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Sankett LABORATORY
80, Super Shopping Center, B/w. Depot & Station,
Station Road, Near Dr. Malik's Desp, Ankleshwar-393 001. Mob.: 9824100462

REPORT

Patient Name:- Manoj Kumar Age/Sex M / 40
Reg.No: *1282* Date:- 28/1/2023
Ref.by Dr Dalal

EXAMINATION OF URINE

Test	Result	Reference Range ..
Physical Examination		
Quantity :	@ 14 ml	
Colour :	D.Yellow	
Apperance :	Clear	
Specific Gravity :	1.009	1.003-1.030
Chemical Examination		
Reaction :	PH 7.3	4.6-8.0
Albumin :	Abst	Abst
Sugar :	Abst	Abst
Acetone Bodies :	Abst	Abst
Bile Salts :	Abst	Abst
Bile Pigments :	Abst	Abst
Microscopic Examination / hpf		
Epithelil Cells :	1-2	0-5 / hpf
Leucocytes :	0cca	0-2 / hpf
R.B.Cs :	Abst	0-2 / hpf
Casts :	Abst	
Crystals :	Abst	
Other Findings :	Abst	

Page:1 (End of report) (Microbiologist)

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:	Manoj Kumar	Date:	28/01/2023

USG OF ABDOMEN & PELVIS

Liver is normal in size, shape & 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. 84mm and normal in echotexture.
Aorta appeared normal. No para aortic lymphnodes seen.

Right kidney measures 104x44mm.
Cortex and collecting system of right kidney appeared normal.

- **A non-obstructive 9mm sized calculus in lower pole calyx.**

Left kidney measures 105x55mm.
Cortex of left kidney appeared normal.

- **Mild hydronephrosis with hydroureter (Grade I) up to lower ureter is seen due to 5.2x5.2 mm sized calculus in lower ureter.**
  - No evident cortical thinning noted.
  - No e/o secondary infective changes are seen.

Urinary bladder: appears normal. No calculi are seen.
Prostate appears normal in size; measuring approximately 31x43x29mm; VOL: 21cc & normal in shape and echotexture.
Appendix not seen due to bowel gas.
Bowels are visualized and appeared normal.
No evidence of free fluid in pelvis.

Conclusion:

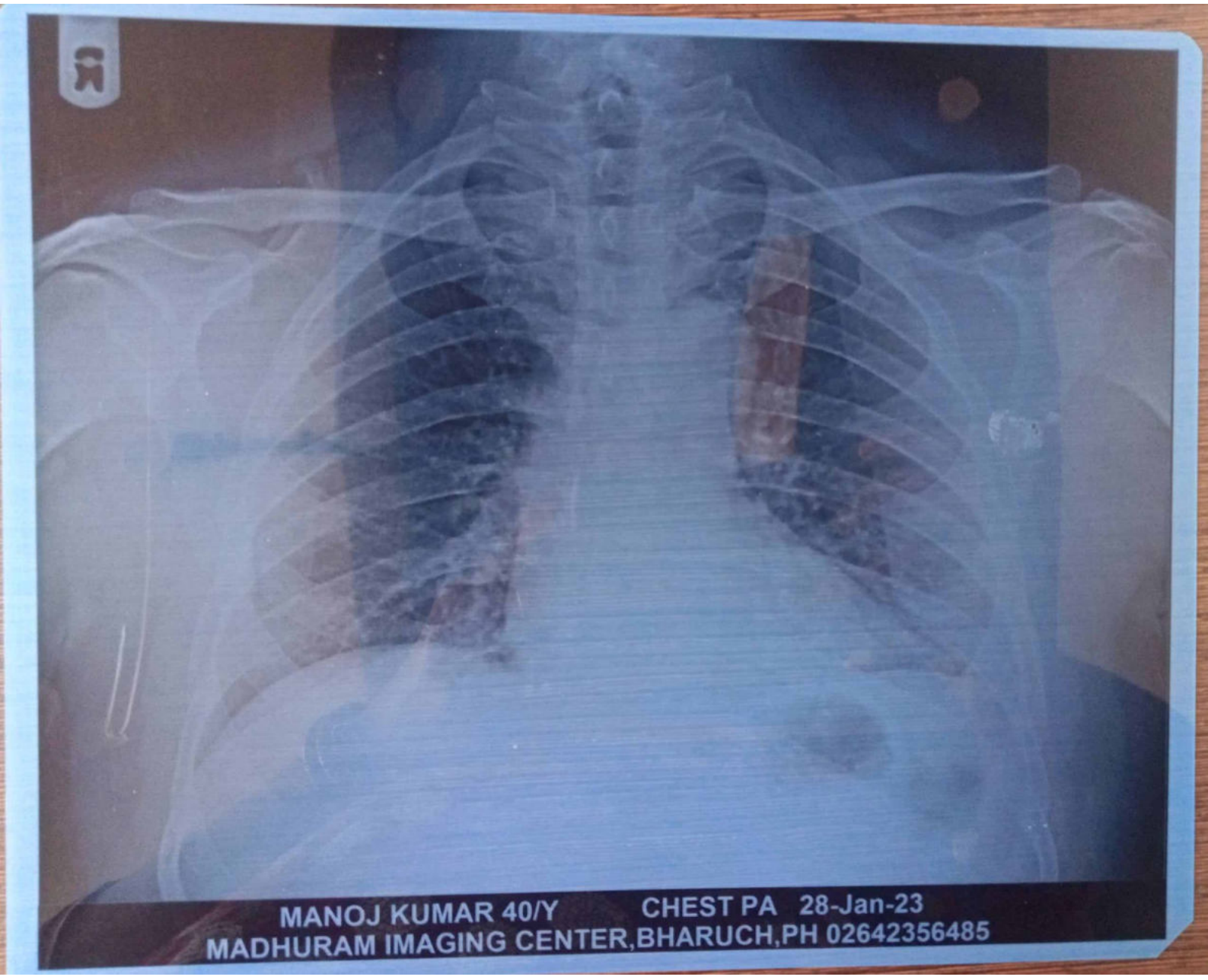
- **Mild left sided hydronephrosis with hydroureter (Grade I) up to lower ureter due to calculus in lower ureter.**
- **Non-obstructive right renal calculus.**

Thanks for the reference

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

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

PATEL KAY KAY DIAGNOSTIC CENTRE, BHARUCH 02642 356455


MANOJ KUMAR 40/Y CHEST PA 28-Jan-23
MADHURAM IMAGING CENTER,BHARUCH,PH 02642356485

MADHURAM Imaging Center

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

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Pt Name:	Manoj Kumar	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 B. Shah (MBBS, MD)
Consultant Radiologist


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भारत सरकार

Government of India

मनोज कुमार

Manoj Kumar

जन्म तिथि/DOB: 15/08/1983

पुरुष/ MALE

2935 9876 4687

मेरा आधार, मेरी पहचान

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REPORT

NAME : MANOJ KUMAR (40Y/M)
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**	**13.29**	**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	223	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 11:00
Sample Received on (SRT) : 29 Jan 2023 04:16
Report Released on (RRT) : 29 Jan 2023 10:59

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	0.8	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	389.99	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**	**41.2**	**µg/dl**
Reference Range : Male : 65 - 175 Female : 50 - 170 **Method :** FERROZINE METHOD WITHOUT DEPROTEINIZATION			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	265	µg/dl
Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** SPECTROPHOTOMETRIC ASSAY			
% TRANSFERRIN SATURATION	CALCULATED	15.55	%
Reference Range : 13 - 45 **Method :** DERIVED FROM IRON AND TIBC VALUES			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	223.8	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	184	mg/dl	< 200
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**65**	**mg/dl**	**40-60**
HDL / LDL RATIO	CALCULATED	0.61	Ratio	> 0.40
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**106**	**mg/dl**	**< 100**
TRIG / HDL RATIO	CALCULATED	1.79	Ratio	< 3.12
TRIGLYCERIDES	PHOTOMETRY	116	mg/dl	< 150
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**2.9**	**Ratio**	**3 - 5**
LDL / HDL RATIO	CALCULATED	1.6	Ratio	1.5-3.5
NON-HDL CHOLESTEROL	CALCULATED	119.3	mg/dl	< 160
VLDL CHOLESTEROL	CALCULATED	23.12	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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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	62.3	U/L	45 - 129
BILIRUBIN - TOTAL	PHOTOMETRY	0.48	mg/dl	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.14	mg/dl	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.34	mg/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	42.9	U/l	< 55
SGOT / SGPT RATIO	CALCULATED	1.42	Ratio	< 2
ASPARTATE AMINOTRANSFERASE (SGOT)	**PHOTOMETRY**	**36**	**U/l**	**< 35**
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	25.4	U/l	< 45
PROTEIN - TOTAL	PHOTOMETRY	8	gm/dl	5.7-8.2
ALBUMIN - SERUM	**PHOTOMETRY**	**4.99**	**gm/dl**	**3.2-4.8**
SERUM GLOBULIN	CALCULATED	3.01	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.66	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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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
UREA (CALCULATED)	CALCULATED	20.14	mg/dL	Adult : 17-43
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	9.41	mg/dl	7 - 25
UREA / SR.CREATININE RATIO	CALCULATED	25.17	Ratio	< 52
CREATININE - SERUM	PHOTOMETRY	0.8	mg/dl	0.72-1.18
BUN / SR.CREATININE RATIO	CALCULATED	11.76	Ratio	9:1-23:1
CALCIUM	PHOTOMETRY	10.08	mg/dl	8.8-10.6
URIC ACID	PHOTOMETRY	5.14	mg/dl	4.2 - 7.3
SODIUM	I.S.E	139.7	mmol/l	136 - 145
CHLORIDE	I.S.E	101.4	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

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TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	112	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	8.1	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.48	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

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
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	112	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 11:00
Sample Received on (SRT) : 29 Jan 2023 04:16
Report Released on (RRT) : 29 Jan 2023 10:59

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil MD(Path)

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 : MANOJ KUMAR (40Y/M)
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 - NGSP Certified)			
	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. using Biorad Variant II Turbo

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) :28 Jan 2023 11:00
Sample Received on (SRT) : 29 Jan 2023 04:03
Report Released on (RRT) : 29 Jan 2023 05:49

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REPORT

NAME : MANOJ KUMAR (40Y/M)
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)	6.31	X 10³ / µL	4.0-10.0
NEUTROPHILS	62.1	%	40-80
LYMPHOCYTE PERCENTAGE	32.2	%	20-40
MONOCYTES	2.1	%	0-10
EOSINOPHILS	2.7	%	0.0-6.0
BASOPHILS	0.6	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	3.92	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.03	X 10³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	**0.13**	**X 10³ / µL**	**0.2-1**
BASOPHILS - ABSOLUTE COUNT	0.04	X 10³ / µL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.17	X 10³ / µL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.02	X 10³ / µL	0-0.3
TOTAL RBC	4.75	X 10^6/µL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10³ / µL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	15.4	g/dL	13-17
HEMATOCRIT(PCV)	49.1	%	40-50
MEAN CORPUSCULAR VOLUME(MCV)	**103.4**	**fL**	**83-101**
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	**32.4**	**pq**	**27-32**
MEAN CORP.HEMO.CONC(MCHC)	**31.4**	**g/dL**	**31.5-34.5**
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**54.1**	**fL**	**39-46**
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**14.2**	**%**	**11.6-14**
PLATELET DISTRIBUTION WIDTH(PDW)	**21.2**	**fL**	**9.6-15.2**
MEAN PLATELET VOLUME(MPV)	**13.9**	**fL**	**6.5-12**
PLATELET COUNT	167	X 10³ / µL	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	**55**	**%**	**19.7-42.4**
PLATELETCRIT(PCT)	0.23	%	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)

~~ End of report ~~

Sample Collected on (SCT) : 28 Jan 2023 11:00
Sample Received on (SRT) : 29 Jan 2023 04:03
Report Released on (RRT) : 29 Jan 2023 05:49

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil 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**