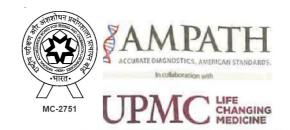
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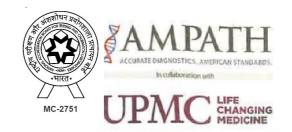
Test Name	Result	Biological Ref. Interval	Unit
Amfit Freedom Plus			
	HAEMATOLOG	Υ	
Complete Blood Counts (Whole Blood - EDTA)			
(Automated Hematology Analyzer & Micros	scopy)		
Hemoglobin photometric method	17.0	13.0 - 17.0	g/dL
RBC Count coulter principle	5.6 H	4.5 - 5.5	10^6/μL
Hematocrit	53.1 H	36 - 46	%
MCV(Mean Corpuscular Volume) Derived from RBC Histogram	94.4	83 - 101	fL
MCH(Mean Corpuscular Hemoglobin) Calculated	30.3	27 - 32	pg
MCHC(Mean Corpuscular Hemoglobin Concentration) Calculated	32.1	31.5 - 34.5	g/dL
RDW Derived from RBC Histogram	15.2 H	11.6 - 14	%
Total Leukocyte Count coulter principle	5.8	4.0 - 10.0	10³/μl
Differential count % (VCSn Technology &	light microscopy)		
Neutrophils	67.0	40-80	%
Lymphocytes	31.0	20-40	%
Monocytes	8.0	2-10	%
Eosinophils	4.0	1-6	%
Basophils	0.0	0-1	%
Differential Counts, Absolute(calculated)			
Absolute Neutrophil Count VCSn/Calculated	3.89	2.0-7.0	10³/µl
Absolute Lymphocyte Count VCSn/Calculated	1.80	1.0-3.0	10³/μl
Absolute Monocyte Count	0.46	0.2 - 1.0	10³/µl
Absolute Eosinophil Count (AEC) VCSn/Calculated	0.23	0.02-0.5	10³/µl
Absolute Basophil Count	0.10	0.02 - 0.1	10³/µl
Platelet Count coulter principle	150	150 - 410	10³/μl
MPV	9.3	7.5 - 11.5	fL

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Test Name	Result	Biological Ref. Interval	Unit
Amfit Freedom Plus			
	BIOCHEMIST	ΥY	
Liver Function Tests (LFT) (Serum)			
Bilirubin Total Diazo method	1.03	<1.1	mg/dL
Bilirubin Conjugated Diazo method	0.32 H	<=0.2	mg/dL
Bilirubin Unconjugated, Indirect Calculation	0.71	<1.0	mg/dL
Alanine aminotransferase - (ALT / SGPT) Kinetic IFCC	42 H	< 41.0	U/L
Aspartate Aminotransferase (AST/SGOT) IFCC kinetic	27	< 40	U/L
Alkaline Phosphatase - ALP IFCC kinetic	65.0	<129	U/L
Protein Total, Serum Biuret Method	7.6	6.4-8.3	g/dL
Albumin - Serum Bromocresol green	4.8	3.5 - 5.2	g/dL
Globulin Calculation	2.8	2.3-3.5	g/dL
A/G (Albumin/Globulin) Ratio Calculation	1.7	0.8-2.0	

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.

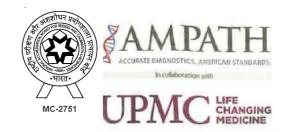
Gamma Glutamyl Transferase (GGT) (Serum)

Gamma Glutamyl Transferase (GGT) U/L 81.0 H < 71 Enzymatic colorimetric assay

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Test Name	Result	Biological Ref. Interval	Unit

Amfit Freedom Plus

CLINICAL PATHOLOGY

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

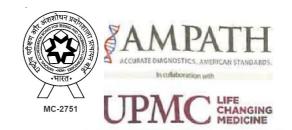
PHYSICAL EXAMINATION:

PHYSICAL EXAMINATION:			
Volume	20.00		mL
Colour	Pale Yellow	Pale	
Appearance	Clear	Clear	
CHEMICAL EXAMINATION:			
pH	5.00	4.8 - 7.4	
Dip stick	1.025 H	1.010 - 1.022	
Specific Gravity Dip Stick(Bromothymol blue)	1.025 П	1.010 - 1.022	
Protein	Absent	Negative	
Dip Stick/ Sulfosalicylic acid			
Glucose	Positive (1+)	Negative	
Dip Stick /Benedicts test	A1	N. c	
Ketones Dip stick/Sodium nitroprusside reaction	Absent	Negative	
Urobilinogen	Normal	Normal	
Dip Stick / Ehrlich reaction			
Leucocyte Esterase	Negative	Negative	
Dip Stick			
Nitrite Dip Stick / (Griess test)	Negative	Negative	
Bilirubin	Negative	Negative	
Dipstick/diazo	riogalivo	Nogativo	
Blood	Not Detected	Negative	
Dip Stick (Peroxidase)			
Microscopic Examination			
Pus Cells	4 - 5	0 - 5	/HPF
Epithelial Cells	1 - 2	< 5	/HPF
RBCs	Absent	0 - 5	/HPF
Casts	Absent	Absent	/LPF
Crystals	Absent	Absent	/HPF

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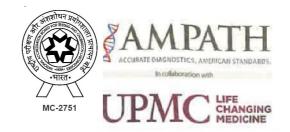
Test Name	Result	Biological Ref. Interval	Unit
Amfit Freedom Plus			
	BIOCHEMISTR	Υ	
Calcium - Serum (Serum)			
Calcium - Serum <i>NM-BAPTA</i>	9.20	8.6 - 10.0	mg/dL
Creatinine (Serum)			
Creatinine Modified Jaffe Kinetic	1.00	0.70 - 1.20	mg/dL
Urea (Serum)			
Urea Kinetic, Urease	28.8	19 - 49	mg/dL
Uric acid (Serum)			
Uric acid Uricase	3.8	3.4-7	mg/dL
Electrolytes (Na, K, Cl) - Serum (Serum)			
Sodium - Serum ISE Indirect	136.0	136 - 145	mmol/L
Potassium ISE Indirect	3.30 L	3.5-5.1	mmol/L
Chloride - Serum ISE Indirect	94.4 L	98-107	mmol/L
Protein Total, Serum (Serum)			
Protein Total, Serum Biuret Method	7.6	6.4-8.3	g/dL
Blood Urea Nitrogen, BUN - Serum (Serum)			
Blood Urea Nitrogen (BUN) Calculation	13.46	8.8-20.5	mg/dL
Lipid profile (Serum)			
Cholesterol Total - Serum Enzymatic colorimetric	231.0 H	No risk: <200 Moderate risk: 200-239 High risk: >240	mg/dL
Triglycerides Enzymatic colorimetry	229.6 H	Normal: <150 Borderline-high: 150–199 High risk 200–499 Very high risk >500	mg/dL

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Test Name	Result	Biological Ref. Interval	Unit
Amfit Freedom Plus			
Cholesterol - HDL (Direct)	54.0	High Risk: <40	mg/dL
Enzymatic colorimetric		No Risk: >60	
LDL Chol, Calculated	131.08 H	<100	mg/dL
VLDL (Very Low Density Lipoprotein) Calculation	45.9 H	<30	mg/dL
Cho/HDL Ratio	4.28 H	Normal:<4.0	
Enzymatic colorimetric & Calculation		Low risk:4.0-6.0	
		High risk:>6.0	
LDL/HDL Ratio	2.43	Desirable/Low Risk: 0.5 - 3.0	
		Borderline/Moderate: 3.1 - 6.0	
		High Risk: >6.0	
Vitamin B12 (Serum)		-	
Vitamin B12	514.3	197-771	pg/mL
ECLIA	017.0	101 111	pg/IIIL

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.

Vitamin D, 25-Hydroxy (Serum)

Vitamin D, 25-Hydroxy
ECLIA

21.6 L
Deficient: <=20 ng/ml
Insufficiency: 20-29
Desirable: >=30-100
Toxicity: >100

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 levels:

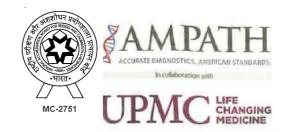
- >Impaired cutaneous production (lack of sunlight exposure)
- >Dietary absence
- >Malabsorption
- >Increased metabolism due to drugs like barbiturates, phenytoin.
- >Liver disease
- >Renal failure

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Test Name	Result	Biological Ref. Interval	Unit
Amfit Freedom Plus			
>VIT D receptor mutation			
Increased levels:			

HbA1c - Glycated Hemoglobin (Whole Blood - EDTA)

>Vitamin D intoxication due to increased vit D supplements intake

Glycated Hemoglobin, HbA1c TINIA	11.30 H	Non diabetic range: 4.8-5.6% Prediabetic range: 5.7-6.4% Diabetes range: >=6.5%	%
Estimated Average Glucose	277.6		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	318.0 H	Normal : 74-100 Pre-diabetic : 100-125 Diabetic: >=126	mg/dL
T3 - Total (Tri lodothyronine) (Serum)			
T3 - Total (Tri lodothyronine) ECLIA	106.9	80.00 - 200.00	ng/dL
T4 - Total (Thyroxine - Total) (Serum)			
T4 - Total (Thyroxine - Total) ECLIA	8.10	5.1-14.1	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 2.530 0.27 - 4.21 µIU/mL ECLIA

Interpretation:

The following potential sources of variation should be considered while interpreting thyroid hormone results:

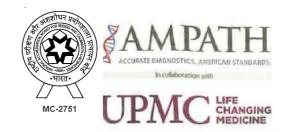
1. Circadian variation in TSH secretion: peak levels are seen between 2-4 am. Minimum levels seen between 6-10 am. This variation may be as

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Test Name	Result	Biological Ref. Interval	Unit	
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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.

Iron Binding Capacity - Total (TIBC) (Serum)

Iron FerroZine Colorimetric Assay	178.8 H	59-158	μg/dL
Unsaturated Iron Binding Capacity (UIBC) Direct determination with FerroZine	188.1	125 - 345	μg/dL
Iron Binding Capacity - Total (TIBC) Calculation	<mark>36</mark> 6.9	228-428	μg/dL
Transferrin Saturation Index (TSI) Calculation	48.7 H	16-45	



Disclaimer

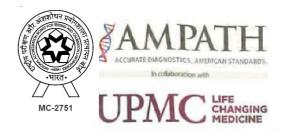
- 1. All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
- 2. Clinical details and consent forms, especially in Genetic testing, histopathology, 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

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Test Name Result Biological Ref. Interval Unit

Amfit Freedom Plus

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.
- 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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