Name	: Ms. BANSARI	Age	: 42 Years
Lab No.	: 179907112	Gender	: Female
Ref By	: SELF	Reported	: 19/10/2024 4:03:12PM
Collected	: 19/10/2024 10:04:00AM	Report Status	: Final
A/c Status	: P	Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085
Collected at	: FPSC SECTOR -63-GURGAON UNIT NO-164, PARAS TRINITY, SECTOR-63		

MC-2113

Test Report

Test Name	Results	Units	Bio. Ref. Interval
SWASTHFIT COMPLETE PACKAGE			
Gross Examination			
URINE EXAMINATION, ROUTINE; URINE, R/E (Diazonium salt)	Sample Not Received		
Microscopy			

Dr.Anirudh Bharat Kumar Gupta
MD, Microbiology
Senior Consultant Microbiologist
NRL - Dr Lal PathLabs Ltd

DMC NO. 16715

Dr Shalabh Malik
MD, Microbiology
Technical Director - Microbiology, Infectious Disease Molecular & Serology, Clinical Pathology
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MC-2133

Test Report

Test Name	Results	Units	Bio. Ref. Interval
SWASTHFIT COMPLETE PACKAGE			
LIVER & KIDNEY PANEL, SERUM			
Creatinine (Compensated Jaffes reaction, IDMS traceable)	0.55	mg/dL	0.51 - 0.95
GFR Estimated (CKD EPI Equation 2021)	117	mL/min/1.73m2	>59
GFR Category (KDIGO Guideline 2012)	G1		
Urea (Urease UV)	19.70	mg/dL	17.00 - 43.00
Urea Nitrogen Blood (Urease UV)	9.20	mg/dL	6.00 - 20.00
BUN/Creatinine Ratio (Calculated)	17		
Uric Acid (Uricase)	3.01	mg/dL	2.60 - 6.00
AST (SGOT) (IFCC)	35.0	U/L	<35
ALT (SGPT) (IFCC)	30.6	U/L	<35
GGTP (IFCC)	13.0	U/L	<38
Alkaline Phosphatase (ALP) (IFCC)	85.00	U/L	30 - 120
Bilirubin Total (DPD)	**0.28**	mg/dL	0.30 - 1.20
Bilirubin Direct (DPD)	0.04	mg/dL	<0.20
Bilirubin Indirect (Calculated)	0.24	mg/dL	<1.10
Total Protein (Biuret)	6.49	g/dL	6.40 - 8.30
Albumin (Bromocresol Green)	3.85	g/dL	3.50 - 5.20
A : G Ratio (Calculated)	1.46		0.90 - 2.00
Globulin(Calculated)	2.64	gm/dL	2.0 - 3.5
Calcium, Total (Arsenazo III)	9.83	mg/dL	8.60 - 10.20

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MC-2133

Test Report

Test Name	Results	Units	Bio. Ref. Interval
Phosphorus (Molybedate UV)	**4.68**	mg/dL	2.40 - 4.40
Sodium (Indirect ISE)	139.30	mEq/L	136.00 - 146.00
Potassium (Indirect ISE)	4.35	mEq/L	3.50 - 5.10
Chloride (Indirect ISE)	105.50	mEq/L	101.00 - 109.00

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MC-2133

Test Report

Test Name	Results	Units	Bio. Ref. Interval
LIPID SCREEN, SERUM			
Cholesterol, Total (CHO-POD)	164.00	mg/dL	<200.00
Triglycerides (GPO-POD Enzymatic)	**322.00**	mg/dL	<150.00
HDL Cholesterol (Enzymatic Immunoinhibition)	**37.70**	mg/dL	>50.00
LDL Cholesterol, Calculated (Calculated)	61.90	mg/dL	<100.00
VLDL Cholesterol,Calculated (Calculated)	**64.40**	mg/dL	<30.00
Non-HDL Cholesterol (Calculated)	126	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. 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 B	≤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

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MC-2133

Test Report

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F), PLASMA (Hexokinase)			
Glucose Fasting	86.70	mg/dL	70.00 - 100.00
VITAMIN B12; CYANOCOBALAMIN, SERUM (ECLIA)			
Vitamin B12; Cyanocobalamin	**140.40**	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

Test Name	Results	Units	Bio. Ref. Interval
VITAMIN D, 25 - HYDROXY, SERUM (CLIA)			
Vitamin D, 25 Hydroxy	**25.07**	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

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MC-2133

Test Report

Test Name	Results	Units	Bio. Ref. Interval

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

THYROID PROFILE,TOTAL, SERUM
(CLIA)

T3, Total	0.89	ng/mL	0.70 - 2.04
T4, Total	6.39	µg/dL	4.82 - 15.65
TSH	**6.69**	µIU/mL	0.34 - 5.60

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

AMYLASE, SERUM
(IFCC)

Amylase	74.00	U/L	28.00 - 100.00

IRON STUDIES, SERUM
(Spectrophotometry, TPTZ, NITROSO – PSAP, Calculated)

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MC-2133

Test Report

Test Name	Results	Units	Bio. Ref. Interval
Iron	81.30	µg/dL	50.00 - 170.00
Total Iron Binding Capacity (TIBC)	371.30	µg/dL	250.00 - 425.00
Transferrin Saturation	21.90	%	15.00 - 50.00

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MC-2133

Test Report

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP certified)			
HbA1c	5.5	%	4.00 - 5.60
Estimated average glucose (eAG)	111	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

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MC-2133

Test Report

Test Name	Results	Units	Bio. Ref. Interval
CARDIO C-REACTIVE PROTEIN (hsCRP), SERUM (Immunoturbidimetry)	0.75	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

APOLIPOPROTEINS A1 & B, SERUM (Immunoturbidimetry, Calculated)			
Apolipoprotein (Apo A1)	106	mg/dL	105.00 - 205.00
Apolipoprotein (Apo B)	84	mg/dL	55.00 - 130.00
Apo B / Apo A1 Ratio	0.79		0.35 - 0.98

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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MC-2133

Test Report

Test Name	Results	Units	Bio. Ref. Interval
HEMOGRAM (DC Detection, Flow Cytometry, SLS, & Capillary photometry)			
Hemoglobin	12.70	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	41.70	%	36.00 - 46.00
RBC Count	4.77	mill/mm3	3.80 - 4.80
MCV	87.40	fL	83.00 - 101.00
Mentzer Index	18.3		
MCH	**26.60**	pg	27.00 - 32.00
MCHC	**30.50**	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	13.80	%	11.60 - 14.00
Total Leukocyte Count (TLC)	5.91	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	65.30	%	40.00 - 80.00
Lymphocytes	25.00	%	20.00 - 40.00
Monocytes	7.80	%	2.00 - 10.00
Eosinophils	1.40	%	1.00 - 6.00
Basophils	0.50	%	<2.00
Absolute Leucocyte Count			
Neutrophils	3.86	thou/mm3	2.00 - 7.00
Lymphocytes	1.48	thou/mm3	1.00 - 3.00
Monocytes	0.46	thou/mm3	0.20 - 1.00
Eosinophils	0.08	thou/mm3	0.02 - 0.50

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MC-2133

Test Report

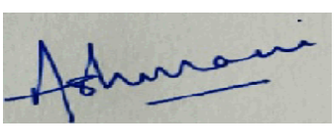
Test Name	Results	Units	Bio. Ref. Interval
Basophils	0.03	thou/mm3	0.02 - 0.10
Platelet Count	260	thou/mm3	150.00 - 410.00
Mean Platelet Volume	10.9	fL	6.5 - 12.0
E.S.R.	10	mm/hr	0.00 - 20.00

Comment

In anaemic conditions Mentzer index is used to differentiate Iron Deficiency Anaemia from Beta- Thalassemia trait. If Mentzer Index value is >13, there is probability of Iron Deficiency Anaemia. A value <13 indicates likelihood of Beta- Thalassemia trait and Hb HPLC is advised to rule out the Thalassemia trait.

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



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----------End of report ----------

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MC-2133

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.

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