Name	: Mr. GOPAL SINGH		Age	: 60 Years	
Lab No.	: 183087178		Gender	: Male	
Ref By	: DR AMIT SHARMA		Reported	: 26/7/2024 7:30:18PM	
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A/c Status	: P		Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085	
Collected at	: JAI BALAJI-CC1 shop no 583,mohan nagar,near aggarsain chowk,pipli road, THANESAR, KURUKSHETRA136118 HRY ,IND THANESAR 136118				

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
SwasthFit Super 4			
LIVER & KIDNEY PANEL, SERUM			
Creatinine (Modified Jaffe,Kinetic)	**6.97**	mg/dL	0.70 - 1.30
GFR Estimated (CKD EPI Equation 2021)	**8**	mL/min/1.73m2	>59
GFR Category (KDIGO Guideline 2012)	G5		
Urea (Urease UV)	**154.43**	mg/dL	17.00 - 49.00
Urea Nitrogen Blood (Calculated)	**72.12**	mg/dL	8.00 - 23.00
BUN/Creatinine Ratio (Calculated)	10		
Uric Acid (Uricase)	5.25	mg/dL	3.50 - 7.20
AST (SGOT) (IFCC without P5P)	24.0	U/L	19.00 - 48.00
ALT (SGPT) (IFCC without P5P)	33.0	U/L	10.00 - 49.00
GGTP (IFCC)	**84.0**	U/L	0 - 73
Alkaline Phosphatase (ALP) (IFCC-AMP)	**150.00**	U/L	30.00 - 120.00
Bilirubin Total (Oxidation)	0.31	mg/dL	0.20 - 1.10
Bilirubin Direct (Oxidation)	0.16	mg/dL	<0.3
Bilirubin Indirect (Calculated)	0.15	mg/dL	<1.10
Total Protein (Biuret)	7.06	g/dL	5.70 - 8.20
Albumin (BCG)	3.69	g/dL	3.20 - 4.60
A : G Ratio (Calculated)	1.09		0.90 - 2.00
Globulin(Calculated)	3.37	gm/dL	2.0 - 3.5

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
Calcium, Total (Arsenazo III)	9.10	mg/dL	8.80 - 10.20
Phosphorus (Molybdate UV)	3.32	mg/dL	2.30 - 3.70
Sodium (Indirect ISE)	**135.00**	mEq/L	136.00 - 145.00
Potassium (Indirect ISE)	4.51	mEq/L	3.50 - 5.10
Chloride (Indirect ISE)	**97.50**	mEq/L	98.00 - 107.00

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
LIPID SCREEN, SERUM			
Cholesterol, Total (CHO-POD)	105.00	mg/dL	<200.00
Triglycerides (GPO-POD)	<40.00	mg/dL	<150.00
HDL Cholesterol (Enz Immunoinhibition)	67.00	mg/dL	>40.00
LDL Cholesterol, Calculated (Calculated)	31.20	mg/dL	<100.00
VLDL Cholesterol,Calculated (Calculated)	6.80	mg/dL	<30.00
Non-HDL Cholesterol (Calculated)	38	mg/dL	<130

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. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement.

Treatment Goals as per Lipid Association of India 2020

RISK CATEGORY	TREATMENT GOAL		CONSIDER THERAPY	
	LDL CHOLESTEROL (LDL-C)(mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C)(mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)
Extreme Risk Group Category A	<50 (Optional goal ≤30)	<80 (Optional goal ≤60)	≥50	≥80
Extreme Risk Group Category B	≤30	≤60	>30	>60
Very High	<50	<80	≥50	≥80
High	<70	<100	≥70	≥100
Moderate	<100	<130	≥100	≥130
Low	<100	<130	≥130*	≥160*

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F)			
Glucose Fasting (Hexokinase)	88.00	mg/dL	70 - 100
VITAMIN B12; CYANOCOBALAMIN (CLIA)			
Vitamin B12; Cyanocobalamin	**950.00**	pg/mL	211.00 - 911.00

Notes

1. Interpretation of the result should be considered in relation to clinical circumstances.
2. It is recommended to consider supplementary testing with plasma Methylmalonic acid (MMA) or plasma homocysteine levels to determine biochemical cobalamin deficiency in presence of clinical suspicion of deficiency but indeterminate levels. Homocysteine levels are more sensitive but MMA is more specific
3. False increase in Vitamin B12 levels may be observed in patients with intrinsic factor blocking antibodies, MMA measurement should be considered in such patients
4. The concentration of Vitamin B12 obtained with different assay methods cannot be used interchangeably due to differences in assay methods and reagent specificity

Test Name	Results	Units	Bio. Ref. Interval
VITAMIN D, 25 - HYDROXY, SERUM (CLIA)			
Vitamin D, 25 Hydroxy	80.33	nmol/L	75.00 - 250.00

Interpretation

LEVEL	REFERENCE RANGE IN nmol/L	COMMENTS
Deficient	< 50	High risk for developing bone disease
Insufficient	50-74	Vitamin D concentration which normalizes Parathyroid hormone concentration
Sufficient	75-250	Optimal concentration for maximal health benefit
Potential	>250	High risk for toxic effects

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
intoxication			

Note

- The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D.
- 25 (OH)D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.
- Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L.
- It shows seasonal variation, with values being 40-50% lower in winter than in summer.
- Levels vary with age and are increased in pregnancy.
- A new test Vitamin D, Ultrasensitive by LC-MS/MS is also available

THYROID PROFILE,TOTAL, SERUM (CLIA)			
T3, Total	0.83	ng/mL	0.60 - 1.81
T4, Total	6.50	µg/dL	5.01 - 12.45
TSH	1.34	µIU/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. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

Name	: **Mr. GOPAL SINGH**		**Age**	: **60 Years**	
Lab No.	: **183087178**		**Gender**	: **Male**	
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Test Report

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP certified)			
HbA1c	4.9	%	4.00 - 5.60
Estimated average glucose (eAG)	94	mg/dL	

Interpretation

HbA1c result is suggestive of non diabetic adults (>=18 years)/ well controlled Diabetes in a known Diabetic

Interpretation as per American Diabetes Association (ADA) Guidelines

Reference Group	Non diabetic adults >=18 years	At risk (Prediabetes)	Diagnosing Diabetes	Therapeutic goals for glycemic control
HbA1c in %	4.0-5.6	5.7-6.4	>= 6.5	<7.0

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1C MEASUREMENT	FACTORS THAT AFFECT INTERPRETATION OF HBA1C RESULTS
Hemoglobin variants,elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements	Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g.,recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used.Iron deficiency anemia is associated with higher HbA1c

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	chowk,pipli road,				
	THANESAR,				
	KURUKSHETRA136118				
	HRY ,IND				
	THANESAR 136118				

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT; CBC			
Hemoglobin (Photometry)	**8.10**	g/dL	13.00 - 17.00
Packed Cell Volume (PCV) (Calculated)	**25.60**	%	40.00 - 50.00
RBC Count (Electrical impedence)	**2.68**	mill/mm3	4.50 - 5.50
MCV (Electrical impedence)	95.60	fL	83.00 - 101.00
Mentzer Index (Calculated)	35.7		
MCH (Calculated)	30.10	pg	27.00 - 32.00
MCHC (Calculated)	31.50	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW) (Electrical Impedence)	**16.40**	%	11.60 - 14.00
Total Leukocyte Count (TLC) (Electrical Impedence)	**3.20**	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils (VCS Technology)	41.90	%	40.00 - 80.00
Lymphocytes (VCS Technology)	**42.40**	%	20.00 - 40.00
Monocytes (VCS Technology)	**10.60**	%	2.00 - 10.00
Eosinophils (VCS Technology)	4.30	%	1.00 - 6.00
Basophils (VCS Technology)	0.80	%	<2.00
Absolute Leucocyte Count			
Neutrophils (Calculated)	**1.34**	thou/mm3	2.00 - 7.00
Lymphocytes (Calculated)	1.36	thou/mm3	1.00 - 3.00
Monocytes (Calculated)	0.34	thou/mm3	0.20 - 1.00

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
Eosinophils (Calculated)	0.14	thou/mm3	0.02 - 0.50
Basophils (Calculated)	0.03	thou/mm3	0.02 - 0.10
Platelet Count (Electrical impedence)	**130**	thou/mm3	150.00 - 410.00
Mean Platelet Volume (Electrical impedence)	11.3	fL	6.5 - 12.0

Comment

In anaemic conditions Mentzer index is used to differentiate Iron Deficiency Anaemia from Beta- Thalassemia trait. If Mentzer Index value is >13, there is probability of Iron Deficiency Anaemia. A value <13 indicates likelihood of Beta- Thalassemia trait and Hb HPLC is advised to rule out the Thalassemia trait.

Note

1. 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
2. Test conducted on EDTA whole blood

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
FERRITIN, SERUM (CLIA)			
Ferritin	**1080.80**	ng/mL	22.00 - 322.00

Note: Increase in serum ferritin due to inflammatory conditions (Acute phase response) can mask a diagnostically low result

Comments

Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin concentration. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels

- Iron overload - Hemochromatosis, Thalassemia & Sideroblastic anemia
- Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma
- Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, Rheumatoid arthritis, SLE, burns
- Acute & Chronic hepatocellular disease

Decreased Levels

Iron deficiency anemia

Test Name	Results	Units	Bio. Ref. Interval
PTH (PARATHYROID HORMONE) INTACT, SERUM (CLIA)			
PTH-Intact	**82.50**	pg/mL	14.00 - 72.00

Notes

1. Test results should be interpreted in conjunction with serum calcium and phosphorus levels, and clinical findings.

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Test Report

Test Name	Results	Units	Bio. Ref. Interval

2. PTH is secreted in a pulsatile manner with an overall circadian rhythm characterized by a nocturnal rise.
3. 25-30% patients with primary Hyperparathyroidism can have normal PTH levels. In the presence of high calcium levels if PTH is not suppressed most likely it is Primary Hyperparathyroidism

Clinical Use

- Diagnosis and differential diagnosis of hypercalcemia
- Diagnosis of primary, secondary, and tertiary hyperparathyroidism
- Diagnosis of hypoparathyroidism
- Monitoring end-stage kidney failure patients for possible renal osteodystrophy
- During Parathyroid surgery to monitor treatment success

Increased Levels

- Primary hyperparathyroidism
- Secondary hyperparathyroidism
- Renal failure
- Pseudohypoparathyroidism

Decreased Levels

- Hypoparathyroidism
- Hypercalcemia of malignancy

THYROID PROFILE, FREE, SERUM (CLIA)			
Free Triiodothyronine (T3, Free)	**2.24**	pg/mL	2.30 - 4.20
Free Thyroxine (T4, Free)	**0.74**	ng/dL	0.89 - 1.76
TSH, Ultrasensitive	1.335	µIU/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

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Test Report

Test Name	Results	Units	Bio. Ref. Interval

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. TSH Values <0.03 µIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

Name	: **Mr. GOPAL SINGH**		**Age**	: **60 Years**	
Lab No.	: **183087178**		**Gender**	: **Male**	
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Test Report

Test Name	Results	Units	Bio. Ref. Interval
IRON STUDIES, SERUM (Spectrophotometry)			
Iron	66.00	ug/dL	65.00 - 175.00
Total Iron Binding Capacity (TIBC)	**225.00**	µg/dL	250 - 425
Transferrin Saturation	29.33	%	20.00 - 50.00

Comments

Iron is an essential trace mineral element which forms an important component of hemoglobin, metallocompounds and Vitamin A. Deficiency of iron, leads to microcytic hypochromic anemia. The toxic effects of iron are deposition of iron in various organs of the body and hemochromatosis.

Total Iron Binding capacity (TIBC) is a direct measure of the protein Transferrin which transports iron from the gut to storage sites in the bone marrow. In iron deficiency anemia, serum iron is reduced and TIBC increases.

Transferrin Saturation occurs in Idiopathic hemochromatosis and Transfusional hemosiderosis where no unsaturated iron binding capacity is available for iron mobilization. Similar condition is seen in congenital deficiency of Transferrin.

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Test Report

Test Name	Results	Units	Bio. Ref. Interval

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

IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted.•All test results are dependent on the quality of the sample received by the Laboratory.•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician .•Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.•Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.•Test results may show interlaboratory variations.•The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).•Test results are not valid for medico legal purposes.•This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor.•The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

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