



Patient Name:- Kinjalben Vasava Age/Sex F / 27

Reg.No: 1284 Date:- 28/1/2023

Ref.by Dr Dalal

EXAMINATION OF URINE

Test Result Reference Range ..

Physical Examination

Quantity: @ 17 ml
Colour: Yellow
Apperance: Clear

Specific Gravity: 1.016 1.003-1.030

Chemical Examination

PH 7.3 4.6-8.0 Reaction: Albumin: Abst Abst Sugar: Abst Abst Acetone Bodies: Abst Abst Bile Salts: Abst Abst Bile Pigments: Abst Abst

Microscopic Examination / hpf

Casts : Abst Crystals : Abst Other Findings : Abst

Juinnilost

Page:1 (End of report)

(Microbiologist)

MADHURAM IMAGING CENTRE BHARUCH - 02642 356485

Name KINJALBEN VASAVA 027Y / F

28 Jan 2023





MADHURAM Imaging Center

Multi Slice CT Scan | USG | X-Ray | Colour Doppler

Dr. Payal D. Shah

M.B.B.S., M.D. (Radiodiagnosis)

Dr. Darshit B. Shah

M.B.B.S., M.D. (Radiodiagnosis) Ex- Clinical Associate, Lilavati hospital (Mumbai)

Pt Name:

Vasava Kinjalben

Date:

28/01/2023

USG OF ABDOMEN & PELVIS

Liver is normal in size, measuring approx. 140mm and normal in echotexture.

No evidence of focal SOL or dilatation of IHBR seen.

Porta hepatis appear normal.

Gallbladder appeared normal. No calculi seen.

Gallbladder wall appear normal. No e/o pericholecystic edema noted.

CBD appears normal. no evidence of calculi.

Pancreas appeared normal in size and normal in echotexture.

Spleen appeared normal in size, measuring approx. 100mm and normal in echotexture.

Aorta appeared normal. No para aortic lymphnodes seen.

Right kidney measures 89x48mm.

Cortex and collecting system of right kidney appeared normal.

No calculi or obstructive uropathy.

Left kidney measures 109x54mm.

Cortex and collecting system of left kidney appeared normal.

A non-obstructive 8mm sized calculus in mid pole calyx.

Urinary bladder: Appears normal. No calculi are seen.

Uterus appears normal in size and shows homogenous endometrial and myometrial echotexture.

Bilateral ovaries appear normal in size, shape and echotexture.

Bilateral adnexa appear unremarkable.

Bowels are well-visualised and appear normal.

Appendix not seen due to bowel gas.

No evidence of free fluid in pelvis.

Conclusion:

Non-obstructive left renal calculus.

Thanks for the reference.

Dr. Payal D. Shah (MBBS, MD) Consultant Radiologist Dr. Darshit B. Stan (MBBS, MD)
Consultant Radiologist



Dr. Payal D. Shah M.B.B.S., M.D. (Radiodiagnosis)

Dr. Darshit B. Shah

M.B.B.S., M.D. (Radiodiagnosis) Ex- Clinical Associate, Lilavati hospital (Mumbai)

Pt Namo: Vasava Kinjalben Date: 28/01/2023

Plain Skiagram chest (PA View)

Bilateral lung lobes appear normal.

Both dome of hemi diaphragms appear normal.

Bilateral CP angle appears normal.

Bony thorax appears normal.

Cardiac shadow appears normal.

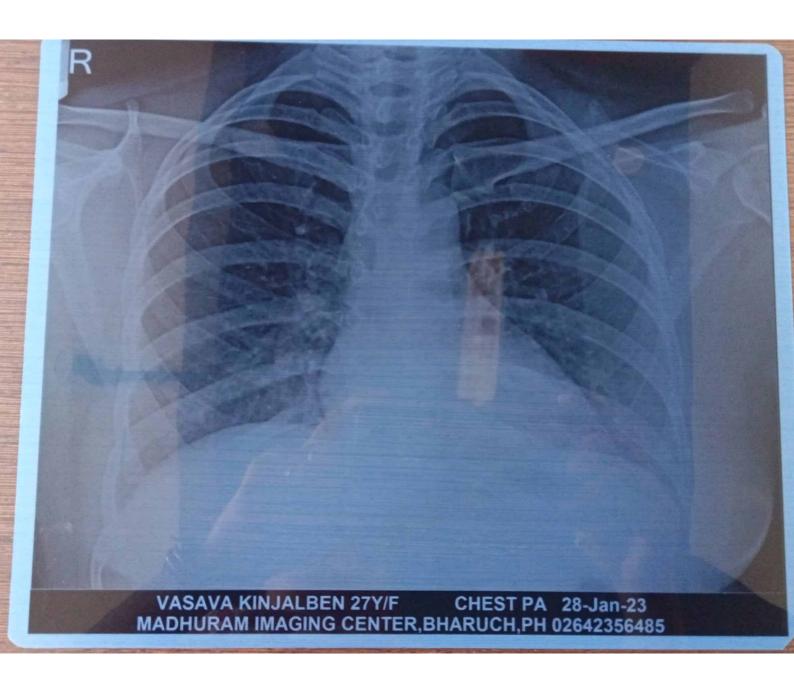
Conclusion:

No significant abnormalities are seen.

Thanks for the reference

Dr. Payal D. Shah (MBBS, MD) **Consultant Radiologist**

Dr. Darshit W. Shah (MBBS, MD) **Consultant Radiologist**





KASAK

SASAK

SASAK

SASAK

SURPANESHWAR

Shiv Temple

श्रेयाश्रीश्रर

श्रेष देग्पर

Bharuch
Gujarat
India
2023-01-28(Sat) 09:30(AM)

24°C 75°F



भारत सरकार GOVERNMENT OF INDIA



વસાવા કિંજલબેન ઘનસુખભાઈ Vasava Kinjalben Dhansukhbhai જન્મ તારીખ/DOB: 19/07/1995

श्त्री/ FEMALE

Mobile No: 9512959370

3989 1531 4729

VID: 9118 2840 5350 5638

મારો આધાર, મારી ઓળખ

PROCESSED AT : Thyrocare

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







Corporate office: Thyrocare Technologies Limited, ♥ D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703

© 022 - 3090 0000 / 6712 3400 © 9870666333 ■ wellness@thyrocare.com ⊕ www.thyrocare.com

REPORT

NAME: VASAVA KINJAL BEN (27Y/F)

REF. BY : DR DALAL

TEST ASKED: AAROGYAM C PRO

SAMPLE COLLECTED AT:

(3920013834),AYUSH HEALTH CENTRE,5TH FLOOR,MANGALAM COMPLEX,ABOVE IDBI BANK,NEAR KASAK CIRCLE,BHARUCH,392001

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	C.L.I.A	31.16	ng/ml

Reference Range:

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.

Method: FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

VITAMIN B-12 C.L.I.A 192 pg/ml

Reference Range:

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.

Method: COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

Sample Collected on (SCT) :28 Jan 2023 11:05

Sample Received on (SRT) : 29 Jan 2023 04:10

Report Released on (RRT) : 29 Jan 2023 09:44

Lenal

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil MD(Path)

Page: 1 of 12

Thyrocare

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







Corporate office: Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703 © 022 - 3090 0000 / 6712 3400 © 9870666333

NAME : VASAVA KINJAL BEN (27Y/F)

REF. BY : DR DALAL **TEST ASKED** : AAROGYAM C PRO **SAMPLE COLLECTED AT:**

(3920013834), AYUSH HEALTH CENTRE, 5TH FLOOR, MANGALAM COMPLEX, ABOVE IDBI BANK, NEAR KASAK CIRCLE, BHARUCH, 392001

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	1.5	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

Sample Collected on (SCT) : 28 Jan 2023 11:05 : 29 Jan 2023 04:10 Sample Received on (SRT)

Report Released on (RRT) : 29 Jan 2023 09:44

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil MD(Path)

Page: 2 of 12

Thyrocare

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







Corporate office: Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703 © 022 - 3090 0000 / 6712 3400 © 9870666333

■ wellness@thyrocare.com

 www.thyrocare.com

NAME : VASAVA KINJAL BEN (27Y/F)

REF. BY : DR DALAL **TEST ASKED** : AAROGYAM C PRO **SAMPLE COLLECTED AT:**

(3920013834), AYUSH HEALTH CENTRE, 5TH FLOOR, MANGALAM COMPLEX, ABOVE IDBI BANK, NEAR KASAK CIRCLE, BHARUCH, 392001

TEST NAME TECHNOLOGY VALUE UNITS **TESTOSTERONE** C.L.I.A 18.5 ng/dL

Reference Range :-

Adult Male

21 - 49 Yrs: 164.94 - 753.38 || 50 - 89 Yrs : 86.49 - 788.22

Adult Female

Pre-Menopause: 12.09 - 59.46 || Post-Menopause: < 7.00 - 48.93

Boys

2-10 Years : < 7.00 - 25.91 : < 7.00 - 341.53 11 Years : < 7.00 - 562.59 12 Years 13 Years : 9.34 - 562.93 14 Years : 23.28 - 742.46 15 Years : 144.15 - 841.44 16-21 Years : 118.22 - 948.56

Girls

2-10 Years : < 7.00 - 108.30 11-15 Years : < 7.00 - 48.40 16-21 Years : 17.55 - 50.41

Clinical Significance: Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males. Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinema, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 8.5 %, Inter assay (%CV): 12.6%; Sensitivity: 7 ng/dL.

Kit Validation Reference: Kicklighter EJ, Norman RJ. The gonads. In: Kaplan LA, Pesce AJ, eds. Clinical Chemistry: Theory, Analysis, Correlation. 2nd ed. St. Louis: CV Mosby; 1989:657-662.

Please correlate with clinical conditions.

Method:- COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

Sample Collected on (SCT) : 28 Jan 2023 11:05

: 29 Jan 2023 04:10 Sample Received on (SRT)

: 29 Jan 2023 09:44 Report Released on (RRT)

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil MD(Path)

Page: 3 of 12

PROCESSED AT : Thyrocare

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







Corporate office: Thyrocare Technologies Limited, ♥ D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703

© 022 - 3090 0000 / 6712 3400 © 9870666333 ■ wellness@thyrocare.com ⊕ www.thyrocare.com

REPORT

NAME : VASAVA KINJAL BEN (27Y/F)

REF. BY : DR DALAL

TEST ASKED: AAROGYAM C PRO

SAMPLE COLLECTED AT:

(3920013834),AYUSH HEALTH CENTRE,5TH FLOOR,MANGALAM COMPLEX,ABOVE IDBI BANK,NEAR KASAK CIRCLE,BHARUCH,392001

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	32.5	μg/dl
	FIIOTOMETRI	32.3	μg/ ui
Reference Range : Male : 65 - 175			
Female: 50 - 170			
Method: FERROZINE METHOD WITHOUT DEPROTEINIZA	ATION		
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	260.3	μg/dl
Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl Method : SPECTROPHOTOMETRIC ASSAY			
% TRANSFERRIN SATURATION	CALCULATED	12.49	%
Reference Range: 13 - 45			
Method: DERIVED FROM IRON AND TIBC VALUES			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	227.8	μg/dl
Reference Range :			
162 - 368			
Method: SPECTROPHOTOMETRIC ASSAY			

Sample Collected on (SCT) :28 Jan 2023 11:05

Please correlate with clinical conditions.

Sample Received on (SRT) : 29 Jan 2023 04:10
Report Released on (RRT) : 29 Jan 2023 09:44

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil MD(Path)

Page: 4 of 12

PROCESSED AT : Thyrocare D-37/1,TTC MIDC,Turbhe, Navi Mumbai-400 703







Corporate office: Thyrocare Technologies Limited, ♥ D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703

© 022 - 3090 0000 / 6712 3400 © 9870666333
■ wellness@thyrocare.com ⊕ www.thyrocare.com

REPORT

NAME : VASAVA KINJAL BEN (27Y/F)

REF. BY : DR DALAL

TEST ASKED : AAROGYAM C PRO

SAMPLE COLLECTED AT:

(3920013834),AYUSH HEALTH CENTRE,5TH

FLOOR, MANGALAM COMPLEX, ABOVE IDBI BANK, NEAR

KASAK CIRCLE, BHARUCH, 392001

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	182	mg/dl	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	37	mg/dl	40-60
HDL / LDL RATIO	CALCULATED	0.3	Ratio	> 0.40
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	122	mg/dl	< 100
TRIG / HDL RATIO	CALCULATED	4.07	Ratio	< 3.12
TRIGLYCERIDES	PHOTOMETRY	150	mg/dl	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4.9	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	3.3	Ratio	1.5-3.5
NON-HDL CHOLESTEROL	CALCULATED	145.4	mg/dl	< 160
VLDL CHOLESTEROL	CALCULATED	30.04	mg/dl	5 - 40

Please correlate with clinical conditions.

Method:

CHOL - CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE

HCHO - DIRECT ENZYMATIC COLORIMETRIC

HD/LD - Derived from HDL and LDL values.

LDL - DIRECT MEASURE

TRI/H - Derived from TRIG and HDL Values

TRIG - ENZYMATIC, END POINT

TC/H - DERIVED FROM SERUM CHOLESTEROL AND HDL VALUES

LDL/ - DERIVED FROM SERUM 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.

Sample Collected on (SCT) : 28 Jan 2023 11:05

Sample Received on (SRT) : 29 Jan 2023 04:10

Report Released on (RRT) : 29 Jan 2023 09:44

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil MD(Path)

Page : 5 of 12

PROCESSED AT: Thyrocare D-37/1,TTC MIDC,Turbhe, Navi Mumbai-400 703







Corporate office: Thyrocare Technologies Limited, ♥ D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703

© 022 - 3090 0000 / 6712 3400 © 9870666333
■ wellness@thyrocare.com ⊕ www.thyrocare.com

REPORT

NAME : VASAVA KINJAL BEN (27Y/F)

REF. BY : DR DALAL

TEST ASKED : AAROGYAM C PRO

SAMPLE COLLECTED AT:

(3920013834),AYUSH HEALTH CENTRE,5TH FLOOR,MANGALAM COMPLEX,ABOVE IDBI BANK,NEAR

KASAK CIRCLE, BHARUCH, 392001

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	60.1	U/L	45 - 129
BILIRUBIN - TOTAL	PHOTOMETRY	0.3	mg/dl	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.06	mg/dl	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.24	mg/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	31.4	U/I	< 38
SGOT / SGPT RATIO	CALCULATED	1.79	Ratio	< 2
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	34.6	U/I	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	19.3	U/I	< 34
PROTEIN - TOTAL	PHOTOMETRY	6.72	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	3.93	gm/dl	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.79	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.41	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

OT/PT - Derived from SGOT and SGPT values.

SGOT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION

SGPT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION

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

Sample Collected on (SCT) : 28 Jan 2023 11:05 Sample Received on (SRT) : 29 Jan 2023 04:10

Report Released on (RRT) : 29 Jan 2023 09:44

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil MD(Path)

Page : 6 of 12





Corporate office: Thyrocare Technologies Limited, ♥ D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703

© 022 - 3090 0000 / 6712 3400 © 9870666333
■ wellness@thyrocare.com ⊕ www.thyrocare.com

REPORT

NAME : VASAVA KINJAL BEN (27Y/F)

REF. BY : DR DALAL

TEST ASKED : AAROGYAM C PRO

SAMPLE COLLECTED AT:

(3920013834),AYUSH HEALTH CENTRE,5TH

FLOOR,MANGALAM COMPLEX,ABOVE IDBI BANK,NEAR KASAK CIRCLE,BHARUCH,392001

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
UREA (CALCULATED)	CALCULATED	27.09	mg/dL	Adult: 17-43
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	12.66	mg/dl	7 - 25
UREA / SR.CREATININE RATIO	CALCULATED	51.12	Ratio	< 52
CREATININE - SERUM	PHOTOMETRY	0.53	mg/dl	0.55-1.02
BUN / SR.CREATININE RATIO	CALCULATED	23.89	Ratio	9:1-23:1
CALCIUM	PHOTOMETRY	9.2	mg/dl	8.8-10.6
URIC ACID	PHOTOMETRY	4.55	mg/dl	3.2 - 6.1
SODIUM	I.S.E	138.1	mmol/l	136 - 145
CHLORIDE	I.S.E	104.4	mmol/l	98 - 107

Please correlate with clinical conditions.

Method:

UREAC - Derived from BUN Value.

BUN - KINETIC UV ASSAY.

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

SCRE - CREATININE ENZYMATIC METHOD

B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES

CALC - ARSENAZO III METHOD, END POINT.

URIC - URICASE / PEROXIDASE METHOD

SOD - ION SELECTIVE ELECTRODE

CHL - ION SELECTIVE ELECTRODE

Sample Collected on (SCT) : 28 Jan 2023 11:05 Sample Received on (SRT) : 29 Jan 2023 04:10

Report Released on (RRT) : 29 Jan 2023 09:44

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil MD(Path)

Page: 7 of 12

Thyrocare

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







Corporate office: Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703

REPORT

NAME : VASAVA KINJAL BEN (27Y/F)

REF. BY : DR DALAL

TEST ASKED : AAROGYAM C PRO **SAMPLE COLLECTED AT:**

(3920013834), AYUSH HEALTH CENTRE, 5TH FLOOR, MANGALAM COMPLEX, ABOVE IDBI BANK, NEAR

KASAK CIRCLE, BHARUCH, 392001

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	120	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	7.4	μg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.01	μIU/ml	0.3-5.5

Comments: SUGGESTING THYRONORMALCY

Please correlate with clinical conditions.

Method:

T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Pregnancy reference ranges for TSH/USTSH:

Trimester | T3 (ng/dl) | T4 (µg/dl) | TSH/USTSH (µIU/ml)

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

References:

- 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.

Sample Collected on (SCT) : 28 Jan 2023 11:05 Sample Received on (SRT) : 29 Jan 2023 04:10 Report Released on (RRT) : 29 Jan 2023 09:44

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil MD(Path)

Page: 8 of 12

Thyrocare

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







Corporate office: Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703

NAME : VASAVA KINJAL BEN (27Y/F)

REF. BY : DR DALAL **TEST ASKED** : AAROGYAM C PRO **SAMPLE COLLECTED AT:**

(3920013834), AYUSH HEALTH CENTRE, 5TH FLOOR, MANGALAM COMPLEX, ABOVE IDBI BANK, NEAR KASAK CIRCLE, BHARUCH, 392001

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	130	mL/min/1.73 m2

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)

: 28 Jan 2023 11:05

Sample Received on (SRT)

: 29 Jan 2023 04:10

Report Released on (RRT)

: 29 Jan 2023 09:44

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil MD(Path)

Page: 9 of 12

PROCESSED AT: Thyrocare

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







Corporate office: Thyrocare Technologies Limited, ♥ D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703

REPORT

NAME : VASAVA KINJAL BEN (27Y/F)

REF. BY : DR DALAL

TEST ASKED : HbA1c,HEMOGRAM **SAMPLE COLLECTED AT:**

(3920013834), AYUSH HEALTH CENTRE, 5TH FLOOR, MANGALAM COMPLEX, ABOVE IDBI BANK, NEAR KASAK CIRCLE, BHARUCH, 392001

mg/dl

VALUE TEST NAME TECHNOLOGY UNITS

HbA1c - (HPLC - NGSP Certified)

H.P.L.C 5.8 %

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

120

: Poor Control

Method: Fully Automated H.P.L.C. using Biorad Variant II Turbo

AVERAGE BLOOD GLUCOSE (ABG) CALCULATED

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)

: 29 Jan 2023 04:09 Sample Received on (SRT) Report Released on (RRT) : 29 Jan 2023 06:07

:28 Jan 2023 11:05

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil MD(Path)

Page: 10 of 12

PROCESSED AT: Thyrocare

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







Corporate office: Thyrocare Technologies Limited, ♥ D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703

© 022 - 3090 0000 / 6712 3400 © 9870666333

NAME : VASAVA KINJAL BEN (27Y/F)

: DR DALAL REF. BY

TEST ASKED : HbA1c,HEMOGRAM

SAMPLE COLLECTED AT:

(3920013834), AYUSH HEALTH CENTRE, 5TH FLOOR, MANGALAM COMPLEX, ABOVE IDBI BANK, NEAR KASAK CIRCLE, BHARUCH, 392001

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT (WBC)	8.36	X 10 ³ / μL	4.0-10.0
NEUTROPHILS	56	%	40-80
LYMPHOCYTE PERCENTAGE	37.1	%	20.0-40.0
MONOCYTES	3.2	%	0.0-10.0
EOSINOPHILS	2.9	%	0.0-6.0
BASOPHILS	0.5	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	4.68	X 10 ³ / μL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	3.1	X 10³ / μL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.27	$X~10^3$ / μL	0.2-1.0
BASOPHILS - ABSOLUTE COUNT	0.04	$X~10^3$ / μL	0.02-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.24	X 10 ³ / μL	0.02-0.5
IMMATURE GRANULOCYTES(IG)	0.03	$X~10^3$ / μL	0.0-0.3
TOTAL RBC	4.99	X 10^6/μL	3.9-4.8
NUCLEATED RED BLOOD CELLS	Nil	$X~10^3$ / μL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	12.1	g/dL	12.0-15.0
HEMATOCRIT(PCV)	41.6	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	83.4	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	24.2	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	29.1	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	44.4	fL	39.0-46.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	14.6	%	11.6-14.0
PLATELET DISTRIBUTION WIDTH(PDW)	13.2	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	10.9	fL	6.5-12
PLATELET COUNT	321	X 10 ³ / μL	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	31.7	%	19.7-42.4
PLATELETCRIT(PCT)	0.35	%	0.19-0.39

Remarks: Alert!!! Predominantly normocytic normochromic with microcytes & 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)

~~ End of report ~~

Sample Collected on (SCT)

. 28 Jan 2023 11:05

Sample Received on (SRT)

29 Jan 2023 04:09

Report Released on (RRT)

29 Jan 2023 06:07

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil MD(Path)

Page: 11 of 12

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

- 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.
- 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).
- 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.
- 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**





BOOK A TEST

Give a Call - 022 4128 2828

WhatsApp **TGS** to 8104112632

Email to tgs@focustb.com

Page: 12 of 12