



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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Comprehensive Health Check (Dc)

Complete Blood Counts

(Automated Hematology Analyzer & Microscopy)

Total Leukocyte Count	5.8		10 ³ /μl	4.0 - 11.0
RBC Count	5.5		10 ⁶ /μL	4.5 - 5.5
Hemoglobin	14.5		g/dL	13.0 - 17.0
Hematocrit	47.0		%	40 - 50
MCV(Mean Corpuscular Volume)	84.9		fL	83 - 101
MCH(Mean Corpuscular Hemoglobin)	26.3	L	pg	27 - 32
MCHC(Mean Corpuscular Hemoglobin Concentration)	30.9	L	g/dL	31.5 - 34.5
RDW	18.5	H	%	11.6 - 14
Platelet Count	196		10 ³ /μl	150 - 410
MPV	8.8		fL	7.5 - 11.5

Differential Counts % (VCSN)

Neutrophils	58.0		%	40-80%
Lymphocytes	33.0		%	20-40%
Monocytes	4.0		%	2-10%
Eosinophils	5.0		%	1-6%
Basophils	0.0		%	0-1%

Differential Counts, Absolute

Absolute Neutrophil Count	3.36		10 ³ /μl	2.0-7.0
Absolute Lymphocyte Count	1.91		10 ³ /μl	1.0-3.0
Absolute Monocyte Count	0.23		10 ³ /μl	0.2 - 1.0
Absolute Eosinophil Count (AEC)	0.29		10 ³ /μl	0.02-0.5

Madhu
 Dr. Madhu Batra
 Consultant

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SPECIMEN INFORMATION

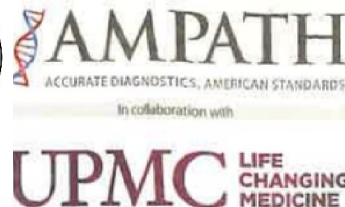
SAMPLE TYPE : Fluoride Plasma - F
 [Redacted Sample Information]
REPORT STATUS : Final Report



BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Comprehensive Health Check (Dc)				
Glucose - Fasting				
Glucose - Fasting (Hexokinase)	98.0		mg/dL	Normal : 74-100 Pre-diabetic : 100-125 Diabetic: >=126

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[Redacted Referring Physician Name]

SPECIMEN INFORMATION

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BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
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Comprehensive Health Check (Dc)

HbA1c - Glycated Hemoglobin

Glycated Hemoglobin, HbA1c (TINIA)	5.00		%	Non diabetic range: 4.8-5.6% Prediabetic range: 5.7-6.4% Diabetes range: >=6.5%
Estimated Average Glucose	96.8		mg/dL	

Interpretation:

Note: HbA1c results may vary in situations of abnormal red cell turnover, such as pregnancy, recent blood loss or transfusion, or some anemias. In such cases only blood glucose criteria should be used to diagnose diabetes (ADA, 2014). Please correlate clinically.



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SAMPLE TYPE : Serum
 [REDACTED]
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BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Comprehensive Health Check (Dc)				
Cholesterol Total - Serum				
Cholesterol Total - Serum (Enzymatic colorimetric)	275.3	H	mg/dL	<200 No risk 200-239 Moderate risk >240 High risk
Triglycerides				
Triglycerides (Enzymatic colorimetry)	205.4	H	mg/dL	Normal: <150 Borderline-high: 150–199 High risk 200–499 Very high risk >500
Cholesterol - HDL (Direct)				
Cholesterol - HDL (Direct) (Enzymatic colorimetric)	47.6		mg/dL	<40 High Risk ; >60 No Risk
Cholesterol - LDL				
Cholesterol - LDL (Direct) (Enzymatic colorimetric)	220.7	H	mg/dL	Optimum:<100 Above optimum: <130; Moderate risk:130-159; High risk:>160
VLDL (Very Low Density Lipoprotein)				
VLDL (Very Low Density Lipoprotein) (Calculation)	41.1	H	mg/dL	<30
Cholestrol/HDL Ratio				
Cho/HDL Ratio (Enzymatic colorimetric & Calculation)	5.78	H		Normal:<4.0 Low risk:4.0-6.0 Hisk risk:>6.0
LDL/HDL Ratio				
LDL/HDL Ratio	4.63			
Aspartate Aminotransferase (AST/SGOT)				
Aspartate Aminotransferase (AST/SGOT) (IFCC kinetic)	24		U/L	<37
Alanine aminotransferase - (ALT / SGPT)				
Alanine aminotransferase - (ALT / SGPT) (Kinetic IFCC)	28		U/L	<41
Protein Total, Serum				
Protein Total, Serum (Biuret Method)	6.7		g/dL	6.4-8.3

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MC-2751

In collaboration with

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BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
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Comprehensive Health Check (Dc)

Albumin - Serum

Albumin - Serum (Bromocresol green)	4.5		g/dL	3.5 - 5.2
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Globulin

Globulin (Calculation)	2.2	L	g/dL	2.3-3.5
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A/G (Albumin/Globulin) Ratio

A/G (Albumin/Globulin) Ratio (Calculation)	2.0	H		0.8-2.0
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Alkaline Phosphatase - ALP

Alkaline Phosphatase - ALP (IFCC kinetic)	63.0		U/L	<129
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Gamma Glutamyl Transferase (GGT)

Gamma Glutamyl Transferase (GGT) (Enzymatic colorimetric assay)	32.0		U/L	< 71
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Bilirubin (Total, Direct and Indirect)

Bilirubin Total (Diazo method)	0.21		mg/dL	<1.1
Bilirubin Conjugated (Diazo method)	0.08		mg/dL	<=0.2
Bilirubin Unconjugated, Indirect (Calculation)	0.13		mg/dL	<1.0

BUN/Creatinine Ratio

Blood Urea Nitrogen (BUN) (Calculation)	11.03		mg/dL	8.8-20.5
Creatinine (Modified Jaffe Kinetic)	1.12		mg/dL	< 1.20
BUN/Creatinine Ratio (Calculation)	9.85			10:1 to 20:1

Calcium - Serum

Calcium - Serum (NM-BAPTA)	9.30		mg/dL	8.6 - 10.0
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 [REDACTED]
 [REDACTED]
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BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Comprehensive Health Check (Dc)				
Phosphorous Inorganic				
Phosphorous Inorganic (UV-Phosphomolybdate)	4.40		mg/dL	2.5-4.5
Uric acid				
Uric acid (Uricase)	6.5		mg/dL	3.4-7
Electrolytes (Na, K, Cl) - Serum				
Sodium (ISE Indirect)	142.0		mmol/L	136 - 145
Potassium (ISE Indirect)	3.90		mmol/L	3.5-5.1
Chlorides (ISE Indirect)	102.0		mmol/L	98-107
T3 - Total (Tri Iodothyronine) (ECLIA)	126.1		ng/dL	80.00 - 200.00
T4 - Total (Thyroxine - Total) (ECLIA)	8.74		µg/dL	5.1-14.1
TSH, Thyroid Stimulating Hormone (ECLIA)	1.160		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 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.

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[Redacted Referring Physician Information]

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BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
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Comprehensive Health Check (Dc)

Vitamin D, 25-Hydroxy

Vitamin D, 25-Hydroxy (ECLIA)	28.5	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

Vitamin B12

Vitamin B12 (ECLIA)	410.7		pg/mL	191-771
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Interpretation:

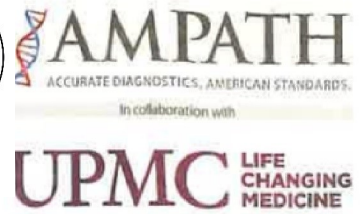
- Vitamin B12 also referred to as cobalamin is a water soluble vitamin. The uptake in the gastro intestinal track depends on intrinsic factor, which is synthesised by gastric parietal cells

Deficiency state:

[Redacted Deficiency State]

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[Redacted]



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- 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.

[Redacted]

Sanjeeta

**Dr.Sanjeeta
Consultant- Biochemist**

[Redacted]

[Redacted]

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[REDACTED]
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SPECIMEN INFORMATION

SAMPLE TYPE : WB/Plasma-Citrate(3.2%/3.8%)
 [REDACTED]
 [REDACTED]
REPORT STATUS : Final Report



HAEMATOLOGY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Comprehensive Health Check (Dc)				

Erythrocyte Sedimentation Rate (ESR)

Westergren`s Method(Manual)

Westergrens Method(Automated) (Modified Westergren`s)	16	H	mm/h	0 - 10
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[REDACTED]

Madhu

Dr.Madhu Batra
 Consultant

[REDACTED]



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SPECIMEN INFORMATION

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Comprehensive Health Check (Dc)

LDH (Lactate Dehydrogenase) - Serum

LDH (IFCC UV, Kinetic)	152.00		U/L	135 - 225
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Interpretation:

The lactate dehydrogenase (LDH) enzyme is widely distributed in tissue, particularly in the heart, liver, muscles and kidneys. Elevated serum levels of LDH have been observed in a variety of disease states. The highest levels are seen in patients with megaloblastic anemia, disseminated carcinoma and shock. Moderate increases occur in muscular disorders, nephrotic syndrome and cirrhosis. Mild increases in LDH activity have been reported in cases of myocardial or pulmonary infarction, leukemia, hemolytic anemia and non-viral hepatitis.

Folate (Folic Acid)

Folate (Folic Acid) (ECLIA)	3.40		ng/mL	3.1 - 17.5
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Immunoglobulin - IgE Total - Serum

IgE Total (ECLIA)	267.80	H	IU/mL	<100
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Interpretation:

Immunoglobulin E (IgE) plays an important role in immunological protection against parasitic infections and in allergy (type 1 hypersensitivity). Elevated IgE concentrations can be found in patients with

- Allergic diseases such as hay fever, atopic bronchitis and dermatitis
- Non-allergic diseases, like bronchopulmonary aspergillosis, Wiskott-Aldrich syndrome, hyper-IgE syndrome, IgE myeloma, and parasitic infections etc.
- In infants and small children with recurrent respiratory tract diseases, the determination of IgE is of prognostic relevance
- Immunoglobulin E are antibodies produced by immune system. IGE plays an important role in immunological protection against parasitic infections and in allergy.
- IGE levels are elevated in patients with allergenic diseases such as hay fever, atopic bronchitis and dermatosis
- Please correlate clinically.

Magnesium -Serum

Magnesium -Serum (Xylidyl Blue)	2.30		mg/dL	1.6-2.6
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hs CRP (C-Reactive Protein high sensitive)

[REDACTED]

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Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Comprehensive Health Check (Dc)				
hs CRP (C-Reactive Protein high sensitive) (Immunoturbidimetry)	0.39		mg/L	Relative risk: < 1.0 Average: 1.0-3.0 High risk: > 3.0
Iron Binding Capacity - Total (TIBC)				
Iron (FerroZine Colorimetric Assay)	134.7		µg/dL	59-158
Unsaturated Iron Binding Capacity (UIBC) (Direct determination with FerroZine)	230.0		µg/dL	125 - 345
Iron Binding Capacity - Total (TIBC) (Calculation)	364.7		µg/dL	228-428
Transferrin Saturation Index (TSI) (Calculation)	36.9			16-45

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

[Redacted Signature]

Sanjeeta

Dr. Sanjeeta
 Consultant- Biochemist

[Redacted Contact Information]