Name	: **Ms. KUSUM GUPTA**		
Lab No.	: **443121954**	**Age**	: **76 Years**
Ref By	: **SELF**	**Gender**	: **Female**
Collected	: **4/8/2023 7:55:00AM**	**Reported**	: **4/8/2023 5:34:19PM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **PSC GOLF COURSE ROAD Ground Floor, PSP, C-G-018, Palm Spring Plaza, Sector 54, Gurgaon, Haryana GURGAON 122011**	**Processed at**	: **LPL-VASANT KUNJ LAB NELSON MANDELA MARG, BUILDING No.1, L.S.C., SECTOR-B, POCKET-7, VASANT KUNJ, NEW DELHI-110070**

MC-2011

Test Report

Test Name	Results	Units	Bio. Ref. Interval
SWASTHFIT COMPLETE PACKAGE			
THYROID PROFILE,TOTAL, SERUM (Chemiluminescent Immunoassay)			
T3, Total	1.29	ng/mL	0.60 - 1.81
T4, Total	9.40	µg/dL	4.50 - 11.60
TSH	3.62	µIU/mL	0.35 - 5.50

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,T4 /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 <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

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Lab No.	: **443121954**		**Gender**	: **Female**	
Ref By	: **SELF**		**Reported**	: **4/8/2023 5:34:28PM**	
Collected	: **4/8/2023 7:55:00AM**		**Report Status**	: **Interim**	
A/c Status	: **P**		**Processed at**	: **LPL-VASANT KUNJ LAB NELSON MANDELA MARG, BUILDING No.1, L.S.C., SECTOR-B, POCKET-7, VASANT KUNJ, NEW DELHI-110070**	
Collected at	: **PSC GOLF COURSE ROAD Ground Floor, PSP, C-G-018, Palm Spring Plaza, Sector 54, Gurgaon, Haryana GURGAON 122011**				

MC-2011

Test Report

Test Name	Results	Units	Bio. Ref. Interval
APOLIPOPROTEINS A1 & B, SERUM (Immunoturbidometry)			
Apolipoprotein (Apo A1)	138	mg/dL	76 - 214
Apolipoprotein (Apo B)	83	mg/dL	46.00 - 142.00
Apo B / Apo A1 Ratio	0.60		0.35 - 0.98

Comments

Apolipoprotein B is a more powerful independent predictor of Coronary Heart Disease (CAD) than LDL Cholesterol. It is useful in assessing the risk of CAD and to classify Hyperlipidemias. Apolipoprotein studies help in monitoring coronary bypass surgery patients with regard to risk and severity of re-stenosis. They are also useful in assessing risk of re-infarction in patients of Myocardial infarction.

Apolipoprotein A1 is one of the apoproteins of high density lipoproteins (HDL) which is inversely related to the risk of CAD. Individuals with Tangier disease have < 1% of normal Apo A1. Levels <90mg/dL indicate increased risk of Atherosclerotic disease.

As per recommendations of National Cholesterol Education Program (NCEP) the clinical significance of results is as follows:

Apolipoprotein B

RESULT IN mg/dL	REMARKS
<23	Abetalipoproteinemia/Hypobetalipoproteinemia
23-45	Hypobetalipoproteinemia
46-135	Normal
>135	Hyperapobetalipoproteinemia/Increased CAD risk

Apo B to A1 Ratio

RATIO	REMARKS
0.35-0.98	Desirable
>0.98	Increased CAD risk

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Collected	: **4/8/2023 7:55:00AM**		**Report Status**	: **Interim**	
A/c Status	: **P**		**Processed at**	: **LPL-VASANT KUNJ LAB NELSON MANDELA MARG, BUILDING No.1, L.S.C., SECTOR-B, POCKET-7, VASANT KUNJ, NEW DELHI-110070**	
Collected at	: **PSC GOLF COURSE ROAD Ground Floor, PSP, C-G-018, Palm Spring Plaza, Sector 54, Gurgaon, Haryana GURGAON 122011**				

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
VITAMIN D, 25 - HYDROXY, SERUM (CLIA)	95.24	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.
- Levels vary with age and are increased in pregnancy.
- A new test Vitamin D, Ultrasensitive by LC-MS/MS is also available

Comments

Vitamin D promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs).

Decreased Levels

- Inadequate exposure to sunlight

Name	: Ms. KUSUM GUPTA		Age	:	76 Years
Lab No.	: 443121954		Gender	:	Female
Ref By	: SELF		Reported	:	4/8/2023 5:34:28PM
Collected	: 4/8/2023 7:55:00AM		Report Status	:	Interim
A/c Status	: P		Processed at	:	LPL-VASANT KUNJ LAB NELSON MANDELA MARG, BUILDING No.1, L.S.C., SECTOR-B, POCKET-7, VASANT KUNJ, NEW DELHI-110070
Collected at	: PSC GOLF COURSE ROAD Ground Floor, PSP, C-G-018, Palm Spring Plaza, Sector 54, Gurgaon, Haryana GURGAON 122011				

MC-2011

Test Report

Test Name	Results	Units	Bio. Ref. Interval

- Dietary deficiency
- Vitamin D malabsorption
- Severe Hepatocellular disease
- Drugs like Anticonvulsants
- Nephrotic syndrome

Increased levels

Vitamin D intoxication

MAGNESIUM, SERUM (Xylidyl blue)	1.79	mg/dL	1.60 - 2.40

Dr Rachna Malik
MD, Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

Name	: **Ms. KUSUM GUPTA**	**Age**	: **76 Years**
Lab No.	: **443121954**	**Gender**	: **Female**
Ref By	: **SELF**	**Reported**	: **4/8/2023 5:34:40PM**
Collected	: **4/8/2023 7:55:00AM**	**Report Status**	: **Interim**
A/c Status	: **P**	**Processed at**	: **LPL-GURGAON**
Collected at	: **PSC GOLF COURSE ROAD** Ground Floor, PSP, C-G-018, Palm Spring Plaza, Sector 54, Gurgaon, Haryana GURGAON 122011		**C1/B, Clear View Building Old DLF Colony, Sector-14 Gurgaon, Haryana-122001**

MC-2133

Test Report

SWASTHFIT COMPLETE PACKAGE

Test Name	Results	Units	Bio. Ref. Interval
HEMOGRAM (DC Detection, Flow Cytometry, SLS, & Capillary photometry)			
Hemoglobin	**11.40**	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	36.40	%	36.00 - 46.00
RBC Count	4.02	mill/mm3	3.80 - 4.80
MCV	90.50	fL	83.00 - 101.00
MCH	28.40	pg	27.00 - 32.00
MCHC	**31.30**	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	13.80	%	11.60 - 14.00
Total Leukocyte Count (TLC)	8.58	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	52.70	%	40.00 - 80.00
Lymphocytes	30.80	%	20.00 - 40.00
Monocytes	5.90	%	2.00 - 10.00
Eosinophils	**10.00**	%	1.00 - 6.00
Basophils	0.60	%	<2.00
Absolute Leucocyte Count			
Neutrophils	4.52	thou/mm3	2.00 - 7.00
Lymphocytes	2.64	thou/mm3	1.00 - 3.00
Monocytes	0.51	thou/mm3	0.20 - 1.00
Eosinophils	**0.86**	thou/mm3	0.02 - 0.50
Basophils	0.05	thou/mm3	0.02 - 0.10
Platelet Count	192	thou/mm3	150.00 - 410.00
Mean Platelet Volume	**14.8**	fL	6.5 - 12.0
There is mild eosinophilia.			

Name	: **Ms. KUSUM GUPTA**		**Age**	: **76 Years**	
Lab No.	: **443121954**		**Gender**	: **Female**	
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Collected	: **4/8/2023 7:55:00AM**		**Report Status**	: **Interim**	
A/c Status	: **P**		**Processed at**	: **LPL-GURGAON**	
Collected at	: **PSC GOLF COURSE ROAD** Ground Floor, PSP, C-G-018, Palm Spring Plaza, Sector 54, Gurgaon, Haryana GURGAON 122011			**C1/B, Clear View Building Old DLF Colony, Sector-14 Gurgaon, Haryana-122001**	

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
Advised: Serum IgE Levels Followup and clinical correlation			
E.S.R.	5	mm/hr	0.00 - 30.00

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

Name	: **Ms. KUSUM GUPTA**		**Age**	: **76 Years**	
Lab No.	: **443121954**		**Gender**	: **Female**	
Ref By	: **SELF**		**Reported**	: **4/8/2023 5:34:50PM**	
Collected	: **4/8/2023 7:55:00AM**		**Report Status**	: **Interim**	
A/c Status	: **P**				
Collected at	: **PSC GOLF COURSE ROAD Ground Floor, PSP, C-G-018, Palm Spring Plaza, Sector 54, Gurgaon, Haryana GURGAON 122011**		**Processed at**	: **LPL-GURGAON C1/B, Clear View Building Old DLF Colony, Sector-14 Gurgaon, Haryana-122001**	

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
AMYLASE, SERUM (IFCC)	91.00	U/L	28.00 - 100.00

Comments

Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease. Values persisting longer than this period suggest continuing necrosis of pancreas or Pseudocyst formation. Approximately 20% of patients with Pancreatitis have normal or near normal activity. Hyperlipemic patients with Pancreatitis also show spuriously normal Amylase levels due to suppression of Amylase activity by triglyceride. Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimesters of pregnancy, Gastrointestinal cancer & bone fractures.

GLUCOSE, FASTING (F), PLASMA (Hexokinase)	90.50	mg/dL	70.00 - 100.00
CARDIO C-REACTIVE PROTEIN (hsCRP), SERUM (Immunoturbidimetry)	**2.01**	mg/L	<1.00

Interpretation

CARDIO CRP IN mg/L	CARDIOVASCULAR RISK
<1	Low
1-3	Average
3-10	High
>10	Persistent elevation may represent Non cardiovascular inflammation

Note: To assess vascular risk, it is recommended to test hsCRP levels 2 or more weeks apart and calculate the average

Comments

High sensitivity C Reactive Protein (hsCRP) significantly improves cardiovascular risk assessment as it is a strongest predictor of future coronary events. It reveals the risk of future Myocardial infarction and Stroke among healthy men and women, independent of traditional risk factors. It identifies patients at risk of first Myocardial infarction even with low to moderate lipid levels. The risk of recurrent cardiovascular events also correlates well with hsCRP levels. It is a powerful independent risk determinant in the prediction of incident

Name	:	Ms. KUSUM GUPTA	Age	:	76 Years
Lab No.	:	443121954	Gender	:	Female
Ref By	:	SELF	Reported	:	4/8/2023 5:34:50PM
Collected	:	4/8/2023 7:55:00AM	Report Status	:	Interim
A/c Status	:	P	Processed at	:	LPL-GURGAON C1/B, Clear View Building Old DLF Colony, Sector-14 Gurgaon, Haryana-122001
Collected at	:	PSC GOLF COURSE ROAD Ground Floor, PSP, C-G-018, Palm Spring Plaza, Sector 54, Gurgaon, Haryana GURGAON 122011			

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
Diabetes.			

Name	:	**Ms. KUSUM GUPTA**	**Age**	:	**76 Years**
Lab No.	:	**443121954**	**Gender**	:	**Female**
Ref By	:	**SELF**	**Reported**	:	**4/8/2023 5:34:50PM**
Collected	:	**4/8/2023 7:55:00AM**	**Report Status**	:	**Interim**
A/c Status	:	**P**			
Collected at	:	**PSC GOLF COURSE ROAD Ground Floor, PSP, C-G-018, Palm Spring Plaza, Sector 54, Gurgaon, Haryana GURGAON 122011**	**Processed at**	:	**LPL-GURGAON C1/B, Clear View Building Old DLF Colony, Sector-14 Gurgaon, Haryana-122001**

Test Report

Test Name	Results	Units	Bio. Ref. Interval
VITAMIN B12; CYANOCOBALAMIN, SERUM (ECLIA)	388.20	pg/mL	211.00 - 946.00

Notes

1. Interpretation of the result should be considered in relation to clinical circumstances.
2. It is recommended to consider supplementary testing with plasma Methylmalonic acid (MMA) or plasma homocysteine levels to determine biochemical cobalamin deficiency in presence of clinical suspicion of deficiency but indeterminate levels. Homocysteine levels are more sensitive but MMA is more specific
3. False increase in Vitamin B12 levels may be observed in patients with intrinsic factor blocking antibodies, MMA measurement should be considered in such patients
4. The concentration of Vitamin B12 obtained with different assay methods cannot be used interchangeably due to differences in assay methods and reagent specificity

Name	: **Ms. KUSUM GUPTA**		
Lab No.	: **443121954**	**Age**	: **76 Years**
Ref By	: **SELF**	**Gender**	: **Female**
Collected	: **4/8/2023 7:55:00AM**	**Reported**	: **4/8/2023 5:34:56PM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **PSC GOLF COURSE ROAD** **Ground Floor, PSP, C-G-018, Palm Spring Plaza,** **Sector 54, Gurgaon, Haryana** **GURGAON 122011**	**Processed at**	: **LPL-GURGAON** **C1/B, Clear View Building Old DLF Colony,** **Sector-14 Gurgaon, Haryana-122001**

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
LIVER & KIDNEY PANEL, SERUM (Spectrophotometry, Indirect ISE)			
Creatinine	0.71	mg/dL	0.51 - 0.95
GFR Estimated	88	mL/min/1.73m2	>59
GFR Category	G2		
BUN/Creatinine Ratio	16		
Uric Acid	4.64	mg/dL	2.60 - 6.00
AST (SGOT)	26.2	U/L	<35
ALT (SGPT)	27.0	U/L	<35
GGTP	28.0	U/L	<38
Alkaline Phosphatase (ALP)	73.00	U/L	30 - 120
Bilirubin Total	0.50	mg/dL	0.20 - 1.10
Bilirubin Direct	0.10	mg/dL	<0.2
Bilirubin Indirect	0.40	mg/dL	<1.10
Total Protein	6.86	g/dL	6.40 - 8.10
Albumin	4.18	g/dL	3.20 - 4.60
A : G Ratio	1.56		0.90 - 2.00
Globulin(Calculated)	2.68	gm/dL	2.0 - 3.5
Calcium, Total	9.45	mg/dL	8.80 - 10.20
Phosphorus	3.64	mg/dL	2.80 - 4.00
Sodium	140.30	mEq/L	136.00 - 146.00

Name	: **Ms. KUSUM GUPTA**		
Lab No.	: **443121954**	**Age**	: **76 Years**
Ref By	: **SELF**	**Gender**	: **Female**
Collected	: **4/8/2023 7:55:00AM**	**Reported**	: **4/8/2023 5:34:56PM**
A/c Status	: **P**	**Report Status**	: **Interim**
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Test Report

Test Name	Results	Units	Bio. Ref. Interval
Potassium	4.36	mEq/L	3.50 - 5.10
Chloride	107.90	mEq/L	101.00 - 109.00

Advise: CKD Risk Map (Z1014)

Note

1. Estimated GFR (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012.
2. eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage
3. The BUN-to-creatinine ratio is used to differentiate prerenal and postrenal azotemia from renal azotemia. Because of considerable variability, it should be used only as a rough guide. Normally, the BUN/creatinine ratio is about 10:1

LIPID SCREEN, SERUM
(CHO-POD)

Cholesterol, Total	199.00	mg/dL	<200.00
Triglycerides	70.00	mg/dL	<150.00
HDL Cholesterol	64.60	mg/dL	>50.00
LDL Cholesterol, Calculated	**120.40**	mg/dL	<100.00
VLDL Cholesterol,Calculated	14.00	mg/dL	<30.00
Non-HDL Cholesterol	**134**	mg/dL	<130

Note

1. 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.
2. Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
3. Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for Atherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors

Name	: Ms. KUSUM GUPTA		Age	: 76 Years	
Lab No.	: 443121954		Gender	: Female	
Ref By	: SELF		Reported	: 4/8/2023 5:34:56PM	
Collected	: 4/8/2023 7:55:00AM		Report Status	: Interim	
A/c Status	: P				
Collected at	: PSC GOLF COURSE ROAD Ground Floor, PSP, C-G-018, Palm Spring Plaza, Sector 54, Gurgaon, Haryana GURGAON 122011		Processed at	: LPL-GURGAON C1/B, Clear View Building Old DLF Colony, Sector-14 Gurgaon, Haryana-122001	

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Test Report

Test Name	Results	Units	Bio. Ref. Interval

4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
8. 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 CHLOESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C)(mg/dL)	NON HDL CHLOESTEROL (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
High	<70	<100	≥70	≥100
Moderate	<100	<130	≥100	≥130
Low	<100	<130	≥130*	≥160*

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Name	: **Ms. KUSUM GUPTA**		
Lab No.	: **443121954**	**Age**	: **76 Years**
Ref By	: **SELF**	**Gender**	: **Female**
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A/c Status	: **P**	**Report Status**	: **Interim**
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Test Report

Test Name	Results	Units	Bio. Ref. Interval
LIVER & KIDNEY PANEL, SERUM (Spectrophotometry, Indirect ISE)			
Urea	24.90	mg/dL	17.00 - 43.00
Urea Nitrogen Blood	11.63	mg/dL	8.00 - 23.00

Note

1. Estimated GFR (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012.
2. eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage
3. The BUN-to-creatinine ratio is used to differentiate prerenal and postrenal azotemia from renal azotemia. Because of considerable variability, it should be used only as a rough guide. Normally, the BUN/creatinine ratio is about 10:1

Name	: **Ms. KUSUM GUPTA**		
Lab No.	: **443121954**	**Age**	: **76 Years**
Ref By	: **SELF**	**Gender**	: **Female**
Collected	: **4/8/2023 7:55:00AM**	**Reported**	: **4/8/2023 5:35:03PM**
A/c Status	: **P**	**Report Status**	: **Interim**
Collected at	: **PSC GOLF COURSE ROAD Ground Floor, PSP, C-G-018, Palm Spring Plaza, Sector 54, Gurgaon, Haryana GURGAON 122011**	**Processed at**	: **LPL-GURGAON C1/B, Clear View Building Old DLF Colony, Sector-14 Gurgaon, Haryana-122001**

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
URINE EXAMINATION, ROUTINE; URINE, R/E (Automated Strip Test, Microscopy)			
Physical			
Colour	Pale Yellow		Pale yellow
Specific Gravity	1.010		1.001 - 1.030
pH	5.5		5.0 - 8.0
Chemical			
Proteins	Negative		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative
Leucocyte Esterase	Negative		Negative
Nitrite	Negative		Negative
Microscopy			
R.B.C.	Negative		0.0 - 2.0 RBC/hpf
Pus Cells	Negative		0-5 WBC / hpf
Epithelial Cells	0-1 Epi Cells/hpf		0.0 - 5.0 Epi cells/hpf
Casts	None seen		None seen/Lpf
Crystals	None seen		None seen
Others	None seen		None seen

Name	: **Ms. KUSUM GUPTA**		**Age**	: **76 Years**	
Lab No.	: **443121954**		**Gender**	: **Female**	
Ref By	: **SELF**		**Reported**	: **4/8/2023 5:35:08PM**	
Collected	: **4/8/2023 7:55:00AM**		**Report Status**	: **Interim**	
A/c Status	: **P**		**Processed at**	: **LPL-GURGAON**	
Collected at	: **PSC GOLF COURSE ROAD Ground Floor, PSP, C-G-018, Palm Spring Plaza, Sector 54, Gurgaon, Haryana GURGAON 122011**			**C1/B, Clear View Building Old DLF Colony, Sector-14 Gurgaon, Haryana-122001**	

MC-2133

Test Report

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP certified)			
HbA1c	5.4	%	4.00 - 5.60
Estimated average glucose (eAG)	108	mg/dL	

Interpretation

HbA1c result is suggestive of non diabetic adults (>=18 years)/ well controlled Diabetes in a known Diabetic

Interpretation as per American Diabetes Association (ADA) Guidelines

Reference Group	Non diabetic adults >=18 years	At risk (Prediabetes)	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 result 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. carbamylated 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

Name	: **Ms. KUSUM GUPTA**		**Age**	: **76 Years**	
Lab No.	: **443121954**		**Gender**	: **Female**	
Ref By	: **SELF**		**Reported**	: **4/8/2023 5:35:14PM**	
Collected	: **4/8/2023 7:55:00AM**		**Report Status**	: **Interim**	
A/c Status	: **P**				
Collected at	: **PSC GOLF COURSE ROAD Ground Floor, PSP, C-G-018, Palm Spring Plaza, Sector 54, Gurgaon, Haryana GURGAON 122011**		**Processed at**	: **LPL-GURGAON C1/B, Clear View Building Old DLF Colony, Sector-14 Gurgaon, Haryana-122001**	

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
IRON STUDIES, SERUM (TPTZ)			
Iron	96.90	µg/dL	50.00 - 170.00
Total Iron Binding Capacity (TIBC)	358.90	µg/dL	250.00 - 425.00
Transferrin Saturation	27.00	%	15.00 - 50.00

Comments

Iron is an essential trace mineral element which forms an important component of hemoglobin, metallocompounds and Vitamin A. Deficiency of iron, leads to microcytic hypochromic anemia. The toxic effects of iron are deposition of iron in various organs of the body and hemochromatosis.

Total Iron Binding capacity (TIBC) is a direct measure of the protein Transferrin which transports iron from the gut to storage sites in the bone marrow. In iron deficiency anemia, serum iron is reduced and TIBC increases.

Transferrin Saturation occurs in Idiopathic hemochromatosis and Transfusional hemosiderosis where no unsaturated iron binding capacity is available for iron mobilization. Similar condition is seen in congenital deficiency of Transferrin.

Name	: Ms. KUSUM GUPTA		Age	: 76 Years	
Lab No.	: 443121954		Gender	: Female	
Ref By	: SELF		Reported	: 4/8/2023 5:35:18PM	
Collected	: 4/8/2023 7:55:00AM		Report Status	: Interim	
A/c Status	: P		Processed at	: LPL-GURGAON C1/B, Clear View Building Old DLF Colony, Sector-14 Gurgaon, Haryana-122001	
Collected at	: PSC GOLF COURSE ROAD Ground Floor, PSP, C-G-018, Palm Spring Plaza, Sector 54, Gurgaon, Haryana GURGAON 122011				

MC-2133

Test Report

Test Name	Results	Units	Bio. Ref. Interval
RHEUMATOID FACTOR (RA), SERUM (Immunoturbidimetry) Result Rechecked, Please Correlate Clinically.	<10.00	IU/mL	<14.00

Comments

Rheumatoid factor is an antibody directed against the Fc portion of the IgG molecule. Polyreactive RF has binding specificity for substances other than IgG like nuclear components. This polyreactive RF is usually of the IgM class with low affinity. RF is not specific only for Rheumatoid arthritis, but it is often seen in cases of chronic infection and other systemic inflammatory conditions. Healthy individuals > 65 years of age may also show positive RF results. In addition to the common IgM RF, both IgA RF & IgG RF have been detected. IgA RF has been related to the more severe form of the disease with erosions.

Dr Rachna Malik
MD, Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

Result/s to follow:
ZINC, SERUM / PLASMA

Name	:	Ms. KUSUM GUPTA	Age	:	76 Years
Lab No.	:	443121954	Gender	:	Female
Ref By	:	SELF	Reported	:	4/8/2023 5:35:18PM
Collected	:	4/8/2023 7:55:00AM	Report Status	:	Interim
A/c Status	:	P			
Collected at	:	PSC GOLF COURSE ROAD Ground Floor, PSP, C-G-018, Palm Spring Plaza, Sector 54, Gurgaon, Haryana GURGAON 122011	Processed at	:	LPL-GURGAON C1/B, Clear View Building Old DLF Colony, Sector-14 Gurgaon, Haryana-122001

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Test Report

Test Name	Results	Units	Bio. Ref. Interval

IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted.•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.

Tel: +91-11-49885050,Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com