Thyrocare

Tests you can trust

Name : Manoj Kumar Sinha(51Y/M)

Date : 05 Sep 2024

Test Asked : Mediwheel Package 10 Male

Report Status: Complete Report

9 out of 10 Doctors trust that Thyrocare **reports are accurate & reliable***

98% Reports released within **06 Hours** of sample reaching the lab+

Samples Processed in **NABL Accredited** Labs#

700+ Tests & Profiles

Temperature-Controlled Sample Logistics

Unique Barcode Tracking & Reports with QR Code Verification

Fully Automated Machines Inspected Daily

Abnormal Values Re-Checked Twice

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NABL From 2005#

ISO 9001: 2015 - From 2015

CAP From 2007

PROCESSED AT :
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Sector-7 (BDA), No 1159, Bangalore

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

NAME : MANOJ KUMAR SINHA(51Y/M)
REF. BY : SELF
TEST ASKED : MEDIWHEEL PACKAGE 10 MALE

HOME COLLECTION :
Flat SA-1-53 Kumardhara Block Vijaya Enclave
MSRS Nagar Bilekahalli Kumardhara

Report Availability Summary

Note: Please refer to the table below for status of your tests.

20 Ready | **0** Ready with Cancellation | **0** Processing | **0** Cancelled in Lab

TEST DETAILS	REPORT STATUS
MEDIWHEEL PACKAGE 10 MALE	Ready
AMYLASE	Ready
LIPASE	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
HbA1c	Ready
FOLATE	Ready
KIDPRO	Ready
IRON DEFICIENCY PROFILE	Ready
VITAMIN B-12	Ready
COPPER	Ready
ZINC	Ready
CARDIAC RISK MARKERS	Ready
SERUM ELECTROLYTES	Ready
LIPID PROFILE	Ready
T3-T4-USTSH	Ready
TESTOSTERONE	Ready
FASTING BLOOD SUGAR(GLUCOSE)	Ready
LIVER FUNCTION TESTS	Ready
ROUTINE URINE ANALYSIS	Ready
25-OH VITAMIN D (TOTAL)	Ready
PROSTATE SPECIFIC ANTIGEN (PSA)	Ready

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TEST ASKED : MEDIWHEEL PACKAGE 10 MALE

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Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
CARDIAC RISK MARKERS			
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	10.6	mg/L	< 3
TRIG / HDL RATIO	3.91	Ratio	< 3.12
COMPLETE HEMOGRAM			
HEMATOCRIT(PCV)	51.4	%	40.0-50.0
TOTAL RBC	5.89	X 10^6/µL	4.5-5.5
DIABETES			
AVERAGE BLOOD GLUCOSE (ABG)	186	mg/dL	90-120
FASTING BLOOD SUGAR(GLUCOSE)	171.26	mg/dL	70-100
HbA1c	8.1	%	< 5.7
LIPID			
LDL CHOLESTEROL - DIRECT	108	mg/dL	< 100
TRIGLYCERIDES	198	mg/dL	< 150
LIVER			
ALANINE TRANSAMINASE (SGPT)	51.6	U/L	< 45
GAMMA GLUTAMYL TRANSFERASE (GGT)	60.1	U/L	< 55
SERUM GLOBULIN	3.82	gm/dL	2.5-3.4
PANCREATIC			
AMYLASE	126.3	U/L	28 - 100
LIPASE	305.4	U/L	5.6 - 51.3
THYROID			
TSH - ULTRASENSITIVE	< 0.005	µIU/mL	0.54-5.30
TOXIC ELEMENTS			
COPPER	662	µg/L	800-1100
VITAMIN			
25-OH VITAMIN D (TOTAL)	26.6	ng/mL	30-100

Disclaimer: The above listed is the summary of the parameters with values outside the BRI. For detailed report values, parameter correlation and clinical interpretation, kindly refer to the same in subsequent pages.

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TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
Complete Urinogram				
Physical Examination				
VOLUME	Visual Determination	3	mL	-
COLOUR	Visual Determination	PALE YELLOW	-	Pale Yellow
APPEARANCE	Visual Determination	CLEAR	-	Clear
SPECIFIC GRAVITY	pKa change	1.025	-	1.003-1.030
PH	pH indicator	5	-	5-8
Chemical Examination				
URINARY PROTEIN	PEI	ABSENT	mg/dL	Absent
URINARY GLUCOSE	GOD-POD	ABSENT	mg/dL	Absent
URINE KETONE	Nitroprusside	ABSENT	mg/dL	Absent
URINARY BILIRUBIN	Diazo coupling	ABSENT	mg/dL	Absent
UROBILINOGEN	Diazo coupling	Normal	mg/dL	<=0.2
URINE BLOOD	Peroxidase reaction	ABSENT	-	Absent
NITRITE	Diazo coupling	ABSENT	-	Absent
LEUCOCYTE ESTERASE	Esterase reaction	ABSENT	-	Absent
Microscopic Examination				
URINARY LEUCOCYTES (PUS CELLS)	Microscopy	ABSENT	cells/HPF	0-5

(Reference : *PEI - Protein error of indicator, *GOD-POD - Glucose oxidase-peroxidase**)**

Sample Collected on (SCT) : 05 Sep 2024 06:18
Sample Received on (SRT) : 05 Sep 2024 12:48
Report Released on (RRT) : 05 Sep 2024 13:43
Sample Type : URINE
Labcode : 0509041383/DS853
Barcode : CN645059

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NAME : MANOJ KUMAR SINHA(51Y/M)
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TEST ASKED : MEDIWHEEL PACKAGE 10 MALE

HOME COLLECTION :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	**PHOTOMETRY**	**171.26**	**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) : 05 Sep 2024 06:18
Sample Received on (SRT) : 05 Sep 2024 12:51
Report Released on (RRT) : 05 Sep 2024 13:50
Sample Type : FLUORIDE
Labcode : 0509075124/DS853
Barcode : CI583655

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TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**E.C.L.I.A**	**26.6**	**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. Vtamin 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 Compititive Immunoassay

Sample Collected on (SCT) : 05 Sep 2024 06:18
Sample Received on (SRT) : 05 Sep 2024 15:08
Report Released on (RRT) : 05 Sep 2024 20:06
Sample Type : SERUM
Labcode : 0509085068/DS853
Barcode : CI515245

Dr Syeda Sumaiya MD(Path)

Dr.Ashwin Mathew MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	143	mg/dL

Bio. Ref. Interval. :
Male : 86 - 152
Female : 94 - 162

Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	97	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	0.7	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.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLATE	C.L.I.A	5.5	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.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	**IMMUNOTURBIDIMETRY**	**10.6**	**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) : 05 Sep 2024 06:18
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Sample Type : SERUM
Labcode : 0509085068/DS853
Barcode : CI515245

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TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	C.L.I.A	350	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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
Lipoprotein (a) [Lp(a)]	IMMUNOTURBIDIMETRY	2	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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	E.C.L.I.A	699	ng/dL

Bio. Ref. Interval. :-

280 - 800

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): 11.50 %, Inter assay (%CV): 5.70%; Sensitivity: 7 ng/dL.
Kit Validation Reference: Wilson JD Foster DW (Eds) Williams Textbook of Endocrinology 8th Edition WB Saunders Piladelphia Pennsylvania.

Note : The Biological Reference Range mentioned is specific to the age group and gender. Kindly correlate clinically.

Please correlate with clinical conditions.

Method:- Fully Automated Electrochemiluminescence Compititive Immunoassay

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TEST NAME	TECHNOLOGY	VALUE	UNITS
PROSTATE SPECIFIC ANTIGEN (PSA)	C.L.I.A	0.77	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**	**126.3**	**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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MSRS Nagar Bilekahalli Kumardhara

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	95	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170			
Method : Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	341	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl			
Method : Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	28	%
Bio. Ref. Interval. : 13 - 45			
Method : Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	246.1	µg/dL
Bio. Ref. Interval. : 162 - 368			
Method : SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

Sample Collected on (SCT) : 05 Sep 2024 06:18
Sample Received on (SRT) : 05 Sep 2024 15:08
Report Released on (RRT) : 05 Sep 2024 20:06
Sample Type : SERUM
Labcode : 0509085068/DS853
Barcode : CI515245

Dr Syeda Sumaiya MD(Path)

Dr.Ashwin Mathew MD(Path)

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NAME : MANOJ KUMAR SINHA(51Y/M)
REF. BY : SELF
TEST ASKED : MEDIWHEEL PACKAGE 10 MALE

HOME COLLECTION :
Flat SA-1-53 Kumardhara Block Vijaya Enclave
MSRS Nagar Bilekahalli Kumardhara

TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPASE	**PHOTOMETRY**	**305.4**	**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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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	169	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	51	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**108**	**mg/dL**	**< 100**
TRIGLYCERIDES	**PHOTOMETRY**	**198**	**mg/dL**	**< 150**
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.3	Ratio	3 - 5
TRIG / HDL RATIO	**CALCULATED**	**3.91**	**Ratio**	**< 3.12**
LDL / HDL RATIO	CALCULATED	2.1	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.47	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	118.03	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	39.58	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 ASKED : MEDIWHEEL PACKAGE 10 MALE

HOME COLLECTION :
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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	97.17	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.53	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.09	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.44	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	**PHOTOMETRY**	**60.1**	**U/L**	**< 55**
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	33.6	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	**PHOTOMETRY**	**51.6**	**U/L**	**< 45**
SGOT / SGPT RATIO	CALCULATED	0.65	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.95	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.13	gm/dL	3.2-4.8
SERUM GLOBULIN	**CALCULATED**	**3.82**	**gm/dL**	**2.5-3.4**
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.08	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[1]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
SODIUM	I.S.E	142.3	mmol/L

Bio. Ref. Interval. :
Adults: 136-145 mmol/l

Method : ION SELECTIVE ELECTRODE

POTASSIUM	I.S.E	3.81	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	100.32	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	12.39	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.97	mg/dL	0.72-1.18
BUN / SR.CREATININE RATIO	CALCULATED	12.77	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	26.51	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	27.34	Ratio	< 52
CALCIUM	PHOTOMETRY	9.8	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	6.7	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.
URIC - Uricase / Peroxidase Method

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	184	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	11.3	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	**E.C.L.I.A**	**<0.005**	**µIU/mL**	**0.54-5.30**

Comments : ***

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

Method :

T3,T4 - Fully Automated Electrochemiluminescence Compititive 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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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	90	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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
COPPER	**ICP-MS**	**662**	**µg/L**

Bio. Ref. Interval. :-

800-1100 µg/l

Please correlate with clinical conditions.
Method:- ICP - MASS SPECTROMETRY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
ZINC	ICP-MS	4571	µg/L

Bio. Ref. Interval. :-

4000-9000 µg/l

Please correlate with clinical conditions.
Method:- ICP - MASS SPECTROMETRY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	**8.1**	**%**

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**	**186**	**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.

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TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	8.41	X 10^3 / µL	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	61.2	%	40-80
LYMPHOCYTE	Flow Cytometry	30.2	%	20-40
MONOCYTES	Flow Cytometry	4.3	%	2-10
EOSINOPHILS	Flow Cytometry	3	%	1-6
BASOPHILS	Flow Cytometry	1	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	Calculated	5.15	X 10^3 / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	Calculated	2.54	X 10^3 / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	Calculated	0.36	X 10^3 / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	Calculated	0.08	X 10^3 / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	Calculated	0.25	X 10^3 / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.03	X 10^3 / µL	0-0.3
TOTAL RBC	**HF & EI**	**5.89**	**X 10^6/µL**	**4.5-5.5**
NUCLEATED RED BLOOD CELLS	Calculated	0.01	X 10^3 / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	Flow Cytometry	0.01	%	0.0-5.0
HEMOGLOBIN	SLS-Hemoglobin Method	16.5	g/dL	13.0-17.0
HEMATOCRIT(PCV)	**CPH Detection**	**51.4**	**%**	**40.0-50.0**
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	87.3	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	Calculated	28	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	Calculated	32.1	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	Calculated	42.7	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	Calculated	13.5	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	Calculated	15.1	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	Calculated	11.1	fL	6.5-12
PLATELET COUNT	HF & EI	233	X 10^3 / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	Calculated	35.8	%	19.7-42.4
PLATELETCRIT(PCT)	Calculated	0.26	%	0.19-0.39

Remarks : Alert!!! Predominantly normocytic normochromic with ovalocytes. Platelets:Appear adequate in smear.

Clinical history is asked for all the relevant abnormalities detected and in absence / failure of receiving of clinical history, results are rechecked twice and released. Advised clinical correlation.
Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)
(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing, *EI- Electric Impedence, *Hb- hemoglobin, *CPH- Cumulative pulse height**)**

~~ 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**

*+T&C Apply, # Upto 95% Samples in NABL Accredited Labs, * As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)*