



# HITECH DIAGNOSTIC CENTRE

The Extra Care Lab  
No.935, GKS Towers, Poonamallee High Road, Purasawalkam, Chennai - 600 084



An ISO 9001 : 2015  
Certified Organisation



**SID No. : 60000039**

**Mrs NIRMALA . D**

Age / Sex : 58 Y / Female

Ref By. : Self

Tel No : 8870666584



**Patient ID : 6000000040**

Registered Date and Time : 23/08/2022 10:19

Collected Date and Time : 23/08/2022 13:12

Reported Date and Time : 23/08/2022 18:01

Sample Collected At : THIRUVANMIYUR NEW

## Final Test Report

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Investigation	Observed Value	Flag	Units	Biological Reference Interval
<b>BLOOD - HAEMATOLOGY</b>				
<b>HAEMOGLOBIN</b>	12.4		gm/dl	12 - 15 gm/dl
Method : SLS- AUTOMATED				
Specimen: EDTA BLOOD				
<b>ESR</b>				
Method :WESTERGREN				
Specimen: SODIUM CITRATE BLOOD				
<b>1 HOUR</b>	41		mm/hr	MALE : 5 - 15 mm/hour FEMALE : 5 - 20 mm/hour

Cond ....

**Dr. SP. Ganesan**, MBBS, DCP, eMBA  
Medical Director

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Consultant Pathologist

**Dr. Archana Kanakarajan**, MD, Ph.D  
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<b>BLOOD - BIOCHEMISTRY</b>				
<b>LIPID PROFILE</b>				
<b>CHOLESTEROL - SERUM</b> Method : ENZYMATIC/CHOD/POD Specimen: SERUM	248		mg/dl	NCEP guidlines ATP III classification (Coronary heart disease risk)  Child(upto19 yrs) Less than 170 mg/dl : Desirable 170 - 199 mg/dl : Borderline High >= 200 mg/dl : High  Adult(Above 19 yrs) Less than 200 mg/dl : Desirable 200 - 239 mg/dl : Borderline High >= 240 mg/dl : High
<b>HDL CHOLESTEROL (DIRECT)</b> Method : DIRECT MEASURE - POLYMER POLY ANION Specimen: SERUM	39		mg/dl	NCEP guidlines ATP III classification (Coronary heart disease risk)  Less than 40 mg/dl : High Risk 40 - 60 mg/dl : Normal Risk >= 60 mg/dl : Low Risk
<b>TRIGLYCERIDES - SERUM</b> Method : GPO - POD Specimen: SERUM	269		mg/dl	NCEP guidlines ATP III classification (Coronary heart disease risk)  Less than 150 mg/dl : Desirable 150 - 199 mg/dl : Normal Risk 200 - 499 mg/dl : High Risk >= 500 mg/dl : Very High Risk
<b>LDL CHOLESTEROL (DIRECT)</b> Method : HOMOGENOUS ENZYMATIC COLORIMETRIC Specimen: SERUM	175		mg/dl	NCEP guidlines ATP III classification (Coronary heart disease risk)  Less than 129 mg/dl : Normal 139-159 mg/dl : Borderline High 160-189 mg/dl : High >= 190 mg/dl : Very High
<b>VLDL CHOLESTEROL</b> Method : CALCULATED Specimen: SERUM	54.0		mg/dl	
<b>TOTAL CHO / HDL RATIO</b> Method : CALCULATED Specimen: SERUM	6.35			Less than 3.5 : Low Risk 3.5 - 5.0 : Normal Risk > 5.0 : High Risk
<b>LIVER FUNCTION TESTS</b>				
<b>BILIRUBIN - TOTAL</b> Method : DIAZONIUM ION ,BLANKED Specimen: SERUM	0.44		mg/dl	0.3 - 1.2
<b>BILIRUBIN - DIRECT</b> Method : COLORIMETRIC ENDPOINT DIAZO Specimen: SERUM	0.19		mg/dl	Less than(or)Equal to 0.3 mg/dl

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<b>BILIRUBIN - INDIRECT</b> Method :CALCULATED Specimen: SERUM	0.25		mg/dl	
<b>S.G.O.T. (AST)</b> Method :IFCC/KINETIC Specimen: SERUM	20.6		U/L	less than 32
<b>S.G.P.T. (ALT)</b> Method :IFCC/KINETIC Specimen: SERUM	23.5		U/L	less than 33
<b>ALKALINE PHOSPHATASE</b> Method :IFCC / KINETIC / PNPP HYDROLYSIS Specimen: SERUM	59.7		U/L	35 - 104
<b>A/G RATIO</b> Method :PROTEIN(Biuret), ALBUMIN(BCG ),GLOBULIN&A/G RATIO (CALCULATED) Specimen: SERUM				
<b>TOTAL PROTEIN</b>	6.9		gm/dl	6.6 - 8.7
<b>ALBUMIN</b>	4.3		gm/dl	3.5 - 5.2
<b>GLOBULIN</b>	2.6		gm/dl	2.3 - 3.5 gm/dl
<b>A/G RATIO</b>	1.7			
<b>GAMMA GT ( GGTP)</b> Method :GAMMAGLUTAMYL CARBOXY NITROANILIDE IFCC Specimen: SERUM	21.0		U/L	less than 40
<b>HB A1C</b> Method : HPLC Specimen: EDTA BLOOD	8.8		%	Nondiabetic : Less than 5.6 % Risk of developing diabetes: 5.7 - 6.4 % Diabetes : More than or Equal to 6.5% In known Diabetics :- Good Control : 6 - 7 % Fair Control : 7 - 8 % Poor Control : More than 8 %
<b>HS CRP (CARDIO CRP)</b> Method : IMMUNOTURBIDIMETRY Specimen: SERUM	7.60		mg/l	RISK FOR CVD: Adult: <1.0 mg/L : Low Risk 1.0 -3.0 mg/L: Average Risk >3.0 mg/L : High Risk > 5.0 mg/L : Consider other inflammatory diseases.  Neonates(0-3 weeks):0.1-4.1 mg/L Children(2 months-15 yrs):0.1-2.8 mg/L
<b>C.R.P.</b> Method : IMMUNOTURBIDIMETRY Specimen: SERUM	<b>8.2</b>	<b>H</b>	mg/l	less than 5

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## BLOOD - ENDOCRINOLOGY

### VITAMIN B 12

Method : ECLIA

Specimen: SERUM

243.00

pg/ml

Deficient : Less than 197 pg/ml  
Normal : 197 - 771 pg/ml

Vitamin B12 performs many important functions in the body, but the most significant function is to act as coenzyme for reducing ribonucleotides to deoxyribonucleotides, a step in the formation of genes.

#### Decreased Levels:

Lack of Intrinsic factor: Total or partial gastrectomy, Atrophic gastritis, Intrinsic factor antibodies.  
Malabsorption: Regional ileitis, resected bowel, Tropical Sprue, Celiac disease, pancreatic insufficiency, bacterial overgrowth & achlorhydria  
Loss of ingested vitamin B12: fish tapeworm Dietary deficiency: Vegetarians  
Congenital disorders: Orotic aciduria & transcobalamine deficiency  
Increased demand: Pregnancy specially last trimester

#### Increased Levels :

In Chronic renal failure, Congestive heart failure, Acute & Chronic Myeloid Leukemia, Polycythemia vera, Carcinomas with liver metastasis, Liver disease, Drug induced cholestasis & Protein malnutrition

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<b>BLOOD - IMMUNOLOGY</b>				
<b>HOMOCYSTEINE ( TOTAL PLASMA)</b>	7.27		umol/L	MALE :5.46-16.20 umol/L FEMALE :4.44-13.56 umol/L
Method : CMIA Specimen: EDTA PLASMA				
<b>VITAMIN D (25-OH)</b>	9.93		ng/ml	DEFICIENT : Less than 20.0 ng/ml INSUFFICIENT : 21.0 - 29.0 ng/ml DESIRABLE : 30.0 - 100.0 ng/ml TOXIC : More than 100.0 ng/ml
Method : ECLIA Specimen: SERUM				

*Malini Parasuraman*

**Dr. Malini Parasuraman**  
M.Sc, MPhil, Ph D



\* End of Report \*

*Ganesan*

**Dr. SP. GANESAN**  
MBBS, DCP