Regd. Office: Dr Lal PathLabs Ltd, Block-E, Sector-18, Rohini, New Delhi-110085
Web: www.lalpathlabs.com, CIN: L74899DL1995PLC065388

Name	: Ms. PRATIBHA UPADHYA	**Age**	: 37 Years
Lab No.	: 183512294	**Gender**	: Female
Ref By	: SELF	**Reported**	: 10/9/2024 12:17:00PM
Collected	: 9/9/2024 3:24:00PM	**Report Status**	: Final
A/c Status	: P	**Processed at**	: Dr. Lal Path Labs Ltd MOHADDIPUR, GORAKHPUR-273008
Collected at	: Shohratgarh-CC		

Test Report

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT; CBC (SLS Method, Sheath Flow DC Detection Method, Fluorescent Flow Cytometry & Calculated)			
Hemoglobin	**8.80**	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	**28.10**	%	36.00 - 46.00
RBC Count	**2.81**	mill/mm3	3.80 - 4.80
MCV	100.00	fL	83.00 - 101.00
Mentzer Index	35.6		
MCH	31.30	pg	27.00 - 32.00
MCHC	**31.30**	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	**16.60**	%	11.60 - 14.00
Total Leukocyte Count (TLC)	**3.26**	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	64.40	%	40.00 - 80.00
Lymphocytes	30.10	%	20.00 - 40.00
Monocytes	4.30	%	2.00 - 10.00
Eosinophils	**0.90**	%	1.00 - 6.00
Basophils	0.30	%	<2.00
Absolute Leucocyte Count			
Neutrophils	2.10	thou/mm3	2.00 - 7.00
Lymphocytes	**0.98**	thou/mm3	1.00 - 3.00
Monocytes	**0.14**	thou/mm3	0.20 - 1.00
Eosinophils	0.03	thou/mm3	0.02 - 0.50

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
Basophils	0.01	thou/mm3	0.02 - 0.10
Platelet Count	125	thou/mm3	150.00 - 410.00
Platelets are mildly reduced **Advised:** Follow-up and clinical correlation			
Mean Platelet Volume	11.8	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
SwasthFit Super 2			
LIVER & KIDNEY PANEL, SERUM. (Reflectance Photometry,Direct ISE)			
Creatinine	**6.43**	mg/dL	<0.90
GFR Estimated	**8**	mL/min/1.73m2	>59
GFR Category	G5		
Urea	**82.20**	mg/dL	15.00 - 40.00
Urea Nitrogen Blood	**38.39**	mg/dL	7.00 - 18.70
BUN/Creatinine Ratio	6		
Uric Acid	4.90	mg/dL	2.4 - 5.7
AST (SGOT)	12.9	U/L	<32
ALT (SGPT)	10.0	U/L	<33
GGTP	**60.0**	U/L	<42.00
Alkaline Phosphatase (ALP)	**>1200.00**	U/L	<98
Result Rechecked, Please Correlate Clinically.			
Bilirubin Total	0.32	mg/dL	<1.00
Bilirubin Direct	0.11	mg/dL	0.00 - 0.30
Bilirubin Indirect	0.21	mg/dL	<1.10
Total Protein	6.86	g/dL	6.40 - 8.30
Albumin	4.07	g/dL	3.50 - 5.20
A : G Ratio	1.46		0.90 - 2.00

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
Globulin(Calculated)	2.79	gm/dL	2.0 - 3.5
Calcium, Total	**8.59**	mg/dL	8.6 - 10.0
Phosphorus	**6.73**	mg/dL	2.6 - 4.5
Sodium	137.00	mEq/L	136.00 - 145.00
Potassium	**5.20**	mEq/L	3.5 - 5.1
Result Rechecked, Please Correlate Clinically.			
Chloride	**95.60**	mEq/L	98 - 108

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Test Report

Test Name	Results	Units	Bio. Ref. Interval
LIPID SCREEN, SERUM (CHOD-PAP)			
Cholesterol, Total	102.30	mg/dL	<200
Triglycerides	98.90	mg/dL	<150.00
HDL Cholesterol	**48.60**	mg/dL	>50
LDL Cholesterol, Calculated	33.92	mg/dL	<100.00
VLDL Cholesterol,Calculated	19.78	mg/dL	<30.00
Non-HDL Cholesterol	54	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), PLASMA (Hexokinase)			
Glucose Fasting	78.10	mg/dL	70.00 - 100.00
THYROID PROFILE,TOTAL, SERUM (ECLIA)			
T3, Total	1.18	ng/mL	0.80 - 2.00
T4, Total	5.32	µg/dL	5.10 - 14.10
TSH	3.77	µIU/mL	0.27 - 4.20

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

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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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