



LABORATORY REPORT

PATIENT INFORMATION

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 OP / IP / DG # :


REFERRED BY

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

SPECIMEN INFORMATION

SAMPLE TYPE : Whole Blood - EDTA
 [REDACTED]
 [REDACTED]
 [REDACTED]
REPORT STATUS : Final Report



HAEMATOLOGY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
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Am-Fit (With Vitamin D)

Complete Blood Counts

(Automated Hematology Analyzer & Microscopy)

Total Leukocyte Count (coulter principle)	5.4		10 ³ /μl	4.0 - 11.0
RBC Count (coulter principle)	5.0		10 ⁶ /μL	4.5 - 5.5
Hemoglobin (photometric method)	15.3	H	g/dL	13.0 - 17.0
Hematocrit	45.0		%	40 - 50
MCV(Mean Corpuscular Volume) (Derired from RBC Histogram)	90.4		fL	83 - 101
MCH(Mean Corpuscular Hemoglobin) (Calculated)	30.8		pg	27 - 32
MCHC(Mean Corpuscular Hemoglobin Concentration) (Calculated)	34.1		g/dL	31.5 - 34.5
RDW (Derired from RBC Histogram)	13.0		%	11.6 - 14
Platelet Count (coulter principle)	185		10 ³ /μl	150 - 410
MPV	7.5		fL	7.5 - 11.5

Differential count %(VCSM Technology&Light microscopy)

Neutrophils	47.0		%	40-80%
Lymphocytes	44.0	H	%	20-40%
Monocytes	6.0		%	2-10%
Eosinophils	3.0		%	1-6%
Basophils	0.0		%	0-1%

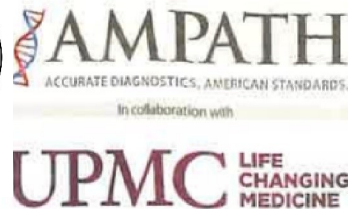
Differential Counts, Absolute(calculated)

Absolute Neutrophil Count	2.54		10 ³ /μl	2.0-7.0
Absolute Lymphocyte Count	2.38		10 ³ /μl	1.0-3.0
Absolute Monocyte Count	0.32		10 ³ /μl	0.2 - 1.0
Absolute Eosinophil Count (AEC)	0.16		10 ³ /μl	0.02-0.5
Absolute Basophil Count	0.00		10 ³ /μl	0.02 - 0.1

AMPATH
Central Reference Laboratory,
Door No. 1-100/1/CCH Nallagandla
Serilingampally
Hyderabad – 500019
040 6719 9977, www.ampath.com



MC-2751



LABORATORY REPORT

PATIENT INFORMATION

[Redacted Patient Information]

OP / IP / DG # :



REFERRED BY

[Redacted Referred By Information]

SPECIMEN INFORMATION

SAMPLE TYPE : Whole Blood - EDTA
[Redacted Sample Information]
REPORT STATUS : Final Report



HAEMATOLOGY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
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Am-Fit (With Vitamin D)

[Redacted Test Results]

Dr Shiny Amber
Consultant

[Redacted Signature Line]

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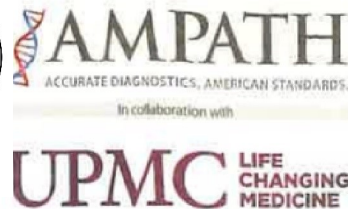
AmPath collaborates directly with UPMC, one of the top ten hospitals in the United States according to US News & World Report.

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SPECIMEN INFORMATION

SAMPLE TYPE : Fluoride Plasma
 - F
 [Redacted Sample Information]
REPORT STATUS : Final Report



BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
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Am-Fit (With Vitamin D)

Glucose - Fasting

Glucose - Fasting (Hexokinase)	123.0	H	mg/dL	Normal : 74-100 Pre-diabetic : 100-125 Diabetic: >=126
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SPECIMEN INFORMATION

SAMPLE TYPE : Serum
 [REDACTED]
 [REDACTED]
 [REDACTED]

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BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Am-Fit (With Vitamin D)				
Cholesterol Total - Serum				
Cholesterol Total - Serum (Enzymatic colorimetric)	122.4		mg/dL	<200 No risk 200-239 Moderate risk >240 High risk
Triglycerides				
Triglycerides (Enzymatic colorimetry)	186.5	H	mg/dL	Normal: <150 Borderline-high: 150–199 High risk 200–499 Very high risk >500
Aspartate Aminotransferase (AST/SGOT)				
Aspartate Aminotransferase (AST/SGOT) (IFCC kinetic)	19		U/L	<37
Alanine aminotransferase - (ALT / SGPT)				
Alanine aminotransferase - (ALT / SGPT) (Kinetic IFCC)	22		U/L	<41
Uric acid				
Uric acid (Uricase)	5.2		mg/dL	3.4-7
Creatinine				
Creatinine (Modified Jaffe Kinetic)	0.73		mg/dL	0.7-1.4
TSH, Thyroid Stimulating Hormone				
TSH, Thyroid Stimulating Hormone (ECLIA)	2.900		µIU/mL	0.27 - 4.21

Interpretation:

The following potential sources of variation should be considered while interpreting thyroid hormone results:

1. Circadian variation in TSH secretion: peak levels are seen between 2-4 am. Minimum levels seen between 6-10 am. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.
2. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment
3. Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding Pre-Albumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.
4. T4 may be normal in the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, in presence of drugs (eg Phenytoin, Salicylates etc)
5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.
7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is

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Am-Fit (With Vitamin D)

undetected by conventional methods.

8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones

9. Various drugs can lead to interference in test results

It is recommended to evaluate unbound fractions, that is free T3 (fT3) and free T4 (fT4) for clinic-pathologic correlation, as these are the metabolically active forms.

Vitamin D, 25-Hydroxy

Vitamin D, 25-Hydroxy (ECLIA)	25.4	L	ng/ml	Deficient: <=20 Insufficiency: 20-29 Desirable: >=30-100 Toxicity: >100
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Interpretation:

● **Interpretation:**

- Vitamin D is a fat soluble vitamin produced in the skin by exposure to sun light. Deficiency in children causes rickets and in adults leads to osteomalacia

Decreased:

- Impaired cutaneous production (lack of sunlight exposure)
- Dietary absence
- Malabsorption
- Increased metabolism due to drugs like barbiturates, phenytoin.
- Liver disease
- Renal failure
- VIT D receptor mutation

Increased:

- Vitamin D intoxication due to increased vit D supplements intake

----- End Of Report -----

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Am-Fit (With Vitamin D)

[REDACTED]
[REDACTED]

Sanjeeta

Dr. Sanjeeta
Consultant- Biochemist

[REDACTED]

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