

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



MC-2751



In collaboration with



LABORATORY REPORT

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



Test Name	Result	Biological Ref. Interval	Unit
Senior Citizens - Male Check			
BIOCHEMISTRY			
Aspartate Aminotransferase (AST/SGOT) (Serum)			
Aspartate Aminotransferase (AST/SGOT) <i>IFCC kinetic</i>	40 H	<37	U/L
Alanine aminotransferase - (ALT / SGPT) (Serum)			
Alanine aminotransferase - (ALT / SGPT) <i>Kinetic IFCC</i>	15	<41	U/L
Protein Total, Serum (Serum)			
Protein Total, Serum <i>Biuret Method</i>	7.3	6.4-8.3	g/dL

This is an electronically authenticated laboratory report.

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AmPath collaborates directly with UPMC, one of the top ten hospitals in the United States according to US News & World Report.

AmPath upholds rigorous standards for operational and clinical performance based on US hospital benchmarks. Test results have been furnished in adherence with these standards and under terms and conditions found on the reverse. For details, please email AmPath at customersupport@ampath.com or call: 040 6719 9977.



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OP / IP / DG # :				APPROVED ON :	██████████
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Test Name	Result	Biological Ref. Interval	Unit
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Senior Citizens - Male Check

HAEMATOLOGY

Complete Blood Counts (WB-EDTA)

(Automated Hematology Analyzer & Microscopy)

(Coulter Principle /Photometric method/VCS/VCSM/Cumulative pulse height/Staining/Calculated and Micr

Total Leukocyte Count	6.8	4.0 - 11.0	10 ³ /μl
RBC Count	5.5	4.5 - 5.5	10 ⁶ /μL
Hemoglobin	14.7	13.0 - 17.0	g/dL
Hematocrit	45.7	40 - 50	%
MCV(Mean Corpuscular Volume)	83.3	83 - 101	fL
MCH(Mean Corpuscular Hemoglobin)	26.8 L	27 - 32	pg
MCHC(Mean Corpuscular Hemoglobin Concentration)	32.2	31.5 - 34.5	g/dL
RDW	18.3 H	11.6 - 14	%
Platelet Count	257	150 - 410	10 ³ /μl
MPV	7.2 L	7.5 - 11.5	fL

Differential Counts % (VCSN)

Neutrophils	62.0	40-80%	%
Lymphocytes	27.0	20-40%	%
Monocytes	8.0	2-10%	%
Eosinophils	3.0	1-6%	%
Basophils	0.0	0-1%	%

Differential Counts, Absolute

Absolute Neutrophil Count	4.20	2.0-7.0	10 ³ /μl
Absolute Lymphocyte Count	1.90	1.0-3.0	10 ³ /μl
Absolute Monocyte Count	0.60	0.2 - 1.0	10 ³ /μl
Absolute Eosinophil Count (AEC)	0.10	0.02-0.5	10 ³ /μl
Absolute Basophil Count	0.00	0.02 - 0.1	10 ³ /μl

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	██████████		██████████	RECEIVED ON	: ██████
	Male			APPROVED ON	██████████
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Senior Citizens - Male Check			

BIOCHEMISTRY

HbA1c - Glycated Hemoglobin (WB-EDTA)

Glycated Hemoglobin, HbA1c <i>TINIA</i>	5.80 H	Non diabetic range: 4.8-5.6% Prediabetic range: 5.7-6.4% Diabetes range: >=6.5%	%
Estimated Average Glucose	119.8		mg/dL

Interpretation:

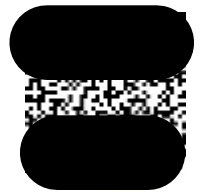
Note: HbA1c results may vary in situations of abnormal red cell turnover, such as pregnancy, recent blood loss or transfusion, or some anemias. In such cases only blood glucose criteria should be used to diagnose diabetes (ADA, 2014). Please correlate clinically.

Glucose - Fasting (Fluoride Plasma - F)

Glucose - Fasting <i>Hexokinase</i>	86.0	Normal : 70 - 100 Prediabetic: 100 - 125 Diabetic: >=126	mg/dL
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Senior Citizens - Male Check

CLINICAL PATHOLOGY

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

(Dip Stick , Reflectance Photometer & Microscopy)

PHYSICAL EXAMINATION:

Volume	10.00		mL
Colour	P.YELLOW	Pale	
Appearance	Clear	Clear	

CHEMICAL EXAMINATION:

pH	8.00 H	4.8 - 7.4	
<i>Dip stick</i>			
Specific Gravity	1.010	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	NORMAL	Normal	
<i>Dip Stick / Ehrlich reaction</i>			
Nitrite	NEGATIVE	Negative	
<i>Dip Stick / (Griess test)</i>			
Bilirubin	NEGATIVE	Negative	
Blood	NEGATIVE	Negative	
<i>Dip Stick (Peroxidase)</i>			

***Manual**

MICROSCOPIC EXAMINATION:

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

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Senior Citizens - Male Check			
BIOCHEMISTRY			
Uric acid (Serum)			
Uric acid <i>Uricase</i>	5.0	3.4-7	mg/dL
Blood Urea Nitrogen, BUN - Serum (Serum)			
Blood Urea Nitrogen, BUN - Serum <i>Calculation</i>	7.24 L	8.4-26	mg/dL
Creatinine (Serum)			
Creatinine <i>Modified Jaffe Kinetic</i>	0.89	0.7-1.4	mg/dL
Urea (Serum)			
Urea <i>Kinetic, Urease</i>	15.5 L	18-55	mg/dL
Calcium - Serum (Serum)			
Calcium - Serum <i>NM-BAPTA</i>	9.90	8.6 - 10.0	mg/dL
Electrolytes (Na, K, Cl) - Serum (Serum)			
Sodium <i>ISE Indirect</i>	137.0	136 - 145	mmol/L
Potassium - Serum <i>ISE Indirect</i>	4.70	3.5-5.1	mmol/L
Chlorides <i>ISE Indirect</i>	97.4 L	98-107	mmol/L
Vitamin D, 25-Hydroxy (Serum)			
Vitamin D, 25-Hydroxy <i>ECLIA</i>	35.7	Deficient: <=20 Insufficiency: 20-29 Desirable: >=30-100 Toxicity: >100	ng/ml

Interpretation:

● **Interpretation:**

- Vitamin D is a fat soluble vitamin produced in the skin by exposure to sun light. Deficiency in children causes rickets and in adults leads to osteomalacia

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Senior Citizens - Male Check

Decreased:

- Impaired cutaneous production (lack of sunlight exposure)
- Dietary absence
- Malabsorption
- Increased metabolism due to drugs like barbiturates, phenytoin.
- Liver disease
- Renal failure
- VIT D receptor mutation

Increased:

- Vitamin D intoxication due to increased vit D supplements intake

Serum Iron (Serum)

Iron	54.5 L	59-158	µg/dL
<i>FerroZine Colorimetric Assay</i>			

PSA Total (Prostatic Specific Antigen, Total) (Serum)

PSA Total (Prostatic Specific Antigen, Total)	0.70	<4.0	ng/mL
<i>ECLIA</i>			

Interpretation:

Interpretation:

PSA is a protein produced by prostate gland in males. PSA test is used primarily to screen for prostate cancer

- PSA aids in early detection of prostate cancer

Follow up and management of prostate cancer patient during treatment & after surgery

- Check recurrence of cancer
- Increased levels :

Elevated levels are seen in benign prostatic hyperplasia, prostatitis ,genitourinary infection

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C-Reactive Protein (CRP) -quantitative (Serum)			
C-Reactive Protein (CRP) Quantitative <i>Immunoturbidimetry</i>	3.8	<5.0 (Negative)	mg/L
Rheumatoid Factor (RA) - Quantitative - Serum (Serum)			
Rheumatoid Factor (RA) - Quantitative - Serum <i>Immunoturbidimetry</i>	9.30	<14.0 (Negative)	IU/mL
Lipid profile (Serum)			
Cholesterol Total - Serum <i>Enzymatic colorimetric</i>	180.2	<200 No risk 200-239 Moderate risk >240 High risk	mg/dL
Triglycerides <i>Enzymatic colorimetry</i>	224.0 H	Normal: <150 Borderline-high: 150–199 High risk 200–499 Very high risk >500	mg/dL
Cholesterol - HDL (Direct) <i>Enzymatic colorimetric</i>	31.1 L	<40 High Risk ; >60 No Risk	mg/dL
VLDL (Very Low Density Lipoprotein) <i>Calculation</i>	44.8		mg/dL
LDL Chol, Calculated	104.30	<100	mg/dL

*Note : This is an amended report and supersedes the previous released report.

██████████
 ██████████
Consultant- Biochemist

██████████
 ██████████
Consultant Pathologist & Hematopathologist

Disclaimer:

- 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.
- 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.
- 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.
- Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.

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Senior Citizens - Male Check

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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