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

NAME : ASMITA VAHULRAJE(40Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL ADVANCED PLUS ABOVE 40 HEALTHCHECKUP
PATIENTID : AV22804067

HOME COLLECTION :
BLDG NO MN3 PRANAV CHS FLAT NO 21 C/O SUNIL THOSAR

TEST NAME	OBSERVATION	UNITS	Bio. Ref. Interval.
Complete Urinogram			
Physical Examination			
VOLUME	3	mL	-
COLOUR	PALE YELLOW	-	Pale Yellow
APPEARANCE	CLEAR	-	Clear
SPECIFIC GRAVITY	1.01	-	1.003-1.030
PH	6	-	5-8
Chemical Examination			
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
LEUCOCYTE ESTERASE	ABSENT	-	Absent
Microscopic Examination			
MUCUS	ABSENT	-	Absent
RED BLOOD CELLS	ABSENT	cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	ABSENT	cells/HPF	0-5
EPITHELIAL CELLS	1	cells/HPF	0-5
CASTS	ABSENT	-	Absent
CRYSTALS	ABSENT	-	Absent
BACTERIA	ABSENT	-	Absent
YEAST	ABSENT	-	Absent
PARASITE	ABSENT	-	Absent

Method : Fully Automated DIRUI H-100 Urinalysis Dipstick Method, Microscopy

Sample Collected on (SCT) : 07 Dec 2023 07:43
Sample Received on (SRT) : 07 Dec 2023 15:46
Report Released on (RRT) : 07 Dec 2023 17:02
Sample Type : URINE
Labcode : 0712082707/DS853
Barcode : BM027190

Dr Sachin Patil MD(Path)

NO IMAGE

Dr Manali R MD(Path)

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NAME : ASMITA VAHULRAJE(40Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL ADVANCED PLUS ABOVE 40 HEALTHCHECKUP

HOME COLLECTION :
BLDG NO MN3 PRANAV CHS FLAT NO 21 C/O SUNIL THOSAR

PATIENTID : AV22804067

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	89.96	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) : 07 Dec 2023 07:43
Sample Received on (SRT) : 07 Dec 2023 15:43
Report Released on (RRT) : 07 Dec 2023 17:21
Sample Type : FLUORIDE
Labcode : 0712082487/DS853
Barcode : BS312956

Dr Sachin Patil MD(Path)

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NAME : ASMITA VAHULRAJE(40Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL ADVANCED PLUS ABOVE 40 HEALTHCHECKUP
PATIENTID : AV22804067

HOME COLLECTION :
BLDG NO MN3 PRANAV CHS FLAT NO 21 C/O SUNIL THOSAR

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC - NGSP Certified)			
	H.P.L.C	**5.7**	**%**

Bio. Ref. Interval. :

Bio. Ref. Interval.: 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	117	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) : 07 Dec 2023 07:43
Sample Received on (SRT) : 07 Dec 2023 15:40
Report Released on (RRT) : 07 Dec 2023 16:42
Sample Type : EDTA
Labcode : 0712082395/DS853
Barcode : BT244554

Dr Sachin Patil MD(Path)

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NAME : ASMITA VAHULRAJE(40Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL ADVANCED PLUS ABOVE 40 HEALTHCHECKUP
PATIENTID : AV22804067

HOME COLLECTION :
BLDG NO MN3 PRANAV CHS FLAT NO 21 C/O SUNIL THOSAR

TEST NAME	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	7.51	X 10³ / µL	4.0 - 10.0
NEUTROPHILS	62.9	%	40-80
LYMPHOCYTE	31.6	%	20-40
MONOCYTES	2.1	%	2-10
EOSINOPHILS	2.9	%	1-6
BASOPHILS	0.4	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.1	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	4.72	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.37	X 10³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	**0.16**	**X 10³ / µL**	**0.2 - 1.0**
BASOPHILS - ABSOLUTE COUNT	0.03	X 10³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	0.22	X 10³ / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	0.01	X 10³ / µL	0.0-0.3
TOTAL RBC	**4.81**	**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	**11.8**	**g/dL**	**12.0-15.0**
HEMATOCRIT(PCV)	38	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	**79**	**fL**	**83.0-101.0**
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	**24.5**	**pq**	**27.0-32.0**
MEAN CORP.HEMO.CONC(MCHC)	**31.1**	**g/dL**	**31.5-34.5**
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**38.5**	**fL**	**39.0-46.0**
RED CELL DISTRIBUTION WIDTH (RDW-CV)	13.6	%	11.6-14.0
PLATELET DISTRIBUTION WIDTH(PDW)	10.8	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	9.5	fL	6.5-12
PLATELET COUNT	291	X 10³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	21.9	%	19.7-42.4
PLATELETCRIT(PCT)	0.28	%	0.19-0.39

Remarks : Alert!!! Predominantly normocytic normochromic with microcytes & 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)

Sample Collected on (SCT) : 07 Dec 2023 07:43
Sample Received on (SRT) : 07 Dec 2023 15:40
Report Released on (RRT) : 07 Dec 2023 16:42
Sample Type : EDTA
Labcode : 0712082395/DS853
Barcode : BT244554

Dr Sachin Patil MD(Path)

NO IMAGE

Dr Manali R MD(Path)

NAME : ASMITA VAHULRAJE(40Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL ADVANCED PLUS ABOVE 40 HEALTHCHECKUP

HOME COLLECTION :
BLDG NO MN3 PRANAV CHS FLAT NO 21 C/O SUNIL THOSAR

PATIENTID : AV22804067

TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMOCYSTEINE	PHOTOMETRY	7.5	µmol/L

Bio. Ref. Interval. :-

Normal Levels : <15 µmol/L
Mild Hyperhomocysteinemia : 15-30 µmol/L
Moderate Hyperhomocysteinemia : 30-100 µmol/L
Severe Hyperhomocysteinemia : >100 µmol/L

Clinical Significance:
Homocysteine is linked to increased risk of premature coronary artery disease, stroke and thromboembolism. Moreover, alzheimers disease, osteoporosis, venous thrombosis, schizophrenia, cognitive deficiency and pregnancy complications also elevates Homocysteine levels.

High Values:
Elevated homocysteine levels might be due to increasing age, genetic traits, drugs, renal dysfunction and dietary deficiency of vitamins or smoking. To lower your homocysteine, eat more green vegetables, stop smoking, alcohol. Folic acid helps lowering elevated levels.

Specifications: Precision %CV :- Intra assay %CV- 4.5 % , Inter assay %CV-5.87 % Sensitivity : 0.4 umol/L

Kit Validation Reference:
Eikelboom JW, et al Ann Intern Med 131 : 363-75 (1999)
https://www.healthline.com/health/homocysteine-levels

Please correlate with clinical conditions.
Method:- ENZYMATIC ASSAY

Sample Collected on (SCT) : 07 Dec 2023 07:43
Sample Received on (SRT) : 07 Dec 2023 15:41
Report Released on (RRT) : 07 Dec 2023 20:01
Sample Type : SERUM
Labcode : 0712082432/DS853
Barcode : BU360045

Dr Sachin Patil MD(Path)

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Dr Manali R MD(Path)

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NAME : ASMITA VAHULRAJE(40Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL ADVANCED PLUS ABOVE 40 HEALTHCHECKUP

HOME COLLECTION :
BLDG NO MN3 PRANAV CHS FLAT NO 21 C/O SUNIL THOSAR

PATIENTID : AV22804067

TEST NAME	TECHNOLOGY	VALUE	UNITS
CA-125	C.L.I.A	14.8	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) : 07 Dec 2023 07:43
Sample Received on (SRT) : 07 Dec 2023 15:41
Report Released on (RRT) : 07 Dec 2023 20:01
Sample Type : SERUM
Labcode : 0712082432/DS853
Barcode : BU360045

Dr Sachin Patil MD(Path)

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Dr Manali R MD(Path)

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NAME : ASMITA VAHULRAJE(40Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL ADVANCED PLUS ABOVE 40 HEALTHCHECKUP

HOME COLLECTION :
BLDG NO MN3 PRANAV CHS FLAT NO 21 C/O SUNIL THOSAR

PATIENTID : AV22804067

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**C.L.I.A**	**6.12**	**ng/mL**

Bio. Ref. Interval. :-

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.

Please correlate with clinical conditions.
Method:- Fully Automated Chemi Luminescent Immuno Assay

Sample Collected on (SCT) : 07 Dec 2023 07:43
Sample Received on (SRT) : 07 Dec 2023 15:41
Report Released on (RRT) : 07 Dec 2023 20:01
Sample Type : SERUM
Labcode : 0712082432/DS853
Barcode : BU360045

Dr Sachin Patil MD(Path)

NO IMAGE

Dr Manali R MD(Path)

NAME : ASMITA VAHULRAJE(40Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL ADVANCED PLUS ABOVE 40 HEALTHCHECKUP
PATIENTID : AV22804067

HOME COLLECTION :
BLDG NO MN3 PRANAV CHS FLAT NO 21 C/O SUNIL THOSAR

TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	151	mg/dL

Bio. Ref. Interval. :
Male : 86 - 152
Female : 94 - 162
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	65	mg/dL

Bio. Ref. Interval. :
Male : 56 - 145
Female : 53 - 138
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APO B / APO A1 RATIO (APO B/A1)	CALCULATED	0.4	Ratio

Bio. Ref. Interval. :
Male : 0.40 - 1.26
Female : 0.38 - 1.14
Method : DERIVED FROM SERUM APO A1 AND APO B VALUES

Please correlate with clinical conditions.

Sample Collected on (SCT) : 07 Dec 2023 07:43
Sample Received on (SRT) : 07 Dec 2023 15:41
Report Released on (RRT) : 07 Dec 2023 20:01
Sample Type : SERUM
Labcode : 0712082432/DS853
Barcode : BU360045

Dr Sachin Patil MD(Path)

NO IMAGE

Dr Manali R MD(Path)

NAME : ASMITA VAHULRAJE(40Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL ADVANCED PLUS ABOVE 40 HEALTHCHECKUP
PATIENTID : AV22804067

HOME COLLECTION :
BLDG NO MN3 PRANAV CHS FLAT NO 21 C/O SUNIL THOSAR

TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLATE	C.L.I.A	15.7	ng/mL

Bio. Ref. Interval. :
> 5.38 ng/ml

Clinical Significance: Low folate intake, malabsorption as a result of gastrointestinal diseases, pregnancy, and drugs such as phenytoin are causes of folate deficiency.3 Folate deficiency is also associated with chronic alcoholism. Serum folate measurement provides an early index of folate status.

Specifications: Precision: Intra assay (%CV): 7.93, Inter assay (%CV): 7.19, Sensitivity: 0.35 ng/mL.

Kit Validation References: Steinkamp RC. Vitamin B12 and folic acid: clinical and pathophysiological considerations. In: Brewster MA, Naito HK, eds. Nutritional Elements and Clinical Biochemistry. New York: Plenum Publishing Corp.; 1980:169–240

Method : COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

Sample Collected on (SCT) : 07 Dec 2023 07:43
Sample Received on (SRT) : 07 Dec 2023 15:41
Report Released on (RRT) : 07 Dec 2023 20:01
Sample Type : SERUM
Labcode : 0712082432/DS853
Barcode : BU360045

Dr Sachin Patil MD(Path)

NO IMAGE

Dr Manali R MD(Path)

NAME : ASMITA VAHULRAJE(40Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL ADVANCED PLUS ABOVE 40 HEALTHCHECKUP

HOME COLLECTION :
BLDG NO MN3 PRANAV CHS FLAT NO 21 C/O SUNIL THOSAR

PATIENTID : AV22804067

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	1.68	mg/L

Bio. Ref. Interval. :-

< 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

Sample Collected on (SCT) : 07 Dec 2023 07:43
Sample Received on (SRT) : 07 Dec 2023 15:41
Report Released on (RRT) : 07 Dec 2023 20:01
Sample Type : SERUM
Labcode : 0712082432/DS853
Barcode : BU360045

Dr Sachin Patil MD(Path)

NO IMAGE

Dr Manali R MD(Path)

NAME : ASMITA VAHULRAJE(40Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL ADVANCED PLUS ABOVE 40 HEALTHCHECKUP

HOME COLLECTION :
BLDG NO MN3 PRANAV CHS FLAT NO 21 C/O SUNIL THOSAR

PATIENTID : AV22804067

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	C.L.I.A	430	pg/mL

Bio. Ref. Interval. :-

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.

Please correlate with clinical conditions.
Method:- COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

Sample Collected on (SCT) : 07 Dec 2023 07:43
Sample Received on (SRT) : 07 Dec 2023 15:41
Report Released on (RRT) : 07 Dec 2023 20:01
Sample Type : SERUM
Labcode : 0712082432/DS853
Barcode : BU360045

Dr Sachin Patil MD(Path)

NO IMAGE

Dr Manali R MD(Path)

NAME : ASMITA VAHULRAJE(40Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL ADVANCED PLUS ABOVE 40 HEALTHCHECKUP

HOME COLLECTION :
BLDG NO MN3 PRANAV CHS FLAT NO 21 C/O SUNIL THOSAR

PATIENTID : AV22804067

TEST NAME	TECHNOLOGY	VALUE	UNITS
Lipoprotein (a) [Lp(a)]	**IMMUNOTURBIDIMETRY**	**37.4**	**mg/dL**

Bio. Ref. Interval. :-

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

Sample Collected on (SCT) : 07 Dec 2023 07:43
Sample Received on (SRT) : 07 Dec 2023 15:41
Report Released on (RRT) : 07 Dec 2023 20:01
Sample Type : SERUM
Labcode : 0712082432/DS853
Barcode : BU360045

Dr Sachin Patil MD(Path)

NO IMAGE

Dr Manali R MD(Path)

NAME : ASMITA VAHULRAJE(40Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL ADVANCED PLUS ABOVE 40 HEALTHCHECKUP

HOME COLLECTION :
BLDG NO MN3 PRANAV CHS FLAT NO 21 C/O SUNIL THOSAR

PATIENTID : AV22804067

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM COPPER	PHOTOMETRY	135.39	µg/dL

Bio. Ref. Interval. :-

Male : 63.5 - 150
Female : 80 - 155

Clinical significance:
Copper is an important trace element and a component of numerous enzymes and proteins involved in energy production, connective tissue formation, melanin synthesis, iron metabolism, development of central nervous system, angiogenesis as well as an antioxidant. Deficiency can cause- Malnourishment, cardiovascular disease, anemia & neuropathy, toxicity may be manifested as acute renal failure, gastroenteritis & chronic liver disease.

Specifications:
Precision: Intra assay (%CV): 1.17, Inter assay (%CV): 2.32.

Kit validation references:
Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 337-8

Please correlate with clinical conditions.
Method:- 3,5-DIBR-PAESA

Sample Collected on (SCT) : 07 Dec 2023 07:43
Sample Received on (SRT) : 07 Dec 2023 15:41
Report Released on (RRT) : 07 Dec 2023 20:01
Sample Type : SERUM
Labcode : 0712082432/DS853
Barcode : BU360045

Dr Sachin Patil MD(Path)

NO IMAGE

Dr Manali R MD(Path)

NAME : ASMITA VAHULRAJE(40Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL ADVANCED PLUS ABOVE 40 HEALTHCHECKUP

HOME COLLECTION :
BLDG NO MN3 PRANAV CHS FLAT NO 21 C/O SUNIL THOSAR

PATIENTID : AV22804067

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM ZINC	PHOTOMETRY	75.07	µg/dL

Bio. Ref. Interval. :-

52 - 286

Clinical Significance:
Zinc is one of the essential trace elements in the body. Its metalloenzymes play a key rple in protein and nucleic acid synthesis, gene expression, wound healing, as an antioxidant, etc. Deficiency can cause- Poor wound healing, gastroenteritis, impaired spermatogenesis, Alzheimer's disease, etc. Toxicity may be manifested as pancreatitis, gastric ulcer, anemia, pulmonary fibrosis.

Specifications:
Precision: Intra assay (%CV): 2.02, Inter assay (%CV): 2.22.

Kit Validation References:
Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 347-9

Please correlate with clinical conditions.
Method:- NITRO - PAPS

Sample Collected on (SCT) : 07 Dec 2023 07:43
Sample Received on (SRT) : 07 Dec 2023 15:41
Report Released on (RRT) : 07 Dec 2023 20:01
Sample Type : SERUM
Labcode : 0712082432/DS853
Barcode : BU360045

Dr Sachin Patil MD(Path)

NO IMAGE

Dr Manali R MD(Path)

NAME : ASMITA VAHULRAJE(40Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL ADVANCED PLUS ABOVE 40 HEALTHCHECKUP

HOME COLLECTION :
BLDG NO MN3 PRANAV CHS FLAT NO 21 C/O SUNIL THOSAR

PATIENTID : AV22804067

TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	26.81	ng/dL

Bio. Ref. Interval. :-

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

Sample Collected on (SCT) : 07 Dec 2023 07:43
Sample Received on (SRT) : 07 Dec 2023 15:41
Report Released on (RRT) : 07 Dec 2023 20:01
Sample Type : SERUM
Labcode : 0712082432/DS853
Barcode : BU360045

Dr Sachin Patil MD(Path)

NO IMAGE

Dr Manali R MD(Path)

NAME : ASMITA VAHULRAJE(40Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL ADVANCED PLUS ABOVE 40 HEALTHCHECKUP

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TEST NAME	TECHNOLOGY	VALUE	UNITS
PROSTATE SPECIFIC ANTIGEN (PSA)	C.L.I.A	0.02	ng/mL

Bio. Ref. Interval. :-

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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TEST NAME	TECHNOLOGY	VALUE	UNITS
AMYLASE	**PHOTOMETRY**	**118**	**U/L**

Bio. Ref. Interval. :-

Adults : 28-100 U/L

Interpretation:
Lipemic Sera (Hypertriglyceridemia) may contain inhibitors, Which falsely depress results. About 20% of patients with Acute Pancreatitis have abnormal lipids. Normal serum amylase may occur in Pancreatitis, Especially relapsing and chronic pancreatitis. Moderate increases may be reported in normal pregnancy.

Clinical Significance:
Causes of high Serum Amylase include Acute Pancreatitis, Pancreatic Pseudocyst, Pancreatic Ascites, Pancreatic Abscess, Neoplasm in or adjacent to Pancreas, Trauma to Pancreas, and common Duct Stones. Nonpancreatic Causes include inflammatory salivary lesions (Eg, Mumps), Perforated Peptic Ulcer, Intestinal Obstruction, Biliary Tract Disease, Peritonitis, Acute Appendicitis, Diabetic Ketoacidosis, and Extrapancreatic Carcinomas. Amylase levels more than 25-fold the upper limit of normal are often found when metastatic tumors produce Ectopic Amylase.

Specifications:
Precision: Intra assay (%CV): 2.82, Inter assay (%CV): 2.49, Sensitivity: 10.9 U/L.

Kit Validation References:
Rauscher, E., et coll., Fresenius Z. Analyt. Chem. 324 (1986) 304-305.

Please correlate with clinical conditions.
Method:- ENZYMATIC COLORIMETRIC TEST

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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	74	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 **Method :** Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	400	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	18	%
Bio. Ref. Interval. : 13 - 45 **Method :** Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	326.4	µg/dL
Bio. Ref. Interval. : 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

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PATIENTID : AV22804067

TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPASE	**PHOTOMETRY**	**57.9**	**U/L**

Bio. Ref. Interval. :-

Adults : 5.6 - 51.3 U/L

Interpretation:

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings like serum amylase. Serum Lipase is usually normal in patients with elevated serum amylase, having peptic ulcer, salivary adenitis, inflammatory bowel disease, intestinal obstruction, and macroamylasemia. Lipemic sera may interfere with results.

Clinical Significance:
High serum Lipase is a specific marker for pancreatitis; after acute pancreatitis the Lipase activity increases within 4-8 hours, reaches a peak after 24 hours and decreases after 8 to 14 days. However, there is no correlation between the Lipase activity determined in serum and the extent of damage to the pancreas.

Specifications:
Precision: Intra assay (%CV): 3.35, Inter assay (%CV): 2.46, Sensitivity: 3.5 U/L.

Kit Validation References:
Tietz Nw Et Al. Lipase In Serum - The Elusive Enzyme: An Overview. Clin Chem 1993; 39:746-756.

Please correlate with clinical conditions.
Method:- ENZYMATIC COLORIMETRIC ASSAY

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HOME COLLECTION :
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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	176	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**77**	**mg/dL**	**40-60**
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	85	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	63	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**2.3**	**Ratio**	**3 - 5**
TRIG / HDL RATIO	CALCULATED	0.81	Ratio	< 3.12
LDL / HDL RATIO	**CALCULATED**	**1.1**	**Ratio**	**1.5-3.5**
HDL / LDL RATIO	CALCULATED	0.91	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	99	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	12.62	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	88.6	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.48	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.11	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.37	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	25.4	U/L	< 38
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	23.9	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	20.4	U/L	< 34
SGOT / SGPT RATIO	CALCULATED	1.17	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.54	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.45	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	3.09	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.44	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 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
POTASSIUM	I.S.E	4.86	mmol/L

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	106.3	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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PROCESSED AT :
Thyrocare
D-37/1,TTC MIDC,Turbhe,
Navi Mumbai-400 703

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MC-2407

Thyrocare
Tests you can trust

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	9.31	mg/dL	7.94 - 20.07
CREATININE - SERUM	**PHOTOMETRY**	**0.52**	**mg/dL**	**0.55-1.02**
BUN / SR.CREATININE RATIO	CALCULATED	17.9	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	19.92	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	38.31	Ratio	< 52
CALCIUM	PHOTOMETRY	9.33	mg/dL	8.8-10.6
SODIUM	I.S.E	144.1	mmol/L	136 - 145
URIC ACID	PHOTOMETRY	4	mg/dL	3.2 - 6.1

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.
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	104	ng/dL	60-200
TOTAL THYROXINE (T4)	C.L.I.A	5	µg/dL	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.00	µIU/mL	0.3-5.5

Comments : SUGGESTING THYRONORMALCY

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
TSH - Sandwich Chemi Luminescent Immuno Assay

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)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	120	mL/min/1.73 m2

Bio. Ref. Interval. :-

> = 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**

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