AMPATH JAMMU
Dr K.Ds Multi speciality Hospital Marble Market Road, Opp Jain Builder, Narwal, Jammu, Jammu and Kas

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]			RECEIVED ON	: [redacted]
OP / IP / DG #	:	**LAB MR#**	: [redacted]	APPROVED ON	: [redacted]
				REPORT STATUS	: Partial Report

Test Name	Result	Biological Ref. Interval	Unit
Amfit Freedom Heath Package			
	BIOCHEMISTRY		
Lipid Profile *(Serum)*			
Cholesterol Total - Serum *Enzymatic colorimetric*	123.0	<200 Desirable 200-239 Boderline >240 High	mg/dL
Triglycerides *Enzymatic colorimetric*	**203.0 H**	Normal: <150 Borderline-: 150–199 High risk 200–499 Very high risk >500	mg/dL
Cholesterol - HDL (Direct) *Enzymatic colorimetry*	45.0	High Risk :<40 Low Risk :>60	mg/dL
Cholesterol - LDL (Direct) *Enzymatic colorimetric*	37.4	Optimum:<100 Above optimum:<130 Moderate risk:130-159 High risk:>160	mg/dL
VLDL (Very Low Density Lipoprotein) *Calculation*	**40.6 H**	<30	mg/dL
Cho/HDL Ratio	2.73	Normal : <4.0 Low risk : 4.0-6.0 High risk : >6.0	
LDL/HDL Ratio	0.83	Desirable/Low Risk: 0.5 - 3.0 Borderline/Moderate: 3.1 - 6.0 High Risk: >6.0	

Interpretation:
Atherosclerotic cardiovascular disease (ASCVD) Risk Stratification & Treatment goals in Indian population
1. Indians are at very high risk of developing ASCVD, they usually get the disease at an early age, have a more severe form of the disease and have poorer outcome as compared to the western populations
2. Many individuals remain asymptomatic before they get heart attack, ASCVD risk helps to identify high risk individuals even when there is no symptom related to heart disease
3. ASCVD risk category helps clinician to decide when to consider therapy and what should be the treatment goal

Electrolytes (Na, K, Cl) - Serum *(Serum)*			
Sodium - Serum	**135.2 L**	136 - 145	mmol/L
Potassium	3.70	3.5 - 5.1	mmol/L
Chloride - Serum	**109.1 H**	98 - 107	mmol/L

[redacted] This is an electronically authenticated laboratory report. [redacted]

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Test Name	Result	Biological Ref. Interval	Unit
Amfit Freedom Heath Package			
HAEMATOLOGY			
Complete Blood Counts *(Whole Blood - EDTA)*			
(Automated Hematology Analyzer & Microscopy)			
Hemoglobin	**9.3 L**	12.0 - 15.0	g/dL
RBC Count	4.7	3.8 - 4.8	10^6/µL
Hematocrit	**31.8 L**	36 - 46	%
MCV(Mean Corpuscular Volume)	**67.7 L**	83 - 101	fL
MCH(Mean Corpuscular Hemoglobin)	**19.8 L**	27 - 32	pg
MCHC(Mean Corpuscular Hemoglobin Concentration)	**29.2 L**	31.5 - 34.5	g/dL
RDW	**18.1 H**	11.6 -14	%
Total Leukocyte Count *Electrical impedance/Cell counter*	7.2	4.0 - 11.0	10³/µl
Differential count % (VCSn Technology & light microscopy)			
Neutrophils	57.0	40-80%	%
Lymphocytes	35.0	20-40%	%
Monocytes	6.0	2-10%	%
Eosinophils	2.0	1-6%	%
Basophils	0.0	0-1%	%
Differential Counts, Absolute(calculated)			
Absolute Neutrophil Count	4.10	2.0-7.0	10³/µl
Absolute Lymphocyte Count	2.52	1.0-3.0	10³/µl
Absolute Monocyte Count	0.43	0.2 - 1.0	10³/µl
Absolute Eosinophil Count (AEC)	0.14	0.02 - 0.5	10³/µl
Absolute Basophil Count	0.00	0.02 - 0.1	10³/µl
Platelet Count *Electrical impedance/Cell counter or Manual*	150	150 - 410	10³/µl
MPV	----	7.5 - 11.5	fL

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OP / IP / DG #	:	**LAB MR#**	: [redacted]	APPROVED ON	: [redacted]
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Test Name	Result	Biological Ref. Interval	Unit
Amfit Freedom Heath Package			
BIOCHEMISTRY			
Calcium - Serum *(Serum)*			
Calcium - Serum *spectrophotometry*	8.50	8.4 - 10.2	mg/dL
Creatinine *(Serum)*			
Creatinine *Modified Jaffe Kinetic*	0.60	0.6 - 1.1	mg/dL
Urea *(Serum)*			
Urea *Kinetic, Urease*	28.3	15 - 49	mg/dL
Uric acid *(Serum)*			
Uric acid *Uricase*	4.2	3.0 - 5.5	mg/dL
Protein Total, Serum *(Serum)*			
Protein Total, Serum *Biuret Method*	7.1	6.7 - 8.3	g/dL
Blood Urea Nitrogen, BUN - Serum *(Serum)*			
Blood Urea Nitrogen (BUN) *spectrophotometry*	13.22	8.0 - 23.0	mg/dL
Vitamin B12 *(Serum)*			
Vitamin B12 *CLIA*	233.0	211 - 911	pg/ml

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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NAME	[redacted]	REFERRED BY	: [redacted]	VISIT NO	: [redacted]
AGE	: [redacted]		[redacted]	COLLECTED ON	: [redacted]
GENDER	: Female			RECEIVED ON	: [redacted]
OP / IP / DG #	:	**LAB MR#**	: [redacted]	APPROVED ON	: [redacted]
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Test Name	Result	Biological Ref. Interval	Unit
Amfit Freedom Heath Package			
Vitamin D, 25-Hydroxy *(Serum)*			
Vitamin D, 25-Hydroxy *CLIA*	**18.0 L**	Deficiency<20 Insufficiency 20-30 Sufficiency 30- 100	ng/mL
Interpretation: Severe vitamin D deficiency causes rickets in children and Osteomalacia in adults. Vitamin D assay is used for monitoring vitamin D replacement therapy.			
HbA1c - Glycated Hemoglobin *(Whole Blood - EDTA)*			
Glycated Hemoglobin, HbA1c *HPLC*	4.90	Non diabetic range: 4.8-5.6 Prediabetic range: 5.7-6.4% Diabetes range: >=6.5%	%
Estimated Average Glucose	93.9		
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 *Oxidase & Peroxidase*	91.0	Normal:74-100 Pre-diabetic:100-125 Diabetic: >=126	mg/dL
T3 - Total (Tri Iodothyronine) *(Serum)*			
T3 - Total (Tri Iodothyronine) *CLIA*	1.0	0.60-1.81	ng/ml
T4 - Total (Thyroxine - Total) *(Serum)*			
T4 - Total (Thyroxine - Total) *CLIA*	6.60	3.2-12.6	µg/dL
Interpretation:			
Note : 1. Total T3 & T4 levels measure the hormone which is in the bound form and is not available to most tissues. 2. Severe systemic illness affects the thyroid binding proteins and can falsely alter Total T 4 levels in the absence of a primary thyroid disease. Hence Free T3 & T4 levels are recommended for accurate assessment of thyroid dysfunction.			
TSH, Thyroid Stimulating Hormone *(Serum)*			
TSH, Thyroid Stimulating Hormone	**5.389 H**	0.55 -4.78	µIU/mL

[redacted]

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Test Name	Result	Biological Ref. Interval	Unit
Amfit Freedom Heath Package			
CLIA			

Interpretation:
TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.
Trimester specific guidelines recomended by American Thyroid Association(ATA) is as follow.

Pregnant women	µIU/mL
1st trimester	0.10-2.5
2nd trimester	0.20-3.0
3rd trimester	0.30-3.0

Liver Function Tests (LFT) *(Serum)*			
Bilirubin Total *Diazo method*	0.70	<1.1	mg/dL
Bilirubin Conjugated *Diazo method*	**0.30 H**	<=0.2	mg/dL
Bilirubin Unconjugated, Indirect *Calculation*	0.40	<1.0	mg/dL
Alanine aminotransferase - (ALT / SGPT) *Kinetic IFCC*	34	4 - 44	U/L
Aspartate Aminotransferase (AST/SGOT) *Kinetic IFCC*	**42 H**	8 - 38	U/L
Alkaline Phosphatase - ALP *Kinetic IFCC*	**114.0 H**	32 - 111	U/L
Gamma Glutamyl Transferase (GGT) *Kinetic IFCC*	**13.0 L**	16 - 73	U/L
Protein Total, Serum *Biuret Method*	7.1	6.7 - 8.3	g/dL
Albumin - Serum *spectrophotometry*	4.3	3.8 - 5.0	g/dL
Globulin	2.8		

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Amfit Freedom Heath Package			
A/G (Albumin/Globulin) Ratio *Calculation*	1.5		

Interpretation:

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

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

[redacted] 807
Consultant Biochemist

[redacted]
Consultant Consultant Pathologist

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.
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.

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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.