

AMPATH
 Central Reference Laboratory,
 Door No. 1-100/1/CCH Nallagandla
 Serilingampally
 Hyderabad – 500019
 040 6719 9977, www.ampath.com



MC-2751



LABORATORY REPORT

NAME : ██████████ REFERRED BY : ██████ VISIT NO : ██████████
 AGE : ██████ COLLECTED ON : ██████████
 GENDER : ██████ LAB MR# : ██████████ RECEIVED ON : ██████████
 OP / IP / DG # : APPROVED ON : ██████████
 REPORT STATUS : Final Report



Test Name	Result	Biological Ref. Interval	Unit
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Kids Check Package

BIOCHEMISTRY

Cholesterol Total - Serum (Serum)

Cholesterol Total - Serum <i>Enzymatic colorimetric</i>	160.0	110-217	mg/dL
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Page 1 of 7



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Kids Check Package

HAEMATOLOGY

Complete Blood Counts (Whole Blood - EDTA)

(Automated Hematology Analyzer & Microscopy)

Total Leukocyte Count	7.6	5.0 - 15.0	10 ³ /μl
RBC Count	4.7	4.0 - 5.2	10 ⁶ /μL
Hemoglobin	12.6	11.0 - 14.0	g/dL
Hematocrit	38.1	34 - 40	%
MCV(Mean Corpuscular Volume)	81.6	75 - 87	fL
MCH(Mean Corpuscular Hemoglobin)	26.9	24 - 30	pg
MCHC(Mean Corpuscular Hemoglobin Concentration)	33.0	31 - 37	g/dL
RDW	13.9	11.6 - 14	%
Platelet Count	310	200 - 490	10 ³ /μl
MPV	8.6	7.5 - 11.5	fL

Differential Counts % (VCSN)

Neutrophils	33.0	30-60%	%
Lymphocytes	54.0	29-65%	%
Monocytes	6.0	2-10%	%
Eosinophils	7.0 H	1-4%	%
Basophils	0.0	0-1%	%

Differential Counts, Absolute

Absolute Neutrophil Count	2.51	1.5-8.0	10 ³ /μl
Absolute Lymphocyte Count	4.10	3.0-9.0	10 ³ /μl
Absolute Monocyte Count	0.46	0.2 - 1.0	10 ³ /μl
Absolute Eosinophil Count (AEC)	0.53	0.1 - 1.0	10 ³ /μl
Absolute Basophil Count	0.00	0.02 - 0.1	10 ³ /μl

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Page 2 of 7





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Kids Check Package

CLINICAL PATHOLOGY

Urine Examination - Routine & Microscopy (CUE) (Urine)

PHYSICAL EXAMINATION:

Volume	5ml		mL
Colour	Pale yellow	Pale	
Appearance	Clear	Clear	

CHEMICAL EXAMINATION:

pH	7.00	4.8 - 7.4	
<i>Dip stick</i>			
Specific Gravity	1.005 L	1.010 - 1.022	
<i>Dip Stick(Bromothymol blue)</i>			
Protein	Negative	Negative	
<i>Dip Stick/ Sulfosalicylic acid</i>			
Glucose	Negative	Negative	
<i>Dip Stick /Benedicts test</i>			
Ketones	Negative	Negative	
<i>Dip stick</i>			
Urobilinogen	Negative	Normal	
<i>Dip Stick / Ehrlich reaction</i>			
Nitrite	Negative	Negative	
<i>Dip Stick / (Griess test)</i>			
Bilirubin	Negative	Negative	
<i>Dipstick/diazo</i>			
Blood	Negative	Negative	
<i>Dip Stick (Peroxidase)</i>			

MICROSCOPIC EXAMINATION:

Pus Cells	1-2	0 - 5	/HPF
Epithelial Cells	0-1	< 5	/HPF
RBCs	Nil	0 - 2	/HPF
Casts	Absent	Absent	/LPF
Crystals	Absent	Absent	/HPF

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Page 3 of 7





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Kids Check Package

BIOCHEMISTRY

TSH, Thyroid Stimulating Hormone (Serum)

TSH, Thyroid Stimulating Hormone <i>ECLIA</i>	1.860	0.7-5.97	µIU/mL
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Interpretation:

The following potential sources of variation should be considered while interpreting thyroid hormone results:

1. Circadian variation in TSH secretion: peak levels are seen between 2-4 am. Minimum levels seen between 6-10 am. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.
2. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment
3. Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding Pre-Albumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.
4. T4 may be normal in the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, in presence of drugs (eg Phenytoin, Salicylates etc)
5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.
7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetected by conventional methods.
8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones
9. Various drugs can lead to interference in test results

It is recommended to evaluate unbound fractions, that is free T3 (fT3) and free T4 (fT4) for clinic-pathologic correlation, as these are the metabolically active forms.

Serum Iron (Serum)

Iron <i>FerroZine Colorimetric Assay</i>	143.0 H	25-115	µg/dL
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Immunoglobulin - IgE Total - Serum (Serum)

IgE Total <i>ECLIA</i>	2,500.00 H	<60	IU/mL
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Interpretation:

Immunoglobulin E (IgE) plays an important role in immunological protection against parasitic infections and in allergy (type 1 hypersensitivity). Elevated IgE concentrations can be found in patients with

- Allergic diseases such as hay fever, atopic bronchitis and dermatitis
- Non-allergic diseases, like bronchopulmonary aspergillosis, Wiskott-Aldrich syndrome, hyper-IgE syndrome, IgE myeloma, and parasitic infections etc.
- In infants and small children with recurrent respiratory tract diseases, the determination of IgE is of prognostic relevance
- Immunoglobulin E are antibodies produced by immune system. IGE plays an important role in immunological protection against parasitic infections and in allergy.

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Page 4 of 7



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Kids Check Package

- IGE levels are elevated in patients with allergenic diseases such as hay fever, atopic bronchitis and dermatosis
- Please correlate clinically.

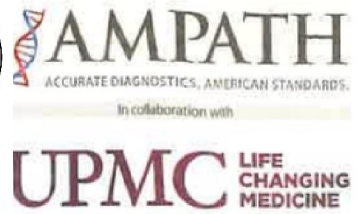
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Page 5 of 7



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Kids Check Package

HAEMATOLOGY

Blood Grouping and Typing (ABO and Rh) - Tube agglutination (Whole Blood - EDTA)

Tube agglutination

ABO GROUP	A (A1 subgroup)
Rh Type	D Positive

Interpretation:

1. If Rh is Du positive it is best considered as D negative as recipient and D positive as donor. However repeat evaluation is recommended for confirmation. Proper Cross matching is recommended before transfusion.
2. In case of forward and reverse grouping discrepancy, clinical correlation and repeat sample analysis is recommended.
3. For Infants below 6 months only forward grouping is performed.
4. A sub-grouping is recommended after the age of 6 months.

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Page 6 of 7



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BIOCHEMISTRY

Glucose - Fasting (Fluoride Plasma - F)

Glucose - Fasting Hexokinase	87.0	Normal : 74-100 Pre-diabetic : 100-125 Diabetic: >=126	mg/dL
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Consultant- Biochemist

Consultant Pathologist & Hematopathologist

Disclaimer:
 1. All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
 2. Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.
 3. Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
 4. Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
 5. Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
 6. Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
 7. Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
 8. If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.



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