

Patient Name : Mrs. NOOTAN SINGH	Visit No : CHA250045665
Age/Gender : 31 Y O M O D /F	Registration ON : 15/Mar/2025 10:36AM
Lab No : 10142960	Sample Collected ON : 15/Mar/2025 10:40AM
Referred By : SELF	Sample Received ON : 15/Mar/2025 10:40AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 15/Mar/2025 01:45PM
Doctor Advice : 25 OH vit. D,AG RATIO,Albumin,BUN,CALCIUM,CBC (WHOLE BLOOD),CREATININE,FERRITIN,GLOBULIN,HBA1C (EDTA),Iron,LFT,LIPID-PROFILE,RANDOM,VIT B12,TIBC,T3T4TSH,UREA,URIC ACID,TRANSFERRIN SATURATION,NA+K+,PRO	



ADVANCE FULL BODY CHECKUP				
Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.0	%	4 - 5.7	HPLC (EDTA)

NOTE:-

Glycosylated Hemoglobin Test (HbA1c) is performed in this laboratory by the Gold Standard Reference method, ie: HPLC Technology (High performance Liquid Chromatography D10) from Bio-Rad Laboratories, USA.

EXPECTED (RESULT) RANGE :

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diabetic
5.8 - 6.4 %	Pre Diabetic Stage
> 6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
> 8.0 %	Poor Control and needs treatment

BLOOD UREA NITROGEN

Blood Urea Nitrogen (BUN)	9.35	mg/dL	7-21	calculated
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UREA/CREATININE RATIO

BLOOD UREA.	20.00
CREATININE.	0.6
UREA/CREATININE RATIO	33.33
	10-20

URIC ACID

Sample Type : SERUM

SERUM URIC ACID	2.9	mg/dL	2.40 - 5.70	Uricase,Colorimetric
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DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
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Dr. Aditi D Agarwal
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ADVANCE FULL BODY CHECKUP				
Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CALCIUM				
CALCIUM	10.2	mg/dl	8.8 - 10.2	dapta / arsenazo III

INTERPRETATION:

-Calcium level is increased in patients with hyperparathyroidism, Vitamin D intoxication, metastatic bone tumor, milk-alkali syndrome, multiple myeloma, Paget's disease.
-Calcium level is decreased in patients with hemodialysis, hypoparathyroidism (primary, secondary), vitamin D deficiency, acute pancreatitis, diabetic Keto-acidosis, sepsis, acute myocardial infarction (AMI), malabsorption, osteomalacia, renal failure, rickets.

PROTEIN				
PROTEIN Serum	8.20	mg/dl	6.8 - 8.5	

SERUM ALBUMIN				
ALBUMIN	4.8	gm/dl	3.20 - 5.50	Bromcresol Green (BCG)

GLOBULIN				
GLOBULIN	3.40	gm/dl	2.0 - 3.5	calculated

AG RATIO				
AG RATIO	1.41		1.5 : 1	

LIPID-PROFILE				
Cholesterol/HDL Ratio	2.94	Ratio		Calculated
LDL / HDL RATIO	1.66	Ratio		Calculated

Desirable / low risk - 0.5 -3.0
Low/ Moderate risk - 3.0-6.0
Elevated / High risk - >6.0
Desirable / low risk - 0.5 -3.0
Low/ Moderate risk - 3.0-6.0
Elevated / High risk - > 6.0



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ADVANCE FULL BODY CHECKUP				
Test Name	Result	Unit	Bio. Ref. Range	Method
IRON				
IRON	35.10	ug/ dl	59 - 148	Ferrozine-no deproteinization

Interpretation:

Disease	Iron	TIBC	UIBC	%Transferrin Saturation	Ferritin
Iron Deficiency	Low	High	High	Low	Low
Hemochromatosis	High	Low	Low	High	High
Chronic Illness	Low	Low	Low/Normal	Low	Normal/High
Hemolytic Anemia	High	Normal/Low	Low/Normal	High	High
Sideroblastic Anemia	Normal/High	Normal/Low	Low/Normal	High	High
Iron Poisoning	High	Normal	Low	High	Normal

TIBC				
TIBC	377.00	ug/ml	265 - 497	calculated

TRANSFERRIN SATURATION				
TRANSFERRIN SATURATION	9.31	%	22 - 45	Immunoturbidimetry

INTERPRETATION:

- Low Values in iron deficiency
- High Values in iron overload
- Raised transferrin saturation is an early indicator of Iron accumulation in Genetic Haemochromatosis.

25 OH vit. D				
25 Hydroxy Vitamin D	11.88	ng/ml		ECLIA

Deficiency < 10
Insufficiency 10 - 30
Sufficiency 30 - 100
Toxicity > 100

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY(Cobas e 411,Unicel DxI600,vitros ECI)

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Signature

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ADVANCE FULL BODY CHECKUP				
Test Name	Result	Unit	Bio. Ref. Range	Method

VITAMIN B12				
VITAMIN B12	110	pg/mL	180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml	CLIA

Summary :-

Nutritional & macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat & bacterial products, from alcoholism or from structural / functional damage to digestive or absorptive processes. Malabsorption is the major cause of this deficiency.

FERRITIN				
FERRITIN	9.0	ng/mL	13 - 150	CLIA

NOTE – Findings checked twice. Please correlate clinically..

INTERPRETATION:

Ferritin is a high-molecular weight iron containing protein that functions in the body as an iron Storage compound. Ferritin provides a more sensitive, specific and reliable measurement for determining iron deficiency at an early stage. The combined use of serum ferritin levels and mean corpuscular volume (MCV) has made differentiation between iron deficiency, beta-thalassemia trait and normal subjects possible at a very high level of accuracy. Serum ferritin measurements provide important clinical parameters for assessing the response to treatment with deferoxamine, in the treatment of thalassemia. Elevated levels are seen in malignant diseases such as leukemia, Hodgkins disease, breast cancer, head and neck cancer and ovarian cancer.

LIMITATIONS:

Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may show either false positive or depressed values. For diagnostic purposes the ferritin result should be used in conjunction with other data, e.g.: symptoms, results of other tests, clinical impressions, etc.

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ADVANCE FULL BODY CHECKUP				
Test Name	Result	Unit	Bio. Ref. Range	Method

URINE R/M (DR.RNS)				
Color	STRAW			
Appearance	CLEAR		Clear	
Specific Gravity	1.010		1.005 - 1.025	
Reaction (pH)	Acidic (6.0)		4.5-8.0	
Urine Protein	Absent		Absent	
Sugar	Absent		Absent	
Ketones	Absent		Absent	
Bilirubin	Absent	mg/dl	ABSENT	
Blood	Absent		Absent	
Urobilinogen	0.20		0.2-1.0 EU/dl	
Leukocytes	Absent		Absent	
Nitrite	Absent		Absent	
MICROSCOPIC EXAMINATION				
Leukocytes (Pus Cells)/hpf	Occasional		<5/hpf	by an azo-coupling reaction
Epithelial Cells	3-4	/hpf	0 - 5	
Red Blood Cells / hpf	Nil	/hpf	<3/hpf	

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ADVANCE FULL BODY CHECKUP

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	10.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.30	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	32.3	%	36 - 45	Pulse height detection
MCV	97.6	fL	80 - 96	calculated
MCH	31.1	pg	27 - 33	Calculated
MCHC	31.9	g/dL	30 - 36	Calculated
RDW	14.6	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5320	/cmm	4000 - 10000	Floctometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	67	%	40 - 75	Flowcytometry
LYMPHOCYTES	26	%	25 - 45	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	286,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	286000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,564	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,383	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	160	/cmm	20-500	Calculated
Absolute Monocytes Count	213	/cmm	200-1000	Calculated
Mentzer Index	30			
Peripheral Blood Picture	:			

Red blood cells show cytopenia+ with normocytic normochromic . Platelets are adequate. No immature cells or parasite seen.



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Doctor Advice : 25 OH vit. D,AG RATIO,Albumin,BUN,CALCIUM,CBC (WHOLE BLOOD),CREATININE,FERRITIN,GLOBULIN,HBA1C
(EDTA),Iron,LFT,LIPID-PROFILE,RANDOM,VIT B12,TIBC,T3T4TSH,UREA,URIC ACID,TRANSFERRIN SATURATION,NA+K+,PRO



ADVANCE FULL BODY CHECKUP

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	98.5	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.8	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	20.00	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	1.30	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.50	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.80	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	65.30	U/L	30 - 120	PNPP, AMP Buffer
SGPT	13.6	U/L	5 - 40	UV without P5P
SGOT	19.1	U/L	5 - 40	UV without P5P

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ADVANCE FULL BODY CHECKUP

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	153.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	71.30	mg/dL	Normal: <150 mg/dl Borderline-high:150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>=500 mg/dl	Serum, Enzymatic, endpoint
H D L CHOLESTEROL	52.10	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	86.64	mg/dL	Optimal:<100 mg/dl Near Optimal:100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High:>= 190 mg/dl	CO-PAP
VLDL	14.26	mg/dL	10 - 40	Calculated

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ADVANCE FULL BODY CHECKUP

Test Name	Result	Unit	Bio. Ref. Range	Method
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T3T4TSH				
T3	1.80	nmol/L	1.49-2.96	ECLIA
T4	129.00	n mol/l	63 - 177	ECLIA
TSH	2.40	uIU/ml	0.47 - 4.52	ECLIA

Note

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism,cretinism,juvenile mysedema or autoimmune disorders.
- (2) Patients having low T3 & T4 levels but high TSH levels suffer from grave~s disease, toxic adenoma or sub-acute thyroiditis.
- (3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- (4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- (5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.
- (6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the cacabolic state and may revert tonormal when the patient recovers.
- (7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.Which may affect the thyroid function tests.
- (8) Generally when total T3& T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with
(1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINISCENCE TECHNIQUE BY ELECSYSYS -E411)

*** End Of Report ***



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