



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
Senior Citizens - Female Check				
Aspartate Aminotransferase (AST/SGOT)				
Aspartate Aminotransferase (AST/SGOT) (IFCC kinetic)	62	H	U/L	<37
Alanine aminotransferase - (ALT / SGPT)				
Alanine aminotransferase - (ALT / SGPT) (Kinetic IFCC)	85	H	U/L	<41
Protein Total, Serum				
Protein Total, Serum (Biuret Method)	8.1		g/dL	6.4-8.3

[Redacted Signature]

Sanjeeta

Dr. Sanjeeta
 Consultant- Biochemist

[Redacted Contact Information]



LABORATORY REPORT

PATIENT INFORMATION

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

OP / IP / DG # :



REFERRED BY

[REDACTED]
 [REDACTED]
 [REDACTED]

SPECIMEN INFORMATION

SAMPLE TYPE : WB-EDTA
 [REDACTED]
 [REDACTED]
 [REDACTED]

REPORT STATUS : Final Report



HAEMATOLOGY

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

Senior Citizens - Female Check

Complete Blood Counts

(Automated Hematology Analyzer & Microscopy)

(Coulter Principle /Photometric method/VCSM/Cumulative pulse height/Staining/Calculated and Micr

Total Leukocyte Count	9.6		10 ³ /μl	4.0 - 11.0
RBC Count	4.2	L	10 ⁶ /μL	4.5 - 5.5
Hemoglobin	11.0	L	g/dL	13.0 - 17.0
Hematocrit	34.0	L	%	40 - 50
MCV(Mean Corpuscular Volume)	80.4	L	fL	83 - 101
MCH(Mean Corpuscular Hemoglobin)	26.0	L	pg	27 - 32
MCHC(Mean Corpuscular Hemoglobin Concentration)	32.3		g/dL	31.5 - 34.5
RDW	16.1	H	%	11.6 - 14
Platelet Count	264		10 ³ /μl	150 - 410
MPV	10.3		fL	7.5 - 11.5

Differential Counts % (VCSN)

Neutrophils	56.0		%	40-80%
Lymphocytes	32.0		%	20-40%
Monocytes	7.0		%	2-10%
Eosinophils	5.0		%	1-6%
Basophils	0.0		%	0-1%

Differential Counts, Absolute

Absolute Neutrophil Count	5.40		10 ³ /μl	2.0-7.0
Absolute Lymphocyte Count	2.90		10 ³ /μl	1.0-3.0
Absolute Monocyte Count	0.70		10 ³ /μl	0.2 - 1.0
Absolute Eosinophil Count (AEC)	0.50		10 ³ /μl	0.02-0.5
Absolute Basophil Count	0.10		10 ³ /μl	0.02 - 0.1

Manu

Dr.Manu Goyal MD,DNB (Path)
Consultant Pathologist & Hematopathologist

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



LABORATORY REPORT

PATIENT INFORMATION

[Redacted Patient Information]

OP / IP / DG # :



REFERRED BY

[Redacted Referred By Information]

SPECIMEN INFORMATION

SAMPLE TYPE : WB-EDTA
 [Redacted Sample Information]

REPORT STATUS : Final Report



HAEMATOLOGY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Senior Citizens - Female Check				

This is an electronically authenticated laboratory report.

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.



MC-2751

In collaboration with

LABORATORY REPORT

PATIENT INFORMATION

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

OP / IP / DG # :



REFERRED BY

[REDACTED]
 [REDACTED]
 [REDACTED]

SPECIMEN INFORMATION

SAMPLE TYPE : WB-EDTA
 [REDACTED]
 [REDACTED]
 [REDACTED]

REPORT STATUS : Final Report



BIOCHEMISTRY

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

Senior Citizens - Female Check

HbA1c - Glycated Hemoglobin

Glycated Hemoglobin, HbA1c (TINIA)	7.00	H	%	Non diabetic range: 4.8-5.6% Prediabetic range: 5.7-6.4% Diabetes range: >=6.5%
Estimated Average Glucose	154.2		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.



MC-2751

In collaboration with

LABORATORY REPORT

PATIENT INFORMATION

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

OP / IP / DG # :



REFERRED BY

[REDACTED]
 [REDACTED]
 [REDACTED]

SPECIMEN INFORMATION

SAMPLE TYPE : Fluoride Plasma - F

[REDACTED]
 [REDACTED]
 [REDACTED]

REPORT STATUS : Final Report



BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Senior Citizens - Female Check				
Glucose - Fasting				
Glucose - Fasting (Hexokinase)	123.0	H	mg/dL	Normal : 70 - 100 Prediabetic: 100 - 125 Diabetic: >=126

[REDACTED]

Sanjeeta

Dr.Sanjeeta
 Consultant- Biochemist

[REDACTED]



LABORATORY REPORT

PATIENT INFORMATION

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

OP / IP / DG # :



REFERRED BY

[REDACTED]
 [REDACTED]
 [REDACTED]

SPECIMEN INFORMATION

SAMPLE TYPE : Urine
 [REDACTED]
 [REDACTED]
 [REDACTED]

REPORT STATUS : Final Report



CLINICAL PATHOLOGY

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

Senior Citizens - Female Check

Urine Examination - Routine & Microscopy (CUE)

(Dip Stick , Reflectance Photometer & Microscopy)

PHYSICAL EXAMINATION:

Volume	10.00		mL	
Colour	P. YELLOW			Pale
Appearance	Clear			Clear

CHEMICAL EXAMINATION:

pH (Dip stick)	7.00			4.8 - 7.4
Specific Gravity (Dip Stick(Bromothymol blue))	1.010			1.010 - 1.022
Protein (Dip Stick/ Sulfosalicylic acid)	NEGATIVE			Negative
Glucose (Dip Stick /Benedicts test)	NEGATIVE			Negative
Ketones (Dip stick)	NEGATIVE			Negative
Urobilinogen (Dip Stick / Ehrlich reaction)	NORMAL			Normal
Nitrite (Dip Stick / (Griess test))	NEGATIVE			Negative
Bilirubin	NEGATIVE			Negative
Blood (Dip Stick (Peroxidase))	NEGATIVE			Negative

***Manual**

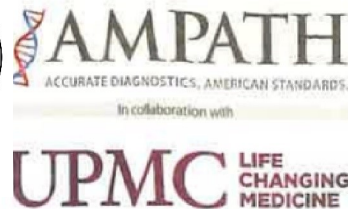
MICROSCOPIC EXAMINATION:

Pus Cells	1-2		/HPF	0 - 5
Epithelial Cells	1-2		/HPF	< 5
Casts	Absent		/LPF	Absent
Crystals	Absent		/HPF	Absent
RBCs	NIL		/HPF	0 - 2

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 : Urine
 [Redacted Sample Information]

REPORT STATUS : Final Report



CLINICAL PATHOLOGY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Senior Citizens - Female Check				

[Redacted Clinical Pathology Results]

Manu

Dr. Manu Goyal MD, DNB (Path)
Consultant Pathologist & Hematopathologist

[Redacted Signature/Stamp]



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
Senior Citizens - Female Check				
Uric acid				
Uric acid (Uricase)	3.2	L	mg/dL	3.4-7
Blood Urea Nitrogen, BUN - Serum				
Blood Urea Nitrogen, BUN - Serum (Calculation)	5.65	L	mg/dL	8.4-26
Creatinine (Modified Jaffe Kinetic)	0.27		mg/dL	0.7-1.4
Urea (Kinetic, Urease)	12.1	L	mg/dL	18-55
Calcium - Serum				
Calcium - Serum (NM-BAPTA)	9.70		mg/dL	8.6 - 10.0
Electrolytes (Na, K, Cl) - Serum				
Sodium (ISE Indirect)	139.0		mmol/L	136 - 145
Potassium - Serum (ISE Indirect)	3.80		mmol/L	3.5-5.1
Chlorides (ISE Indirect)	102.5		mmol/L	98-107
TSH, Thyroid Stimulating Hormone (ECLIA)	1.250		µIU/mL	Women (Non pregnant):0.27-4.2 Pregnant women 1st trimester:0.1-2.5 2nd trimester: 0.2-3.0 3rd trimester: 0.3-3.0

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

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
-------------------------	--------	------	-------	-------------------------------

Senior Citizens - Female Check

- 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.

Vitamin D, 25-Hydroxy

Vitamin D, 25-Hydroxy (ECLIA)	32.7		ng/ml	Deficient: <=20 Insufficiency: 20-29 Desirable: >=30-100 Toxicity: >100
-------------------------------	------	--	-------	--

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

Serum Iron

Iron (FerroZine Colorimetric Assay)	62.3		µg/dL	59-158
-------------------------------------	------	--	-------	--------

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
-------------------------	--------	------	-------	-------------------------------

Senior Citizens - Female Check

Vitamin B12

Vitamin B12 (ECLIA) 501.8 pg/mL 191-771

Interpretation:

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.

C-Reactive Protein (CRP) -quantitative

C-Reactive Protein (CRP) Quantitative (Immunoturbidimetry) 1.0 mg/L <5.0 (Negative)

Rheumatoid Factor (RA) - Quantitative - Serum

Rheumatoid Factor (RA) - Quantitative - Serum (Immunoturbidimetry) 9.00 IU/mL <14.0 (Negative)

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

Cholesterol Total - Serum (Enzymatic colorimetric) 182.9 mg/dL <200 No risk 200-239 Moderate risk >240 High risk
 Triglycerides (Enzymatic colorimetry) 80.1 mg/dL Normal: <150 Borderline-high: 150–199 High risk 200–499 Very high risk >500
 Cholesterol - HDL (Direct) 53.4 mg/dL <40 High Risk ; >60 No Risk

This is an electronically authenticated laboratory report.



MC-2751

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
-------------------------	--------	------	-------	-------------------------------

Senior Citizens - Female Check

(Enzymatic colorimetric)

VLDL (Very Low Density Lipoprotein) 16.0 mg/dL

(Calculation)

LDL Chol, Calculated 113.50 mg/dL <100

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

[REDACTED]

Sanjeeta

Dr.Sanjeeta
Consultant- Biochemist

[REDACTED]