein	6.00 - 8.50	g/dL	7.7
Serum Albumin	3.50 - 5.20	g/dL	3.9
Serum Globulins	1.80 - 3.50	g/dL	3.8
A/G Ratio	1.00 - 2.20		1.0

Note: The changes in reference values are effective from 21 October 2019.

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Dr. M. Dilawar Khan





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Thyroid Profile - 1

Test	Reference Value	Unit	44263-03-06 03-Jun-2023 21:20
Serum Total T4		ug/dL	7.01
Reference Values Cord Blood: 7.4 - 13 ug/dL 1 - 3 days: 12 - 23 ug/dL 1 - 2 weeks: 9.9 - 17 ug/dL 1 - 4 months: 7.2 - 14 ug/dL 4 - 12 months: 7.8 - 16 ug/dL Childern 5.6 - 15 ug/dL Adults: 4.6 - 11 ug/dL			
Serum Total T3		ng/dL	104.31
Reference Values Cord Blood: 5 - 141 ng/dL 1- 30 days: 100 - 740 ng/dL 1 - 11 months: 105 - 245 ng/dL Childern & adult 70 - 204 ng/dL			
Serum TSH		uIU/mL	3.47

Reference Values

Premature: 0.7 - 27 uIU/mL 2.3 - 13.2 uIU/mL Cord Blood: 1 - 4 days: 1.0 - 39 uIU/mL 2 - 20 weeks: 1.7 - 9.1 uIU/mL 21 weeks - 20 years: 0.7 - 6.4 uIU/mL 21 - 54 years: 0.4 - 4.5 uIU/mL 55 - 87 years: 0.5 - 8.9 uIU/mL

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