Health Export for jana

Date of Birth: 2/4/2006

Generated: 31/1/2026, 3:35:55 pm

Name	: **Mrs. YOGALAKSHMI D**	**Register On**	: 14/08/2018 8:51 AM
PID No.	: KLP285926	**Collection On**	: 14/08/2018 8:53 AM
SID No.	: 118039850	**Report On**	: 14/08/2018 4:59 PM
Age / Sex	: 35 Year(s) / Female	**Printed On**	: 16/08/2018 5:26 AM
Ref. Dr	: **DR. DHANARAJ M**	**Type**	: OP

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
HAEMATOLOGY			
Absolute Eosinophil Count (AEC) (EDTA Blood/Flow cytometry)	0.2	10^3 / µl	0.04 - 0.44
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Photometry (cyanide free))	**12.4**	g/dL	12.5 - 16.0
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Calculated)	37.1	%	37 - 47
RBC Count (EDTA Blood/Electrical Impedance)	4.76	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Calculated)	78.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Calculated)	**26.1**	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Calculated)	33.4	g/dL	32 - 36
RDW (EDTA Blood/Calculated)	14.8	%	12 - 15
Platelet Count (EDTA Blood/Electrical Impedance)	404	10^3 / µl	150 - 450
MPV (EDTA Blood/Calculated)	8.4	fL	8.0 - 13.3
Total WBC Count (TC) (EDTA Blood/ Electrical Impedance)	**16,200 (Rechecked)**	cells/cu.mm	4000 - 11000
Diferential Leucocyte Count			
Neutrophils (EDTA Blood/Flow cytometry)	**75.5**	%	40 - 75
Lymphocytes (EDTA Blood/Flow cytometry)	**18.5**	%	20 - 45
Eosinophils (EDTA Blood/Flow cytometry)	1.0	%	01 - 06
Monocytes (EDTA Blood/Flow cytometry)	4.7	%	02 - 08
Basophils (EDTA Blood/Flow cytometry)	0.3	%	00 - 01

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	**40**	mm/hr	< 20

Dr.TANIMA T.GHOSH MBBS.DCP.
CONSULTANT- PATHOLOGIST

The results pertain to sample tested.

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Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Glucose (Fasting) - FBS (Plasma - F/GOD-PAP)	89.8	mg/dl	74 - 100
INTERPRETATION: Factors such as type & time of food intake,infection, physical or psychological stress, exercise & drugs can influence blood glucose levels			
Renal Function Test			
Urea (Serum/Urease/GLDH)	19.4	mg/dL	15 - 45
Creatinine (Serum/Modified Jaffe)	0.93	mg/dL	0.6 - 1.1
INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists,N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.			
Uric Acid (Serum/Enzymatic)	5.2	mg/dL	2.6 - 6.0
Serum Electrolytes			
Sodium (Na+) (Serum/Ion selective electrode (ISE))	138.6	Mmol/L	136 - 145
Potasium (K+) (Serum/Ion selective electrode (ISE))	4.76	Mmol/L	3.5 - 5.1
Chloride (Serum/Ion selective electrode (ISE))	102.8	mmol/L	98 - 107
Bicarbonate (Serum/Manometric method)	22.1	mmol/L	22 - 29
Urine Complete Analysis			
Colour (Urine)	Pale yellow		Yellow to Amber
pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine/Polymethyl vinyl ether and maleic acid)	1.005		1.002 - 1.035
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Ketone (Urine/Acetoacetic acid and sodium nitro prusside)	Negative		Negative
Nitrite (Urine/Diazo)	Negative		Negative
Bilirubin (Urine/Dichloroaniline diazonium)	Negative		Negative

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Blood (Urine/Peroxidase)	Negative		Negative
Urobilinogen (Urine/Azo)	Normal		Normal
Pus Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
RBCs (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Appearance (Urine)	Clear		Clear
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.45	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.29	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.3	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	17.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	28.2	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	75.9	U/L	42 - 98
Total Protein (Serum/Biuret)	7.3	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.25	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.05	gm/dL	2.3 - 3.6

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	177.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (TGL) (Serum/GPO-PAP with ATCS)	132.9	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: Values may vary due to intake of alcohol, diet which is high in carbohydrates, red meat, dairy products, exercise and medications such as Diuretics, steroids etc. Elevation to be considered only if repeated values are high.

Non HDL Cholesterol (Serum/Calculated)	131.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

HDL Cholesterol (Serum/Immunoinhibition)	**46.4**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	104.8	mg/dL	Optimal: < 100 Near Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Derived)	26.6	mg/dL	< 30

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Ratio (Serum/ Derived)	3.8		Normal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
LDL/HDL Ratio (Serum)	2.3		Desirable: 0.5 - 3.0 Borderline: 3.1 - 6.0 Elevated: > 6.0
Nature of Serum (Serum)	Clear		Clear

IMMUNOASSAY

VITAMIN B12 (CYANOCOBALAMIN) (Serum/ Chemiluminescent Immunometric Assay (CLIA))	651.0	pg/mL	Normal: 211 - 911 Deficient: < 211
VITAMIN D3 (25- DIHYDROXY CHOLECALCIFEROL) (Serum/ Chemiluminescent Immunometric Assay (CLIA))	**34.39**	ng/ml	Deficiency: < 20 Insufficiency: 21.0 - 30.0 Sufficiency: 31.0 - 100.0 Toxicity: > 100.1

INTERPRETATION: Vitamin D(Calciferol) includes D3 (Cholecalciferol) and D2 (Ergocalciferol). Vitamin D3 is formed in the skin by the action of UVB or is ingested. Vitamin D2 mainly comes from plant sources. Vitamin D3 and D2 are hydroxylated in the liver to 25-hydroxyvitamin D (25-OHD)/Calcidiol. This is the major circulating form of vitamin D and is the target for assays measuring vitamin D status.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.07	ng/ml	0.8 - 1.6
T4 (Tyroxine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	7.4	µg/dl	4.2 - 12.0
TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	1.38	µIU/mL	0.4 - 4.2

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval

INTERPRETATION: Reference range for cord blood - upto 20
1 st trimester: 0.1-2.5
2 nd trimester 0.2-3.0
3 rd trimester : 0.3-3.0
(Indian Thyroid Society Guidelines)
TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration,race, Ethnicity and BMI.

-- End of Report --

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Health Export for JDJANS

Date of Birth: 2/4/2006

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Health Export for vicky

Date of Birth: 2/4/2006

Generated: 31/1/2026, 3:35:55 pm

Health Export for abhi

Date of Birth: 2/4/2006

Generated: 31/1/2026, 3:35:55 pm

Health Export for super

Date of Birth: 2/4/2006

Generated: 31/1/2026, 3:35:55 pm

Health Export for jana

Date of Birth: 30/11/2006

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HAEMATOLOGY			
Absolute Eosinophil Count (AEC) (EDTA Blood/Flow cytometry)	0.2	10^3 / µl	0.04 - 0.44
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Photometry (cyanide free))	**12.4**	g/dL	12.5 - 16.0
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Calculated)	37.1	%	37 - 47
RBC Count (EDTA Blood/Electrical Impedance)	4.76	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Calculated)	78.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Calculated)	**26.1**	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Calculated)	33.4	g/dL	32 - 36
RDW (EDTA Blood/Calculated)	14.8	%	12 - 15
Platelet Count (EDTA Blood/Electrical Impedance)	404	10^3 / µl	150 - 450
MPV (EDTA Blood/Calculated)	8.4	fL	8.0 - 13.3
Total WBC Count (TC) (EDTA Blood/ Electrical Impedance)	**16,200 (Rechecked)**	cells/cu.mm	4000 - 11000
Diferential Leucocyte Count			
Neutrophils (EDTA Blood/Flow cytometry)	**75.5**	%	40 - 75
Lymphocytes (EDTA Blood/Flow cytometry)	**18.5**	%	20 - 45
Eosinophils (EDTA Blood/Flow cytometry)	1.0	%	01 - 06
Monocytes (EDTA Blood/Flow cytometry)	4.7	%	02 - 08
Basophils (EDTA Blood/Flow cytometry)	0.3	%	00 - 01

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	**40**	mm/hr	< 20

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Glucose (Fasting) - FBS (Plasma - F/GOD-PAP)	89.8	mg/dl	74 - 100
INTERPRETATION: Factors such as type & time of food intake,infection, physical or psychological stress, exercise & drugs can influence blood glucose levels			
Renal Function Test			
Urea (Serum/Urease/GLDH)	19.4	mg/dL	15 - 45
Creatinine (Serum/Modified Jaffe)	0.93	mg/dL	0.6 - 1.1
INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists,N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.			
Uric Acid (Serum/Enzymatic)	5.2	mg/dL	2.6 - 6.0
Serum Electrolytes			
Sodium (Na+) (Serum/Ion selective electrode (ISE))	138.6	Mmol/L	136 - 145
Potasium (K+) (Serum/Ion selective electrode (ISE))	4.76	Mmol/L	3.5 - 5.1
Chloride (Serum/Ion selective electrode (ISE))	102.8	mmol/L	98 - 107
Bicarbonate (Serum/Manometric method)	22.1	mmol/L	22 - 29
Urine Complete Analysis			
Colour (Urine)	Pale yellow		Yellow to Amber
pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine/Polymethyl vinyl ether and maleic acid)	1.005		1.002 - 1.035
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Ketone (Urine/Acetoacetic acid and sodium nitro prusside)	Negative		Negative
Nitrite (Urine/Diazo)	Negative		Negative
Bilirubin (Urine/Dichloroaniline diazonium)	Negative		Negative

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Blood (Urine/Peroxidase)	Negative		Negative
Urobilinogen (Urine/Azo)	Normal		Normal
Pus Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
RBCs (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Appearance (Urine)	Clear		Clear
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.45	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.29	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.3	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	17.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	28.2	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	75.9	U/L	42 - 98
Total Protein (Serum/Biuret)	7.3	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.25	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.05	gm/dL	2.3 - 3.6

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Investigation	Observed Value	Unit	Biological Reference Interval
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	177.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (TGL) (Serum/GPO-PAP with ATCS)	132.9	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: Values may vary due to intake of alcohol, diet which is high in carbohydrates, red meat, dairy products, exercise and medications such as Diuretics, steroids etc. Elevation to be considered only if repeated values are high.

Non HDL Cholesterol (Serum/Calculated)	131.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

HDL Cholesterol (Serum/Immunoinhibition)	**46.4**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	104.8	mg/dL	Optimal: < 100 Near Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Derived)	26.6	mg/dL	< 30

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Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Ratio (Serum/ Derived)	3.8		Normal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
LDL/HDL Ratio (Serum)	2.3		Desirable: 0.5 - 3.0 Borderline: 3.1 - 6.0 Elevated: > 6.0
Nature of Serum (Serum)	Clear		Clear

IMMUNOASSAY

VITAMIN B12 (CYANOCOBALAMIN) (Serum/ Chemiluminescent Immunometric Assay (CLIA))	651.0	pg/mL	Normal: 211 - 911 Deficient: < 211
VITAMIN D3 (25- DIHYDROXY CHOLECALCIFEROL) (Serum/ Chemiluminescent Immunometric Assay (CLIA))	**34.39**	ng/ml	Deficiency: < 20 Insufficiency: 21.0 - 30.0 Sufficiency: 31.0 - 100.0 Toxicity: > 100.1

INTERPRETATION: Vitamin D(Calciferol) includes D3 (Cholecalciferol) and D2 (Ergocalciferol). Vitamin D3 is formed in the skin by the action of UVB or is ingested. Vitamin D2 mainly comes from plant sources. Vitamin D3 and D2 are hydroxylated in the liver to 25-hydroxyvitamin D (25-OHD)/Calcidiol. This is the major circulating form of vitamin D and is the target for assays measuring vitamin D status.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.07	ng/ml	0.8 - 1.6
T4 (Tyroxine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	7.4	µg/dl	4.2 - 12.0
TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	1.38	µIU/mL	0.4 - 4.2

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Investigation	Observed Value	Unit	Biological Reference Interval

INTERPRETATION: Reference range for cord blood - upto 20
1 st trimester: 0.1-2.5
2 nd trimester 0.2-3.0
3 rd trimester : 0.3-3.0
(Indian Thyroid Society Guidelines)
TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration,race, Ethnicity and BMI.

-- End of Report --

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Ref. Dr	: **DR. DHANARAJ M**	**Type**	: OP

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
HAEMATOLOGY			
Absolute Eosinophil Count (AEC) (EDTA Blood/Flow cytometry)	0.2	10^3 / µl	0.04 - 0.44
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Photometry (cyanide free))	**12.4**	g/dL	12.5 - 16.0
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Calculated)	37.1	%	37 - 47
RBC Count (EDTA Blood/Electrical Impedance)	4.76	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Calculated)	78.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Calculated)	**26.1**	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Calculated)	33.4	g/dL	32 - 36
RDW (EDTA Blood/Calculated)	14.8	%	12 - 15
Platelet Count (EDTA Blood/Electrical Impedance)	404	10^3 / µl	150 - 450
MPV (EDTA Blood/Calculated)	8.4	fL	8.0 - 13.3
Total WBC Count (TC) (EDTA Blood/ Electrical Impedance)	**16,200 (Rechecked)**	cells/cu.mm	4000 - 11000
Diferential Leucocyte Count			
Neutrophils (EDTA Blood/Flow cytometry)	**75.5**	%	40 - 75
Lymphocytes (EDTA Blood/Flow cytometry)	**18.5**	%	20 - 45
Eosinophils (EDTA Blood/Flow cytometry)	1.0	%	01 - 06
Monocytes (EDTA Blood/Flow cytometry)	4.7	%	02 - 08
Basophils (EDTA Blood/Flow cytometry)	0.3	%	00 - 01

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	**40**	mm/hr	< 20

Dr.TANIMA T.GHOSH MBBS.DCP.
CONSULTANT- PATHOLOGIST

The results pertain to sample tested.

Name	: **Mrs. YOGALAKSHMI D**	**Register On**	: 14/08/2018 8:51 AM
PID No.	: KLP285926	**Collection On**	: 14/08/2018 8:53 AM
SID No.	: 118039850	**Report On**	: 14/08/2018 4:59 PM
Age / Sex	: 35 Year(s) / Female	**Printed On**	: 16/08/2018 5:26 AM
Ref. Dr	: **DR. DHANARAJ M**	**Type**	: OP

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Glucose (Fasting) - FBS (Plasma - F/GOD-PAP)	89.8	mg/dl	74 - 100
INTERPRETATION: Factors such as type & time of food intake,infection, physical or psychological stress, exercise & drugs can influence blood glucose levels			
Renal Function Test			
Urea (Serum/Urease/GLDH)	19.4	mg/dL	15 - 45
Creatinine (Serum/Modified Jaffe)	0.93	mg/dL	0.6 - 1.1
INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists,N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.			
Uric Acid (Serum/Enzymatic)	5.2	mg/dL	2.6 - 6.0
Serum Electrolytes			
Sodium (Na+) (Serum/Ion selective electrode (ISE))	138.6	Mmol/L	136 - 145
Potasium (K+) (Serum/Ion selective electrode (ISE))	4.76	Mmol/L	3.5 - 5.1
Chloride (Serum/Ion selective electrode (ISE))	102.8	mmol/L	98 - 107
Bicarbonate (Serum/Manometric method)	22.1	mmol/L	22 - 29
Urine Complete Analysis			
Colour (Urine)	Pale yellow		Yellow to Amber
pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine/Polymethyl vinyl ether and maleic acid)	1.005		1.002 - 1.035
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Ketone (Urine/Acetoacetic acid and sodium nitro prusside)	Negative		Negative
Nitrite (Urine/Diazo)	Negative		Negative
Bilirubin (Urine/Dichloroaniline diazonium)	Negative		Negative

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CONSULTANT- PATHOLOGIST

The results pertain to sample tested.

Name	: **Mrs. YOGALAKSHMI D**	**Register On**	: 14/08/2018 8:51 AM
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Age / Sex	: 35 Year(s) / Female	**Printed On**	: 16/08/2018 5:26 AM
Ref. Dr	: **DR. DHANARAJ M**	**Type**	: OP

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Blood (Urine/Peroxidase)	Negative		Negative
Urobilinogen (Urine/Azo)	Normal		Normal
Pus Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
RBCs (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Appearance (Urine)	Clear		Clear
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.45	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.29	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.3	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	17.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	28.2	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	75.9	U/L	42 - 98
Total Protein (Serum/Biuret)	7.3	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.25	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.05	gm/dL	2.3 - 3.6

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The results pertain to sample tested.

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Ref. Dr	: **DR. DHANARAJ M**	**Type**	: OP

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	177.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (TGL) (Serum/GPO-PAP with ATCS)	132.9	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: Values may vary due to intake of alcohol, diet which is high in carbohydrates, red meat, dairy products, exercise and medications such as Diuretics, steroids etc. Elevation to be considered only if repeated values are high.

Non HDL Cholesterol (Serum/Calculated)	131.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

HDL Cholesterol (Serum/Immunoinhibition)	**46.4**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	104.8	mg/dL	Optimal: < 100 Near Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Derived)	26.6	mg/dL	< 30

Dr.TANIMA T.GHOSH MBBS.DCP.
CONSULTANT- PATHOLOGIST

The results pertain to sample tested.

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Age / Sex	: 35 Year(s) / Female	**Printed On**	: 16/08/2018 5:26 AM
Ref. Dr	: **DR. DHANARAJ M**	**Type**	: OP

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Ratio (Serum/ Derived)	3.8		Normal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
LDL/HDL Ratio (Serum)	2.3		Desirable: 0.5 - 3.0 Borderline: 3.1 - 6.0 Elevated: > 6.0
Nature of Serum (Serum)	Clear		Clear

IMMUNOASSAY

VITAMIN B12 (CYANOCOBALAMIN) (Serum/ Chemiluminescent Immunometric Assay (CLIA))	651.0	pg/mL	Normal: 211 - 911 Deficient: < 211
VITAMIN D3 (25- DIHYDROXY CHOLECALCIFEROL) (Serum/ Chemiluminescent Immunometric Assay (CLIA))	**34.39**	ng/ml	Deficiency: < 20 Insufficiency: 21.0 - 30.0 Sufficiency: 31.0 - 100.0 Toxicity: > 100.1

INTERPRETATION: Vitamin D(Calciferol) includes D3 (Cholecalciferol) and D2 (Ergocalciferol). Vitamin D3 is formed in the skin by the action of UVB or is ingested. Vitamin D2 mainly comes from plant sources. Vitamin D3 and D2 are hydroxylated in the liver to 25-hydroxyvitamin D (25-OHD)/Calcidiol. This is the major circulating form of vitamin D and is the target for assays measuring vitamin D status.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.07	ng/ml	0.8 - 1.6
T4 (Tyroxine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	7.4	µg/dl	4.2 - 12.0
TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	1.38	µIU/mL	0.4 - 4.2

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Ref. Dr	: **DR. DHANARAJ M**	**Type**	: OP

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval

INTERPRETATION: Reference range for cord blood - upto 20
1 st trimester: 0.1-2.5
2 nd trimester 0.2-3.0
3 rd trimester : 0.3-3.0
(Indian Thyroid Society Guidelines)
TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration,race, Ethnicity and BMI.

-- End of Report --

Dr.TANIMA T.GHOSH MBBS.DCP.
CONSULTANT- PATHOLOGIST

The results pertain to sample tested.

Name	: **Mrs. YOGALAKSHMI D**	**Register On**	: 14/08/2018 8:51 AM
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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
HAEMATOLOGY			
Absolute Eosinophil Count (AEC) (EDTA Blood/Flow cytometry)	0.2	10^3 / µl	0.04 - 0.44
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Photometry (cyanide free))	**12.4**	g/dL	12.5 - 16.0
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Calculated)	37.1	%	37 - 47
RBC Count (EDTA Blood/Electrical Impedance)	4.76	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Calculated)	78.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Calculated)	**26.1**	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Calculated)	33.4	g/dL	32 - 36
RDW (EDTA Blood/Calculated)	14.8	%	12 - 15
Platelet Count (EDTA Blood/Electrical Impedance)	404	10^3 / µl	150 - 450
MPV (EDTA Blood/Calculated)	8.4	fL	8.0 - 13.3
Total WBC Count (TC) (EDTA Blood/ Electrical Impedance)	**16,200 (Rechecked)**	cells/cu.mm	4000 - 11000
Diferential Leucocyte Count			
Neutrophils (EDTA Blood/Flow cytometry)	**75.5**	%	40 - 75
Lymphocytes (EDTA Blood/Flow cytometry)	**18.5**	%	20 - 45
Eosinophils (EDTA Blood/Flow cytometry)	1.0	%	01 - 06
Monocytes (EDTA Blood/Flow cytometry)	4.7	%	02 - 08
Basophils (EDTA Blood/Flow cytometry)	0.3	%	00 - 01

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	**40**	mm/hr	< 20

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The results pertain to sample tested.

Name	: **Mrs. YOGALAKSHMI D**	**Register On**	: 14/08/2018 8:51 AM
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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Glucose (Fasting) - FBS (Plasma - F/GOD-PAP)	89.8	mg/dl	74 - 100
INTERPRETATION: Factors such as type & time of food intake,infection, physical or psychological stress, exercise & drugs can influence blood glucose levels			
Renal Function Test			
Urea (Serum/Urease/GLDH)	19.4	mg/dL	15 - 45
Creatinine (Serum/Modified Jaffe)	0.93	mg/dL	0.6 - 1.1
INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists,N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.			
Uric Acid (Serum/Enzymatic)	5.2	mg/dL	2.6 - 6.0
Serum Electrolytes			
Sodium (Na+) (Serum/Ion selective electrode (ISE))	138.6	Mmol/L	136 - 145
Potasium (K+) (Serum/Ion selective electrode (ISE))	4.76	Mmol/L	3.5 - 5.1
Chloride (Serum/Ion selective electrode (ISE))	102.8	mmol/L	98 - 107
Bicarbonate (Serum/Manometric method)	22.1	mmol/L	22 - 29
Urine Complete Analysis			
Colour (Urine)	Pale yellow		Yellow to Amber
pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine/Polymethyl vinyl ether and maleic acid)	1.005		1.002 - 1.035
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Ketone (Urine/Acetoacetic acid and sodium nitro prusside)	Negative		Negative
Nitrite (Urine/Diazo)	Negative		Negative
Bilirubin (Urine/Dichloroaniline diazonium)	Negative		Negative

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CONSULTANT- PATHOLOGIST

The results pertain to sample tested.

Name	: **Mrs. YOGALAKSHMI D**	**Register On**	: 14/08/2018 8:51 AM
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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Blood (Urine/Peroxidase)	Negative		Negative
Urobilinogen (Urine/Azo)	Normal		Normal
Pus Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
RBCs (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Appearance (Urine)	Clear		Clear
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.45	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.29	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.3	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	17.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	28.2	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	75.9	U/L	42 - 98
Total Protein (Serum/Biuret)	7.3	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.25	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.05	gm/dL	2.3 - 3.6

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CONSULTANT- PATHOLOGIST

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	177.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (TGL) (Serum/GPO-PAP with ATCS)	132.9	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: Values may vary due to intake of alcohol, diet which is high in carbohydrates, red meat, dairy products, exercise and medications such as Diuretics, steroids etc. Elevation to be considered only if repeated values are high.

Non HDL Cholesterol (Serum/Calculated)	131.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

HDL Cholesterol (Serum/Immunoinhibition)	**46.4**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	104.8	mg/dL	Optimal: < 100 Near Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Derived)	26.6	mg/dL	< 30

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Name	: **Mrs. YOGALAKSHMI D**	**Register On**	: 14/08/2018 8:51 AM
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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Ratio (Serum/ Derived)	3.8		Normal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
LDL/HDL Ratio (Serum)	2.3		Desirable: 0.5 - 3.0 Borderline: 3.1 - 6.0 Elevated: > 6.0
Nature of Serum (Serum)	Clear		Clear

IMMUNOASSAY

VITAMIN B12 (CYANOCOBALAMIN) (Serum/ Chemiluminescent Immunometric Assay (CLIA))	651.0	pg/mL	Normal: 211 - 911 Deficient: < 211
VITAMIN D3 (25- DIHYDROXY CHOLECALCIFEROL) (Serum/ Chemiluminescent Immunometric Assay (CLIA))	**34.39**	ng/ml	Deficiency: < 20 Insufficiency: 21.0 - 30.0 Sufficiency: 31.0 - 100.0 Toxicity: > 100.1

INTERPRETATION: Vitamin D(Calciferol) includes D3 (Cholecalciferol) and D2 (Ergocalciferol). Vitamin D3 is formed in the skin by the action of UVB or is ingested. Vitamin D2 mainly comes from plant sources. Vitamin D3 and D2 are hydroxylated in the liver to 25-hydroxyvitamin D (25-OHD)/Calcidiol. This is the major circulating form of vitamin D and is the target for assays measuring vitamin D status.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.07	ng/ml	0.8 - 1.6
T4 (Tyroxine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	7.4	µg/dl	4.2 - 12.0
TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	1.38	µIU/mL	0.4 - 4.2

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Ref. Dr	: **DR. DHANARAJ M**	**Type**	: OP

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval

INTERPRETATION: Reference range for cord blood - upto 20
1 st trimester: 0.1-2.5
2 nd trimester 0.2-3.0
3 rd trimester : 0.3-3.0
(Indian Thyroid Society Guidelines)
TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration,race, Ethnicity and BMI.

-- End of Report --

Dr.TANIMA T.GHOSH MBBS.DCP.
CONSULTANT- PATHOLOGIST

The results pertain to sample tested.

Name	: **Mrs. YOGALAKSHMI D**	**Register On**	: 14/08/2018 8:51 AM
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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
HAEMATOLOGY			
Absolute Eosinophil Count (AEC) (EDTA Blood/Flow cytometry)	0.2	10^3 / µl	0.04 - 0.44
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Photometry (cyanide free))	**12.4**	g/dL	12.5 - 16.0
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Calculated)	37.1	%	37 - 47
RBC Count (EDTA Blood/Electrical Impedance)	4.76	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Calculated)	78.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Calculated)	**26.1**	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Calculated)	33.4	g/dL	32 - 36
RDW (EDTA Blood/Calculated)	14.8	%	12 - 15
Platelet Count (EDTA Blood/Electrical Impedance)	404	10^3 / µl	150 - 450
MPV (EDTA Blood/Calculated)	8.4	fL	8.0 - 13.3
Total WBC Count (TC) (EDTA Blood/ Electrical Impedance)	**16,200 (Rechecked)**	cells/cu.mm	4000 - 11000
Diferential Leucocyte Count			
Neutrophils (EDTA Blood/Flow cytometry)	**75.5**	%	40 - 75
Lymphocytes (EDTA Blood/Flow cytometry)	**18.5**	%	20 - 45
Eosinophils (EDTA Blood/Flow cytometry)	1.0	%	01 - 06
Monocytes (EDTA Blood/Flow cytometry)	4.7	%	02 - 08
Basophils (EDTA Blood/Flow cytometry)	0.3	%	00 - 01

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	**40**	mm/hr	< 20

Dr.TANIMA T.GHOSH MBBS.DCP.
CONSULTANT- PATHOLOGIST

The results pertain to sample tested.

Name	: **Mrs. YOGALAKSHMI D**	**Register On**	: 14/08/2018 8:51 AM
PID No.	: KLP285926	**Collection On**	: 14/08/2018 8:53 AM
SID No.	: 118039850	**Report On**	: 14/08/2018 4:59 PM
Age / Sex	: 35 Year(s) / Female	**Printed On**	: 16/08/2018 5:26 AM
Ref. Dr	: **DR. DHANARAJ M**	**Type**	: OP

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Glucose (Fasting) - FBS (Plasma - F/GOD-PAP)	89.8	mg/dl	74 - 100
INTERPRETATION: Factors such as type & time of food intake,infection, physical or psychological stress, exercise & drugs can influence blood glucose levels			
Renal Function Test			
Urea (Serum/Urease/GLDH)	19.4	mg/dL	15 - 45
Creatinine (Serum/Modified Jaffe)	0.93	mg/dL	0.6 - 1.1
INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists,N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.			
Uric Acid (Serum/Enzymatic)	5.2	mg/dL	2.6 - 6.0
Serum Electrolytes			
Sodium (Na+) (Serum/Ion selective electrode (ISE))	138.6	Mmol/L	136 - 145
Potasium (K+) (Serum/Ion selective electrode (ISE))	4.76	Mmol/L	3.5 - 5.1
Chloride (Serum/Ion selective electrode (ISE))	102.8	mmol/L	98 - 107
Bicarbonate (Serum/Manometric method)	22.1	mmol/L	22 - 29
Urine Complete Analysis			
Colour (Urine)	Pale yellow		Yellow to Amber
pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine/Polymethyl vinyl ether and maleic acid)	1.005		1.002 - 1.035
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Ketone (Urine/Acetoacetic acid and sodium nitro prusside)	Negative		Negative
Nitrite (Urine/Diazo)	Negative		Negative
Bilirubin (Urine/Dichloroaniline diazonium)	Negative		Negative

Dr.TANIMA T.GHOSH MBBS.DCP.
CONSULTANT- PATHOLOGIST

The results pertain to sample tested.

Name	: **Mrs. YOGALAKSHMI D**	**Register On**	: 14/08/2018 8:51 AM
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Ref. Dr	: **DR. DHANARAJ M**	**Type**	: OP

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Blood (Urine/Peroxidase)	Negative		Negative
Urobilinogen (Urine/Azo)	Normal		Normal
Pus Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
RBCs (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Appearance (Urine)	Clear		Clear
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.45	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.29	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.3	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	17.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	28.2	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	75.9	U/L	42 - 98
Total Protein (Serum/Biuret)	7.3	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.25	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.05	gm/dL	2.3 - 3.6

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	177.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (TGL) (Serum/GPO-PAP with ATCS)	132.9	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: Values may vary due to intake of alcohol, diet which is high in carbohydrates, red meat, dairy products, exercise and medications such as Diuretics, steroids etc. Elevation to be considered only if repeated values are high.

Non HDL Cholesterol (Serum/Calculated)	131.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

HDL Cholesterol (Serum/Immunoinhibition)	**46.4**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	104.8	mg/dL	Optimal: < 100 Near Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Derived)	26.6	mg/dL	< 30

Dr.TANIMA T.GHOSH MBBS.DCP.
CONSULTANT- PATHOLOGIST

The results pertain to sample tested.

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Ref. Dr	: **DR. DHANARAJ M**	**Type**	: OP

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Ratio (Serum/ Derived)	3.8		Normal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
LDL/HDL Ratio (Serum)	2.3		Desirable: 0.5 - 3.0 Borderline: 3.1 - 6.0 Elevated: > 6.0
Nature of Serum (Serum)	Clear		Clear

IMMUNOASSAY

VITAMIN B12 (CYANOCOBALAMIN) (Serum/ Chemiluminescent Immunometric Assay (CLIA))	651.0	pg/mL	Normal: 211 - 911 Deficient: < 211
VITAMIN D3 (25- DIHYDROXY CHOLECALCIFEROL) (Serum/ Chemiluminescent Immunometric Assay (CLIA))	**34.39**	ng/ml	Deficiency: < 20 Insufficiency: 21.0 - 30.0 Sufficiency: 31.0 - 100.0 Toxicity: > 100.1

INTERPRETATION: Vitamin D(Calciferol) includes D3 (Cholecalciferol) and D2 (Ergocalciferol). Vitamin D3 is formed in the skin by the action of UVB or is ingested. Vitamin D2 mainly comes from plant sources. Vitamin D3 and D2 are hydroxylated in the liver to 25-hydroxyvitamin D (25-OHD)/Calcidiol. This is the major circulating form of vitamin D and is the target for assays measuring vitamin D status.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.07	ng/ml	0.8 - 1.6
T4 (Tyroxine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	7.4	µg/dl	4.2 - 12.0
TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	1.38	µIU/mL	0.4 - 4.2

Dr.TANIMA T.GHOSH MBBS.DCP.
CONSULTANT- PATHOLOGIST

The results pertain to sample tested.

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Ref. Dr	: **DR. DHANARAJ M**	**Type**	: OP

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval

INTERPRETATION: Reference range for cord blood - upto 20
1 st trimester: 0.1-2.5
2 nd trimester 0.2-3.0
3 rd trimester : 0.3-3.0
(Indian Thyroid Society Guidelines)
TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration,race, Ethnicity and BMI.

-- End of Report --

Dr.TANIMA T.GHOSH MBBS.DCP.
CONSULTANT- PATHOLOGIST

The results pertain to sample tested.

Health Export for keethu

Date of Birth: 18/8/2005

Generated: 31/1/2026, 3:35:55 pm

Name	: **Mrs. YOGALAKSHMI D**	**Register On**	: 14/08/2018 8:51 AM
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Age / Sex	: 35 Year(s) / Female	**Printed On**	: 16/08/2018 5:26 AM
Ref. Dr	: **DR. DHANARAJ M**	**Type**	: OP

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
HAEMATOLOGY			
Absolute Eosinophil Count (AEC) (EDTA Blood/Flow cytometry)	0.2	10^3 / µl	0.04 - 0.44
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Photometry (cyanide free))	**12.4**	g/dL	12.5 - 16.0
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Calculated)	37.1	%	37 - 47
RBC Count (EDTA Blood/Electrical Impedance)	4.76	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Calculated)	78.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Calculated)	**26.1**	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Calculated)	33.4	g/dL	32 - 36
RDW (EDTA Blood/Calculated)	14.8	%	12 - 15
Platelet Count (EDTA Blood/Electrical Impedance)	404	10^3 / µl	150 - 450
MPV (EDTA Blood/Calculated)	8.4	fL	8.0 - 13.3
Total WBC Count (TC) (EDTA Blood/ Electrical Impedance)	**16,200 (Rechecked)**	cells/cu.mm	4000 - 11000
Diferential Leucocyte Count			
Neutrophils (EDTA Blood/Flow cytometry)	**75.5**	%	40 - 75
Lymphocytes (EDTA Blood/Flow cytometry)	**18.5**	%	20 - 45
Eosinophils (EDTA Blood/Flow cytometry)	1.0	%	01 - 06
Monocytes (EDTA Blood/Flow cytometry)	4.7	%	02 - 08
Basophils (EDTA Blood/Flow cytometry)	0.3	%	00 - 01

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	**40**	mm/hr	< 20

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CONSULTANT- PATHOLOGIST

The results pertain to sample tested.

Name	: **Mrs. YOGALAKSHMI D**	**Register On**	: 14/08/2018 8:51 AM
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Ref. Dr	: **DR. DHANARAJ M**	**Type**	: OP

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Glucose (Fasting) - FBS (Plasma - F/GOD-PAP)	89.8	mg/dl	74 - 100
INTERPRETATION: Factors such as type & time of food intake,infection, physical or psychological stress, exercise & drugs can influence blood glucose levels			
Renal Function Test			
Urea (Serum/Urease/GLDH)	19.4	mg/dL	15 - 45
Creatinine (Serum/Modified Jaffe)	0.93	mg/dL	0.6 - 1.1
INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists,N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.			
Uric Acid (Serum/Enzymatic)	5.2	mg/dL	2.6 - 6.0
Serum Electrolytes			
Sodium (Na+) (Serum/Ion selective electrode (ISE))	138.6	Mmol/L	136 - 145
Potasium (K+) (Serum/Ion selective electrode (ISE))	4.76	Mmol/L	3.5 - 5.1
Chloride (Serum/Ion selective electrode (ISE))	102.8	mmol/L	98 - 107
Bicarbonate (Serum/Manometric method)	22.1	mmol/L	22 - 29
Urine Complete Analysis			
Colour (Urine)	Pale yellow		Yellow to Amber
pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine/Polymethyl vinyl ether and maleic acid)	1.005		1.002 - 1.035
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Ketone (Urine/Acetoacetic acid and sodium nitro prusside)	Negative		Negative
Nitrite (Urine/Diazo)	Negative		Negative
Bilirubin (Urine/Dichloroaniline diazonium)	Negative		Negative

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CONSULTANT- PATHOLOGIST

The results pertain to sample tested.

Name	: **Mrs. YOGALAKSHMI D**	**Register On**	: 14/08/2018 8:51 AM
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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Blood (Urine/Peroxidase)	Negative		Negative
Urobilinogen (Urine/Azo)	Normal		Normal
Pus Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
RBCs (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Appearance (Urine)	Clear		Clear
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.45	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.29	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.3	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	17.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	28.2	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	75.9	U/L	42 - 98
Total Protein (Serum/Biuret)	7.3	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.25	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.05	gm/dL	2.3 - 3.6

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	177.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (TGL) (Serum/GPO-PAP with ATCS)	132.9	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: Values may vary due to intake of alcohol, diet which is high in carbohydrates, red meat, dairy products, exercise and medications such as Diuretics, steroids etc. Elevation to be considered only if repeated values are high.

Non HDL Cholesterol (Serum/Calculated)	131.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

HDL Cholesterol (Serum/Immunoinhibition)	**46.4**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	104.8	mg/dL	Optimal: < 100 Near Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Derived)	26.6	mg/dL	< 30

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Ratio (Serum/ Derived)	3.8		Normal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
LDL/HDL Ratio (Serum)	2.3		Desirable: 0.5 - 3.0 Borderline: 3.1 - 6.0 Elevated: > 6.0
Nature of Serum (Serum)	Clear		Clear

IMMUNOASSAY

VITAMIN B12 (CYANOCOBALAMIN) (Serum/ Chemiluminescent Immunometric Assay (CLIA))	651.0	pg/mL	Normal: 211 - 911 Deficient: < 211
VITAMIN D3 (25- DIHYDROXY CHOLECALCIFEROL) (Serum/ Chemiluminescent Immunometric Assay (CLIA))	**34.39**	ng/ml	Deficiency: < 20 Insufficiency: 21.0 - 30.0 Sufficiency: 31.0 - 100.0 Toxicity: > 100.1

INTERPRETATION: Vitamin D(Calciferol) includes D3 (Cholecalciferol) and D2 (Ergocalciferol). Vitamin D3 is formed in the skin by the action of UVB or is ingested. Vitamin D2 mainly comes from plant sources. Vitamin D3 and D2 are hydroxylated in the liver to 25-hydroxyvitamin D (25-OHD)/Calcidiol. This is the major circulating form of vitamin D and is the target for assays measuring vitamin D status.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.07	ng/ml	0.8 - 1.6
T4 (Tyroxine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	7.4	µg/dl	4.2 - 12.0
TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	1.38	µIU/mL	0.4 - 4.2

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CONSULTANT- PATHOLOGIST

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval

INTERPRETATION: Reference range for cord blood - upto 20
1 st trimester: 0.1-2.5
2 nd trimester 0.2-3.0
3 rd trimester : 0.3-3.0
(Indian Thyroid Society Guidelines)
TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration,race, Ethnicity and BMI.

-- End of Report --

Dr.TANIMA T.GHOSH MBBS.DCP.
CONSULTANT- PATHOLOGIST

The results pertain to sample tested.

Name	: **Mrs. YOGALAKSHMI D**	**Register On**	: 14/08/2018 8:51 AM
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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
HAEMATOLOGY			
Absolute Eosinophil Count (AEC) (EDTA Blood/Flow cytometry)	0.2	10^3 / µl	0.04 - 0.44
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Photometry (cyanide free))	**12.4**	g/dL	12.5 - 16.0
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Calculated)	37.1	%	37 - 47
RBC Count (EDTA Blood/Electrical Impedance)	4.76	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Calculated)	78.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Calculated)	**26.1**	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Calculated)	33.4	g/dL	32 - 36
RDW (EDTA Blood/Calculated)	14.8	%	12 - 15
Platelet Count (EDTA Blood/Electrical Impedance)	404	10^3 / µl	150 - 450
MPV (EDTA Blood/Calculated)	8.4	fL	8.0 - 13.3
Total WBC Count (TC) (EDTA Blood/ Electrical Impedance)	**16,200 (Rechecked)**	cells/cu.mm	4000 - 11000
Diferential Leucocyte Count			
Neutrophils (EDTA Blood/Flow cytometry)	**75.5**	%	40 - 75
Lymphocytes (EDTA Blood/Flow cytometry)	**18.5**	%	20 - 45
Eosinophils (EDTA Blood/Flow cytometry)	1.0	%	01 - 06
Monocytes (EDTA Blood/Flow cytometry)	4.7	%	02 - 08
Basophils (EDTA Blood/Flow cytometry)	0.3	%	00 - 01

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	**40**	mm/hr	< 20

Dr.TANIMA T.GHOSH MBBS.DCP.
CONSULTANT- PATHOLOGIST

The results pertain to sample tested.

Name	: **Mrs. YOGALAKSHMI D**	**Register On**	: 14/08/2018 8:51 AM
PID No.	: KLP285926	**Collection On**	: 14/08/2018 8:53 AM
SID No.	: 118039850	**Report On**	: 14/08/2018 4:59 PM
Age / Sex	: 35 Year(s) / Female	**Printed On**	: 16/08/2018 5:26 AM
Ref. Dr	: **DR. DHANARAJ M**	**Type**	: OP

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Glucose (Fasting) - FBS (Plasma - F/GOD-PAP)	89.8	mg/dl	74 - 100
INTERPRETATION: Factors such as type & time of food intake,infection, physical or psychological stress, exercise & drugs can influence blood glucose levels			
Renal Function Test			
Urea (Serum/Urease/GLDH)	19.4	mg/dL	15 - 45
Creatinine (Serum/Modified Jaffe)	0.93	mg/dL	0.6 - 1.1
INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists,N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.			
Uric Acid (Serum/Enzymatic)	5.2	mg/dL	2.6 - 6.0
Serum Electrolytes			
Sodium (Na+) (Serum/Ion selective electrode (ISE))	138.6	Mmol/L	136 - 145
Potasium (K+) (Serum/Ion selective electrode (ISE))	4.76	Mmol/L	3.5 - 5.1
Chloride (Serum/Ion selective electrode (ISE))	102.8	mmol/L	98 - 107
Bicarbonate (Serum/Manometric method)	22.1	mmol/L	22 - 29
Urine Complete Analysis			
Colour (Urine)	Pale yellow		Yellow to Amber
pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine/Polymethyl vinyl ether and maleic acid)	1.005		1.002 - 1.035
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Ketone (Urine/Acetoacetic acid and sodium nitro prusside)	Negative		Negative
Nitrite (Urine/Diazo)	Negative		Negative
Bilirubin (Urine/Dichloroaniline diazonium)	Negative		Negative

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CONSULTANT- PATHOLOGIST

The results pertain to sample tested.

Name	: **Mrs. YOGALAKSHMI D**	**Register On**	: 14/08/2018 8:51 AM
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Ref. Dr	: **DR. DHANARAJ M**	**Type**	: OP

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Blood (Urine/Peroxidase)	Negative		Negative
Urobilinogen (Urine/Azo)	Normal		Normal
Pus Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
RBCs (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Appearance (Urine)	Clear		Clear
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.45	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.29	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.3	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	17.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	28.2	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	75.9	U/L	42 - 98
Total Protein (Serum/Biuret)	7.3	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.25	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.05	gm/dL	2.3 - 3.6

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The results pertain to sample tested.

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	177.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (TGL) (Serum/GPO-PAP with ATCS)	132.9	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: Values may vary due to intake of alcohol, diet which is high in carbohydrates, red meat, dairy products, exercise and medications such as Diuretics, steroids etc. Elevation to be considered only if repeated values are high.

Non HDL Cholesterol (Serum/Calculated)	131.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

HDL Cholesterol (Serum/Immunoinhibition)	**46.4**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	104.8	mg/dL	Optimal: < 100 Near Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Derived)	26.6	mg/dL	< 30

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Ratio (Serum/ Derived)	3.8		Normal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
LDL/HDL Ratio (Serum)	2.3		Desirable: 0.5 - 3.0 Borderline: 3.1 - 6.0 Elevated: > 6.0
Nature of Serum (Serum)	Clear		Clear

IMMUNOASSAY

VITAMIN B12 (CYANOCOBALAMIN) (Serum/ Chemiluminescent Immunometric Assay (CLIA))	651.0	pg/mL	Normal: 211 - 911 Deficient: < 211
VITAMIN D3 (25- DIHYDROXY CHOLECALCIFEROL) (Serum/ Chemiluminescent Immunometric Assay (CLIA))	**34.39**	ng/ml	Deficiency: < 20 Insufficiency: 21.0 - 30.0 Sufficiency: 31.0 - 100.0 Toxicity: > 100.1

INTERPRETATION: Vitamin D(Calciferol) includes D3 (Cholecalciferol) and D2 (Ergocalciferol). Vitamin D3 is formed in the skin by the action of UVB or is ingested. Vitamin D2 mainly comes from plant sources. Vitamin D3 and D2 are hydroxylated in the liver to 25-hydroxyvitamin D (25-OHD)/Calcidiol. This is the major circulating form of vitamin D and is the target for assays measuring vitamin D status.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.07	ng/ml	0.8 - 1.6
T4 (Tyroxine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	7.4	µg/dl	4.2 - 12.0
TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	1.38	µIU/mL	0.4 - 4.2

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval

INTERPRETATION: Reference range for cord blood - upto 20
1 st trimester: 0.1-2.5
2 nd trimester 0.2-3.0
3 rd trimester : 0.3-3.0
(Indian Thyroid Society Guidelines)
TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration,race, Ethnicity and BMI.

-- End of Report --

Dr.TANIMA T.GHOSH MBBS.DCP.
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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
HAEMATOLOGY			
Absolute Eosinophil Count (AEC) (EDTA Blood/Flow cytometry)	0.2	10^3 / µl	0.04 - 0.44
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Photometry (cyanide free))	**12.4**	g/dL	12.5 - 16.0
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Calculated)	37.1	%	37 - 47
RBC Count (EDTA Blood/Electrical Impedance)	4.76	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Calculated)	78.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Calculated)	**26.1**	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Calculated)	33.4	g/dL	32 - 36
RDW (EDTA Blood/Calculated)	14.8	%	12 - 15
Platelet Count (EDTA Blood/Electrical Impedance)	404	10^3 / µl	150 - 450
MPV (EDTA Blood/Calculated)	8.4	fL	8.0 - 13.3
Total WBC Count (TC) (EDTA Blood/ Electrical Impedance)	**16,200 (Rechecked)**	cells/cu.mm	4000 - 11000
Diferential Leucocyte Count			
Neutrophils (EDTA Blood/Flow cytometry)	**75.5**	%	40 - 75
Lymphocytes (EDTA Blood/Flow cytometry)	**18.5**	%	20 - 45
Eosinophils (EDTA Blood/Flow cytometry)	1.0	%	01 - 06
Monocytes (EDTA Blood/Flow cytometry)	4.7	%	02 - 08
Basophils (EDTA Blood/Flow cytometry)	0.3	%	00 - 01

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	**40**	mm/hr	< 20

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Glucose (Fasting) - FBS (Plasma - F/GOD-PAP)	89.8	mg/dl	74 - 100
INTERPRETATION: Factors such as type & time of food intake,infection, physical or psychological stress, exercise & drugs can influence blood glucose levels			
Renal Function Test			
Urea (Serum/Urease/GLDH)	19.4	mg/dL	15 - 45
Creatinine (Serum/Modified Jaffe)	0.93	mg/dL	0.6 - 1.1
INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists,N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.			
Uric Acid (Serum/Enzymatic)	5.2	mg/dL	2.6 - 6.0
Serum Electrolytes			
Sodium (Na+) (Serum/Ion selective electrode (ISE))	138.6	Mmol/L	136 - 145
Potasium (K+) (Serum/Ion selective electrode (ISE))	4.76	Mmol/L	3.5 - 5.1
Chloride (Serum/Ion selective electrode (ISE))	102.8	mmol/L	98 - 107
Bicarbonate (Serum/Manometric method)	22.1	mmol/L	22 - 29
Urine Complete Analysis			
Colour (Urine)	Pale yellow		Yellow to Amber
pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine/Polymethyl vinyl ether and maleic acid)	1.005		1.002 - 1.035
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Ketone (Urine/Acetoacetic acid and sodium nitro prusside)	Negative		Negative
Nitrite (Urine/Diazo)	Negative		Negative
Bilirubin (Urine/Dichloroaniline diazonium)	Negative		Negative

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Blood (Urine/Peroxidase)	Negative		Negative
Urobilinogen (Urine/Azo)	Normal		Normal
Pus Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
RBCs (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Appearance (Urine)	Clear		Clear
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.45	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.29	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.3	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	17.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	28.2	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	75.9	U/L	42 - 98
Total Protein (Serum/Biuret)	7.3	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.25	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.05	gm/dL	2.3 - 3.6

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	177.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (TGL) (Serum/GPO-PAP with ATCS)	132.9	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: Values may vary due to intake of alcohol, diet which is high in carbohydrates, red meat, dairy products, exercise and medications such as Diuretics, steroids etc. Elevation to be considered only if repeated values are high.

Non HDL Cholesterol (Serum/Calculated)	131.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

HDL Cholesterol (Serum/Immunoinhibition)	**46.4**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	104.8	mg/dL	Optimal: < 100 Near Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Derived)	26.6	mg/dL	< 30

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Ratio (Serum/ Derived)	3.8		Normal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
LDL/HDL Ratio (Serum)	2.3		Desirable: 0.5 - 3.0 Borderline: 3.1 - 6.0 Elevated: > 6.0
Nature of Serum (Serum)	Clear		Clear

IMMUNOASSAY

VITAMIN B12 (CYANOCOBALAMIN) (Serum/ Chemiluminescent Immunometric Assay (CLIA))	651.0	pg/mL	Normal: 211 - 911 Deficient: < 211
VITAMIN D3 (25- DIHYDROXY CHOLECALCIFEROL) (Serum/ Chemiluminescent Immunometric Assay (CLIA))	**34.39**	ng/ml	Deficiency: < 20 Insufficiency: 21.0 - 30.0 Sufficiency: 31.0 - 100.0 Toxicity: > 100.1

INTERPRETATION: Vitamin D(Calciferol) includes D3 (Cholecalciferol) and D2 (Ergocalciferol). Vitamin D3 is formed in the skin by the action of UVB or is ingested. Vitamin D2 mainly comes from plant sources. Vitamin D3 and D2 are hydroxylated in the liver to 25-hydroxyvitamin D (25-OHD)/Calcidiol. This is the major circulating form of vitamin D and is the target for assays measuring vitamin D status.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.07	ng/ml	0.8 - 1.6
T4 (Tyroxine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	7.4	µg/dl	4.2 - 12.0
TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	1.38	µIU/mL	0.4 - 4.2

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval

INTERPRETATION: Reference range for cord blood - upto 20
1 st trimester: 0.1-2.5
2 nd trimester 0.2-3.0
3 rd trimester : 0.3-3.0
(Indian Thyroid Society Guidelines)
TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration,race, Ethnicity and BMI.

-- End of Report --

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
HAEMATOLOGY			
Absolute Eosinophil Count (AEC) (EDTA Blood/Flow cytometry)	0.2	10^3 / µl	0.04 - 0.44
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Photometry (cyanide free))	**12.4**	g/dL	12.5 - 16.0
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Calculated)	37.1	%	37 - 47
RBC Count (EDTA Blood/Electrical Impedance)	4.76	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Calculated)	78.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Calculated)	**26.1**	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Calculated)	33.4	g/dL	32 - 36
RDW (EDTA Blood/Calculated)	14.8	%	12 - 15
Platelet Count (EDTA Blood/Electrical Impedance)	404	10^3 / µl	150 - 450
MPV (EDTA Blood/Calculated)	8.4	fL	8.0 - 13.3
Total WBC Count (TC) (EDTA Blood/ Electrical Impedance)	**16,200 (Rechecked)**	cells/cu.mm	4000 - 11000
Diferential Leucocyte Count			
Neutrophils (EDTA Blood/Flow cytometry)	**75.5**	%	40 - 75
Lymphocytes (EDTA Blood/Flow cytometry)	**18.5**	%	20 - 45
Eosinophils (EDTA Blood/Flow cytometry)	1.0	%	01 - 06
Monocytes (EDTA Blood/Flow cytometry)	4.7	%	02 - 08
Basophils (EDTA Blood/Flow cytometry)	0.3	%	00 - 01

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	**40**	mm/hr	< 20

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Age / Sex	: 35 Year(s) / Female	**Printed On**	: 16/08/2018 5:26 AM
Ref. Dr	: **DR. DHANARAJ M**	**Type**	: OP

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Glucose (Fasting) - FBS (Plasma - F/GOD-PAP)	89.8	mg/dl	74 - 100
INTERPRETATION: Factors such as type & time of food intake,infection, physical or psychological stress, exercise & drugs can influence blood glucose levels			
Renal Function Test			
Urea (Serum/Urease/GLDH)	19.4	mg/dL	15 - 45
Creatinine (Serum/Modified Jaffe)	0.93	mg/dL	0.6 - 1.1
INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists,N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.			
Uric Acid (Serum/Enzymatic)	5.2	mg/dL	2.6 - 6.0
Serum Electrolytes			
Sodium (Na+) (Serum/Ion selective electrode (ISE))	138.6	Mmol/L	136 - 145
Potasium (K+) (Serum/Ion selective electrode (ISE))	4.76	Mmol/L	3.5 - 5.1
Chloride (Serum/Ion selective electrode (ISE))	102.8	mmol/L	98 - 107
Bicarbonate (Serum/Manometric method)	22.1	mmol/L	22 - 29
Urine Complete Analysis			
Colour (Urine)	Pale yellow		Yellow to Amber
pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine/Polymethyl vinyl ether and maleic acid)	1.005		1.002 - 1.035
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Ketone (Urine/Acetoacetic acid and sodium nitro prusside)	Negative		Negative
Nitrite (Urine/Diazo)	Negative		Negative
Bilirubin (Urine/Dichloroaniline diazonium)	Negative		Negative

Dr.TANIMA T.GHOSH MBBS.DCP.
CONSULTANT- PATHOLOGIST

The results pertain to sample tested.

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Blood (Urine/Peroxidase)	Negative		Negative
Urobilinogen (Urine/Azo)	Normal		Normal
Pus Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
RBCs (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Appearance (Urine)	Clear		Clear
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.45	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.29	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.3	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	17.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	28.2	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	75.9	U/L	42 - 98
Total Protein (Serum/Biuret)	7.3	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.25	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.05	gm/dL	2.3 - 3.6

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	177.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (TGL) (Serum/GPO-PAP with ATCS)	132.9	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: Values may vary due to intake of alcohol, diet which is high in carbohydrates, red meat, dairy products, exercise and medications such as Diuretics, steroids etc. Elevation to be considered only if repeated values are high.

Non HDL Cholesterol (Serum/Calculated)	131.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

HDL Cholesterol (Serum/Immunoinhibition)	**46.4**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	104.8	mg/dL	Optimal: < 100 Near Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Derived)	26.6	mg/dL	< 30

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Ratio (Serum/ Derived)	3.8		Normal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
LDL/HDL Ratio (Serum)	2.3		Desirable: 0.5 - 3.0 Borderline: 3.1 - 6.0 Elevated: > 6.0
Nature of Serum (Serum)	Clear		Clear

IMMUNOASSAY

VITAMIN B12 (CYANOCOBALAMIN) (Serum/ Chemiluminescent Immunometric Assay (CLIA))	651.0	pg/mL	Normal: 211 - 911 Deficient: < 211
VITAMIN D3 (25- DIHYDROXY CHOLECALCIFEROL) (Serum/ Chemiluminescent Immunometric Assay (CLIA))	**34.39**	ng/ml	Deficiency: < 20 Insufficiency: 21.0 - 30.0 Sufficiency: 31.0 - 100.0 Toxicity: > 100.1

INTERPRETATION: Vitamin D(Calciferol) includes D3 (Cholecalciferol) and D2 (Ergocalciferol). Vitamin D3 is formed in the skin by the action of UVB or is ingested. Vitamin D2 mainly comes from plant sources. Vitamin D3 and D2 are hydroxylated in the liver to 25-hydroxyvitamin D (25-OHD)/Calcidiol. This is the major circulating form of vitamin D and is the target for assays measuring vitamin D status.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.07	ng/ml	0.8 - 1.6
T4 (Tyroxine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	7.4	µg/dl	4.2 - 12.0
TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	1.38	µIU/mL	0.4 - 4.2

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval

INTERPRETATION: Reference range for cord blood - upto 20
1 st trimester: 0.1-2.5
2 nd trimester 0.2-3.0
3 rd trimester : 0.3-3.0
(Indian Thyroid Society Guidelines)
TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration,race, Ethnicity and BMI.

-- End of Report --

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
HAEMATOLOGY			
Absolute Eosinophil Count (AEC) (EDTA Blood/Flow cytometry)	0.2	10^3 / µl	0.04 - 0.44
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Photometry (cyanide free))	**12.4**	g/dL	12.5 - 16.0
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Calculated)	37.1	%	37 - 47
RBC Count (EDTA Blood/Electrical Impedance)	4.76	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Calculated)	78.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Calculated)	**26.1**	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Calculated)	33.4	g/dL	32 - 36
RDW (EDTA Blood/Calculated)	14.8	%	12 - 15
Platelet Count (EDTA Blood/Electrical Impedance)	404	10^3 / µl	150 - 450
MPV (EDTA Blood/Calculated)	8.4	fL	8.0 - 13.3
Total WBC Count (TC) (EDTA Blood/ Electrical Impedance)	**16,200 (Rechecked)**	cells/cu.mm	4000 - 11000
Diferential Leucocyte Count			
Neutrophils (EDTA Blood/Flow cytometry)	**75.5**	%	40 - 75
Lymphocytes (EDTA Blood/Flow cytometry)	**18.5**	%	20 - 45
Eosinophils (EDTA Blood/Flow cytometry)	1.0	%	01 - 06
Monocytes (EDTA Blood/Flow cytometry)	4.7	%	02 - 08
Basophils (EDTA Blood/Flow cytometry)	0.3	%	00 - 01

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	**40**	mm/hr	< 20

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Glucose (Fasting) - FBS (Plasma - F/GOD-PAP)	89.8	mg/dl	74 - 100
INTERPRETATION: Factors such as type & time of food intake,infection, physical or psychological stress, exercise & drugs can influence blood glucose levels			
Renal Function Test			
Urea (Serum/Urease/GLDH)	19.4	mg/dL	15 - 45
Creatinine (Serum/Modified Jaffe)	0.93	mg/dL	0.6 - 1.1
INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists,N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.			
Uric Acid (Serum/Enzymatic)	5.2	mg/dL	2.6 - 6.0
Serum Electrolytes			
Sodium (Na+) (Serum/Ion selective electrode (ISE))	138.6	Mmol/L	136 - 145
Potasium (K+) (Serum/Ion selective electrode (ISE))	4.76	Mmol/L	3.5 - 5.1
Chloride (Serum/Ion selective electrode (ISE))	102.8	mmol/L	98 - 107
Bicarbonate (Serum/Manometric method)	22.1	mmol/L	22 - 29
Urine Complete Analysis			
Colour (Urine)	Pale yellow		Yellow to Amber
pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine/Polymethyl vinyl ether and maleic acid)	1.005		1.002 - 1.035
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Ketone (Urine/Acetoacetic acid and sodium nitro prusside)	Negative		Negative
Nitrite (Urine/Diazo)	Negative		Negative
Bilirubin (Urine/Dichloroaniline diazonium)	Negative		Negative

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
Blood (Urine/Peroxidase)	Negative		Negative
Urobilinogen (Urine/Azo)	Normal		Normal
Pus Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	**Occasional**	/hpf	NIL
RBCs (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Appearance (Urine)	Clear		Clear
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.45	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.29	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.3	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	17.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	28.2	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	75.9	U/L	42 - 98
Total Protein (Serum/Biuret)	7.3	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.25	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.05	gm/dL	2.3 - 3.6

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Investigation	Observed Value	Unit	Biological Reference Interval
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	177.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (TGL) (Serum/GPO-PAP with ATCS)	132.9	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: Values may vary due to intake of alcohol, diet which is high in carbohydrates, red meat, dairy products, exercise and medications such as Diuretics, steroids etc. Elevation to be considered only if repeated values are high.

Non HDL Cholesterol (Serum/Calculated)	131.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

HDL Cholesterol (Serum/Immunoinhibition)	**46.4**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	104.8	mg/dL	Optimal: < 100 Near Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Derived)	26.6	mg/dL	< 30

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Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Ratio (Serum/ Derived)	3.8		Normal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
LDL/HDL Ratio (Serum)	2.3		Desirable: 0.5 - 3.0 Borderline: 3.1 - 6.0 Elevated: > 6.0
Nature of Serum (Serum)	Clear		Clear

IMMUNOASSAY

VITAMIN B12 (CYANOCOBALAMIN) (Serum/ Chemiluminescent Immunometric Assay (CLIA))	651.0	pg/mL	Normal: 211 - 911 Deficient: < 211
VITAMIN D3 (25- DIHYDROXY CHOLECALCIFEROL) (Serum/ Chemiluminescent Immunometric Assay (CLIA))	**34.39**	ng/ml	Deficiency: < 20 Insufficiency: 21.0 - 30.0 Sufficiency: 31.0 - 100.0 Toxicity: > 100.1

INTERPRETATION: Vitamin D(Calciferol) includes D3 (Cholecalciferol) and D2 (Ergocalciferol). Vitamin D3 is formed in the skin by the action of UVB or is ingested. Vitamin D2 mainly comes from plant sources. Vitamin D3 and D2 are hydroxylated in the liver to 25-hydroxyvitamin D (25-OHD)/Calcidiol. This is the major circulating form of vitamin D and is the target for assays measuring vitamin D status.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.07	ng/ml	0.8 - 1.6
T4 (Tyroxine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	7.4	µg/dl	4.2 - 12.0
TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	1.38	µIU/mL	0.4 - 4.2

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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval

INTERPRETATION: Reference range for cord blood - upto 20
1 st trimester: 0.1-2.5
2 nd trimester 0.2-3.0
3 rd trimester : 0.3-3.0
(Indian Thyroid Society Guidelines)
TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration,race, Ethnicity and BMI.

-- End of Report --

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The results pertain to sample tested.