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REPORT

NAME : PINKY BANSAL (38Y/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

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	5.2	%

Reference Range :

Reference Range: 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	103	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 Mar 2023 11:40
Sample Received on (SRT) : 11 Mar 2023 22:09
Report Released on (RRT) : 11 Mar 2023 23:13
Sample Type : EDTA
Labcode : 1103114740/A3833
Barcode : AP404091

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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

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT (WBC)	7.29	X 10³ / µL	4.0 - 10.0
NEUTROPHILS	61	%	40-80
LYMPHOCYTE	33.9	%	20-40
MONOCYTES	2.3	%	2-10
EOSINOPHILS	2.2	%	1-6
BASOPHILS	0.5	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.1	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	4.45	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.47	X 10³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	**0.17**	**X 10³ / µL**	**0.2 - 1.0**
BASOPHILS - ABSOLUTE COUNT	0.04	X 10³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	0.16	X 10³ / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	0.01	X 10³ / µL	0.0-0.3
TOTAL RBC	4.12	X 10^6/µL	3.8-4.8
NUCLEATED RED BLOOD CELLS	0.01	X 10³ / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	0.01	%	0.0-5.0
HEMOGLOBIN	**11.7**	**g/dL**	**12.0-15.0**
HEMATOCRIT(PCV)	39	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	94.7	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	28.4	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	**30**	**g/dL**	**31.5-34.5**
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	45.9	fL	39.0-46.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	13.2	%	11.6-14.0
PLATELET DISTRIBUTION WIDTH(PDW)	**8.3**	**fL**	**9.6-15.2**
MEAN PLATELET VOLUME(MPV)	9	fL	6.5-12
PLATELET COUNT	318	X 10³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	**15.5**	**%**	**19.7-42.4**
PLATELETCRIT(PCT)	0.29	%	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)

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REPORT

NAME : PINKY BANSAL (38Y/F)
REF. BY : DR DALAL
TEST ASKED : AAROGYAM C PRO WITH UTSH

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	31.23	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**	**1336**	**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) : 11 Mar 2023 11:40
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Report Released on (RRT) : 12 Mar 2023 03:11
Sample Type : SERUM
Labcode : 1103114908/A3833
Barcode : AB307695

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REF. BY : DR DALAL
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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	0.25	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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TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	13.84	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
11 Years : < 7.00 - 341.53
12 Years : < 7.00 - 562.59
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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	69.81	µg/dL
Reference Range : Male : 65 - 175 Female : 50 - 170 **Method :** FERROZINE METHOD WITHOUT DEPROTEINIZATION			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	305	µg/dL
Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** SPECTROPHOTOMETRIC ASSAY			
% TRANSFERRIN SATURATION	CALCULATED	22.89	%
Reference Range : 13 - 45 **Method :** DERIVED FROM IRON AND TIBC VALUES			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	235.19	µg/dL
Reference Range : 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	170	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**61**	**mg/dL**	**40-60**
HDL / LDL RATIO	CALCULATED	0.61	Ratio	> 0.40
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**100**	**mg/dL**	**< 100**
TRIG / HDL RATIO	CALCULATED	1.15	Ratio	< 3.12
TRIGLYCERIDES	PHOTOMETRY	70	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**2.8**	**Ratio**	**3 - 5**
LDL / HDL RATIO	CALCULATED	1.6	Ratio	1.5-3.5
NON-HDL CHOLESTEROL	CALCULATED	108.9	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	14.08	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.

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REPORT

NAME : PINKY BANSAL (38Y/F)
REF. BY : DR DALAL
TEST ASKED : AAROGYAM C PRO WITH UTSH

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	48.8	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.5	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.14	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.36	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	10	U/L	< 38
SGOT / SGPT RATIO	CALCULATED	1.14	Ratio	< 2
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	25	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	22	U/L	< 34
PROTEIN - TOTAL	PHOTOMETRY	7	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.23	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.77	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.53	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

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SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
UREA (CALCULATED)	CALCULATED	19.5	mg/dL	Adult : 17-43
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	9.11	mg/dL	7.94 - 20.07
UREA / SR.CREATININE RATIO	CALCULATED	33.04	Ratio	< 52
CREATININE - SERUM	PHOTOMETRY	0.59	mg/dL	0.55-1.02
BUN / SR.CREATININE RATIO	CALCULATED	15.44	Ratio	9:1-23:1
CALCIUM	PHOTOMETRY	9.22	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	3.2	mg/dL	3.2 - 6.1
SODIUM	I.S.E	138	mmol/L	136 - 145
CHLORIDE	**I.S.E**	**108**	**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

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TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	**C.L.I.A**	**58**	**ng/dL**	**60-200**
TOTAL THYROXINE (T4)	C.L.I.A	5.8	µg/dL	4.5-12
TSH - ULTRASENSITIVE	C.M.I.A	1.18	µIU/mL	0.35-4.94

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

Method :

T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
USTSH - Fully Automated Chemi Luminescent Microparticle Immunoassay

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
2nd	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.

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TEST ASKED : AAROGYAM C PRO WITH UTSH

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	116	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

~~ End of report ~~

Sample Collected on (SCT) : 11 Mar 2023 11:40
Sample Received on (SRT) : 11 Mar 2023 22:11
Report Released on (RRT) : 12 Mar 2023 03:11
Sample Type : SERUM
Labcode : 1103114908/A3833
Barcode : AB307695

Dr Vitthal Kendre MD(Path)

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**