Thyrocare

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Name : Rishikesh (17Y/M)

Date : 13 Sep 2025

Test Asked : Aarogyam Camp Profile 3, Cpep

Report Status: Complete Report

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CAP From 2007~

Processed At :
H. NO. 1-9-645, Vidyanagar,
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Hyderabad-500044

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First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation#

Patient Name : **RISHIKESH (17Y/M)**
Referred By : **DR ANIL EKLURE**
Sample Collected At : **MEDLAB AND DIAGNOSTICS OPPOSITE DR K G PATILS CLINIC CHOWBARA ROAD BIDAR 585401**

Tests Done : **AAROGYAM CAMP PROFILE 3,CPEP**

Report Availability Summary

Note: Please refer to the table below for status of your tests.

18 Ready | **0** Ready with Cancellation | **0** Processing | **0** Cancelled in Lab

TEST DETAILS	REPORT STATUS
AAROGYAM CAMP PROFILE 3	Ready
CHLORIDE	Ready
C-REACTIVE PROTEIN (CRP)	Ready
25-OH VITAMIN D (TOTAL)	Ready
ERYTHROCYTE SEDIMENTATION RATE (ESR)	Ready
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	Ready
Lipoprotein (a) [Lp(a)]	Ready
RHEUMATOID FACTOR (RF)	Ready
SODIUM	Ready
VITAMIN B-12	Ready
HBA PROFILE	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
LIVER FUNCTION TESTS	Ready
IRON DEFICIENCY PROFILE	Ready
KIDPRO	Ready
LIPID PROFILE	Ready
T3-T4-USTSH	Ready
APOLIPROTEIN RATIO	Ready
C-PEPTIDE	Ready

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Referred By	: **DR ANIL EKLURE**		
Sample Collected At	: **MEDLAB AND DIAGNOSTICS OPPOSITE DR K G PATILS CLINIC CHOWBARA ROAD BIDAR 585401**		

Tests Outside Reference Range

Note: Please refer to the table below for tests outside reference range.

Test Name	Observed Value	Units	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
BASOPHILS - ABSOLUTE COUNT	**0.01**	X 10^3 / µL	0.02 - 0.1
LYMPHOCYTE	**40.2**	%	20-40
MEAN PLATELET VOLUME(MPV)	**13.9**	fL	7.5-8.3
PLATELET DISTRIBUTION WIDTH(PDW)	**24.1**	fL	9.6-15.2
PLATELET TO LARGE CELL RATIO(PLCR)	**52.6**	%	19.7-42.4
DIABETES			
AVERAGE BLOOD GLUCOSE (ABG)	**315**	mg/dL	90-120
C-PEPTIDE	**0.48**	ng/mL	1.10 – 4.40
HbA1c	**12.6**	%	< 5.7
LIPID			
TC/ HDL CHOLESTEROL RATIO	**2.8**	Ratio	3 - 5
RENAL			
BLOOD UREA NITROGEN (BUN)	**6.04**	mg/dL	7.94 - 20.07
CREATININE - SERUM	**0.51**	mg/dL	0.72-1.18
UREA (CALCULATED)	**12.93**	mg/dL	Adult : 17-43
VITAMIN			
25-OH VITAMIN D (TOTAL)	**7.67**	ng/mL	30-100

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Referred By : **DR ANIL EKLURE**
Sample Collected At : **MEDLAB AND DIAGNOSTICS OPPOSITE DR K G PATILS CLINIC CHOWBARA ROAD BIDAR 585401**

Sample Collected on (SCT) : **13 Sep 2025 12:52**
Sample Received on (SRT) : **14 Sep 2025 01:59**
Report Released on (RRT) : **14 Sep 2025 05:59**
Sample Type | Barcode : **EDTA Whole Blood | EL745398**

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c	**H.P.L.C**	**12.6**	**%**

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**	**315**	**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.

Tests Done : **ESR,HBA PROFILE,HEMOGRAM**

Dr Amulya MD (Path)

Dr Abdur R MD (Biochem)

Scan QR to verify(valid for 30 days from release time)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
ERYTHROCYTE SEDIMENTATION RATE (ESR)	MODIFIED WESTERGREN	8	mm / hr

Bio. Ref. Interval. :-

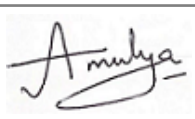
Male : 0-15 Female : 0-20

Clinical Significance:
- An erythrocyte sedimentation rate (ESR) is a blood test that can rise if you have inflammation in your body. Its also used as a marker to monitor prognosis of an existing inflammatory/infective condition.
- Inflammation is your immune systems response to injury, infection, and many types of conditions, including immune system disorders, certain cancers and blood disorders.
- A high ESR test result may be from a condition that causes inflammation, such as: Arteritis, Arthritis, Systemic vasculitis, Polymyalgia rheumatica, Inflammatory bowel disease, Kidney disease, Infections like Tuberculosis etc, Rheumatoid arthritis and other autoimmune diseases, Heart disease, Certain cancers and many other Conditions.
- A low ESR test result may be caused by conditions such as: A blood disorder, such as: Polycythemia, Sickle cell disease (SCD), Leukocytosis, Heart failure, Certain kidney and liver problems etc.
- Certain physiological conditions also affect ESR results, these include : Pregnancy, menstrual cycle, ageing, obesity, drinking alcohol regularly, and exercise, Certain medicines and supplements also can affect ESR results.
- Hence Its always suggested to interpret ESR results in conjunction with Clinical History and other findings.

References :
https://medlineplus.gov/lab-tests/erythrocyte-sedimentation-rate-esr/

Please correlate with clinical conditions.
Method:- MODIFIED WESTERGREN

Tests Done : **ESR,HBA PROFILE,HEMOGRAM**



Dr Amulya MD (Path)

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TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	SLS-Hemoglobin Method	14.4	g/dL	13.0-17.0
Hematocrit (PCV)	CPH Detection	45.7	%	40.0-50.0
Total RBC	HF & EI	5.1	X 10^6/µL	4.5-5.5
Mean Corpuscular Volume (MCV)	Calculated	89.6	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	28.2	pq	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	31.5	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	Calculated	44.7	fL	39-46
Red Cell Distribution Width (RDW - CV)	Calculated	13.9	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	244.2	-	*Refer Note below
MENTZER INDEX	Calculated	17.6	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	5.89	X 10^3 / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	52.9	%	40-80
Lymphocytes Percentage	**Flow Cytometry**	**40.2**	**%**	**20-40**
Monocytes Percentage	Flow Cytometry	3.6	%	2-10
Eosinophils Percentage	Flow Cytometry	2.9	%	1-6
Basophils Percentage	Flow Cytometry	0.2	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.2	%	0.0-0.5
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	3.12	X 10^3 / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	2.37	X 10^3 / µL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.21	X 10^3 / µL	0.2 - 1.0
Basophils - Absolute Count	**Calculated**	**0.01**	**X 10^3 / µL**	**0.02 - 0.1**
Eosinophils - Absolute Count	Calculated	0.17	X 10^3 / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.01	X 10^3 / µL	0.0-0.03
Nucleated Red Blood Cells	Calculated	0.01	X 10^3 / µL	0.0-0.5
PLATELET COUNT	HF & EI	209	X 10^3 / µL	150-410
Mean Platelet Volume (MPV)	**Calculated**	**13.9**	**fL**	**7.5-8.3**
Platelet Distribution Width (PDW)	**Calculated**	**24.1**	**fL**	**9.6-15.2**
Platelet to Large Cell Ratio (PLCR)	**Calculated**	**52.6**	**%**	**19.7-42.4**
Plateletcrit (PCT)	Calculated	0.29	%	0.19-0.39

Remarks : Alert!!! Predominantly normocytic normochromic with ovalocytes. Platelets:Appear adequate in smear.

***Note - Mentzer index (MI), RDW-CV and RDWI are hematological indices to differentiate between Iron Deficiency Anemia (IDA) and Beta Thalassemia Trait (BTT). MI >13, RDWI >220 and RDW-CV >14 more likely to be IDA. MI <13, RDWI <220, and RDW-CV <14 more likely to be BTT. Suggested Clinical correlation. BTT to be confirmed with HB electrophoresis if clinically indicated.**
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**)**

Tests Done : **ESR,HBA PROFILE,HEMOGRAM**

Dr Amulya MD (Path)

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		Sample Type | Barcode	: **SERUM | EK813966**

TEST NAME	TECHNOLOGY	VALUE	UNITS
C-PEPTIDE	**E.C.L.I.A**	**0.48**	**ng/mL**

Bio. Ref. Interval. :-

1.10 – 4.40 ng/ml

Clinical Significance
C-peptide, a polypeptide consisting of 31 amino acids (MW~3000), is stored in the secretory granules of the beta cells and released into circulation in equimolar amounts with insulin. The determination of C-peptide provides an assessment of endogenous insulin secretory reserves in patients with diabetes mellitus and is considered a more reliable indicator of insulin secretion than insulin itself. The primary indication for measuring C-peptide is for the evaluation of fasting hypoglycemia. It is also used to monitor patient's response to pancreatic surgery. C-peptide levels increase in insulinomas and beta-cell tumors.

Specifications: Precision: Intra assay (%CV): 2.9%, Inter assay (%CV): 3.6%; Sensitivity: 0.02 ng/ml

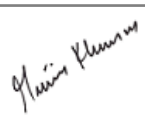
Kit Validation reference:
Clerk PM, Assays for insulin, proinsulin (s) and c-peptide. Ann clin biochem 1999;36(5):541-564

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED ELECTROCHEMILUMINESCENCE IMMUNOASSAY

Tests Done : **AAROGYAM CAMP PROFILE 3,C-PEPTIDE**

Report Remarks : **PatientId :RR15054398**

Dr Arshiya MD(Path)



Dr Ritika Khurana MD(Path)

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		Sample Type | Barcode	: **SERUM | EK813966**

TEST NAME	TECHNOLOGY	VALUE	UNITS
RHEUMATOID FACTOR (RF)	IMMUNOTURBIDIMETRY	< 10	IU/mL

Bio. Ref. Interval. :
ADULT : <= 18

Clinical Significance:
Rheumatoid factor is an anti IgG 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.

Tests Done : **AAROGYAM CAMP PROFILE 3,C-PEPTIDE**

Report Remarks : **PatientId :RR15054398**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**E.C.L.I.A**	**7.67**	**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

Tests Done : **AAROGYAM CAMP PROFILE 3,C-PEPTIDE**

Report Remarks : **PatientId :RR15054398**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

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		Sample Type | Barcode	: **SERUM | EK813966**

TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	103	mg/dL

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

Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	62	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	0.6	Ratio

Bio. Ref. Interval. :

Male : 0.40 - 1.26
Female : 0.38 - 1.14

Clinical Significance :

- Apolipoprotein B is a more potent and independent predictor of Coronary artery disease (CAD) than LDL Cholesterol.
- Apolipoprotein A1 is one of the apoproteins of HDL and is inversely related to risk of CAD.
- The Apolipoprotein studies help in monitoring risk of restenosis in patients with myocardial infarction, Coronary bypass surgery etc.
- An increased ratio of Apo B to A1 beyond the defined normal range is indicative of CAD risk.
- All results have to be interpreted in Conjunction with clinical history and other findings.

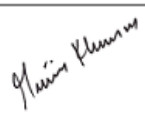
Method : Derived from serum Apo A1 and Apo B values

Please correlate with clinical conditions.

Tests Done : **AAROGYAM CAMP PROFILE 3,C-PEPTIDE**

Report Remarks : **PatientId :RR15054398**

Dr Arshiya MD(Path)



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		Sample Type | Barcode	: **SERUM | EK813966**

TEST NAME	TECHNOLOGY	VALUE	UNITS
C-REACTIVE PROTEIN (CRP)	IMMUNOTURBIDIMETRY	0.7	mg/L

Bio. Ref. Interval. :-

Acute phase determination : < 5 mg/L

Clinical Significance:
It's a protein present in the sera of acutely ill patients that bound cell wall C-polysaccharide of streptococcus pneumoniae and agglutinates the organisms. CRP is one of the strongest acute -phase reactants, with plasma concentrations rising up after myocardial infarction, stress, trauma, infection, inflammation, surgery, or neoplastic proliferation.

Concentrations >5 mg/L suggest the presence of an infection or inflammatory process. Concentrations are generally higher in bacterial than viral infection. The increase in peak is proportional to tissue damage. Determination of CRP is clinically useful to screen activity of inflammatory diseases such as rheumatoid arthritis; SLE;Leukemia;after surgery;to detect rejection in renal allograft recipients;to detect neonatal septicemia and meningitis. However, it is a nonspecific marker and cannot be interpreted without other clinical information.

Reference:
Tietz Textbook of clinical chemistry and molecular diagnosis fifth edition chapter 21 P538-539

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED LATEX AGGLUTINATION – BECKMAN COULTER

Tests Done : **AAROGYAM CAMP PROFILE 3,CPEP**

Report Remarks : **PatientId :RR15054398**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

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		Sample Type | Barcode	: **SERUM | EK813966**

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	E.C.L.I.A	208	pg/mL

Bio. Ref. Interval. :-

Normal: 197-771 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):2.6%, Inter assay (%CV):2.3 %

Kit Validation Reference : Thomas L.Clinical laborator Diagnostics : Use and Assessment of Clinical laboratory Results 1st Edition,TH Books-Verl-Ges,1998:424-431

Please correlate with clinical conditions.
Method:- Fully Automated Electrochemiluminescence Compititive Immunoassay

Tests Done : **AAROGYAM CAMP PROFILE 3,C-PEPTIDE**

Report Remarks : **PatientId :RR15054398**

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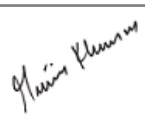

Dr Ritika Khurana MD(Path)

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Referred By	: **DR ANIL EKLURE**	Sample Received on (SRT)	: **14 Sep 2025 21:03**
Sample Collected At	: **MEDLAB AND DIAGNOSTICS OPPOSITE DR K G PATILS CLINIC CHOWBARA ROAD BIDAR 585401 - 585401**	Report Released on (RRT)	: **15 Sep 2025 01:39**
		Sample Type | Barcode	: **SERUM | EK813966**

TEST NAME	TECHNOLOGY	VALUE	UNITS
Lipoprotein (a) [Lp(a)]	IMMUNOTURBIDIMETRY	23.1	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

Tests Done : **AAROGYAM CAMP PROFILE 3,C-PEPTIDE**

Report Remarks : **PatientId :RR15054398**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

Processed At :
D-37/1,TTC MIDC,Turbhe, Navi Mumbai - 400703

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	0.9	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

Tests Done : **AAROGYAM CAMP PROFILE 3,C-PEPTIDE**

Report Remarks : **PatientId :RR15054398**

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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	119	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170			
Method : Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	323	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl			
Method : Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	37	%
Bio. Ref. Interval. : 13 - 45			
Method : Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	203.6	µg/dL
Bio. Ref. Interval. : 162 - 368			
Method : SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

Tests Done : **AAROGYAM CAMP PROFILE 3,C-PEPTIDE**

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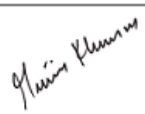

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	118	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	43	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	67.4	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	55	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**2.8**	**Ratio**	**3 - 5**
TRIG / HDL RATIO	CALCULATED	1.27	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	75.2	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	10.96	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.

Tests Done : **AAROGYAM CAMP PROFILE 3,C-PEPTIDE**

Report Remarks : **PatientId :RR15054398**

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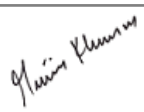

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	117	U/L	58-331
BILIRUBIN - TOTAL	PHOTOMETRY	0.99	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.22	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.77	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	11.7	U/L	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	16.2	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	13.7	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	1.18	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.09	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.36	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.73	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.6	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

Tests Done : **AAROGYAM CAMP PROFILE 3,C-PEPTIDE**

Report Remarks : **PatientId :RR15054398**

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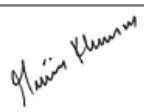

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TEST NAME	TECHNOLOGY	VALUE	UNITS
SODIUM	I.S.E - INDIRECT	139.7	mmol/L

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

Method : ION SELECTIVE ELECTRODE - INDIRECT

CHLORIDE	I.S.E - INDIRECT	101.9	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 - INDIRECT

Please correlate with clinical conditions.

Tests Done : **AAROGYAM CAMP PROFILE 3,C-PEPTIDE**

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	**PHOTOMETRY**	**6.04**	**mg/dL**	**7.94 - 20.07**
CREATININE - SERUM	**PHOTOMETRY**	**0.51**	**mg/dL**	**0.72-1.18**
BUN / Sr.CREATININE RATIO	CALCULATED	11.84	Ratio	9:1-23:1
UREA (CALCULATED)	**CALCULATED**	**12.93**	**mg/dL**	**Adult : 17-43**
UREA / SR.CREATININE RATIO	CALCULATED	25.34	Ratio	< 52
CALCIUM	PHOTOMETRY	9.72	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	4.6	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.
URIC - Uricase / Peroxidase Method

Tests Done : **AAROGYAM CAMP PROFILE 3,C-PEPTIDE**

Report Remarks : **PatientId :RR15054398**

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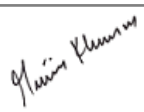

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	118	ng/dL	80-210
TOTAL THYROXINE (T4)	E.C.L.I.A	8.58	µg/dL	4.7-12.4
TSH - ULTRASENSITIVE	E.C.L.I.A	0.978	µIU/mL	0.63-6.28

The Biological Reference Ranges is specific to the age group. Kindly correlate clinically.

Method :

T3,T4 - Fully Automated Electrochemiluminescence Compitive Immunoassay
USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

References :
1. Elmlinger MW, Kuhnel W, Lambretch HG, et al. Reference intervals from birth to adulthood for serum thyroxine, T3, free T3, Free T4, TBG and TSH. Clin Chem lab med. 2001; 39:973
2. Edward CC, Carlo B. Paediatric Reference Intervals. 8th edition. 2021

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.

~~ End of report ~~

Tests Done : **AAROGYAM CAMP PROFILE 3,C-PEPTIDE**

Report Remarks : **PatientId :RR15054398**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

Scan QR to verify(valid for 30 days from release time)

CUSTOMER DETAILS

As declared in our data base

Name: RISHIKESH **Age:** 17Y **Sex:** M

Barcodes/Sample_Type	:	EL745398 (EDTA),EK813966 (SERUM)
Labcode	:	1309045765,1409002551
Ref By	:	DR ANIL EKLURE
Sample_Type/Tests	:	EDTA:ESR , HBA PROFILE , HEMOGRAM - 6 PART (DIFF) SERUM:AAROGYAM CAMP PROFILE 3 , CPEP
Sample Collected At	:	MEDLAB AND DIAGNOSTICS OPPOSITE DR K G PATILS CLINIC CHOWBARA ROAD BIDAR 585401
Sample Collected on (SCT)	:	13 Sep 2025 12:52
Report Released on (RRT)	:	15 Sep 2025 01:39
Amount Collected	:	**Rs.2700/-(two thousand seven hundred only)**

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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: (a) 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, (b) any claims of any nature whatsoever arising from or relating to the performance of the requested tests as well as any claim for indirect, incidental or consequential damages. The total liability, in any case, of Thyrocare shall not exceed the total amount of invoice for the services provided and paid for.
- Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc

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, clinical support or feedback, write to us at **customersupport@thyrocare.com** or call us on **022-3090 0000**

+ *T&C Apply, #As on 5th December 2024 (Applicable for all company owned labs except Bhagalpur & Vijayawada),*
* *As per survey on doctors' perception of laboratory diagnostics (IJARIIT, 2023), -Mumbai Reference Lab is CAP Accredited*