



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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Health Check- Executive

Complete Blood Counts

(Automated Hematology Analyzer & Microscopy)

Total Leukocyte Count	7.8		10 ³ /μl	4.0 - 11.0
RBC Count	4.8		10 ⁶ /μL	3.8 - 4.8
Hemoglobin	14.7		g/dL	12.0 - 15.0
Hematocrit	42.6		%	40 - 50
MCV(Mean Corpuscular Volume)	89.4		fL	83 - 101
MCH(Mean Corpuscular Hemoglobin)	30.8		pg	27 - 32
MCHC(Mean Corpuscular Hemoglobin Concentration)	34.4		g/dL	31.5 - 34.5
RDW	13.4		%	11.6 - 14
Platelet Count	332		10 ³ /μl	150 - 410
MPV	7.3	L	fL	7.5 - 11.5

Differential Counts % (VCSN)

Neutrophils	57.0		%	40-80%
Lymphocytes	23.0		%	20-40%
Monocytes	9.0		%	2-10%
Eosinophils	1.0		%	1-6%
Basophils	0.0		%	0-1%
Band Forms	0.0		%	0-1%
Metamyelocytes	0.0		%	

Differential Counts, Absolute

Absolute Neutrophil Count	4.45		10 ³ /μl	2.0-7.0
Absolute Lymphocyte Count	1.79		10 ³ /μl	1.0-3.0
Absolute Monocyte Count	0.70		10 ³ /μl	0.2 - 1.0
Absolute Eosinophil Count (AEC)	0.08		10 ³ /μl	0.02 - 0.5
Absolute Basophil Count	0.00		10 ³ /μl	0.02 - 0.1

AMPATH
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HAEMATOLOGY

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Health Check- Executive				

[Redacted]
 [Redacted]

Anumeha
Dr. Anumeha Chaturvedi
 Consultant

[Redacted]

This is an electronically authenticated laboratory report.

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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 : Serum
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BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
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Health Check- Executive

LFT MINI(SGOT, SGPT, BILIRUBIN (D),BILIRUBIN TOTAL, INDIRECT, ALP)

Aspartate Aminotransferase (AST/SGOT) (IFCC kinetic)	33	H	U/L	<31
Alanine aminotransferase - (ALT / SGPT) (Kinetic IFCC)	36	H	U/L	<33
Bilirubin Total (Diazo method)	0.53		mg/dL	<1.1
Bilirubin Conjugated (Diazo method)	0.26	H	mg/dL	<=0.2
Bilirubin Unconjugated, Indirect (Calculation)	0.27		mg/dL	<1.0
Alkaline Phosphatase - ALP (IFCC kinetic)	81.0		U/L	<104

Lipid profile mini(CHOLESTROL, TG, HDL , LDL (Calculation) ,VLDL (Calculation)

Cholesterol Total - Serum (Enzymatic colorimetric)	180.8		mg/dL	<200 No risk 200-239 Moderate risk >240 High risk
Triglycerides (Enzymatic colorimetry)	151.4	H	mg/dL	Normal: <150 Borderline-high: 150–199 High risk 200–499 Very high risk >500
Cholesterol - HDL (Direct) (Enzymatic colorimetric)	36.2	L	mg/dL	<40 High Risk >60 No Risk
VLDL (Very Low Density Lipoprotein) (Calculation)	30.3	H	mg/dL	<30
LDL Chol, Calculated	114.32	H	mg/dL	<100



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 SELF**

[REDACTED]
 [REDACTED]

SPECIMEN INFORMATION

SAMPLE TYPE : Fluoride Plasma
 - F
 [REDACTED]
 [REDACTED]
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BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Health Check- Executive				
Glucose - Fasting				
Glucose - Fasting (Hexokinase)	152.0	H	mg/dL	Normal : 74-100 Pre-diabetic : 100-125 Diabetic: >=126

[REDACTED]
 [REDACTED]

Sanjeeta

Dr. Sanjeeta
 Consultant- Biochemist

[REDACTED]

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OP / IP / DG # :



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SPECIMEN INFORMATION

SAMPLE TYPE : Urine
 [REDACTED]
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CLINICAL PATHOLOGY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
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Health Check- Executive

Urine Examination - Routine & Microscopy (CUE)

PHYSICAL EXAMINATION:

Volume	10.00		mL	
Colour	Pale yellow			Pale
Appearance	Clear			Clear

CHEMICAL EXAMINATION:

pH (Dip stick)	7.00			4.8 - 7.4
Specific Gravity (Dip Stick(Bromothymol blue))	1.005	L		1.010 - 1.022
Protein (Dip Stick/ Sulfosalicylic acid)	Negative			Negative
Glucose (Dip Stick /Benedicts test)	Positive(1+)			Negative
Ketones (Dip stick)	Negative			Negative
Urobilinogen (Dip Stick / Ehrlich reaction)	Normal			Normal
Nitrite (Dip Stick / (Griess test))	Negative			Negative
Bilirubin (Dipstick/diazo)	Negative			Negative
Blood (Dip Stick (Peroxidase))	Negative			Negative

MICROSCOPIC EXAMINATION:

Pus Cells	5-6		/HPF	0 - 5
Epithelial Cells	3-4		/HPF	< 5
RBCs	Nil		/HPF	0 - 2
Casts	Absent		/LPF	Absent
Crystals	Absent		/HPF	Absent

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CLINICAL PATHOLOGY

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Health Check- Executive				

[REDACTED]
[REDACTED]

Sachin Johari
Dr. Sachin Johari
Consultant Pathologist
[REDACTED]



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Health Check- Executive				
Uric acid				
Uric acid (Uricase)	5.7		mg/dL	3.4-7
Blood Urea Nitrogen, BUN - Serum				
Blood Urea Nitrogen (BUN) (Calculation)	11.59		mg/dL	9.8-20
Creatinine (Modified Jaffe Kinetic)	0.78		mg/dL	0.7-1.4
Protein Total, Serum				
Protein Total, Serum (Biuret Method)	7.0		g/dL	6.4-8.3
Urea (Kinetic, Urease)	24.8		mg/dL	16 - 38
Calcium - Serum				
Calcium - Serum (NM-BAPTA)	8.50	L	mg/dL	8.8 - 10.2
Electrolytes (Na, K, Cl) - Serum				
Sodium - Serum (ISE Indirect)	136.0		mmol/L	136 - 145
Potassium (ISE Indirect)	4.20		mmol/L	3.5-5.1
Chloride - Serum (ISE Indirect)	98.7		mmol/L	98-107
T3 - Total (Tri Iodothyronine) (ECLIA)	87.3		ng/dL	80.00 - 200.00
T4 - Total (Thyroxine - Total) (ECLIA)	7.55		µg/dL	5.1-14.1
TSH, Thyroid Stimulating Hormone (ECLIA)	2.630		µIU/mL	0.27 - 4.2

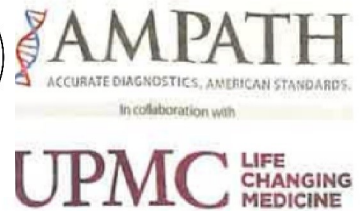
Interpretation:

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.

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Health Check- Executive

- Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment
 - 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.
 - 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)
 - Neonates and infants have higher levels of T4 due to increased concentration of TBG
 - TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.
 - 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.
 - Presence of Autoimmune disorders may lead to spurious results of thyroid hormones
 - 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)	7.9	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



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Health Check- Executive

Serum Iron

Iron (FerroZine Colorimetric Assay)	76.4		µg/dL	59-158
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Vitamin B12

Vitamin B12 (ECLIA)	> 2000	H	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 gastrectomy
- 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.

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

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MC-2751



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Health Check- Executive

[Redacted Biochemistry Results]

Dr. Sanjeeta
Consultant- Biochemist

[Redacted Signature Line]