

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

NAME : KUMAR ROHAN (34Y/M)
REF. BY : SELF
TEST ASKED : HbA1c,HEMOGRAM

SAMPLE COLLECTED AT :
(3920013834),AYUSH HEALTH CENTRE,5TH
FLOOR,MANGALAM COMPLEX,ABOVE IDBI
BANK,NEAR KASAK CIRCLE,BHARUCH,392001

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	5.2	%

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	103	mg/dL
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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) :11 Feb 2024 11:37
Sample Received on (SRT) : 11 Feb 2024 18:26
Report Released on (RRT) : 11 Feb 2024 21:00
Sample Type : EDTA
Labcode : 1102096675/A3833
Barcode : BU874868



Dr Sachin Patil MD(Path)

PROCESSED AT :**Thyrocare**

D-37/1,TTC MIDC,Turbhe,

Navi Mumbai-400 703



Tests you can trust

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

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TEST NAME	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	5.44	X 10 ³ / μL	4.0 - 10.0
NEUTROPHILS	60.4	%	40-80
LYMPHOCYTE	31.4	%	20-40
MONOCYTES	5	%	2-10
EOSINOPHILS	2.2	%	1-6
BASOPHILS	0.7	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	3.29	X 10 ³ / μL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	1.71	X 10 ³ / μL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.27	X 10 ³ / μL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	0.04	X 10 ³ / μL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	0.12	X 10 ³ / μL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	0.02	X 10 ³ / μL	0-0.3
TOTAL RBC	4.98	X 10 ⁶ /μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	0.01	X 10 ³ / μL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	0.01	%	0.0-5.0
HEMOGLOBIN	13.3	g/dL	13.0-17.0
HEMATOCRIT(PCV)	46.8	%	40.0-50.0
MEAN CORPUSCULAR VOLUME(MCV)	94	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	26.7	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	28.4	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	54.4	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	15.9	%	11.6-14
PLATELET COUNT	180	X 10 ³ / μL	150-410

Remarks : Alert!!! RBCs:Mild anisopoikilocytosis. 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)** : 11 Feb 2024 11:37**Sample Received on (SRT)** : 11 Feb 2024 18:26**Report Released on (RRT)** : 11 Feb 2024 21:00**Sample Type** : EDTA**Labcode** : 1102096675/A3833 Dr Sachin Patil MD(Path)**Barcode** : BU874868

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NAME : KUMAR ROHAN (34Y/M)
REF. BY : SELF
TEST ASKED : HEALTH CHECKUP B

SAMPLE COLLECTED AT :
(3920013834), AYUSH HEALTH CENTRE, 5TH
FLOOR, MANGALAM COMPLEX, ABOVE IDBI BANK, NEAR
KASAK CIRCLE, BHARUCH, 392001

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	159	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	35	mg/dL	40-60
HDL / LDL RATIO	CALCULATED	0.31	Ratio	> 0.40
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	113	mg/dL	< 100
TRIG / HDL RATIO	CALCULATED	2.42	Ratio	< 3.12
TRIGLYCERIDES	PHOTOMETRY	85	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4.5	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	3.2	Ratio	1.5-3.5
VLDL CHOLESTEROL	CALCULATED	16.96	mg/dL	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	123.5	mg/dL	< 160

Please correlate with clinical conditions.

Method :

CHOL - CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE
HCHO - DIRECT ENZYMATIC COLORIMETRIC
HD/LD - Derived from HDL and LDL values.
LDL - DIRECT MEASURE
TRI/H - Derived from TRIG and HDL Values
TRIG - ENZYMATIC, END POINT
TC/H - DERIVED FROM SERUM CHOLESTEROL AND HDL VALUES
LDL/ - DERIVED FROM SERUM HDL AND LDL VALUES
VLDL - DERIVED FROM SERUM TRIGLYCERIDE VALUES
NHDL - DERIVED FROM SERUM CHOLESTEROL AND HDL 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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Report Released on (RRT) : 11 Feb 2024 21:05
Sample Type : SERUM
Labcode : 1102096665/A3833
Barcode : CB069596



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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	74.9	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.74	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.12	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.62	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	17.9	U/L	< 55
SGOT / SGPT RATIO	CALCULATED	1.11	Ratio	< 2
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	45.2	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	40.8	U/L	< 45
PROTEIN - TOTAL	PHOTOMETRY	7.69	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.4	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	3.29	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.34	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - MODIFIED IFCC METHOD
BILT - VANADATE OXIDATION
BILD - VANADATE OXIDATION
BILI - DERIVED FROM SERUM TOTAL AND DIRECT BILIRUBIN VALUES
GGT - MODIFIED IFCC METHOD
OT/PT - Derived from SGOT and SGPT values.
SGOT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
SGPT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
PROT - BIURET METHOD
SALB - ALBUMIN BCG¹METHOD (COLORIMETRIC ASSAY ENDPOINT)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	59.3	µg/dL

Bio. Ref. Interval. :
Male : 65 - 175
Female : 50 - 170
Method : FERROZINE METHOD WITHOUT DEPROTEINIZATION

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
UREA (CALCULATED)	CALCULATED	21.46	mg/dL	Adult : 17-43
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	10.03	mg/dL	7.94 - 20.07
UREA / SR.CREATININE RATIO	CALCULATED	25.25	Ratio	< 52
CREATININE - SERUM	PHOTOMETRY	0.85	mg/dL	0.72-1.18
BUN / SR.CREATININE RATIO	CALCULATED	11.8	Ratio	9:1-23:1
CALCIUM	PHOTOMETRY	9.54	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	7.15	mg/dL	4.2 - 7.3

Please correlate with clinical conditions.

Method :

UREAC - Derived from BUN Value.
BUN - KINETIC UV ASSAY.
UR/CR - Derived from UREA and Sr.Creatinine values.
SCRE - CREATININE ENZYMATIC METHOD
B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES
CALC - ARSENAZO III METHOD, END POINT.
URIC - URICASE / PEROXIDASE METHOD

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	90	ng/dL	60-200
TOTAL THYROXINE (T4)	C.L.I.A	5.5	µg/dL	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.23	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

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) Bio. Ref. Interval. :-	CALCULATED	114	mL/min/1.73 m2

- > = 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**

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Thyroid	Diabetes	STDs	Skin Care	Hair Fall

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