

LABORATORY TEST REPORT

Name	: Mrs. SHIRISHA		
Sample ID	: A1309214, A1309305		
Age/Gender	: 36 Years/Female	Reg. No	: 0312501160082
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Jan-2025 01:16 PM
Primary Sample	: Whole Blood	Received On	: 16-Jan-2025 09:39 PM
Sample Tested In	: Serum, Urine	Reported On	: 17-Jan-2025 01:02 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL BIOCHEMISTRY
VCMD AROGYAM HEALTH PACKAGE- D

Test Name	Results	Units	Biological Reference Interval
Copper <small>(Method: Spectrophotometry)</small>	94	µg/dL	80-155
Zinc - Serum <small>(Method: Bromo-Paps)</small>	86	µg/dL	80-120
Microalbumin-Random Urine <small>(Method: Immunoturbidimetry)</small>	18.4	mg/L	Upto 30.0

Interpretation:

- This test looks for a protein called albumin in a urine sample.
- People with diabetes have an increased risk of kidney damage. The "filters" in the kidneys, called nephrons, slowly thicken and become scarred over time. The nephrons begin to leak protein into the urine. This kidney damage can also happen years before any diabetes symptoms begin. In the early stages of kidney problems, blood tests that measure kidney function are usually normal.
- If you have diabetes, you should have this test each year. The test checks for signs of early kidney problems.
- If this test shows that you are starting to have a kidney problem, you can get treatment before the problem gets worse. People with severe kidney damage may need dialysis. They may eventually need a new kidney (kidney transplant).

Protein - Random Urine <small>(Method: Pyrogallol Red)</small>	11.2	mg/dL	1-14
Creatinine - Random Urine <small>(Method: kinetic Jaffe reaction.)</small>	235.1	mg/dL	16-327
Protein/Creatinine Ratio <small>(Method: Calculated)</small>	0.05		< 0.20

Estimated Glomerular Filtration Rate (eGFR):

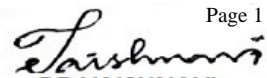
GFR by MDRD Formula <small>(Method: Calculated)</small>	117	mL/min/1.73m ²	74 - 138
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Cardiac Risk Markers(5)

Apolipoprotein (APO-B) <small>(Method: Immunoturbidimetry)</small>	89.6	mg/dL	60.0-140.0
Apolipoprotein(APO A1) <small>(Method: Immunoturbidimetry)</small>	132.1	mg/dL	105.0-175.0
Apolipoprotein B/A1 Ratio <small>(Method: Calculation)</small>	0.67		0.35 - 1.00
Homocysteine-Serum <small>(Method: CLIA)</small>	9.8	µmol/L	3.7 - 13.9
High Sensitivity C-Reactive Protein(hsCRP) <small>(Method: Immunoturbidimetry)</small>	0.42	mg/L	Low Risk :< 1.0 Average Risk:1.0-3.0 High Risk: > 3.0
Lipoprotein (a) - Lp(a) <small>(Method: Immunoturbidimetry)</small>	3.85	mg/dL	< 30.0

*** End Of Report ***




 DR.VAISHNAVI
 MD BIOCHEMISTRY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Jan-2025 01:16 PM
Primary Sample	: Whole Blood	Received On	: 16-Jan-2025 09:39 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 16-Jan-2025 10:31 PM
Client Address	: Kimtee colony , Gokul Nagar, Tarnaka	Report Status	: Final Report






















HAEMATOLOGY

VCMD AROGYAM HEALTH PACKAGE- D

Test Name	Results	Units	Biological Reference Interval
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COMPLETE BLOOD COUNT (CBC)

 Haemoglobin (Hb) (Method: Cynmeth Method)	11.6	g/dL	12-15
 RBC Count (Method: Cell Impedance)	4.54	10 ¹² /L	3.8-4.8
 Haematocrit (HCT) (Method: Calculated)	41.4	%	40-50
 MCV (Method: Calculated)	91	fl	81-101
 MCH (Method: Calculated)	27.6	pg	27-32
 MCHC (Method: Calculated)	32.5	g/dL	32.5-34.5
 RDW-CV (Method: Calculated)	14.6	%	11.6-14.0
 Platelet Count (PLT) (Method: Cell Impedance)	450	10 ⁹ /L	150-410
 Total WBC Count (Method: Impedance)	6.7	10 ⁹ /L	4.0-10.0
 Neutrophils (Method: Cell Impedance)	66	%	40-70
 Absolute Neutrophils Count (Method: Impedance)	4.42	10 ⁹ /L	2.0-7.0
 Lymphocytes (Method: Cell Impedance)	25	%	20-40
 Absolute Lymphocyte Count (Method: Impedance)	1.68	10 ⁹ /L	1.0-3.0
 Monocytes (Method: Microscopy)	06	%	2-10
 Absolute Monocyte Count (Method: Calculated)	0.4	10 ⁹ /L	0.2-1.0
 Eosinophils (Method: Microscopy)	03	%	1-6
 Absolute Eosinophils Count (Method: Calculated)	0.2	10 ⁹ /L	0.02-0.5
 Basophils (Method: Microscopy)	00	%	1-2
 Absolute Basophil ICount (Method: Calculated)	0.00	10 ⁹ /L	0.0-0.3

Morphology

WBC	Within Normal Limits
RBC	Normocytic normochromic With Anisocytosis
Platelets (Method: Microscopy)	Mild Thrombocytosis

*** End Of Report ***



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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

LABORATORY TEST REPORT

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Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Jan-2025 01:16 PM
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Sample Tested In	: Whole Blood EDTA	Reported On	: 16-Jan-2025 10:38 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


HAEMATOLOGY
VCMD AROGYAM HEALTH PACKAGE- D

Test Name	Results	Units	Biological Reference Interval
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 Erythrocyte Sedimentation Rate (ESR) <small>(Method: Westergren method)</small>	6	mm/hr	10 or less
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Comments : ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.



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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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Age/Gender	: 36 Years/Female	Reg. No	: 0312501160082
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Jan-2025 01:16 PM
Primary Sample	:	Received On	: 16-Jan-2025 09:39 PM
Sample Tested In	: Urine	Reported On	: 16-Jan-2025 11:48 PM
Client Address	: Kimtee colony , Gokul Nagar, Tarnaka	Report Status	: Final Report


CLINICAL PATHOLOGY
VCMD AROGYAM HEALTH PACKAGE- D

Test Name	Results	Units	Biological Reference Interval
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Complete Urine Analysis (CUE)
Physical Examination

Colour	Pale Yellow	Straw to light amber
Appearance	Clear	Clear

Chemical Examination

Glucose <small>(Method: Strip Reflectance)</small>	Negative	Negative
Protein <small>(Method: Strip Reflectance)</small>	Negative	Negative
Bilirubin (Bile) <small>(Method: Strip Reflectance)</small>	Negative	Negative
Urobilinogen <small>(Method: Ehrlich's reagent)</small>	Negative	Negative
Ketone Bodies <small>(Method: Strip Reflectance)</small>	Negative	Negative
Specific Gravity <small>(Method: Strip Reflectance)</small>	1.010	1.000 - 1.030
Blood <small>(Method: Strip Reflectance)</small>	Negative	Negative
Reaction (pH) <small>(Method: Reagent Strip Reflectance)</small>	5.5	5.0 - 8.5
Nitrites <small>(Method: Strip Reflectance)</small>	Negative	Negative
Leukocyte esterase <small>(Method: Reagent Strip Reflectance)</small>	Negative	Negative

Microscopic Examination (Microscopy)

PUS(WBC) Cells <small>(Method: Microscopy)</small>	02-04	/hpf	00-05
R.B.C. <small>(Method: Microscopic)</small>	Nil	/hpf	Nil
Epithelial Cells <small>(Method: Microscopic)</small>	03-05	/hpf	00-05
Casts <small>(Method: Microscopic)</small>	Absent		Absent
Crystals <small>(Method: Microscopic)</small>	Absent		Absent
Bacteria	Nil		Nil
Budding Yeast Cells <small>(Method: Microscopy)</small>	Nil		Absent



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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Jan-2025 01:16 PM
Primary Sample	: Whole Blood	Received On	: 16-Jan-2025 09:39 PM
Sample Tested In	: Plasma-NaF(F)	Reported On	: 16-Jan-2025 11:17 PM
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CLINICAL BIOCHEMISTRY

VCMD AROGYAM HEALTH PACKAGE- D

Test Name	Results	Units	Biological Reference Interval
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Glucose Fasting (F) 82 mg/dL 70-100
(Method: Hexokinase)

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Plasma Glucose(mg/dL)	2hrs Plasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	> = 200	> = 6.5	>=200(with symptoms)

Reference: Diabetes care 2018;41(suppl.1):S13-S27

*** End Of Report ***



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DR. VAISHNAVI
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CLINICAL BIOCHEMISTRY

VCMD AROGYAM HEALTH PACKAGE- D

Test Name	Results	Units	Biological Reference Interval
Glycated Hemoglobin (HbA1c) <small>(Method: HPLC)</small>	5.5	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5
Mean Plasma Glucose <small>(Method: Calculated)</small>	111.15	mg/dL	

Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

NOTE: The above Given Risk Level Interpretation is not age specific and is an information resource only and is not to be used or relied on for any diagnostic or treatment purposes and should not be used as a substitute for professional diagnosis and treatment. Kindly Correlate clinically.

INTERPRETATION

Method: Analyzer Fully automated HPLC platform.

Average Blood Glucose(eAG) (mg/dL)	Level of Control	Hemoglobin A1c (%)
421		14%
386		13%
350		12%
314		11%
279		10%
243		9%
208		8%
172	POOR	7%
136	GOOD	6%
101	EXCELLENT	5%

HbA1c values of 5.0- 6.5 percent indicate good control or an increased risk for developing diabetes mellitus. HbA1c values greater than 6.5 percent are diagnostic of diabetes mellitus. Diagnosis should be confirmed by repeating the HbA1c test.

NOTE: Hb F higher than 10 percent of total Hb may yield falsely low results. Conditions that shorten red cell survival, such as the presence of unstable hemoglobins like Hb SS, Hb CC, and Hb SC, or other causes of hemolytic anemia may yield falsely low results. Iron deficiency anemia may yield falsely high results.

*** End Of Report ***



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CLINICAL BIOCHEMISTRY
VCMD AROGYAM HEALTH PACKAGE- D

Test Name	Results	Units	Biological Reference Interval
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 Calcium (Method: Arsenazo)	8.8	mg/dL	8.5-10.1
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Comments:

- Calcium in the body is found mainly in the bones (approximately 99%). In serum, Calcium exists in a free ionised form and in bound form (with Albumin). Hence, a decrease in Albumin causes lower Calcium levels and vice-versa.
- Calcium levels in serum depend on the Parathyroid Hormone.
- Increased Calcium levels are found in Bone tumors, Hyperparathyroidism. decreased levels are found in Hypoparathyroidism, renal failure, Rickets.

 Insulin - Fasting (Method: CLIA)	11.07	mIU/L	Random Insulin:2.6-37.6 Fasting Insulin :3.0-25.0 PP Insulin: 5.0-55.0
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 Amylase (Method: CNP - G3)	87.0	U/L	25-115
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Interpretation :

Amylase is an **enzyme** that helps digest carbohydrates. It is made in the pancreas and the glands that make saliva. When the pancreas is diseased or inflamed, amylase releases into the blood.

This test is most often used to diagnose or monitor acute pancreatitis. It may also detect some digestive tract problems.

The test may also be done for the following conditions:

- Chronic pancreatitis
- Pancreatic pseudocysts

Increased blood amylase level may occur due to:

- Acute pancreatitis
- Cancer of the pancreas, ovaries, or lungs
- Cholecystitis
- Gallbladder attack caused by disease
- Gastroenteritis (severe)
- Infection of the salivary glands (such as mumps) or a blockage

Decreased amylase level may occur due to:

- Cancer of the pancreas
- Damage to the pancreas with pancreatic scarring
- Kidney disease
- Toxemia of pregnancy



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CLINICAL BIOCHEMISTRY

VCMD AROGYAM HEALTH PACKAGE- D

Test Name	Results	Units	Biological Reference Interval
Lipase-Serum <small>(Method: Methyl resorufin ester)</small>	26.3	U/L	< 60

*** End Of Report ***



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VCMD AROGYAM HEALTH PACKAGE- D

Test Name	Results	Units	Biological Reference Interval
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Magnesium 2.3 mg/dL 1.8-2.4

(Method: Methylthymol blue (MTBI))

Interpretation:

About one half of the body's magnesium is found in bone. The other half is found inside cells of body tissues and organs.

Magnesium is needed for many chemical processes in the body. It helps maintain normal muscle and nerve function, and keeps the bones strong. Magnesium is also needed for the heart to function normally and to help regulate blood pressure. Magnesium also helps the body control blood sugar level and helps support the body's defense (immune) system.

A high magnesium level may be due to:

- Diabetic ketoacidosis, a life-threatening problem in people with diabetes
- .Loss of kidney function (acute or chronic renal failure)

A low magnesium level may be due to:

- Alcohol use disorder
- Hyperaldosteronism (adrenal gland produces too much of the hormone aldosterone)
- Hypercalcemia (high blood calcium level)
- Long-term (chronic) diarrhea

Phosphorus(PO4) 4.2 mg/dL 2.5-4.9

(Method: Phosphomolybdate UV)

Interpretation:

- This will give an idea of renal and bone diseases.

Increased Phosphorus Or Hyperphosphatemia:

- Renal diseases with increased blood urea (BUN) and creatinine.
- Hypoparathyroidism with raised phosphate and decreased calcium. But renal function will be normal.
- Liver diseases and cirrhosis.
- Acromegaly.
- Increased dietary intake.
- Sarcoidosis.
- Acidosis
- Hemolytic anemia.

Decreased Level Of Phosphorus Or Hypophosphatemia:

- Decreased intestinal absorption.
- Rickets (Vit.D deficiency)
- Vomiting and severe diarrhea
- Severe malnutrition and malabsorption.
- Acute alcoholism.



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CLINICAL BIOCHEMISTRY

VCMD AROGYAM HEALTH PACKAGE- D

Test Name	Results	Units	Biological Reference Interval
 25 - Hydroxy Vitamin D (Method: CLIA)	9.95	ng/mL	<20.0-Deficiency 20.0-30.0-Insufficiency 30.0-100.0-Sufficiency >100.0-Potential Intoxication

Interpretation:

- 1.Vitamin D helps your body absorb calcium and maintain strong bones throughout your entire life. Your body produces vitamin D when the sun's UV rays contact your skin. Other good sources of the vitamin include fish, eggs, and fortified dairy products. It's also available as a dietary supplement.
- 2.Vitamin D must go through several processes in your body before your body can use it. The first transformation occurs in the liver. Here, your body converts vitamin D to a chemical known as 25-hydroxyvitamin D, also called calcidiol.
- 3.The 25-hydroxy vitamin D test is the best way to monitor vitamin D levels. The amount of 25-hydroxyvitamin D in your blood is a good indication of how much vitamin D your body has. The test can determine if your vitamin D levels are too high or too low.
- 4.The test is also known as the 25-OH vitamin D test and the calcidiol 25-hydroxycholecalciferol test. It can be an important indicator of osteoporosis (bone weakness) and rickets (bone malformation).

Those who are at high risk of having low levels of vitamin D include:

- 1.people who don't get much exposure to the sun
- 2.older adults
- 3.people with obesity.
- 4.dietary deficiency

Increased Levels: Vitamin D Intoxication

Method : CLIA

Vitamin- B12 (cyanocobalamin)	289	pg/mL	200-911
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(Method: CLIA)

Interpretation:

This test is most often done when other blood tests suggest a condition called megaloblastic anemia. Pernicious anemia is a form of megaloblastic anemia caused by poor vitamin B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb vitamin B12.

Causes of vitamin B12 deficiency include:Diseases that cause malabsorption

- Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
- Above normal heat production (for example, with hyperthyroidism)

An increased vitamin B12 level is uncommon in:

- Liver disease (such as cirrhosis or hepatitis)
- Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia)
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Test Name	Results	Units	Biological Reference Interval
Testosterone Total	22.16	ng/dL	Refer Table

(Method: CLIA)

Interpretation:

(Testosterone Reference Ranges)

Age	Reference Range Male(ng/dL)	Reference Range Female(ng/dL)
Newborn(1-15days)	75-400	20-64
1-5 Months	1-177	1-5
6-11 Months	2-7	2-5
Children:		
1-5 Year	2-25	2-10
6-9 Year	3-30	2-20
Puberty Tanner Stage		
1	2-23	2-10
2	5-70	5-30
3	15-280	10-30
4	105-545	15-40
5	265-800	10-40
Adult	241-827	14-76

- Testosterone is a steroid hormone (androgen) made by the testes in males. Its production is stimulated and controlled by luteinising hormone (LH), which is manufactured in the pituitary gland. In males, testosterone stimulates development of secondary sex characteristics, including enlargement of the penis, growth of body hair and muscle, and a deepening voice. It is present in large amounts in males during puberty and in adult males to regulate the sex drive and maintain muscle mass. Testosterone is also produced by the adrenal glands in both males and females and, in small amounts, by the ovaries in females. The body can convert testosterone to oestradiol, the main sex hormone in females. There is great variability in testosterone levels between men and it is normal for testosterone levels to decline as men get older. Hypogonadism in a male refers to a reduction in sperm and/or testosterone production.

Ferritin	26.1	ng/mL	10-291
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(Method: CLIA)

Interpretation:

The ferritin blood test measures the level of ferritin in the blood.

Ferritin is a protein inside your cells that stores iron. It allows your body to use the iron when it needs it. A ferritin test indirectly measures the amount of iron in your blood.

A higher-than-normal ferritin level may be due to:

- 1.Liver disease due to alcohol abuse
- 2.Any autoimmune disorder, such as rheumatoid arthritis
- 3.Frequent transfusion of red blood cells

A lower-than-normal level of ferritin occurs if you have anemia caused by low iron levels in the body. This type of anemia may be due to:

- 1.A diet too low in iron
- 2.Heavy bleeding from an injury
- 3.Heavy menstrual bleeding



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Test Name	Results	Units	Biological Reference Interval
Folic Acid (Vitamin B9) <small>(Method: CLIA)</small>	10.1	ng/mL	Deficient:0.35-3.37 Indeterminate:3.38-5.38 Normal:>5.38

Interpretation:

Folic acid is a type of B vitamin.This test is done to check for folic acid deficiency.

Folic acid helps form red blood cells and produce DNA that stores genetic codes. Taking the right amount of folic acid before and during pregnancy helps prevent neural tube defects, such as spina bifida.

Women who are pregnant or planning to become pregnant should take at least 600 micrograms (mcg) of folic acid every day. Some women may need to take more if they have a history of neural tube defects in earlier pregnancies.

Lower-than-normal folic acid levels may indicate:

- Poor diet
- Malabsorption syndrome (for example, celiac sprue)
- Malnutrition

*** End Of Report ***



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Sample Tested In	: Serum	Reported On	: 17-Jan-2025 12:26 AM
Client Address	: Kimtee colony , Gokul Nagar, Tarnaka	Report Status	: Final Report


CLINICAL BIOCHEMISTRY
VCMD AROGYAM HEALTH PACKAGE- D

Test Name	Results	Units	Biological Reference Interval
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Lipid Profile

 Cholesterol Total (Method: CHOD-POD)	223	mg/dL	< 200
 Triglycerides-TGL (Method: GPO-POD)	65	mg/dL	< 150
 Cholesterol-HDL (Method: Direct)	41	mg/dL	40-60
 Cholesterol-LDL (Method: Calculated)	169	mg/dL	< 100
 Cholesterol- VLDL (Method: Calculated)	13	mg/dL	7-35
 Non HDL Cholesterol (Method: Calculated)	182	mg/dL	< 130
 Cholesterol Total /HDL Ratio (Method: Calculated)	5.44	Ratio	0-4.0
 LDL/HDL Ratio (Method: Calculated)	4.12	Ratio	0-3.5

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid disorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol in (mg/dL)	Non HDL Cholesterol in (mg/dL)
Optimal	Adult: < 200 Children: < 170	< 150	40-59	Adult: <100 Children: <110	<130
Above Optimal	-----	-----		100-129	130 - 159
Borderline High	Adult: 200-239 Children: 171-199	150-199		Adult: 130-159 Children: 111-129	160 - 189
High	Adult: >or=240 Children: >or=200	200-499	≥ 60	Adult: 160-189 Children: >or=130	190 - 219
Very High	-----	>or=500		Adult: >or=190 -----	>=220

Note: LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (Friedewald's formula). Calculated values not provided for LDL and VLDL

*** End Of Report ***



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LABORATORY TEST REPORT

Name	: Mrs. SHIRISHA		
Sample ID	: A1309214		
Age/Gender	: 36 Years/Female	Reg. No	: 0312501160082
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Jan-2025 01:16 PM
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CLINICAL BIOCHEMISTRY
VCMD AROGYAM HEALTH PACKAGE- D

Test Name	Results	Units	Biological Reference Interval
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Liver Function Test (LFT)

 Bilirubin(Total) (Method: Diazo)	0.4	mg/dL	0.3-1.2
 Bilirubin (Direct) (Method: Diazo)	0.1	mg/dL	0.0 - 0.3
 Bilirubin (Indirect) (Method: Calculated)	0.3	mg/dL	0.2-1.0
 Aspartate Aminotransferase (AST/SGOT) (Method: IFCC UV Assay)	13	U/L	15-37
 Alanine Aminotransferase (ALT/SGPT) (Method: IFCC with out (P-S-P))	11	U/L	0-55
 Alkaline Phosphatase(ALP) (Method: Kinetic PNPP-AMP)	67	U/L	30-120
 Gamma Glutamyl Transpeptidase (GGTP) (Method: IFCC)	19	U/L	5-55
 Protein - Total (Method: Biuret)	6.8	g/dL	6.4-8.2
 Albumin (Method: Bromocresol Green (BCG))	4.8	g/dL	3.4-5.0
 Globulin (Method: Calculated)	2	g/dL	2.0-4.2
 A:G Ratio (Method: Calculated)	2.4	Ratio	0.8-2.0
 SGOT/SGPT Ratio (Method: Calculated)	1.18	Ratio	<1.0

Alanine Aminotransferase(ALT) is an enzyme found in liver and kidneys cells. ALT helps create energy for liver cells. Damaged liver cells release ALT into the bloodstream, which can elevate ALT levels in the blood.

Aspartate Aminotransferase (AST) is an enzyme in the liver and muscles that helps metabolizes amino acids. Similarly to ALT, elevated AST levels may be a sign of liver damage or liver disease.

Alkaline phosphate (ALP) is an enzyme present in the blood. ALP contributes to numerous vital bodily functions, such as supplying nutrients to the liver, promoting bone growth, and metabolizing fat in the intestines.

Gamma-glutamyl Transpeptidase (GGTP) is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.

Bilirubin is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in stool. High levels of bilirubin can cause jaundice - a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.

Albumin is a protein that the liver produces. The liver releases albumin into the bloodstream, where it helps fight infections and transport vitamins, hormones, and enzymes throughout the body. Liver damage can cause abnormally low albumin levels.

*** End Of Report ***










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LABORATORY TEST REPORT

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CLINICAL BIOCHEMISTRY
VCMD AROGYAM HEALTH PACKAGE- D

Test Name	Results	Units	Biological Reference Interval
Kidney Profile-KFT			
 Creatinine <small>(Method: Jaffes Kinetic)</small>	0.65	mg/dL	0.60-1.10
 Urea-Serum <small>(Method: Calculated)</small>	17.6	mg/dL	12.8-42.8
 Blood Urea Nitrogen (BUN) <small>(Method: Calculated)</small>	8.21	mg/dL	7.0-18.0
BUN / Creatinine Ratio	12.63	Ratio	6 - 22
 Uric Acid <small>(Method: Uricase)</small>	4.3	mg/dL	2.6-6.0
 Sodium <small>(Method: ISE Direct)</small>	142	mmol/L	135-150
 Potassium <small>(Method: ISE Direct)</small>	4.1	mmol/L	3.5-5.0
 Chloride <small>(Method: ISE Direct)</small>	104	mmol/L	94-110

Interpretation:

- The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes through the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.



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CLINICAL BIOCHEMISTRY

VCMD AROGYAM HEALTH PACKAGE- D

Test Name	Results	Units	Biological Reference Interval
Iron Profile-I			
 Iron(Fe) (Method: Ferrozine)	76	µg/dL	50-170
 Total Iron Binding Capacity (TIBC) (Method: Ferrozine)	426	µg/dL	250-450
 Transferrin (Method: Calculated)	297.9	mg/dL	250-380
 Iron Saturation((% Transferrin Saturation) (Method: Calculated)	17.84	%	15-50
 Unsaturated Iron Binding Capacity (UIBC) (Method: FerroZine)	350	ug/dL	110-370

Interpretation:

- Serum transferrin (and TIBC) high, serum iron low, saturation low. Usual causes of depleted iron stores include blood loss, inadequate dietary iron. RBCs in moderately severe iron deficiency are hypochromic and microcytic. Stainable marrow iron is absent. Serum ferritin decrease is the earliest indicator of iron deficiency if inflammation is absent.
- **Anemia of chronic disease:** Serum transferrin (and TIBC) low to normal, serum iron low, saturation low or normal. Transferrin decreases with many inflammatory diseases. With chronic disease there is a block in movement to and utilization of iron by marrow. This leads to low serum iron and decreased erythropoiesis. Examples include acute and chronic infections, malignancy and renal failure.
- **Sideroblastic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron normal to high, saturation high.
- **Hemolytic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron high, saturation high.
- **Hemochromatosis:** Serum transferrin (and TIBC) slightly low, serum iron high, saturation very high.
- **Protein depletion:** Serum transferrin (and TIBC) may be low, serum iron normal or low (if patient also is iron deficient). This may occur as a result of malnutrition, liver disease, renal disease.
- **Liver disease:** Serum transferrin variable; with acute viral hepatitis, high along with serum iron and ferritin. With chronic liver disease (eg, cirrhosis), transferrin may be low. Patients who have cirrhosis and portacaval shunting have saturated TIBC/transferrin as well as high ferritin.

*** End Of Report ***



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CLINICAL BIOCHEMISTRY
VCMD AROGYAM HEALTH PACKAGE- D

Test Name	Results	Units	Biological Reference Interval
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Thyroid Profile-I(TFT)

 T3 (Triiodothyronine) <small>(Method: CLIA)</small>	108.97	ng/dL	70-204
 T4 (Thyroxine) <small>(Method: CLIA)</small>	8.3	µg/dL	3.2-12.6
 TSH -Thyroid Stimulating Hormone <small>(Method: CLIA)</small>	3.43	µIU/mL	0.35-5.5

Pregnancy & Cord Blood

T3 (Triiodothyronine):	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester : 81-190 ng/dL	15 to 40 weeks: 9.1-14.0 µg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimester : 100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL
		Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: : 2.3-13.2 µIU/mL

Interpretation:

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4.
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

*** End Of Report ***



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