

Name	: WC10 WC10 WC10	Collected	: 10/2/2017 11:17:00AM
Lab No.	: 134312183	Received	: 10/2/2017 11:22:07AM
Age:	Unknown	Reported	: 10/2/2017 12:13:04PM
Gender:	Male	Report Status	: Final
A/c Status	: P	Ref By	: Unknown

Test Name	Results	Units	Bio. Ref. Interval
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SWASTH PLUS BASIC PANEL

LIVER & KIDNEY PANEL, SERUM
(Spectrophotometry, Indirect ISE)

Bilirubin Total	0.50	mg/dL	0.20 - 0.90
Bilirubin Direct	0.30	mg/dL	<0.20
Bilirubin Indirect	0.20	mg/dL	<1.10
AST (SGOT)	20	U/L	<50
ALT (SGPT)	20	U/L	<50
GGTP	55	U/L	<55
Alkaline Phosphatase (ALP)	100	U/L	30 - 120
Total Protein	5.90	g/dL	6.40 - 8.10
Albumin	3.20	g/dL	2.90 - 4.50
A : G Ratio	1.19		0.90 - 2.00
Urea	15.00	mg/dL	17.00 - 43.00
Creatinine	0.50	mg/dL	0.67 - 1.17
Uric Acid	7.00	mg/dL	3.50 - 7.20
Calcium, Total	8.90	mg/dL	8.20 - 9.60
Phosphorus	3.50	mg/dL	2.20 - 3.90
Sodium	140.00	mEq/L	136.00 - 146.00
Potassium	4.50	mEq/L	3.50 - 5.10
Chloride	100.00	mEq/L	101.00 - 109.00



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URINE EXAMINATION, ROUTINE; URINE, R/E (Automated Strip Test, Microscopy)			
Physical			
Colour	Lemon Yellow		Pale yellow
Specific Gravity	1.005		1.001 - 1.030
pH	6		5.0 - 8.0
Chemical			
Proteins	Nil		Nil
Glucose	Nil		Nil
Ketones	Nil		Nil
Bilirubin	Nil		Nil
Urobilinogen	Normal		Normal
Leucocyte Esterase	Negative		Negative
Nitrite	Negative		Negative
Microscopy			
R.B.C.	Negative		Negative
Pus Cells	2-3 WBC/HPF		0-5 WBC / hpf
Epithelial Cells	Few		Few
Casts	Nil		Nil /lpf
Crystals	Negative		Nil
Others	Nil		-



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Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP certified)	5.9	%	

Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years . Goal of therapy: < 7.0 . Action suggested: > 8.0
	Age < 19 years . Goal of therapy: <7.5

- Note:** 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183



LPL - LPL-ROHINI (NATIONAL REFERENCE
LAB)
SECTOR - 18, BLOCK -E ROHINI
DELHI 110085

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Test Name	Results	Units	Bio. Ref. Interval
9	212		
10	240		
11	269		
12	298		

Dr Lal Path Labs



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Test Name	Results	Units	Bio. Ref. Interval
HEMOGRAM (Electrical Impedance & VCS, Capillary photometry, Photometry)			
Hemoglobin	13.10	13.00 - 17.00 g/dL	
Packed Cell Volume (PCV)	40.50	%	40.00 - 50.00
RBC Count	4.50	4.50 - 5.50/mm ³	
MCV	90.00	80.00 - 100.00 fL	
MCH	30.00	27.00 - 32.00 pg	
MCHC	34.00	32.00 - 35.00 g/dL	
Red Cell Distribution Width (RDW)	13.00	%	11.50 - 14.50
Total Leukocyte Count (TLC)	9.00	thou/mm ³	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	60.00	%	40.00 - 80.00
Lymphocytes	30.00	%	20.00 - 40.00
Monocytes	5.00	%	2.00 - 10.00
Eosinophils	5.00	%	1.00 - 6.00
Basophils	0.00	%	<2.00
Absolute Leucocyte Count			
Neutrophils	5.40	thou/mm ³	2.00 - 7.00
Lymphocytes	2.70	thou/mm ³	1.00 - 3.00
Monocytes	0.45	thou/mm ³	0.20 - 1.00
Eosinophils	0.45	thou/mm ³	0.02 - 0.50
Basophils	0.00	thou/mm ³	0.01 - 0.10
Platelet Count	250.0	150.00 - 450.00	
ESR	15	0.00 - 30.00 mm/hr	

Note

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
- Test conducted on EDTA whole blood



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Test Name	Results	Units	Bio. Ref. Interval
BUN; BLOOD UREA NITROGEN, SERUM (Urease UV)	7.01	mg/dL	10.00 - 31.00
GLUCOSE, FASTING (F), PLASMA (Hexokinase)	80.00	mg/dL	70.00 - 100.00
LIPID SCREEN, SERUM (Spectrophotometry)			
Cholesterol, Total	200.00	mg/dL	<200.00
Triglycerides	215.00	mg/dL	<150.00
HDL Cholesterol	40.00	mg/dL	>40.00
LDL Cholesterol, Calculated	117.00	mg/dL	<100.00
VLDL Cholesterol, Calculated	43.00	mg/dL	<30.00

Interpretation

REMARKS	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100
Above Optimal	-	-	100-129
Borderline High	200-239	150-199	130-159
High	>=240	200-499	160-189
Very High	-	>=500	>=190

Note

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
3. Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is <400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is >400 mg/dL.



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Test Name	Results	Units	Bio. Ref. Interval
TSH, ULTRASENSITIVE, SERUM (CLIA)	4.000	uIU/mL	0.550 - 4.780

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm . The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

Clinical Use

- Diagnose Hypothyroidism and Hyperthyroidism
- Monitor T4 replacement or T4 suppressive therapy
- Quantify TSH levels in the subnormal range

Increased Levels: Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent
Hyperthyroidism, Thyroid hormone resistance

Decreased Levels: Graves disease, Autonomous thyroid hormone secretion, TSH deficiency



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-----End of report -----

