

Tests you can trust

Name : Nayana Ujjainkar(36Y/F)

Date : <u>02 Mar 2025</u>

Test Asked: Mediwheel Health Checkup Below 40

Report Status: Complete Report



First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation*



















Your reports are digitally verifiable

Scan the QR code inside the report to check authenticity of reported values

QR code will remain active for 30 days from report release date

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NAME : NAYANA UJJAINKAR(36Y/F)

REF. BY : SELF

TEST ASKED : MEDIWHEEL HEALTH CHECKUP BELOW 40 **HOME COLLECTION:**

HIV SHANKAR 1 SOCIETY SEC 14 SANPADA NAVI MUMBAI HOME SHIV SHANKAR 1 SOCIETY SEC 14 SANPADA NAVI MUMBAI HOME SHIV

Report Availability Summary

Note: Please refer to the table below for status of your tests.

O 13 Ready	O Ready with Cancellation	O Processing	区 0 Cancelled in Lab
TEST DETAILS			REPORT STATUS
MEDIWHEEL HEALT	H CHECKUP BELOW 40		Ready ⊘
LIPID PROFILE			Ready ⊘
ERYTHROCYTE SED	IMENTATION RATE (ESR)		Ready ⊘
HEMOGRAM - 6 PAR	RT (DIFF)		Ready ⊘
T3-T4-USTSH			Ready ⊙
FASTING BLOOD SU	JGAR(GLUCOSE)		Ready ⊘
HbA1c			Ready ⊙
COMPLETE URINE A	ANALYSIS		Ready ⊘
VITAMIN B-12			Ready ⊙
LIVER FUNCTION T	ESTS		Ready ⊘
25-OH VITAMIN D ((TOTAL)		Ready ⊘
PHOSPHOROUS			Ready ⊘
SERUM ELECTROLY	TES		Ready ⊘
KIDPRO			Ready ⊘

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: NAYANA UJJAINKAR(36Y/F) NAME

: SELF

: MEDIWHEEL HEALTH CHECKUP BELOW 40 **TEST ASKED**

HOME COLLECTION:

HIV SHANKAR 1 SOCIETY SEC 14 SANPADA NAVI MUMBAI HOME SHIV SHANKAR 1 SOCIETY SEC 14 SANPADA NAVI MUMBAI HOME SHIV SHANKAR 1

Summary Report

Tests outside reference range					
TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.		
COMPLETE HEMOGRAM					
HEMATOCRIT(PCV)	34.7	%	36.0-46.0		
HEMOGLOBIN	11.6	g/dL	12.0-15.0		
MONOCYTES - ABSOLUTE COUNT	0.14	$X~10^3$ / μL	0.2 - 1.0		
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	38.5	fL	39.0-46.0		
ELECTROLYTES					
CHLORIDE	107.2	mmol/L	98 - 107		
LIPID					
HDL / LDL RATIO	0.38	Ratio	> 0.40		
LDL CHOLESTEROL - DIRECT	112	mg/dL	< 100		
LIVER					
ALKALINE PHOSPHATASE	39.8	U/L	45-129		
ASPARTATE AMINOTRANSFERASE (SGOT)	42.6	U/L	< 31		
OTHER COUNTS					
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm / hr	0 - 20		
RENAL					
BLOOD UREA NITROGEN (BUN)	6.73	mg/dL	7.94 - 20.07		
UREA (CALCULATED)	14.4	mg/dL	Adult : 17-43		
VITAMIN					
25-OH VITAMIN D (TOTAL)	19.6	ng/mL	30-100		
VITAMIN B-12	171	pg/mL	197-771		

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TEST NAME VALUE UNITS TECHNOLOGY 25-OH VITAMIN D (TOTAL) E.C.L.I.A 19.6 ng/mL

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Bio. Ref. Interval. :-

Deficiency: <=20 ng/ml || Insufficiency: 21-29 ng/ml Sufficiency: >= 30 ng/ml || Toxicity: >100 ng/ml

Clinical Significance:

Vitamin D is a fat soluble vitamin that has been known to help the body absorb and retain calcium and phosphorous; both are critical for building bone health.

Decrease in vitamin D total levels indicate inadequate exposure of sunlight, dietary deficiency, nephrotic syndrome. Increase in vitamin D total levels indicate Vitamin D intoxication.

Specifications: Precision: Intra assay (%CV):9.20%, Inter assay (%CV):8.50%

Kit Validation Reference: Holick M. Vtamin D the underappreciated D-Lightful hormone that is important for Skeletal

and cellular health Curr Opin Endocrinol Diabetes 2002:9(1)87-98.

Please correlate with clinical conditions.

Method:-Fully Automated Electrochemiluminescence Compititive Immunoassay

Sample Collected on (SCT) Sample Received on (SRT)

Report Released on (RRT)

Sample Type

Labcode **Barcode**

: 02 Mar 2025 08:39

: 02 Mar 2025 11:33

: 02 Mar 2025 15:38

: SERUM

: 0203000315/DS853 Dr Renuka MD(Path)

Dr Arshiya MD(Path)

Page: 1 of 13

: DL375071 Scan QR code to verify authenticity of reported results; active for 30 days from release time.

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TEST NAME VALUE UNITS TECHNOLOGY VITAMIN B-12 E.C.L.I.A 171 pg/mL Bio. Ref. Interval. :-

Normal: 197-771 pg/ml

Clinical significance:

Vitamin B12 or cyanocobalamin, is a complex corrinoid compound found exclusively from animal dietary sources, such as meat, eggs and milk. It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin-B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemias. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Intra assay (%CV):2.6%, Inter assay (%CV):2.3 %

Kit Validation Reference: Thomas L.Clinical laborator Diagnostics: Use and Assessment of Clinical laboratory Results 1st Edition, TH Books-Verl-Ges, 1998: 424-431

Please correlate with clinical conditions.

Fully Automated Electrochemiluminescence Compititive Immunoassay Method:-

Sample Collected on (SCT) : 02 Mar 2025 08:39

Report Released on (RRT) : 02 Mar 2025 15:38

: SERUM Sample Type

Sample Received on (SRT)

Barcode

Labcode

: 0203000315/DS853 Dr Renuka MD(Path)

: 02 Mar 2025 11:33

. DL375071

Dr Arshiya MD(Path)

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NAME : NAYANA UJJAINKAR(36Y/F)

REF. BY : SELF

TEST ASKED : MEDIWHEEL HEALTH CHECKUP BELOW 40

PATIENTID : NU25890606 **HOME COLLECTION:**

HIV SHANKAR 1 SOCIETY SEC 14 SANPADA NAVI MUMBAI HOME SHIV SHANKAR 1 SOCIETY SEC 14 SANPADA NAVI MUMBAI HOME SHIV SHANKAR 1

SOCIETY SEC 14 SANPADA NAVI MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	163	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	42	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	112	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	69	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.9	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	1.63	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	2.7	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.38	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	120.99	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	13.7	mg/dL	5 - 40

Please correlate with clinical conditions.

Method:

CHOL - Cholesterol Oxidase, Esterase, Peroxidase

HCHO - Direct Enzymatic Colorimetric

LDL - Direct Measure

TRIG - Enzymatic, End Point

TC/H - Derived from serum Cholesterol and Hdl values

TRI/H - Derived from TRIG and HDL Values

LDL/ - Derived from serum HDL and LDL Values

HD/LD - Derived from HDL and LDL values.

NHDL - Derived from serum Cholesterol and HDL values

VLDL - Derived from serum Triglyceride values

*REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:

TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

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Sample Type : SERUM

: 0203000315/DS853 Labcode

Barcode . DL375071 ekulkovi

Dr Renuka MD(Path)

Dr Arshiya MD(Path)

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REF. BY : SELF

TEST ASKED : MEDIWHEEL HEALTH CHECKUP BELOW 40

PATIENTID : NU25890606

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	39.8	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.62	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.14	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.48	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	16.3	U/L	< 38
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	42.6	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	32.7	U/L	< 34
SGOT / SGPT RATIO	CALCULATED	1.3	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	6.92	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.26	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.66	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.6	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method:

ALKP - Modified IFCC method

BILT - Vanadate Oxidation

BILD - Vanadate Oxidation

BILI - Derived from serum Total and Direct Bilirubin values

GGT - Modified IFCC method

SGOT - IFCC* Without Pyridoxal Phosphate Activation

SGPT - IFCC* Without Pyridoxal Phosphate Activation

OT/PT - Derived from SGOT and SGPT values.

PROT - Biuret Method

SALB - Albumin Bcg1method (Colorimetric Assay Endpoint)

SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

A/GR - Derived from serum Albumin and Protein values

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Labcode : 0203000315/DS853

: DL375071 **Barcode**

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Page: 4 of 13









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3.5 - 5.1

98 - 107

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I.S.E - INDIRECT

I.S.E - INDIRECT

: NAYANA UJJAINKAR(36Y/F) NAME

REF. BY : SELF

UREA (CALCULATED)

CREATININE - SERUM

PHOSPHOROUS

SODIUM

POTASSIUM

CHLORIDE

TEST NAME CALCIUM

URIC ACID

TEST ASKED : MEDIWHEEL HEALTH CHECKUP BELOW 40

PATIENTID : NU25890606

BLOOD UREA NITROGEN (BUN)

UREA / SR.CREATININE RATIO

BUN / SR.CREATININE RATIO

HOME COLLECTION:

3.89

107.2

HIV SHANKAR 1 SOCIETY SEC 14 SANPADA NAVI MUMBAI HOME SHIV SHANKAR 1 SOCIETY SEC 14 SANPADA NAVI MUMBAI HOME SHIV SHANKAR 1

SOCIETY SEC 14 SANPADA NAVI MUMBAI						
TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.			
PHOTOMETRY	9.05	mg/dL	8.8-10.6			
PHOTOMETRY	3.62	mg/dL	3.2 - 6.1			
PHOTOMETRY	6.73	mg/dL	7.94 - 20.07			
CALCULATED	14.4	mg/dL	Adult : 17-43			
PHOTOMETRY	0.65	mg/dL	0.55-1.02			
CALCULATED	22.16	Ratio	< 52			
CALCULATED	10.35	Ratio	9:1-23:1			
PHOTOMETRY	3.55	mg/dL	2.4 - 5.1			
I.S.E - INDIRECT	140.8	mmol/L	136 - 145			

mmol/L

mmol/L

Please correlate with clinical conditions.

Method:

CALC - Arsenazo III Method, End Point.

URIC - Uricase / Peroxidase Method

BUN - Kinetic UV Assay.

UREAC - Derived from BUN Value.

SCRE - Creatinine Enzymatic Method

UR/CR - Derived from UREA and Sr.Creatinine values.

B/CR - Derived from serum Bun and Creatinine values

PHOS - UNREDUCED PHOSPHOMOLYBDATE METHOD

SOD - ION SELECTIVE ELECTRODE - INDIRECT

POT - ION SELECTIVE ELECTRODE - INDIRECT

CHL - ION SELECTIVE ELECTRODE - INDIRECT

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Sample Type : SERUM

Labcode : 0203000315/DS853

Barcode . DL375071 hulkovi

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Dr Arshiya MD(Path)

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SOCIETY SEC 14 SANPADA NAVI MUMBAI

PATIENTID : NU25890606

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	138	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	9.49	μg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	3.5	μIU/mL	0.54-5.30

Comments: IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION

The Biological Reference Ranges is specific to the age group. Kindly correlate clinically.

Method:

T3,T4 - Fully Automated Electrochemiluminescence Compititive Immunoassay USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

Pregnancy reference ranges for TSH/USTSH:

Trimester | T3 (ng/dl) | T4 (μ g/dl) | TSH/USTSH (μ IU/ml)

1st || 83.9-196.6 || 4.4-11.5 || 0.1-2.5 2nd || 86.1-217.4 || 4.9-12.2 || 0.2-3.0 || 79.9-186 || 5.1-13.2 || 0.3-3.5 3rd

References:

Barcode

- 1. Carol Devilia, C I Parhon. First Trimester Pregnancy ranges for Serum TSH and Thyroid Tumor reclassified as Benign. Acta Endocrinol. 2016; 12(2): 242 - 243
- 2. Kulhari K, Negi R, Kalra DK et al. Establishing Trimester specific Reference ranges for thyroid hormones in Indian women with normal pregnancy: New light through old window. Indian Journal of Contemporary medical research. 2019; 6(4)

Disclaimer: Results should always be interpreted using the reference range provided by the laboratory that performed the test. Different laboratories do tests using different technologies, methods and using different reagents which may cause difference. In reference ranges and hence it is recommended to interpret result with assay specific reference ranges provided in the reports. To diagnose and monitor therapy doses, it is recommended to get tested every time at the same Laboratory.

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Sample Type : SERUM

Labcode : 0203000315/DS853 Dr Renuka MD(Path)

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TEST NAME VALUE UNITS TECHNOLOGY EST. GLOMERULAR FILTRATION RATE (eGFR) **CALCULATED** 117 mL/min/1.73 m2

Bio. Ref. Interval. :-

> = 90 : Normal 60 - 89 : Mild Decrease

45 - 59 : Mild to Moderate Decrease 30 - 44 : Moderate to Severe Decrease

15 - 29 : Severe Decrease

Clinical Significance

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a "gold standard" measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

Reference

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. Ann Intern Med. 2009;150(9):604-12.

Please correlate with clinical conditions.

Method:-2021 CKD EPI Creatinine Equation

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Report Released on (RRT) : 02 Mar 2025 15:38

: SERUM Sample Type

: 0203000315/DS853 Dr Renuka MD(Path) Labcode

Barcode . DL375071

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VALUE TEST NAME TECHNOLOGY UNITS HbA1c - (HPLC) H.P.L.C 4.8 %

Bio. Ref. Interval.:

Bio. Ref. Interval.: As per ADA Guidelines

Below 5.7% : Normal 5.7% - 6.4% : Prediabetic >=6.5% : Diabetic

Guidance For Known Diabetics

Below 6.5%: Good Control 6.5% - 7% : Fair Control

7.0% - 8% : Unsatisfactory Control

>8% : Poor Control

Method: Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG) **CALCULATED** 91 mg/dL

Bio. Ref. Interval. :

90 - 120 mg/dl : Good Control 121 - 150 mg/dl : Fair Control

151 - 180 mg/dl: Unsatisfactory Control

> 180 mg/dl : Poor Control

Method: Derived from HBA1c values

Please correlate with clinical conditions.

Sample Collected on (SCT) :02 Mar 2025 08:39

Sample Received on (SRT) : 02 Mar 2025 11:34 Report Released on (RRT) : 02 Mar 2025 14:23

Sample Type : EDTA Whole Blood

Barcode

Labcode :0203000338/DS853

: DM493475

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TEST NAME VALUE UNITS TECHNOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Bio. Ref. Interval. :-

MODIFIED WESTERGREN

mm / hr

Male: 0-15 Female: 0-20

Clinical Significance:

- An erythrocyte sedimentation rate (ESR) is a blood test that can rise if you have inflammation in your body. Its also used as a marker to monitor prognosis of an existing inflammatory/infective condition.
- Inflammation is your immune systems response to injury, infection, and many types of conditions, including immune system disorders, certain cancers and blood disorders.
- A high ESR test result may be from a condition that causes inflammation, such as: Arteritis, Arthritis, Systemic vasculitis, Polymyalgia rheumatica, Inflammatory bowel disease, Kidney disease, Infections like Tuberculosis etc, Rheumatoid arthritis and other autoimmune diseases, Heart disease, Certain cancers and many other Conditions.
- A low ESR test result may be caused by conditions such as: A blood disorder, such as: Polycythemia, Sickle cell disease (SCD), Leukocytosis, Heart failure, Certain kidney and liver problems etc.
- Certain physiological conditions also affect ESR results, these include: Pregnancy, menstrual cycle, ageing, obesity, drinking alcohol regularly, and exercise, Certain medicines and supplements also can affect ESR results.
- Hence Its always suggested to interpret ESR results in conjunction with Clinical History and other findings.

References:

https://medlineplus.gov/lab-tests/erythrocyte-sedimentation-rate-esr/

Please correlate with clinical conditions. MODIFIED WESTERGREN Method:-

Sample Collected on (SCT)

: 02 Mar 2025 08:39

Sample Received on (SRT) Report Released on (RRT) : 02 Mar 2025 11:34

: 02 Mar 2025 14:23

Sample Type

Labcode

. EDTA Whole Blood

: 0203000338/DS853 Dr Renuka MD(Path)

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Barcode . DM493475

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: SELF

TEST ASKED : MEDIWHEEL HEALTH CHECKUP BELOW 40 **HOME COLLECTION:**

HIV SHANKAR 1 SOCIETY SEC 14 SANPADA NAVI MUMBAI HOME SHIV SHANKAR 1 SOCIETY SEC 14 SANPADA NAVI MUMBAI HOME SHIV SHANKAR 1

PATIENTID : NU25890606

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interva
HEMOGLOBIN	SLS-Hemoglobin Method	11.6	g/dL	12.0-15.0
Hematocrit (PCV)	CPH Detection	34.7	%	36.0-46.0
Total RBC	HF & EI	3.87	X 10^6/μL	3.8-4.8
Mean Corpuscular Volume (MCV)	Calculated	89.7	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	30	pq	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	33.4	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	Calculated	38.5	fL	39.0-46.0
Red Cell Distribution Width (RDW - CV)	Calculated	11.9	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	275.8	-	*Refer Note below
MENTZER INDEX	Calculated	23.2	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	4.9	X 10 ³ / μL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	51.2	%	40-80
Lymphocytes Percentage	Flow Cytometry	39	%	20-40
Monocytes Percentage	Flow Cytometry	2.9	%	2-10
Eosinophils Percentage	Flow Cytometry	5.9	%	1-6
Basophils Percentage	Flow Cytometry	0.8	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.2	%	0.0-0.4
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	2.51	$X~10^3$ / μL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	1.91	$X~10^3$ / μL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.14	X 10³ / μL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.04	$X~10^3$ / μL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.29	$X~10^3$ / μL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.01	$X~10^3$ / μL	0.0-0.3
Nucleated Red Blood Cells	Calculated	0.01	$X~10^3$ / μL	0.0-0.5
PLATELET COUNT	HF & EI	233	$X~10^3$ / μL	150-410
Mean Platelet Volume (MPV)	Calculated	10.3	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	11.1	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	27.6	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.24	%	0.19-0.39

Remarks: Alert!!! Predominantly normocytic normochromic with ovalocytes. Platelets: Appear adequate in smear.

Method: Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

(Reference: *FC- flowcytometry, *HF- hydrodynamic focussing, *EI- Electric Impedence, *Hb- hemoglobin, *CPH- Cumulative pulse height)

:02 Mar 2025 08:39 Sample Collected on (SCT) : 02 Mar 2025 11:34

Sample Received on (SRT) : 02 Mar 2025 14:23 Report Released on (RRT)

Sample Type : EDTA Whole Blood

Labcode : 0203000338/DS853 **Barcode** : DM493475

Dr Renuka MD(Path)



Dr Arshiya MD(Path)

Page: 10 of 13

^{*}Note - Mentzer index (MI), RDW-CV and RDWI are hematological indices to differentiate between Iron Deficiency Anemia (IDA) and Beta Thalassemia Trait (BTT). MI >13, RDWI >220 and RDW-CV >14 more likely to be IDA. MI <13, RDWI <220, and RDW-CV <14 more likely to be BTT. Suggested Clinical correlation. BTT to be confirmed with HB electrophoresis if clinically indicated.

PROCESSED AT: Thyrocare

D-37/1,TTC MIDC,Turbhe, Navi Mumbai-400 703









♥ Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703 👂 9870666333 💌 wellness@thyrocare.com

First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation#

NAME : NAYANA UJJAINKAR(36Y/F)

REF. BY : SELF

TEST ASKED : MEDIWHEEL HEALTH CHECKUP BELOW 40 **HOME COLLECTION:**

HIV SHANKAR 1 SOCIETY SEC 14 SANPADA NAVI MUMBAI HOME SHIV SHANKAR 1 SOCIETY SEC 14 SANPADA NAVI MUMBAI HOME SHIV SHANKAR 1 SOCIETY SEC 14 SANPADA NAVI MUMBAI

PATIENTID : NU25890606

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interva
Complete Urinogram				
Physical Examination				
VOLUME	Visual Determination	3	mL	-
COLOUR	Visual Determination	PALE YELLOW	-	Pale Yellow
APPEARANCE	Visual Determination	CLEAR	-	Clear
SPECIFIC GRAVITY	pKa change	1.01	-	1.003-1.030
PH	pH indicator	6	-	5-8
Chemical Examination				
URINARY PROTEIN	PEI	ABSENT	mg/dL	Absent
URINARY GLUCOSE	GOD-POD	ABSENT	mg/dL	Absent
URINE KETONE	Nitroprusside	ABSENT	mg/dL	Absent
URINARY BILIRUBIN	Diazo coupling	ABSENT	mg/dL	Absent
UROBILINOGEN	Diazo coupling	Normal	mg/dL	<=0.2
BILE SALT	Hays sulphur	ABSENT	-	Absent
BILE PIGMENT	Ehrlich reaction	ABSENT	-	Absent
URINE BLOOD	Peroxidase reaction	ABSENT	-	Absent
NITRITE	Diazo coupling	ABSENT	-	Absent
LEUCOCYTE ESTERASE	Esterase reaction	ABSENT	-	Absent
Microscopic Examination				
MUCUS	Microscopy	ABSENT	-	Absent
RED BLOOD CELLS	Microscopy	ABSENT	cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	Microscopy	ABSENT	cells/HPF	0-5
EPITHELIAL CELLS	Microscopy	2	cells/HPF	0-5
CASTS	Microscopy	ABSENT	-	Absent
CRYSTALS	Microscopy	ABSENT	-	Absent
BACTERIA	Microscopy	ABSENT	-	Absent
YEAST	Microscopy	ABSENT	-	Absent
PARASITE	Microscopy	ABSENT	-	Absent

(Reference: *PEI - Protein error of indicator, *GOD-POD - Glucose oxidase-peroxidase)

: 02 Mar 2025 13:52

: DK466279

Sample Collected on (SCT) : 02 Mar 2025 08:39 Sample Received on (SRT) : 02 Mar 2025 11:21

Sample Type : URINE

Report Released on (RRT)

Barcode

Labcode : 0203068371/DS853 Dr Renuka MD(Path)

Dr Arshiya MD(Path)

Page: 11 of 13

Thyrocare

D-37/1,TTC MIDC,Turbhe, Navi Mumbai-400 703







NAME

🗣 Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703 👂 9870666333 💌 wellness@thyrocare.com

: NAYANA UJJAINKAR(36Y/F)

REF. BY : SELF

: MEDIWHEEL HEALTH CHECKUP BELOW 40 **TEST ASKED**

HOME COLLECTION:

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TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	89.62	mg/dL

First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation#

Bio. Ref. Interval. :-

As per ADA Guideline: Fasting Plasma Glucose (FPG)			
Normal	70 to 100 mg/dl		
Prediabetes	100 mg/dl to 125 mg/dl		
Diabetes	126 mg/dl or higher		

Note:

The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic. The concentration of Glucose in a given specimen may vary due to differences in assay methods, calibration and reagent specificity. For diagnostic purposes results should always be assessed in conjunction with patients medical history, clinical findings and other findings.

Please correlate with clinical conditions.

Method:-**GOD-PAP METHOD**

~~ End of report ~~

Sample Collected on (SCT)

Sample Received on (SRT)

Report Released on (RRT)

Sample Type

Labcode

Barcode

: 02 Mar 2025 08:39

: 02 Mar 2025 10:48

: 02 Mar 2025 11:27

: FLUORIDE PLASMA

: 0203066388/DS853 Dr Renuka MD(Path)

Dr Arshiya MD(Path)

Page: 12 of 13

: DL843921 Scan QR code to verify authenticity of reported results; active for 30 days from release time.

CONDITIONS OF REPORTING

- v The reported results are for information and interpretation of the referring doctor only.
- v It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- v Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- v Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- v Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- v This report is not valid for medico-legal purpose.
- v Neither Thyrocare, nor its employees/representatives assume: (a) any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report, (b) any claims of any nature whatsoever arising from or relating to the performance of the requested tests as well as any claim for indirect, incidental or consequential damages. The total liability, in any case, of Thyrocare shall not exceed the total amount of invoice for the services provided and paid for.
- v Thyrocare Discovery video link :- https://voutu.be/nbdYeRqYvQc

EXPLANATIONS

- v Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- v Name The name is as declared by the client and recored by the personnel who collected the specimen.
- v Ref.Dr The name of the doctor who has recommended testing as declared by the client.
- v **Labcode** This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- v **Barcode** This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- v **SCP** Specimen Collection Point This is the location where the blood or specimen was collected as declared by the client.
- v SCT Specimen Collection Time The time when specimen was collected as declared by the client.
- v SRT Specimen Receiving Time This time when the specimen reached our laboratory.
- v **RRT** Report Releasing Time The time when our pathologist has released the values for Reporting.
- v Reference Range Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- v Values out of reference range requires reconfirmation before starting any medical treatment.
- v Retesting is needed if you suspect any quality shortcomings.
- v Testing or retesting should be done in accredited laboratories.
- v For suggestions, complaints, clinical support or feedback, write to us at **customersupport@thyrocare.com** or call us on **022-3090 0000**



Page: 13 of 13