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|---------------------|------------------------|---|-----------------------|
| Patient Name | : Mrs.RISHIKA | Ref Doctor | : SELF |
| Age/Gender | : 25 Y 0 M 0 D /Female | Sample Collection | : 06/Aug/2024 05:42PM |
| Visit ID | : AMC68344 | Received | : 06/Aug/2024 05:42PM |
| Barcode No | : 01714035 | Reported | : 06/Aug/2024 06:59PM |
| Client Name | :AD-117 |  | |

DEPARTMENT OF IMMUNOASSAY

25-HYDROXY VITAMIN D TOTAL (D2 & D3)

| | | | | |
|--------------------------------------|-------------|-------|---|-------------------|
| 25-Hydroxy Vitamin D Total (D2 & D3) | 7.20 | ng/ml | Deficient: <20 Insufficient: 20 to <30 Sufficient: 30-100 Upper Safety Limit: >100 | Chemiluminescence |
|--------------------------------------|-------------|-------|---|-------------------|



Ramu
RAMU MODUGU
TECHNICAL MANAGER



K. Deepthi
K DEEPTHI
MD PATHOLOGIST



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DEPARTMENT OF BIOCHEMISTRY

LIVER FUNCTION TEST

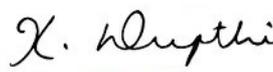
| | | | | |
|------------------------------------|-----|-------|----------|----------------------------------|
| Total Bilirubin | 0.9 | mg/dL | 0.2-1.2 | Diazonium Salt |
| Conjugated (D. Bilirubin) | 0.3 | mg/dL | 0.0-0.3 | Diazo Reaction |
| Unconjugated (I.D.Bilirubin) | 0.6 | mg/dl | 0.1-1.0 | Calculated |
| Alkaline Phosphatase | 50 | U/L | 30-128 | Electrophoresis |
| Alanine Aminotransferase(ALT/SGPT) | 9 | U/L | upto 32 | IFCC with pyridoxal-5- phosphate |
| Aspartate Transaminase (AST/SGOT) | 18 | U/L | 5.0-35.0 | Spectrophotometry |
| Gamma Glutamyl Transferase(GGT) | 13 | U/L | Upto 60 | g-Glut-3-carboxy-4 nitro |
| Total Protein | 7.0 | gm/dl | 6.4-8.3 | Biuret |
| Albumin | 4.2 | g/dl | 3.5-5.4 | Bromocresol Green (BCG) |
| Globulin | 2.8 | g/dl | 2.5-3.5 | Calculated |
| Albumin/Globulin Ratio | 1.5 | Ratio | 1.0-2.1 | Calculated |

Note:

- In an asymptomatic patient, Non-alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
- In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio >1 is highly suggestive of advanced liver fibrosis.
- In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
- In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.


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DEPARTMENT OF BIOCHEMISTRY

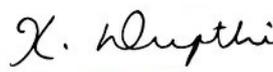
LIPID PROFILE

| | | | | |
|------------------------------|------------|-------|---|--|
| Total Cholesterol | 177 | mg/dl | Desirable:<200 Borderline:200-239 High risk:>240 | CHOD-POD |
| Cholesterol-HDL | 46 | mg/dl | Low:<40 Optimal:40-60 Desirable:>60 | Enzymatic Colorimetric) |
| Cholesterol-LDL | 101 | mg/dl | Normal:<100 Above Optimal:100-129 Borderline High:130-159 High:160-189 Very High:>190 | Calculated |
| Cholesterol- VLDL | 30 | mg/dl | 7-40 | Calculated |
| Triglycerides | 148 | mg/dl | Normal:<150 BorderLine:150-199 High:200-499 Very High:>500 | Glycerol phosphate oxidase/peroxidase |
| Total Cholesterol /HDL Ratio | 3.85 | | Desirable: <4 BorderLine : 4.1-6.0 High Risk : >6.0 | Calculated |
| LDL / HDL Ratio | 2.2 | Ratio | 0.0-3.5 | Calculated |

NOTE:
 -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.
 -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.
ASCVD Risk Stratification & Treatment goals in Indian population:Indians are at very high risk of developing ASCVD, they usually get the disease at an early age, have a more severe form of the disease and have poorer outcome as compared to the western populations.
 -Many individuals remain asymptomatic before they get heart attack, ASCVD risk helps to identify high risk individuals even when there is no symptom related to heart disease.
 -ASCVD risk category helps clinician to decide when to consider therapy and what should be the treatment goal.


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DEPARTMENT OF BIOCHEMISTRY

GLYCOSYLATED HEMOGLOBIN (GHB/HbA1C)

| | | | | |
|---------------------------------|--------|-------|---|------------|
| Glycosylated Hemoglobin (HbA1C) | 5.2 | % | Non-Diabetic: <6 Excellent control: 6-7 Fair to Good control: 7-8 Unsatisfactory control: 8-10 Poor Control: >10 | HPLC |
| Estimated Average Glucose | 102.54 | mg/dl | Excellent Control: 90-120 Good Control: 121-150 Average Control: 151-180 Action Suggested: 181-210 Poor Control: >211 | Calculated |

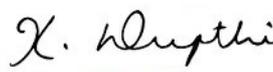
INTERPRETATION

| Reference Group | HbA1c in. % | HbA1c(%) | Mean Plasma Glucose(mg/dL) |
|---------------------------------------|---|----------|----------------------------|
| Non Diabetic Adults >=18 Years | < 5.7 | 4.0 | 68 |
| At Risk (Prediabetic) | 5.7 – 6.4 | 5.0 | 97 |
| Diagnosing Diabetes | >= 6.5 | 6.0 | 126 |
| Therapeutic goals for glycemc control | Age > 19 Years Goal of therapy: < 7.0 Action Suggested : > 8.0 Age < 19 years Goal of therapy : < 7.5 | 7.0 | 154 |
| | | 8.0 | 183 |
| | | 9.0 | 212 |
| | | 10.0 | 240 |
| | | 11.0 | 269 |
| | | 12.0 | 298 |

NOTE
 *Target goals of less than 7% may be beneficial in patients such as those with short duration of diabetes, long life expectancy, and no significant cardiovascular disease. However, in patients with significant complications of diabetes, limited life expectancy, or extensive comorbid conditions, targeting a less than 7% goal may not be appropriate.
 *Since the HbA1c assay reflects long-term fluctuations in blood glucose concentration, a patient with diabetes who has come under good control in recent weeks may still have a high concentration of HbA1c. The converse is true for a patient with diabetes previously under good control who is now poorly controlled.
 *The HbA1c level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks, depending on the individual) and provides a much better indication of long-term glycemc control than blood and urinary glucose determinations.


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DEPARTMENT OF BIOCHEMISTRY

KIDNEY FUNCTION TEST

| | | | | |
|--------------------------|------|--------|----------|-------------------|
| Serum Urea | 19 | mg/dL | Upto 50 | Spectrophotometry |
| Serum Creatinine | 0.6 | mg/dl | 0.5-1.2 | JAFFE-Kinetic |
| Serum Uric Acid | 3.6 | mg/dL | 2.6-6.0 | Spectrophotometry |
| Blood Urea Nitrogen(BUN) | 8.88 | mg/dl | 5-25 | Calculated |
| Bun/Creatinine Ratio | 14.8 | | 6-22 | Calculated |
| Calcium | 9.2 | mg/dl | 8.6-10.3 | Spectrophotometry |
| Sodium | 141 | mmol/L | 135-145 | ISE Indirect |
| Potassium | 4.6 | mmol/L | 3.5-5.1 | ISE Indirect |
| Chloride | 105 | mmol/L | 98-107 | ISE Indirect |

CLINICAL INFORMATION:

This panel could be ordered when a patient has risk factors for kidney dysfunction such as high blood pressure (hypertension), diabetes, cardiovascular disease, obesity, elevated cholesterol, or a family history of kidney disease. This panel may also be ordered when someone has signs and symptoms of kidney disease, though early kidney disease often does not cause any noticeable symptoms. It may be initially detected through routine blood or urine testing.

USEFUL FOR:

- Aiding in diagnosis and management of conditions affecting kidney function
- Screening patients at risk of developing kidney disease
- Management of patients with known kidney disease


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DEPARTMENT OF BIOCHEMISTRY

IRON PROFILE-1

| | | | | |
|--------------------------------------|-------|-------|-----------|-------------------------------------|
| Iron | 152 | µg/dL | 33-193 | FerroZine-without deproteinization. |
| Iron Binding Capacity - Total (TIBC) | 321 | µg/dL | 250-450 | Spectrophotometry |
| Transferrin | 213.8 | ug/dL | 176 - 280 | Immunturbidimetry |
| Transferrin Saturation | 47.4 | % | 20-50 | Calculation |




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DEPARTMENT OF HAEMATOLOGY

ESR (ERYTHROCYTE SEDIMENTATION RATE)

| | | | | |
|---------------------------------------|---|-----------|------|------------|
| Erythrocytes Sedimentation Rate (ESR) | 6 | mm/1st hr | 1-12 | Westergren |
|---------------------------------------|---|-----------|------|------------|




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DEPARTMENT OF HAEMATOLOGY

COMPLETE BLOOD PICTURE (CBP)

| | | | | |
|--------------------------------|------|--------------|-------------|-------------------------------------|
| Hemoglobin(HB) | 14.0 | g/dl | 12.0-15.0 | Spectrophotometry, Cyanide free SLS |
| Erythrocyte count (RBC COUNT) | 4.1 | million/cumm | 3.8-4.8 | Impedance |
| Packed Cell Volume(Hematocrit) | 39.2 | % | 36-46 | Cell Counter |
| Platelet Count | 3.70 | Lakh/cumm | 1.50 - 4.10 | Impedance/microscopy |

Red Blood Cell Indices

| | | | | |
|---------------------------------------|-------------|------|-----------|----------------------|
| Mean Cell Volume (MCV) | 95.1 | fL | 83-101 | Automated/Calculated |
| Mean Cell Haemoglobin (MCH) | 33.8 | pg | 27-32 | Automated/Calculated |
| Mean Corpuscular Hb Conc. (MCHC) | 35.5 | g/dl | 31.5-34.5 | Automated/Calculated |
| Red Cell Distribution Width (RDW)- CV | 12.5 | % | 11.5-14.5 | Automated/Calculated |

Total Count and Differential Count

| | | | | |
|-----------------------------|-------|------------|------------|----------------------|
| Total Leucocyte Count (WBC) | 5,000 | Cells/cumm | 4000-10000 | Impedance/microscopy |
| Neutrophils | 61 | % | 40-80 | Impedance/microscopy |
| Lymphocytes | 32 | % | 20-40 | Impedance/microscopy |
| Eosinophils | 03 | % | 01-06 | Impedance/microscopy |
| Monocytes | 04 | % | 02-10 | Impedance/microscopy |
| Basophils | 00 | % | 00-02 | Impedance/microscopy |

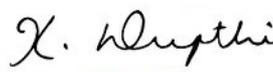
MICROSCOPIC BLOOD PICTURE :

| | |
|------------------|-----------------------------|
| RBC | Normocytic Normochromic |
| WBC | Within Normal Limits |
| Platelets | Adequate |
| NOTE | Kindly Correlate Clinically |

***** End Of Report *****


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