H·O·D
HOUSE of DIAGNOSTICS

Patient Name :	Demo Patient Name	**Lab No :**	Demo Visit No
Age / Sex :	29 Y / F	**Registration On :**	21-Jan-25 16:47
Referred By :	DEMO HOSPITAL	**Patient ID :**	UHID.DEMO.001
Centre :	HOD Head Office		

CBC

EDTA Whole Blood Sample

Accession No: DEMO_BARCODE **Collected On:** 21-Jan-25 16:47 **Received On:** 21-Jan-25 19:25 **Approved On:** 21-Jan-25 19:38

Observation	Result	Unit	Biological Ref. Interval	Method
Hemoglobin	**8.0**	gm/dL	12.0 - 15.0	Photometric Measurement
Total RBC	**3.11**	million/µL	3.8 - 4.8	Coulter Principle
Platelet Count	282	X 10^3 / µL	150 - 410 x 10^3/µL	Impedance
Total Leucocyte Count (WBC)	5.95	X 10^3 / µL	4.0 - 10.0	Flow Cytometry
Differential Leucocyte Count (DLC)				
Neutrophils	66.8	%	40 - 80	Flow Cytometry
Lymphocytes	26.6	%	20 - 40	Flow Cytometry
Monocytes	5.3	%	2 - 10	Flow Cytometry
Eosinophils	1.1	%	1 - 6	Flow Cytometry
Basophils	0.2	%	0 - 1	Flow Cytometry
Absolute Neutrophil Count	3.97	X 10^3 / µL	2.0 - 7.5	Flow Cytometry
Absolute Lymphocyte Count	1.58	X 10^3 / µL	1.0 - 4.0	Flow Cytometry
Absolute Monocyte Count	0.32	X 10^3 / µL	0.2 - 1.0	Flow Cytometry
Absolute Eosinophil Count	0.07	X 10^3 / µL	0.04 - 0.44	Flow Cytometry
Absolute Basophil Count	0.02	X 10^3 / µL	0.00 - 0.30	Flow Cytometry
Indices				
Hematocrit (PCV)	**27.2**	%	36 - 46	Calculated
Mean Corpuscular Volume (MCV)	87.5	fL	83 - 101	Calculated
Mean Corp. Hemoglobin (MCH)	**25.8**	pg	27 - 32	Calculated
MCH Concentration (MCHC)	**29.4**	g/dl	31.5 - 34.5	Calculated
Red Cell Dist. Width (RDW-CV)	14.1	%	11.5 - 14.5	Calculated
Red Cell Dist. Width (RDW-SD)	45.4	fL	39 - 46	Calculated
Mean Platelet Volume (MPV)	**14.8**	fL	7-5 - 12.0	Calculated
P-LCC	**167**	10^9/L	30-90	SF Cube
P-LCR	**59.22**	%	11-45	Calculated
Neutrophil-Lymphocyte Ratio (NLR)	2.51	Ratio		Calculated
Mentzer Index	28.14	Index		Calculated

Remarks: *Please correlate with clinical conditions*

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Glucose Fasting

Sodium Fluoride Sample

Accession No: DEMO_BARCODE **Collected On:** 21-Jan-25 16:47 **Received On:** 22-Jan-25 15:10 **Approved On:** 22-Jan-25 16:22

Observation	Result	Unit	Biological Ref. Interval	Method
Blood Sugar Fasting	82	mg/dL	70 - 100	GOD/POD, colorimetric

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Sample Type: Sodium Fluoride; A blood sample will be taken after 8 - 12 hours of fasting.
Method: Glucose oxidase hydrogen peroxidase
Technology: Dry Chemistry (VITROS MicroSlide, MicroSensor & Intellicheck Technology)
Analyzer: Fully Automated Integrated Biochemistry & ImmunoAssay Analyzer: VITROS 5600

Remarks: *Please correlate clinically*
Note: Blood glucose level is maintained by a very complex integrated mechanism involving a critical interplay of the release of hormones and action of enzymes on key metabolic pathways. If postprandial glucose is lower than fasting glucose, it is termed as postprandial reactive hypoglycemia (PRH). The possible cause of PRH are high insulin sensitivity, exaggerated response of insulin and glucagon-like peptide 1, defects in counter-regulation, very lean individuals, anxious individuals, after massive weight reduction, women with lower body overweight physical activity prior test, hypoglycemic medication, deliberately eating less or eat a non-carbohydrate meal before testing.

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Lipid Profile

Serum Sample

Accession No: DEMO_BARCODE **Collected On:** 21-Jan-25 16:47 **Received On:** 22-Jan-25 15:01 **Approved On:** 22-Jan-25 15:45

Observation	Result	Unit	Biological Ref. Interval	Method
Total Cholesterol	141	mg/dL	<200	Enzymatic (CHE/CHO/POD)
Triglyceride	73	mg/dL	<150	Enzymatic, Endpoint
HDL Cholesterol	67	mg/dL	>45	Direct Measure, PTA / MgCl2
VLDL Cholesterol	15	mg/dL	5-40	Calculated
LDL Cholesterol	59	mg/dL	<100	Friedewald Formula (Calculated)
Non-HDL Cholesterol	74	mg/dL	<130	Calculated
LDL / HDL Ratio	**0.88**	Ratio	1.5-3.5	Calculated
TC / HDL Ratio	**2.1**	Ratio	3-5	Calculated

Clinical Decision Limits*	Optimal	Above Optimal	Borderline High	High	Very High
Triglycerides	<150	-	150-199	200-499	>=500
Total Cholesterol	<200	200-239	-	>=239	-
LDL Cholesterol	<100	100-129	130-159	160-189	>=189
HDL Cholestrol	>45	-	40-45	<40	-
Non HDL Cholesterol**	<130	130 - 159	160 - 189	190 - 219	>=220

* Clinical Decision Limits are suggested from Tietz Fundamentals Of Clinical Chemistry And Molecular Diagnostics 8th Edition
** Suggested from National Lipid Association Recommendations for Patient Centered Management of Dyslipidemia: Part 1—Full Report (Volume 9, Issue 2, P129-169, March 01,2015, Terry A. Jacobson, MD et al.

Analyzer: Fully Automated Integrated Biochemistry and ImmunoAssay Analyzer: VITROS 5600
Technology: Dry Chemistry (VITROS MicroSlide, MicroSensor & Intellicheck Technology)

Reports of Lipid Profile are best obtained with 10 hours fasting.

Clinical Significance:
- Triglyceride: Very high levels of Triglyceride can be indicative of a significantly higher risk of coronary vascular disease. Elevation of triglyceride can be seen with fasting less than 12 hours, obesity medication, alcohol intake, diabetes mellitus or pancreatitis.
- Total Cholestrol: its fractions and triglycerides are the important plasma lipids identifying cardiovascular risk factor and in the management of cardiovascular disease. Values above 220 mg/dl are associated with increased risk of CHD regardless of HDL & LDL value.
- HDL - Cholestrol: Low levels of HDL are associated with an increased risk of coronary vascular disease even in the face of desirable levels of Cholesterol and LDL-Cholestrol
- LDL - Cholestrol: levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors.In case Triglyceride levels are more than 400 mg/dl, the patient is advised for a direct-LDL Cholesterol test.

Remarks: Please correlate results clinically.

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Liver Function Test

Serum Sample

Accession No: DEMO_BARCODE **Collected On:** 21-Jan-25 16:47 **Received On:** 21-Jan-25 19:25 **Approved On:** 21-Jan-25 20:25

Observation	Result	Unit	Biological Ref. Interval	Method
Total Protein	7.4	g/dL	6.5-8.3	Biuret, No Serum Blank
Albumin	4.6	g/dL	3.9 - 5.0	Bromocresol Green
Globulin	2.8	gm/dL	2.0-3.5	Calculated
A/G Ratio	1.64	Ratio	1.5-2.5	Calculated
Total Bilirubin	0.74	mg/dL	0.2-1.3	Azobilirubin/dyphylline
Conjugated Bilirubin	0.28	mg/dL	<0.3	Calculated
Unconjugated Bilirubin	0.46	mg/dL	<1.1	Spectrophotometry
SGOT (AST)	20	U/L	18-34	Enzymatic Colorimetric
SGPT (ALT)	11	U/L	4-35	UV with P5P
SGOT/SGPT Ratio	1.82	Ratio		Calculated
Alkaline Phosphatase	72	U/L	46 - 122	PNPP, AMP buffer
Gamma Glutamyl Transferase	**<10**	U/L	12 - 38	G-glutamyl-p-nitroanilide

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Clinical Significance of LFT:e clinical suspicion of liver disease usually leads to the measurement of the liver function tests (LFT) which include measurement of several enzymes, serum bilirubin and albumin. These parameters may point to an underlying pathological process and direct further investigation. The aim of investigation in patients with suspected liver disease are: ·To detect hepatic abnormality · Measurement of severity of liver damage · Identify the specific cause ·Investigate possible complications

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Technology: Dry Chemistry (VITROS MicroSlide, MicroSensor and Intellicheck Technology)
Analyzer: Fully Automated Biochemistry and ImmunoAssay Analyzer: VITROS 5600

Advise: Please correlate results clinically.

Kidney Function Test

Serum Sample

Accession No: DEMO_BARCODE **Collected On:** 21-Jan-25 16:47 **Received On:** 21-Jan-25 19:25 **Approved On:** 21-Jan-25 20:25

Observation	Result	Unit	Biological Ref. Interval	Method
Blood Urea	26	mg/dL	15-36	Urease, Colorimetric
Blood Urea Nitrogen	12.15	mg/dL	7 - 17	Calculated
Creatinine	0.60	mg/dL	0.5-1.04	Enzymatic
Estimated GFR	124.50	mL/min/1.73m2		Calculated By CKD-EPI(2021)
Uric Acid	3.7	mg/dL	2.5 - 6.2	Uricase , Colorimetric
Calcium	9.2	mg/dL	8.4 - 10.2	Arsenazo III
Phosphorus	3.7	mg/dL	2.5 - 4.5	Phosphomolybdate reduction
BUN/Creatinine Ratio	20.25	Ratio		Calculated
Urea/Creatinine Ratio	43.33	Ratio		Calculated
Electrolytes				
Sodium	139	mmol/L	137-145	ISE Direct
Potassium	4.2	mmol/L	3.5 - 5.1	ISE Direct
Chloride	104	mmol/L	98 - 107	ISE Direct

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Classification of eGFR by UK Kidney Association (2017):

eGFR (ml/min/1.73 m2)	GFR Category	Significance
>90	G1	Normal Renal Function
60-90	G2	Mild Impairment of Renal Function
45-59	G3a	Impaired Kidney Function
30-44	G3b	Impaired Kidney Function
15-29	G4	Significant Impairment of Renal Function
<15	G5	End-Stage Renal Failure (ESRF)

Technology: Dry Chemistry (VITROS MicroSlide, MicroSensor and Intellicheck Technology)
Remarks: Please correlate results clinically.

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ESR

EDTA Whole Blood Sample

Accession No: DEMO_BARCODE **Collected On:** 21-Jan-25 16:47 **Received On:** 21-Jan-25 19:25 **Approved On:** 21-Jan-25 21:06

Observation	Result	Unit	Biological Ref. Interval	Method
ESR	**29**	mm/hr	<20	Modified Westergren

Clinical Notes for ESR:
Increased ESR is seen in:
- In any chronic infection
- Active rheumatic fever
- Acute myocardial infection
- Nephrosis
- All type of shocks

Decreased ESR is seen in:
- Newborn infants
- Polycythemia
- Congestive heart failure
- Sickel cell anaemia

Remarks: Please correlate results with clinical conditions.

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