Pathkind Labs

MC - 3055

Client

Gurugram

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Processed By

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Name	:	**Mrs. PL49**	Billing Date	:	05/07/2023 13:59:48
Age	:	19 Yrs	Sample Collected on	:	05/07/2023 14:06:02
Sex	:	Female	Sample Received on	:	05/07/2023 14:06:59
P. ID No.	:	P1000100011999	Report Released on	:	05/07/2023 15:50:34
Accession No	:	**10002304055**	Barcode No.	:	9874j
Referring Doctor	:	Dr. SELF			
Referred By	:		Ref no.	:	

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
HEALTHKIND SCREEN			
HAEMATOLOGY			
Haemoglobin (Hb) *Sample: Whole Blood EDTA* *Method: Photometric measurement*	13.0	12.0 - 15.0	gm/dL
PCV / Hematocrit *Sample: Whole Blood EDTA* *Method: Impedance*	40.0	36.0 - 46.0	%
Total WBC Count / TLC *Sample: Whole Blood EDTA* *Method: Impedance*	5.0	4.0 - 10.0	thou/µL
RBC Count *Sample: Whole Blood EDTA* *Method: Impedance*	4.0	3.8 - 4.8	million/µL
MCV *Sample: Whole Blood EDTA* *Method: Calculated*	100.0	83.0 - 101.0	fL
MCH *Sample: Whole Blood EDTA* *Method: Calculated*	30.0	27.0 - 32.0	pg
MCHC *Sample: Whole Blood EDTA* *Method: Calculated*	33.0	31.5 - 34.5	g/dL
RDW (Red Cell Distribution Width) *Sample: Whole Blood EDTA* *Method: Calculated*	13.0	11.9 - 15.5	%
Platelet Count *Sample: Whole Blood EDTA* *Method: Impedance*	200	150 - 410	thou/µL
MPV (Mean Platelet Volume) *Sample: Whole Blood EDTA* *Method: Calculated*	8.0	6.8 - 10.9	fL

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
	BIOCHEMISTRY		
Fasting Plasma Glucose *Sample: Fluoride Plasma - F* *Method: Hexokinase*	88	74 - 99	mg/dL
Total Cholesterol *Sample: Serum* *Method: Spectrophometry-Esterase/CO/Peroxidase*	199	Desirable Level : < 200 Borderline : 200 - 239 High Risk : >/= 240	mg/dL
Triglycerides *Sample: Serum* *Method: Spectrophotometry-Enzymatic*	140	Desirable : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >/= 500	mg/dL
SGOT / AST *Sample: Serum* *Method: Spectrophotometry-IFCC Without Pyridoxal PO4*	3	0 - 27	U/L
SGPT / ALT *Sample: Serum* *Method: Spectrophotometry-IFCC Without Pyridoxal PO4*	3	0 - 33	U/L
AST / ALT Ratio *Sample: Serum* *Method: Calculated*	0.00		
Blood Urea Nitrogen (BUN) *Sample: Serum* *Method: Spectrophotometry-Urease / GLDH*	10.00	8.41 - 21.00	mg/dL
Urea *Sample: Serum* *Method: Calculated*	20.00	18.00 - 45.00	mg/dL
Creatinine *Sample: Serum* *Method: Spectrophotometry Alkaline Picrate*	1.00	0.50 - 1.10	mg/dL
BUN Creatinine Ratio *Sample: Serum* *Method: Calculated*	15	10 - 20	

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Test Name	Result	Biological Ref. Interval	Unit
TSH 3rd Generation *Sample: Serum* *Method: ECLIA*	2.000	0.510 - 4.300	µIU/mL

Haemoglobin (Hb)

Hemoglobin is the iron containing protein molecule in red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the tissues back to the lungs. Decrease in Hemoglobin levels results in anaemia and very high Hemoglobin levels results in hemochromatosis.

PCV / Hematocrit

Clinical Significance :

Hemoglobin is the iron containing protein molecule in red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the tissues back to the lungs. Decrease in Hemoglobin levels results in anaemia and very high Hemoglobin levels results in hemochromatosis. Hematocrit or Packed cell volume (PCV) is the proportion of blood volume occupied by red blood cells and is typically about three times the hemoglobin concentration.

Platelet Count

Clinical Significance :

Platelets or thrombocytes are a cellular component of blood whose function is to stop bleeding by clumping or clotting blood vessel injuries. Low platelet count, also known as Thrombocytopenia, can be either due to less production or increased destruction of platelets. High platelet count or Thrombocytosis can be due to unregulated production, secondary to congenital, reactive or neoplastic conditions.

Total Cholesterol

Clinical Significance :

Serum cholesterol is elevated in hereditary hyperlipoproteinemias and in other metabolic diseases. Moderate-to-markedly elevated values are also seen in cholestatic liver disease. Increased levels are a risk factor for cardiovascular disease. Low levels of cholesterol may be seen in disorders like hyperthyroidism, malabsorption, and deficiencies of apolipoproteins.

Triglycerides

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Test Name	Result	Biological Ref. Interval	Unit

Clinical Significance :
Triglycerides are partly synthesized in the liver and partly derived from the diet. Increased serum triglyceride levels are a risk factor for atherosclerosis. Hyperlipidemia may be inherited or may be due to conditions like biliary obstruction, diabetes mellitus, nephrotic syndrome, renal failure,certain metabolic disorders or drug induced.

SGOT / AST

Clinical Significance :
"Elevated aspartate aminotransferase (AST) values are seen most commonly in parenchymal liver diseases. Values can be elevated from 10 to 100 times the normal range, though commonly 20 to 50 times elevations are seen. AST levels are raised in infectious hepatitis and other inflammatory conditions affecting the liver along with ALT, though ALT levels are higher. The ALT:AST ratio which is normally <1 is reversed in these conditions and becomes >1. AST levels are usually raised before clinical signs and symptoms of disease appear. AST and ALT also rise in primary or metastatic carcinoma of the liver, with AST usually being higher than ALT.Elevated AST values may also be seen in disorders affecting the heart, skeletal muscle and kidney, such as myocardial infarction, muscular dystrophy, dermatomyositis, acute pancreatitis and crushed muscle injuries."

SGPT / ALT

Clinical Significance :
Elevated alanine aminotransferase (ALT) values are seen in parenchymal liver diseases characterized by a destruction of hepatocytes. Values are at least 10 times higher the normal range and may reach up to 100 times the upper reference limit. Commonly, values are seen to be 20 - 50 times higher than normal. In infectious hepatitis and other inflammatory conditions affecting the liver, ALT levels rise more than aspartate aminotransferase (AST), and the ALT/AST ratio, which is normally <1, is reversed and becomes >1. ALT levels usually rise before clinical signs and symptoms of disease appear.

Blood Urea Nitrogen (BUN)

Clinical Significance :
Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis) and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors).

Creatinine

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Test Name	Result	Biological Ref. Interval	Unit

Clinical Significance :

Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.

TSH 3rd Generation

Clinical Significance :

TSH levels are elevated in primary hypothyroidism and low in primary hyperthyroidism. Evaluation of TSH is useful in the differential diagnosis of primary from secondary and tertiary hypothyroidism. In primary hypothyroidism, TSH levels are elevated, whil secondary and tertiary hypothyroidism, TSH levels are low or normal. High TSH level in the presence of normal FT4 is subclinical hypothyroidism and low TSH with normal FT4 is called subclinical hyperthyroidism. Sick, hospitalized patients may have falsely low or transiently elevated TSH. Significant diurnal variation is also seen in TSH levels.

Guidelines for TSH levels in pregnancy, as per American Thyroid Association, are as follows:

PREGNANCY TRIMESTER	BIOLOGICAL REFERENCE INTERVAL	UNIT
FIRST TRIMESTER	0.100 - 2.500	µIU/mL
SECOND TRIMESTER	0.200 - 3.000	µIU/mL
THIRD TRIMESTER	0.300 - 3.000	µIU/mL

** End of Report**

Dr. Aarti Khanna Nagpal
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Senior Consultant

Dr. Walia Murshida Huda
Junior Consultant (Biochemistry)

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