Patient Name	: Mrs.T.G VISALAKSHI	Collected	: 14/Jun/2024 09:20AM
Age/Gender	: 87 Y 0 M 0 D /F	Received	: 14/Jun/2024 10:55AM
UHID/MR No	: DELL.0000001336	Reported	: 14/Jun/2024 12:02PM
Visit ID	: DELLOPV2263	Status	: Final Report
Ref Doctor	: DR.RAILWAY HOSPITAL PERAMBUR	Client Name	: PCC ELLAPILLAICHAVADY PONDICHE
IP/OP NO	:	Center location	: Thattanchavady,Puducherry

DEPARTMENT OF HAEMATOLOGY

XPERT HEALTH BASIC

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT (CBC) , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	**11.2**	g/dL	12.5-15	Spectrophotometer
PCV	**33.50**	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.85	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	87.2	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	**15**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,810	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58.6	%	40-80	Electrical Impedance
LYMPHOCYTES	24.8	%	20-40	Electrical Impedance
EOSINOPHILS	**6.6**	%	1-6	Electrical Impedance
MONOCYTES	9.6	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	0-2	Electrical Impedance
CORRECTED TLC	6,810	Cells/cu.mm		Calculated
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3990.66	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1688.88	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	449.46	Cells/cu.mm	20-500	Calculated
MONOCYTES	653.76	Cells/cu.mm	200-1000	Calculated
BASOPHILS	27.24	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.36		0.78- 3.53	Calculated
PLATELET COUNT	270000	cells/cu.mm	150000-410000	Electrical impedence

DR. KALAIVANI S
MD (PATH)
Consultant Pathologist

SIN No:HA07083701

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com

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IP/OP NO	:	Center location	: Thattanchavady,Puducherry

DEPARTMENT OF BIOCHEMISTRY

XPERT HEALTH BASIC

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	**133**	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	**Normal**
100-125 mg/dL	**Prediabetes**
≥126 mg/dL	**Diabetes**
<70 mg/dL	**Hypoglycemia**

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

DR. KALAIVANI S
MD (PATH)
Consultant Pathologist

SIN No:BI20167946

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(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
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DEPARTMENT OF BIOCHEMISTRY

XPERT HEALTH BASIC

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	127	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	94	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	48	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	80	mg/dL	<130	Calculated
LDL CHOLESTEROL	60.76	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.74	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.67		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

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DEPARTMENT OF BIOCHEMISTRY

XPERT HEALTH BASIC

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.55	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	**0.27**	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.28	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12.3	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.5	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	52.60	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	**5.96**	g/dL	6.3-8.2	Biuret
ALBUMIN	3.59	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.37	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

· AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.

· ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury.

Values also correlate well with increasing BMI.

· Disproportionate increase in AST, ALT compared with ALP.

· Bilirubin may be elevated.

· AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1

In Alcoholic Liver Disease AST: ALT usually >2

This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2

2. Cholestatic Pattern:

· ALP – Disproportionate increase in ALP compared with AST, ALT.

· Bilirubin may be elevated.

· ALP elevation also seen in pregnancy, impacted by age and sex.

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DEPARTMENT OF BIOCHEMISTRY

XPERT HEALTH BASIC

· To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

· Albumin- Liver disease reduces albumin levels.

Correlation with PT (Prothrombin Time) helps.

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DEPARTMENT OF BIOCHEMISTRY

XPERT HEALTH BASIC

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	**1.13**	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	**44.10**	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	20.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	**0.74**	mg/dL	2.6-6	Uricase
CALCIUM	9.79	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.76	mg/dL	2.5-4.5	PMA Phenol
SODIUM	**134**	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	**5.96**	g/dL	6.3-8.2	Biuret
ALBUMIN	3.59	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.37	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		0.9-2.0	Calculated

Result is rechecked. Kindly correlate clinically

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DEPARTMENT OF IMMUNOLOGY

XPERT HEALTH BASIC

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	0.822	ng/mL	0.8-2.0	ECLIA
THYROXINE (T4, TOTAL)	7.14	µg/dL	5.1-14.1	ECLIA
THYROID STIMULATING HORMONE (TSH)	**8.440**	ulU/mL	0.27-4.2	ECLIA

Result is rechecked. Kindly correlate clinically

Comment:

For pregnant females	**Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)**
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies

DR. KALAIVANI S
MD (PATH)
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SIN No:IM07684177

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DEPARTMENT OF IMMUNOLOGY

XPERT HEALTH BASIC

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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SIN No:IM07684177

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DEPARTMENT OF CLINICAL PATHOLOGY

XPERT HEALTH BASIC

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Physical measurement
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.

***** End Of Report *****

Result/s to Follow:
GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)

DR. KALAIVANI S
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SIN No:C02886454

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