

Patient NAME : Mr DUMMY-PL263A
 DOB/Age/Gender : 45 Y/Male
 Patient ID / UHID : 11050383/OF11050383
 Referred BY : Self
 Sample Collected : Jan 13, 2025, 11:40 AM

Report STATUS : Final Report
 Barcode NO : HR133025
 Sample Type : Whole blood EDTA
 Report Date : Jan 13, 2025, 01:50 PM.



Test Description	Value(s)	Unit(s)	Reference Range
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Full Body Package with Thyroid Panel- Essential

Complete Blood Count (CBC)

RBC Parameters			
Hemoglobin <i>Cyanide free spectrophotometry</i>	13.5	g/dL	13.0 - 17.0
RBC Count <i>Electrical impedance</i>	4.7	10 ⁶ /μl	4.5 - 5.5
PCV <i>Calculated</i>	40.2	%	40 - 50
MCV <i>Calculated</i>	89.1	fl	83 - 101
MCH <i>Calculated</i>	29	pg	27 - 32
MCHC <i>Calculated</i>	32.5	g/dL	31.5 - 34.5
RDW (CV) <i>Calculated</i>	13.5	%	11.6 - 14.0
RDW-SD <i>Calculated</i>	41.1	fl	35.1 - 43.9
WBC Parameters			
TLC <i>Electrical impedance and microscopy</i>	4.8	10 ³ /μl	4 - 10
Differential Leucocyte Count			
Neutrophils <i>Flow-cytometry DHSS</i>	57.1	%	40 - 80
Lymphocytes <i>Flow-cytometry DHSS</i>	29.6	%	25 - 35
Monocytes <i>Flow-cytometry DHSS</i>	9.1	%	2 - 10
Eosinophils <i>Flow-cytometry DHSS</i>	3.7	%	0 - 5
Basophils <i>Flow-cytometry DHSS</i>	0.5	%	0 - 1
Absolute Leukocyte Counts <i>Calculated</i>			
Neutrophils. <i>Calculated</i>	2.74	10 ³ /μl	2 - 7
Lymphocytes. <i>Calculated</i>	1.42	10 ³ /μl	1 - 3
Monocytes. <i>Calculated</i>	0.44	10 ³ /μl	0.2 - 1.0
Eosinophils. <i>Calculated</i>	0.18	10 ³ /μl	0.02 - 0.5

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Basophils. <i>Calculated</i>	0.02	10 ³ /μl	0.02 - 0.5
Platelet Parameters			
Platelet Count <i>Electrical impedance and microscopy</i>	198	10 ³ /μl	150 - 410
Mean Platelet Volume (MPV) <i>Calculated</i>	10	fL	9.3 - 12.1
PCT <i>Calculated</i>	0.2	%	0.17 - 0.32
PDW <i>Calculated</i>	18.8	fL	8.3 - 25.0
P-LCR <i>Calculated</i>	35	%	18 - 50
P-LCC <i>Calculated</i>	69	10 ⁹ /L	44 - 140
Mentzer Index <i>Calculated</i>	18.96	%	> 13

Interpretation:

CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.

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Report STATUS : Final Report
 Barcode NO : ZH055914
 Sample Type : FLUORIDE F
 Report Date : Jan 13, 2025, 01:50 PM.



Test Description	Value(s)	Unit(s)	Reference Range
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Glucose Fasting

Glucose Fasting <i>Hexokinase</i>	80	mg/dL	70 - 100
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Interpretation:

Status	Fasting plasma glucose in mg/dL
Normal	<100
Impaired fasting glucose	100 - 125
Diabetes	≥126

Reference : American Diabetes Association

Comment :

Blood glucose determinations are commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy, insulinoma, or various liver diseases.

Note

- The diagnosis of Diabetes requires a fasting plasma glucose of \geq 126 mg/dL or a random / 2 hour plasma glucose value of \geq 200 mg/dL with symptoms of diabetes mellitus.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis.

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Test Description	Value(s)	Unit(s)	Reference Range
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Liver Function Test (LFT)

Bilirubin Total <i>Colorimetric Diazo</i>	1.2	mg/dL	0 - 1.2
Bilirubin Direct <i>Diazo</i>	0.2	mg/dL	0 - 0.20
Bilirubin Indirect <i>Calculated</i>	1	mg/dL	0.1 - 1.0
SGOT/AST <i>IFCC without P5P</i>	38.5	U/L	up to 40
SGPT/ALT <i>IFCC without P5P</i>	40	U/L	up to 41
SGOT/SGPT Ratio	0.96	%	-
Alkaline Phosphatase <i>IFCC</i>	76.3	U/L	40 - 129
Total Protein <i>Biuret</i>	6.98	g/dL	6.6 - 8.7
Albumin <i>BCG Colorimetric</i>	4.5	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	2.48	g/dL	2.3 - 3.5
Albumin :Globulin Ratio <i>Calculated</i>	1.81	-	1.3 - 2.1
Gamma Glutamyl Transferase (GGT) <i>IFCC</i>	24.1	U/L	10 - 71

Interpretation:

The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests. Liver tests check the blood for two main liver enzymes. Aspartate aminotransferase (AST), SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver. Alanine aminotransferase (ALT), SGPT: ALT 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. Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise: Alkaline phosphatase Gamma-utanyl transpeptidase (GGT) Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them. Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system. Low total protein may

Indicate:

1. Bleeding
2. Liver disorder
3. Malnutrition
4. Agammaglobulinemia High Protein levels 'Hyperproteinemia: May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins Low albumin levels may be

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Test Description	Value(s)	Unit(s)	Reference Range
<p>Caused by:</p> <ol style="list-style-type: none"> 1.A poor diet (malnutrition). 2.Kidney disease. 3.Liver disease. High albumin levels may be caused by: Severe dehydration. 			

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Kidney Function Test (KFT)

Blood Urea <i>Urease</i>	26	mg/dL	16.6 - 48.5
Bun <i>Urease</i>	12.15	mg/dL	6 - 20
Creatinine <i>Jaffe</i>	0.85	mg/dL	0.70 - 1.20
eGFR (CKD-EPI)	109.18	ml/min/1.73 sq m	Normal Or High: ≥ 90 Mild Or Decrease: 60-89 Mild To Moderate Decrease: 45-59 Mild To Severe Decrease: 30-44 Severe Decrease: 15-29 Kidney Failure: < 15
Bun/Creatinine Ratio <i>Calculated</i>	14.29		12 - 20
Urea / Creatinine Ratio	30.59		
Uric Acid <i>Enzymatic colorimetric</i>	5.1	mg/dL	3.4 - 7.0
Calcium Serum <i>BAPTA</i>	9.48	mg/dL	8.6 - 10.0
Phosphorus <i>Molybdate UV</i>	3.93	mg/dL	2.5 - 4.5
Sodium <i>ISE-Indirect</i>	142.69	mmol/L	136 - 145
Potassium <i>ISE-Indirect</i>	5.1	mmol/L	3.5 - 5.1
Chloride <i>ISE-Indirect</i>	104.3	mmol/L	98 - 107

Interpretation:

Kidney function tests is a collective term for a variety of individual tests and procedure that can be done to evaluate how well the kidneys are functioning. Many conditions can affect the ability of the kidneys to carry out their vital functions. Some lead to a rapid (acute) decline in kidney function others lead to a gradual (chronic) decline in function. Both result in a buildup of toxic waste substance on urine samples, as well as on blood samples. A number of symptoms may indicate a problem with your kidneys. These include : high blood pressure, blood in urine frequent urges to urinate, difficulty beginning urination, painful urination, swelling in the hands and feet due to a buildup of fluids in the body. A single symptom may not mean something serious. However, when occurring simultaneously, these symptoms suggest that your kidneys are not working properly. Kidney function tests can help determine the reason. Electrolytes are present in the human body and the balancing act of the electrolytes in our bodies is essential for normal function of our cells and organs. There has to be a balance. Ionized calcium this test if you have signs of kidney or parathyroid disease. The test may also be done to monitor progress and treatment of these diseases.

"eGFR test is applicable for patients aged 18 years or more."

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Lipid Profile

Total Cholesterol <i>Enzymatic - Cholesterol Oxidase</i>	190.5	mg/dL	<200
Triglycerides <i>Glycerol phosphate oxidase</i>	140	mg/dL	<150
HDL Cholesterol <i>Enzymatic colorimetric</i>	67	mg/dL	> 40
Non HDL Cholesterol <i>Calculated</i>	123.5	mg/dL	<130
LDL Cholesterol <i>Calculated</i>	95.5	mg/dL	<100
V.L.D.L Cholesterol <i>Calculated</i>	28	mg/dL	< 30
Chol/HDL Ratio <i>Calculated</i>	2.84	Ratio	-
HDL/ LDL Ratio <i>Calculated</i>	0.7	Ratio	-
LDL/HDL Ratio <i>Calculated</i>	1.43	Ratio	-

Interpretation:

Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends of 3 different samples to be drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

National Lipid Association Recommendations (NLA-2014)	Total Cholesterol (mg/dL)	Triglyceride (mg/dL)	LDL Cholesterol (mg/dL)	Non HDL Cholesterol (mg/dL)
Optimal	<200	<150	<100	<130
Above Optimal			100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

HDL Cholesterol	
Low	High
<40	>=60

Risk Stratification for ASCVD (Atherosclerotic Cardiovascular Disease) by Lipid Association of India.

Risk Category	A. CAD with > 1 feature of high risk group
Extreme risk group	B. CAD with >1 feature of very high risk group of recurrent ACS (within 1 year) despite LDL-C <or = 50 mg/dl or poly vascular disease
Very High Risk	1.Established ASCVD 2.Diabetes with 2 major risk factors of evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia

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High Risk	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence of end organ damage 3. CHD stage 3B or 4. 4 LDL >190 mg/dl 5. Extreme of a single risk factor 6. Coronary Artery Calcium - CAC > 300 AU 7. Lipoprotein a >= 50 mg/dl 8. Non stenotic carotid plaque		
Moderate Risk	2 major ASCVD risk factors		
Low Risk	0-1 major ASCVD risk factors		
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors			
1. Age >=45 years in Males & >= 55 years in Females	3. Current Cigarette smoking or tobacco use		
2. Family history of premature ASCVD	4. High blood pressure		
5. Low HDL			

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by Lipid Association of India in 2020.

Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal <OR = 30)	<80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	>OR = 30	>OR = 60	> 30	> 60
Very High Risk	<50	<80	>OR = 50	>OR = 80
High Risk	<70	<100	>OR = 70	>OR = 100
Moderate Risk	<100	<130	>OR = 100	>OR = 130
Low Risk	<100	<130	>OR = 130*	>OR = 160

* After an adequate non-pharmacological intervention for at least 3 months.

References : Management of Dyslipidaemia for the Prevention of Stroke : Clinical practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology,2022,20,134-155.

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Thyroid Profile Total

Triiodothyronine (T3) ECLIA	132	ng/dL	80 - 200
Total Thyroxine (T4) ECLIA	7.4	µg/dL	5.1 - 14.1
Thyroid Stimulating Hormone (Ultrasensitive) ECLIA	3.1	µIU/mL	0.35 - 4.94

Interpretation:

Pregnancy	Reference ranges TSH
1st Trimester	0.1 - 2.5
2nd Trimester	0.2 - 3.0
3rd Trimester	0.3 - 3.0

Note:
 TSH levels are subject to circadian variation, reaching peak levels between 2-4 am. and at a minimum between 6-10 pm. The variation is of 50 %, hence time of the day has influence on the measured serum TSH concentrations.

Clinical Use:

- Diagnose Hypothyroidism and Hyperthyroidism
- Monitor T4 replacement or T4 suppressive therapy
- Quantify TSH levels in the subnormal range

Increased Levels : Primary hypothyroidism, Subclinical hypothyroidis, TSH dependent Hyperthyroidism, Thyroid hormone resistance

Decreased Levels: Grace disease, Autonomous thyroid hormone secretion, TSH deficiency

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalamic-pituitary diseases. Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

TSH	T4	T3	INTERPRETATION
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or Normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Nonthyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome (a mutation in the thyroid hormone receptor decreases thyroid hormone function)

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Report STATUS : Final Report
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 Sample Type : Spot Urine
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Urine Routine and Microscopic Examination

Physical Examination			
Volume <i>visual</i>	20	ml	-
Colour <i>visual</i>	Pale yellow	-	Pale yellow
Transparency <i>visual</i>	Clear	-	Clear
Deposit <i>visual</i>	Absent	-	Absent
Chemical Examination			
Reaction (pH) <i>Double Indicator</i>	6.5	-	4.5 - 8.0
Specific Gravity <i>Ion Exchange</i>	1.015	-	1.010 - 1.030
Urine Glucose (sugar) <i>Oxidase / Peroxidase</i>	Negative	-	Negative
Urine Protein (Albumin) <i>Acid / Base Colour Exchange</i>	Negative	-	Negative
Urine Ketones (Acetone) <i>Legals Test</i>	Negative	-	Negative
Blood <i>Peroxidase Hemoglobin</i>	Negative	-	Negative
Leucocyte esterase <i>Enzymatic Reaction</i>	Negative	-	Negative
Bilirubin Urine <i>Coupling Reaction</i>	Negative	-	Negative
Nitrite <i>Griless Test</i>	Negative	-	Negative
Urobilinogen <i>Ehrlichs Test</i>	Normal	-	Normal
Microscopic Examination			
Pus Cells (WBCs)	1-2	/hpf	0 - 5
Epithelial Cells	1-2	/hpf	0 - 4
Red blood Cells	Absent	/hpf	Absent
Crystals	Absent	-	Absent
Cast	Absent	-	Absent
Yeast Cells	Absent	-	Absent
Amorphous deposits	Absent	-	Absent
Bacteria	Absent	-	Absent
Protozoa	Absent	-	Absent
Interpretation:			

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<p>URINALYSIS- Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders.</p> <p>Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever</p> <p>Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.</p> <p>Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.</p> <p>Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.</p> <p>Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.</p> <p>Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.</p> <p>pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.</p> <p>Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.</p> <p>Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.</p> <p>Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of haemolytic anaemia.</p>			

*** End Of Report ***

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