

Health Export for jana

Date of Birth: 2/4/2006

Generated: 31/1/2026, 3:36:12 pm

Name : Mrs. YOGALAKSHMI D
PID No. : KLP285926
SID No. : 118039850
Age / Sex : 35 Year(s) / Female
Ref. Dr : DR. DHANARAJ M

Register On : 14/08/2018 8:51 AM
Collection On : 14/08/2018 8:53 AM
Report On : 14/08/2018 4:59 PM
Printed On : 16/08/2018 5:26 AM
Type : OP



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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
Differential 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

Potassium (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

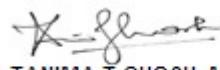
Protein (Urine/Protein error of indicator) Negative Negative

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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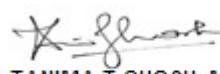


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood (Urine/Peroxidase)	Negative		Negative
Urobilinogen (Urine/Azo)	Normal		Normal
Pus Cells (Urine/Automated – Flow cytometry)	Occasional	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	Occasional	/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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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
<u>Lipid Profile</u>			
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
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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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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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

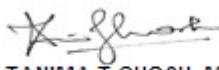
IMMUNOASSAY

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 (Troxine) - 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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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 --

A handwritten signature in black ink, appearing to read "K. Ghosh".

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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

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Health Export for abhi

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Health Export for super

Date of Birth: 2/4/2006

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Health Export for jana

Date of Birth: 30/11/2006

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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
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Total WBC Count (TC) (EDTA Blood/Electrical Impedance)	16,200 (Rechecked)	cells/cu.mm	4000 - 11000
Differential 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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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

Potassium (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

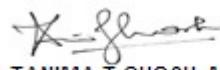
Protein (Urine/Protein error of indicator) Negative Negative

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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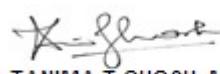


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood (Urine/Peroxidase)	Negative		Negative
Urobilinogen (Urine/Azo)	Normal		Normal
Pus Cells (Urine/Automated – Flow cytometry)	Occasional	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	Occasional	/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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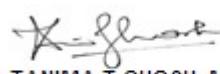
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A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	177.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (TGL) (Serum/GPO-PAP with ATCS)	132.9	mg/dL	Optimal: < 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
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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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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

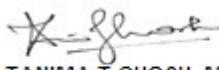
IMMUNOASSAY

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 (Troxine) - 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.

Page 5 of 6

Name : Mrs. YOGALAKSHMI D
PID No. : KLP285926
SID No. : 118039850
Age / Sex : 35 Year(s) / Female
Ref. Dr : DR. DHANARAJ M

Register On : 14/08/2018 8:51 AM
Collection On : 14/08/2018 8:53 AM
Report On : 14/08/2018 4:59 PM
Printed On : 16/08/2018 5:26 AM
Type : OP



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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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 --

A handwritten signature in black ink, appearing to read "K. Ghosh".

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CONSULTANT- PATHOLOGIST

The results pertain to sample tested.

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Name : Mrs. YOGALAKSHMI D
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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
Differential 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

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Name : Mrs. YOGALAKSHMI D
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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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

Potassium (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

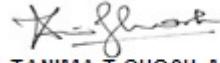
Protein (Urine/Protein error of indicator) Negative Negative

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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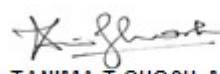


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood (Urine/Peroxidase)	Negative		Negative
Urobilinogen (Urine/Azo)	Normal		Normal
Pus Cells (Urine/Automated – Flow cytometry)	Occasional	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	Occasional	/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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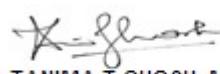
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	177.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (TGL) (Serum/GPO-PAP 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
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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,
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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

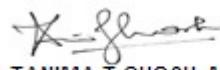
IMMUNOASSAY

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 (Troxine) - 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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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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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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
Differential 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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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

Potassium (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

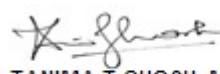
Protein (Urine/Protein error of indicator) Negative Negative

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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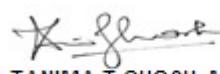


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood (Urine/Peroxidase)	Negative		Negative
Urobilinogen (Urine/Azo)	Normal		Normal
Pus Cells (Urine/Automated – Flow cytometry)	Occasional	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	Occasional	/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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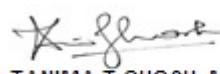
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	177.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (TGL) (Serum/GPO-PAP 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
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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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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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

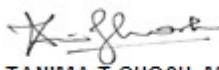
IMMUNOASSAY

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 (Troxine) - 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.

Page 5 of 6

Name : Mrs. YOGALAKSHMI D
PID No. : KLP285926
SID No. : 118039850
Age / Sex : 35 Year(s) / Female
Ref. Dr : DR. DHANARAJ M

Register On : 14/08/2018 8:51 AM
Collection On : 14/08/2018 8:53 AM
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Printed On : 16/08/2018 5:26 AM
Type : OP



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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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 --

A handwritten signature in black ink, appearing to read "K. Ghosh".

Dr.TANIMA T.GHOSH MBBS,DCP,
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The results pertain to sample tested.

Page 6 of 6

Name : Mrs. YOGALAKSHMI D
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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
Differential 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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Name : Mrs. YOGALAKSHMI D
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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

Potassium (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

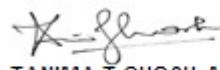
Protein (Urine/Protein error of indicator) Negative Negative

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,
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The results pertain to sample tested.

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Name : Mrs. YOGALAKSHMI D
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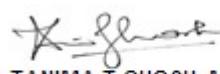


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood (Urine/Peroxidase)	Negative		Negative
Urobilinogen (Urine/Azo)	Normal		Normal
Pus Cells (Urine/Automated – Flow cytometry)	Occasional	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	Occasional	/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


Dr. TANIMA T. GHOSH MBBS, DCP,
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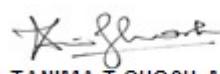
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	177.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (TGL) (Serum/GPO-PAP 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
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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,
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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

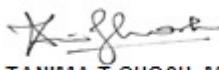
IMMUNOASSAY

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 (Troxine) - 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,
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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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 --

A handwritten signature in black ink, appearing to read "K. Ghosh".

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

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Health Export for keethu

Date of Birth: 18/8/2005

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Name : Mrs. YOGALAKSHMI D
PID No. : KLP285926
SID No. : 118039850
Age / Sex : 35 Year(s) / Female
Ref. Dr : DR. DHANARAJ M

Register On : 14/08/2018 8:51 AM
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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
Differential 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,
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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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

Potassium (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

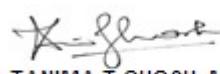
Protein (Urine/Protein error of indicator) Negative Negative

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

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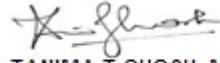


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood (Urine/Peroxidase)	Negative		Negative
Urobilinogen (Urine/Azo)	Normal		Normal
Pus Cells (Urine/Automated – Flow cytometry)	Occasional	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	Occasional	/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


Dr. TANIMA T. GHOSH MBBS, DCP,
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
<u>Lipid Profile</u>			
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.

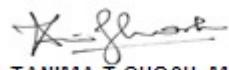
Non HDL Cholesterol (Serum/Calculated)	131.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220
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INTERPRETATION: 1. Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than 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
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LDL Cholesterol (Serum/Calculated)	104.8	mg/dL	Optimal: < 100 Near Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
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VLDL Cholesterol (Serum/Derived)	26.6	mg/dL	< 30
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Dr. TANIMA T. GHOSH MBBS, DCP,
CONSULTANT- PATHOLOGIST

The results pertain to sample tested.

Name : Mrs. YOGALAKSHMI D
PID No. : KLP285926
SID No. : 118039850
Age / Sex : 35 Year(s) / Female
Ref. Dr : DR. DHANARAJ M

Register On : 14/08/2018 8:51 AM
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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

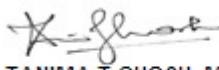
IMMUNOASSAY

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 (Troxine) - 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,
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Name : Mrs. YOGALAKSHMI D
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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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 --

A handwritten signature in black ink, appearing to read "K. Ghosh".

Dr.TANIMA T.GHOSH MBBS,DCP,
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The results pertain to sample tested.

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Name : Mrs. YOGALAKSHMI D
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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
Differential 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,
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The results pertain to sample tested.

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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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

Potassium (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

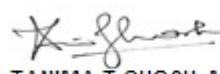
Protein (Urine/Protein error of indicator) Negative Negative

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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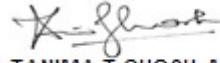


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood (Urine/Peroxidase)	Negative		Negative
Urobilinogen (Urine/Azo)	Normal		Normal
Pus Cells (Urine/Automated – Flow cytometry)	Occasional	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	Occasional	/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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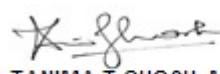
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	177.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (TGL) (Serum/GPO-PAP 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
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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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Page 4 of 6

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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

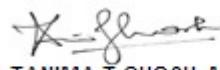
IMMUNOASSAY

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 (Troxine) - 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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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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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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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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
Differential 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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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

Potassium (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

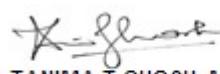
Protein (Urine/Protein error of indicator) Negative Negative

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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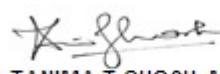


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood (Urine/Peroxidase)	Negative		Negative
Urobilinogen (Urine/Azo)	Normal		Normal
Pus Cells (Urine/Automated – Flow cytometry)	Occasional	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	Occasional	/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


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

The results pertain to sample tested.

Page 3 of 6

Name : Mrs. YOGALAKSHMI D
PID No. : KLP285926
SID No. : 118039850
Age / Sex : 35 Year(s) / Female
Ref. Dr : DR. DHANARAJ M

Register On : 14/08/2018 8:51 AM
Collection On : 14/08/2018 8:53 AM
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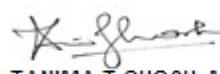
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	177.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (TGL) (Serum/GPO-PAP 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
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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,
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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

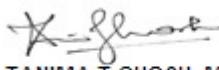
IMMUNOASSAY

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 (Troxine) - 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,
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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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 --

A handwritten signature in black ink, appearing to read "K. Ghosh".

Dr.TANIMA T.GHOSH MBBS.DCP.
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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
Differential 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,
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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

Potassium (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

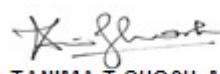
Protein (Urine/Protein error of indicator) Negative Negative

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,
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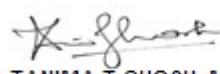


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood (Urine/Peroxidase)	Negative		Negative
Urobilinogen (Urine/Azo)	Normal		Normal
Pus Cells (Urine/Automated – Flow cytometry)	Occasional	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	Occasional	/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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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
<u>Lipid Profile</u>			
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
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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

The signature of Dr. TANIMA T. GHOSH, written in black ink.
Dr. TANIMA T. GHOSH MBBS, DCP,
CONSULTANT- PATHOLOGIST

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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

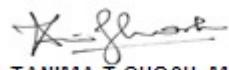
IMMUNOASSAY

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 (Troxine) - 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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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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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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
Differential 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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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

Potassium (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

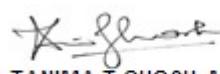
Protein (Urine/Protein error of indicator) Negative Negative

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,
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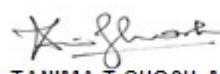


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood (Urine/Peroxidase)	Negative		Negative
Urobilinogen (Urine/Azo)	Normal		Normal
Pus Cells (Urine/Automated – Flow cytometry)	Occasional	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	Occasional	/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


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

The results pertain to sample tested.

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Name : Mrs. YOGALAKSHMI D
PID No. : KLP285926
SID No. : 118039850
Age / Sex : 35 Year(s) / Female
Ref. Dr : DR. DHANARAJ M

Register On : 14/08/2018 8:51 AM
Collection On : 14/08/2018 8:53 AM
Report On : 14/08/2018 4:59 PM
Printed On : 16/08/2018 5:26 AM
Type : OP



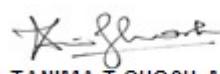
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	177.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (TGL) (Serum/GPO-PAP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

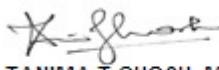
IMMUNOASSAY

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 (Troxine) - 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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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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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 --

A handwritten signature in black ink, appearing to read "K. Ghosh".

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