

REPORT

NAME : ██████████ (21Y/M)
REF. BY : SELF
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

Reference Range :
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

PROCESSED AT :
Thyrocare

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

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Corporate Office : Thyrocare Technologies Limited D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703
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TEST ASKED : AAROGRAM 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 Hyperprolactinemia, 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.

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REPORT

NAME [REDACTED] (21Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3

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

Please correlate with clinical conditions.

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| TEST NAME | TECHNOLOGY | VALUE | UNITS | NORMAL RANGE |
|------------------------------------|-------------------|-------------|--------------|----------------|
| ALKALINE PHOSPHATASE | PHOTOMETRY | 98.5 | U/l | 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/l | < 55 |
| ASPARTATE AMINOTRANSFERASE (SGOT) | PHOTOMETRY | 22 | U/l | < 37 |
| ALANINE TRANSAMINASE (SGPT) | PHOTOMETRY | 25.4 | U/l | 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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| 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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PROCESSED AT :**Thyrocare**D-37/1,TTC MIDC,Turbhe,
Navi Mumbai-400 703**Thyrocare**[®]

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Corporate Office : Thyrocare Technologies Limited  D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703
 022 - 3090 0000 / 4125 2525  8691866066  wellness@thyrocare.com  www.thyrocare.com**REPORT****NAME** : ██████████ (21Y/M)
REF. BY : SELF
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██
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| 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 10:00
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| TEST NAME | TECHNOLOGY | VALUE | UNITS |
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| 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

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

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
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|-----------|------------|-------|-------|

HbA1c - (HPLC - NGSP Certified)

HbA1c H.P.L.C 5.2 %

Reference Range :

- 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 10:00
Sample Received on (SRT) : 13 Mar 2018 02:48
Report Released on (RRT) : 13 Mar 2018 06:24
Sample Type : EDTA
Labcode : 120352810/A6030
Barcode : 73575499

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PROCESSED AT :
Thyrocare
D-37/1, TTC MIDC, Turbhe,
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📞 022 - 3090 0000 / 4125 2525 📠 8691866066 ✉ wellness@thyrocare.com 🌐 www.thyrocare.com

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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 10³ / 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 10⁶/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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