

over the page or visit our website.

CID	: 2202246475
Name	: MR.ALOK KACHHAP
Age / Gender	: 35 Years / Male
Consulting Dr. Reg. Location	: - : Kandivali East (Main Centre)
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Authenticity Check

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Collected Reported

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Complete Blood Count), Blood			
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>	
RBC PARAMETERS				
Haemoglobin	13.0	13.0-17.0 g/dL	Spectrophotometric	
RBC	5.48	4.5-5.5 mil/cmm	Elect. Impedance	
PCV	40.9	40-50 %	Measured	
MCV	75	80-100 fl	Calculated	
MCH	23.7	27-32 pg	Calculated	
MCHC	31.8	31.5-34.5 g/dL	Calculated	
RDW	16.1	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	6940	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND A	ABSOLUTE COUNTS			
Lymphocytes	33.4	20-40 %		
Absolute Lymphocytes	2318.0	1000-3000 /cmm	Calculated	
Monocytes	9.3	2-10 %		
Absolute Monocytes	645.4	200-1000 /cmm	Calculated	
Neutrophils	53.5	40-80 %		
Absolute Neutrophils	3712.9	2000-7000 /cmm	Calculated	
Eosinophils	3.3	1-6 %		
Absolute Eosinophils	229.0	20-500 /cmm	Calculated	
Basophils	0.5	0.1-2 %		
Absolute Basophils	34.7	20-100 /cmm	Calculated	
Immature Leukocytes	-			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	185000	150000-400000 /cmm	Elect. Impedance
MPV	11.9	6-11 fl	Calculated
PDW	29.0	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	Mild		
Microcytosis	Mild		

Page 1 of 5

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343 For Feedback - customerservice@suburbandiagnostics.com | www.suburbandiagnostics.com

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Name	: MR.ALOK KACHHAP		目的建設的設備設備	0
Age / Gender	: 35 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	:22-Jan-2022 / 10:03	
Reg. Location	: Kandivali East (Main Centre)	Reported	:22-Jan-2022 / 12:48	т

Macrocytosis	-		
Anisocytosis	Mild		
Poikilocytosis	Mild		
Polychromasia	-		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	Elliptocytes-occasional		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	-		
COMMENT	-		
Specimen: EDTA Whole Blood			
ESR	8	2-15 mm at 1 hr.	Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West *** End Of Report ***



Bmhaskar

Dr.KETAKI MHASKAR M.D. (PATH) Pathologist

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CID : 2202246475 Name : MR.ALOK KACHHAP : 35 Years / Male Age / Gender Consulting Dr. : -Reg. Location : Kandivali East (Main Centre)

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:22-Jan-2022 / 10:03 :22-Jan-2022 / 13:36 R

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AERFC	CAMI HEALTHCARE B	ELOW 40 MALE/FEMALE	
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	96.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.18	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.09	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.09	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	24.9	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	36.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	26.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	99.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum	21.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.9	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	102	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.9	3.5-7.2 mg/dl	Enzymatic

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West *** End Of Report ***





Anto

Dr.ANUPA DIXIT M.D.(PATH) Consultant Pathologist & Lab Director

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Consulting Dr. Reg. Location	: - : Kandivali East (Main Centre)



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Collected Reported : 22-Jan-2022 / 10:03 :22-Jan-2022 / 14:24

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	189.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	125.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	36.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	153.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	128.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	25.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.6	0-3.5 Ratio	Calculated
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*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West *** End Of Report ***



Bmhaskar

Dr.KETAKI MHASKAR M.D. (PATH) Pathologist

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: 2202246475

: -

: 35 Years / Male

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS				
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
Free T3, Serum	5.6	3.5-6.5 pmol/L	ECLIA	
Free T4, Serum	13.8	11.5-22.7 pmol/L	ECLIA	
sensitiveTSH, Serum	3.53	0.35-5.5 microIU/ml	ECLIA	

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation	
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.	
High	Low	Low	pothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosir ase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.	
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)	
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.	
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.	
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.	

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations: Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

Reference:

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)

2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357

3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition

4. Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West *** End Of Report ***



Anoto

Dr.ANUPA DIXIT M.D.(PATH) **Consultant Pathologist & Lab** Director

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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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Consulting Dr. Reg. Location	: - : Kandivali East (Main Centre)
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood			
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	13.0	13.0-17.0 g/dL	Spectrophotometric
RBC	5.48	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.9	40-50 %	Measured
MCV	75	80-100 fl	Calculated
MCH	23.7	27-32 pg	Calculated
MCHC	31.8	31.5-34.5 g/dL	Calculated
RDW	16.1	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6940	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	33.4	20-40 %	
Absolute Lymphocytes	2318.0	1000-3000 /cmm	Calculated
Monocytes	9.3	2-10 %	
Absolute Monocytes	645.4	200-1000 /cmm	Calculated
Neutrophils	53.5	40-80 %	
Absolute Neutrophils	3712.9	2000-7000 /cmm	Calculated
Eosinophils	3.3	1-6 %	
Absolute Eosinophils	229.0	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	34.7	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	185000	150000-400000 /cmm	Elect. Impedance
MPV	11.9	6-11 fl	Calculated
PDW	29.0	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	Mild		
Microcytosis	Mild		

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Age / Gender	: 35 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	:22-Jan-2022 / 10:03	
Reg. Location	: Kandivali East (Main Centre)	Reported	:22-Jan-2022 / 12:48	т

Macrocytosis	-		
Anisocytosis	Mild		
Poikilocytosis	Mild		
Polychromasia	-		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	Elliptocytes-occasional		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	-		
COMMENT	-		
Specimen: EDTA Whole Blood			
ESR	8	2-15 mm at 1 hr.	Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West *** End Of Report ***



Bmhaskar

Dr.KETAKI MHASKAR M.D. (PATH) Pathologist

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CID : 2202246475 Name : MR.ALOK KACHHAP Age / Gender : 35 Years / Male Consulting Dr. : -: Kandivali East (Main Centre) Reg. Location



AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE					
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>		
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	96.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase		
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	95.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase		
BILIRUBIN (TOTAL), Serum	0.18	0.1-1.2 mg/dl	Colorimetric		
BILIRUBIN (DIRECT), Serum	0.09	0-0.3 mg/dl	Diazo		
BILIRUBIN (INDIRECT), Serum	0.09	0.1-1.0 mg/dl	Calculated		
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret		
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG		
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated		
A/G RATIO, Serum	1.6	1 - 2	Calculated		
SGOT (AST), Serum	24.9	5-40 U/L	NADH (w/o P-5-P)		
SGPT (ALT), Serum	36.7	5-45 U/L	NADH (w/o P-5-P)		
GAMMA GT, Serum	26.3	3-60 U/L	Enzymatic		
ALKALINE PHOSPHATASE, Serum	99.4	40-130 U/L	Colorimetric		
BLOOD UREA, Serum	21.0	12.8-42.8 mg/dl	Kinetic		
BUN, Serum	9.8	6-20 mg/dl	Calculated		
CREATININE, Serum	0.9	0.67-1.17 mg/dl	Enzymatic		
eGFR, Serum	102	>60 ml/min/1.73sqm	Calculated		
URIC ACID, Serum	6.9	3.5-7.2 mg/dl	Enzymatic		

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CID	: 2202246475		SKIPA SARA	
Name	: MR.ALOK KACHHAP		目的经济的方法的现象的	0
Age / Gender	: 35 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	:22-Jan-2022 / 15:37	
Reg. Location	: Kandivali East (Main Centre)	Reported	:22-Jan-2022 / 18:25	т
Liripo Sugar (Er	acting) Abcont	Abcont		

Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West *** End Of Report ***



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Dr.ANUPA DIXIT M.D.(PATH) Consultant Pathologist & Lab Director

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BIOLOGICAL REF RANGE

: 22-Jan-2022 / 10:03 :22-Jan-2022 / 15:54

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER

Glycosylated Hemoglobin 6.4 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % 137.0 Estimated Average Glucose mg/dl (eAG), EDTA WB - CC

RESULTS

Calculated

METHOD

HPLC

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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Consulting Dr. Reg. Location	: - : Kandivali East (Main Centre)
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	10-12	Less than 20/hpf	
Others	-		

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD GROUPING & Rh TYPING

PARAMETER

<u>RESULTS</u>

ABO GROUP B Rh TYPING POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

- 1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- 2. AABB technical manual

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE METHOD
CHOLESTEROL, Serum	189.1	Desirable: <200 mg/dl Enzymatic Borderline High: 200-239mg/dl High: >/=240 mg/dl
TRIGLYCERIDES, Serum	125.3	Normal: <150 mg/dl Enzymatic Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl
HDL CHOLESTEROL, Serum	36.0	Desirable: >60 mg/dl Enzymatic Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl
NON HDL CHOLESTEROL, Serum	153.1	Desirable: <130 mg/dl Calculated Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl
LDL CHOLESTEROL, Serum	128.0	Optimal: <100 mg/dl Calculated Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl
VLDL CHOLESTEROL, Serum	25.1	< /= 30 mg/dl Calculated
CHOL / HDL CHOL RATIO, Serum	5.3	0-4.5 Ratio Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.6	0-3.5 Ratio Calculated
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE <u>THYROID FUNCTION TESTS</u> PARAMETER <u>RESULTS</u><u>BIOLOGICAL REF RANGE</u><u>METHOD</u>

Free T3, Serum	5.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.53	0.35-5.5 microIU/ml	ECLIA

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations: Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

Reference:

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)

2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357

3. Tietz , Text Book of Clinical Chemistry and Molecular Biology -5th Edition

4.Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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