Thyrocare

D-37/1,TTC MIDC,Turbhe, Navi Mumbai-400 703



REPORT

NAME : 21Y/M)

REF. BY: SELF

Reference Range:

TEST ASKED: AAROGYAM 1.3

SAMPLE COLLECTED AT :

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	C.L.I.A	18.23	ng/ml

DEFICIENCY : <20 ng/ml
INSUFFICIENCY : 20-<30 ng/ml
SUFFICIENCY : 30-100 ng/ml
TOXICITY : >100 ng/ml

Vitamin D Total test is analyzed on Siemens ADVIA Centaur, standardized against ID-LC/MS/MS, as per Vitamin D Standardization Program (VDSP).

Method: FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

VITAMIN B-12 C.L.I.A 312 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):4.0%, Inter assay (%CV):4.4 %; Sensitivity:45 pg/ml

External quality control program participation:

College of American pathologists: ligand assay (general) survey; CAP number: 7193855-01

Kit validation references:

Chen IW, Sperling MI, Heminger IA. Vitamin B12. In: Pesce AJ, Kalpan LA, editors. Methods in clinical chemistry. St. Louis: CV Mosby, 1987. P. 569-73.

Method: FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

Sample Collected on (SCT) :12 Mar 2018 10:00
Sample Received on (SRT) :13 Mar 2018 02:47
Report Released on (RRT) :13 Mar 2018 09:46

Sample Type

: SERUM

Labcode : 120352735/A6030

Barcode : 73575498

Dr.Prachi Sinkar MD

Dr.Caesar Sengupta MD

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D-37/1,TTC MIDC,Turbhe, Navi Mumbai-400 703





REPORT

NAME (21Y/M)

REF. BY : SELF

TEST ASKED: AAROGYAM 1.3



TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	537.34	ng/dL

Reference Range :-

Adult Male

21 - 49 Yrs: 164.94 - 753.38 50 - 89 Yrs: 86.49 - 788.22

Adult Female

Pre-Menopause : 12.09 - 59.46 Post-Menopause: < 7.00 - 48.93

Boys

2-10 Years : < 7.00 - 25.91 11 Years : < 7.00 - 341.53 12 Years : < 7.00 - 562.59 13 Years : 9.34 - 562.93 14 Years : 23.28 - 742.46 15 Years : 144.15 - 841.44 16-21 Years : 118.22 - 948.56

Girls

2-10 Years : < 7.00 - 108.30 11-15 Years : < 7.00 - 48.40 16-21 Years : 17.55 - 50.41

Clinical Significance:

Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males. Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinema, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 8.5 %, Inter assay (%CV): 12.6%; Sensitivity: 7 ng/dL.

External quality control program participation:

College of American pathologists: Ligand assay (special) survey; cap number: 7193855-01

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

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NAME

(21Y/M)

REF. BY : SELF

TEST ASKED: AAROGYAM 1.3



TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	60.4	μg/dl
Reference Range :			
Male: 65 - 175			
Female: 50 - 170			
Method: FERROZINE METHOD WITHOUT DEPRO	TEINIZATION		
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	323	μg/dl
Reference Range :			
Male: 225 - 535 μg/dl Female: 215 - 535 μg/dl			
Method: SPECTROPHOTOMETRIC ASSAY			
% TRANSFERRIN SATURATION	CALCULATED	18.7	%
Reference Range :			
13 - 45			
Method: DERIVED FROM IRON AND TIBC VALUE	:S		

Please correlate with clinical conditions.

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REPORT

NAME

21Y/M)

REF. BY: SELF

TEST ASKED: AAROGYAM 1.3



TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	98.5	U/I	53 - 128
BILIRUBIN -DIRECT	PHOTOMETRY	0.29	mg/dl	< 0.3
BILIRUBIN - TOTAL	PHOTOMETRY	1.21	mg/dl	0.3-1.2
BILIRUBIN (INDIRECT)	CALCULATED	0.92	mg/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	10	U/I	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	22	U/I	< 37
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	25.4	U/I	13-40
PROTEIN - TOTAL	PHOTOMETRY	7.1	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.5	gm/dl	3.2-4.8
SERUM GLOBULIN	PHOTOMETRY	2.6	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.73	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method:

ALKP - Modified IFCC method

BILD - Vanadate Oxidation

BILT - 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

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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REPORT

21Y/M)

NAME : SELF.

TEST ASKED: AAROGYAM 1.3



TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	217	mg/dl	125-200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	50	mg/dl	35-80
TRIGLYCERIDES	PHOTOMETRY	70	mg/dl	25-200
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	148	mg/dl	85-130
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4.3	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	3	Ratio	1.5-3.5
VLDL CHOLESTEROL	CALCULATED	14	mg/dl	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	166.8	mg/dl	< 160

Please correlate with clinical conditions.

Method:

CHOL - CHOD POD METHOD

HCHO - ENZYME SELECTIVE PROTECTION METHOD

TRIG - ENZYMATIC COLORIMETRIC METHOD (GPO) [HIGHLY INFLUENCED BY LEVEL OF FASTING]

LDL - HOMOGENOUS ENZYMATIC COLORIMETRIC ASSAY

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.

: SERUM

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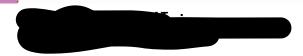


NAME

(21Y/M)

REF. BY: SELF

TEST ASKED: AAROGYAM 1.3



TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	15.21	mg/dl	7 - 25
CREATININE - SERUM	PHOTOMETRY	1.03	mg/dl	0.6-1.1
URIC ACID	PHOTOMETRY	4	mg/dl	3.7 - 9.2
CALCIUM	PHOTOMETRY	9.65	mg/dl	8.8-10.6
BUN / SR.CREATININE RATIO	CALCULATED	14.77	Ratio	9:1-23:1

Please correlate with clinical conditions.

Method:

BUN - KINETIC UV ASSAY.

SCRE - CREATININE ENZYMATIC METHOD

URIC - Uricase / Peroxidase Method

CALC - ARSENAZO III METHOD, END POINT.

B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES

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: SERUM

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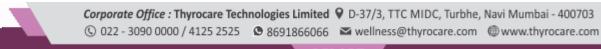
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REPORT

NAME : 21Y/M)

REF. BY : SELF

TEST ASKED : AAROGYAM 1.3



TEST NAME	TECHNOLOGY	VALUE	UNITS REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	99	ng/dl 60-200
TOTAL THYROXINE (T4)	C.L.I.A	9	μg/dl 4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	1.73	μIU/ml 0.3-5.5

Comments: SUGGESTING THYRONORMALCY

Please correlate with clinical conditions.

Method:

T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

TSH - ULTRA SENSITIVE SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Sample Collected on (SCT): 12 Mar 2018 10:00Sample Received on (SRT): 13 Mar 2018 02:47Report Released on (RRT): 13 Mar 2018 09:46

Sample Type : SERUM

Labcode : 120352735/A6030

Barcode : 73575498

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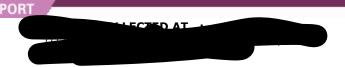


REPORT

NAME 21Y/M)

REF. BY : SELF

TEST ASKED : AAROGYAM 1.3



TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	103	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) :12 Mar 2018 10:00 Sample Received on (SRT) :13 Mar 2018 02:47

Report Released on (RRT) :13 Mar 2018 09:46

: SERUM

:73575498

Sample Type

Barcode

Labcode : 120352735/A6030 Dr. Prachi Sinkar MD

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REPORT

NAME : (21Y/M)

REF. BY : SELF

TEST ASKED : HEMOGRAM - 6 PART (DIFF), HBA



TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC - NGSP Certified)			
HbA1c	H.P.L.C	5.2	%
Reference Range :			
Below 6.0% - Normal Value			

Below 6.0% - Normal Value 6.0% - 7.0% - Good Control 7.0% - 8.0% - Fair Control

8.0% - 10% - Unsatisfactory Control

Above 10% - Poor Control

Method: Fully Automated H.P.L.C. using Biorad Variant II Turbo, NGSP Certified.

AVERAGE BLOOD GLUCOSE (ABG) CALCULATED 103 mg/dl

Reference Range:

90 - 120 mg/dl : Excellent Control 121 - 150 mg/dl : Good Control 151 - 180 mg/dl : Average Control 181 - 210 mg/dl : Action Suggested > 211 mg/dl : Panic Value

(Note: Average Blood Glucose value is calculated from HBA1c value and it indicates Average Blood Sugar level over past three months.)

Method: Derived from HBA1c values

Please correlate with clinical conditions.

Sample Collected on (SCT):12 Mar 2018 10:00Sample Received on (SRT): 13 Mar 2018 02:48Report Released on (RRT): 13 Mar 2018 06:24

Sample Type

: EDTA

Labcode : 120352810/A6030

Barcode : 73575499

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NAME 21Y/M)

REF. BY : SELF

TEST ASKED : HEMOGRAM - 6 PART (DIFF), HBA



TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	6.43	X 10 ³ / μL	4.0-10.0
NEUTROPHILS	54.5	%	40-80
LYMPHOCYTE PERCENTAGE	38.6	%	20-40
MONOCYTES	2.8	%	0-10
EOSINOPHILS	3.7	%	0.0-6.0
BASOPHILS	0.2	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.2	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	3.5	$X~10^3$ / μL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.48	$X~10^3$ / μL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.18	X 10 ³ / μL	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.01	$X~10^3$ / μL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.24	$X~10^3$ / μL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.01	$X~10^3$ / μL	0-0.3
TOTAL RBC	6.17	X 10^6/μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	$X~10^3$ / μL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	16.7	g/dL	13-17
HEMATOCRIT(PCV)	46.76	%	40-50
MEAN CORPUSCULAR VOLUME(MCV)	82	fL	83-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	27.1	pq	27-32
MEAN CORP.HEMO.CONC(MCHC)	33	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	37.7	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	12.8	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	13	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	10.5	fL	6.5-12
PLATELET COUNT	213	$X~10^3$ / μL	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	29	%	19.7-42.4
PLATELETCRIT(PCT)	0.22	%	0.19-0.39

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)

~~ End of report ~~

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