Thyrocare

Tests you can trust

Name : Sunita Sinha(51Y/F)

Date : 05 Sep 2024

Test Asked : Mediwheel Package 10 Female

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

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ISO 9001: 2015 - From 2015

CAP From 2007

PROCESSED AT :
Thyrocare
1st Floor, 889 HSR layout
Sector-7 (BDA), No 1159, Bangalore

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

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

NAME : SUNITA SINHA(51Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL PACKAGE 10 FEMALE

HOME COLLECTION :
Flat SA-1-53 Kumardhar block Vijaya Enclave
MSRS Nagar Bilekahalli

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 FEMALE	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
CA-125	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

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HRBR 2nd Block,
Hennur, Bengaluru-560043

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REF. BY : SELF
TEST ASKED : MEDIWHEEL PACKAGE 10 FEMALE

HOME COLLECTION :
Flat SA-1-53 Kumardhar block Vijaya Enclave MSRS Nagar Bilekahalli

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
CARDIAC RISK MARKERS			
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	3.5	mg/L	< 3
TRIG / HDL RATIO	4.23	Ratio	< 3.12
COMPLETE HEMOGRAM			
LYMPHOCYTES - ABSOLUTE COUNT	3.12	X 10^3 / µL	1.0-3.0
MEAN PLATELET VOLUME(MPV)	14	fL	6.5-12
PLATELET DISTRIBUTION WIDTH(PDW)	24.2	fL	9.6-15.2
PLATELET TO LARGE CELL RATIO(PLCR)	53.7	%	19.7-42.4
RED CELL DISTRIBUTION WIDTH (RDW-CV)	14.2	%	11.6-14.0
TOTAL RBC	4.98	X 10^6/µL	3.8-4.8
COMPLETE URINE ANALYSIS			
APPEARANCE	SLIGHT CLOUDY	-	Clear
LEUCOCYTE ESTERASE	PRESENT	-	Absent
DIABETES			
AVERAGE BLOOD GLUCOSE (ABG)	252	mg/dL	90-120
FASTING BLOOD SUGAR(GLUCOSE)	121.29	mg/dL	70-100
HbA1c	10.4	%	< 5.7
LIPID			
HDL CHOLESTEROL - DIRECT	61	mg/dL	40-60
LDL / HDL RATIO	0.9	Ratio	1.5-3.5
TC/ HDL CHOLESTEROL RATIO	2.3	Ratio	3 - 5
TRIGLYCERIDES	258	mg/dL	< 150
VLDL CHOLESTEROL	51.61	mg/dL	5 - 40
LIVER			
ALANINE TRANSAMINASE (SGPT)	34.1	U/L	< 34
BILIRUBIN (INDIRECT)	1.12	mg/dL	0-0.9
BILIRUBIN - TOTAL	1.35	mg/dL	0.3-1.2
SERUM GLOBULIN	3.45	gm/dL	2.5-3.4
PANCREATIC			
LIPASE	103.4	U/L	5.6 - 51.3
RENAL			
URIC ACID	6.1	mg/dL	3.2 - 6.1
TOXIC ELEMENTS			

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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NAME	: SUNITA SINHA(51Y/F)	**HOME COLLECTION :**
REF. BY	: SELF	Flat SA-1-53 Kumardhar block Vijaya Enclave MSRS Nagar Bilekahalli
TEST ASKED	: MEDIWHEEL PACKAGE 10 FEMALE	

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
COPPER	678	µg/L	800-1100
URINOGRAM			
URINARY GLUCOSE	Present 3+(500-1000 mg/dl)	mg/dL	Absent
URINARY LEUCOCYTES (PUS CELLS)	10	cells/HPF	0-5
VITAMIN			
25-OH VITAMIN D (TOTAL)	24.2	ng/mL	30-100

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NAME : SUNITA SINHA(51Y/F)
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TEST ASKED : MEDIWHEEL PACKAGE 10 FEMALE

HOME COLLECTION :
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MSRS Nagar Bilekahalli

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**	**SLIGHT CLOUDY**	**-**	**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**	**Present 3+(500-1000 mg/dl)**	**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**	**PRESENT**	**-**	**Absent**
Microscopic Examination				
URINARY LEUCOCYTES (PUS CELLS)	**Microscopy**	**10**	**cells/HPF**	**0-5**

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

Sample Collected on (SCT) : 05 Sep 2024 06:08
Sample Received on (SRT) : 05 Sep 2024 12:48
Report Released on (RRT) : 05 Sep 2024 14:05
Sample Type : URINE
Labcode : 0509041378/DS853
Barcode : CN645058

Dr Ishant Anand MD(Path)

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TEST ASKED : MEDIWHEEL PACKAGE 10 FEMALE

HOME COLLECTION :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	**PHOTOMETRY**	**121.29**	**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 06:08
Sample Received on (SRT) : 05 Sep 2024 12:48
Report Released on (RRT) : 05 Sep 2024 13:54
Sample Type : FLUORIDE
Labcode : 0509074942/DS853
Barcode : CI583657

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TEST ASKED : MEDIWHEEL PACKAGE 10 FEMALE

HOME COLLECTION :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
COPPER	**ICP-MS**	**678**	**µg/L**

Bio. Ref. Interval. :-

800-1100 µg/l

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

Sample Collected on (SCT) : 05 Sep 2024 06:08
Sample Received on (SRT) : 05 Sep 2024 15:06
Report Released on (RRT) : 05 Sep 2024 19:42
Sample Type : EDTA Whole Blood
Labcode : 0509084960/DS853
Barcode : CR889644

Dr Syeda Sumaiya MD(Path)

Dr.Ashwin Mathew MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
ZINC	ICP-MS	5525	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	**10.4**	**%**

Bio. Ref. Interval. :

Bio. Ref. Interval.: 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 method

AVERAGE BLOOD GLUCOSE (ABG)	**CALCULATED**	**252**	**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	8.21	X 10^3 / µL	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	56.5	%	40-80
LYMPHOCYTE	Flow Cytometry	38	%	20-40
MONOCYTES	Flow Cytometry	3	%	2-10
EOSINOPHILS	Flow Cytometry	1.7	%	1-6
BASOPHILS	Flow Cytometry	0.5	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.3	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	Calculated	4.64	X 10^3 / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	**Calculated**	**3.12**	**X 10^3 / µL**	**1.0-3.0**
MONOCYTES - ABSOLUTE COUNT	Calculated	0.25	X 10^3 / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	Calculated	0.04	X 10^3 / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	Calculated	0.14	X 10^3 / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.02	X 10^3 / µL	0.0-0.3
TOTAL RBC	**HF & EI**	**4.98**	**X 10^6/µL**	**3.8-4.8**
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	14	g/dL	12.0-15.0
HEMATOCRIT(PCV)	CPH Detection	44	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	88.4	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	Calculated	28.1	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	Calculated	31.8	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	Calculated	45.3	fL	39.0-46.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**Calculated**	**14.2**	**%**	**11.6-14.0**
PLATELET DISTRIBUTION WIDTH(PDW)	**Calculated**	**24.2**	**fL**	**9.6-15.2**
MEAN PLATELET VOLUME(MPV)	**Calculated**	**14**	**fL**	**6.5-12**
PLATELET COUNT	HF & EI	169	X 10^3 / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	**Calculated**	**53.7**	**%**	**19.7-42.4**
PLATELETCRIT(PCT)	Calculated	0.24	%	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**)**

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Sample Type : EDTA Whole Blood
Labcode : 0509084960/DS853
Barcode : CR889644

Dr Syeda Sumaiya MD(Path)

Dr.Ashwin Mathew MD(Path)

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NAME : SUNITA SINHA(51Y/F)
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TEST ASKED : MEDIWHEEL PACKAGE 10 FEMALE

HOME COLLECTION :
Flat SA-1-53 Kumardhar block Vijaya Enclave
MSRS Nagar Bilekahalli

TEST NAME	TECHNOLOGY	VALUE	UNITS
CA-125	C.L.I.A	6.2	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) : 05 Sep 2024 06:08
Sample Received on (SRT) : 05 Sep 2024 15:06
Report Released on (RRT) : 05 Sep 2024 20:04
Sample Type : SERUM
Labcode : 0509084956/DS853
Barcode : CI515248

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TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**E.C.L.I.A**	**24.2**	**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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	160	mg/dL

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

Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	73	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	0.5	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	8.2	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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HOME COLLECTION :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	**IMMUNOTURBIDIMETRY**	**3.5**	**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 06:08
Sample Received on (SRT) : 05 Sep 2024 15:06
Report Released on (RRT) : 05 Sep 2024 20:04
Sample Type : SERUM
Labcode : 0509084956/DS853
Barcode : CI515248

Dr Syeda Sumaiya MD(Path)

Dr.Ashwin Mathew MD(Path)

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HRBR 2nd Block,
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NAME : SUNITA SINHA(51Y/F)
REF. BY : SELF
TEST ASKED : MEDIWHEEL PACKAGE 10 FEMALE

HOME COLLECTION :
Flat SA-1-53 Kumardhar block Vijaya Enclave
MSRS Nagar Bilekahalli

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	C.L.I.A	216	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	10.3	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	8.69	ng/dL

Bio. Ref. Interval. :-

6 - 82

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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HOME COLLECTION :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
AMYLASE	PHOTOMETRY	98.8	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	77	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170			
Method : Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	357	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl			
Method : Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	22	%
Bio. Ref. Interval. : 13 - 45			
Method : Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	279.98	µg/dL
Bio. Ref. Interval. : 162 - 368			
Method : SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPASE	**PHOTOMETRY**	**103.4**	**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	141	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**61**	**mg/dL**	**40-60**
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	58	mg/dL	< 100
TRIGLYCERIDES	**PHOTOMETRY**	**258**	**mg/dL**	**< 150**
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**2.3**	**Ratio**	**3 - 5**
TRIG / HDL RATIO	**CALCULATED**	**4.23**	**Ratio**	**< 3.12**
LDL / HDL RATIO	**CALCULATED**	**0.9**	**Ratio**	**1.5-3.5**
HDL / LDL RATIO	CALCULATED	1.06	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	80.2	mg/dL	< 160
VLDL CHOLESTEROL	**CALCULATED**	**51.61**	**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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HOME COLLECTION :
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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	102.74	U/L	45-129
BILIRUBIN - TOTAL	**PHOTOMETRY**	**1.35**	**mg/dL**	**0.3-1.2**
BILIRUBIN -DIRECT	PHOTOMETRY	0.23	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	**CALCULATED**	**1.12**	**mg/dL**	**0-0.9**
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	12.2	U/L	< 38
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	28.5	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	**PHOTOMETRY**	**34.1**	**U/L**	**< 34**
SGOT / SGPT RATIO	CALCULATED	0.84	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.46	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.01	gm/dL	3.2-4.8
SERUM GLOBULIN	**CALCULATED**	**3.45**	**gm/dL**	**2.5-3.4**
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.16	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	143.85	mmol/L

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

Method : ION SELECTIVE ELECTRODE

POTASSIUM	I.S.E	3.76	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	105.27	mmol/L

Bio. Ref. Interval. :
ADULTS: 98-107 MMOL/L

Clinical Significance :
An increased level of blood chloride (called hyperchloremia) usually indicates dehydration, but can also occur with other problems that cause high blood sodium, such as Cushing syndrome or kidney disease. Hyperchloremia also occurs when too much base is lost from the body (producing metabolic acidosis) or when a person hyperventilates (causing respiratory alkalosis). A decreased level of blood chloride (called hypochloremia) occurs with any disorder that causes low blood sodium. Hypochloremia also occurs with congestive heart failure, prolonged vomiting or gastric suction, Addison disease, emphysema or other chronic lung diseases (causing respiratory acidosis), and with loss of acid from the body (called metabolic alkalosis).

Method : ION SELECTIVE ELECTRODE

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	16.8	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.75	mg/dL	0.55-1.02
BUN / SR.CREATININE RATIO	CALCULATED	22.4	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	35.95	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	47.94	Ratio	< 52
CALCIUM	PHOTOMETRY	9.7	mg/dL	8.8-10.6
URIC ACID	**PHOTOMETRY**	**6.1**	**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.
URIC - Uricase / Peroxidase Method

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	94	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	8.64	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	2.56	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	92	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 ~~

Sample Collected on (SCT) : 05 Sep 2024 06:08
Sample Received on (SRT) : 05 Sep 2024 15:06
Report Released on (RRT) : 05 Sep 2024 20:04
Sample Type : SERUM
Labcode : 0509084956/DS853
Barcode : CI515248

Dr Syeda Sumaiya MD(Path)

Dr.Ashwin Mathew MD(Path)

CONDITIONS OF REPORTING

- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- This report is not valid for medico-legal purpose.
- Neither Thyrocare, nor its employees/representatives assume any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report.
- Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc
- For clinical support please contact @8450950852,8450950853,8450950854 between 10:00 to 18:00

EXPLANATIONS

- Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- **Name** - The name is as declared by the client and recored by the personnel who collected the specimen.
- **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
- **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- Values out of reference range requires reconfirmation before starting any medical treatment.
- Retesting is needed if you suspect any quality shortcomings.
- Testing or retesting should be done in accredited laboratories.
- For suggestions, complaints or feedback, write to us at **info@thyrocare.com** or call us on **022-3090 0000 / 6712 3400**
- SMS:<Labcode No.> to **9870666333**

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