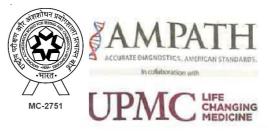
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#### LABORATORY REPORT

NAME	REFERRED BY	: SELF		
AGE :	LAB MR#		COLLECTED ON RECEIVED ON	
GENDER :		•	APPROVED ON	:
OP/IP/DG			REPORT STATUS	: Final Report
#				
Test Name	Resu	t	Biological Ref. Interval	Unit
Health Check -Comprehensive				
	HAEM	ATOLOGY		
Complete Blood Counts (WB-EDTA)				
(Automated Hematology Analyzer & M				
(Coulter Principle /Photometric methe	od/VCS/VCSM/Cu	umulative pu		
Total Leukocyte Count	6.5		4.0 - 11.0	10³/µl
RBC Count	5.3		4.5 - 5.5	10^6/µL
Hemoglobin	15.0		13.0 - 17.0	g/dL
Hematocrit	45.8		40 - 50	%
MCV(Mean Corpuscular Volume)	86.3		83 - 101	fL
MCH(Mean Corpuscular Hemoglobin)	28.3		27 - 32	pg
MCHC(Mean Corpuscular Hemoglobin Concentration)	32.8		31.5 - 34.5	g/dL
RDW	13.3		<b>11.6 - 14</b>	%
Platelet Count	236		150 - 410	10³/µl
MPV	8.7		7.5 - 11.5	fL
Differential Counts % (VCSN)				
Neutrophils	58.0		40-80%	%
Lymphocytes	32.0		20-40%	%
Monocytes	9.0		2-10%	%
Eosinophils	1.0		<mark>1-6%</mark>	%
Basophils	0.0		0-1%	%
Band Forms	0.0		0-1%	%
Metamyelocytes	0.0			%
Myelocytes %	0.00		0	%
Promyelocytes %	0.00		0	%
Promonocytes %	0.00		0	%
Blasts %	0.00		0	%
Differential Counts, Absolute				
Absolute Neutrophil Count	3.70		2.0-7.0	10³/µl
Absolute Lymphocyte Count	2.10		1.0-3.0	10³/µl
Absolute Monocyte Count	0.60		0.2 - 1.0	10³/µl
Absolute Eosinophil Count (AEC)	0.10		0.02-0.5	10³/µl
Absolute Basophil Count	0.00		0.02 - 0.1	10³/µl

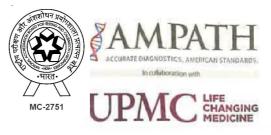
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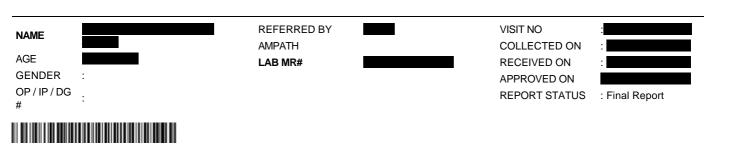
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LABORATORY REPORT



Test Name	Result	Biological Ref. Interval	Unit
Health Check -Comprehensive			
	BIOCHEMISTRY		
HbA1c - Glycated Hemoglobin (WB-EDTA)			
Glycated Hemoglobin, HbA1c TINIA	5.30	Non diabetic range: 4.8-5.6% Prediabetic range: 5.7-6.4% Diabetes range: >=6.5%	%
Estimated Average Glucose	105.4		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 Hexokinase	72.0	Normal : 70 - 100 Prediabetic: 100 - 125 Diabetic: >=126	mg/dL
Lipid profile (Serum)			
Cholesterol Total - Serum Enzymatic colorimetric	151.2	<200 No risk 200-239 Moderate risk >240 High risk	mg/dL
Triglycerides Enzymatic colorimetry	80.1	Normal: <150 Borderline-high: 150–199 High risk 200–499 Very high risk >500	mg/dL
Cholesterol - HDL (Direct) Enzymatic colorimetric	36.7 L	<40 High Risk ; >60 No Risk	mg/dL
VLDL (Very Low Density Lipoprotein) Calculation	16.0		mg/dL
LDL Chol, Calculated	98.50	<100	mg/dL
LFT(Bilirubin Total, Bilirubin Conjugated, (Serum	)		
Aspartate Aminotransferase (AST/SGOT)	25	<37	U/L
Alanine aminotransferase - (ALT / SGPT) Kinetic IFCC	19	<41	U/L
Bilirubin Total Diazo method	0.20	<1.1	mg/dL
Bilirubin Conjugated Diazo method	0.10	<=0.2	mg/dL
Bilirubin Unconjugated, Indirect Calculation	0.10	<1.0	mg/dL
Alkaline Phosphatase - ALP	84.0	<129	U/L

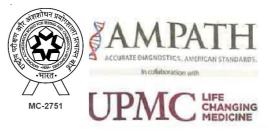
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#### LABORATORY REPORT REFERRED BY : SELF VISIT NO NAME AMPATH COLLECTED ON AGE LAB MR# RECEIVED ON GENDER APPROVED ON OP / IP / DG REPORT STATUS : Final Report # Test Name Result **Biological Ref. Interval** Unit

Health Check -Comprehensive



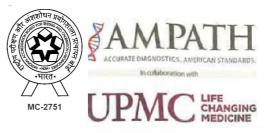
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#### LABORATORY REPORT REFERRED BY : SELF VISIT NO NAME AMPATH COLLECTED ON AGE LAB MR# RECEIVED ON GENDER APPROVED ON OP / IP / DG REPORT STATUS : Final Report # Test Name Result **Biological Ref. Interval** Unit **Health Check -Comprehensive CLINICAL PATHOLOGY** Urine Examination - Routine & Microscopy (CUE) (Urine) (Dip Stick, Reflectance Photometer & Microscopy) **PHYSICAL EXAMINATION:** Colour YELLOW Pale Appearance Clear Clear **CHEMICAL EXAMINATION:** pН 5.00 4.8 - 7.4 . Dip stick Specific Gravity 1.020 1.010 - 1.022 Dip Stick(Bromothymol blue) NEG Protein Negative Dip Stick/ Sulfosalicylic acid Glucose NORM Negative Dip Stick /Benedicts test Ketones NEG Negative Dip stick Urobilinogen NORM Normal Dip Stick / Ehrlich reaction

Nitrite NEG Negative Dip Stick / (Griess test ) NEG Negative Bilirubin Blood NEG Negative Dip Stick (Peroxidase) \*Manual **MICROSCOPIC EXAMINATION:** Pus Cells 1-2 0 - 5 /HPF **Epithelial Cells** < 5 /HPF 1-2 Absent Absent /LPF Casts /HPF Crystals Absent Absent RBCs NIL 0-2 /HPF

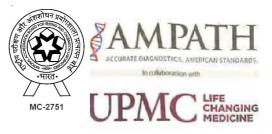
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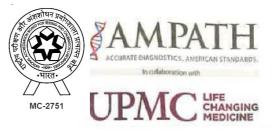
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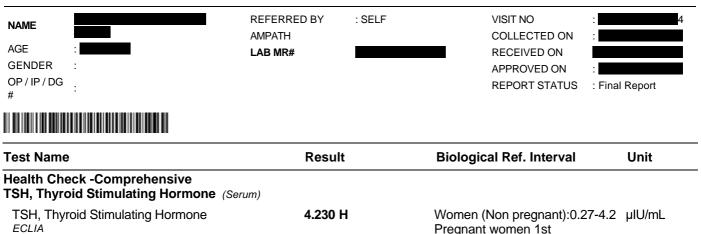
Test Name	Result	Biological Ref. Interval	Unit
Health Check -Comprehensive			
	BIOCHEMISTR	Υ <b>Υ</b>	
Creatinine (Serum)			
Creatinine Modified Jaffe Kinetic	0.88	< 1.20	mg/dL
Uric acid (Serum)			
Uric acid <i>Uricase</i>	6.5	3.4-7	mg/dL
Blood Urea Nitrogen, BUN - Serum (Serun	m)		
Blood Urea Nitrogen, BUN - Serum Calculation	12.10	8.8-20.5	mg/dL
Protein Total, Serum (Serum)			
Protein Total, Serum Biuret Method	7.7	6.4-8.3	g/dL
Urea (Serum)			
Urea Kinetic, Urease	25.9	19 - 49	mg/dL
Calcium - Serum (Serum)			
Calcium - Serum <i>NM-BAPTA</i>	9.30	8.6 - 10.0	mg/dL
Electrolytes (Na, K, Cl) - Serum (Serum)			
Sodium ISE Indirect	13 <mark>9</mark> .0	136 - 145	mmol/L
Potassium - Serum ISE Indirect	5.20 H	3.5-5.1	mmol/L
Chlorides ISE Indirect	102.4	98-107	mmol/L
T3 - Total (Tri lodothyronine) (Serum)			
T3 - Total (Tri Iodothyronine) ECLIA	127.8	80.00 - 200.00	ng/dL
T4 - Total (Thyroxine - Total) (Serum)			
T4 - Total (Thyroxine - Total) <i>ECLIA</i>	8.84	5.1-14.1	µg/dL
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LABORATORY REPORT



## trimester: 0.1-2.5 2nd trimester: 0.2-3.0 3rd trimester: 0.3-3.0

#### 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

25.8 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

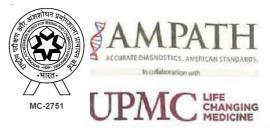
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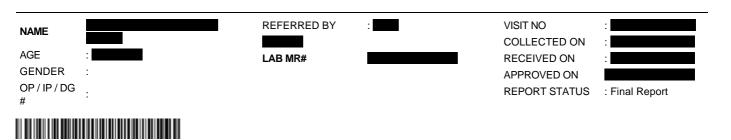


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## LABORATORY REPORT



#### Test Name **Biological Ref. Interval** Unit Result **Health Check -Comprehensive** Increased metabolism due to drugs like barbiturates, phenytoin. Liver disease 0 Renal failure 0 VIT D receptor mutation Increased: • Vitamin D intoxication due to increased vit D supplements intake Serum Iron (Serum) 71.2 Iron 59-158 µg/dL FerroZine Colorimetric Assay Vitamin B12 (Serum) Vitamin B12 144.2 L 191-771 pg/mL ECLIA Interpretation:

#### 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 gastrostomy
- 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.

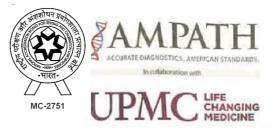
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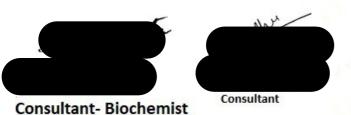
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AGE :	LAB MR#	: A-AMP-00001545	RECEIVED ON APPROVED ON	
OP/IP/DG #			REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit
Health Check -Comprehensive Immunoglobulin - IgE Total - Serum (Serum)			
IgE Total	58.50	<100	IU/mL

#### 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 are antibodies produced by immune system. IGE plays an important role in immunological protection against
  parasitic infections and in allergy
- IGE levels are elevated in patients with allergenic diseases such as hay fever, atopic bronchitis and dermatosis
- •
- Please correlate clinically.



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.

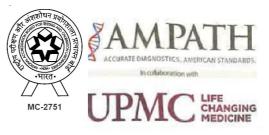
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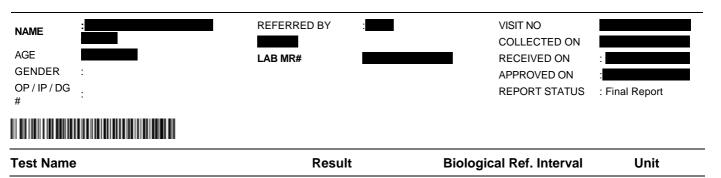


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#### LABORATORY REPORT



#### **Health Check -Comprehensive**

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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