

**PROCESSED AT :****Thyrocare**

H. NO. 1-9-645,Vidyanagar,  
Adikmet Road,Near SBH,  
Hyderabad-500 044



Tests you can trust

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703 98706 66333 wellness@thyrocare.com

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

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

**HOME COLLECTION :**  
VENUGOPAL ENCLAVE ARMY CANTONMENT NEAR  
BOLARUM POLICE STATION SCB PARK NEAR  
BOLARUM POLICE STATION

TEST NAME	OBSERVATION	UNITS	Bio. Ref. Interval.
<b>Complete Urinogram</b>			
<b>Physical Examination</b>			
VOLUME	3	mL	-
COLOUR	PALE YELLOW	-	Pale Yellow
APPEARANCE	CLEAR	-	Clear
SPECIFIC GRAVITY	1.01	-	1.003-1.030
PH	5	-	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	Normal	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)	2	cells/HPF	0-5
<b>EPITHELIAL CELLS</b>	<b>ABSENT</b>	<b>cells/HPF</b>	<b>0-5</b>
CASTS	ABSENT	-	Absent
CRYSTALS	ABSENT	-	Absent
BACTERIA	ABSENT	-	Absent
YEAST	ABSENT	-	Absent
PARASITE	ABSENT	-	Absent

**Method :** Fully Automated Matrix AVE Urinalysis Dipstick Method, Microscopy

**Sample Collected on (SCT)** : 22 Sep 2023 07:20

**Sample Received on (SRT)** : 22 Sep 2023 12:22

**Report Released on (RRT)** : 22 Sep 2023 15:19

**Sample Type** : URINE

**Labcode** : 2209070896/DS853

**Barcode** : BJ888704



Dr Amulya MD (Path)

Dr Ramya MD (Path)

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**HOME COLLECTION :**  
VENUGOPAL ENCLAVE ARMY CANTONMENT NEAR  
BOLARUM POLICE STATION SCB PARK NEAR  
BOLARUM POLICE STATION

**PATIENTID** : JS22405911

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	90.79	mg/dL

**Bio. Ref. Interval. :-**

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)** : 22 Sep 2023 07:20  
**Sample Received on (SRT)** : 22 Sep 2023 12:17  
**Report Released on (RRT)** : 22 Sep 2023 13:38  
**Sample Type** : FLUORIDE  
**Labcode** : 2209070389/DS853  
**Barcode** : BL409815

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**REF. BY** : SELF

**TEST ASKED** : MEDIWHEEL 60+

**HOME COLLECTION :**

VENUGOPAL ENCLAVE ARMY CANTONMENT NEAR  
BOLARUM POLICE STATION SCB PARK NEAR  
BOLARUM POLICE STATION

**PATIENTID** : JS22405911

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

**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 108 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)** :22 Sep 2023 07:20

**Sample Received on (SRT)** : 22 Sep 2023 12:22

**Report Released on (RRT)** : 22 Sep 2023 15:00

**Sample Type** : EDTA

**Labcode** : 2209070871/DS853

**Barcode** : BL733486

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**REF. BY** : SELF  
**TEST ASKED** : MEDIWHEEL 60+  
**PATIENTID** : JS22405911

**HOME COLLECTION :**  
VENUGOPAL ENCLAVE ARMY CANTONMENT  
NEAR BOLARUM POLICE STATION SCB PARK  
NEAR BOLARUM POLICE STATION

TEST NAME	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	8.25	X 10 <sup>3</sup> / $\mu$ L	4.0 - 10.0
NEUTROPHILS	68.8	%	40-80
LYMPHOCYTE	23.3	%	20-40
MONOCYTES	5.2	%	2-10
EOSINOPHILS	1.8	%	1-6
BASOPHILS	0.7	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.2	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	5.68	X 10 <sup>3</sup> / $\mu$ L	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	1.92	X 10 <sup>3</sup> / $\mu$ L	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.43	X 10 <sup>3</sup> / $\mu$ L	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	0.06	X 10 <sup>3</sup> / $\mu$ L	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	0.15	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
TOTAL RBC	4.93	X 10 <sup>6</sup> / $\mu$ L	4.5-5.5
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
HEMOGLOBIN	14.1	g/dL	13.0-17.0
HEMATOCRIT(PCV)	44.6	%	40.0-50.0
MEAN CORPUSCULAR VOLUME(MCV)	90.5	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	28.6	pg	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	31.6	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	42.9	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	13.2	%	11.6-14
PLATELET COUNT	163	X 10 <sup>3</sup> / $\mu$ L	150-410

**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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**HOME COLLECTION :**  
VENUGOPAL ENCLAVE ARMY CANTONMENT NEAR  
BOLARUM POLICE STATION SCB PARK NEAR  
BOLARUM POLICE STATION

**PATIENTID** : JS22405911

TEST NAME	TECHNOLOGY	VALUE	UNITS
CA-125	C.L.I.A	20.1	U/mL

**Bio. Ref. Interval. :-**

Less than 30.2 U/ml

Clinical Significance:

CA-125 is used to monitor therapy during treatment for Ovarian Cancer. CA125 is also to detect or monitor whether there is a recurrence of cancer or malignancy after surgical removal of tumor or radiation therapy or chemotherapy (antineoplastic drugs). This test is sometimes used to follow High-Risk women who have a family history of Ovarian Cancer. CA-125 may normally be increased in early pregnancy and during menstruation. It can also be increased in diseases such as Pelvic Inflammatory Disease or Endometriosis and sometimes in Hepatitis and Cirrhosis of the liver.

Specifications:

Precision: Intra Assay (%CV): 4.3 %, Inter Assay (%CV): 2.5%; Sensitivity: 2.0 U/ml

Kit Validation References:

Mackey SE, Creasman WT. Ovarian Cancer Screening. J. Clin Oncol 1995; 13(3); 783 - 93.

**Please correlate with clinical conditions.**

**Method:-** TWO SITE SANDWICH IMMUNOASSAY

**Sample Collected on (SCT)** : 22 Sep 2023 07:20  
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**Report Released on (RRT)** : 22 Sep 2023 16:20  
**Sample Type** : SERUM  
**Labcode** : 2209070406/DS853  
**Barcode** : BL815581

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**PATIENTID** : JS22405911

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BOLARUM POLICE STATION SCB PARK NEAR  
BOLARUM POLICE STATION

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

**Bio. Ref. Interval. :**

ADULT : <= 18

**Clinical Significance:**

Rheumatoid factor is an anti IgG 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.**

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BOLARUM POLICE STATION

**PATIENTID** : JS22405911

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	E.C.L.I.A	34.2	ng/mL

**Bio. Ref. Interval. :-**

Deficiency :  $\leq 20$  ng/ml || Insufficiency : 21-29 ng/ml  
Sufficiency :  $\geq 30$  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.

**Please correlate with clinical conditions.**

**Method:-** Fully Automated Electrochemiluminescence Competitive Immunoassay

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**Sample Type** : SERUM  
**Labcode** : 2209070406/DS853  
**Barcode** : BL815581

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**HOME COLLECTION :**  
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BOLARUM POLICE STATION SCB PARK NEAR  
BOLARUM POLICE STATION

**PATIENTID** : JS22405911

TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)</b> <b>Bio. Ref. Interval. :-</b>	<b>IMMUNOTURBIDIMETRY</b>	<b>3.72</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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**Sample Type** : SERUM  
**Labcode** : 2209070406/DS853  
**Barcode** : BL815581

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VENUGOPAL ENCLAVE ARMY CANTONMENT NEAR  
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BOLARUM POLICE STATION

**PATIENTID** : JS22405911

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	E.C.L.I.A	300	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

**Please correlate with clinical conditions.**

**Method:-** Fully Automated Electrochemiluminescence Compitative Immunoassay

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BOLARUM POLICE STATION SCB PARK NEAR  
BOLARUM POLICE STATION

**PATIENTID** : JS22405911

TEST NAME	TECHNOLOGY	VALUE	UNITS
PROSTATE SPECIFIC ANTIGEN (PSA) <b>Bio. Ref. Interval. :-</b>	C.L.I.A	1.72	ng/mL

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, Valenzuala 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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**HOME COLLECTION :**  
 VENUGOPAL ENCLAVE ARMY CANTONMENT NEAR  
 BOLARUM POLICE STATION SCB PARK NEAR BOLARUM  
 POLICE STATION

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	167	mg/dL	< 200
<b>HDL CHOLESTEROL - DIRECT</b>	<b>PHOTOMETRY</b>	<b>36</b>	<b>mg/dL</b>	<b>40-60</b>
<b>LDL CHOLESTEROL - DIRECT</b>	<b>PHOTOMETRY</b>	<b>106</b>	<b>mg/dL</b>	<b>&lt; 100</b>
TRIGLYCERIDES	PHOTOMETRY	86	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4.7	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	2.4	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	3	Ratio	1.5-3.5
<b>HDL / LDL RATIO</b>	<b>CALCULATED</b>	<b>0.34</b>	<b>Ratio</b>	<b>&gt; 0.40</b>
NON-HDL CHOLESTEROL	CALCULATED	131.64	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	17.17	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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**Labcode :** 2209070406/DS853  
**Barcode :** BL815581

Dr Amulya MD (Path)

Dr Ramya MD (Path)

**PROCESSED AT :****Thyrocare**H. NO. 1-9-645,Vidyanagar,  
Adikmet Road,Near SBH,  
Hyderabad-500 044**Thyrocare**

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**9 out of 10 Doctors Trust that Thyrocare Reports are Accurate & Reliable****NAME** : JAGDISH SINGHKARIA(36Y/M)  
**REF. BY** : SELF  
**TEST ASKED** : MEDIWHEEL 60+  
**PATIENTID** : JS22405911**HOME COLLECTION :**VENUGOPAL ENCLAVE ARMY CANTONMENT NEAR  
BOLARUM POLICE STATION SCB PARK NEAR BOLARUM  
POLICE STATION

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	119.67	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.61	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.12	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.49	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	47.43	U/L	< 55
<b>ASPARTATE AMINOTRANSFERASE (SGOT )</b>	<b>PHOTOMETRY</b>	<b>40.75</b>	<b>U/L</b>	<b>&lt; 35</b>
<b>ALANINE TRANSAMINASE (SGPT)</b>	<b>PHOTOMETRY</b>	<b>55.01</b>	<b>U/L</b>	<b>&lt; 45</b>
SGOT / SGPT RATIO	CALCULATED	0.74	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.21	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.13	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	3.08	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.34	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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**NAME** : JAGDISH SINGHKARIA(36Y/M)

**REF. BY** : SELF

**TEST ASKED** : MEDIWHEEL 60+

**PATIENTID** : JS22405911

**HOME COLLECTION :**

VENUGOPAL ENCLAVE ARMY CANTONMENT NEAR  
BOLARUM POLICE STATION SCB PARK NEAR  
BOLARUM POLICE STATION

TEST NAME	TECHNOLOGY	VALUE	UNITS
PHOSPHOROUS	PHOTOMETRY	3.89	mg/dL

**Bio. Ref. Interval. :**

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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BOLARUM POLICE STATION

**PATIENTID** : JS22405911

TEST NAME	TECHNOLOGY	VALUE	UNITS
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POTASSIUM	I.S.E	3.72	mmol/L
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**Bio. Ref. Interval. :**  
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

CHLORIDE	I.S.E	103.27	mmol/L
----------	-------	--------	--------

**Bio. Ref. Interval. :**  
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	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	14.22	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	1.1	mg/dL	0.72-1.18
BUN / SR.CREATININE RATIO	CALCULATED	12.93	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	30.43	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	27.66	Ratio	< 52
CALCIUM	PHOTOMETRY	9.36	mg/dL	8.8-10.6
SODIUM	I.S.E	138.41	mmol/L	136 - 145
URIC ACID	PHOTOMETRY	5.7	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.  
SOD - ION SELECTIVE ELECTRODE  
URIC - Uricase / Peroxidase Method

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
THYROID STIMULATING HORMONE (TSH)	C.M.I.A	8.54	μIU/mL	0.35-4.94

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

**Method :**

TSH - Fully Automated Chemi Luminescent Microparticle 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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TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>EST. GLOMERULAR FILTRATION RATE (eGFR)</b>	<b>CALCULATED</b>	<b>86</b>	<b>mL/min/1.73 m<sup>2</sup></b>
<b>Bio. Ref. Interval. :-</b>			

- > = 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** or call us on **022-3090 0000 / 6712 3400**
- ✓ SMS: <Labcode No.> to **9870666333**

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