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REPORT

NAME : MANOJ KUMAR SINHA(58Y/M)
REF. BY : SELF
TEST ASKED : T3,T4,MEDIWHEEL 60+

HOME COLLECTION :
FLAT SA -1-53KUMARDHARA BLOCK VIJAYA ENCLAVE MSRS NAGAR BILEKAHALLI BENGALURU-560076 KUMARDHARA

PATIENTID : MS20745861

TEST NAME	OBSERVATION	UNITS	REFERENCE RANGE
COMPLETE URINOGRAM			
VOLUME	3	mL	-
COLOUR	PALE YELLOW	-	Pale Yellow
APPEARANCE	CLEAR	-	Clear
SPECIFIC GRAVITY	1.02	-	1.003-1.030
PH	5.5	-	5 - 8
URINARY PROTEIN	ABSENT	mg/dl	Absent
URINARY GLUCOSE	500	mg/dl	Absent
URINE KETONE	ABSENT	mg/dl	Absent
URINARY BILIRUBIN	ABSENT	mg/dl	Absent
UROBILINOGEN	< 0.2	mg/dl	<=0.2
BILE SALT	ABSENT	-	Absent
BILE PIGMENT	ABSENT	-	Absent
URINE BLOOD	ABSENT	Cells/ul*	Absent
NITRITE	ABSENT	-	Absent
MICROALBUMIN	30	mg/l	< 20
MUCUS	ABSENT	-	Absent
RED BLOOD CELLS	ABSENT	Cells/ul*	Absent
URINARY LEUCOCYTES (PUS CELLS)	ABSENT	Cells/ul*	Absent
EPITHELIAL CELLS	2-3	-	0-4
CASTS	ABSENT	-	Absent
CRYSTALS	ABSENT	-	Absent
BACTERIA	ABSENT	-	Absent
YEAST	ABSENT	-	Absent
PARASITE	ABSENT	-	Absent

*** To Obtain Counts in Cells / HPF Divide the Cells / ul by 5**

Please correlate with clinical conditions.

Method : Fully Automated FUS2000-2 Urinalysis Dipstick Method, Microscopy

Sample Collected on (SCT) : 23 Dec 2022 08:13
Sample Received on (SRT) : 23 Dec 2022 13:52
Report Released on (RRT) : 23 Dec 2022 16:12
Sample Type : URINE

Dr Syeda Sumaiya MD(Path)

Dr Ajeet Prajapati MD(Path)

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REPORT

NAME : MANOJ KUMAR SINHA(58Y/M)
REF. BY : SELF
TEST ASKED : T3,T4,MEDIWHEEL 60+

HOME COLLECTION :
FLAT SA -1-53KUMARDHARA BLOCK VIJAYA ENCLAVE MSRS NAGAR BILEKAHALLI BENGALURU-560076 KUMARDHARA

PATIENTID : MS20745861

TEST NAME	TECHNOLOGY	VALUE	UNITS
RHEUMATOID FACTOR (RF)	IMMUNOTURBIDIMETRY	10.15	IU/mL

Reference Range :
ADULT : <= 18

Clinical Significance:
Rheumatoid factor is an anti IgE 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.

Sample Collected on (SCT) : 23 Dec 2022 08:13
Sample Received on (SRT) : 23 Dec 2022 13:14
Report Released on (RRT) : 23 Dec 2022 20:17
Sample Type : SERUM
Labcode : 2312074253/DS853
Barcode : AH053520

Dr Syeda Sumaiya MD(Path)

Dr Ajeet Prajapati MD(Path)

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REPORT

NAME : MANOJ KUMAR SINHA(58Y/M)
REF. BY : SELF
TEST ASKED : T3,T4,MEDIWHEEL 60+

HOME COLLECTION :
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PATIENTID : MS20745861

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**C.L.I.A**	**27.73**	**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.

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

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PATIENTID : MS20745861

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	**IMMUNOTURBIDIMETRY**	**6.67**	**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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Labcode : 2312074253/DS853

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HOME COLLECTION :
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PATIENTID : MS20745861

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	C.L.I.A	394	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.

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

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PATIENTID : MS20745861

TEST NAME	TECHNOLOGY	VALUE	UNITS
PROSTATE SPECIFIC ANTIGEN (PSA)	C.L.I.A	1.36	ng/ml

Reference Range :-

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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REPORT

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PATIENTID : MS20745861

HOME COLLECTION :
FLAT SA -1-53KUMARDHARA BLOCK VIJAYA ENCLAVE MSRS NAGAR BILEKAHALLI BENGALURU-560076 KUMARDHARA

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	141	mg/dl	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	40	mg/dl	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	63	mg/dl	< 100
TRIGLYCERIDES	**PHOTOMETRY**	**315**	**mg/dl**	**< 150**
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.5	Ratio	3 - 5
TRIG / HDL RATIO	**CALCULATED**	**7.87**	**Ratio**	**< 3.12**
LDL / HDL RATIO	CALCULATED	1.6	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.64	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	100.9	mg/dl	< 160
VLDL CHOLESTEROL	**CALCULATED**	**63.08**	**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 : 2312074253/DS853
Barcode : AH053520

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REPORT

NAME : MANOJ KUMAR SINHA(58Y/M)
REF. BY : SELF
TEST ASKED : T3,T4,MEDIWHEEL 60+

PATIENTID : MS20745861

HOME COLLECTION :
FLAT SA -1-53KUMARDHARA BLOCK VIJAYA ENCLAVE MSRS NAGAR BILEKAHALLI BENGALURU-560076 KUMARDHARA

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	91	U/L	45 - 129
BILIRUBIN - TOTAL	PHOTOMETRY	0.43	mg/dl	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.1	mg/dl	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.3	mg/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	34.1	U/l	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	25	U/l	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	31.5	U/l	< 45
SGOT / SGPT RATIO	CALCULATED	0.79	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.78	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.34	gm/dl	3.2-4.8
SERUM GLOBULIN	**CALCULATED**	**3.44**	**gm/dL**	**2.5-3.4**
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.26	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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HOME COLLECTION :
FLAT SA -1-53KUMARDHARA BLOCK VIJAYA ENCLAVE MSRS NAGAR BILEKAHALLI BENGALURU-560076 KUMARDHARA

PATIENTID : MS20745861

TEST NAME	TECHNOLOGY	VALUE	UNITS
PHOSPHOROUS	PHOTOMETRY	3.26	mg/dL

Reference Range :

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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PATIENTID : MS20745861

TEST NAME	TECHNOLOGY	VALUE	UNITS
POTASSIUM	I.S.E	4.9	mmol/l

Reference Range :
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	104	mmol/l

Reference Range :
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	NORMAL RANGE
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	11.68	mg/dl	7 - 25
CREATININE - SERUM	**PHOTOMETRY**	**1.18**	**mg/dl**	**0.6-1.1**
BUN / SR.CREATININE RATIO	CALCULATED	9.9	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	25	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	21.18	Ratio	< 52
CALCIUM	PHOTOMETRY	8.88	mg/dl	8.8-10.6
SODIUM	I.S.E	139	mmol/l	136 - 145
URIC ACID	PHOTOMETRY	5.3	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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PATIENTID : MS20745861

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	106	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	6.6	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	**C.L.I.A**	**8.22**	**µIU/ml**	**0.3-5.5**

Comments : IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION

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.

Sample Collected on (SCT) : 23 Dec 2022 08:13
Sample Received on (SRT) : 23 Dec 2022 13:14
Report Released on (RRT) : 23 Dec 2022 20:17
Sample Type : SERUM
Labcode : 2312074253/DS853

Dr Syeda Sumaiya MD(Path)

Dr Ajeet Prajapati MD(Path)

PROCESSED AT :

Thyrocare,
5CA-711, 3rd Floor,
HRBR 2nd Block,
Hennur, Bengaluru-560043

Thyrocare
Tests you can trust

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 SINHA(58Y/M)
REF. BY : SELF
TEST ASKED : T3,T4,MEDIWHEEL 60+

HOME COLLECTION :
FLAT SA -1-53KUMARDHARA BLOCK VIJAYA ENCLAVE MSRS NAGAR BILEKAHALLI BENGALURU-560076 KUMARDHARA

PATIENTID : MS20745861

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	**CALCULATED**	**68**	**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) : 23 Dec 2022 08:13
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REPORT

NAME : MANOJ KUMAR SINHA(58Y/M)
REF. BY : SELF
TEST ASKED : T3,T4,MEDIWHEEL 60+

HOME COLLECTION :
FLAT SA -1-53KUMARDHARA BLOCK VIJAYA ENCLAVE MSRS NAGAR BILEKAHALLI BENGALURU-560076 KUMARDHARA

PATIENTID : MS20745861

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

Reference Range :

Reference Range: As per ADA Guidelines	Guidance For Known Diabetics
Below 5.7% : Normal	Below 6.5% : Good Control
5.7% - 6.4% : Prediabetic	6.5% - 7% : Fair Control
>=6.5% : Diabetic	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**	**131**	**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)	**:** 23 Dec 2022 08:13
Sample Received on (SRT)	**:** 23 Dec 2022 13:18
Report Released on (RRT)	**:** 23 Dec 2022 16:01
Sample Type	**:** EDTA
Labcode	**:** 2312074562/DS853
Barcode	**:** AI713188

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REPORT

NAME : MANOJ KUMAR SINHA(58Y/M)
REF. BY : SELF
TEST ASKED : T3,T4,MEDIWHEEL 60+
PATIENTID : MS20745861

HOME COLLECTION :
FLAT SA -1-53KUMARDHARA BLOCK VIJAYA ENCLAVE MSRS NAGAR BILEKAHALLI BENGALURU-560076 KUMARDHARA

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT (WBC)	**10.22**	**X 10³ / µL**	**4.0-10.0**
NEUTROPHILS	74.5	%	40-80
LYMPHOCYTE PERCENTAGE	**16.4**	**%**	**20-40**
MONOCYTES	3.6	%	0-10
EOSINOPHILS	4.2	%	0.0-6.0
BASOPHILS	1	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	**7.58**	**X 10³ / µL**	**2.0-7.0**
LYMPHOCYTES - ABSOLUTE COUNT	1.68	X 10³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.37	X 10³ / µL	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.1	X 10³ / µL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.43	X 10³ / µL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.06	X 10³ / µL	0-0.3
TOTAL RBC	**5.78**	**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	16.4	g/dL	13-17
HEMATOCRIT(PCV)	45.92	%	40-50
MEAN CORPUSCULAR VOLUME(MCV)	89.8	fL	83-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	28.4	pq	27-32
MEAN CORP.HEMO.CONC(MCHC)	31.6	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**47.4**	**fL**	**39-46**
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**14.4**	**%**	**11.6-14**
PLATELET DISTRIBUTION WIDTH(PDW)	14.4	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	11.5	fL	6.5-12
PLATELET COUNT	268	X 10³ / µL	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	37.4	%	19.7-42.4
PLATELETCRIT(PCT)	0.31	%	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)

Sample Collected on (SCT) : 23 Dec 2022 08:13
Sample Received on (SRT) : 23 Dec 2022 13:18
Report Released on (RRT) : 23 Dec 2022 16:01
Sample Type : EDTA
Labcode : 2312074562/DS853

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REPORT

NAME : MANOJ KUMAR SINHA(58Y/M)
REF. BY : SELF
TEST ASKED : T3,T4,MEDIWHEEL 60+

HOME COLLECTION :
FLAT SA -1-53KUMARDHARA BLOCK VIJAYA ENCLAVE MSRS NAGAR BILEKAHALLI BENGALURU-560076 KUMARDHARA

PATIENTID : MS20745861

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	**PHOTOMETRY**	**139.2**	**mg/dL**

Reference Range :-

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

~~ End of report ~~

Sample Collected on (SCT) : 23 Dec 2022 08:13
Sample Received on (SRT) : 23 Dec 2022 13:16
Report Released on (RRT) : 23 Dec 2022 14:33
Sample Type : FLUORIDE
Labcode : 2312074352/DS853

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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**