Thyrocare

Tests you can trust

Name : Rohini Hiren Sonavaria(59Y/F)

Date : 09 Mar 2025

Test Asked : Mediwheel Health Checkup Female Above 50

Report Status: Complete Report

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

Temperature-Controlled Sample Logistics

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

Accredited by

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ISO 9001: 2015 - From 2015

CAP From 2007

PROCESSED AT :
Thyrocare
103, Kanakia - B. Zillion building,
lbs marg, kurla (w),
Mumbai - 400 070

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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 : ROHINI HIREN SONAVARIA(59Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL HEALTH CHECKUP FEMALE ABOVE 50

HOME COLLECTION :
301/A, Shri Bimla Apartments CHSL, 301/A, Shri Bimla Apartments CHSL, Near Jai mata Di building, Chakala, Andheri East, Mumbai,

Report Availability Summary

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

18 Ready | **0** Ready with Cancellation | **0** Processing | **0** Cancelled in Lab

TEST DETAILS	REPORT STATUS
MEDIWHEEL HEALTH CHECKUP FEMALE ABOVE 50	Ready
AMYLASE	Ready
LIPASE	Ready
ERYTHROCYTE SEDIMENTATION RATE (ESR)	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
HbA1c	Ready
IRON DEFICIENCY PROFILE	Ready
VITAMIN B-12	Ready
CA-125	Ready
RHEUMATOID FACTOR (RF)	Ready
LIPID PROFILE	Ready
T3-T4-USTSH	Ready
FASTING BLOOD SUGAR(GLUCOSE)	Ready
LIVER FUNCTION TESTS	Ready
25-OH VITAMIN D (TOTAL)	Ready
PHOSPHOROUS	Ready
SERUM ELECTROLYTES	Ready
KIDPRO	Ready
PROGESTERONE	Ready

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HOME COLLECTION :
301/A, Shri Bimla Apartments CHSL, 301/A, Shri Bimla Apartments CHSL, Near Jai mata Di building, Chakala, Andheri East, Mumbai, Maharashtra, 400093

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
HEMOGLOBIN	11.9	g/dL	12.0-15.0
MEAN CORP.HEMO.CONC(MCHC)	30.2	g/dL	31.5-34.5
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	24.8	pq	27.0-32.0
MEAN CORPUSCULAR VOLUME(MCV)	82.1	fL	83.0-101.0
MONOCYTES - ABSOLUTE COUNT	0.17	X 10^3 / µL	0.2 - 1.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	14.1	%	11.6-14.0
DIABETES			
AVERAGE BLOOD GLUCOSE (ABG)	154	mg/dL	90-120
HbA1c	7	%	< 5.7
IRON DEFICIENCY			
UNSAT.IRON-BINDING CAPACITY(UIBC)	369	µg/dL	162 - 368
LIPID			
HDL / LDL RATIO	0.23	Ratio	> 0.40
HDL CHOLESTEROL - DIRECT	34	mg/dL	40-60
LDL / HDL RATIO	4.4	Ratio	1.5-3.5
LDL CHOLESTEROL - DIRECT	152	mg/dL	< 100
NON-HDL CHOLESTEROL	171.8	mg/dL	< 160
TC/ HDL CHOLESTEROL RATIO	6	Ratio	3 - 5
TOTAL CHOLESTEROL	206	mg/dL	< 200
TRIG / HDL RATIO	4.38	Ratio	< 3.12
LIVER			
ALKALINE PHOSPHATASE	41.2	U/L	45-129
RENAL			
URIC ACID	2.76	mg/dL	3.2 - 6.1
VITAMIN			
25-OH VITAMIN D (TOTAL)	21.07	ng/mL	30-100

Disclaimer: The above listed is the summary of the parameters with values outside the BRI. For detailed report values, parameter correlation and clinical interpretation, kindly refer to the same in subsequent pages.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
CA-125	C.L.I.A	5.1	U/mL

Bio. Ref. Interval. :-

Less than 30.2 U/ml

Clinical Significance:

CA-125 is used to monitor therapy during treatment for Ovarian Cancer. CA125 is also to detect or monitor whether there is a recurrence of cancer or malignancy after surgical removal of tumor or radiation therapy or chemotherapy (antineoplastic drugs). This test is sometimes used to follow High-Risk women who have a family history of Ovarian Cancer. CA-125 may normally be increased in early pregnancy and during menstruation. It can also be increased in diseases such as Pelvic Inflammatory Disease or Endometriosis and sometimes in Hepatitis and Cirrhosis of the liver.

Specifications:

Precision: Intra Assay (%CV): 4.3 %, Inter Assay (%CV): 2.5%; Sensitivity: 2.0 U/ml

Kit Validation References:

Mackey SE, Creasman WT. Ovarian Cancer Screening. J. Clin Oncol 1995; 13(3); 783 - 93.

Please correlate with clinical conditions.
Method:- TWO SITE SANDWICH IMMUNOASSAY

Sample Collected on (SCT) : 09 Mar 2025 07:51
Sample Received on (SRT) : 09 Mar 2025 15:45
Report Released on (RRT) : 09 Mar 2025 20:13
Sample Type : SERUM
Labcode : 0903042942/DS853
Barcode : DL336536

Dr.Samrita Samaddar MD (Path) Dr Sumanta Basak, DPB

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

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NAME : ROHINI HIREN SONAVARIA(59Y/F)
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TEST ASKED : MEDIWHEEL HEALTH CHECKUP FEMALE ABOVE 50

HOME COLLECTION :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
PROGESTERONE	C.M.I.A	< 0.5	ng/mL

Bio. Ref. Interval. :-

Adult males : < 0.10 - 0.20 ng/ml

Normal menstruating females
Follicular phase : < 0.10 - 0.30 ng/ml
Luteal phase : 1.20 - 15.9 ng/ml
Postmenopausal females : < 0.10 - 0.20 ng/ml

Pregnant Women
1st Trimester : 2.80 - 147.3 ng/ml
2nd Trimester : 22.5 - 95.3 ng/ml
3rd Trimester : 27.9 - 242.5 ng/ml

Clinical significance: Clinical evaluation of progesterone confirms ovulation and normal luteal function in nonpregnant women. Inadequate progesterone production by the corpus luteum may indicate luteal phase deficiency (LPD), which is associated with infertility and early miscarriage. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Precision: Intra assay (%CV): 5.5 %, Inter assay (%CV): 6.2%; Sensitivity: < 0.1 ng/ml

Kit Validation Reference: Weigel NL, Rowan BG. Estrogen and progesterone action. In: DeGroot LJ, Jameson JL, et al. eds. Endocrinology. Vol 3. 4th ed. Philadelphia: WB Saunders Co., 2001. 2053-2060

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

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PROCESSED AT :

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NAME	: ROHINI HIREN SONAVARIA(59Y/F)	**HOME COLLECTION :**
REF. BY	: SELF	301/A, Shri Bimla Apartments CHSL, 301/A, Shri Bimla Apartments CHSL, Near Jai mata Di building, Chakala, Andheri East, Mumbai, Maharashtra, 400093
TEST ASKED	: MEDIWHEEL HEALTH CHECKUP FEMALE ABOVE 50	

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**C.L.I.A**	**21.07**	**ng/mL**

Bio. Ref. Interval. :-

DEFICIENCY : <20 ng/ml || INSUFFICIENCY : 20-<30 ng/ml
SUFFICIENCY : 30-100 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):5.3%, Inter assay (%CV):11.9% ; Sensitivity:3.2 ng/ml.

Kit Validation Reference: Holick MF. Vitamin D Deficiency. N Engl J Med. 2007;357:266–81.

Please correlate with clinical conditions.

Method:- Fully Automated Chemi Luminescent Immuno Assay

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TEST NAME	TECHNOLOGY	VALUE	UNITS
RHEUMATOID FACTOR (RF)	IMMUNOTURBIDIMETRY	10.15	IU/mL

Bio. Ref. Interval. :
ADULT : <= 18

Clinical Significance:
Rheumatoid factor is an anti IgG autoimmune antibody. There are high concentration of rheumatoid factor in the serum of some disease, especially rheumatoid arthritis patients. It helps to diagnose rheumatism ,systematic lupus erythematosus, chronic hepatitis etc.

Specifications:
Precision %CV :- Intra assay %CV- 1.38% , Inter assay %CV-2.88%, Sensitivity :- 40 IU/mL.

Kit Validation Reference:
Anderson, S.G., Bentzon, M.W., Houba, V. and Krag, P. Bull. Wld. Hlth. Org. 42: 311-318 (1970).

Method : LATEX ENHANCED IMMUNOTURBIDIMETRY

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	C.L.I.A	348	pg/mL

Bio. Ref. Interval. :-

Normal : 211 - 911 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):5.0%, Inter assay (%CV):9.2 %;Sensitivity:45 pg/ml

Kit Validation reference:
Chen IW, Sperling MI, Heminger LA. Vitamin B12. In: Pesce AJ, Kaplan LA, eds. Methods in Clinical Chemistry. St. Louis: CV Mosby; 1987:569–73.

Please correlate with clinical conditions.
Method:- COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
AMYLASE	PHOTOMETRY	52	U/L

Bio. Ref. Interval. :-

Adults : 28-100 U/L

Interpretation:
Lipemic Sera (Hypertriglyceridemia) may contain inhibitors, Which falsely depress results. About 20% of patients with Acute Pancreatitis have abnormal lipids. Normal serum amylase may occur in Pancreatitis, Especially relapsing and chronic pancreatitis. Moderate increases may be reported in normal pregnancy.

Clinical Significance:
Causes of high Serum Amylase include Acute Pancreatitis, Pancreatic Pseudocyst, Pancreatic Ascites, Pancreatic Abscess, Neoplasm in or adjacent to Pancreas, Trauma to Pancreas, and common Duct Stones. Nonpancreatic Causes include inflammatory salivary lesions (Eg, Mumps), Perforated Peptic Ulcer, Intestinal Obstruction, Biliary Tract Disease, Peritonitis, Acute Appendicitis, Diabetic Ketoacidosis, and Extrapancreatic Carcinomas. Amylase levels more than 25-fold the upper limit of normal are often found when metastatic tumors produce Ectopic Amylase.

Specifications:
Precision: Intra assay (%CV): 2.82, Inter assay (%CV): 2.49, Sensitivity: 10.9 U/L.

Kit Validation References:
Rauscher, E., et coll., Fresenius Z. Analyt. Chem. 324 (1986) 304-305.

Please correlate with clinical conditions.
Method:- ENZYMATIC COLORIMETRIC TEST

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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	67	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 **Method :** Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	436	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	15	%
Bio. Ref. Interval. : 13 - 45 **Method :** Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	**PHOTOMETRY**	**369**	**µg/dL**
Bio. Ref. Interval. : 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPASE	PHOTOMETRY	37	U/L

Bio. Ref. Interval. :-

Adults : 5.6 - 51.3 U/L

Interpretation:

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings like serum amylase. Serum Lipase is usually normal in patients with elevated serum amylase, having peptic ulcer, salivary adenitis, inflammatory bowel disease, intestinal obstruction, and macroamylasemia. Lipemic sera may interfere with results.

Clinical Significance:
High serum Lipase is a specific marker for pancreatitis; after acute pancreatitis the Lipase activity increases within 4-8 hours, reaches a peak after 24 hours and decreases after 8 to 14 days. However, there is no correlation between the Lipase activity determined in serum and the extent of damage to the pancreas.

Specifications:
Precision: Intra assay (%CV): 3.35, Inter assay (%CV): 2.46, Sensitivity: 3.5 U/L.

Kit Validation References:
Tietz Nw Et Al. Lipase In Serum - The Elusive Enzyme: An Overview. Clin Chem 1993; 39:746-756.

Please correlate with clinical conditions.
Method:- ENZYMATIC COLORIMETRIC ASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	**PHOTOMETRY**	**206**	**mg/dL**	**< 200**
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**34**	**mg/dL**	**40-60**
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**152**	**mg/dL**	**< 100**
TRIGLYCERIDES	PHOTOMETRY	150	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**6**	**Ratio**	**3 - 5**
TRIG / HDL RATIO	**CALCULATED**	**4.38**	**Ratio**	**< 3.12**
LDL / HDL RATIO	**CALCULATED**	**4.4**	**Ratio**	**1.5-3.5**
HDL / LDL RATIO	**CALCULATED**	**0.23**	**Ratio**	**> 0.40**
NON-HDL CHOLESTEROL	**CALCULATED**	**171.8**	**mg/dL**	**< 160**
VLDL CHOLESTEROL	CALCULATED	29.94	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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HOME COLLECTION :
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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	**PHOTOMETRY**	**41.2**	**U/L**	**45-129**
BILIRUBIN - TOTAL	PHOTOMETRY	0.82	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.15	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.67	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	21.3	U/L	< 38
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	12.8	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	10.6	U/L	< 34
SGOT / SGPT RATIO	CALCULATED	1.21	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.53	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.43	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	3.1	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.43	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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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
CALCIUM	PHOTOMETRY	9.36	mg/dL	8.8-10.6
URIC ACID	**PHOTOMETRY**	**2.76**	**mg/dL**	**3.2 - 6.1**
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	8.37	mg/dL	7.94 - 20.07
UREA (CALCULATED)	CALCULATED	17.91	mg/dL	Adult : 17-43
CREATININE - SERUM	PHOTOMETRY	0.71	mg/dL	0.55-1.02
UREA / SR.CREATININE RATIO	CALCULATED	25.23	Ratio	< 52
BUN / SR.CREATININE RATIO	CALCULATED	11.79	Ratio	9:1-23:1
PHOSPHOROUS	PHOTOMETRY	3.97	mg/dL	2.4 - 5.1
SODIUM	I.S.E - INDIRECT	139.7	mmol/L	136 - 145
POTASSIUM	I.S.E - INDIRECT	3.52	mmol/L	3.5 - 5.1
CHLORIDE	I.S.E - INDIRECT	99.6	mmol/L	98 - 107

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

Sample Collected on (SCT) : 09 Mar 2025 07:51
Sample Received on (SRT) : 09 Mar 2025 15:45
Report Released on (RRT) : 09 Mar 2025 20:13
Sample Type : SERUM
Labcode : 0903042942/DS853
Barcode : DL336536

Dr.Samrita Samaddar MD (Path)

Dr Sumanta Basak, DPB

PROCESSED AT :

Thyrocare
103, Kanakia - B. Zillion building,
lbs marg, kurla (w),
Mumbai - 400 070

NAME : ROHINI HIREN SONAVARIA(59Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL HEALTH CHECKUP FEMALE ABOVE 50

HOME COLLECTION :
301/A, Shri Bimla Apartments CHSL, 301/A, Shri Bimla Apartments CHSL, Near Jai mata Di building, Chakala, Andheri East, Mumbai, Maharashtra, 400093

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.M.I.A	108	ng/dL	58-159
TOTAL THYROXINE (T4)	C.M.I.A	9.26	µg/dL	4.87-11.72
TSH - ULTRASENSITIVE	C.M.I.A	1.937	µIU/mL	0.35-4.94

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

Method :

T3,T4,USTSH - Fully Automated Chemi Luminescent Microparticle Immunoassay

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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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	98	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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TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	**7**	**%**

Bio. Ref. Interval. :

Bio. Ref. Interval.: As per ADA Guidelines	Guidance For Known Diabetics
Below 5.7% : Normal 5.7% - 6.4% : Prediabetic >=6.5% : Diabetic	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**	**154**	**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) :09 Mar 2025 07:51
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Report Released on (RRT) : 09 Mar 2025 19:36
Sample Type : EDTA Whole Blood
Labcode : 0903042949/DS853
Barcode : DJ461338

Dr.Samrita Samaddar MD (Path)

Dr Sumanta Basak, DPB

PROCESSED AT :

Thyrocare
103, Kanakia - B. Zillion building,
lbs marg, kurla (w),
Mumbai - 400 070

NAME	: ROHINI HIREN SONAVARIA(59Y/F)	**HOME COLLECTION :**
REF. BY	: SELF	301/A, Shri Bimla Apartments CHSL, 301/A, Shri Bimla Apartments CHSL, Near Jai mata Di building, Chakala, Andheri East, Mumbai, Maharashtra, 400093
TEST ASKED	: MEDIWHEEL HEALTH CHECKUP FEMALE ABOVE 50	

TEST NAME	TECHNOLOGY	VALUE	UNITS
ERYTHROCYTE SEDIMENTATION RATE (ESR)	MODIFIED WESTERGREN	19	mm / hr

Bio. Ref. Interval. :-

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.
Method:- MODIFIED WESTERGREN

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NAME : ROHINI HIREN SONAVARIA(59Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL HEALTH CHECKUP FEMALE ABOVE 50

HOME COLLECTION :
301/A, Shri Bimla Apartments CHSL, 301/A, Shri Bimla Apartments CHSL, Near Jai mata Di building, Chakala, Andheri East, Mumbai, Maharashtra,

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	**SLS-Hemoglobin Method**	**11.9**	**g/dL**	**12.0-15.0**
Hematocrit (PCV)	CPH Detection	39.4	%	36.0-46.0
Total RBC	HF & EI	4.8	X 10^6/µL	3.8-4.8
Mean Corpuscular Volume (MCV)	**Calculated**	**82.1**	**fL**	**83.0-101.0**
Mean Corpuscular Hemoglobin (MCH)	**Calculated**	**24.8**	**pq**	**27.0-32.0**
Mean Corp.Hemo. Conc (MCHC)	**Calculated**	**30.2**	**g/dL**	**31.5-34.5**
Red Cell Distribution Width - SD (RDW-SD)	Calculated	41.5	fL	39.0-46.0
Red Cell Distribution Width (RDW - CV)	**Calculated**	**14.1**	**%**	**11.6-14.0**
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	241.2	-	*Refer Note below
MENTZER INDEX	Calculated	17.1	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	5.55	X 10^3 / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	55.7	%	40-80
Lymphocytes Percentage	Flow Cytometry	38.2	%	20-40
Monocytes Percentage	Flow Cytometry	3.1	%	2-10
Eosinophils Percentage	Flow Cytometry	2.2	%	1-6
Basophils Percentage	Flow Cytometry	0.5	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.3	%	0.0-0.4
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	3.09	X 10^3 / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	2.12	X 10^3 / µL	1.0-3.0
Monocytes - Absolute Count	**Calculated**	**0.17**	**X 10^3 / µL**	**0.2 - 1.0**
Basophils - Absolute Count	Calculated	0.03	X 10^3 / µL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.12	X 10^3 / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.02	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	320	X 10^3 / µL	150-410
Mean Platelet Volume (MPV)	Calculated	10	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	10.7	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	24.6	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.32	%	0.19-0.39

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

***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.**

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**)**

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Sample Type : EDTA Whole Blood
Labcode : 0903042949/DS853
Barcode : DJ461338

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NAME : ROHINI HIREN SONAVARIA(59Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL HEALTH CHECKUP FEMALE ABOVE 50

HOME COLLECTION :
301/A, Shri Bimla Apartments CHSL, 301/A, Shri Bimla Apartments CHSL, Near Jai mata Di building, Chakala, Andheri East, Mumbai, Maharashtra, 400093

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	96	mg/dL

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) : 09 Mar 2025 07:51
Sample Received on (SRT) : 09 Mar 2025 15:47
Report Released on (RRT) : 09 Mar 2025 17:03
Sample Type : FLUORIDE PLASMA
Labcode : 0903093392/DS853
Barcode : DT105938

Dr.Samrita Samaddar MD (Path) Dr Sumanta Basak, DPB

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

CONDITIONS OF REPORTING

- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- This report is not valid for medico-legal purpose.
- 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.
- Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc

EXPLANATIONS

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

SUGGESTIONS

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

*+T&C Apply, #As on 5th December 2024, *As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)*