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HDS Business Centre, Level 6, 601-608
JLT, Cluster M, P.O Box 502180, Dubai, UAE
+971 8005425, +971 045638000
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www.lifenity.ae

Patient Name	: MR.GOVIND SINGH PAPPA	**Registered On**	: 19-03-2024 18:10
Patient Id	: 11931	**Sample Collected On**	: 20-03-2024 10:54
Age/DOB/Gender	: 26Y/1997-12-01/Male	**Reported On**	: 20-03-2024 15:17
Nationality	: Indian	**Sample UID No.**	: D002W000002400
Customer Type	: -	**Customer Name**	: Self
Ref. Doctor Name	: -	**Patient UID No.**	: -- (Other)
Print Version	: v.1		

Blood Sugar Profile

Investigation	Result	Units	Biological Reference Interval
HAEMOGLOBIN AIC	**6.1**	%	Non-Diabetic: < 5.7 Pre-Diabetic: 5.7 - 6.4 Diabetic:- Good Control: 6.0 - 7.0 Fair control: 7.1 - 8.0 Poor Control: > 8.0
Sample Type :Plasma Method : HPLC			
FASTING BLOOD SUGAR	**144**	mg/dL	Normal =< 100 Prediabetes 100 - 125 Diabetes >/=126
Sample Type :Plasma Method : GOD-POD			

Rajesh Thapa
Quality Manager
Technologist- Medical Laboratory
DHA No. 45935548-002

DR. Nirupama Sabhapathy
Chief Pathologist
Specialist Clinical Pathologist
DHA NO. 65077850-001

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IRON, SERUM

Investigation	Result	Units	Biological Reference Interval
IRON SERUM	115	µg/dL	65-175
Sample Type :Serum			
Method : Pyridyl azo dye			

Comments:

Increased : Pernicious, aplastic, and hemolytic anemias; hemochromatosis, acute leukemia, lead poisoning, acute hepatitis, vitamin B6 deficiency, thalassemia, excessive Fe therapy, repeated transfusions, acute Fe poisoning (children), and nephritis
Decreased: Iron-deficiency anemia, remission of PA; acute and chronic infection, carcinoma, nephrosis, hypothyroidism, postoperative state, and kwashiorkor

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FERRITIN, SERUM

Investigation	Result	Units	Biological Reference Interval
FERRITIN SERUM	35.5	ng/mL	12-300
Sample Type :Serum			
Method : CLIA			

Interpretation -

Serum ferritin concentration is a very sensitive and early indicator of iron deficiency that is uncomplicated by other concurrent disease, idiopathic hemochromatosis, and transfusion siderosis.
Serum ferritin levels decrease with iron deficiency associated with generalized malnutrition but remain normal in the presence of inflammation associated with iron deficiency. The combination of ferritin and transferrin levels is therefore useful in differentiating thesedisorders.

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LIVER FUNCTION TEST

Investigation	Result	Units	Biological Reference Interval
ALT (SGPT) Sample Type :Serum Method : ALTv- VITROS	50	U/L	7-55
AST (SGOT) Sample Type :Serum Method : AST- Vitros	33	U/L	Males 0-11 months: not established 1-13 years: 8-60 >/=14 years: 8-48 Females 0-11 months: not established 1-13 years: 8-50 >/=14 years: 8-43
ALKALINE PHOSPHATASE Sample Type :Serum Method : NPP, AMP Buffer-VITROS	75	U/L	40-129
GAMMA GT SERUM Sample Type :Serum Method : Vitros Microslide	30	U/L	5-61
BILIRUBIN TOTAL SERUM Sample Type :Serum Method : Diphylline, Diazonium Salt-VITROS	0.3	mg/dL	0.1-1.3
BILIRUBIN DIRECT Sample Type :Serum Method : Spectrophotometer	0.1	mg/dL	0-0.3
BILIRUBIN INDIRECT Sample Type :Serum Method : Direct measured	0.2	mg/dL	0-6 days: 0.1 – 1.0 7-14 days: < 15.0 15 days to 17 years: < 1.0 >/=18 years: > 1.2 mg/ dL
TOTAL PROTEIN SERUM Sample Type :Serum Method : Biuret	7.6	g/dL	6.3-8.2
ALBUMIN SERUM Sample Type :Serum Method : Dye Binding BCG	4.7	g/dL	3.5-5.0

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GLOBULIN	2.90	g/dL	2.3-3.5
Sample Type :Serum			
Method : Calculated			
ALBUMIN GLOBULIN RATIO	1.62	--	1.2-1.8
Sample Type :Serum			
Method : Calculated			

Interpretation -

Hepatic function panel results are not diagnostic of a specific condition; they indicate that there may be a problem with the liver. In a person who does not have symptoms or identifiable risk factors, abnormal liver test results may indicate a temporary liver injury or reflect something that is happening elsewhere in the body-such as in the skeletal muscles, pancreas, or heart. It may also indicate early liver disease and the need for further testing and periodic monitoring.

Results of liver panels are usually evaluated together. Several sets of results from tests performed over a few days or weeks are often assessed together to determine if a pattern is present. Each person will have a unique set of test results that will typically change over time. A healthcare practitioner evaluates the combination of liver test results to gain clues about the underlying condition. Often, further testing is necessary to determine what is causing the liver damage or disease.

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RENAL FUNCTION TEST

Investigation	Result	Units	Biological Reference Interval
BLOOD UREA Sample Type :Serum Method : Urease, colorimetric	31	mg/dL	12.84-42.8
BLOOD UREA NITROGEN Sample Type :Serum Method : Urease, colorimetric	14.49	mg/dL	6-20
CREATININE SERUM Sample Type :Serum Method : Enzymatic-VITROS, IFCC-IDMS Standardized	0.8	mg/dL	0.7-1.35
URIC ACID SERUM Sample Type :Serum Method : URICASE, ENZYMATIC COLORIMETRIC	4.8	mg/dL	3.5-8.5
e-GFR Sample Type :Serum Method : Enzymatic-VITROS, IFCC-IDMS Standardized	117	mL/min/1.73m2	75-190
BUN CREATININE RATIO Sample Type :Serum Method : Calculated	18.11	--	10-20

Interpretation -

Interpretation of renal function tests requires considering multiple factors, including the patient's age, sex, muscle mass, medications, and clinical history. It's important to note that renal function tests are not diagnostic on their own and are often used in conjunction with other clinical assessments and imaging studies to evaluate kidney function comprehensively.

Abnormal results may indicate various kidney conditions, including acute or chronic kidney disease, glomerulonephritis, kidney infections, kidney stones, and renal tubular disorders. They can also point to non-renal conditions such as heart failure, liver disease, or dehydration.

Rajesh Thapa
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TSH

Investigation	Result	Units	Biological Reference Interval
TSH	4.35	µIU/ml	0.3-4.5
Sample Type :Serum			
Method : CLIA			

Comments:

Note: 1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.

2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

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VITAMIN D3

Investigation	Result	Units	Biological Reference Interval
VITAMIN D3	**21.8**	ng/mL	Deficiency: <10 Insufficiency: 10 - 29 Sufficiency: 30 - 100 Toxicity: > 100

Sample Type :Serum
Method : CLIA

Interpretation -

Studies show that 25-hydroxyvitamin D2 and D3 (25-OH-VitD) levels below 25 ng/mL are associated with an increased risk of secondary hyperparathyroidism, reduced bone mineral density, and fractures, particularly in the elderly. Intervention studies support this clinical cutoff, showing a reduction of fracture risk with 25-OH-VitD replacement.

Levels less than 10 ng/mL may be associated with more severe abnormalities and can lead to inadequate mineralization of newly formed osteoid, resulting in rickets in children and osteomalacia in adults. In these individuals, serum calcium levels may be marginally low, and parathyroid hormone (PTH) and serum alkaline phosphatase are usually elevated. Definitive diagnosis rests on the typical radiographic findings or bone biopsy/histomorphometry.

Comments:

Baseline biochemical work-up of suspected cases of rickets and osteomalacia should include measurement of serum calcium, phosphorus, PTH, and 25-OH-VitD. In patients where testing is not completely consistent with the suspected diagnosis, in particular, if serum 25-OH-VitD levels are greater than 10 ng/mL, an alternative cause for impaired mineralization should be considered.
Possible differential diagnosis includes: partly treated vitamin D deficiency, extremely poor calcium intake, vitamin D resistant rickets, renal failure, renal tubular mineral loss with or without renal tubular acidosis, hypophosphatemic disorders (eg, X-linked or autosomal dominant hypophosphatemic rickets), congenital hypoparathyroidism, activating calcium sensing receptor mutations, and osteopetrosis. Measurement of serum urea, creatinine, magnesium, and 1,25-dihydroxyvitamin D (DHVD) is recommended as a minimal additional workup for these patients.

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VITAMIN B12

Investigation	Result	Units	Biological Reference Interval
VITAMIN B12	208	pg/mL	200-1100
Sample Type :Serum			
Method : ECLIA			

Interpretation -

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. These manifestations may occur in any combination; many patients have the neurologic defects without macrocytic anemia.
Vitamin B12 deficiency may be due to lack of IF secretion by gastric mucosa (eg, gastrectomy, gastric atrophy) or intestinal malabsorption (eg, ileal resection, small intestinal diseases). Pernicious anemia is a macrocytic anemia caused by vitamin B12 deficiency that is due to a lack of IF secretion by gastric mucosa.

Comments:

Serum methylmalonic acid and homocysteine levels are also elevated in vitamin B12 deficiency states

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Nationality	: Indian	**Sample UID No.**	: D002W000002402
Customer Type	: -	**Customer Name**	: Self
Ref. Doctor Name	: -	**Patient UID No.**	: -- (Other)
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COMPLETE BLOOD COUNT (CBC)

Investigation	Result	Units	Biological Reference Interval
HAEMOGLOBIN	14	g/dL	13.5-17.5
HEMATOCRIT	43.4	%	37-53
RBC COUNT	5.56	X 10^6/µL	4.50-5.90
MCV	78	fL	77-100
MCH	**25.1**	Pg	26-34
MCHC	32.2	g/dL	32-36
RDW-CV	14.3	%	11.5-16
PLATELET COUNT	262	x10^3/ul	150-450
MPV	11.3	fL	7.5-12.0
TOTAL LEUKOCYTE COUNT	**4.44**	x10^3/ul	4.5-11.0
NEUTROPHIL	48.9	%	40-73
LYMPHOCYTE	43.8	%	25-45
MONOCYTE	4.6	%	4-12
EOSINOPHIL	1.8	%	0-7
BASOPHIL	0.9	%	0-2
ABSOLUTE NEUTROPHIL COUNT	2.17	x10^3/ul	1.5-7.0
ABSOLUTE LYMPHOCYTE COUNT	1.94	x10^3/ul	1.1-5.0
ABSOLUTE EOSINOPHIL COUNT	**0.08**	x10^3/ul	0.15-0.5
ABSOLUTE MONOCYTE COUNT	0.2	x10^3/ul	0.2-0.8
ABSOLUTE BASOPHIL COUNT	0.04	x10^3/ul	0-0.15

Sample Type :EDTA Whole Blood

Interpretation -

Method: EDTA Whole Blood: Tests done on Automated Five Part Cell Counter. (Hb by Photometry method .RBC & PLT by Electric Impedance, PCV by Numeric Integration method. WBC and Differential count by Double Hydrodynamic Sequential System (DHSS). Other parameters Calculated.) All Abnormal Haemograms are reviewed confirmed microscopically.

Disclaimer:

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1) The above result relate only to the specimens. Received and tested in laboratory and should be always correlate with clinical findings and other laboratory markers.

2) Improper specimen collection, handling. Storage and transportation may result in false negative/Positive results.

Comments:

A complete blood count (CBC) test is a commonly performed blood test that provides important information about the components of your blood. It measures various parameters related to red blood cells, white blood cells, and platelets.
Useful for : Detecting and diagnosing medical conditions, Preoperative assessment, Detecting and diagnosis disorders of RBCs, WBCs & Platelets.As a Screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy.

Reference: Horiba Yumizen 550, Performance and Reference: Tools for Accreditation 3.4.15. Reference Values, page 47

--End Of Report--

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Rajesh Thapa
Quality Manager
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