MC-5505

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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

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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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Barcode No	**: 01714034**	Reported	: 06/Aug/2024 06:39PM
Client Name	:AD-117		

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 Rist (Prediabetic)	5.7 – 6.4	5.0	97
Diagnosing Diabetes	>= 6.5	6.0	126
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	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 glycemic 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	Immunoturbidimetry
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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Client Name	:AD-117		

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 Concn. (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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