

Patient Name : MR.SATHEESAN MOORIAN
Patient Id : 6817
Age/DOB/Gender : 46Y/1977-02-18/Male
Nationality : -
Customer Type : -
Ref. Doctor Name : Dr.Mahdi

Registered On : 12-01-2024 16:14
Sample Collected On : 12-01-2024 16:29
Reported On : 12-01-2024 23:42
Sample UID No. : D002W000001396
Customer Name : Self
Patient UID No. : -- (Other)
Print Version : v.1

Blood Sugar Profile

<u>Investigation</u>	<u>Result</u>	<u>Units</u>	<u>Biological Reference Interval</u>
HAEMOGLOBIN A1C	5.3	%	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	112	mg/dL	Normal =< 100 Prediabetes 100 - 125 Diabetes >=126
Sample Type :Plasma Method : GOD-POD			

--End Of Report--



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DHA No. 45935548-002



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DHA NO. 65077850-001

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VITAMIN D3

<u>Investigation</u>	<u>Result</u>	<u>Units</u>	<u>Biological Reference Interval</u>
VITAMIN D3	14.3	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.

--End Of Report--



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TSH

<u>Investigation</u>	<u>Result</u>	<u>Units</u>	<u>Biological Reference Interval</u>
TSH Sample Type : Serum Method : CLIA	1.73	μIU/ml	0.3-4.5

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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LIVER FUNCTION TEST

<u>Investigation</u>	<u>Result</u>	<u>Units</u>	<u>Biological Reference Interval</u>
ALT (SGPT) Sample Type :Serum Method : ALTv- VITROS	36	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	91	U/L	30-120
GAMMA GT SERUM Sample Type :Serum Method : Vitros Microslide	43	U/L	5-61
BILIRUBIN TOTAL SERUM Sample Type :Serum Method : Diphylline, Diazonium Salt-VITROS	0.9	mg/dL	0.1-1.3
BILIRUBIN DIRECT Sample Type :Serum Method : Spectrophotometer	0.1	mg/dL	< 0.3
BILIRUBIN INDIRECT Sample Type :Serum	0.8	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



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Method : Direct measured

TOTAL PROTEIN SERUM 6.8 g/dL 6.3-8.2

Sample Type :Serum

Method : Biuret

ALBUMIN SERUM 4.1 g/dL 3.5-5.0

Sample Type :Serum

Method : Dye Binding BCG

GLOBULIN 2.70 g/dL 2.3-3.5

Sample Type :Serum

Method : Calculated

ALBUMIN GLOBULIN RATIO 1.52 -- 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	33	mg/dL	12.84-42.8
BLOOD UREA NITROGEN Sample Type :Serum Method : Urease, colorimetric	15.42	mg/dL	6-20
CREATININE SERUM Sample Type :Serum Method : Enzymatic-VITROS, IFCC-IDMS Standardized	1.0	mg/dL	0.7-1.35
URIC ACID SERUM Sample Type :Serum Method : URICASE, ENZYMATIC COLORIMETRIC	7.2	mg/dL	3.5-8.5
e-GFR Sample Type :Serum	80	mL/min/1.73m2	75-190
BUN CREATININE RATIO Sample Type :Serum Method : Calculated	15.42	--	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.



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LIPID PROFILE

<u>Investigation</u>	<u>Result</u>	<u>Units</u>	<u>Biological Reference Interval</u>
TOTAL CHOLESTEROL	212	mg/dL	<200 Desirable 200-239 Borderline high >240 High
Sample Type :Serum Method : Vitros Microslide			
TRIGLYCERIDE SERUM	171	mg/dL	Normal: <150 Borderline high: 150-199 High: 200-499 Very high: >500
Sample Type :Serum Method : AST- Vitros			
HDL CHOLESTEROL	48	mg/dL	High risk: < 40 Low risk: > 60
Sample Type :Serum Method : Direct measure, PTA/MgCl2-VITROS			
LDL CHOLESTEROL	129.80	mg/dL	Optimal: <100 Near optimal: 100-129 Borderline high: 130-159 High: 160-189 Very high: >190
Sample Type :Serum Method : Calculated			
VLDL CHOLESTEROL	34.20	mg/dL	< 30
Sample Type :Serum Method : Calculated			
NON HDL CHOLESTEROL	164.00	mg/dL	Desirable < 130 Borderline 130 - 159 High >160
Sample Type :Serum Method : Calculated			



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TG/HDL Ratio **3.56** -- Ideal: ≤ 2.0
Good: ≤ 6.0
Bad: > 6.0

Sample Type : Serum

TOTAL CHOLESTEROL HDL RATIO **4.42** -- Low risk 3.3 - 4.4
Average Risk 4.5 - 7.0
Moderate Risk 7.1 - 11.0
High Risk > 11.0

Sample Type : Serum

Method : Calculated

LDL HDL ratio **2.70** -- Low Risk < 3.0
Borderline 3.1 - 6.0
High Risk > 6.0

Sample Type : Serum

Method : Calculated

Interpretation -

A complete cholesterol test includes the calculation of four types of fats in your blood:

Total cholesterol. This is a sum of your blood's cholesterol content.

Low-density lipoprotein (LDL) cholesterol. This is called the "bad" cholesterol. Too much of it in your blood causes the buildup of fatty deposits (plaques) in your arteries (atherosclerosis), which reduces blood flow. These plaques sometimes rupture and can lead to a heart attack or stroke.

High-density lipoprotein (HDL) cholesterol. This is called the "good" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and your blood flowing more freely.

Triglycerides. Triglycerides are a type of fat in the blood. When you eat, your body converts calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels.

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COMPLETE BLOOD COUNT (CBC)

Investigation	Result	Units	Biological Reference Interval
HAEMOGLOBIN	17.9	g/dL	13.5-17.5
HEMATOCRIT	54	%	37-53
RBC COUNT	5.63	X 10 ⁶ /μL	4.50-5.90
MCV	95.9	fL	77-100
MCH	31.7	Pg	26-34
MCHC	33.1	g/dL	32-36
RDW-CV	14.6	%	11.5-16
PLATELET COUNT	313	x10 ³ /ul	150-450
MPV	9.5	fL	7.5-12.0
TOTAL LEUKOCYTE COUNT	7.4	x10 ³ /ul	4.5-11.0
NEUTROPHIL	46.8	%	40-73
LYMPHOCYTE	39.7	%	25-45
MONOCYTE	6.9	%	4-12
EOSINOPHIL	5.7	%	0-7
BASOPHIL	0.9	%	0-2
ABSOLUTE NEUTROPHIL COUNT	3.45	x10 ³ /ul	1.5-7.0
ABSOLUTE LYMPHOCYTE COUNT	2.93	x10 ³ /ul	1.1-5.0
ABSOLUTE EOSINOPHIL COUNT	0.42	x10 ³ /ul	0.15-0.5
ABSOLUTE MONOCYTE COUNT	0.51	x10 ³ /ul	0.2-0.8
ABSOLUTE BASOPHIL COUNT	0.06	x10 ³ /ul	0-0.15

Sample Type : EDTA Whole Blood



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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:

- 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

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