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Laboratory Investigation Report

Patient Name	**: Miss. AKANKSHA**	Centre	: PANT PATHOLOGY LAB (UK005)
Age/Gender	: 25 Y/Female	Collection	: 21/Mar/2025 08:05AM
Mobile No	:	Received	: 21/Mar/2025 08:53AM
Patient ID	: LSHHI459169	Reported	: 21/Mar/2025 10:19AM
Refered By	: Self	Barcode	: B28285
Report Status	: Final	Lab No	: 042503210015
SRF ID	:	Aadhar/PP.No	:

Test Name	Value	Unit	Bio Ref.Interval
CBC, COMPLETE BLOOD COUNT			
HAEMOGLOBIN SLS-Hemoglobin	**11.5**	g/dL	12.0-15.0
RBC Count Hydro Dynamic Focusing	4.18	10^6/uL	3.8-4.8
PCV/ HAEMATOCRIT Pulse height detection	39.90	%	36.0-46.0
MCV(MEAN CORPUSCULAR VOLUME) Calculated	95.40	fL	83-101
MCH (MEAN CORPUSCULAR HEMOGLOBIN) Calculated	27.50	pg	27-32
MCHC (MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION) Calculated	**28.80**	g/dL	31.5-34.5
PDW (cv) Calculated	15.8	%	10.0-17.9
PLATELET COUNT Hydro Dynamic Focusing	247	10^3/uL	150-410
P-LCC (PLATELET LARGE CELL COUNT) Calculated	79.3	10^3/uL	30-90
P-LCR (PLATELET TO LARGE CELL RATIO) Calculated	32.1	%	11.0-45.0
MPV (MEAN PLATELET VOLUME) Calculated	**11.70**	fL	6.8-10.9
RDW (cv) Calculated	**15.40**	%	11.6-14.0
TLC (Total Leucocyte Count) Flow Cytometry	9.60	10^3/uL	4.0-10.0
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL Flow Cytomerty	60.0	%	40-80
LYMPHOCYTES Flow Cytomerty	26.0	%	20-40
EOSINOPHIL Flow Cytomerty	5.0	%	1-6
MONOCYTES Flow Cytomerty	9.0	%	2-10
BASOPHILS Flow Cytomerty	0.0	%	<2
ABSOLUTE NEUTROPHIL COUNT Calculated	5.76	10^3/uL	2.0-7.5
ABSOLUTE LYMPHOCYTE COUNT Calculated	2.50	10^3/uL	1.0-3.0
ABSOLUTE EOSINOPHIL COUNT Calculated	**0.48**	10^3/uL	0.04-0.44

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Test Name	Value	Unit	Bio Ref.Interval
ABSOLUTE MONOCYTE COUNT Calculated	0.86	10^3/uL	0.2-1.0
ABSOLUTE BASOPHIL COUNT Calculated	0.00	10^3/uL	0.0-0.1

Interpretation:

CBC is used as a screening tool in the diagnosis or monitoring of many diseases. RBCs, WBCs, and platelets are produced in the bone marrow and released into the peripheral blood. The primary function of the RBC is to deliver oxygen to tissues. WBCs are key components of the immune system. Platelets play a vital role in blood clotting.Abnormal cell counter results are confirmed by peripheral blood smear examination by trained pathologist.

NOTE:

1. As per the recommendation of International Council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
2. Test conducted on EDTA whole blood.

ESR (WESTERGEN METHOD)

ESR [WESTERGEN] Sedimentation	**16**	mm/1st	0 - 12

Interpretation:

ESR is the measurement of sedimentation of red cells in diluted blood after standing for 1 hour. It is dependent on various physiologic and pathologic factors including hemoglobin concentration, ratio of plasma proteins, serum lipid concentration etc. Although ESR is a non-specific phenomenon, its measurement is useful in disorders associated with increased production of acute phase proteins. In RA & TB it provides an index of progess of the disease and it has considerable value in diagnosis of temporal arteritis & polymyalgia rheumatica. ESR can be low (0-1 mm) especially in polycythemia, hypofibrinogenaemia and in abdnormalities of red cells like sickle cells or speherocytosis etc.

*** End Of Report ***

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Test Name	Value	Unit	Bio Ref.Interval
LIVER FUNCTION TEST with GGT (LFT)			
TOTAL BILIRUBIN Dyphylline	0.44	mg/dl	0.0-1.2
DIRECT BILIRUBIN Spectrophotometric	0.29	mg/dl	0.0-0.40
INDIRECT BILIRUBIN Calculated	0.15	mg/dL	0.1-1.0
SGOT (AST) UV With P5P	**51.3**	U/L	0-31
SGPT (ALT) UV With P5P	26.0	U/L	0.0-45.0
ALKALINE PHOSPHATASE pNPP/AMP buffer	81.3	U/L	42-98
Gamma-glutamyl transferase (GGT) G-glutamyl-p-nitroanilide	43.20	U/L	15-73
TOTAL PROTEIN Biuret Method	7.21	g/dl	6.4-8.3
ALBUMIN Bromocresol Green	4.15	g/dl	3.5-5.2
GLOBULIN Calculated	3.06		
A/G Ratio Calculated	1.36		
SGOT/SGPT Ratio Calculated	1.97	Ratio	0.0-2.0

Clinical Significance

Total Bilirubin: Bilirubin comes from normal breakdown of old RBC. elevated levels may be seen in viral hepatitis, drug reactions, alcoholic liver disease, bile duct disease, hemolytic anaemia, Gilbert syndrome.

Aspartate aminotransferase (AST),SGOT: AST is found in the highest concentrations in liver, muscles, heart, kidney, brain and red blood cells. Raised levels are seen in liver damage, cardiac injury, kidney disease, cholestasis, muscle injury, hemolysis, muscle injury.

Alanine aminotransferase (ALT), SGPT: is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present. Raised levels are seen in hepatitis, liver disease, hemolysis, high consumption of vitamin A, drugs like statins , aspirin, barbiturate.

Alkaline Phosphatase and GGT: an enzyme found in liver,bones , kidney, placenta, intestinal epithelium. Elevated levels are seen in hepatitis, cirrhosis, cholecyctitis, rickets, osteomalacia, paget's disease, bone cancer, pregnancy. GGT is present in highest concentration in the liver & it is raised in chronic alcoholic liver disease. If alkaline phosphatase and GGT are elevated, a problem with liver and bile flow is most likely present.

A/G ratio: low ratio may reflect overproduction of globulin or underproduction of albumin, occurs with cirrhosis, nephrotic syndrome. High ratio suggest underproduction of immunoglobulins as seen in genetic deficiencies and in some leukaemias.

Low protein levels: bleeding, liver and kidney disorder ,malnutrition , agammaglobulinemia, inflammatory bowel disease

High Protein levels: dehydration , chronic inflammation, viral infection, bone marrow disorder

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Test Name	Value	Unit	Bio Ref.Interval
	LIPID PROFILE		
TOTAL CHOLESTEROL Enzymatic(CHE/CHO/POD)	141.6	mg/dL	<200
TRIGLYCERIDE GK/GPO/POD	92.3	mg/dL	<150
HDL-CHOLESTEROL Direct measure	45.3	mg/dL	>40
LDL CHOLESTEROL Calculated	**77.84**	mg/dL	100-130
VLDL Calculated	18.46	mg/dL	< 30
TOTAL CHOLESTEROL /HDL RATIO Calculated	3.13	mg/dL	<4.97
LDL / HDL CHOLESTEROL RATIO Calculated	1.72	mg/dL	1.5-3.5
NON HDL CHOLESTEROL Calculated	96.30	mg/dL	<160
HDL/LDL CHOLESTEROL RATIO Calculated	0.58	mg/dL	

Lipid profile is useful for evaluation of cardiovascular risk.

Clinical information :

Cardiovascular disease is one of the leading causes of death in India. Risk factors, including age, smoking status, hypertension, diabetes, cholesterol, and HDL cholesterol, are used by physician to identify individuals likely to have ischemic events.

Reference values :

The National Lipid Association and the National Cholesterol Education Program (NCEP) have set the guidelines for lipid (Total cholesterol, Triglycerides, HDL Cholesterol, LDL Cholesterol, and non HDL Cholesterol) in children and adults.

Interpretation

NCEP Recommendations	Desirable	Borderline	Undesirable
Total Cholestrol (mg/dL)	<200	200-239	>240
Triglyceride (mg/dL)	<150	150-199	>200
LDL Cholesterol	<130	130-159	>160
HDL Cholesterol	>40	<40	

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KIDNEY FUNCTION TEST (KFT / RFT) WITH ELECTROLYTE

Test Name	Value	Unit	Bio Ref.Interval
BLOOD UREA Urease	21.20	mg/dL	13-40
CREATININE Enzymatic (IDMS Standardized)	**0.53**	mg/dL	0.7-1.3
URIC ACID Uricase	6.00	mg/dL	2.6-6.0
BLOOD UREA NITROGEN Calculated	9.91	mg/dL	8.87 - 21.0
BUN/CREATININE RATIO Calculated	18.70	Ratio	0-24
UREA/CREATININE RATIO Calculated	40.00	Ratio	
SODIUM ISE	139.6	mmol/L	135-150
POTASSIUM ISE	4.22	mmol/L	3.5-5.0
CHLORIDE ISE	98.7	mmol/L	94-110
CALCIUM Arsenazo dye	9.12	mg/dL	8.6-10.2
eGFR Calculated	149.6	mL/min/1.73m2	

Clinical Significance

Kidney function tests is a collective term for a variety of individual tests that can be done to evaluate how well the kidneys are functioning. This panel help diagnose kidney-related disorders, to screen those who may be at risk of developing kidney disease or to monitor someone who has been diagnosed with kidney disease.

Reference range of eGFR eGFR

Value (ml/min/1.73m2)	**Interpretation**
> 90	Normal
60-89	Mild decrease- Common in 30% healthy adults.Suggests repeat testing in 6-12months. R/O kidney disease in those at high risk (DM / HYT)
30 - 59	S/O moderate chronic kidney disease.
15 - 29	S/O severe chronic kidney disease.
<15	S/O kidney failure.

NOTE : eGFR is less precise in its estimation. When >60 this test is less accurate in pregnancy, older age grp, younger than 18 yrs, very heavy weight,very muscular, having any serious illness etc.

Kindly correlate clinically.

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Test Name	Value	Unit	Bio Ref.Interval
THYROID PROFILE (TFT)			
T3 (Triiodothyronine) ECLIA	1.38	ng/mL	0.69-2.15
T4(Thyroxine) ECLIA	96.70	ng/mL	52-127
TSH(Thyroid Stimulating Hormone) ECLIA	3.28	uIU/mL	0.3-5.6

Comment:

- TSH levels are subject to circadian variation, reaching peak levels between 2am to 4am and at a minimum between 6pm to 10pm. The variation is of the order of 50%; hence time of the day has influence on the measured serum TSH concentrations.
- Significant numbers of patients particularly those above 55 years of age have a serum TSH level between 4.68 & 10 µIU/ml. This borderline elevation may be due to presence of SUBCLINICAL HYPOTHYROIDISM. Thyroid profile and anti-thyroid (anti TPO & TG) antibodies estimation is suggested in all such cases.
- Very low serum TSH values are observed in patients who are being treated for hypothyroidism. In such patients Serum Free T3 & Free T4 estimation may also be performed.
- In pregnancy as per American Thyroid Association Reference range for TSH is as follows: -

1st Trimester	0.10 - 2.50 µIU/ml
2st Trimester	0.20 - 3.0 µIU/ml
3st Trimester	0.30 - 3.0 µIU/ml

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