



Name : Mr. DUMMY	Age : 25 Years
Lab No. : WM17SPF	Gender : Male
Ref By : SELF	Reported : 17/1/2024 10:55:48AM
Collected : 7/11/2023 11:08:00AM	Report Status : Revised
A/c Status : P	Processed at : LPL-NATIONAL REFERENCE LAB
Collected at : LPL-ROHINI (NATIONAL REFERENCE LAB) National Reference laboratory, Block E, Sector 18, ROHINI DELHI 110085	National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

Test Report

Test Name	Results	Units	Ref. Interval
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SWASTHFIT SUPER 4

LIVER & KIDNEY PANEL, SERUM

Creatinine (Modified Jaffe,Kinetic)	1.00	mg/dL	0.70 - 1.30
GFR Estimated (CKD EPI Equation 2021)	107	mL/min/1.73m ²	>59
GFR Category (KDIGO Guideline 2012)	G1		
Urea (Urease UV)	40.00	mg/dL	13.00 - 43.00
Urea Nitrogen Blood (Calculated)	18.68	mg/dL	6.00 - 20.00
BUN/Creatinine Ratio (Calculated)	19		
Uric Acid (Uricase)		mg/dL	3.50 - 7.20
AST (SGOT) (IFCC without P5P)	50.0	U/L	15.00 - 40.00
ALT (SGPT) (IFCC without P5P)	40.0	U/L	10.00 - 49.00
GGTP (IFCC)	50.0	U/L	0 - 73
Alkaline Phosphatase (ALP) (IFCC-AMP)	100.00	U/L	30.00 - 120.00
Bilirubin Total (Oxidation)	1.00	mg/dL	0.30 - 1.20
Bilirubin Direct (Oxidation)	0.20	mg/dL	<0.3
Bilirubin Indirect (Calculated)	0.80	mg/dL	<1.10
Total Protein (Buret)	8.00	g/dL	5.70 - 8.20
Albumin (BCG)	4.00	g/dL	3.20 - 4.80
A : G Ratio (Calculated)	1.00		0.90 - 2.00
Globulin(Calculated)	4.00	gm/dL	2.0 - 3.5
Calcium, Total (Arsenazo III)	9.00	mg/dL	8.70 - 10.40





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Phosphorus (Molybdate UV)	4.00	mg/dL	2.50 - 5.10
Sodium (Indirect ISE)	140.00	mEq/L	136.00 - 145.00
Potassium (Indirect ISE)	4.00	mEq/L	3.50 - 5.10
Chloride (Indirect ISE)	100.00	mEq/L	98.00 - 107.00

LIPID SCREEN, SERUM

Cholesterol, Total (CHO-POD)	100.00	mg/dL	<200.00
Triglycerides (GPO-POD)	100.00	mg/dL	<150.00
HDL Cholesterol (Enz Immunoinhibition)	25.00	mg/dL	>40.00
LDL Cholesterol, Calculated (Calculated)	50.00	mg/dL	<100.00
VLDL Cholesterol, Calculated (Calculated)	20.00	mg/dL	<30.00
Non-HDL Cholesterol (Calculated)	70	mg/dL	<130

Note

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement.

Treatment Goals as per Lipid Association of India 2020

RISK CATEGORY	TREATMENT GOAL		CONSIDER THERAPY	
	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHOLESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHOLESTEROL (NON HDL-C) (mg/dL)
Extreme Risk Group Category A	<50 (Optional goal ≤30)	<80 (Optional goal ≤60)	≥50	≥80
Extreme Risk Group Category A	≤30	≤60	>30	>60
Very High	<50	<80	≥50	≥80





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Test Name	Results	Units	Ref. Interval
High	<70	<100	≥70
Moderate	<100	<130	≥100
Low	<100	<130	≥130*

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 2 months

GLUCOSE, FASTING (F)

Glucose Fasting (Hexokinase) 80.00 mg/dL 70 - 100

VITAMIN B12; CYANOCOBALAMIN (CLIA)

Vitamin B12; Cyanocobalamin 400.00 pg/mL 211.00 - 911.00

VITAMIN D, 25 - HYDROXY, SERUM (CLIA)

Vitamin D, 25 Hydroxy 150.00 nmol/L 75.00 - 250.00

Interpretation

LEVEL	REFERENCE RANGE IN nmol/L	COMMENTS
Deficient	< 50	High risk for developing bone disease
Insufficient	50-74	Vitamin D concentration which normalizes Parathyroid hormone concentration
Sufficient	75-250	Optimal concentration for maximal health benefit
Potential intoxication	>250	High risk for toxic effects

Note

- The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D.
- 25 (OH)D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.
- Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L.
- It shows seasonal variation, with values being 40-50% lower in winter than in summer.



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Test Report

Test Name	Results	Units	Ref. Interval
<ul style="list-style-type: none"> Levels vary with age and are increased in pregnancy. A new test Vitamin D, Ultrasensitive by LC-MS/MS is also available 			

THYROID PROFILE, TOTAL, SERUM (CLIA)

T3, Total	1.00	pg/mL	0.60 - 1.81
T4, Total	7.00	µg/dL	5.01 - 12.45
TSH	3.00	µIU/mL	0.550 - 4.780

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction (Free, or Free T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.01 µIU/mL are to be clinically correlated due to presence of a rare TSH variant in some individuals



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Test Report

Test Name	Results	Units	Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP certified)			
HbA1c	10.0	%	4.00 - 5.60
Estimated average glucose (eAG)	240	mg/dL	

Interpretation

HbA1c result is suggestive of Diabetes/ Higher than glycemic goal in a known Diabetic patient.

Please note, Glycemic goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycaemia unawareness, and individual patient considerations

Interpretation as per American Diabetes Association (ADA) Guidelines

Reference Group	Non diabetic adults ≥ 18 years	At risk of diabetes	Diagnosing Diabetes	Therapeutic goals for glycemic control
HbA1c in %	4.0-5.6	5.7-6.4	≥ 6.5	< 7.0

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1c results does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1c MEASUREMENT	FACTORS THAT AFFECT INTERPRETATION OF HbA1c RESULTS
Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbonylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements	Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g., recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c



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Test Name	Results	Units	Ref. Interval
COMPLETE BLOOD COUNT; CBC			
Hemoglobin (Photometry)	15.00	g/dL	13.00 - 17.00
Packed Cell Volume (PCV) (Calculated)	45.00	%	40.00 - 50.00
RBC Count (Electrical Impedance)	5.00	mill/mm3	4.50 - 5.50
MCV (Electrical Impedance)	100	fL	83.00 - 101.00
MCH (Calculated)	30.00	pg	27.00 - 32.00
MCHC (Calculated)	33.00	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW) (Electrical Impedance)	12.00	%	11.60 - 14.00
Total Leukocyte Count (TLC) (Electrical Impedance)	5.00	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC) (VCS Technology)			
Segmented Neutrophils	50.00	%	40.00 - 80.00
Lymphocytes	40.00	%	20.00 - 40.00
Monocytes	5.00	%	2.00 - 10.00
Eosinophils	4.00	%	1.00 - 6.00
Basophils	1.00	%	<2.00
Absolute Leucocyte Count (Calculated)			
Neutrophils	2.50	thou/mm3	2.00 - 7.00
Lymphocytes	2.00	thou/mm3	1.00 - 3.00
Monocytes	0.25	thou/mm3	0.20 - 1.00
Eosinophils	0.20	thou/mm3	0.02 - 0.50
Basophils	0.05	thou/mm3	0.02 - 0.10
Platelet Count (Electrical impedance)	151	thou/mm3	150.00 - 410.00
Mean Platelet Volume (Electrical Impedance)	6.5	fL	6.5 - 12.0

Note

- As per the recommendation of International council for Standardization in Hematology, the differential





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Test Report

Test Name : leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
Results :
Units :
Interval :
2. Test conducted on EDTA whole blood

 MCI - 24779 Dr. Ajay Gupta MD, Pathology Technical Director - Hematology & Immunology NRL - Dr Lal PathLabs Ltd	 DMC - 77091 Dr. Gurleen Oberoi DM(Hematopathology), MD,DNB,MNAMS Senior Consultant and Lead-Hematopathology NRL - Dr Lal PathLabs Ltd	 DMC - 89819 Dr. Himanshu Mazumdar MD, Biochemistry Consultant Biochemist Dr Lal PathLabs Ltd	 DMC - 15905 Dr. Jagjit Munjal MD, Pathology Consultant Pathologist Dr Lal PathLabs Ltd
 DMC - 89936 Dr. Kamal Modi MD, Biochemistry Consultant Biochemist NRL - Dr Lal PathLabs Ltd	 DMC - 9550 Dr. Nimmi Kansal MD, Biochemistry Technical Director - Clinical Chemistry & Biochemical Genetics NRL - Dr Lal PathLabs Ltd	 DMC - 24201 Dr. Sarita Kumari Lal MD, Pathology Consultant Pathologist Dr Lal PathLabs Ltd	 DMC - 46663 Dr. Sunanda MD, Pathology Sr. Consultant Pathologist - Hematology & Immunology NRL - Dr Lal PathLabs Ltd

This is a revised report & supersedes all the previously issued reports



IMPORTANT INSTRUCTIONS

•All test results are dependent on the quality of the sample received by the Laboratory.
•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.
•Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.
•Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.
•Test results may show interlaboratory variations.
•The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).
•Test results are not valid for medico legal purposes.
•This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor.
•The report does not need physical signature.
(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

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National Reference lab, Delhi, a CAP (7171001) Accredited, ISO 9001:2015 (FS60411) & ISO 27001:2013 (616691) Certified laboratory.

