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	: SELF	VISIT NO	[redacted]
AGE	: [redacted]	**LAB MR#**	: [redacted]	COLLECTED ON	[redacted]
GENDER	:			RECEIVED ON	[redacted]
OP / IP / DG #	:			APPROVED ON	: [redacted]
				REPORT STATUS	: Final Report

Test Name	Result	Biological Ref. Interval	Unit
Health Check -Comprehensive			
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	6.5	4.0 - 11.0	$10^3/\mu l$
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	11.6 - 14	%
Platelet Count	236	150 - 410	$10^3/\mu l$
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	1-6%	%
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	$10^3/\mu l$
Absolute Lymphocyte Count	2.10	1.0-3.0	$10^3/\mu l$
Absolute Monocyte Count	0.60	0.2 - 1.0	$10^3/\mu l$
Absolute Eosinophil Count (AEC)	0.10	0.02-0.5	$10^3/\mu l$
Absolute Basophil Count	0.00	0.02 - 0.1	$10^3/\mu l$

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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) *IFCC kinetic*	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 *IFCC kinetic*	84.0	<129	U/L

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Test Name	Result	Biological Ref. Interval	Unit
Health Check -Comprehensive			

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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:			
pH *Dip stick*	5.00	4.8 - 7.4	
Specific Gravity *Dip Stick(Bromothymol blue)*	1.020	1.010 - 1.022	
Protein *Dip Stick/ Sulfosalicylic acid*	NEG	Negative	
Glucose *Dip Stick /Benedicts test*	NORM	Negative	
Ketones *Dip stick*	NEG	Negative	
Urobilinogen *Dip Stick / Ehrlich reaction*	NORM	Normal	
Nitrite *Dip Stick / (Griess test)*	NEG	Negative	
Bilirubin	NEG	Negative	
Blood *Dip Stick (Peroxidase)*	NEG	Negative	
***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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Test Name	Result	Biological Ref. Interval	Unit
Health Check -Comprehensive			
BIOCHEMISTRY			
Creatinine *(Serum)*			
Creatinine *Modified Jaffe Kinetic*	0.88	< 1.20	mg/dL
Uric acid *(Serum)*			
Uric acid *Uricase*	6.5	3.4-7	mg/dL
Blood Urea Nitrogen, BUN - Serum *(Serum)*			
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 *NM-BAPTA*	9.30	8.6 - 10.0	mg/dL
Electrolytes (Na, K, Cl) - Serum *(Serum)*			
Sodium *ISE Indirect*	139.0	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 Iodothyronine) *(Serum)*			
T3 - Total (Tri Iodothyronine) *ECLIA*	127.8	80.00 - 200.00	ng/dL
T4 - Total (Thyroxine - Total) *(Serum)*			
T4 - Total (Thyroxine - Total) *ECLIA*	8.84	5.1-14.1	µg/dL

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AGE	: [redacted]	AMPATH		COLLECTED ON	: [redacted]
GENDER	:	**LAB MR#**	[redacted]	RECEIVED ON	[redacted]
OP / IP / DG #	:			APPROVED ON	: [redacted]
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Test Name	Result	Biological Ref. Interval	Unit
Health Check -Comprehensive			
TSH, Thyroid Stimulating Hormone *(Serum)*			
TSH, Thyroid Stimulating Hormone *ECLIA*	**4.230 H**	Women (Non pregnant):0.27-4.2 Pregnant women 1st trimester:0.1-2.5 2nd trimester: 0.2-3.0 3rd trimester: 0.3-3.0	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*	**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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Test Name	Result	Biological Ref. Interval	Unit

Health Check -Comprehensive

- 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 *FerroZine Colorimetric Assay*	71.2	59-158	µg/dL
Vitamin B12 *(Serum)*			
Vitamin B12 *ECLIA*	**144.2 L**	191-771	pg/mL

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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GENDER	:	**LAB MR#**	**: A-AMP-00001545**	RECEIVED ON	[redacted]
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Test Name	Result	Biological Ref. Interval	Unit
Health Check -Comprehensive			
Immunoglobulin - IgE Total - Serum *(Serum)*			
IgE Total *ECLIA*	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.

[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 be affected.
5. Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.

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Test Name	Result	Biological Ref. Interval	Unit

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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