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

MC-2751

AMPATH
ACCURATE DIAGNOSTICS, AMERICAN STANDARDS.
In collaboration with
UPMC LIFE CHANGING MEDICINE

LABORATORY REPORT

NAME	: [redacted]	REFERRED BY	: [redacted]	VISIT NO	: [redacted]
AGE	[redacted]		[redacted]	COLLECTED ON	: [redacted]
GENDER	: [redacted]	**LAB MR#**	: [redacted]	RECEIVED ON	: [redacted]
OP / IP / DG #	:			APPROVED ON	: [redacted]
				REPORT STATUS	: Partial Report

Test Name	Result	Biological Ref. Interval	Unit
Smokers Risk Check			
HAEMATOLOGY			
Complete Blood Counts *(Whole Blood - EDTA)*			
(Automated Hematology Analyzer & Microscopy)			
Total Leukocyte Count	6.5	4.0 - 11.0	$10^3/\mu l$
RBC Count	4.5	4.5 - 5.5	10^6/µL
Hemoglobin	13.8	13.0 - 17.0	g/dL
Hematocrit	40.8	40 - 50	%
MCV(Mean Corpuscular Volume)	89.9	83 - 101	fL
MCH(Mean Corpuscular Hemoglobin)	30.3	27 - 32	pg
MCHC(Mean Corpuscular Hemoglobin Concentration)	33.7	31.5 - 34.5	g/dL
RDW	**14.3 H**	11.6 - 14	%
Platelet Count	**119 L**	150 - 410	$10^3/\mu l$
MPV	**13.8 H**	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	$10^3/\mu l$
Absolute Lymphocyte Count	1.95	1.0-3.0	$10^3/\mu l$
Absolute Monocyte Count	0.39	0.2 - 1.0	$10^3/\mu l$
Absolute Eosinophil Count (AEC)	0.26	0.02-0.5	$10^3/\mu l$
Absolute Basophil Count	0.00	0.02 - 0.1	$10^3/\mu l$

Comments:

Suggest Direct smear for accurate platelet count

[redacted]

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Smokers Risk Check			
	BIOCHEMISTRY		
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, *(Serum)*			
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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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 Iodothyronine) *(Serum)*			
T3 - Total (Tri Iodothyronine) *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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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 *ECLIA*	**7.7 L**	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

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

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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

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) *Immunoturbidimetry*	1.28	Relative risk: < 1.0 Average: 1.0-3.0 High risk: > 3.0	mg/L

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

[redacted]
Consultant- Biochemist

[redacted]
Consultant

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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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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