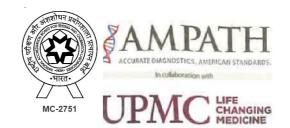
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# LABORATORY REPORT

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Amokers Risk Check  Complete Blood Counts (Whole Blood - EDTA)  (Automated Hematology Analyzer & Microscopy)  Total Leukocyte Count 6.5  RBC Count 4.5  Hemoglobin 13.8  Hematocrit 40.8  MCV(Mean Corpuscular Volume) 89.9  MCH(Mean Corpuscular Hemoglobin) 30.3  MCHC(Mean Corpuscular Hemoglobin 33.7	<b>ATOLOGY</b> 4.0 - 11.0  4.5 - 5.5	403/ 1
Complete Blood Counts (Whole Blood - EDTA)  (Automated Hematology Analyzer & Microscopy)  Total Leukocyte Count 6.5  RBC Count 4.5  Hemoglobin 13.8  Hematocrit 40.8  MCV(Mean Corpuscular Volume) 89.9  MCH(Mean Corpuscular Hemoglobin) 30.3	4.0 - 11.0	403/ 1
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Total Leukocyte Count 6.5 RBC Count 4.5 Hemoglobin 13.8 Hematocrit 40.8 MCV(Mean Corpuscular Volume) 89.9 MCH(Mean Corpuscular Hemoglobin) 30.3		403/ 1
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Hemoglobin 13.8 Hematocrit 40.8 MCV(Mean Corpuscular Volume) 89.9 MCH(Mean Corpuscular Hemoglobin) 30.3	4.5 - 5.5	10³/µl
Hematocrit 40.8 MCV(Mean Corpuscular Volume) 89.9 MCH(Mean Corpuscular Hemoglobin) 30.3		10^6/µL
MCV(Mean Corpuscular Volume) 89.9 MCH(Mean Corpuscular Hemoglobin) 30.3	13.0 - 17.0	g/dL
MCH(Mean Corpuscular Hemoglobin) 30.3	40 - 50	%
` '	83 - 101	fL
MCHC(Mean Corpuscular Hemoglobin 33.7	27 - 32	pg
Concentration)	31.5 - 34.5	g/dL
RDW 14.3 H	<b>i</b> 11.6 - 14	%
Platelet Count 119 L	150 - 410	10³/µl
MPV 13.8 H	<b>1</b> 7.5 - 11.5	fL
Differential Counts % (VCSN)		
Neutrophils 60.0	40-80%	%
Lymphocytes 30.0	20-40%	%
Monocytes 6.0	2-10%	%
Eosinophils 4.0	1-6%	%
Basophils 0.0	0-1%	%
Band Forms 0.0	0-1%	%
Differential Counts, Absolute		
Absolute Neutrophil Count 3.90	2.0-7.0	10³/µl
Absolute Lymphocyte Count 1.95	1.0-3.0	10³/µl
Absolute Monocyte Count 0.39	0.2 - 1.0	10³/µl
Absolute Eosinophil Count (AEC) 0.26	0.02-0.5	10³/µl
Absolute Basophil Count 0.00	0.02 - 0.1	

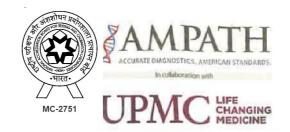
Comments:

Suggest Direct smear for accurate platelet count

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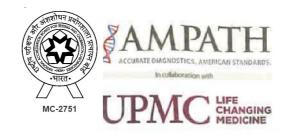
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Test Name	Result	Biological Ref. Interval	Unit
Smokers Risk Check			
	BIOCHEMISTR	Υ	
Glucose - Fasting (Fluoride Plasma - F)			
Glucose - Fasting Hexokinase	84.0	Normal : 74-100 Pre-diabetic : 100-125 Diabetic: >=126	mg/dL
Lipid profile (Serum)			
Cholesterol Total - Serum  Enzymatic colorimetric	169.6	<200 No risk 200-239 Moderate risk >240 High risk	mg/dL
Triglycerides Enzymatic colorimetry	93.1	Normal: <150 Borderline-high: 150–199 High risk 200–499 Very high risk >500	mg/dL
Cholesterol - HDL (Direct)  Enzymatic colorimetric	37.7 L	<40 High Risk >60 No Risk	mg/dL
VLDL (Very Low Density Lipoprotein) Calculation	18.6	<30	mg/dL
LDL Chol, Calculated	113.28 H	<100	mg/dL
LFT(Bilirubin Total, Bilirubin Conjugated, (Sen	rum)		
Aspartate Aminotransferase (AST/SGOT)  IFCC kinetic	28	<37	U/L
Alanine aminotransferase - (ALT / SGPT)  Kinetic IFCC	46 H	<41	U/L
Bilirubin Total Diazo method	0.54	<1.1	mg/dL
Bilirubin Conjugated  Diazo method	0.21 H	<=0.2	mg/dL
Bilirubin Unconjugated, Indirect Calculation	0.33	<1.0	mg/dL
Alkaline Phosphatase - ALP IFCC kinetic	102.0	<129	U/L
Uric acid (Serum)			
Uric acid Uricase	6.6	3.4-7	mg/dL
Blood Urea Nitrogen, BUN - Serum (Serum)			
Blood Urea Nitrogen (BUN)	10.05	8.8-20.5	mg/dL



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GENDER		LAB MR#	:	RECEIVED ON	;
OP/IP/DG#	:			APPROVED ON	;
				REPORT STATUS	: Partial Report



Test Name	Result	Biological Ref. Interval	Unit
Smokers Risk Check			
Calculation			
Creatinine (Serum)			
Creatinine Modified Jaffe Kinetic	0.95	< 1.20	mg/dL
Protein Total, Serum (Serum)			
Protein Total, Serum Biuret Method	7.9	6.4-8.3	g/dL
Urea (Serum)			
Urea Kinetic, Urease	21.5	19 - 49	mg/dL
Calcium - Serum (Serum)			
Calcium - Serum NM-BAPTA	9.80	8.6 - 10.0	mg/dL
Electrolytes (Na, K, Cl) - Serum (Serum)			
Sodium - Serum ISE Indirect	140.0	136 - 145	mmol/L
Potassium ISE Indirect	6.80 H	3.5-5.1	mmol/L
Chloride - Serum ISE Indirect	103.5	98-107	mmol/L
T3 - Total (Tri lodothyronine) (Serum)			
T3 - Total (Tri lodothyronine) ECLIA	127.4	80.00 - 200.00	ng/dL
T4 - Total (Thyroxine - Total) (Serum)			
T4 - Total (Thyroxine - Total) ECLIA	6.68	5.1-14.1	μg/dL
TSH, Thyroid Stimulating Hormone (Serum)			
TSH, Thyroid Stimulating Hormone ECLIA	5.560 H	0.27 - 4.21	μIU/mL

## Interpretation:

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

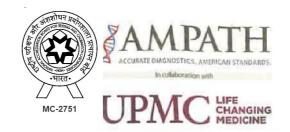
- 1. Circadian variation in TSH secretion: peak levels are seen between 2-4 am. Minimum levels seen between 6-10 am. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.
- 2. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment

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Page 3 of 6



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NAME	:	REFERRED BY	:	VISIT NO	:
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GENDER	:	LAB MR#	:	RECEIVED ON	:
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Test Name Result Biological Ref. Interval Unit

#### **Smokers Risk Check**

- 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.

## Vitamin D, 25-Hydroxy (Serum)

Vitamin D, 25-Hydroxy

771

Deficient: <=20 Insufficiency: 20-29

ng/ml

Desirable: >=30-100 Toxicity: >100

### 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

### Decreased:

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

### Increased:

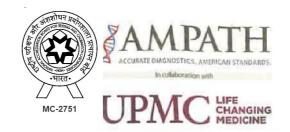
Vitamin D intoxication due to increased vit D supplements intake

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Page 4 of 6



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



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NAME	:	REFERRED BY	:	VISIT NO	:
AGE	:			COLLECTED ON	:
GENDER	:	LAB MR#	:	RECEIVED ON	:
OP/IP/DG#	:			APPROVED ON	:
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Test Name	Result	Biological Ref. Interval	Unit
Smokers Risk Check			
Serum Iron (Serum)			
Iron FerroZine Colorimetric Assay	84.1	59-158	μg/dL
CEA (Carcino Embryonic Antigen) (Serum)			
CEA (Carcino Embryonic Antigen)  Electrochemiluminescence	0.90	Non-smokers: <5.0 Smokers: <6.5	ng/mL
Later and affect			

# Interpretation:

Interpretation:

CEA is a glycoprotein found in embryonic entodermal epithelium.

CEA elevated in: Colorectal(70%), lung(45%), gastric(50%), breast(40%), pancreatic(55%). Not used for screening, monitoring patients with colorectal, gastrointestinal, lung cancer and in case of recurrence.

Elevated in benign condition: cirrhosis(45%), pulmonary emphysema(30%), ulcerative colitis(15%).

## hs CRP (C-Reactive Protein high sensitive) (Serum)

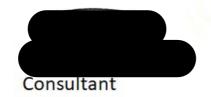
hs CRP (C-Reactive Protein high sensitive)

1.28 Relative risk: < 1.0 Average: 1.0- mg/L

3.0 High risk: > 3.0

Result/s to Follow: URINE EXAMINATION - ROUTINE & MICROSCOPY (CUE)





### Disclaimer:

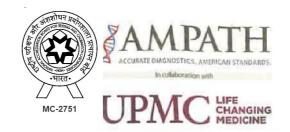
- 1. All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
- 2. Clinical details and consent forms, especially in Genetic testing, histopathology, 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

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  Page 5 of 6

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NAME	:	REFERRED BY		VISIT NO	:
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Test Name Result Biological Ref. Interval Unit

### **Smokers Risk Check**

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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