Thyrocare

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Name : Angela Baidya(28Y/F)

Date : 10 Jul 2025

Test Asked : Complete Health Check For Couple With Vitamins

Report Status: Complete Report

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

98% Reports released within **06 Hours** of sample reaching the lab+

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1st Floor, 889 HSR layout
Sector-7 (BDA), No 1159, Bangalore

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

NAME : ANGELA BAIDYA(28Y/F)
REF. BY : DR.
TEST ASKED : COMPLETE HEALTH CHECK FOR COUPLE WITH VITAMINS

HOME COLLECTION :
ADDRESS : 11-12/01 SAI THIMMARAYASWAMI NILAYA 5TH CROSS VIA MADIWALA SUB POST OFFICE ROAD PIN CODE : 560068

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
COMPLETE HEALTH CHECK FOR COUPLE WITH VITAMINS	Ready
CARCINO EMBRYONIC ANTIGEN (CEA)	Ready
CHLORIDE	Ready
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	Ready
Lipoprotein (a) [Lp(a)]	Ready
SODIUM	Ready
COMPLETE URINE ANALYSIS	Ready
HBA PROFILE	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
LIVER FUNCTION TESTS	Ready
ELEMENTS 22 (TOXIC AND NUTRIENTS)	Ready
IRON DEFICIENCY PROFILE	Ready
KIDPRO	Ready
LIPID PROFILE	Ready
T3-T4-USTSH	Ready
VITAMIN D TOTAL AND B12 COMBO	Ready
APOLIPROTEIN RATIO	Ready

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5TH CROSS VIA MADIWALA SUB POST OFFICE ROAD
PIN CODE : 560068

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
CARDIAC RISK MARKERS			
LIPOPROTEIN (A) [LP(A)]	95.3	mg/dL	< 30
COMPLETE HEMOGRAM			
LYMPHOCYTES - ABSOLUTE COUNT	3.17	X 10^3 / µL	1.0-3.0
MEAN CORP.HEMO.CONC(MCHC)	31.1	g/dL	31.5-34.5
MEAN PLATELET VOLUME(MPV)	12.2	fL	6.5-12
COMPLETE URINE ANALYSIS			
EPITHELIAL CELLS	9	cells/HPF	0-5
LIPID			
HDL / LDL RATIO	0.36	Ratio	> 0.40
LDL CHOLESTEROL - DIRECT	148	mg/dL	< 100
NON-HDL CHOLESTEROL	164.6	mg/dL	< 160
TOTAL CHOLESTEROL	218	mg/dL	< 200
LIVER			
ALANINE TRANSAMINASE (SGPT)	38.2	U/L	< 34
RENAL			
URIC ACID	6.73	mg/dL	3.2 - 6.1
TOXIC ELEMENTS			
BERYLLIUM	0.06	µg/L	0.10 - 0.80
VITAMINS			
25-OH VITAMIN D (TOTAL)	18.9	ng/mL	30-100

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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TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
Complete Urinogram				
Physical Examination				
VOLUME	Visual Determination	3	mL	-
COLOUR	Visual Determination	PALE YELLOW	-	Pale Yellow
APPEARANCE	Visual Determination	CLEAR	-	Clear
SPECIFIC GRAVITY	pKa change	1.01	-	1.003-1.030
PH	pH indicator	6.5	-	5-8
Chemical Examination				
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
Microscopic Examination				
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**	**9**	**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**)**

Sample Collected on (SCT) : 10 Jul 2025 09:46
Sample Received on (SRT) : 10 Jul 2025 12:45
Report Released on (RRT) : 10 Jul 2025 13:19
Sample Type : URINE
Labcode : 1007076046/PP004
Barcode : DK499945

Dr.Shalaka MD(Path)

Dr.Ishant MD(Path)

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

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NAME : ANGELA BAIDYA(28Y/F)
REF. BY : DR.
TEST ASKED : COMPLETE HEALTH CHECK FOR COUPLE WITH VITAMINS

HOME COLLECTION :
ADDRESS : 11-12/01 SAI THIMMARAYASWAMI NILAYA 5TH CROSS VIA MADIWALA SUB POST OFFICE ROAD PIN CODE : 560068

TEST NAME	TECHNOLOGY	VALUE	UNITS
CARCINO EMBRYONIC ANTIGEN (CEA)	E.C.L.I.A	0.79	ng/mL

Bio. Ref. Interval. :-

Non Smokers (Past / Never Smoked) - <5
Smokers (current) - <6.5

Clinical Significance:

1. CEA is often used to monitor patients with cancers of the gastrointestinal tract (GI). Increased CEA levels can indicate some Non-Cancer related conditions, Such as some forms of inflammation, Cirrhosis, and Peptic Ulcer. Also, Smokers tend to have Higher CEA levels than Non-Smokers.
When cancer spreads to other organs, CEA levels rise and may be present in other types of bodily fluids besides blood.
2. Samples should not be taken from patients receiving therapy with high biotin doses (i.e >5 mg/day) until atleast 8 hrs following the last biotin administration, as this may interfere with the result.
3. In few cases, interference due to extremely high titres of antibodies to analyte - specific antibodies, streptavidin or ruthenium can occur.
4. For Diagnostic Purpose, Results should always be assessed in Conjunction with the patients medical history, clinical examination and other findings.

References
- Thompson J, Zimmermann W. The carcinoembryonic antigen gene family: strcuture, expression and evolution. Tumour Biol 1988; 9(2-3):63-83
- Kit insert

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

Sample Collected on (SCT) : 10 Jul 2025 09:46
Sample Received on (SRT) : 10 Jul 2025 15:41
Report Released on (RRT) : 10 Jul 2025 19:20
Sample Type : SERUM
Labcode : 1007091139/PP004
Barcode : DS129939

Dr Syeda Sumaiya MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**E.C.L.I.A**	**18.9**	**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.

Method : Fully Automated Electrochemiluminescence Compititive Immunoassay

VITAMIN B-12	E.C.L.I.A	366	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

Method : Fully Automated Electrochemiluminescence Compititive Immunoassay

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	131	mg/dL

Bio. Ref. Interval. :
Male : 86 - 152
Female : 94 - 162
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	108	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	0.8	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.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	**IMMUNOTURBIDIMETRY**	**95.3**	**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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	0.7	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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON **Bio. Ref. Interval. :** Male : 65 - 175 Female : 50 - 170 **Method :** Ferrozine method without deproteinization	PHOTOMETRY	63.47	µg/dL
TOTAL IRON BINDING CAPACITY (TIBC) **Bio. Ref. Interval. :** Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** Spectrophotometric Assay	PHOTOMETRY	357.27	µg/dL
% TRANSFERRIN SATURATION **Bio. Ref. Interval. :** 13 - 45 **Method :** Derived from IRON and TIBC values	CALCULATED	17.77	%
UNSAT.IRON-BINDING CAPACITY(UIBC) **Bio. Ref. Interval. :** 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY	PHOTOMETRY	293.8	µg/dL

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	**PHOTOMETRY**	**218**	**mg/dL**	**< 200**
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	53	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**148**	**mg/dL**	**< 100**
TRIGLYCERIDES	PHOTOMETRY	95	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4.1	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	1.78	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	2.8	Ratio	1.5-3.5
HDL / LDL RATIO	**CALCULATED**	**0.36**	**Ratio**	**> 0.40**
NON-HDL CHOLESTEROL	**CALCULATED**	**164.6**	**mg/dL**	**< 160**
VLDL CHOLESTEROL	CALCULATED	19.06	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.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	75.45	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.38	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.07	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.31	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	29	U/L	< 38
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	25.4	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	**PHOTOMETRY**	**38.2**	**U/L**	**< 34**
SGOT / SGPT RATIO	CALCULATED	0.67	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.15	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.2	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.95	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.42	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

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NAME : ANGELA BAIDYA(28Y/F)
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TEST ASKED : COMPLETE HEALTH CHECK FOR COUPLE WITH VITAMINS

HOME COLLECTION :
ADDRESS : 11-12/01 SAI THIMMARAYASWAMI NILAYA 5TH CROSS VIA MADIWALA SUB POST OFFICE ROAD PIN CODE : 560068

TEST NAME	TECHNOLOGY	VALUE	UNITS
SODIUM	I.S.E - INDIRECT	137.08	mmol/L
Bio. Ref. Interval. : ADULTS: 136-145 MMOL/L **Method :** ION SELECTIVE ELECTRODE - INDIRECT			
CHLORIDE	I.S.E - INDIRECT	103.06	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.

Sample Collected on (SCT) : 10 Jul 2025 09:46
Sample Received on (SRT) : 10 Jul 2025 15:41
Report Released on (RRT) : 10 Jul 2025 19:20
Sample Type : SERUM
Labcode : 1007091139/PP004
Barcode : DS129939

Dr Syeda Sumaiya MD(Path)

PROCESSED AT :
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5CA-711, 3rd Floor,
HRBR 2nd Block,
Hennur, Bengaluru-560043

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	10.6	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.7	mg/dL	0.55-1.02
BUN / SR.CREATININE RATIO	CALCULATED	15.14	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	22.68	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	32.41	Ratio	< 52
URIC ACID	**PHOTOMETRY**	**6.73**	**mg/dL**	**3.2 - 6.1**
CALCIUM	PHOTOMETRY	9.4	mg/dL	8.8-10.6

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.
URIC - Uricase / Peroxidase Method
CALC - Arsenazo III Method, End Point.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	114	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	6.17	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	1.92	µIU/mL	0.54-5.30

Comments : SUGGESTING THYRONORMALCY

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

Method :

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

Pregnancy reference ranges for TSH/USTSH :
Trimester || T3 (ng/dl) || T4 (µg/dl) || TSH/USTSH (µIU/ml)
1st || 83.9-196.6 || 4.4-11.5 || 0.1-2.5
2nd || 86.1-217.4 || 4.9-12.2 || 0.2-3.0
3rd || 79.9-186 || 5.1-13.2 || 0.3-3.5

References :

1. Carol Devilia, C I Parhon. First Trimester Pregnancy ranges for Serum TSH and Thyroid Tumor reclassified as Benign. Acta Endocrinol. 2016; 12(2) : 242 - 243
2. Kulhari K, Negi R, Kalra DK et al. Establishing Trimester specific Reference ranges for thyroid hormones in Indian women with normal pregnancy : New light through old window. Indian Journal of Contemporary medical research. 2019; 6(4)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	121	mL/min/1.73 m2

Bio. Ref. Interval. :-

> = 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

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ARSENIC	ICP-MS	0.53	µg/L	< 5
CADMIUM	ICP-MS	0.53	µg/L	< 1.5
MERCURY	ICP-MS	1.72	µg/L	< 5
LEAD	ICP-MS	11.04	µg/L	< 150
CHROMIUM	ICP-MS	8.08	µg/L	< 30
BARIUM	ICP-MS	4.45	µg/L	< 30
COBALT	ICP-MS	0.63	µg/L	0.10 - 1.50
CAESIUM	ICP-MS	1.99	µg/L	< 5
THALLIUM	ICP-MS	0.05	µg/L	< 1
URANIUM	ICP-MS	0.05	µg/L	< 1
STRONTIUM	ICP-MS	16.65	µg/L	8 - 38
ANTIMONY	ICP-MS	8.29	µg/L	0.10 - 18
TIN	ICP-MS	0.79	µg/L	< 2
MOLYBDENUM	ICP-MS	0.92	µg/L	0.70 - 4.0
SILVER	ICP-MS	0.9	µg/L	< 4
VANADIUM	ICP-MS	0.61	µg/L	< 0.8
BERYLLIUM	**ICP-MS**	**0.06**	**µg/L**	**0.10 - 0.80**
BISMUTH	ICP-MS	0.36	µg/L	0.10 - 0.80
SELENIUM	ICP-MS	130.14	µg/L	60 - 340
ALUMINIUM	ICP-MS	12.27	µg/L	< 30
NICKEL	ICP-MS	6.87	µg/L	< 15
MANGANESE	ICP-MS	10.53	µg/L	7.10 - 20

Please correlate with clinical conditions.

Method :

ICP - MASS SPECTROMETRY
Note:Reference range has been obtained after considering 95% population as cutoff.

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Labcode : 1007091309/PP004
Barcode : DP343532

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c	H.P.L.C	5.3	%

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	105	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.

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TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	SLS-Hemoglobin Method	13.7	g/dL	12.0-15.0
Hematocrit (PCV)	CPH Detection	44	%	36.0-46.0
Total RBC	HF & EI	4.76	X 10^6/µL	3.8-4.8
Mean Corpuscular Volume (MCV)	Calculated	92.4	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	28.8	pq	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	**Calculated**	**31.1**	**g/dL**	**31.5-34.5**
Red Cell Distribution Width - SD (RDW-SD)	Calculated	43.9	fL	39.0-46.0
Red Cell Distribution Width (RDW - CV)	Calculated	12.9	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	250.4	-	*Refer Note below
MENTZER INDEX	Calculated	19.4	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	8.15	X 10^3 / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	56.7	%	40-80
Lymphocytes Percentage	Flow Cytometry	38.9	%	20-40
Monocytes Percentage	Flow Cytometry	2.5	%	2-10
Eosinophils Percentage	Flow Cytometry	1.5	%	1-6
Basophils Percentage	Flow Cytometry	0.2	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.2	%	0.0-0.4
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	4.62	X 10^3 / µL	2.0-7.0
Lymphocytes - Absolute Count	**Calculated**	**3.17**	**X 10^3 / µL**	**1.0-3.0**
Monocytes - Absolute Count	Calculated	0.2	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	0.12	X 10^3 / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.02	X 10^3 / µL	0.0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10^3 / µL	0.0-0.5
PLATELET COUNT	HF & EI	289	X 10^3 / µL	150-410
Mean Platelet Volume (MPV)	**Calculated**	**12.2**	**fL**	**6.5-12**
Platelet Distribution Width (PDW)	Calculated	15.2	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	41.8	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.35	%	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**)**

~~ End of report ~~

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

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