Test Status Report

Registration Id	:	1522960058	**Registration Date**	:	21-Jan-2022
Patient Name	:	Mrs. Pearl W	**Collection Date**	:	21-Jan-2022
Referred By	:	SELF	**Reporting Date**	:	21-Jan-2022
			Age /Sex	:	53 Years / Female

List of Pending Tests

Test Name

No tests Pending

Tests Out of Range Summary Details

Test	Low	High	Reference Range	
Glycosylated Haemoglobin (HbA1c)				
HbA1c		**9.2**	As per ADA Guidelines : % Non Diabetic less than 5.7% Prediabetes 5.7% to 6.4% Diabetic 6.5% or higher	
Lipid Profile				
S. Triglycerides		**161.00**	Upto 150	mg/dl
LDL Cholesterol		**150.80**	Upto 100	mg/dl
Total Cholesterol		**221.00**	0 - 200	mg/dl
Cholesterol Total				
Total Cholesterol		**221.00**	0 - 200	mg/dl
Alkaline Phosphatase				
Alkaline Phosphatase		**128.00**	46 - 116 Kndlyin note change in ref.range	U/L
Blood Sugar Fasting				
Blood Sugar Fasting		**203**	70 - 105	mg/dl

Registration Id	: 1522960058	**Registration Date**	: 21/01/2022
Patient Name	: MRS. PEARL W	**Collection Date**	: 21/01/2022
		Reporting Date	: 21/01/2022 /
Referred By	: SELF	**Age /Sex**	: 53 Years Female

Investigation		Patients Value			Reference	
Test	**Sample**	Low	Normal	High		
Blood Sugar Fasting	Fluoride Plasma			203*	70 - 105	mg/dl
LDH	SERUM		186.00		120 - 246 Kindly note change in ref.range	U/L
Total Cholesterol	SERUM			221.00*	0 - 200	mg/dl
Bilirubin (Total)	SERUM		0.71		0.3 - 1.2 Kindly note change in ref.range	mg/dl
Bilirubin (Direct)	SERUM		0.24		0 - 0.3 Kindly note change in ref.range	mg/dl
Bilirubin (Indirect)	SERUM		0.47		0.10 - 1.00	mg/dl
SGOT/AST	SERUM		24.00		0 - 34.0 Kindly note change in ref.range	U/L
SGPT/ALT	SERUM		49.00		10 - 49 Kindly note change in ref.range	U/L

***Rechecked**

NOTE : This is Electronically generated report.Signature is not required.

Registration Id	: 1522960058	**Registration Date**	: 21/01/2022
Patient Name	: MRS. PEARL W	**Collection Date**	: 21/01/2022
		Reporting Date	: 21/01/2022 /
Referred By	: SELF	**Age /Sex**	: 53 Years Female

Investigation		Patients Value			Reference	
Test	**Sample**	Low	Normal	High		
Alkaline Phosphatase	SERUM			128.00*	46 - 116 Kndlyin note change in ref.range	U/L
Total Proteins	SERUM		7.48		5.7 - 8.2 Kindly note change in ref.range	gm/dl
Albumin	SERUM		4.72		3.2 - 4.8 Kindly note change in ref.range	gm/dl
Globulin	SERUM		2.76		2.3 - 3.5	gm/dl
A/G Ratio	SERUM		1.71		1.10 - 2.20	
Creatinine	SERUM		0.72		0.55- 1.02 Kindly note change in ref. range	mg/dl
Blood Urea	SERUM		25.68		14.98 - 40.0	mg/dl
Blood Urea Nitrogen	SERUM		12.00		9.0 - 23 Kindly note change in ref.range	mg/dl

***Rechecked**

NOTE : This is Electronically generated report.Signature is not required.

Registration Id	: 1522960058	**Registration Date**	: 21/01/2022
Patient Name	: MRS. PEARL W	**Collection Date**	: 21/01/2022
		Reporting Date	: 21/01/2022 /
Referred By	: SELF	**Age /Sex**	: 53 Years Female

Investigation		Patients Value			Reference	
Test	**Sample**	Low	Normal	High		
Uric Acid	SERUM		4.80		3.1 - 7.8 Kindly note change in ref.range	mg/dl
Calcium	SERUM		9.20		8.3 - 10.6	mg/dl
Inorganic Phosphorus	SERUM		4.50		2.4 - 5.1 Kindly note change in ref.range	mg/dl

NOTE : This is Electronically generated report.Signature is not required.

Registration Id	: 1522960058	**Registration Date**	: 21/01/2022
Patient Name	: MRS. PEARL W	**Collection Date**	: 21/01/2022
		Reporting Date	: 21/01/2022 /
Referred By	: SELF	**Age /Sex**	: 53 Years Female

Investigation		Patients Value			Reference	
Test	**Sample**	Low	Normal	High		
LIPID PROFILE						
LIPID PROFILE						
S. Triglycerides	SERUM			161.00*	Upto 150	mg/dl
Total Cholesterol	SERUM			221.00*	0 - 200	mg/dl
HDL Cholesterol	SERUM		59.00		40 - 60	mg/dl
Non-HDL Cholesterol	SERUM			162.00*	Upto 130	mg/dl
LDL Cholesterol	SERUM			150.80*	Upto 100	mg/dl
VLDL Cholesterol	SERUM		32.2		7 - 35	mg/dl
LDL/HDL Ratio	SERUM		2.56		0 - 3.5	
TC/HDL Ratio	SERUM		3.75		3.0 - 5.0	

***Rechecked**

NOTE : This is Electronically generated report.Signature is not required.

Registration Id	: 1522960058	**Registration Date**	: 21/01/2022 / 09:10 AM
Patient Name	: Mrs. Pearl W	**Collection Date**	: 21/01/2022 / 09:11 AM
Referred By	: SELF	**Reporting Date**	: 21/01/2022 / 11:40AM
		Age /Sex	: 53 Years / Female

CBC

Sample Type: EDTA Whole Blood

TEST		OBSERVED VALUE	UNITS	Reference Range
Leucocytes Count	:	9360	/c.mm	4000 - 10000
Method : Flowcytometry using a Semi-Conductor Laser)				
Method :	:	Flowcytometry		
Erythrocytes	:	4.56	mill/c.mm	3.8 - 4.8
Method : Hydro Dynamic Focusing)				
Method :	:	Optical		
Haemoglobin	:	12.7	gm %	12.0 - 15.0
Method : Colorimetric Technique - Cyanide Free)				
Method :	:	PhotometricCN-Free HB Method)		
Packed Cell Volume	:	39.1	%	36.0 - 46.0
Method : Calculated Parameters)				
Method :	:	Calculated		
MCV	:	85.9	fl	83 - 101
Method : Calculated Parameters)				
Method :	:	Measured		
MCH	:	27.8	Pg	27 - 32
Method : Calculated Parameters)				
Method :	:	Calculated		
MCHC	:	32.4	g/dl	31.5 - 34.5
Method : Calculated Parameters)				
Method :	:	Calculated		
RDW	:	12.7	%	11.6 - 14.0
Method : Calculated Parameters)				
Method :	:	Measured		

NOTE : This is Electronically generated report.Signature is not required.

Registration Id	: 1522960058		**Registration Date**	:	21/01/2022 / 09:10 AM
Patient Name	: Mrs. Pearl W		**Collection Date**	:	21/01/2022 / 09:11 AM
Referred By	: SELF		**Reporting Date**	:	21/01/2022 / 11:40AM
			Age /Sex	:	53 Years / Female

Platelet Count	:	403	10 ^ 3/c.mm	150 - 410
Method : Optical)				
Method :	:	Optical		
MPV	: *	**8.1**	fl	9.0 - 13
Method : Calculated Parameters)				
Method :	:	Measured		
Neutrophils	:	48	%	40 - 80
Lymphocytes	: *	**45**	%	20 - 40
Monocytes	:	4	%	2 - 10
Eosinophils	:	3	%	01 - 06
Basophils	:	0	%	00 - 02
Microcytes	:	-		
Macrocytes	:	-		
Anisocytosis	:	-		
Poikilocytosis	:	-		
Hypochromia	:	-		

** END OF REPORT **

***Rechecked**

NOTE : This is Electronically generated report.Signature is not required.

Registration Id	: 1522960058	**Registration Date**	: 21/01/2022 / 09:10 AM
Patient Name	: Mrs. Pearl W	**Collection Date**	: 21/01/2022 / 09:11 AM
Referred By	: SELF	**Reporting Date**	: 21/01/2022 / 11:50AM
		Age /Sex	: 53 Years / Female

Thyroid Stimulating Hormone (TSH)

Sample Type: SERUM

TEST		OBSERVED VALUE	UNITS	Reference Range
Ultrasensitive TSH	:	4.125	uIU/ml	0.55 - 4.78 Kindly note change in ref.range
Method	:	CLIA		

...

- TSH results between 4.5 to 15.0 show considerable physiological & seasonal variation.Suggesttd clinical correlation or repeat testing with fresh sample.

- In cases of primary hypothyroidism, T3 and T4 levels are low and TSH is significantly elevated. In the case of pituatary dysfunction,either due to intrinsic hypothalamic or pituatary disease i.e central hypothyroidism, normal or marginally elevated basal TSH levels are often seen despite significant reduction in T4 and T3 levels.

- Primary hyperthyroidism (eg: Grave~s disease,nodular goiter) is associated with high levels of thyroid hormones and depressed or undetectable levels of TSH.

** END OF REPORT **

NOTE : This is Electronically generated report.Signature is not required.

Registration Id	: 1522960058	**Registration Date**	: 21/01/2022 / 09:10 AM
Patient Name	: Mrs. Pearl W	**Collection Date**	: 21/01/2022 / 09:11 AM
Referred By	: SELF	**Reporting Date**	: 21/01/2022 / 11:50AM
		Age /Sex	: 53 Years / Female

25-OH Vitamin D

Sample Type: SERUM

TEST		OBSERVED VALUE	UNITS	Reference Range
25-OH Vitamin D	:	26.63	ng/ml	Deficiency : Below 10 Insufficiency: 10 to 30 Sufficiency : 30 to 100 Toxicity : Above 100
Method	:	CLIA		

....

INTERPRETATION:

-Vitamin D is a fat-soluble steroid prohormone mainly produced photochemiccally in the skin from 7-dehydrocholesterol.

-Two forms of Vitamin D are biologically relevant-vitamin D3 (Cholecalciferol) & Vitamin D2 (Ergocalciferol). Both vitamins D2 & D3 can be absorbed from food, with vitamin D2 being an artificial source, but only an estimated 10-20% of vitamin D is supplied through nutritional intake. Vitamin D3 and D2 can be found in vitamin supplements.

-Vitamin D is converted to the active hormone 1,25-(OH)2-vitamin d (Calcitriol) through two hydroxylation reactions. The first hydroxylation converts vitamin D into 25-OH vitamin D and occurs in liver. the second hydroxylation converts 25-OH vitamin d into biologically active 1,25-(OH)2-vitamin D and occurs in the kidneys as well as in many other cells of the body.

-Vitamin D deficiency is a cause of secondary hyperpar thyroidism and diseases resulting in impaired bone metabolism (like rickets, osteoporosis, osteomalacia). Reduced 25-OH vitamin D concentrations in blood (vitamin D insufficiency) have been associated with an increasing risk of many chronic diseases, including common cancers, autoimmune or infectious diseases or cardiovascular problems.

** END OF REPORT **

NOTE : This is Electronically generated report.Signature is not required.

Registration Id	: 1522960058	**Registration Date**	: 21/01/2022 / 09:10 AM
Patient Name	: Mrs. Pearl W	**Collection Date**	: 21/01/2022 / 09:11 AM
Referred By	: SELF	**Reporting Date**	: 21/01/2022 / 11:50AM
		Age /Sex	: 53 Years / Female

Vitamin B 12 Level

Sample Type: SERUM

TEST		OBSERVED VALUE	UNITS	Reference Range
Cobalamin (Vitamin B12)	:	302.00	pg/ml	211 - 911 Kindly note change in ref.range
Method	:	CLIA		

Note : For Values of Vitamin B12 between 203 - 338 pg/ml(Grey Zone) ,Active B12 is suggested for conclusive diagnosis of Vitamin B12 deficiency.

....

- Vitamin B12 is a cofactor in the synthesis of methionine from homocystiene,is implicated in the formation of myelin and along with folate, is required for DNA synthesis.

- There are a number of conditions that are associated with low serum B12 levels including iron deficiency, normal near-term pregnancy, vegetarianism, partial gasterectomy/ ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

** END OF REPORT **

NOTE : This is Electronically generated report.Signature is not required.

Registration Id	: 1522960058	**Registration Date**	: 21/01/2022 / 09:10 AM
Patient Name	: Mrs. Pearl W	**Collection Date**	: 21/01/2022 / 09:11 AM
Referred By	: SELF	**Reporting Date**	: 21/01/2022 / 10:54AM
		Age /Sex	: 53 Years / Female

Glycosylated Haemoglobin (HbA1c)

Sample Type: EDTA

TEST	OBSERVED VALUE	Reference Range
HbA1c	: * 9.2	As per ADA Guidelines : Non Diabetic less than 5.7% Prediabetes 5.7% to 6.4% Diabetic 6.5% or higher
Estimated Average Glucose (eAG)	: 217.34	
Method	: High Performance Liquid Chromatography (HPLC).	

Interpretation & Remark:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).

2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.

3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.

4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases,chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases.Clinical correlation suggested.

5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-46.7

6. Interference of Haemoglobinopathies in HbA1c estimation.

A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.

B. When homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status

C. Heterozygous state detected (is corrected for HbS and HbC trait).

7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.

Excellent Control - 6 to 7 %,

Fair to Good Control - 7 to 8 %,

Unsatisfactory Control - 8 to 10 %

Poor Control - More than 10 % .

***Rechecked**

NOTE : This is Electronically generated report.Signature is not required.

Registration Id	: 1522960058	**Registration Date**	: 21/01/2022 / 09:10 AM
Patient Name	: Mrs. Pearl W	**Collection Date**	: 21/01/2022 / 09:11 AM
		Reporting Date	: 21/01/2022 / 10:54AM
Referred By	: SELF	**Age /Sex**	: 53 Years / Female

NOTE:HbA1c PARAMETER IS NGSP LEVEL 1 CERTIFIED.

** END OF REPORT **

NOTE : This is Electronically generated report.Signature is not required.