



MC-2751

In collaboration with

**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
-------------------------	--------	------	-------	-------------------------------

**Smokers Risk Check**

**Complete Blood Counts**

**(Automated Hematology Analyzer & Microscopy)**

Total Leukocyte Count	5.6		10 <sup>3</sup> /μl	4.0 - 11.0
RBC Count	5.1		10 <sup>6</sup> /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	<b>14.1</b>	H	%	11.6 - 14
Platelet Count	179		10 <sup>3</sup> /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		10 <sup>3</sup> /μl	2.0-7.0
Absolute Lymphocyte Count	1.29		10 <sup>3</sup> /μl	1.0-3.0
Absolute Monocyte Count	0.28		10 <sup>3</sup> /μl	0.2 - 1.0
Absolute Eosinophil Count (AEC)	0.11		10 <sup>3</sup> /μl	0.02-0.5
Absolute Basophil Count	0.00		10 <sup>3</sup> /μl	0.02 - 0.1

[Redacted Signature]

**Dr.Pramod Shinde**  
 Consultant

[Redacted Signature]



MC-2751



**LABORATORY REPORT**

**PATIENT INFORMATION**

[Redacted Patient Information]

OP / IP / DG # :



**REFERRED BY**

[Redacted Referred By Information]

**SPECIMEN INFORMATION**

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



**BIOCHEMISTRY**

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

**Smokers Risk Check**

**Glucose - Fasting**

Glucose - Fasting (Hexokinase)	<b>299.0</b>	H	mg/dL	Normal : 74-100 Pre-diabetic : 100-125 Diabetic: >=126
--------------------------------	--------------	---	-------	--



**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
-------------------------	--------	------	-------	-------------------------------

**Smokers Risk Check**

**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)	<b>208.4</b>	H	mg/dL	Normal: <150 Borderline-high: 150–199 High risk 200–499 Very high risk >500
Cholesterol - HDL (Direct) (Enzymatic colorimetric)	<b>24.2</b>	L	mg/dL	<40 High Risk >60 No Risk
VLDL (Very Low Density Lipoprotein) (Calculation)	<b>41.7</b>	H	mg/dL	<30
LDL Chol, Calculated	<b>129.12</b>	H	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
Bilirubin Total (Diazo method)	0.45		mg/dL	<1.1
Bilirubin Conjugated (Diazo method)	0.20		mg/dL	<=0.2
Bilirubin Unconjugated, Indirect (Calculation)	0.25		mg/dL	<1.0
Alkaline Phosphatase - ALP (IFCC kinetic)	110.0		U/L	<129

**Dr.Mohammad Ibrahim Shaik**  
**Consultant**



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** : Urine  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]

**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:**

pH (Dip stick)	5.00			4.8 - 7.4
Specific Gravity (Dip Stick(Bromothymol blue))	<b>1.025</b>	H		1.010 - 1.022
Protein (Dip Stick/ Sulfosalicylic acid)	Negative			Negative
Glucose (Dip Stick /Benedicts test )	Positive 3+			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	4-5		/HPF	0 - 5
Epithelial Cells	2-3		/HPF	< 5
RBCs	Nil		/HPF	0 - 2
Casts	Absent		/LPF	Absent
Crystals	Absent		/HPF	Absent

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** : Urine  
[Redacted Sample Information]

**REPORT STATUS** : Final Report



**CLINICAL PATHOLOGY**

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

Smokers Risk Check

[Redacted Clinical Pathology Results]

Dr. Pramod Shinde  
Consultant

[Redacted Signature Line]



**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>Smokers Risk Check</b>				
<b>Uric acid</b>				
Uric acid (Uricase)	3.4		mg/dL	3.4-7
<b>Blood Urea Nitrogen, BUN - Serum</b>				
Blood Urea Nitrogen (BUN) (Calculation)	12.43		mg/dL	8.8-20.5
<b>Creatinine</b> (Modified Jaffe Kinetic)	0.93		mg/dL	< 1.20
<b>Protein Total, Serum</b>				
Protein Total, Serum (Biuret Method)	6.5		g/dL	6.4-8.3
<b>Urea</b> (Kinetic, Urease)	26.6		mg/dL	19 - 49
<b>Calcium - Serum</b>				
Calcium - Serum (NM-BAPTA)	9.10		mg/dL	8.6 - 10.0
<b>Electrolytes (Na, K, Cl) - Serum</b>				
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)	<b>95.3</b>	L	mmol/L	98-107
<b>T3 - Total (Tri Iodothyronine)</b> (ECLIA)	114.3		ng/dL	80.00 - 200.00
<b>T4 - Total (Thyroxine - Total)</b> (ECLIA)	8.00		µg/dL	5.1-14.1
<b>TSH, Thyroid Stimulating Hormone</b> (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.

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

**Smokers Risk Check**

- 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)	14.6	L	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

[REDACTED]



MC-2751



In collaboration with



**LABORATORY REPORT**

[REDACTED]



[REDACTED]

**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 endodermal 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) 5.89 H mg/L Relative risk: < 1.0 Average: 1.0-3.0 High risk: > 3.0  
(Immunoturbidimetry)

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

[REDACTED]

**Dr. Mohammad Ibrahim Shaik**  
Consultant

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]