



LAB REPORT

Customer Care Number
9599593622
9599593625

Accuracy Matters...



Barcode No	13225928	Lab No	00632410120181
Patient Name	Mr.AKSHAY	Reg Date	12/Oct/2024 06:37PM
Age/Sex	23 YRS/Male	Sample Coll. Date	12/Oct/2024 05:42 PM
Referred By	DR. MOHAN KUMAR	Sample Rec.Date	12/Oct/2024 07:24 PM
Client Code/Name	AP030608 Janta Pathology Centre		
Ref. Lab/Hosp		Report Date	12/Oct/2024 07:55PM
Panel Address	Mo.Mahadev Temple Near Saini Medical Agency (Nakur SRE)		

ACCUPROBE SILVER PANEL

HAEMATOLOGY

Test Name With Methodology	Result	Unit	Biological Ref.Interval
Complete Blood Count (CBC EXT)			
Haemoglobin Whole Blood EDTA, Cyanide free	14.2	gm/dl	13.0-17.0
TLC (Total Leucocyte Count) /(WBC) Whole Blood EDTA, Flow Cytometry	6.3	th/cumm	4.0-10.0
DIFFERENTIAL LEUCOCYTE COUNT			
Polymorphs Whole Blood EDTA Flowcytometry	47.4	%	40-80
Lymphocytes Flowcytometry	27.6	%	20-40
Eosinophils Flowcytometry	17.4	%	1-6
Monocytes Whole Blood EDTA Flowcytometry	7.6	%	2-10
Basophils Whole Blood EDTA Flowcytometry	0	%	0-1
Absolute Neutrophil Count Whole Blood EDTA, Flowcytometry	2,986	/cumm	2000-7000
Absolute Lymphocyte Count. Whole Blood EDTA, Flowcytometry	1,739	/μL	1000.0 - 3000.0
Absolute Eosinophil Count Whole Blood EDTA, Flowcytometry	1,096	/cumm	20-500
Absolute Monocyte Count Whole Blood EDTA, Flowcytometry	479	/cumm	20-1000
RBC Whole Blood EDTA, Impedance	5.58	millions/cmm	4.5-5.5
HCT Whole Blood EDTA, Calculated	43.7	%	40-50
MCV Whole Blood EDTA, Calculated	78.32	fl	83-101
MCH Whole Blood EDTA, Calculated	25.4	pg	27-32
MCHC	32.4	g/dl	31.5-34.5

Test Processed at:

Accuprobe Diagnostics, FF, Opp Civil Hospital, Circular
Road Prakash Puram, Saharanpur (UP)-247001Dr Pragya Saxena (MD, Path)
(Consultant Pathologist & Lab Head)
Reg. No. UP MC 57028Dr Prashant Goyal
(Director & Chief Pathologist)

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Whole Blood EDTA, Calculated			
Platelet Count	147	thou/ μ L	150-410
Whole Blood EDTA, Impedance			
MPV	9.6	fL	7.4-10.4
Calculated			
RDW- CV	16.3	%	11.6-14.0
Whole Blood EDTA, Flowcytometry			
RDW- SD	52.9	fL	35-56
Whole Blood EDTA, Flowcytometry			
PCT	0.13	%	0.10-0.28
Whole Blood EDTA, Flow Cytometry			
PDW	15.8	fL	9.0-17.0
Whole Blood EDTA, Calculated			
Mentzer Index	14.04	Ratio	
RDWI	228.78		
Green and King	70.41		
Neutrophil - Lymphocyte Ratio (NLR)	1.72	Ratio	
Calculated			
Lymphocyte - Monocyte Ratio (LMR)	3.63	Ratio	
Calculated			
Platelet - Lymphocyte Ratio (PLR)	84.54	Ratio	
Calculated			
ESR [Westergren]	15	mm/ 1 hr	0 -15
Modified Westergren			

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
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.IMMUNO BIOCHEMISTRY-1**Glucose Fasting (Blood Glucose Fasting)**

Blood Sugar Fasting	72	mg/dL	70-100
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Plasma Fluoride, Hexokinase

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
Iron Panel Basic			
Iron Serum, FerroZine without deproteinization	74.3	ug/dl	33-193
UIBC Serum, Biochemical	225	ug/dL	63 - 433
TIBC Serum, Biochemical	299.3	ug/dL	250 - 400
Transferrin Saturation Calculated	24.82	%	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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Panel Address	Mo.Mahadev Temple Near Saini Medical Agency (Nakur SRE)		

Test Name With Methodology	Result	Unit	Biological Ref.Interval
Kidney Panel-2			
Blood Urea Serum, Urease, GLDH	26.3	mg/dL	15-40.0
Serum Creatinine. Serum, Jaffes	0.99	mg/dL	0.7-1.2
Uric Acid Enzymatic colorimetry	4.50	mg/dL	3.4 - 7.0
Sodium Serum, Ion Selective Electrode	137.9	mmol/L	136-145
Potassium Serum, Ion Selective Electrode	3.96	mmol/L	3.7-5.5
Chloride Serum, Ion Selective Electrode	99.4	mmol/L	98-107
Calcium. Serum, NM-BAPTA	9.34	mg/dL	8.6-10.0
Phosphorus Serum Serum, Molybdate UV	4.23	mg/dl	2.5-4.5
BUN (Blood Urea Nitrogen) Serum, Calculated	12.29	mg/dL	6.0-20.0
BUN/Creatinine Ratio Calculated	12.41	Ratio	10-20
Urea/Creatinine Ratio Calculated	26.57	Ratio	
eGFR (estimated Glomerular Filtration Rate) Calculated	99.73	mL/min/1.73 m2	>60

The National Kidney Foundation recommends using the Estimated GFR using MDRD Creatinine Equation (2021) to estimate GFR. (<http://surl.li/lwaub>)

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Lipid Profile

Cholesterol Serum, CHOD-PAP Enzymatic	112.2	mg/dL	<200
Triglyceride Serum, GPO, Colorimetric	102.2	mg/dL	<150
HDL-Cholesterol Serum, Homogeneous Enz.Colorimetric	46.2	mg/dL	40-60
LDL Cholesterol Serum, Calculated	45.6	mg/dl	0-100
VLDL Cholesterol Serum, Calculated	20.4	mg/dl	5 - 40
LDL / HDL Ratio Serum, Calculated	0.99	Ratio	0 - 3.55
HDL / LDL Ratio Serum, Calculated	1.01	Ratio	>0.3
Chol / HDL Ratio Serum, Calculated	2.43	Ratio	0 - 4.97
Non-HDL Cholesterol Serum, Calculated	66	mg/dl	<160

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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Liver Panel (LFT)			
Total Bilirubin. Serum, DCA	0.47	mg/dl	0.0-1.2
Conjugated Bilirubin Serum, DCA	0.22	mg/dl	0.0-0.3
Unconjugated Bilirubin Serum, Calculated	0.25	mg/dL	0.2-0.7
SGOT (AST) Serum, Optimized UV test with IFCC	25.7	IU/L	0 -40
SGPT (ALT) Serum, Optimized UV test with IFCC	18.2	IU/L	0-41
Alk.Phosphatase Serum, Kinetic, IFCC	54.9	IU/L	40-129
T.Protein Serum, Biuret	7.90	gm/dl	6.4-8.3
Albumin Serum, Bromocresol Green	4.51	gm/dL	3.5-5.2
Globulin Serum, Calculated	3.39	gm/dl	2.3- 3.5
A/G Ratio Serum, Calculated	1.33	Ratio	1.30 - 1.70
Gamma G.T. Serum, Kinetic with IFCC	14	IU/L	<60
SGOT/SGPT Ratio Serum, Calculated	1.41	Ratio	0-5

Comment:

A liver panel (Liver function test) or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments.

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Thyroid Profile-I [T3,T4,TSH]			
T3 (Trilodothyronine) Serum, Chemi Luminescent Immuno Assay	117.2	ng/dl	60-181
T4 (Thyroxine) Serum, Chemi Luminescent Immuno Assay	6.3	ug/dl	4.5-12.6
TSH (Ultrasensitive) Serum, Electro Chemi Luminescent Immuno Assay	1.91	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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- 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.
- The results of a laboratory test are dependent on the quality of the sample as well as the assay procedure.
- The report is to be interpreted and used by medical personnel only.
- This reports is not intended for medico-legal purpose.
- Assays are performed in accordance with standard procedures. Results may vary from time to time and from lab to lab for the same parameter for the same patient. The reported results are dependent on individual assay method or equipments used and quality of specimen(s) received. Investigations have their limitations and isolated laboratory investigations may not confirm the final diagnosis of disease. They only assist in arriving at diagnosis in conjunction with clinical presentation and other related investigations.
- For the test performed on specimens received or collected from different locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request form and such verification has been carried out at the point of generation of the said specimen by the sender.
- Accuprobe will be responsible only for the analytical part of the test carried out. All other responsibility will be of referring Laboratory.
- If any dispute arising in future party can file the suit in the court of law with the jurisdiction within Delhi jurisdiction only.

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