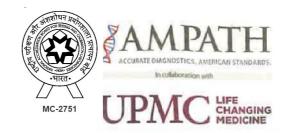
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LABORATORY REPORT

PATIENT INFORMATION OP/IP/DG#

REFERRED BY

SPECIMEN INFORMATION SAMPLE TYPE



REPORT STATUS

: Final Report

: Whole Blood -**EDTA**

HAEMATOLOGY

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

Smokers Risk Check

Complete Blood Counts

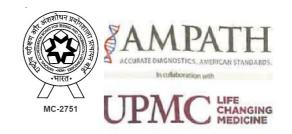
(Automated Hematology Analyzer & Microscopy)

Total Leukocyte Count	5.6		10³/µl	4.0 - 11.0
RBC Count	5.1		10^6/µL	4.5 - 5.5
Hemoglobin	14.9		g/dL	13.0 - 17.0
Hematocrit	44.2		%	40 - 50
MCV(Mean Corpuscular Volume)	86.6		fL	83 - 101
MCH(Mean Corpuscular Hemoglobin)	29.2		pg	27 - 32
MCHC(Mean Corpuscular Hemoglobin Concentration)	33.7		g/dL	31.5 - 34.5
RDW	14.1	Н	%	11.6 - 14
Platelet Count	179		10³/µl	150 - 410
MPV	8.5		fL	7.5 - 11.5
Differential Counts % (VCSN)				
Neutrophils	70.0		%	40-80%
Lymphocytes	23.0		%	20-40%
Monocytes	5.0		%	2-10%
Eosinophils	2.0		%	1-6%
Basophils	0.0		%	0-1%
Differential Counts, Absolute				
Absolute Neutrophil Count	3.92		10³/µl	2.0-7.0
Absolute Lymphocyte Count	1.29		10³/µl	1.0-3.0
Absolute Monocyte Count	0.28		10³/µl	0.2 - 1.0
Absolute Eosinophil Count (AEC)	0.11		10³/µl	0.02-0.5
Absolute Basophil Count	0.00		10³/µl	0.02 - 0.1



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LABORATORY REPORT

PATIENT INFORMATION

REFERRED BY

SPECIMEN INFORMATION SAMPLE TYPE

: Fluoride Plasma

OP/IP/DG#

REPORT STATUS

: Final Report

BIOCHEMISTRY

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

Smokers Risk Check

Glucose - Fasting

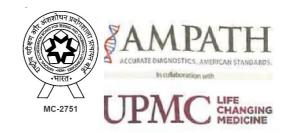
Glucose - Fasting (Hexokinase)

299.0

Η mg/dL Normal: 74-100 Pre-diabetic: 100-125

Diabetic: >=126

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LABORATORY REPORT

PATIENT INFORMATION	REFERRED BY	SPECIMEN INFORMATI	ON	回数据的回
		SAMPLE TYPE	: Serum	V80674644
				377
OP/IP/DG#:		REPORT STATUS	: Final Report	

BIOCHEMISTRY

Test Name (Methodology) Result Flag Units Biological Reference Interval

Smokers Risk Check

Bilirubin Total

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

Cholesterol Total - Serum (Enzymatic colorimetric)	195.0		mg/dL	<200 No risk 200-239 Moderate risk >240 High risk			
Triglycerides (Enzymatic colorimetry)	208.4	Н	mg/dL	Normal: <150 Borderline-high: 150–199 High risk 200–499 Very high risk >500			
Cholesterol - HDL (Direct) (Enzymatic colorimetric)	24.2	L	mg/dL	<40 High Risk >60 No Risk			
VLDL (Very Low Density Lipoprotein) (Calculation)	41.7	Н	mg/dL	<30			
LDL Chol, Calculated	129.12	Н	mg/dL	<100			
LFT MINI(SGOT, SGPT, BILIRUBIN (D),BILIRUBIN TOTAL, INDIRECT, ALP)							
Aspartate Aminotransferase (AST/SGOT) (IFCC kinetic)	14		U/L	<37			
Alanine aminotransferase - (ALT / SGPT) (Kinetic IFCC)	15		U/L	<41			

(Diazo method) Bilirubin Conjugated 0.20 mg/dL <=0.2 (Diazo method) Bilirubin Unconjugated, Indirect 0.25 mg/dL <1.0 (Calculation) Alkaline Phosphatase - ALP 110.0 U/L <129 (IFCC kinetic)

0.45

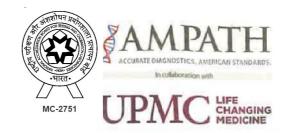
Dr.Mohammad Ibrahim Shaik Consultant

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mg/dL

<1.1

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LABORATORY REPORT

PATIENT INFORMATION **REFERRED BY** SPECIMEN INFORMATION SAMPLE TYPE : Urine OP/IP/DG# **REPORT STATUS** : Final Report

CLINICAL PATHOLOGY

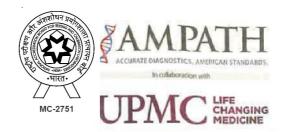
Test Name (Methodology) Result Flag Units **Biological Reference Interval**

Smokers Risk Check

Urine Examination - Routine & Microscopy (CUE)

PHYSICAL EXAMINATION:				
Volume	10.00		mL	
Colour	Pale Yellow			Pale
Appearance	Clear			Clear
CHEMICAL EXAMINATION:				
pН	5.00			4.8 - 7.4
(Dip stick)				
Specific Gravity	1.025	Н		1.010 - 1.022
(Dip Stick(Bromothymol blue))				
Protein	Negative			Negative
(Dip Stick/ Sulfosalicylic acid)	Diti 0 -			N. I. a. a. tib a
Glucose (Dip Stick /Benedicts test)	Positive 3+			Negative
Ketones	Negative			Negative
(Dip stick)	rvegative			rvegative
Urobilinogen	Normal			Normal
(Dip Stick / Ehrlich reaction)				
Nitrite	Negative			Negative
(Dip Stick / (Griess test))				
Bilirubin	Negative			Negative
(Dipstick/diazo)				
Blood	Negative			Negative
(Dip Stick (Peroxidase)) MICROSCOPIC EXAMINATION:				
Pus Cells	4-5		/HPF	0 - 5
Epithelial Cells	2-3		/HPF	< 5
RBCs	Nil		/HPF	0 - 2
Casts	Absent		/LPF	Absent
Crystals	Absent		/HPF	Absent

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LABORATORY REPORT

PATIENT INFORMATION

OP/IP/DG#

REFERRED BY

SPECIMEN INFORMATION SAMPLE TYPE **REPORT STATUS**

: Urine : Final Report



Test Name (Methodology)

CLINICAL PATHOLOGY

Result

Flag Units

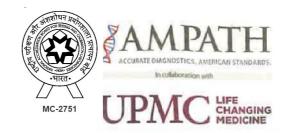
Biological Reference Interval

Smokers Risk Check





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LABORATORY REPORT

PATIENT INFORMATION

REFERRED BY

SPECIMEN INFORMATION

SAMPLE TYPE

Serum

OP/IP/DG #

REPORT STATUS

Final Report

BIOCHEMISTRY						
Test Name (Methodology)	Result	Flag	Units	Biological Reference Interva		
Smokers Risk Check						
Uric acid						
Uric acid (Uricase)	3.4		mg/dL	3.4-7		
Blood Urea Nitrogen, BUN - Serum						
Blood Urea Nitrogen (BUN) (Calculation)	12.43		mg/dL	8.8-20.5		
Creatinine (Modified Jaffe Kinetic)	0.93		mg/dL	< 1.20		
Protein Total, Serum						
Protein Total, Serum (Biuret Method)	6.5		g/dL	6.4-8.3		
Urea (Kinetic, Urease)	26.6		mg/dL	19 - 49		
Calcium - Serum						
Calcium - Serum (NM-BAPTA)	9.10		mg/dL	8.6 - 10.0		
Electrolytes (Na, K, Cl) - Serum						
Sodium - Serum (ISE Indirect)	138.0		mmol/L	136 - 145		
Potassium (ISE Indirect)	4.00		mmol/L	3.5-5.1		
Chloride - Serum (ISE Indirect)	95.3	L	mmol/L	98-107		
T3 - Total (Tri lodothyronine) (ECLIA)	114.3		ng/dL	80.00 - 200.00		
T4 - Total (Thyroxine - Total) (ECLIA)	8.00		μg/dL	5.1-14.1		
TSH, Thyroid Stimulating Hormone (ECLIA)	1.470		μIU/mL	0.27 - 4.21		

Interpretation:

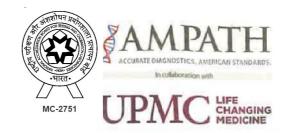
The following potential sources of variation should be considered while interpreting thyroid hormone results:

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.

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LABORATORY REPORT

PATIENT INFORMATION	REFERRED BY	SPECIMEN INFORMATION	ON	回数据的
		SAMPLE TYPE	: Serum	THE COMPANY
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OP/IP/DG#:		REPORT STATUS	: Final Report	

BIOCHEMISTRY

Test Name (Methodology) Result Flag Units Biological Reference Interval

Smokers Risk Check

- 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.

Vitamin D, 25-Hydroxy

Vitamin D, 25-Hydroxy

14.6

L ng/ml Deficient: <=20

Insufficiency: 20-29

Desirable: >=30-10

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
- O Increased metabolism due to drugs like barbiturates, phenytoin.
- Liver disease
- Renal failure
- VIT D receptor mutation

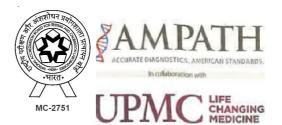
Increased:

O Vitamin D intoxication due to increased vit D supplements intake

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LABORATORY REPORT



Serum Iron

Iron 128.0 μg/dL 59-158 (FerroZine Colorimetric Assay)

CEA (Carcino Embryonic Antigen)

CEA (Carcino Embryonic Antigen) 4.30 ng/mL Non-smokers: <5.0 Smokers: <6.5 (Electrochemiluminescence)

Interpretation:

Interpretation:

CEA is a glycoprotein found in embryonic entodermal epithelium.

CEA elevated in: Colorectal(70%), lung(45%), gastric(50%), breast(40%), pancreatic(55%). Not used for screening, monitoring patients with colorectal, gastrointestinal, lung cancer and in case of recurrence.

Elevated in benign condition: cirrhosis(45%), pulmonary emphysema(30%), ulcerative colitis(15%).

hs CRP (C-Reactive Protein high sensitive)

hs CRP (C-Reactive Protein high sensitive)

H mg/L Relative risk: < 1.0 Average: 1.0-3.0 High risk: > 3.0 High risk: > 3.0

---- End Of Report ----

Dr.Mohammad Ibrahim Shaik Consultant