



Tests you can trust

Name : Shubham Saurav(20Y/M)

Date : 09 Jul 2025

Test Asked : Sm Star Health Gv Home Visit 5

Report Status: Complete Report



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Controlled
Sample Logistics



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Tracking



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Daily



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MD Pathologists Stationed
at Every Lab



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CAP From 2007

PROCESSED AT :**Thyrocare**

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Patna-800 004



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

NAME : SHUBHAM SAURAV(20Y/M)
REF. BY : SELF
TEST ASKED : SM STAR HEALTH GV HOME VISIT 5

HOME COLLECTION :

H5MJ 5FC Pahari near Krishna nikitan school
Patna

Report Availability Summary

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

✓ 14 Ready

⚠ 0 Ready with Cancellation

🔄 0 Processing

✗ 0 Cancelled in Lab

TEST DETAILS**REPORT STATUS****SM STAR HEALTH GV HOME VISIT 5**

Ready ✓

TOTAL THYROXINE (T4)

Ready ✓

FREE TRIIODOTHYRONINE (FT3)

Ready ✓

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Ready ✓

HEMOGRAM - 6 PART (DIFF)

Ready ✓

CREATININE - SERUM

Ready ✓

URINARY MICROALBUMIN

Ready ✓

HbA1c

Ready ✓

URIC ACID

Ready ✓

LIPID PROFILE

Ready ✓

FASTING BLOOD SUGAR(GLUCOSE)

Ready ✓

COMPLETE URINE ANALYSIS

Ready ✓

BLOOD UREA NITROGEN (BUN)

Ready ✓

LIVER FUNCTION TESTS

Ready ✓

TSH - ULTRASENSITIVE

Ready ✓

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NAME : SHUBHAM SAURAV(20Y/M)

HOME COLLECTION :

REF. BY : SELF

H5MJ 5FC Pahari near Krishna nikitan school Patna

TEST ASKED : SM STAR HEALTH GV HOME VISIT 5

Summary Report**Tests outside reference range**

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
EOSINOPHILS	0.9	%	1-6
LYMPHOCYTE	61.1	%	20-40
LYMPHOCYTES - ABSOLUTE COUNT	4.6	X 10 ³ / μ L	1.0-3.0
MEAN CORP.HEMO.CONC(MCHC)	30.9	g/dL	31.5-34.5
MEAN PLATELET VOLUME(MPV)	14.9	fL	6.5-12
NEUTROPHILS	33.4	%	40-80
PLATELET DISTRIBUTION WIDTH(PDW)	23.4	fL	9.6-15.2
PLATELET TO LARGE CELL RATIO(PLCR)	62.6	%	19.7-42.4
RED CELL DISTRIBUTION WIDTH (RDW-CV)	15.7	%	11.6-14
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	53.3	fL	39-46
DIABETES			
URINARY MICROALBUMIN	49.03	μ g/mL	< 25
LIPID			
HDL / LDL RATIO	0.4	Ratio	> 0.40
HDL CHOLESTEROL - DIRECT	33	mg/dL	40-60
TRIG / HDL RATIO	5.14	Ratio	< 3.12
TRIGLYCERIDES	167	mg/dL	< 150
OTHER COUNTS			
ERYTHROCYTE SEDIMENTATION RATE (ESR)	32	mm / hr	0 - 15
THYROID			
TOTAL THYROXINE (T4)	4.16	μ g/dL	4.8-12.7

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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HOME COLLECTION :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c	H.P.L.C	5.4	%
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 108 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.

Sample Collected on (SCT) : 09 Jul 2025 07:12
Sample Received on (SRT) : 09 Jul 2025 15:37
Report Released on (RRT) : 09 Jul 2025 19:02
Sample Type : EDTA Whole Blood
Labcode : 0907042269/DM577
Barcode : DO441681



Priyanka

Dr T Priyanka MD(Path)

Scan QR code to verify authenticity of reported results; active for 30 days from release time.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
ERYTHROCYTE SEDIMENTATION RATE (ESR) Bio. Ref. Interval. :-	MODIFIED WESTERGREN	32	mm / hr

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

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Sample Type : EDTA Whole Blood
Labcode : 0907042269/DM577 Dr T Priyanka MD(Path)
Barcode : DO441681

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HOME COLLECTION :
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TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	SLS-Hemoglobin Method	13	g/dL	13.0-17.0
Hematocrit (PCV)	CPH Detection	42.1	%	40.0-50.0
Total RBC	HF & EI	4.51	X 10 ⁶ /μL	4.5-5.5
Mean Corpuscular Volume (MCV)	Calculated	93.3	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	28.8	pg	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	30.9	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	Calculated	53.3	fL	39-46
Red Cell Distribution Width (RDW - CV)	Calculated	15.7	%	11.6-14
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	324.8	-	*Refer Note below
MENTZER INDEX	Calculated	20.7	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	7.53	X 10 ³ / μL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	33.4	%	40-80
Lymphocytes Percentage	Flow Cytometry	61.1	%	20-40
Monocytes Percentage	Flow Cytometry	4	%	2-10
Eosinophils Percentage	Flow Cytometry	0.9	%	1-6
Basophils Percentage	Flow Cytometry	0.3	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.3	%	0-0.5
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	2.52	X 10 ³ / μL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	4.6	X 10³ / μL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.3	X 10 ³ / μL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.02	X 10 ³ / μL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.07	X 10 ³ / μL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.02	X 10 ³ / μL	0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10 ³ / μL	0.0-0.5
PLATELET COUNT	HF & EI	150	X 10 ³ / μL	150-410
Mean Platelet Volume (MPV)	Calculated	14.9	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	23.4	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	62.6	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.21	%	0.19-0.39

Remarks : Alert!!!WBCs: Normal leucocyte count showing relative lymphocytosis.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)

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REF. BY : SELF
TEST ASKED : SM STAR HEALTH GV HOME VISIT 5

HOME COLLECTION :
H5MJ 5FC Pahari near Krishna nikitan school
Patna

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	91	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) : 09 Jul 2025 07:12
Sample Received on (SRT) : 09 Jul 2025 14:25
Report Released on (RRT) : 09 Jul 2025 17:15
Sample Type : FLUORIDE PLASMA
Labcode : 0907086616/DM577 Dr T Priyanka MD(Path)
Barcode : DO883111

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Patna

TEST NAME	TECHNOLOGY	VALUE	UNITS
DIABETES SCREEN (URINE)			
URINARY MICROALBUMIN	PHOTOMETRY	49.03	µg/mL
Bio. Ref. Interval. : Adults: Less than 25 µg/ml Method : Fully Automated Immuno Turbidometry			
CREATININE - URINE	PHOTOMETRY	164.79	mg/dL
Bio. Ref. Interval. : Male: 39 - 259 mg/dl Female: 28 - 217 mg/dl Method : Creatinine Jaffe Method, Rate-Blanked and Compensated			
URI. ALBUMIN/CREATININE RATIO (UA/C)	CALCULATED	29.8	µg/mg of Creatinine
Bio. Ref. Interval. : Adults : Less than 30 µg/mg of Creatinine Method : Derived from Albumin and Creatinine values			

Please correlate with clinical conditions.

Sample Collected on (SCT) : 09 Jul 2025 07:12
Sample Received on (SRT) : 09 Jul 2025 15:43
Report Released on (RRT) : 09 Jul 2025 18:41
Sample Type : URINE
Labcode : 0907093880/DM577
Barcode : DE526137

Dr T Priyanka MD(Path)

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HOME COLLECTION :
H5MJ 5FC Pahari near Krishna nikitan school
Patna

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
Complete Urinogram				
<u>Physical Examination</u>				
VOLUME	Visual Determination	>=5	mL	-
COLOUR	Visual Determination	PALE YELLOW	-	Pale Yellow
APPEARANCE	Visual Determination	CLEAR	-	Clear
SPECIFIC GRAVITY	pKa change	1.025	-	1.003-1.030
PH	pH indicator	6	-	5-8
<u>Chemical Examination</u>				
URINARY PROTEIN	PEI	ABSENT	mg/dL	Absent
URINARY GLUCOSE	GOD-POD	ABSENT	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
BILE SALT	Hays sulphur	ABSENT	-	Absent
BILE PIGMENT	Ehrlich reaction	ABSENT	-	Absent
URINE BLOOD	Peroxidase reaction	ABSENT	-	Absent
NITRITE	Diazo coupling	ABSENT	-	Absent
LEUCOCYTE ESTERASE	Esterase reaction	ABSENT	-	Absent
<u>Microscopic Examination</u>				
MUCUS	Microscopy	ABSENT	-	Absent
RED BLOOD CELLS	Microscopy	ABSENT	cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	Microscopy	ABSENT	cells/HPF	0-5
EPITHELIAL CELLS	Microscopy	ABSENT	cells/HPF	0-5
CASTS	Microscopy	ABSENT	-	Absent
CRYSTALS	Microscopy	ABSENT	-	Absent
BACTERIA	Microscopy	ABSENT	-	Absent
YEAST	Microscopy	ABSENT	-	Absent
PARASITE	Microscopy	ABSENT	-	Absent

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

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Sample Received on (SRT) : 09 Jul 2025 15:43

Report Released on (RRT) : 09 Jul 2025 18:41

Sample Type : URINE

Labcode : 0907093880/DM577

Barcode : DE526137

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TEST ASKED : SM STAR HEALTH GV HOME VISIT 5

HOME COLLECTION :
H5MJ 5FC Pahari near Krishna nikitan school Patna

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	138	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	33	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	81	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	167	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4.2	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	5.14	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	2.5	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.4	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	105	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	33.45	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.

Sample Collected on (SCT) : 09 Jul 2025 07:12
Sample Received on (SRT) : 09 Jul 2025 14:25
Report Released on (RRT) : 09 Jul 2025 17:59
Sample Type : SERUM
Labcode : 0907086639/DM577
Barcode : DP219315

Priyanka

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	72.7	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.69	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.16	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.53	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	21.02	U/L	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	34.17	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	43.15	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	0.79	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.26	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.13	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	3.13	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.32	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

Sample Collected on (SCT) : 09 Jul 2025 07:12**Sample Received on (SRT)** : 09 Jul 2025 14:25**Report Released on (RRT)** : 09 Jul 2025 17:59**Sample Type** : SERUM**Labcode** : 0907086639/DM577**Barcode** : DP219315

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL THYROXINE (T4)	E.C.L.I.A	4.16	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	4.52	µIU/mL	0.54-5.30
FREE TRIIODOTHYRONINE (FT3)	E.C.L.I.A	2.79	pg/mL	2.0-4.4

Comments : ***

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

Method :

FT3,T4 - Fully Automated Electrochemiluminescence Compititive Immunoassay

USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

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H5MJ 5FC Pahari near Krishna nikitan school Patna

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	9.84	mg/dL	7.94 - 20.07
UREA / SR.CREATININE RATIO	CALCULATED	27.35	Ratio	< 52
UREA (CALCULATED)	CALCULATED	21.06	mg/dL	Adult : 17-43
BUN / Sr.CREATININE RATIO	CALCULATED	12.78	Ratio	9:1-23:1
URIC ACID	PHOTOMETRY	6.7	mg/dL	4.2 - 7.3

Please correlate with clinical conditions.

Method :

BUN - Kinetic UV Assay.

UR/CR - Derived from UREA and Sr.Creatinine values.

UREAC - Derived from BUN Value.

B/CR - Derived from serum Bun and Creatinine values

URIC - Uricase / Peroxidase Method

Sample Collected on (SCT) : 09 Jul 2025 07:12**Sample Received on (SRT)** : 09 Jul 2025 14:25**Report Released on (RRT)** : 09 Jul 2025 17:59**Sample Type** : SERUM**Labcode** : 0907086639/DM577**Barcode** : DP219315

Dr T Priyanka MD(Path)

PROCESSED AT :**Thyrocare**

Chouhatta, Opp Darbhanga
house, Ashok Rajpath Rd,
Patna-800 004



Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703 9870666333 wellness@thyrocare.com

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NAME : SHUBHAM SAURAV(20Y/M)
REF. BY : SELF
TEST ASKED : SM STAR HEALTH GV HOME VISIT 5

HOME COLLECTION :
H5MJ 5FC Pahari near Krishna nikitan school
Patna

TEST NAME	TECHNOLOGY	VALUE	UNITS
CREATININE - SERUM	PHOTOMETRY	0.77	mg/dL
Bio. Ref. Interval. :-			

Male : 0.72 -1.18 mg/dL
Female: 0.55 - 1.02 mg/dL

Clinical Significance :

The significance of a single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACEI) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

Please correlate with clinical conditions.

Method:- Creatinine Enzymatic Method

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Labcode : 0907086639/DM577 Dr T Priyanka MD(Path)
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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR) Bio. Ref. Interval. :-	CALCULATED	131	mL/min/1.73 m ²

> = 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:- 2021 CKD EPI Creatinine Equation

~~ End of report ~~

Sample Collected on (SCT) : 09 Jul 2025 07:12
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Barcode : DP219315



Priyanka

Dr T Priyanka 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: (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**

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*T&C Apply, #As on 5th December 2024, *As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)