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103, Kanakia - B. Zillion building,  
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**REPORT**

**NAME** : KAUSHIK R(36Y/M)  
**REF. BY** : SELF  
**TEST ASKED** : MEDIWHEEL 60+

**HOME COLLECTION :**  
A-204 DAFFOFILS DOSTI ACREF ANTOP HILL  
DOSTI ACREF ANTOP HILL

**PATIENTID** : KR21459215

TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>RHEUMATOID FACTOR (RF)</b>	IMMUNOTURBIDIMETRY	< 10	IU/mL

**Reference Range :**

ADULT : <= 18

**Clinical Significance:**

Rheumatoid factor is an anti IgE 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.**

**Sample Collected on (SCT)** :11 Apr 2023 08:36

**Sample Received on (SRT)** : 11 Apr 2023 12:01

**Report Released on (RRT)** : 11 Apr 2023 16:29

**Sample Type** : SERUM

**Labcode** : 1104071313/DS853

**Barcode** : AR995811

Dr Megha S MD,DNB (Path)

Dr Sumanta Basak, DPB

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**PATIENTID** : KR21459215

TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>25-OH VITAMIN D (TOTAL)</b>	<b>C.L.I.A</b>	<b>16.31</b>	<b>ng/mL</b>
<b>Reference Range :-</b>			

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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**PATIENTID** : KR21459215

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	2.5	mg/L

**Reference Range :-**

< 1.00 - Low Risk  
1.00 - 3.00 - Average Risk  
>3.00 - 10.00 - High Risk  
> 10.00 - Possibly due to Non-Cardiac Inflammation

Disclaimer: Persistent unexplained elevation of HSCRP >10 should be evaluated for non-cardiovascular etiologies such as infection , active arthritis or concurrent illness.

**Clinical significance:**

High sensitivity C- reactive Protein ( HSCRP) can be used as an independent risk marker for the identification of Individuals at risk for future cardiovascular Disease. A coronary artery disease risk assessment should be based on the average of two hs-CRP tests, ideally taken two weeks apart.

**Kit Validation Reference:**

- 1.Clinical management of laboratory date in medical practice 2003-3004, 207(2003).
- 2.Tietz : Textbook of Clinical Chemistry and Molecular diagnostics :Second edition :Chapter 47:Page no.1507- 1508.

**Please correlate with clinical conditions.**

**Method:-** FULLY AUTOMATED LATEX AGGLUTINATION – BECKMAN COULTER

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**HOME COLLECTION :**  
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ACREF ANTOP HILL

**PATIENTID** : KR21459215

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	C.L.I.A	549	pg/mL
<b>Reference Range :-</b>			

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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**PATIENTID** : KR21459215

TEST NAME	TECHNOLOGY	VALUE	UNITS
PROSTATE SPECIFIC ANTIGEN (PSA)	C.L.I.A	0.43	ng/mL

**Reference Range :-**

Normal : < 4.00 ng/ml

Border line : 4.01 to 10.00 ng/ml

**Clinical Significance:**

Elevated levels of PSA are associated with prostate cancer, but may also be seen with prostatitis (Inflammation of the prostate) and benign prostatic hyperplasia (BPH). PSA test done along with free PSA provides additional information. Studies have suggested that the percentage of free PSA in total PSA is lower in patients with prostate cancer than those with benign prostate hyperplasia.

**Specification:**

Precision: Intra assay (%CV): 4.38%, Inter assay (%CV): 4.67%; Sensitivity: 0.01 ng/ml

**Kit validation references:**

Wang MC, Valenzuela LA, Murphy GP, and Chu TM. Purification of a human prostate-specific antigen. Invest. Urol. 1979; 17: 159

**Please correlate with clinical conditions.**

**Method:-** TWO SITE SANDWICH IMMUNOASSAY

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**PATIENTID :** KR21459215

**HOME COLLECTION :**  
 A-204 DAFFOFILS DOSTI ACREF ANTOP HILL DOSTI  
 ACREF ANTOP HILL

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	166	mg/dL	< 200
<b>HDL CHOLESTEROL - DIRECT</b>	<b>PHOTOMETRY</b>	<b>26</b>	<b>mg/dL</b>	<b>40-60</b>
<b>LDL CHOLESTEROL - DIRECT</b>	<b>PHOTOMETRY</b>	<b>124</b>	<b>mg/dL</b>	<b>&lt; 100</b>
<b>TRIGLYCERIDES</b>	<b>PHOTOMETRY</b>	<b>167</b>	<b>mg/dL</b>	<b>&lt; 150</b>
<b>TC/ HDL CHOLESTEROL RATIO</b>	<b>CALCULATED</b>	<b>6.4</b>	<b>Ratio</b>	<b>3 - 5</b>
<b>TRIG / HDL RATIO</b>	<b>CALCULATED</b>	<b>6.43</b>	<b>Ratio</b>	<b>&lt; 3.12</b>
<b>LDL / HDL RATIO</b>	<b>CALCULATED</b>	<b>4.8</b>	<b>Ratio</b>	<b>1.5-3.5</b>
<b>HDL / LDL RATIO</b>	<b>CALCULATED</b>	<b>0.21</b>	<b>Ratio</b>	<b>&gt; 0.40</b>
NON-HDL CHOLESTEROL	CALCULATED	140	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	33.44	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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ACREF ANTOP HILL

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	64.7	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.58	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.12	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.46	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	35.5	U/L	< 55
ASPARTATE AMINOTRANSFERASE (SGOT )	PHOTOMETRY	19.5	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	28.6	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	0.68	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	6.73	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.01	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.72	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.47	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 Bcg<sup>1</sup>method (Colorimetric Assay Endpoint)  
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES  
A/GR - Derived from serum Albumin and Protein values

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A-204 DAFFOFILS DOSTI ACREF ANTOP HILL  
DOSTI ACREF ANTOP HILL

**PATIENTID** : KR21459215

TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>PHOSPHOROUS</b>	PHOTOMETRY	4.79	mg/dL

**Reference Range :**

Adults : 2.4 - 5.1 mg/dL

**Clinical Significance:**

In plasma and serum the majority of phosphate exists in the inorganic form (Pi), approximately 15% bound to protein and the remainder in complexes and free forms. Serum phosphate concentrations are dependent on diet and variation in the secretion of hormones such as Parathyroid Hormone (PTH).

**Specifications:**

Precision %CV :- Intra assay %CV- 1.55% , Inter assay %CV-2.99% , Sensitivity:-0.10 mmol/L

**Kit Validation Reference:**

Young DS. Effects of drugs on clinical laboratory tests, 5th ed. AACC Press, 2000.

**Method :** UNREDUCED PHOSPHOMOLYBDATE METHOD

**Please correlate with clinical conditions.**

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**PATIENTID** : KR21459215

TEST NAME	TECHNOLOGY	VALUE	UNITS
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<b>POTASSIUM</b>	I.S.E	4.31	mmol/L
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**Reference Range :**  
ADULTS: 3.5-5.1 MMOL/L

Clinical Significance :

An abnormal increase in potassium (hyperkalemia) can profoundly affect the nervous system and increase the chance of irregular heartbeats (arrhythmias), which, when extreme, can be fatal. 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 Potassium in a given specimen may vary due to differences in assay methods, calibration and reagent specificity.

**Method :** ION SELECTIVE ELECTRODE

<b>CHLORIDE</b>	I.S.E	101.2	mmol/L
-----------------	-------	-------	--------

**Reference Range :**  
ADULTS: 98-107 MMOL/L

Clinical Significance :

An increased level of blood chloride (called hyperchloremia) usually indicates dehydration, but can also occur with other problems that cause high blood sodium, such as Cushing syndrome or kidney disease. Hyperchloremia also occurs when too much base is lost from the body (producing metabolic acidosis) or when a person hyperventilates (causing respiratory alkalosis). A decreased level of blood chloride (called hypochloremia) occurs with any disorder that causes low blood sodium. Hypochloremia also occurs with congestive heart failure, prolonged vomiting or gastric suction, Addison disease, emphysema or other chronic lung diseases (causing respiratory acidosis), and with loss of acid from the body (called metabolic alkalosis).

**Method :** ION SELECTIVE ELECTRODE

**Please correlate with clinical conditions.**

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	13.62	mg/dL	7.04-20.07
CREATININE - SERUM	PHOTOMETRY	0.87	mg/dL	0.72-1.18
BUN / SR.CREATININE RATIO	CALCULATED	15.66	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	29.15	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	33.5	Ratio	< 52
CALCIUM	PHOTOMETRY	9.17	mg/dL	8.8-10.6
<b>SODIUM</b>	<b>I.S.E</b>	<b>135.29</b>	<b>mmol/L</b>	<b>136 - 145</b>
<b>URIC ACID</b>	<b>PHOTOMETRY</b>	<b>7.4</b>	<b>mg/dL</b>	<b>4.2 - 7.3</b>

**Please correlate with clinical conditions.**

**Method :**

BUN - Kinetic UV Assay.  
SCRE - Creatinine Enzymatic method  
B/CR - Derived from serum Bun and Creatinine values  
UREAC - Derived from BUN Value.  
UR/CR - Derived from UREA and Sr.Creatinine values.  
CALC - Arsenazo III Method, End Point.  
SOD - ION SELECTIVE ELECTRODE  
URIC - Uricase / Peroxidase Method

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**PATIENTID** : KR21459215

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.96	μIU/mL	0.3-5.5

**Comments :** \*\*\*

**Please correlate with clinical conditions.**

**Method :**

TSH - Sandwich Chemi Luminescent Immuno Assay

**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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**REPORT**

**NAME** : KAUSHIK R(36Y/M)  
**REF. BY** : SELF  
**TEST ASKED** : MEDIWHEEL 60+

**HOME COLLECTION :**  
A-204 DAFFOFILES DOSTI ACREF ANTOP HILL DOSTI  
ACREF ANTOP HILL

**PATIENTID** : KR21459215

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	111	mL/min/1.73 m <sup>2</sup>

**Reference Range :-**

> = 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:-** CKD-EPI Creatinine Equation

**Sample Collected on (SCT)** : 11 Apr 2023 08:36  
**Sample Received on (SRT)** : 11 Apr 2023 12:01  
**Report Released on (RRT)** : 11 Apr 2023 16:29  
**Sample Type** : SERUM  
**Labcode** : 1104071313/DS853  
**Barcode** : AR995811

Dr Megha S MD,DNB (Path)

Dr Sumanta Basak, DPB



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**REPORT**

**NAME :** KAUSHIK R(36Y/M)  
**REF. BY :** SELF  
**TEST ASKED :** MEDIWHEEL 60+

**HOME COLLECTION :**  
A-204 DAFFOFILES DOSTI ACREF ANTOP HILL  
DOSTI ACREF ANTOP HILL

**PATIENTID :** KR21459215

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	5.4	%

**Reference Range :**

**Reference Range: 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 108 mg/dL

**Reference Range :**

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)** :11 Apr 2023 08:36

**Sample Received on (SRT)** : 11 Apr 2023 12:01

**Report Released on (RRT)** : 11 Apr 2023 13:22

**Sample Type** : EDTA

**Labcode** : 1104071293/DS853

**Barcode** : AS947009

Dr Megha S MD, DNB (Path)

Dr Sumanta Basak, DPB

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**REPORT**

**NAME** : KAUSHIK R(36Y/M)  
**REF. BY** : SELF  
**TEST ASKED** : MEDIWHEEL 60+  
**PATIENTID** : KR21459215

**HOME COLLECTION :**  
A-204 DAFFOFILS DOSTI ACREF ANTOP HILL  
DOSTI ACREF ANTOP HILL

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT (WBC)	8.94	X 10 <sup>3</sup> / $\mu$ L	4.0-10.0
NEUTROPHILS	45.5	%	40-80
<b>LYMPHOCYTE PERCENTAGE</b>	<b>45.5</b>	<b>%</b>	<b>20-40</b>
MONOCYTES	4.1	%	0-10
EOSINOPHILS	3.8	%	0.0-6.0
BASOPHILS	0.8	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	4.07	X 10 <sup>3</sup> / $\mu$ L	2.0-7.0
<b>LYMPHOCYTES - ABSOLUTE COUNT</b>	<b>4.07</b>	<b>X 10<sup>3</sup> / <math>\mu</math>L</b>	<b>1.0-3.0</b>
MONOCYTES - ABSOLUTE COUNT	0.37	X 10 <sup>3</sup> / $\mu$ L	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.07	X 10 <sup>3</sup> / $\mu$ L	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.34	X 10 <sup>3</sup> / $\mu$ L	0-0.5
IMMATURE GRANULOCYTES(IG)	0.03	X 10 <sup>3</sup> / $\mu$ L	0-0.3
TOTAL RBC	5.02	X 10 <sup>6</sup> / $\mu$ L	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10 <sup>3</sup> / $\mu$ L	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	15.8	g/dL	13-17
HEMATOCRIT(PCV)	46.8	%	40-50
MEAN CORPUSCULAR VOLUME(MCV)	93.2	fL	83-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	31.5	pg	27-32
MEAN CORP.HEMO.CONC(MCHC)	33.8	g/dL	31.5-34.5
<b>RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)</b>	<b>46.2</b>	<b>fL</b>	<b>39-46</b>
RED CELL DISTRIBUTION WIDTH (RDW-CV)	13.5	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	9.9	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	9.4	fL	6.5-12
PLATELET COUNT	350	X 10 <sup>3</sup> / $\mu$ L	150-400
<b>PLATELET TO LARGE CELL RATIO(PLCR)</b>	<b>19</b>	<b>%</b>	<b>19.7-42.4</b>
PLATELETCRIT(PCT)	0.33	%	0.19-0.39

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

**Please Correlate with clinical conditions.**

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

**(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)**

**Sample Collected on (SCT)** : 11 Apr 2023 08:36  
**Sample Received on (SRT)** : 11 Apr 2023 12:01  
**Report Released on (RRT)** : 11 Apr 2023 13:22  
**Sample Type** : EDTA  
**Labcode** : 1104071293/DS853  
**Barcode** : AS947009

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Dr Sumanta Basak, DPB

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**REPORT**

**NAME** : KAUSHIK R(36Y/M)  
**REF. BY** : SELF  
**TEST ASKED** : MEDIWHEEL 60+

**HOME COLLECTION :**  
A-204 DAFFOFILS DOSTI ACREF ANTOP HILL DOSTI  
ACREF ANTOP HILL

**PATIENTID** : KR21459215

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	99	mg/dL

**Reference Range :-**

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

**Sample Collected on (SCT)** : 11 Apr 2023 08:36  
**Sample Received on (SRT)** : 11 Apr 2023 12:01  
**Report Released on (RRT)** : 11 Apr 2023 13:39  
**Sample Type** : FLUORIDE  
**Labcode** : 1104071310/DS853  
**Barcode** : AU973922

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**REPORT**

**NAME** : KAUSHIK R(36Y/M)  
**REF. BY** : SELF  
**TEST ASKED** : MEDIWHEEL 60+

**HOME COLLECTION :**  
A-204 DAFFOFILS DOSTI ACREF ANTOP HILL  
DOSTI ACREF ANTOP HILL

**PATIENTID** : KR21459215

TEST NAME	OBSERVATION	UNITS	REFERENCE RANGE
<b>Complete Urinogram</b>			
<b>Physical Examination</b>			
VOLUME	3	mL	-
COLOUR	PALE YELLOW	-	Pale Yellow
APPEARANCE	CLEAR	-	Clear
SPECIFIC GRAVITY	1.02	-	1.003-1.030
PH	6	-	5 - 8
<b>Chemical Examination</b>			
URINARY PROTEIN	ABSENT	mg/dL	Absent
URINARY GLUCOSE	ABSENT	mg/dL	Absent
URINE KETONE	ABSENT	mg/dL	Absent
URINARY BILIRUBIN	ABSENT	mg/dL	Absent
UROBILINOGEN	< 0.2	mg/dL	<=0.2
BILE SALT	ABSENT	-	Absent
BILE PIGMENT	ABSENT	-	Absent
URINE BLOOD	ABSENT	-	Absent
NITRITE	ABSENT	-	Absent
MICROALBUMIN	10	mg/L	< 30
<b>Microscopic Examination</b>			
MUCUS	ABSENT	-	Absent
RED BLOOD CELLS	ABSENT	cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	ABSENT	cells/HPF	0-5
EPITHELIAL CELLS	ABSENT	cells/HPF	0-5
CASTS	ABSENT	-	Absent
CRYSTALS	ABSENT	-	Absent
BACTERIA	ABSENT	-	Absent
YEAST	ABSENT	-	Absent
PARASITE	ABSENT	-	Absent

**Method :** Fully Automated DIRUI H-100 Urinalysis Dipstick Method, Microscopy

~~ End of report ~~

**Sample Collected on (SCT)** : 11 Apr 2023 08:36

**Sample Received on (SRT)** : 11 Apr 2023 12:01

**Report Released on (RRT)** : 11 Apr 2023 13:29

**Sample Type** : URINE

**Labcode** : 1104071335/DS853

**Barcode** : AY669968



Dr Megha S MD, DNB (Path)

Dr Sumanta Basak, DPB



## 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 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.
- ✓ Thyrocare Discovery video link :- <https://youtu.be/nbdYeRgYyQc>
- ✓ For clinical support please contact @8450950852,8450950853,8450950854 between 10:00 to 18:00


## 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 or feedback, write to us at **info@thyrocare.com** or call us on **022-3090 0000 / 6712 3400**
- ✓ SMS: <Labcode No.> to **9870666333**


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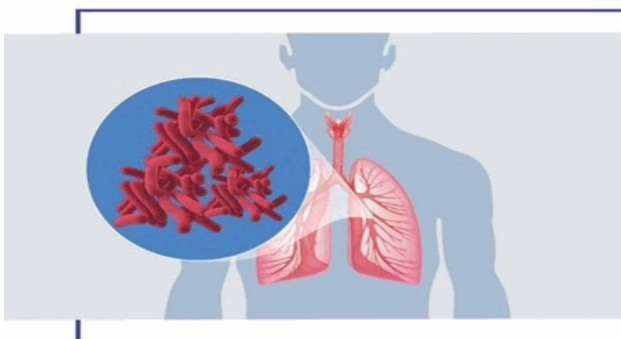
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