Accuracy Matters...

LAB REPORT

Customer Care Number
9599593622
9599593625

Barcode No	**13818162**	Lab No	00012507011826
Patient Name	**Ms.SHAZIA**	Reg Date	01/Jul/2025 03:57PM
Age/Sex	39 YRS/Female	Sample Coll. Date	01/Jul/2025 03:04 PM
Refered By	DR. LALIQ	Sample Rec.Date	01/Jul/2025 04:04 PM
Client Code/Name	AP010003 A.S.P.C.		
Ref. Lab/Hosp		Report Date	01/Jul/2025 04:47PM
Panel Address	WASIM SAIFI (9654617487)		

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HAEMATOLOGY

Test Name With Methodology	Result	Unit	Biological Ref.Interval
Complete Blood Count (CBC)			
Haemoglobin Whole Blood EDTA, Cyanide free	13.6	gm/dl	12.0-15.0
TLC (Total Leucocyte Count) /(WBC) Whole Blood EDTA, Flow Cytometry	9.97	th/cumm	4.0-10.0
DIFFERENTIAL LEUCOCYTE COUNT			
Polymorphs Whole Blood EDTA Flowcytometry	55.9	%	40-80
Lymphocytes Flowcytometry	35	%	20-40
Eosinophils Flowcytometry	4.5	%	1-6
Monocytes Whole Blood EDTA Flowcytometry	4.2	%	2-10
Basophils Whole Blood EDTA Flowcytometry	0.4	%	0-1
Absolute Neutrophil Count Whole Blood EDTA, Flowcytometry	5,573	/cumm	2000-7000
Absolute Lymphocyte Count. Whole Blood EDTA, Flowcytometry	**3,490**	/µL	1000.0 - 3000.0
Absolute Eosinophil Count Whole Blood EDTA, Flowcytometry	449	/cumm	20-500
Absolute Monocyte Count Whole Blood EDTA, Flowcytometry	419	/cumm	20-1000
Absolute Basophils Count Whole Blood EDTA, Flowcytometry	40	/cumm	20-100
RBC Whole Blood EDTA, Impedance	**5.29**	millions/cmm	3.8-4.8
HCT Whole Blood EDTA, Calculated	43.2	%	36-46
MCV Whole Blood EDTA, Calculated	**81.66**	fl	83-101
MCH	**25.71**	pg	27-32

Dr Niharika *(DNB Path)*
(Consultant Pathologist)

Dr. Prashant Goyal *(DCP)*
(Director & Chief Pathologist)
Reg. No. DMC-53016

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Test	Result	Unit	Reference Range
Whole Blood EDTA, Calculated			
MCHC Whole Blood EDTA, Calculated	**31.48**	g/dl	31.5-34.5
Platelet Count Whole Blood EDTA, Impedance	365	thou/µL	150-410
MPV Calculated	**11**	fl	7.4-10.4
RDW- CV CALCULATED	**14.4**	%	11.6-14.0
Whole Blood EDTA, Flowcytometry			
RDW- SD CALCULATED	41.6	fl	35-56
Whole Blood EDTA, Flowcytometry			
PCT Whole Blood EDTA, Flow Cytometry	**0.4**	%	0.10-0.28
PDW CALCULATED	16.1	fl	9.0-17.0
Whole Blood EDTA, Calculated			
Mentzer Index	15.44	Ratio	
Neutrophil - Lymphocyte Ratio (NLR) Calculated	1.60	Ratio	
Lymphocyte - Monocyte Ratio (LMR) Calculated	8.33	Ratio	
Platelet - Lymphocyte Ratio (PLR) Calculated	104.6	Ratio	

Kindly correlate clinically. Advise for recheck from fresh sample in case, it is not correlation clinically, to rule out any pre-analytical error.

Referrance range according to Practical Haematology, Dacie & Lewis, 12th edition, 2012.

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Test Name With Methodology	Result	Unit	Biological Ref.Interval
	.IMMUNO BIOCHEMISTRY-1		
Glucose Fasting (Blood Glucose Fasting)			
Blood Sugar Fasting Plasma Fluoride, Hexokinase	89	mg/dl	70-100

COMMENTS:
Fasting Blood Sugar/Glucose test. A blood sample will be taken after an overnight fast. A fasting blood sugar level less than 100 mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes. (*American Diabetes Association*)

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Test Name With Methodology	Result	Unit	Biological Ref.Interval
	HAEMATOLOGY		
HbA1c (Glycated hemoglobin)			
Glycosylated Hb (HbA1c) EDTA, HPLC	5.9	%	4.2-6.5
Average Glucose Calculated.	123	mg/dl	73-140

Ref Range for HBA1c

Non Diabetic: < 5.7 %
Pre-Diabetic: 5.7 - 6.5 %
Diabetic: > 6.5 %

Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are <18 years of age.

HbA1c goals in treatment of diabetes:

Ages 0-6 years: 7.6% - 8.4%
Ages 6-12 years: <8%
Ages 13-19 years: <7.5%
Adults: <7%

COMMENT:

The Glycosylated Hemoglobin (HbA1c or A1c) test evaluates the average amount of glucose in the blood over the last 2 to 3 months. This test is used to monitor treatment in someone who has been diagnosed with diabetes. It helps to evaluate how well the person's glucose levels have been controlled by treatment over time. This test may be used to screen for and diagnose diabetes or risk of developing diabetes. Depending on the type of diabetes that a person has, how well their diabetes is controlled, and on doctor recommendations, the HbA1c test may be measured 2 to 4 times each year. The American Diabetes Association recommends HbA1c testing in diabetics at least twice a year. When someone is first diagnosed with diabetes or if control is not good, HbA1c may be ordered more frequently.

Note: If a person has anemia, few type of hemoglobinopathy, hemolysis, or heavy bleeding, HbA1c test results may be falsely low. If someone is iron-deficient, the HbA1c level may be increased. If a person has had a recent blood transfusion, the HbA1c may be inaccurate and may not accurately reflect glucose control for 2 to 3 months..

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.IMMUNO BIOCHEMISTRY-1

Iron Panel Basic

Test Name With Methodology	Result	Unit	Biological Ref.Interval
Iron Serum, FerroZine without deproteinization	75.5	ug/dl	33-193
UIBC Direct determination with FerroZine	233	ug/dL	63 - 433
TIBC Serum, Calculated	308.88	ug/dL	250-400
Transferrin Saturation Calculated	24.44	%	15-55

COMMENT:

Serum iron measures the amount of circulating iron that is bound to transferrin. Clinicians order this laboratory test when they are concerned about iron deficiency, which can cause anemia and other problems.

Total iron-binding capacity The test measures the extent to which iron-binding sites in the serum can be saturated. Because the iron-binding sites in the serum are almost entirely dependent on circulating transferrin, this is really an indirect measurement of the amount of transferrin in the blood. Taken together with serum iron and percent transferrin saturation clinicians usually perform this test when they are concerned about anemia, iron deficiency or iron deficiency anemia. However, because the liver produces transferrin, liver function must be considered when performing this test. It can also be an indirect test of liver function, but is rarely used for this purpose.

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KIDNEY FUNCTION TEST

Test Name With Methodology	Result	Unit	Biological Ref.Interval
Blood Urea Serum, Urease, GLDH	22.80	mg/dL	15-40.0
Serum Creatinine. Serum, Jaffes	0.63	mg/dL	0.5-0.9
Uric Acid Enzymatic colorimetry	3.35	mg/dL	2.4 - 5.7
Sodium Serum, Ion Selective Electrode	136	mmol/L	136-145
Potassium Serum, Ion Selective Electrode	5.5	mmol /L	3.7-5.5
Chloride Serum, Ion Selective Electrode	98.20	mmol/L	98-107
Calcium. Serum, NM-BAPTA	9.50	mg/dL	8.6-10.0
PO4 Serum, Molybdate UV	3.83	mg/dL	2.5-4.5
BUN (Blood Urea Nitrogen) Serum, Calculated	10.65	mg/dL	6.0-20.0
BUN/Creatinine Ratio Calculated	16.9	Ratio	10-20
Urea/Creatinine Ratio Calculated	36.19	Ratio	
eGFR			
eGFR (estimated Glomerular Filtration Rate) Calculated	111.99	mL/min/1.73 m2	>60

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Lipid Profile

Test Name With Methodology	Result	Unit	Biological Ref.Interval
Cholesterol Serum, CHOD-PAP Enzymatic	**214.0**	mg/dL	<200
Triglyceride Serum, GPO, Colorimetric	**280.0**	mg/dL	<150
HDL-Cholesterol Serum, Homogeneous Enz.Colorimetric	59.2	mg/dL	40-60
LDL Cholesterol Serum, Calculated	98.8	mg/dl	0-100
VLDL Cholesterol Serum, Calculated	**56.0**	mg/dl	5 - 40
LDL / HDL Ratio Serum, Calculated	1.67	Ratio	0 - 3.55
HDL / LDL Ratio Serum, Calculated	0.60	Ratio	>0.3
Chol / HDL Ratio Serum, Calculated	3.61	Ratio	0 - 4.97
Non-HDL Cholesterol Serum, Calculated	**154.8**	mg/dl	<130

Lipids are a group of fats and fat-like substances that are important constituents of cells and sources of energy. The lipid profile is used as part of a cardiac risk assessment to help determine an individual's risk of heart disease. It is recommended that healthy adults with no other risk factors for heart disease be tested with a fasting lipid profile once every four to six years. If other risk factors are present or if previous testing revealed a high cholesterol level in the past, more frequent testing is recommended.

TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

*REFERENCE RANGES AS PER NCEP ATP III GUIDELINES

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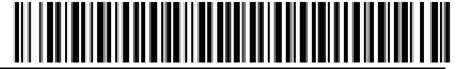

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Test Name With Methodology	Result	Unit	Biological Ref.Interval
Liver F. Test			
Total Bilirubin. Serum, DCA	0.28	mg/dl	0.0-1.2
Conjugated Bilirubin Serum, DCA	0.01	mg/dl	0.0-0.3
UNCONJUGATED BILIRUBIN Serum, Calculated	0.27	mg/dL	0.2-0.7
SGOT (AST) Serum, Optimized UV test with IFCC	**40.90**	IU/L	0 -32
SGPT (ALT) Serum, Optimized UV test with IFCC	20.70	IU/L	0-33
Alk.Phosphatase Serum, Kinetic, IFCC	86.00	IU/L	30-104
T.Protein Serum, Biuret	**8.60**	gm/dl	6.4-8.3
Albumin.. Serum, Bromocresol Green	4.73	gm/dl	3.5-5.2
Globulin Calculated	**3.87**	gm/dL	2.3-3.6
A/G Ratio Serum, Calculated	**1.22**	Ratio	1.30 - 1.70
GGT Serum, Kinetic with IFCC	12.60	IU/L	<40
SGOT/SGPT Ratio Serum, Calculated	1.98	Ratio	0-5

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Test Name With Methodology	Result	Unit	Biological Ref.Interval
Thyroid Profile-I [T3,T4,TSH]			
T3 (Triiodothyronine) Serum, Chemi Luminescent Immuno Assay	139.87	ng/dl	60-181
T4 (Thyroxine) Serum, Chemi Luminescent Immuno Assay	7.13	ug/dl	4.5-12.6
TSH (Ultrasensitive) Serum, Electro Chemi Luminescent Immuno Assay	0.597	uIU/mL	0.13-6.33

Comments:

- Our reference range applies the central 95th interval (2.5th – 97.5th quantile) according to the CLSI/IFCC guidelines EP28-A3c.
- A circadian variation in serum TSH in healthy subjects is well documented. TSH level is reaching peak levels between 2-4 am 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 value of TSH.
- TSH levels between 6.3 and 15.0 may represent subclinical or compensated hypothyroidism or show considerable physiological & seasonal variation, suggest clinical correlation or repeat testing with fresh sample.
- TSH levels may be transiently altered because of non-thyroid illness, like severe infection, renal disease, liver disease, heart disease, severe burns, trauma, surgery etc. Few drugs also altered the TSH values.
- A high TSH result often means an underactive thyroid gland caused by failure of the gland (hypothyroidism). A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH.
- Resistance to thyroid hormone (RTH) and central hyperthyroidism (TSH-oma) are rare conditions associated with elevated TSH, T4 and T3 levels.

Below mentioned are the guidelines for age reference ranges for T3,T4 and TSH results:

Age	Total T3 (ng/dl)	Total T4 (µg/dl)	TSH (µIU/ml)
1 - 6 days	73 - 288	5.04 - 18.5	0.7 - 15.0
6 days - 3 months	80 - 275	5.41 - 17.0	0.72 - 11.0
4 - 12 months	86 - 265	5.67 - 16.0	0.73 - 8.35
1 - 6 years	92 - 248	5.95 - 14.7	0.70 - 5.97
7 - 11 years	93 - 231	5.99 - 13.8	0.60 - 5.84
12 - 20 years	91 - 218	5.91 - 13.2	0.51 - 6.50
>20 years	60 - 181	4.50 - 12.6	0.13 - 6.33

TSH Level in pregnancy

First Trimester	0.10 – 2.5 µIU/ml
Second Trimester	0.20 – 3.0 µIU/ml
Third Trimester	0.30 – 3.0 µIU

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- The reported results are for the information of the referring doctor and should be correlated to clinical diagnosis.
- In case of insufficient quantity or poor quality of specimen test will not be performed. In such cases it is expected that fresh specimen is sent for reporting of the same parameter.
- There may be circumstances beyond our control that can delay results, e.g., invalid assay run.
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- The report is to be interpreted and used by medical personnel only.
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