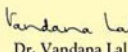


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(Hony) Brig. Dr. Arvind Lal
M.B.B.S., D.C.P.
Padmashree
FMR HONORARY PHYSICIAN TO THE PRESIDENT OF INDIA


Dr. Vandana Lal
M.D (PATH), IFCAP
Chief of Pathology
SHRIRAMANI AWARD WINNER

Name	: Mrs. SUNITA SHUKLA	Collected	: 24/2/2018 9:28:00AM
Lab No.	: 247715836	Received	: 24/2/2018 9:37:08AM
Age:	52 Years	Reported	: 27/2/2018 4:40:38PM
Gender:	Female	Report Status	: Final
A/c Status	: P	Ref By :	Dr. ANKIT JAIN

Test Name	Results	Units	Bio. Ref. Interval
ANTI NUCLEAR ANTIBODY / FACTOR (ANA/ANF), SERUM @ (EIA)	>169.00	Units	<20.00

Interpretation

RESULT IN UNITS	REMARKS
<20	Negative
20-60	Moderate positive
>60	Strong positive

Comments

Antinuclear antibodies are the most sensitive screening test for autoantibodies in patients suspected of connective tissue diseases. They are a heterogenous group of autoantibodies directed against ds-DNA, histones, SSA / Ro, SSB / La, Sm, Sm / RNP, Scl-70, Jo-1 & Centromere. ANA 's have also been detected in patients with Autoimmune Hepatitis (80%), Primary biliary cirrhosis (60%), Alcohol related liver disease (50%), Viral hepatitis B (40%). Presence of ANA has also been detected in individuals taking certain drugs like Hydralazine, Isoniazid, Chlorpromazine; family of SLE patients; healthy and elderly persons

SSA/Ro ANTIBODY, SERUM @ (EIA)	153.76	Units	<20.00
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Interpretation


RESULT IN UNITS	REMARKS
<20	Negative
20-39	Weak Positive
40-80	Moderate Positive
>80	Strong Positive

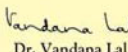
Comments

Patients with SLE may have antibodies to SSA/Ro alone or may have both SSA/Ro & SSB/La antibodies. Presence of SSA/Ro antibody alone is commonly seen in association with HLA DR2 in patients less than 22 years of age at onset. Presence of both SSA/Ro & SSB/La in SLE is associated with HLA DR3 and is seen in older patients more than 50 years of age at onset. SLE patients with SSA/Ro antibodies develop a much more serious renal disease and have a higher incidence of concomitant Anti DNA antibodies.



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A/c Status : P	Ref By : Dr. ANKIT JAIN	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
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Increased levels

- Subacute cutaneous Lupus erythematosus
- Neonatal Lupus erythematosus syndrome with congenital heart block and cutaneous lesions
- Homozygous C2 & C4 deficiency with SLE like disease
- Primary Sjogren's syndrome vasculitis, Rheumatoid factor positivity & severe systemic symptoms
- ANA negative SLE patients
- SLE with Interstitial pneumonitis

SSB/La ANTIBODY, SERUM @ (EIA)	118.93	Units	<20.00
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Interpretation

RESULT IN UNITS	REMARKS
<20	Negative
20-39	Weak Positive
40-80	Moderate Positive
>80	Strong Positive

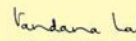
Comments

SSB/La antibodies are primarily considered as a serological marker of Primary Sjogren's syndrome and are detected in nearly 90% of these patients. They are also seen in 6-15% cases of ANA positive SLE patients. Presence of both SSB / La & SSA/Ro antibodies in SLE patients shows a lower incidence of renal disease and lower levels of concomitant Anti DNA antibodies. Detection of this antibody can precede the development of symptoms of Sicca syndrome by several years.



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Age:	52 Years	Reported	: 27/2/2018 4:40:38PM
Gender:	Female	Report Status	: Final
A/c Status	: P	Ref By	: Dr. ANKIT JAIN

Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE,TOTAL, SERUM (CLIA)			
T3, Total	0.84	ng/mL	0.60 - 1.81
T4, Total	6.80	ug/dL	5.01 - 12.45
TSH	11.13	uIU/mL	0.35 - 5.50

Interpretation

PREGNANCY	REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

Note


1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

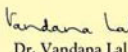
Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic - Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood


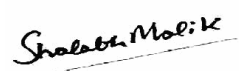



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A/c Status : P	Ref By : Dr. ANKIT JAIN	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
 Dr. Ritu Nayar MD (Microbiology) Deputy HOD Microbiology & Serology - NRL	 Dr. Shalabh Malik MD (Microbiology) National Head - Microbiology & Serology - NRL	 Dr. Kiran Bhargava Pathak MBBS, MD(PATH) Chief of Lab	

-----End of report -----



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Name	: Mrs. SUNITA SHUKLA	Collected	: 21/9/2018 8:39:00AM
Lab No.	: 255899930	Received	: 21/9/2018 8:55:21AM
Age: 52 Years	Gender: Female	Reported	: 25/9/2018 6:04:19PM
A/c Status : P	Ref By : SELF	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
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SWASTHFIT SUPER 2 PACKAGE

HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC)	6.1	%
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Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years . Goal of therapy: < 7.0 . Action suggested: > 8.0 Age < 19 years . Goal of therapy: <7.5

- Note:** 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

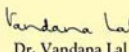
ADA criteria for correlation between HbA1c & Mean plasma glucose levels

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154



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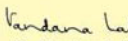
Name	: Mrs. SUNITA SHUKLA	Collected	: 21/9/2018 8:39:00AM
Lab No.	: 255899930	Received	: 21/9/2018 8:55:21AM
Age	: 52 Years	Reported	: 25/9/2018 6:04:19PM
Gender	: Female	Report Status	: Final
A/c Status	: P	Ref By	: SELF

Test Name	Results	Units	Bio. Ref. Interval
8	183		
9	212		
10	240		
11	269		
12	298		



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Lab No.	: 255899930	Received	: 21/9/2018 8:55:21AM
Age:	52 Years	Reported	: 25/9/2018 6:04:19PM
Gender:	Female	Report Status	: Final
A/c Status	: P	Ref By	: SELF

Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE,TOTAL, SERUM (CLIA)			
T3, Total	1.18	ng/mL	0.60 - 1.81
T4, Total	9.40	ug/dL	5.01 - 12.45
TSH	4.05	uIU/mL	0.35 - 5.50

Interpretation

PREGNANCY	REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

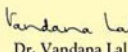
Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic - Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood



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Name	: Mrs. SUNITA SHUKLA	Collected	: 21/9/2018 8:39:00AM
Lab No.	: 255899930	Received	: 21/9/2018 8:55:21AM
Age: 52 Years	Gender: Female	Reported	: 25/9/2018 6:04:19PM
A/c Status : P	Ref By : SELF	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
ANTI NUCLEAR ANTIBODY / FACTOR (ANA/ANF), SERUM @ (EIA)	195.82	Units	<20.00

Interpretation

RESULT IN UNITS	REMARKS
<20	Negative
20-60	Moderate positive
>60	Strong positive

Comments

Antinuclear antibodies are the most sensitive screening test for autoantibodies in patients suspected of connective tissue diseases. They are a heterogenous group of autoantibodies directed against ds-DNA, histones, SSA / Ro, SSB / La, Sm, Sm / RNP, Scl-70, Jo-1 & Centromere. ANA 's have also been detected in patients with Autoimmune Hepatitis (80%), Primary biliary cirrhosis (60%), Alcohol related liver disease (50%), Viral hepatitis B (40%). Presence of ANA has also been detected in individuals taking certain drugs like Hydralazine, Isoniazid, Chlorpromazine; family of SLE patients; healthy and elderly persons

SSA/Ro ANTIBODY, SERUM @ (EIA)	125.40	Units	<20.00
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Interpretation


RESULT IN UNITS	REMARKS
<20	Negative
20-39	Weak Positive
40-80	Moderate Positive
>80	Strong Positive

Comments

Patients with SLE may have antibodies to SSA/Ro alone or may have both SSA/Ro & SSB/La antibodies. Presence of SSA/Ro antibody alone is commonly seen in association with HLA DR2 in patients less than 22 years of age at onset. Presence of both SSA/Ro & SSB/La in SLE is associated with HLA DR3 and is seen in older patients more than 50 years of age at onset. SLE patients with SSA/Ro antibodies develop a much



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Age:	52 Years	Reported	: 25/9/2018 6:04:19PM
Gender:	Female	Report Status	: Final
A/c Status	: P	Ref By	: SELF

Test Name	Results	Units	Bio. Ref. Interval
more serious renal disease and have a higher incidence of concomitant Anti DNA antibodies.			

Increased levels

- Subacute cutaneous Lupus erythematosus
- Neonatal Lupus erythematosus syndrome with congenital heart block and cutaneous lesions
- Homozygous C2 & C4 deficiency with SLE like disease
- Primary Sjogren's syndrome vasculitis, Rheumatoid factor positivity & severe systemic symptoms
- ANA negative SLE patients
- SLE with Interstitial pneumonitis

SSB/La ANTIBODY, SERUM @ (EIA)	95.20	Units	<20.00
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Interpretation

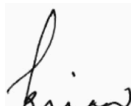
RESULT IN UNITS	REMARKS
<20	Negative
20-39	Weak Positive
40-80	Moderate Positive
>80	Strong Positive

Comments

SSB/La antibodies are primarily considered as a serological marker of Primary Sjogren's syndrome and are detected in nearly 90% of these patients. They are also seen in 6-15% cases of ANA positive SLE patients. Presence of both SSB / La & SSA/Ro antibodies in SLE patients shows a lower incidence of renal disease and lower levels of concomitant Anti DNA antibodies. Detection of this antibody can precede the development of symptoms of Sicca syndrome by several years.




Dr. Anil Arora
MD (Pathology)
HOD Hemat & Imm - NRL

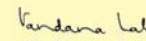


Dr. Kiran Bhargava Pathak
MBBS, MD(PATH)
Chief of Lab



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Lab No.	: 255899930	Received	: 21/9/2018 8:55:21AM
Age: 52 Years	Gender: Female	Reported	: 25/9/2018 6:04:19PM
A/c Status : P	Ref By : SELF	Report Status	: Final


Test Name	Results	Units	Bio. Ref. Interval
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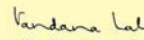
IMPORTANT INSTRUCTIONS

*Test results released pertain to the specimen submitted.*All test results are dependent on the quality of the sample received by the Laboratory.
*Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.*Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.*Test results may show interlaboratory variations.*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).*Test results are not valid for medico legal purposes. *Contact customer care Tel No. +91-11-39885050 for all queries related to test results.



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Chief of Pathology
SHROMANI AWARD WINNER

Name	: MRS. SUNITA SHUKLA	Collected	: 21-9-2018 08:39 AM
Lab No.	: 255899930	Received	: 21-9-2018 10:58 AM
Age	: 52 Yrs.	Reported	: 21-9-2018 01:37 PM
Gender	: Female	Report Status	: Final
A/c Status	: Ref By: SELF,		

Test Name	Results	Units	Bio. Ref. Interval
ERYTHROCYTE SEDIMENTATION RATE ;ESR (Westergren)	28	mm/hr	< 30.00

Note

1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood.

C-REACTIVE PROTEIN; CRP, SERUM (ICT)	Positive
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
Comments

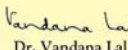
CRP is an acute phase reactant which is used in inflammatory disorders for monitoring course and effect of therapy. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis and infections. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.



Dr. Surendra K. Singh
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M.D. patho

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
Name : MRS. SUNITA SHUKLA Collected : 21-9-2018 08:39 AM
Lab No. : 255899930 Age : 52 Yrs. Gender : Female Received : 21-9-2018 10:58 AM
A/c Status : Ref By: SELF, Reported : 21-9-2018 01:37 PM
Report Status : Final

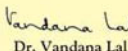
Test Name	Results	Units	Bio. Ref. Interval
LIVER & KIDNEY PANEL, SERUM (Reflectance Photometry, Direct ISE)			
Urea	19.9	mg/dL	17.00 - 43.00
Creatinine	0.9	mg/dL	0.51 - 0.95
Uric Acid	3.4	mg/dL	2.60 - 6.00
AST (SGOT)	44.0	U/L	< 35.00
ALT (SGPT)	47.0	U/L	< 35.00
GGTP	9.0	U/L	< 38.00
Alkaline Phosphatase (ALP)	97.0	U/L	30.00 - 120.00
Bilirubin, Total	0.4	mg/dL	0.30 - 1.20
Bilirubin, Direct	0.2	mg/dL	< 0.20
Bilirubin, Indirect	0.2	mg/dL	
Total Protein	8.80	g/dL	6.40 - 8.30
Albumin	4.30	g/dL	3.50 - 5.20
Globulins	4.5	g/dL	2.50 - 3.50
A/G Ratio	0.96 : 1		
Calcium	8.9	mg/dL	8.80 - 10.60
Phosphorus	4.0	mg/dL	2.40 - 4.40
Sodium	140.4	mEq/L	136.00 - 146.00
Potassium	4.79	mEq/L	3.50 - 5.10
Chloride	109.8	mEq/L	101.00 - 109.00



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M.D (PATH), IFCAP
Chief of Pathology
SHROMANI AWARD WINNER

Name : MRS. SUNITA SHUKLA **Collected : 21-9-2018 08:39 AM**
Lab No. : 255899930 **Age : 52 Yrs.** **Gender : Female** **Received : 21-9-2018 10:58 AM**
A/c Status : **Ref By: SELF ,** **Reported : 21-9-2018 01:37 PM**
Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT (CBC) (Electrical Impedence, Photometric)			
Hemoglobin	11.0	g/dL	11.50 - 15.00
PCV (Packed Cell Volume)	36.4	%	36.00 - 46.00
Total Leucocyte Count (TLC)	4	thou/mm3	4.00 - 10.00
RBC Count	3.95	mill/mm3	3.80 - 4.80
MCV	92	fL	80.00 - 100.00
MCH	27.9	pg	27.00 - 32.00
MCHC	30.3	g/dL	32.00 - 35.00
RDW	12.7	%	11.50 - 14.50
Platelet Count	174	thou/mm3	150.00 - 450.00
Differential Leucocyte Count (DLC)			
Neutrophils	60	%	40.00 - 80.00
Lymphocytes	34	%	20.00 - 40.00
Monocytes	02	%	2.00 - 10.00
Eosinophils	04	%	1.00 - 6.00
Basophils	00	%	< 2.00
Absolute Leucocyte Count			


Note

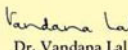
- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
- Test conducted on EDTA whole blood.



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L63 - LPL Sagar
GROUND FLOOR, IN FRONT
OF BUNDELKHAND
MEDICAL COLLEGE, TILLI ,
NEAR GOUTAM TRADERS ,
SAGAR (M-P) 470001


(Hony) Brig. Dr. Arvind Lal
M.B.B.S., D.C.P.
Padmashree
FMR HONORARY PHYSICIAN TO THE PRESIDENT OF INDIA


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Test Name	Results	Units	Bio. Ref. Interval
LIPID SCREEN, SERUM (Reflectance Photometry, Calculated)			
Cholesterol, Total	113.0	mg/dL	<200.00
Triglycerides	126.0	mg/dL	<150.00
HDL Cholesterol	19.0	mg/dL	>50.00
LDL Cholesterol	69	mg/dL	<100.00
VLDL Cholesterol	25	mg/dL	<30.00
CHOL/HDL	5.95		
LDL/HDL	3.63		

Interpretation

INTERPRETATION	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL
Optimal	< 200	< 150	< 100
Above optimal	-	-	100 - 129
Borderline High	200 - 239	150 - 199	130 - 159
High	>= 240	200 - 499	160 - 189
Very High	-	>= 500	>= 190

Note:


- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol.
- NLA-2014 recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL.

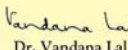


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----- End of report -----

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IMPORTANT INSTRUCTIONS

*Test results released pertain to the specimen submitted. *All test results are dependent on the quality of the sample received by the Laboratory. *Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. *Sample repeats are accepted on request of Referring Physician within 7 days post reporting. *Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. *Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. *Test results may show interlaboratory variations. *The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). *Test results are not valid for medico legal purposes. *Contact customer care Tel No. +91-11-39885050 for all queries related to test results.