



REPORT



| | |
|-----------------------------------|----------------------------------|
| Patient Name : Miss. PRIYA | Registration No |
| Age/Sex : 24 Y/Female | Registered : 12/Jun/2021 |
| Patient ID : 012106120006 | Collection : 12/Jun/2021 05:25PM |
| Barcode : 10007466 | Received : 12/Jun/2021 05:29PM |
| Ref. By : Self | Reported : 12/Jun/2021 07:14PM |
| SRF No. : | Panel : MERRY DIAGNOSTIC |
| Adhar No : | Passport No. : |

| Test Name | Value | Unit | Bio Ref.Interval |
|--|-------|--------|------------------|
| ESR [WESTERGREIN] , Na-Citrate Sedimentation | 10 | mm/1st | 0 - 10 |

Dr. Shivani Jha
MD Pathology

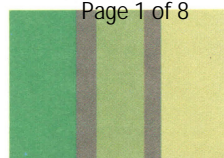


NABL ACCREDITED & ICMR APPROVED FOR COVID-19

360 Diagnostics & Health Services Pvt. Ltd.

C 1/2, Sector-31, Noida - 201 301 (U.P.) Tel: 0120-4224797, 766 930 0052

Email: customercare@360healthservices.com Website: www.360healthservices.com



www.itdoseinfo.com



REPORT



| | |
|-----------------------------------|----------------------------------|
| Patient Name : Miss. PRIYA | Registration No |
| Age/Sex : 24 Y/Female | Registered : 12/Jun/2021 |
| Patient ID : 012106120006 | Collection : 12/Jun/2021 05:25PM |
| Barcode : 10007466 | Received : 12/Jun/2021 05:29PM |
| Ref. By : Self | Reported : 12/Jun/2021 07:14PM |
| SRF No. : | Panel : MERRY DIAGNOSTIC |
| Adhar No : | Passport No. : |

| Test Name | Value | Unit | Bio Ref.Interval |
|--|---------------|----------------------|------------------|
| CBC, COMPLETE BLOOD COUNT;EDTA | | | |
| HAEMOGLOBIN ,EDTA Surfactant method (colorimetric method) | 14.0 | gm/dL | 13.0-17.0 |
| RBC COUNT,EDTA Electrical resistance detection | 3.9 | 10 ⁶ /μL | 4.5-6.5 |
| PCV/ HAEMATOCRIT ,EDTA Histogram calculation | 39.50 | % | 36.0-46.0 |
| MCV ,EDTA Calculated | 100.80 | fL | 83-100 |
| MCH ,EDTA Calculated | 35.70 | pg | 27-33 |
| MCHC ,EDTA Calculated | 35.40 | gm/dL | 31.0-35.0 |
| RDW (CV) ,EDTA Calculated | 14.60 | % | 11.6-14.0 |
| TLC (TOTAL LEUCOCYTE COUNT) ,EDTA Electrical resistance detection | 13 | X10 ³ uL | 4.00-10.00 |
| DIFFERENTIAL LEUCOCYTE COUNT | | | |
| NEUTROPHIL Flow Cytometry | 69.0 | % | 40-80 |
| LYMPHOCYTES Flow Cytometry | 23.0 | % | 20-40 |
| MONOCYTES Flow Cytometry | 5.0 | % | 2-10 |
| EOSINOPHIL Flow Cytometry | 3.0 | % | 2-6 |
| BASOPHILS Flow Cytometry | 0.0 | % | < 1-2 |
| PLATELET COUNT ,EDTA Electrical resistance detection | 255 | x10 ³ /uL | 150-410 |

Dr. Shivani Jha
MD Pathology

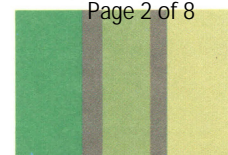


NABL ACCREDITED & ICMR APPROVED FOR COVID-19

360 Diagnostics & Health Services Pvt. Ltd.

C 1/2, Sector-31, Noida - 201 301 (U.P.) Tel: 0120-4224797, 766 930 0052

Email: customercare@360healthservices.com Website: www.360healthservices.com





REPORT



| | |
|-----------------------------------|----------------------------------|
| Patient Name : Miss. PRIYA | Registration No |
| Age/Sex : 24 Y/Female | Registered : 12/Jun/2021 |
| Patient ID : 012106120006 | Collection : 12/Jun/2021 05:25PM |
| Barcode : 10007466 | Received : 12/Jun/2021 05:26PM |
| Ref. By : Self | Reported : 12/Jun/2021 07:16PM |
| SRF No. : | Panel : MERRY DIAGNOSTIC |
| Adhar No : | Passport No. : |

| Test Name | Value | Unit | Bio Ref.Interval |
|--|-------|-------|------------------|
| GLUCOSE RANDOM , Sodium-Fluoride Plasma GOD-POD | 91.40 | mg/dL | 70 - 160 |
| LIVER FUNCTION TEST(LFT) | | | |
| TOTAL BILIRUBIN ,Serum Dyphylline | 0.97 | mg/dL | 0.1 - 1.2 |
| DIRECT BILIRUBIN (Conj.) ,Serum Calculated | 0.47 | mg/dL | 0.0-0.82 |
| INDIRECT BILIRUBIN,Serum Spectrophotometric | 0.50 | mg/dL | 0.2 - 0.70 |
| SGOT (AST) ,Serum UV With P5P | 22.40 | U/L | 0-32 |
| SGPT (ALTV), Serum Kinetic WITH PYRIDOXAL 5 PHOSPHATE | 25.70 | U/L | 00-45 |
| TOTAL PROTEIN , Serum Biuret | 6.85 | g/dL | 6.3-8.2 |
| ALBUMIN,SERUM Bromocresol Green | 3.92 | gm/dL | 3.5-5.0 |
| GLOBULIN,Serum Calculated | 2.93 | gm/dL | 2.0-4.0 |
| A/G Ratio ,Serum Calculated | 1.34 | | 0.8 - 2.1 |
| ALKALINE PHOSPHATASE ,Serum pNPP/AMP buffer | 98.0 | U/L | 35-104 |

Note

- In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
- In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio >1 is

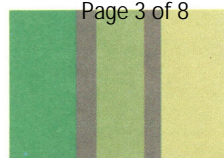
Dr. Shivani Jha
MD Pathology



NABL ACCREDITED & ICMR APPROVED FOR COVID-19

360 Diagnostics & Health Services Pvt. Ltd.

C 1/2, Sector-31, Noida - 201 301 (U.P.) Tel: 0120-4224797, 766 930 0052
Email: customercare@360healthservices.com Website: www.360healthservices.com





REPORT



| | |
|-----------------------------------|----------------------------------|
| Patient Name : Miss. PRIYA | Registration No |
| Age/Sex : 24 Y/Female | Registered : 12/Jun/2021 |
| Patient ID : 012106120006 | Collection : 12/Jun/2021 05:25PM |
| Barcode : 10007466 | Received : 12/Jun/2021 05:26PM |
| Ref. By : Self | Reported : 12/Jun/2021 07:16PM |
| SRF No. : | Panel : MERRY DIAGNOSTIC |
| Adhar No : | Passport No. : |

| Test Name | Value | Unit | Bio Ref.Interval |
|-----------|-------|------|------------------|
|-----------|-------|------|------------------|

highly suggestive of advanced liver fibrosis.

- In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
- In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

Dr. Shivani Jha
MD Pathology

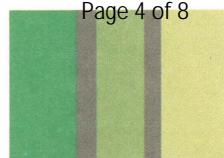


NABL ACCREDITED & ICMR APPROVED FOR COVID-19

360 Diagnostics & Health Services Pvt. Ltd.

C 1/2, Sector-31, Noida - 201 301 (U.P.) Tel: 0120-4224797, 766 930 0052

Email: customer-care@360healthservices.com Website: www.360healthservices.com





REPORT



| | |
|-----------------------------------|----------------------------------|
| Patient Name : Miss. PRIYA | Registration No |
| Age/Sex : 24 Y/Female | Registered : 12/Jun/2021 |
| Patient ID : 012106120006 | Collection : 12/Jun/2021 05:25PM |
| Barcode : 10007466 | Received : 12/Jun/2021 05:26PM |
| Ref. By : Self | Reported : 12/Jun/2021 07:16PM |
| SRF No. : | Panal : MERRY DIAGNOSTIC |
| Adhar No : | Passport No. : |

www.itdoseinfo.com

| Test Name | Value | Unit | Bio Ref.Interval |
|---|-------|--------|------------------|
| KIDNEY FUNCTION TEST (KFT / RFT) | | | |
| UREA ,Serum Urease | 12.40 | mg/dL | 16.6-48.5 |
| BLOOD UREA NITROGEN UREASE | 5.78 | mg/dl | 9 - 20 |
| CREATININE Enzymatic (creatinine amidohydrolase) | 0.51 | mg/dl | 0.70-1.20 |
| URIC ACID ,Serum Uricase | 3.70 | mg/dL | 2.5 - 6.2 |
| CALCIUM , Serum Arsenazo dye | 9.70 | mg/dL | 8.4-10.64 |
| PHOSPHORUS , Serum Phosphomolybdate | 2.97 | mg/dL | 2.5-4.5 |
| SODIUM ,Serum ISE | 139.5 | mmol/L | 137-145 |
| POTASSIUM ,Serum ISE | 4.30 | mmol/L | 3.5-5.1 |

INTERPRETATION:

Urea is the end product of protein metabolism.It reflects on functioning of the kidney in the body. Creatinine is the end product of creatine metabolism.It is a measure of renal function and elevated levels are observed in patients typically with 50% or greater impairment of renal function.Sodium is critical in maintaining water & osmotic equilibrium in extracellular fluids.Disturbances in acid base and water balance are typically reflected in the sodium concentrations .Potassium is an essential element involved in critical cell functions. Potassium levels are influenced by electrolyte intake ,excretion and other means of elimination ,exercise ,hydration and medications. Calcium imbalance may cause a spectrum of disease. High concentrations are seen in Hyperparathyroidism,Malignancy & Sarcoidosis. Low levels may be due to protein deficiency,renal insufficiency and Hypoparathyroidism.Repeat measurement is recommended if the values are outside the reference range.

Dr. Shivani Jha
MD Pathology



NABL ACCREDITED & ICMR APPROVED FOR COVID-19

360 Diagnostics & Health Services Pvt. Ltd.

C 1/2, Sector-31, Noida - 201 301 (U.P.) Tel: 0120-4224797, 766 930 0052
Email: customercare@360healthservices.com Website: www.360healthservices.com



REPORT



| | |
|-----------------------------------|----------------------------------|
| Patient Name : Miss. PRIYA | Registration No |
| Age/Sex : 24 Y/Female | Registered : 12/Jun/2021 |
| Patient ID : 012106120006 | Collection : 12/Jun/2021 05:25PM |
| Barcode : 10007466 | Received : 12/Jun/2021 05:26PM |
| Ref. By : Self | Reported : 12/Jun/2021 07:16PM |
| SRF No. : | Panel : MERRY DIAGNOSTIC |
| Adhar No : | Passport No. : |

| Test Name | Value | Unit | Bio Ref.Interval |
|--|---------------|-------|------------------|
| LIPID PROFILE | | | |
| TOTAL CHOLESTEROL ,Serum Enzymatic(CHE/CHO/POD) | 168.00 | mg/dL | <200.0 |
| TRIGLYCERIDE , Serum GK/GPO/POD | 334.70 | mg/dL | <150.0 |
| HDL-CHOLESTEROL , Serum Direct measure | 40.60 | mg/dL | >40.0 |
| LDL CHOLESTEROL, Serum Calculated | 60.46 | mg/dL | <100.0 |
| VLDL ,Serum Calculated | 66.94 | mg/dL | < 30 |
| TOTAL CHOLESTEROL /HDL RATIO ,Serum Calculated | 4.14 | | <3.5 |
| LDL / HDL CHOLESTEROL RATIO Calculated | 1.49 | | 2.54 - 3.5 |

INTERPRETATION:

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and pancreatitis. CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol. LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL-cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.

Dr. Shivani Jha
MD Pathology



NABL ACCREDITED & ICMR APPROVED FOR COVID-19

360 Diagnostics & Health Services Pvt. Ltd.

C 1/2, Sector-31, Noida - 201 301 (U.P.) Tel: 0120-4224797, 766 930 0052
Email: customercare@360healthservices.com Website: www.360healthservices.com



REPORT



| | |
|-----------------------------------|----------------------------------|
| Patient Name : Miss. PRIYA | Registration No |
| Age/Sex : 24 Y/Female | Registered : 12/Jun/2021 |
| Patient ID : 012106120006 | Collection : 12/Jun/2021 05:25PM |
| Barcode : 10007466 | Received : 12/Jun/2021 05:29PM |
| Ref. By : Self | Reported : 12/Jun/2021 07:16PM |
| SRF No. : | Panel : MERRY DIAGNOSTIC |
| Adhar No : | Passport No. : |

| Test Name | Value | Unit | Bio Ref.Interval |
|-----------------------------------|--------|--------|------------------|
| THYROID PROFILE.(TFT)SERUM | | | |
| T3 ,Serum ECLIA | 102.40 | ng/mL | 80-200 |
| T4 ,Serum ECLIA | 8.20 | ug/dL | 4.6-12.0 |
| TSH, Serum ECLIA | 3.33 | uIU/mL | 2.7-5.50 |

| TSH | T3 / FT3 | T4 / FT4 | Suggested Interpretation for the Thyroid Function Tests Pattern |
|------------------------|-----------------|-----------------|---|
| Within range | Decreased | Within range | Isolated Low T3-often seen in elderly & associated non-thyroidal illness. In elderly the drop in T3 level can be upto 25%. |
| Raised | Within range | Within Range | Isolated high TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & biological TSH variability. |
| | | | Subclinical Autoimmune Hypothyroidism |
| | | | Intermittent T4 therapy for hypothyroidism |
| | | | Recovery phase after non-thyroidal illness" |
| Raised | Decreased | Decreased | Chronic Autoimmune Thyroiditis |
| | | | Post thyroidectomy, post radioiodine |
| | | | Hypothyroid phase of transient thyroiditis" Interfering antibodies to thyroid hormones (anti-TPO antibodies) |
| Raised or within range | Raised | Raised / Normal | Intermittent T4 therapy or T4 overdose Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics |
| Decreased | Raised / Normal | Raised / Normal | Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness |
| | | | Subclinical Hyperthyroidism |

Dr. Shivani Jha
MD Pathology

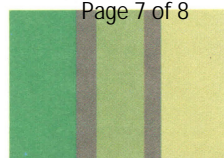


NABL ACCREDITED & ICMR APPROVED FOR COVID-19

360 Diagnostics & Health Services Pvt. Ltd.

C 1/2, Sector-31, Noida - 201 301 (U.P.) Tel: 0120-4224797, 766 930 0052

Email: customercare@360healthservices.com Website: www.360healthservices.com





REPORT



| | |
|-----------------------------------|----------------------------------|
| Patient Name : Miss. PRIYA | Registration No |
| Age/Sex : 24 Y/Female | Registered : 12/Jun/2021 |
| Patient ID : 012106120006 | Collection : 12/Jun/2021 05:25PM |
| Barcode : 10007466 | Received : 12/Jun/2021 05:29PM |
| Ref. By : Self | Reported : 12/Jun/2021 07:16PM |
| SRF No. : | Panal : MERRY DIAGNOSTIC |
| Adhar No : | Passport No. : |

| Test Name | Value | Unit | Bio Ref.Interval |
|--------------|-----------|--------------|--|
| | | | Thyroxine ingestion" |
| Decreased | Decreased | Decreased | Central Hypothyroidism |
| | | | Non-Thyroidal illness |
| | | | Recent treatment for Hyperthyroidism (TSH remains suppressed)" |
| Decreased | Raised | Raised | Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule |
| | | | Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum" |
| Decreased or | Raised | Within range | T3 toxicosis |
| Within range | | | Non-Thyroidal illness |

*** End Of Report ***

Dr. Shivani Jha
MD Pathology

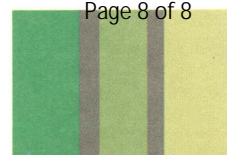


NABL ACCREDITED & ICMR APPROVED FOR COVID-19

360 Diagnostics & Health Services Pvt. Ltd.

C 1/2, Sector-31, Noida - 201 301 (U.P.) Tel: 0120-4224797, 766 930 0052

Email: customercare@360healthservices.com Website: www.360healthservices.com





REPORT



| | |
|-----------------------------------|----------------------------------|
| Patient Name : Miss. POOJA | Registration No |
| Age/Sex : 25 Y/Female | Registered : 12/Jun/2021 |
| Patient ID : 012106120008 | Collection : 12/Jun/2021 06:33PM |
| Barcode : 10007468 | Received : 12/Jun/2021 06:34PM |
| Ref. By : Self | Reported : 12/Jun/2021 07:09PM |
| SRF No. : | Panal : MERRY DIAGNOSTIC |
| Adhar No : | Passport No. : |

| Test Name | Value | Unit | Bio Ref.Interval |
|--|-------|--------|------------------|
| <u>THYROID PROFILE.(TFT)SERUM</u> | | | |
| T3 ,Serum ECLIA | 99.80 | ng/mL | 80-200 |
| T4 ,Serum ECLIA | 7.90 | ug/dL | 4.6-12.0 |
| TSH, Serum ECLIA | 5.14 | uIU/mL | 2.7-5.50 |

| TSH | T3 / FT3 | T4 / FT4 | Suggested Interpretation for the Thyroid Function Tests Pattern |
|------------------------|-----------------|-----------------|---|
| Within range | Decreased | Within range | Isolated Low T3-often seen in elderly & associated non-thyroidal illness. In elderly the drop in T3 level can be upto 25%. |
| Raised | Within range | Within Range | Isolated high TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & biological TSH variability. |
| | | | Subclinical Autoimmune Hypothyroidism |
| | | | Intermittent T4 therapy for hypothyroidism |
| | | | Recovery phase after non-thyroidal illness" |
| Raised | Decreased | Decreased | Chronic Autoimmune Thyroiditis |
| | | | Post thyroidectomy, post radioiodine |
| | | | Hypothyroid phase of transient thyroiditis" Interfering antibodies to thyroid hormones (anti-TPO antibodies) |
| Raised or within range | Raised | Raised / Normal | Intermittent T4 therapy or T4 overdose Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics |
| Decreased | Raised / Normal | Raised / Normal | Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness |
| | | | Subclinical Hyperthyroidism |

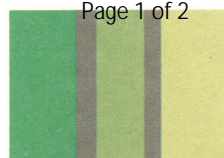
Dr. Shivani Jha
MD Pathology



NABL ACCREDITED & ICMR APPROVED FOR COVID-19

360 Diagnostics & Health Services Pvt. Ltd.

C 1/2, Sector-31, Noida - 201 301 (U.P.) Tel: 0120-4224797, 766 930 0052
Email: customercare@360healthservices.com Website: www.360healthservices.com





REPORT



| | |
|-----------------------------------|----------------------------------|
| Patient Name : Miss. POOJA | Registration No |
| Age/Sex : 25 Y/Female | Registered : 12/Jun/2021 |
| Patient ID : 012106120008 | Collection : 12/Jun/2021 06:33PM |
| Barcode : 10007468 | Received : 12/Jun/2021 06:34PM |
| Ref. By : Self | Reported : 12/Jun/2021 07:09PM |
| SRF No. : | Panel : MERRY DIAGNOSTIC |
| Adhar No : | Passport No. : |

| Test Name | Value | Unit | Bio Ref.Interval |
|--------------|-----------|--------------|--|
| | | | Thyroxine ingestion" |
| Decreased | Decreased | Decreased | Central Hypothyroidism |
| | | | Non-Thyroidal illness |
| | | | Recent treatment for Hyperthyroidism (TSH remains suppressed)" |
| Decreased | Raised | Raised | Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule |
| | | | Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum" |
| Decreased or | Raised | Within range | T3 toxicosis |
| Within range | | | Non-Thyroidal illness |

*** End Of Report ***

Dr. Shivani Jha
MD Pathology



NABL ACCREDITED & ICMR APPROVED FOR COVID-19

360 Diagnostics & Health Services Pvt. Ltd.

C 1/2, Sector-31, Noida - 201 301 (U.P.) Tel: 0120-4224797, 766 930 0052

Email: customercare@360healthservices.com Website: www.360healthservices.com

