



LABORATORY REPORT

PATIENT INFORMATION

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

OP / IP / DG # :



REFERRED BY

[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 Plus

Complete Blood Counts

(Automated Hematology Analyzer & Microscopy)

Total Leukocyte Count (coulter principle)	7.2		10 ³ /μl	4.0 - 11.0
RBC Count (coulter principle)	5.0	H	10 ⁶ /μL	3.8 - 4.8
Hemoglobin (photometric method)	13.1		g/dL	12.0 - 15.0
Hematocrit	40.7		%	40 - 50
MCV(Mean Corpuscular Volume) (Derired from RBC Histogram)	81.7	L	fL	83 - 101
MCH(Mean Corpuscular Hemoglobin) (Calculated)	26.3	L	pg	27 - 32
MCHC(Mean Corpuscular Hemoglobin Concentration) (Calculated)	32.2		g/dL	31.5 - 34.5
RDW (Derired from RBC Histogram)	15.5	H	%	11.6 - 14
Platelet Count (coulter principle)	182		10 ³ /μl	150 - 410
MPV	12.4	H	fL	7.5 - 11.5

Differential count %(VCSM Technology&Light microscopy)

Neutrophils	58.0		%	40-80%
Lymphocytes	32.0		%	20-40%
Monocytes	6.0		%	2-10%
Eosinophils	3.0		%	1-6%
Basophils	1.0		%	0-1%

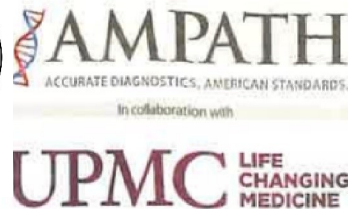
Differential Counts, Absolute(calculated)

Absolute Neutrophil Count	4.18		10 ³ /μl	2.0-7.0
Absolute Lymphocyte Count	2.30		10 ³ /μl	1.0-3.0
Absolute Monocyte Count	0.43		10 ³ /μl	0.2 - 1.0
Absolute Eosinophil Count (AEC)	0.22		10 ³ /μl	0.02 - 0.5
Absolute Basophil Count	0.10		10 ³ /μl	0.02 - 0.1

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MC-2751



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HAEMATOLOGY

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Am-Fit Plus

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Dr Shiny Amber
Consultant

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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.

AmPath upholds rigorous standards for operational and clinical performance based on US hospital benchmarks. Test results have been furnished in adherence with these standards and under terms and conditions found on the reverse. For details, please email AmPath at customersupport@ampath.com or call: 040 6719 9977.



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SPECIMEN INFORMATION

SAMPLE TYPE : Fluoride Plasma
 - F

[REDACTED]
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REPORT STATUS : Final Report



BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
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Am-Fit Plus

Glucose - Fasting

Glucose - Fasting (Hexokinase)	95.0		mg/dL	Normal : 74-100 Pre-diabetic : 100-125 Diabetic: >=126
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SPECIMEN INFORMATION

SAMPLE TYPE : Serum
 [REDACTED]
 [REDACTED]
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REPORT STATUS : Final Report



BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Am-Fit Plus				
Cholesterol Total - Serum				
Cholesterol Total - Serum (Enzymatic colorimetric)	217.0	H	mg/dL	<200 No risk 200-239 Moderate risk >240 High risk
Triglycerides				
Triglycerides (Enzymatic colorimetry)	111.9		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	<31
Alanine aminotransferase - (ALT / SGPT)				
Alanine aminotransferase - (ALT / SGPT) (Kinetic IFCC)	32		U/L	<33
Uric acid				
Uric acid (Uricase)	5.8		mg/dL	3.4-7
Creatinine				
Creatinine (Modified Jaffe Kinetic)	0.96		mg/dL	< 1.20
TSH, Thyroid Stimulating Hormone (ECLIA)	4.340	H	µIU/mL	0.27 - 4.2

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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In collaboration with

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Am-Fit Plus

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.

Calcium - Serum

Calcium - Serum (NM-BAPTA)	9.50		mg/dL	8.6 - 10.0
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Vitamin B12

Vitamin B12 (ECLIA)	194.6		pg/mL	191-771
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Interpretation:

- Vitamin B12 also referred to as cobalamin is a water soluble vitamin. The uptake in the gastro intestinal track depends on intrinsic factor, which is synthesised by gastric parietal cells

Deficiency state:

- Lack of intrinsic factor due to autoimmune atrophic gastritis
- Mal-absorption due to gastrostomy
- Inflammatory bowel disease
- Dietary deficiency (strict vegans)
- Vit B12 deficiency results in megaloblastic anaemia, peripheral neuropathy, dementia and depression

Increased levels:

- VIT B12 supplement intake
- Polycythaemia Vera.

Vitamin D, 25-Hydroxy

Vitamin D, 25-Hydroxy (ECLIA)	49.5		ng/ml	Deficient: <=20 Insufficiency: 20-29 Desirable: >=30-100 Toxicity: >100
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Interpretation:

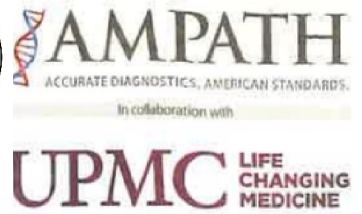
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• Interpretation:

- 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 -----

[REDACTED]

Sanjeeta

**Dr.Sanjeeta
Consultant- Biochemist**

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