



**LABORATORY REPORT**

<b>NAME</b>	██████████	<b>REFERRED BY</b>	: ██████	<b>VISIT NO</b>	: ██████
<b>AGE</b>	: ██████			<b>COLLECTED ON</b>	: ██████
<b>GENDER</b>	: ██████	<b>LAB MR#</b>	: ██████	<b>RECEIVED ON</b>	: ██████
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				<b>REPORT STATUS</b>	: Final Report



Test Name	Result	Biological Ref. Interval	Unit
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**Health Check- Executive**

**HAEMATOLOGY**

**Complete Blood Counts** (Whole Blood - EDTA)

**(Automated Hematology Analyzer & Microscopy)**

Total Leukocyte Count	7.8	4.0 - 11.0	10 <sup>3</sup> /μl
RBC Count	4.8	3.8 - 4.8	10 <sup>6</sup> /μL
Hemoglobin	14.7	12.0 - 15.0	g/dL
Hematocrit	42.6	40 - 50	%
MCV(Mean Corpuscular Volume)	89.4	83 - 101	fL
MCH(Mean Corpuscular Hemoglobin)	30.8	27 - 32	pg
MCHC(Mean Corpuscular Hemoglobin Concentration)	34.4	31.5 - 34.5	g/dL
RDW	13.4	11.6 - 14	%
Platelet Count	332	150 - 410	10 <sup>3</sup> /μl
MPV	<b>7.3 L</b>	7.5 - 11.5	fL

**Differential Counts % (VCSN)**

Neutrophils	57.0	40-80%	%
Lymphocytes	23.0	20-40%	%
Monocytes	9.0	2-10%	%
Eosinophils	1.0	1-6%	%
Basophils	0.0	0-1%	%
Band Forms	0.0	0-1%	%
Metamyelocytes	0.0		%

**Differential Counts, Absolute**

Absolute Neutrophil Count	4.45	2.0-7.0	10 <sup>3</sup> /μl
Absolute Lymphocyte Count	1.79	1.0-3.0	10 <sup>3</sup> /μl
Absolute Monocyte Count	0.70	0.2 - 1.0	10 <sup>3</sup> /μl
Absolute Eosinophil Count (AEC)	0.08	0.02 - 0.5	10 <sup>3</sup> /μl
Absolute Basophil Count	0.00	0.02 - 0.1	10 <sup>3</sup> /μl

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**Health Check- Executive**

**BIOCHEMISTRY**

**LFT(Bilirubin Total, Bilirubin Conjugated, (Serum)**

Aspartate Aminotransferase (AST/SGOT) <i>IFCC kinetic</i>	<b>33 H</b>	<31	U/L
Alanine aminotransferase - (ALT / SGPT) <i>Kinetic IFCC</i>	<b>36 H</b>	<33	U/L
Bilirubin Total <i>Diazo method</i>	0.53	<1.1	mg/dL
Bilirubin Conjugated <i>Diazo method</i>	<b>0.26 H</b>	<=0.2	mg/dL
Bilirubin Unconjugated, Indirect <i>Calculation</i>	0.27	<1.0	mg/dL
Alkaline Phosphatase - ALP <i>IFCC kinetic</i>	81.0	<104	U/L

**Lipid profile (Serum)**

Cholesterol Total - Serum <i>Enzymatic colorimetric</i>	180.8	<200 No risk 200-239 Moderate risk >240 High risk	mg/dL
Triglycerides <i>Enzymatic colorimetry</i>	<b>151.4 H</b>	Normal: <150 Borderline-high: 150–199 High risk 200–499 Very high risk >500	mg/dL
Cholesterol - HDL (Direct) <i>Enzymatic colorimetric</i>	<b>36.2 L</b>	<40 High Risk >60 No Risk	mg/dL
VLDL (Very Low Density Lipoprotein) <i>Calculation</i>	<b>30.3 H</b>	<30	mg/dL
LDL Chol, Calculated	<b>114.32 H</b>	<100	mg/dL

**Glucose - Fasting (Fluoride Plasma - F)**

Glucose - Fasting <i>Hexokinase</i>	<b>152.0 H</b>	Normal : 74-100 Pre-diabetic : 100-125 Diabetic: >=126	mg/dL
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MC-2751

In collaboration with

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Health Check- Executive

**CLINICAL PATHOLOGY**

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

**PHYSICAL EXAMINATION:**

Volume	10.00		mL
Colour	Pale yellow	Pale	
Appearance	Clear	Clear	

**CHEMICAL EXAMINATION:**

pH	7.00	4.8 - 7.4	
<i>Dip stick</i>			
Specific Gravity	<b>1.005 L</b>	1.010 - 1.022	
<i>Dip Stick(Bromothymol blue)</i>			
Protein	Negative	Negative	
<i>Dip Stick/ Sulfosalicylic acid</i>			
Glucose	Positive(1+)	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	
<i>Dipstick/diazo</i>			
Blood	Negative	Negative	
<i>Dip Stick ( Peroxidase)</i>			

**MICROSCOPIC EXAMINATION:**

Pus Cells	5-6	0 - 5	/HPF
Epithelial Cells	3-4	< 5	/HPF
RBCs	Nil	0 - 2	/HPF
Casts	Absent	Absent	/LPF
Crystals	Absent	Absent	/HPF

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<b>Health Check- Executive</b>			
<b>BIOCHEMISTRY</b>			
<b>Uric acid (Serum)</b>			
Uric acid	5.7	3.4-7	mg/dL
<i>Uricase</i>			
<b>Blood Urea Nitrogen, BUN - Serum (Serum)</b>			
Blood Urea Nitrogen (BUN)	11.59	9.8-20	mg/dL
<i>Calculation</i>			
<b>Creatinine (Serum)</b>			
Creatinine	0.78	0.7-1.4	mg/dL
<i>Modified Jaffe Kinetic</i>			
<b>Protein Total, Serum (Serum)</b>			
Protein Total, Serum	7.0	6.4-8.3	g/dL
<i>Biuret Method</i>			
<b>Urea (Serum)</b>			
Urea	24.8	16 - 38	mg/dL
<i>Kinetic, Urease</i>			
<b>Calcium - Serum (Serum)</b>			
Calcium - Serum	<b>8.50 L</b>	8.8 - 10.2	mg/dL
<i>NM-BAPTA</i>			
<b>Electrolytes (Na, K, Cl) - Serum (Serum)</b>			
Sodium - Serum	136.0	136 - 145	mmol/L
<i>ISE Indirect</i>			
Potassium	4.20	3.5-5.1	mmol/L
<i>ISE Indirect</i>			
Chloride - Serum	98.7	98-107	mmol/L
<i>ISE Indirect</i>			
<b>T3 - Total (Tri Iodothyronine) (Serum)</b>			
T3 - Total (Tri Iodothyronine)	87.3	80.00 - 200.00	ng/dL
<i>ECLIA</i>			
<b>T4 - Total (Thyroxine - Total) (Serum)</b>			
T4 - Total (Thyroxine - Total)	7.55	5.1-14.1	µg/dL
<i>ECLIA</i>			

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Test Name	Result	Biological Ref. Interval	Unit
<b>Health Check- Executive</b> <b>TSH, Thyroid Stimulating Hormone (Serum)</b>			
TSH, Thyroid Stimulating Hormone ECLIA	2.630	0.27 - 4.2	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
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	<b>7.9 L</b>	Deficient: <=20 Insufficiency: 20-29 Desirable: >=30-100 Toxicity: >100	ng/ml
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**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

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**Health Check- Executive**

- VIT D receptor mutation

**Increased:**

- Vitamin D intoxication due to increased vit D supplements intake

**Serum Iron (Serum)**

Iron	76.4	59-158	µg/dL
<i>FerroZine Colorimetric Assay</i>			

**Vitamin B12 (Serum)**

Vitamin B12	> 2000 H	191-771	pg/mL
<i>ECLIA</i>			

**Interpretation:**

- Vitamin B12 also referred to as cobalamin is a water soluble vitamin. The uptake in the gastro intestinal track depends on intrinsic factor, which is synthesised by gastric parietal cells

**Deficiency state:**

- Lack of intrinsic factor due to autoimmune atrophic gastritis
- Mal-absorption due to gastrectomy
- Inflammatory bowel disease
- Dietary deficiency (strict vegans)
- Vit B12 deficiency results in megaloblastic anaemia, peripheral neuropathy, dementia and depression

**Increased levels:**

- VIT B12 supplement intake
- Polycythaemia Vera.

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