

**9 out of 10 Doctors Trust that Thyrocare Reports are Accurate & Reliable**

**NAME :** DHARMENDRA SINGH (35Y/M)  
**REF. BY :** SELF  
**TEST ASKED :** HbA1c,HEMOGRAM

**SAMPLE COLLECTED AT :**  
AYUSH HEALTH CENTRE BHARUCH

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	6.2	%

**Bio. Ref. Interval. :**

**Bio. Ref. Interval.: 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 131 mg/dL**

**Bio. Ref. Interval. :**

90 - 120 mg/dl : Good Control  
121 - 150 mg/dl : Fair Control  
151 - 180 mg/dl : Unsatisfactory Control  
> 180 mg/dl : Poor Control

**Method :** Derived from HBA1c values

**Please correlate with clinical conditions.**

**Sample Collected on (SCT) :** 25 Feb 2024 12:31

**Sample Received on (SRT) :** 25 Feb 2024 18:19

**Report Released on (RRT) :** 25 Feb 2024 19:25

**Sample Type :** EDTA

**Labcode :** 2502097401/A3833

**Barcode :** BU786776



Dr Sachin Patil MD(Path)

**PROCESSED AT :  
Thyrocare**

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



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TEST NAME	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	6.74	X 10 <sup>3</sup> / $\mu$ L	4.0 - 10.0
NEUTROPHILS	57.6	%	40-80
LYMPHOCYTE	34	%	20-40
<b>MONOCYTES</b>	<b>1.9</b>	<b>%</b>	<b>2-10</b>
EOSINOPHILS	5.5	%	1-6
BASOPHILS	0.7	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	3.88	X 10 <sup>3</sup> / $\mu$ L	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.29	X 10 <sup>3</sup> / $\mu$ L	1.0-3.0
<b>MONOCYTES - ABSOLUTE COUNT</b>	<b>0.13</b>	<b>X 10<sup>3</sup> / <math>\mu</math>L</b>	<b>0.2 - 1.0</b>
BASOPHILS - ABSOLUTE COUNT	0.05	X 10 <sup>3</sup> / $\mu$ L	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	0.37	X 10 <sup>3</sup> / $\mu$ L	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	0.02	X 10 <sup>3</sup> / $\mu$ L	0-0.3
<b>TOTAL RBC</b>	<b>4.03</b>	<b>X 10<sup>6</sup>/<math>\mu</math>L</b>	<b>4.5-5.5</b>
NUCLEATED RED BLOOD CELLS	0.01	X 10 <sup>3</sup> / $\mu$ L	0.0-0.5
NUCLEATED RED BLOOD CELLS %	0.01	%	0.0-5.0
<b>HEMOGLOBIN</b>	<b>12.1</b>	<b>g/dL</b>	<b>13.0-17.0</b>
HEMATOCRIT(PCV)	42.3	%	40.0-50.0
<b>MEAN CORPUSCULAR VOLUME(MCV)</b>	<b>105</b>	<b>fL</b>	<b>83.0-101.0</b>
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	30	pg	27.0-32.0
<b>MEAN CORP.HEMO.CONC(MCHC)</b>	<b>28.6</b>	<b>g/dL</b>	<b>31.5-34.5</b>
<b>RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)</b>	<b>57.1</b>	<b>fL</b>	<b>39-46</b>
<b>RED CELL DISTRIBUTION WIDTH (RDW-CV)</b>	<b>14.5</b>	<b>%</b>	<b>11.6-14</b>
<b>PLATELET DISTRIBUTION WIDTH(PDW)</b>	<b>20.6</b>	<b>fL</b>	<b>9.6-15.2</b>
<b>MEAN PLATELET VOLUME(MPV)</b>	<b>13.7</b>	<b>fL</b>	<b>6.5-12</b>
PLATELET COUNT	199	X 10 <sup>3</sup> / $\mu$ L	150-410
<b>PLATELET TO LARGE CELL RATIO(PLCR)</b>	<b>54.4</b>	<b>%</b>	<b>19.7-42.4</b>
PLATELETCRIT(PCT)	0.27	%	0.19-0.39

**Remarks :** Alert!!! Predominantly normocytic normochromic with macrocytes & 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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**REF. BY** : SELF  
**TEST ASKED** : AAROgyAM CAMP PROFILE 2

**SAMPLE COLLECTED AT :**  
AYUSH HEALTH CENTRE BHARUCH

TEST NAME	TECHNOLOGY	VALUE	UNITS
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**25-OH VITAMIN D (TOTAL)**

**E.C.L.I.A**

**5.43**

**ng/mL**

**Bio. Ref. Interval. :**

Deficiency : <=20 ng/ml || Insufficiency : 21-29 ng/ml

Sufficiency : >= 30 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):9.20%, Inter assay (%CV):8.50%

Kit Validation Reference : Holick M. Vitamin D the underappreciated D-Lightful hormone that is important for Skeletal and cellular health Curr Opin Endocrinol Diabetes 2002;9(1)87-98.

**Method :** Fully Automated Electrochemiluminescence Competitive Immunoassay

**VITAMIN B-12**

**E.C.L.I.A**

**180**

**pg/mL**

**Bio. Ref. Interval. :**

Normal: 197-771 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):2.6%, Inter assay (%CV):2.3 %

Kit Validation Reference : Thomas L.Clinical laborator Diagnostics : Use and Assessment of Clinical laboratory Results 1st Edition,TH Books-Verl-Ges,1998:424-431

**Method :** Fully Automated Electrochemiluminescence Competitive Immunoassay

**Please correlate with clinical conditions.**

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**Report Released on (RRT)** : 25 Feb 2024 20:46

**Sample Type** : SERUM

**Labcode** : 2502097405/A3833

**Barcode** : CB069671



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TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1) <b>Bio. Ref. Interval. :</b> Male : 86 - 152 Female : 94 - 162 <b>Method :</b> FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY - BECKMAN COULTER	IMMUNOTURBIDIMETRY	120	mg/dL
APOLIPOPROTEIN - B (APO-B) <b>Bio. Ref. Interval. :</b> Male : 56 - 145 Female : 53 - 138 <b>Method :</b> FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY - BECKMAN COULTER	IMMUNOTURBIDIMETRY	110	mg/dL
APO B / APO A1 RATIO (APO B/A1) <b>Bio. Ref. Interval. :</b> Male : 0.40 - 1.26 Female : 0.38 - 1.14 <b>Method :</b> Derived from serum Apo A1 and Apo B values	CALCULATED	0.9	Ratio

**Please correlate with clinical conditions.**

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TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)</b> <b>Bio. Ref. Interval. :-</b>	<b>IMMUNOTURBIDIMETRY</b>	<b>3.5</b>	<b>mg/L</b>

- < 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 data 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
LIPOPROTEIN (A) [LP(A)] <b>Bio. Ref. Interval. :-</b>	IMMUNOTURBIDIMETRY	12.7	mg/dL

Adults : < 30.0 mg/dl

**Clinical Significance:**

Determination of LPA may be useful to guide management of individuals with a family history of CHD or with existing disease. The levels of LPA in the blood depends on genetic factors; The range of variation in a population is relatively large and hence for diagnostic purpose, results should always be assessed in conjunction with the patient’s medical history, clinical examination and other findings.

**Specifications:**

Precision %CV :- Intra assay %CV- 4.55% , Inter assay %CV-0.86 %

**Kit Validation Reference:**

Tietz NW,Clinical Guide to Laboratory Tests Philadelphia WB. Saunders 1995 : 442-444

**Please correlate with clinical conditions.**

**Method:-** LATEX ENHANCED IMMUNOTURBIDIMETRY

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
<b>TOTAL CHOLESTEROL</b>	<b>PHOTOMETRY</b>	<b>223</b>	<b>mg/dL</b>	<b>&lt; 200</b>
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	55	mg/dL	40-60
<b>LDL CHOLESTEROL - DIRECT</b>	<b>PHOTOMETRY</b>	<b>158</b>	<b>mg/dL</b>	<b>&lt; 100</b>
TRIGLYCERIDES	PHOTOMETRY	105	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	1.91	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	2.9	Ratio	1.5-3.5
<b>HDL / LDL RATIO</b>	<b>CALCULATED</b>	<b>0.35</b>	<b>Ratio</b>	<b>&gt; 0.40</b>
<b>NON-HDL CHOLESTEROL</b>	<b>CALCULATED</b>	<b>167.86</b>	<b>mg/dL</b>	<b>&lt; 160</b>
VLDL CHOLESTEROL	CALCULATED	20.98	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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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	76	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.31	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.12	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.19	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	27.9	U/L	< 55
<b>ASPARTATE AMINOTRANSFERASE (SGOT )</b>	<b>PHOTOMETRY</b>	<b>48.6</b>	<b>U/L</b>	<b>&lt; 35</b>
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	29.3	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	1.66	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.83	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.2	gm/dL	3.2-4.8
<b>SERUM GLOBULIN</b>	<b>CALCULATED</b>	<b>3.63</b>	<b>gm/dL</b>	<b>2.5-3.4</b>
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.16	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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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
<b>BLOOD UREA NITROGEN (BUN)</b>	<b>PHOTOMETRY</b>	<b>6.07</b>	<b>mg/dL</b>	<b>7.94 - 20.07</b>
<b>CREATININE - SERUM</b>	<b>PHOTOMETRY</b>	<b>0.56</b>	<b>mg/dL</b>	<b>0.72-1.18</b>
BUN / SR.CREATININE RATIO	CALCULATED	10.84	Ratio	9:1-23:1
<b>UREA (CALCULATED)</b>	<b>CALCULATED</b>	<b>12.99</b>	<b>mg/dL</b>	<b>Adult : 17-43</b>
UREA / SR.CREATININE RATIO	CALCULATED	23.2	Ratio	< 52
CALCIUM	PHOTOMETRY	9.25	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	6.03	mg/dL	4.2 - 7.3

**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.  
URIC - Uricase / Peroxidase Method

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	145	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	8.61	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	2.13	µIU/mL	0.54-5.30

**Comments :** SUGGESTING THYRONORMALCY**The Biological Reference Ranges is specific to the age group. Kindly correlate clinically.****Method :**

T3,T4 - Fully Automated Electrochemiluminescence Competitive Immunoassay

USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

**Disclaimer :** Results should always be interpreted using the reference range provided by the laboratory that performed the test. Different laboratories do tests using different technologies, methods and using different reagents which may cause difference. In reference ranges and hence it is recommended to interpret result with assay specific reference ranges provided in the reports. To diagnose and monitor therapy doses, it is recommended to get tested every time at the same Laboratory.

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**SAMPLE COLLECTED AT :**  
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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR) <b>Bio. Ref. Interval. :-</b>	CALCULATED	134	mL/min/1.73 m2

- > = 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 ~~

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## 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](mailto:info@thyrocare.com) or call us on **022-3090 0000 / 6712 3400**
- ✓ SMS: <Labcode No.> to **9870666333**

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# Jaanh

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\*As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)

