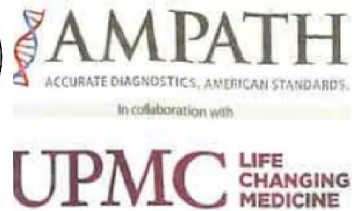


[Redacted patient information]



MC-2751



**LABORATORY REPORT**

[Redacted patient information]



[Redacted patient information]

**Complete Blood Counts**

(Automated Hematology Analyzer & Microscopy)

Total Leukocyte Count	5.0	$10^3/\mu\text{l}$	4.0 - 11.0
RBC Count	4.7	$10^6/\mu\text{L}$	4.5 - 5.5
Hemoglobin	13.7	g/dL	13.0 - 17.0
Hematocrit	41.9	%	40 - 50
MCV(Mean Corpuscular Volume)	89.1	fL	83 - 101
MCH(Mean Corpuscular Hemoglobin)	29.3	pg	27 - 32
MCHC(Mean Corpuscular Hemoglobin Concentration)	32.8	g/dL	31.5 - 34.5
RDW	<b>14.3</b>	H %	11.6 - 14
Platelet Count	296	$10^3/\mu\text{l}$	150 - 410
MPV	9.8	fL	7.5 - 11.5

**Differential Counts % (VCSN)**

Neutrophils	60.0	%	40-80%
Lymphocytes	32.0	%	20-40%
Monocytes	5.0	%	2-10%
Eosinophils	3.0	%	1-6%
Basophils	0.0	%	0-1%

**Differential Counts, Absolute**

Absolute Neutrophil Count	3.00	$10^3/\mu\text{l}$	2.0-7.0
Absolute Lymphocyte Count	1.60	$10^3/\mu\text{l}$	1.0-3.0
Absolute Monocyte Count	0.25	$10^3/\mu\text{l}$	0.2 - 1.0
Absolute Eosinophil Count (AEC)	0.15	$10^3/\mu\text{l}$	0.02-0.5
Absolute Basophil Count	0.10	$10^3/\mu\text{l}$	0.02 - 0.1

[Redacted patient information]

Dr. Pramod Shinde  
Consultant

[Redacted patient information]

[Redacted patient information]

This is an electronically authenticated laboratory report.

Page 1 of 5



**LABORATORY REPORT**

**PATIENT INFORMATION**

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


**REFERRED BY**

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

**SPECIMEN INFORMATION**

**SAMPLE TYPE** : Fluoride Plasma  
 - F  
 [REDACTED]  
 [REDACTED]  
**REPORT STATUS** : Final Report



**BIOCHEMISTRY**

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
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**Basic Health Check**

**Glucose - Fasting**

Glucose - Fasting (Hexokinase)	91.0		mg/dL	Normal : 74-100 Pre-diabetic : 100-125 Diabetic: >=126
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**LABORATORY REPORT**

**PATIENT INFORMATION**

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

OP / IP / DG # :



**REFERRED BY**

[REDACTED]  
 [REDACTED]  
 [REDACTED]

**SPECIMEN INFORMATION**

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

**REPORT STATUS** : Final Report



**BIOCHEMISTRY**

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
<b>Basic Health Check</b>				
<b>Cholesterol Total - Serum</b>				
Cholesterol Total - Serum (Enzymatic colorimetric)	218.5	H	mg/dL	<200 No risk 200-239 Moderate risk >240 High risk
<b>Triglycerides</b>				
Triglycerides (Enzymatic colorimetry)	90.3		mg/dL	Normal: <150 Borderline-high: 150–199 High risk 200–499 Very high risk >500
<b>Cholesterol - HDL (Direct)</b>				
Cholesterol - HDL (Direct) (Enzymatic colorimetric)	39.7	L	mg/dL	<40 High Risk ; >60 No Risk
<b>Cholesterol - LDL</b>				
Cholesterol - LDL (Direct) (Enzymatic colorimetric)	199.6	H	mg/dL	Optimum:<100 Above optimum: <130; Moderate risk:130-159; High risk:>160
<b>VLDL (Very Low Density Lipoprotein)</b>				
VLDL (Very Low Density Lipoprotein) (Calculation)	18.1		mg/dL	<30
<b>Cholestrol/HDL Ratio</b>				
Cho/HDL Ratio (Enzymatic colorimetric & Calculation)	5.50	H		Normal:<4.0 Low risk:4.0-6.0 Hisk risk:>6.0
<b>Bilirubin (Total, Direct and Indirect)</b>				
Bilirubin Total (Diazo method)	0.30		mg/dL	<1.1
Bilirubin Conjugated (Diazo method)	0.15		mg/dL	<=0.2
Bilirubin Unconjugated, Indirect (Calculation)	0.15		mg/dL	<1.0
<b>Aspartate Aminotransferase (AST/SGOT)</b>				
Aspartate Aminotransferase (AST/SGOT) (IFCC kinetic)	18		U/L	<37
<b>Alanine aminotransferase - (ALT / SGPT)</b>				
Alanine aminotransferase - (ALT / SGPT)	14		U/L	<41

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**LABORATORY REPORT**

**PATIENT INFORMATION**

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

OP / IP / DG # :



**REFERRED BY**

[REDACTED]  
 [REDACTED]  
 [REDACTED]

**SPECIMEN INFORMATION**

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

**REPORT STATUS** : Final Report



**BIOCHEMISTRY**

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
<b>Basic Health Check</b>				
(Kinetic IFCC)				
<b>Alkaline Phosphatase - ALP</b>				
Alkaline Phosphatase - ALP (IFCC kinetic)	95.0		U/L	<129
<b>Gamma Glutamyl Transferase (GGT)</b>				
Gamma Glutamyl Transferase (GGT) (Enzymatic colorimetric assay)	10.0		U/L	< 71
<b>Protein Total, Serum</b>				
Protein Total, Serum (Biuret Method)	6.6		g/dL	6.4-8.3
<b>Albumin - Serum</b>				
Albumin - Serum (Bromocresol green)	4.4		g/dL	3.5 - 5.2
<b>Globulin</b>				
Globulin (Calculation)	2.2	L	g/dL	2.3-3.5
<b>A/G (Albumin/Globulin) Ratio</b>				
A/G (Albumin/Globulin) Ratio (Calculation)	2.0			0.8-2.0
<b>Uric acid</b>				
Uric acid (Uricase)	6.4		mg/dL	3.4-7
<b>BUN/Creatinine Ratio</b>				
Blood Urea Nitrogen (BUN) (Calculation)	9.81		mg/dL	8.4-26
Creatinine (Modified Jaffe Kinetic)	1.01		mg/dL	0.7-1.4
BUN/Creatinine Ratio (Calculation)	9.71			10:1 to 20:1
<b>Calcium - Serum</b>				
Calcium - Serum (NM-BAPTA)	9.20		mg/dL	8.8 - 10.2

This is an electronically authenticated laboratory report.



**LABORATORY REPORT**

**PATIENT INFORMATION**

[Redacted Patient Information]

OP / IP / DG # :



**REFERRED BY**

[Redacted Referred By Information]

**SPECIMEN INFORMATION**

**SAMPLE TYPE** : Serum  
 [Redacted Sample Information]

**REPORT STATUS** : Final Report



**BIOCHEMISTRY**

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
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**Basic Health Check**

<b>TSH, Thyroid Stimulating Hormone (ECLIA)</b>	2.070		µIU/mL	0.27 - 4.21
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**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 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.

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

*Sanjeeta*

**Dr.Sanjeeta**  
 Consultant- Biochemist