



LABORATORY REPORT



Visit us at www.uniquewellnesscare.com

Patient Name : MRS. MANJEET KAUR

Age / Gender : 56 years / Female

Patient ID : 1564

Source : UWC DEL33

Referral : SELF

Collection Time : Sep 06, 2020, 12:01 p.m.

Receiving Time : Sep 06, 2020, 12:48 p.m.

Reporting Time : Sep 06, 2020, 05:46 p.m.

Sample ID :



48669

Test Description	Value(s)	Reference Range	Unit
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HbA1C, Glycosylated Hemoglobin

HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD Method : (HPLC, NGSP certified)	5.87	5-5.8	%
Estimated Average Glucose :	121.77	90 - 120	mg/dL

Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

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HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

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Test Description	Value(s)	Reference Range	Unit
<u>Complete Blood Count with ESR</u>			
Hemoglobin (Hb)	7.3	12.0 - 15.0	gm/dL
Total Leucocytes (WBC) Count	6370	4000 - 10500	cells/cu.mm
<u>Differential Leukocyte Count(DLC)</u>			
Neutrophils	65	40 - 80	%
Lymphocytes	30	20 - 45	%
Eosinophils	3	1 - 6	%
Monocytes	2	2 - 10	%
Basophils	0	00 - 02	%
Erythrocyte (RBC) Count	3.82	3.8 - 4.8	mill/cu.mm
Packed Cell Volume (PCV)	23.9	36 - 46	%
Mean Cell Volume (MCV)	62.6	83 - 101	fL
Mean Cell Haemoglobin (MCH)	19	27 - 32	pg
Mean Corpuscular Hb Concn. (MCHC)	30.4	31.5 - 34.5	g/dL
Red Cell Distribution Width (RDW)	15.9	11.5 - 14.0	%
Platelet Count	297	150 - 400	10 ³ /ul
Mean Platelet Volume (MPV)	11	7.2 - 11.7	fL
PCT	0.327	0.2 - 0.5	%
PDW	15.5	9.0 - 17.0	%
<u>ABSOLUTE COUNT</u>			
Absolute Lymphocyte Count	1911	1000 - 3000	/c.mm
Absolute Neutrophil Count	4140.50	2000 - 7000	/c.mm
Absolute Eosinophil Count	191.10	20 - 500	/c.mm
Absolute Monocyte Count	127.40	200 - 1000	/c.mm
ESR	64.2	0 - 20	mm/hr

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Test Description	Value(s)	Reference Range	Unit
<u>Kidney Function Panel (Basic)</u>			
Urea	38.70	14-40	mg/dL
Blood Urea Nitrogen-BUN Method : Serum, Urease	18.08	5 - 25	mg/dL
Creatinine Method : Serum, Jaffe	0.85	0.50 - 1.10	mg/dL
Uric Acid Method : Serum, Uricase	4.71	2.5 - 6.0	mg/dL
Calcium Method : Arsenazo III	8.89	8.60 - 10.20	mg/dL
BUN/SCRE RATIO Method : Calculated	2.04	9.1 - 23.0	
Remark:	In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to		

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Test Description	Value(s)	Reference Range	Unit
<u>Glucose, Fasting (FBS)</u>			
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	106.00	Normal: 70 - 99 Impaired Tolerance: 100-125 Diabetes mellitus: >= 126 (on more than one occasion) (American diabetes association guidelines 2018)	mg/dL

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Test Description	Value(s)	Reference Range	Unit
<u>LFT, Liver Function Test</u>			
<u>Bilirubin Profile</u>			
Bilirubin - Total Method : Serum, Jendrassik Grof	0.63	Adults: 0.0 - 1.20	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.12	Adults and Children: < 0.25	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.51	0.0 - 0.70	mg/dL
SGOT Method : Serum, UV with P5P, IFCC 37 degree	30.60	< 31	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	26.10	< 31	U/L
Alkaline Phosphatase-ALP Method : IFCC	152.10	35 - 104	U/L
<u>Total Protein, Serum</u>			
Total Protein Method : Serum, Biuret, reagent blank end point	7.02	6.0 - 8.0	g/dL
Albumin Method : Serum, Bromocresol green	3.79	3.7 - 5.3	g/dL
Globulin Method : Serum, EIA	3.23	2.3 - 3.6	g/dL
A/G Ratio Method : Serum, EIA	1.17	0.9 - 2.0	

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Test Description	Value(s)	Reference Range	Unit
<u>Electrolytes, Serum</u>			
Sodium	140.5	135 - 155 Premature, cord: 116-140 Premature 48 hrs: 128-148 Newborn cord: 126-166 Newborn: 133-146	mmol/L
Potassium	4.6	3.50 - 5.50 Premature cord: 5-10.2 Premature , 48 hrs: 3-6 Newborn cord: 5.6-12 Newborn: 3.7-5.9	mmol/L
Chlorides Method : Serum, ISE	102.5	96 - 106	mmol/L

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Test Description	Value(s)	Reference Range	Unit
<u>Lipid Profile</u>			
Cholesterol-Total Method : Spectrophotometry	145.80	Desirable level < 200 Borderline High 200-239 High >or = 240	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	151.40	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
HDL Cholesterol Method : Serum, Direct measure-PEG	57.64	Normal: > 42 Major Risk for Heart: < 42	mg/dL
LDL Cholesterol Method : Enzymatic selective protection	57.88	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190	mg/dL
VLDL Cholesterol Method : Serum, Enzymatic	30.28	0 - 40	mg/dL
CHOL/HDL Ratio Method : Serum, Enzymatic	2.53	3.5 - 5.0	
LDL/HDL Ratio Method : Serum, Enzymatic	1.00	2.5 - 3.5	

Note: 8-10 hours fasting sample is required.

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Test Description	Value(s)	Reference Range	Unit
<u>Iron Studies</u>			
Iron Method : Serum, Ferene	28.70	50.00-170.00	µg/dL
UIBC	197.60	110 - 370	ug/dl
Total Iron Binding Capacity Method : Serum, Ferene	226.30	228-428	µg/dL
Transferrin Saturation Method : Calculated	12.68	13-45	%
Comments			
<p>Iron is an essential trace mineral element which forms an important component of hemoglobin, metallocompounds and Vitamin A. Deficiency of iron, leads to microcytic hypochromic anemia. The toxic effects of iron are deposition of iron in various organs of the body and hemochromatosis.</p> <p>Total Iron Binding capacity (TIBC) is a direct measure of the protein Transferrin which transports iron from the gut to storage sites in the bone marrow. In iron deficiency anemia, serum iron is reduced and TIBC increases.</p> <p>Transferrin Saturation occurs in Idiopathic hemochromatosis and Transfusional hemosiderosis where no unsaturated iron binding capacity is available for iron mobilization. Similar condition is seen in congenital deficiency of Transferrin.</p>			

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Test Description	Value(s)	Reference Range	Unit
<u>Vitamin D Total-25 Hydroxy</u>			
Vitamin D (25 - Hydroxy) Method : Serum, CLIA	9.85	Deficiency: < 20 Insufficiency: 20 - 30 Sufficiency: 30 - 100	ng/mL

Interpretation:

- Vitamin D is a fat soluble vitamin and exists in two main forms cholecalciferol "(vitamin D3)" which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) present mainly in dietary sources. Both cholecalciferol & Ergocalciferol are converted to 25(OH) vitamin D in liver.
- Testing for 25(OH) vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary "intake". "Diagnosis of vitamin D deficiency has clinical correlation with serum 25(OH) vitamin D, serum calcium, serum PTH, and serum alkaline phosphatase."

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Vitamin B12, Cynacobalamin

Vitamin B12-Cyanocobalamin	211.12	211-911	pg/mL
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Method : Serum, ECLIA

Interpretation:

1. Vit B12 levels are decreased in megaloblastic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia, and treated epilepsy.
2. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.
3. HoloTranscobalamin II levels are a more accurate marker of active VitB12 component.

Note: Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

Ref: Arch Pathol Lab Med—Vol 141, November 2017

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Test Description	Value(s)	Reference Range	Unit
Thyroid Profile (T3, T4, TSH)			
T3-Total	160.85	61-181	ng/dL
T4-Total	10.25	4.82-15.65	ug/dL
TSH-Ultrasensitive	0.866	0.35 - 5.5	uIU/mL
Method : CLIA		1st trimester - 0.1-3.5 2nd trimester - 0.2-4 3rd trimester - 0.3-4	

Interpretation

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermittent 14 therapy or T4 overdose •Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion'
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease). Multinodular goitre, Toxic nodule •Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in T3 level can be upto 25%.

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