

Name : Ms. KHUSHBOO
 Lab No. : 182158392
 Ref By : SELF
 Collected : 20/7/2024 12:35:00PM
 A/c Status : P
 Collected at : NAINI SAMPLE COLLECTION CENTER
 42/8, LABOUR COLONY, NAINI, ALLAHABAD
 Mob:9807907477
 ALLAHABAD

Age : 34 Years
 Gender : Female
 Reported : 20/7/2024 4:38:23PM
 Report Status : Final
 Processed at : Dr. Lal Path Labs Ltd
 Civil lines ,Allahabad-211001

Test Report

Test Name	Results	Units	Bio. Ref. Interval
SWASTHFIT SUPER 1 PACKAGE			
LIVER & KIDNEY PANEL, SERUM (Reflectance Photometry, Direct ISE)			
Creatinine	8.95	mg/dL	<0.90
GFR Estimated	5	mL/min/1.73m ²	>59
GFR Category	G5		
Urea	95.70	mg/dL	15.00 - 40.00
Urea Nitrogen Blood	44.69	mg/dL	7.00 - 18.70
BUN/Creatinine Ratio	5		
Uric Acid	5.60	mg/dL	2.4 - 5.7
AST (SGOT)	18.3	U/L	<32
ALT (SGPT)	13.6	U/L	<33
GGT	62.0	U/L	<42.00
Alkaline Phosphatase (ALP)	228.00	U/L	<98
Bilirubin Total	0.56	mg/dL	<1.10
Bilirubin Direct	0.21	mg/dL	<0.20
Bilirubin Indirect	0.35	mg/dL	<1.10
Total Protein	7.01	g/dL	6.40 - 8.30
Albumin	4.44	g/dL	3.50 - 5.20
A : G Ratio	1.73		0.90 - 2.00
Globulin(Calculated)	2.57	gm/dL	2.0 - 3.5
Calcium, Total	8.70	mg/dL	8.6 - 10.0



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Test Name	Results	Units	Bio. Ref. Interval
Phosphorus	5.00	mg/dL	2.6 - 4.5
Sodium	138.00	mEq/L	136.00 - 145.00
Potassium	5.90	mEq/L	3.5 - 5.1
Chloride	100.50	mEq/L	98 - 108

Advise

1. CKD Risk Map (27014)
2. Cystatin C, serum (8173)

Note

1. Estimated GFR (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012.
2. eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage.
3. The BUN-to-creatinine ratio is used to differentiate prerenal and postrenal azotemia from renal azotemia. Because of considerable variability, it should be used only as a rough guide. Normally, the BUN/creatinine ratio is about 10:1.

LIPID SCREEN, SERUM

(CHOD-PAP)

Cholesterol, Total	123.80	mg/dL	<200
Triglycerides	73.10	mg/dL	<150.00
HDL Cholesterol	52.70	mg/dL	>50
LDL Cholesterol, Calculated	56.48	mg/dL	<100.00
VLDL Cholesterol, Calculated	14.62	mg/dL	<30.00
Non-HDL Cholesterol	71	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.



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| 2. 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 | | | |
| 3. Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for Atherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors | | | |
| 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia | | | |
| 5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a) | | | |
| 6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target | | | |
| 7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved | | | |
| 8. 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 CHOLESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHOLESTEROL (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 Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE,TOTAL, SERUM (ECLIA)			
T3, Total	0.96	ng/mL	0.80 - 2.00
T4, Total	4.93	µg/dL	5.10 - 14.10
TSH	10.73	µIU/mL	0.27 - 4.20

Interpretation

PREGNANCY	REFERENCE RANGE FOR TSH IN µIU/mL (As per American Thyroid Association)
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300 - 3.000

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 Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT: CBC (Electrical Impedance, Manual)			
Hemoglobin	8.80	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	30.00	%	36.00 - 46.00
RBC Count	3.13	mill/mm3	3.80 - 4.80
MCV	95.80	fL	83.00 - 101.00
Mentzer Index	30.6		
MCH	28.10	pg	27.00 - 32.00
MCHC	29.30	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	16.50	%	11.60 - 14.00
Total Leukocyte Count (TLC)	4.69	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	68.90	%	40.00 - 80.00
Lymphocytes	24.10	%	20.00 - 40.00
Monocytes	3.40	%	2.00 - 10.00
Eosinophils	3.20	%	1.00 - 6.00
Basophils	0.40	%	<2.00
Absolute Leucocyte Count			
Neutrophils	3.23	thou/mm3	2.00 - 7.00
Lymphocytes	1.13	thou/mm3	1.00 - 3.00
Monocytes	0.16	thou/mm3	0.20 - 1.00
Eosinophils	0.15	thou/mm3	0.02 - 0.50



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Test Name	Results	Units	Bio. Ref. Interval
Basophils	0.02	thou/mm3	0.02 - 0.10
Platelet Count	214	thou/mm3	150.00 - 410.00
Mean Platelet Volume	9.4	fL	6.5 - 12.0

Comment

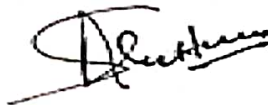
In anaemic conditions Mentzer index is used to differentiate Iron Deficiency Anaemia from Beta- Thalassemia trait. If Mentzer Index value is >13, there is probability of Iron Deficiency Anaemia. A value <13 indicates likelihood of Beta- Thalassemia trait and Hb HPLC is advised to rule out the Thalassemia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

Anveksha Sachan

Dr Anveksha Sachan
MD (Pathology)
Chief of Laboratory
Dr Lal PathLabs Ltd



Dr Asha Srivastava
Consultant Pathologist

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

