

Health Export for rasi

Date of Birth: 20/3/2006

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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
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Investigation	Observed Value	Unit	Biological Reference Interval
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HAEMATOLOGY

Absolute Eosinophil Count (AEC) (EDTA Blood/Flow cytometry)

0.2 10³ / μ l 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)

404 10³ / μ l 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

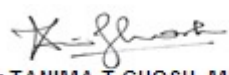
Basophils (EDTA Blood/Flow cytometry)

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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 CONSULTANT- PATHOLOGIST

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BIOCHEMISTRY

Glucose (Fasting) - FBS (Plasma - F/GOD-PAP)	89.8	mg/dl	74 - 100
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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.

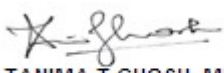
Uric Acid (Serum/Enzymatic)	5.2	mg/dL	2.6 - 6.0
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Serum Electrolytes

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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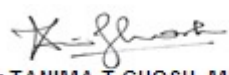


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Blood (Urine/Peroxidase)	Negative		Negative
Urobilinogen (Urine/Azo)	Normal		Normal
Pus Cells (Urine/Automated – Flow cytometry)	Occasional	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	Occasional	/hpf	NIL
RBCs (Urine/Automated – Flow 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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A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	177.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
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Triglycerides (TGL) (Serum/GPO-PAP with ATCS)	132.9	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
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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.

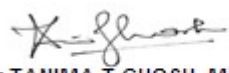
Non HDL Cholesterol (Serum/Calculated)	131.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220
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INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than 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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Total Cholesterol/HDL Ratio (Serum/ Derived)	3.8		Normal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
LDL/HDL Ratio (Serum)	2.3		Desirable: 0.5 - 3.0 Borderline: 3.1 - 6.0 Elevated: > 6.0
Nature of Serum (Serum)	Clear		Clear

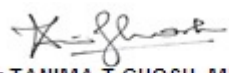
IMMUNOASSAY

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

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

THYROID PROFILE / TFT

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


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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 "T. Ghosh".

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