| | | | | | |
|---|---|---|---|---|---|
| LAB NO. | : | 387 | DATE | : | 13-May-2026 |
| PATIENT NAME | : | SURAYYA DALVI | SEX | : | Female |
| REF. BY | : | Dr.SACHIN CHAUDHARI | AGE | : | 70 Years |
| SAMPLE COLL. AT | : | LAB | | : | |

## Blood Glucose (F/PP)

| TEST | RESULT | UNITS | NORMAL VALUES |
|---|---|---|---|
| Blood Glucose (F) Plasma | 101.6 | mg/dl | 70.0 - 110.0 |
| **Post Prandial** | | | |
| Blood Glucose (PP), plasma | 114.0 | mg/dl | 70.0 - 140.0 |
| Time | FBS-8:50 AM PPBS-5:00 PM | | |

Sample Type - Fluoride Plasma Done On Fully Automated Biochemistry Analyser

---------- End of Report. ----------

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## CA 125

| TEST | RESULT | UNITS | NORMAL VALUES |
|---|---|---|---|
| CA 125, serum | 6.50 | U/ml | Less than 35.0 |

NOTE: CA-125 is clinically approved for following the response to treatment and predicting prognosis after treatment. It is especially useful for detecting the recurrence of ovarian cancer. Its potential role for the early detection of ovarian cancer is controversial and has not yet been adopted for widespread screening efforts in asymptomatic women. The key problems in using the CA-125 test as a screening tool are its lack of sensitivity and its inability to detect early stage cancers. In addition, even if cancer was confirmed in such circumstances, it usually would be at an advanced stage where therapy is less effective. It is best known as a marker for ovarian cancer, but it may also be elevated in other malignant cancers, including those originating in the endometrium, fallopian tubes, lungs, breast and gastrointestinal tract. Elevated levels of CA 125 can also be found in certain non-malignant conditions like liver cirrhosis, acute pancreatitis, endometriosis, pelvic inflammatory disease, menstruation and first trimester pregnancy.It also tends to be elevated in the presence of any inflammatory condition in the abdominal area, both cancerous and benign.Thus, CA-125 is not perfectly specific for cancer nor is it perfectly sensitive since not every patient with cancer will have elevated levels of CA-125 in the blood. For example, 79% of all ovarian cancers are positive for CA-125, whereas the remainder do not express this antigen at all.
While this test is not generally regarded as useful for large scale screening by the medical community, a high value may be an indication that the woman should receive further diagnostic screening or treatment. Normal values range from 0 to 35 (?g/mL). Elevated levels in post-menopausal women are usually an indication that further screening is necessary. In pre-menopausal women, the test is less reliable as values are often elevated due to a number of non-cancerous causes, and a value above 35 is not necessarily a cause for concern.
Method- Enzyme linked fluroescent assay (ELFA) on Fully automated MINI VIDAS .

---------- End of Report. ----------

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| SAMPLE COLL. AT | : | LAB | | : | |

## CBC / ESR

| TEST | RESULT | UNITS | NORMAL VALUES |
|---|---|---|---|
| Hemoglobin | **11.3** | gm% | 11.5 - 15.5 |
| Field Description Testing | | | |
| **RED BLOOD CELLS** | | | |
| R.B.C. Count (Normal) | **3.73** | x10^6/uL | 3.80 - 4.80 |
| PCV | **32.1** | % | 35 - 45 |
| MCV | 86.1 | fL | 76 - 100 |
| MCH | 30.3 | Pg | 27 - 32 |
| MCHC | 35.2 | gm/dl | 32 - 36 |
| RDW | 14.2 | % | 10 - 16 |
| RBC Morphology | Normocytic, Normochromic Anemia | | |
| **WHITE BLOOD CELLS** | | | |
| Total W.B.C. Count | 8400 | /cu.mm. | 4000 - 11000 |
| **DIFFERENTIAL COUNT** | | | |
| Neutrophils | 54 | % | 40 - 75 |
| Lymphocytes | 36 | % | 20 - 40 |
| Monocytes | 7 | % | 2-10 |
| Eosinophils | 3 | % | 0-6 |
| Basophils | 0 | % | 0-1 |
| W.B.C Morphology | Normal | | |
| **PLATELETS** | | | |
| Platelet Count | 335 | x10^3/uL | 150 - 450 |
| Platelet Morphology | Adequate | | |
| Mean Platelet Volume (MPV) | 9.3 | fL | 6.5 - 11.0 |
| PCT | 0.313 | % | 0.150 - 0.500 |
| PDW | 12.2 | fl | 8.0 - 18.0 |
| **E.S.R.** | | | |
| E.S.R | **60** | mm at 1hr | 0 - 14 |

Sample: Whole Blood (EDTA) Done On : Fully Automated Haematology Analyser

---------- End of Report. ----------

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| SAMPLE COLL. AT | : | LAB | | : | |

## Glycosylated Haemoglobin (HbA1c)

| TEST | RESULT | UNITS | NORMAL VALUES |
|---|---|---|---|
| HbA1c | **6.1** | % | Normal Patients: 4.0 - 6.0<br>For Diabetic Patients<br>Good Control : 6.0 - 7.0<br>Fair Control : 7.0 - 8.0<br>Poor Control : > 8.0 |
| Mean Blood Glucose (MBG) | 128.37 | mg/dl | |

Method : HPLC

NOTE: Glucose combines with Haemoglobin continuously and nearly irreversibly during life span of RBC (120 days); thus Glycated Hb is proportional to mean plasma glucose level during the previous 6-12 wks.
Glycosylated Hb (HbA1c) testing provides an index of average blood glucose levels over the prior two to three months.
The American Diabetes Association recommends screening of HbA1c levels every 3-6 months to monitor glycemic control & thus improved glycemic control is associated with preventing & delaying the progression of complications in diabetes.
The DCCT demonstrated that lowering glucose level in patients with Type 1 diabetes (i.e. deficiency in insulin production) slows or prevents the development of retinopathy, neuropathy, and nephropathy.
Prior to testing no dietary preparation or fasting is required.
The standard of care is to use periodic HbA1c levels to monitor glycemic control.
Good glycemic control over the years can delay the complications associated with diabetes.

---------- End of Report. ----------

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## Lipid Profile

| TEST | RESULT | UNITS | NORMAL VALUES |
|---|---|---|---|
| Total Cholesterol | 123 | mg/dl | Normal : <200<br>Borderline: 200 - 239<br>High : >=240 |
| HDL Cholesterol-Direct | **39.8** | mg/dl | Low levels : <40.0<br>Desired levels : 40 - 60 |
| LDL Cholesterol | 60.76 | mg/dl | Optimal : <100<br>Near optimal : 100 - 129<br>Borderline high : 130 - 159<br>High : 160 - 189<br>Very High : >190 |
| VLDL-Cholesterol | 22.44 | mg/dl | 10 - 40 |
| Triglycerides | 112.2 | mg/dl | Normal : <150<br>Borderline high: 150 - 199<br>High : 200 - 499<br>Very high : >500 |
| TC/HDLC Ratio | 3.09 | | Upto 5.0 |
| LDLC/HDLC Ratio | **1.53** | | 2.5 - 3.5 |

---------- End of Report. ----------

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## Liver Function Tests

| TEST | RESULT | UNITS | NORMAL VALUES |
|---|---|---|---|
| Alkaline Phosphatase | 91.7 | U/L | Adult : 40 - 129 Child : 59 - 425 |
| Bilirubin (Total) | 0.91 | mg/dl | 0.0 - 1.20 |
| Bilirubin (Direct) | 0.24 | mg/dl | 0.0 - 0.50 |
| Bilirubin (Indirect) | 0.67 | mg/dl | 0.0 - 0.90 |
| S.G.O.T./ A.S.T. | 20.9 | U/L | 3.0 - 46.0 |
| S.G.P.T./ A.L.T. | 23.1 | U/L | 3.0 - 49.0 |
| Total Proteins | 7.6 | g/dl | 6.30 - 8.20 |
| Albumin | 4.6 | g/dl | 3.50 - 5.0 |
| Globulin | **3.00** | g/dl | 1.80 - 3.60 |
| A/G ratio | 1.53 | | 1.2 - 2.5 |

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## RENAL FUNCTION TEST

| TEST | RESULT | UNITS | NORMAL VALUES |
|---|---|---|---|
| Urea | **45.2** | mg/dl | 15.0 - 45.0 |
| BUN | **21.11** | mg/dl | 5.0 - 21.0 |
| Creatinine | **1.51** | mg/dl | 0.6 - 1.20 |
| Uric Acid | **9.3** | mg/dl | 3.5 - 8.5 |
| Calcium | 9.5 | mg/dl | 8.4 - 10.2 |
| Phosphorus | 4.2 | mg/dl | 2.50-4.50 Adult(4.0-7.0 Children) |
| Sodium | 138.2 | mEq/L | 135 - 145 |
| Potassium | 4.27 | mEq/l | 3.5 - 5.3 |
| Chloride | 103.2 | mEq/L | 96 - 106 |
| Total Proteins | 7.6 | g/dl | 6.3 - 8.2 |
| Albumin | 4.6 | g/dl | 3.50 - 5.0 |
| Globulin | 3.00 | gm% | 1.8 - 3.6 |
| A/G ratio | 1.53 | | 1.2 - 2.5 |

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| SAMPLE COLL. AT | : | LAB | | : | |

## T3, T4, TSH

| TEST | RESULT | UNITS | NORMAL VALUES |
|---|---|---|---|
| Serum T3 (Tri ido-thyronine) | 103.41 | ng/dl | 70 - 204 |
| Serum T4 (Tetra ido-thyronine) | 10.20 | ug/dl | 4.87 - 12.0 |
| Ultra Senstive TSH | 0.060 | uIU/ml | Newborn Values : Upto 25 uiu /ml<br>Adult values : 0.2 - 5.0 : Normal<br>>10 : Suggestive of Hypothyroid<br>5-10: Borderline. Repeat after 2 weeks<br>< 0.2:Low TSH. Seen in Hyperthyroid |

Method : FULLY AUTOMATED CHEMILUMINESCENT IMMUNOASSAY
Sample Type : Serum
Pregnancy First Trimester : (0.02 - 2.81 uiu/ml) Clin Chem 57:6 913-926 (2011)
Free T4 estimation advised in 1st trimester of pregnancy if TSH is more than 2.8 to decide on dose of thyronorm replacement.

---------- End of Report. ----------

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## Urine Examination

| TEST | RESULT | UNITS | |
|---|---|---|---|
| **PHYSICAL EXAMINATION** | | | |
| Quantity | 10 | mL | |
| Colour | Pale Yellow | | Pale Yellow |
| Appearance | Slightly Hazy | | Clear |
| Deposit | Absent | | |
| Reaction (pH) | 6.00 | | 4.5-8.0 |
| Specific Gravity | 1.025 | | 1.010-1.030 |
| Proteins | Absent | | Absent |
| Sugar | Absent | | Absent |
| Ketone Bodies | Absent | | Absent |
| Occult Blood | Negative | | Absent |
| Bile Salts | Absent | | Absent |
| Bile Pigment | Absent | | Absent |
| **MICROSCOPIC EXAMINATION** | | | |
| Pus Cells | 10 - 15 | /hpf | Occasional |
| Epithelial Cells | 1 - 2 | /hpf | Occasional |
| Red Blood Cells | Absent | /hpf | Absent |
| Casts | Absent | | Absent |
| Crystals | Absent | | Absent |
| Bacteria | Absent | | Absent |
| Other Findings | Nil | | |

Method : Microscopy Examination

---------- End of Report. ----------

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