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

MC-2751

AMPATH
ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.
In collaboration with
UPMC LIFE CHANGING MEDICINE

LABORATORY REPORT

PATIENT INFORMATION

[redacted]

OP / IP / DG # :

REFERRED BY

[redacted]

SPECIMEN INFORMATION

SAMPLE TYPE : Whole Blood - EDTA

[redacted]

REPORT STATUS : Final Report

HAEMATOLOGY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Stress Check				
Complete Blood Counts				
(Automated Hematology Analyzer & Microscopy)				
Total Leukocyte Count	5.6		$10^3/\mu l$	4.0 - 11.0
RBC Count	**4.3**	L	10^6/µL	4.5 - 5.5
Hemoglobin	14.3		g/dL	13.0 - 17.0
Hematocrit	45.1		%	40 - 50
MCV(Mean Corpuscular Volume)	**104.5**	H	fL	83 - 101
MCH(Mean Corpuscular Hemoglobin)	**33.1**	H	pg	27 - 32
MCHC(Mean Corpuscular Hemoglobin Concentration)	31.7		g/dL	31.5 - 34.5
RDW	**16.7**	H	%	11.6 - 14
Platelet Count	150		$10^3/\mu l$	150 - 410
MPV	**13.7**	H	fL	7.5 - 11.5
Differential Counts % (VCSN)				
Neutrophils	72.0		%	40-80%
Lymphocytes	24.0		%	20-40%
Monocytes	4.0		%	2-10%
Eosinophils	**0.0**	L	%	1-6%
Basophils	0.0		%	0-1%
Differential Counts, Absolute				
Absolute Neutrophil Count	4.03		$10^3/\mu l$	2.0-7.0
Absolute Lymphocyte Count	1.34		$10^3/\mu l$	1.0-3.0
Absolute Monocyte Count	0.22		$10^3/\mu l$	0.2 - 1.0
Absolute Basophil Count	0.00		$10^3/\mu l$	0.02 - 0.1

[redacted]

Dr.Pramod Shinde
Consultant

[redacted]

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SPECIMEN INFORMATION

SAMPLE TYPE : Fluoride Plasma - F

[redacted]

REPORT STATUS : Final Report

BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Stress Check				
Glucose - Fasting				
Glucose - Fasting (Hexokinase)	**144.0**	H	mg/dL	Normal : 74-100 Pre-diabetic : 100-125 Diabetic: >=126

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SPECIMEN INFORMATION

SAMPLE TYPE : Serum

[redacted]

REPORT STATUS : Final Report

BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Stress Check				
Cholesterol Total - Serum				
Cholesterol Total - Serum (Enzymatic colorimetric)	**237.1**	H	mg/dL	<200 No risk 200-239 Moderate risk >240 High risk
Triglycerides				
Triglycerides (Enzymatic colorimetry)	**275.6**	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)	57.1		mg/dL	<40 High Risk ; >60 No Risk
Cholesterol - LDL				
Cholesterol - LDL (Direct) (Enzymatic colorimetric)	**146.5**	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)	**55.1**	H	mg/dL	<30
Cholestrol/HDL Ratio				
Cho/HDL Ratio (Enzymatic colorimetric & Calculation)	**4.15**	H		Normal:<4.0 Low risk:4.0-6.0 Hisk risk:>6.0
LDL/HDL Ratio				
LDL/HDL Ratio	2.56			
Uric acid				
Uric acid (Uricase)	4.5		mg/dL	3.4-7
Blood Urea Nitrogen, BUN - Serum				
Blood Urea Nitrogen (BUN) (Calculation)	9.91		mg/dL	8.8-20.5
Creatinine (Modified Jaffe Kinetic)	1.10		mg/dL	< 1.20

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SPECIMEN INFORMATION

SAMPLE TYPE : Serum

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REPORT STATUS : Final Report

BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Stress Check				
Electrolytes (Na, K, Cl) - Serum				
Sodium - Serum (ISE Indirect)	136.0		mmol/L	136 - 145
Potassium (ISE Indirect)	5.00		mmol/L	3.5-5.1
Chloride - Serum (ISE Indirect)	**93.8**	L	mmol/L	98-107
hs CRP (C-Reactive Protein high sensitive)				
hs CRP (C-Reactive Protein high sensitive) (Immunoturbidimetry)	**0.49**	L	mg/L	Relative risk: < 1.0 Average: 1.0-3.0 High risk: > 3.0
Apolipoprotein A1 (Apo-A1)				
Apolipoprotein A1 (Apo-A1) (Immunoturbidimetry)	166.00		mg/dL	110-205
Apolipoprotein B (Apo-B)				
Apolipoprotein B (Apo-B) (Immunoturbidimetry)	122.00		mg/dL	55-140
Apolipoprotein B/Apolipoprotein A1 Ratio	**0.73**	H		Low risk : 0.40-0.69 Moderate risk : 0.70-0.89 High risk : 0.90-1.10
Cortisol AM				
Cortisol AM (ECLIA)	**0.80**	L	µg/dL	Morning hours (6-10 a.m.): 6.2-19.4 Evening hours (4-8 p.m.): 2.3-11.9

Interpretation:

Cortisol is a steroid hormone secreted by adrenal cortex

.

Elevated cortisol levels seen in:

1. Cushing syndrome due to primary adrenal disease (adenoma, carcinoma or nodular hyperplasia), secondary to excess of ACTH pituitary adenoma.
2. Stress

Decreased cortisol levels seen in:

1. Addison disease-primary adrenal insufficiency
2. Secondary adrenal insufficiency

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SPECIMEN INFORMATION

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REPORT STATUS : Final Report

BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Stress Check				
3. Pituitary insufficiency				
Vitamin D, 25-Hydroxy				
Vitamin D, 25-Hydroxy (ECLIA)	41.7		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

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

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SPECIMEN INFORMATION

SAMPLE TYPE : Serum

[redacted]

REPORT STATUS : Final Report

BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
Stress Check				

[redacted]

Dr.Sanjeeta
Consultant- Biochemist
[redacted]