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NAME : B G MANJUNATHA SWAMY(56Y/M)
REF. BY : DR.
TEST ASKED : FESTIVE HEALTHY ONE

HOME COLLECTION :
81 AND 82 SHRI OM MARUTI NIVASA 2ND CROSS RAMASWAMY REDDY LAYOUT BANASWADI OUTER RING ROAD BEHIND MAHARAJA FURNITURE 560043

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ARSENIC	ICP-MS	0.25	µg/L	< 5
CADMIUM	ICP-MS	0.33	µg/L	< 1.5
MERCURY	ICP-MS	1.82	µg/L	< 5
LEAD	ICP-MS	46.73	µg/L	< 150
CHROMIUM	ICP-MS	4.75	µg/L	< 30
BARIUM	ICP-MS	4.75	µg/L	< 30
COBALT	ICP-MS	0.2	µg/L	0.10 - 1.50
CAESIUM	ICP-MS	2.66	µg/L	< 5
THALLIUM	ICP-MS	0.05	µg/L	< 1
URANIUM	ICP-MS	0.06	µg/L	< 1
STRONTIUM	ICP-MS	19.81	µg/L	8 - 38
ANTIMONY	ICP-MS	7.81	µg/L	0.10 - 18
TIN	ICP-MS	0.36	µg/L	< 2
MOLYBDENUM	ICP-MS	0.82	µg/L	0.70 - 4.0
SILVER	ICP-MS	0.61	µg/L	< 4
VANADIUM	ICP-MS	0.25	µg/L	< 0.8
BERYLLIUM	**ICP-MS**	**0.05**	**µg/L**	**0.10 - 0.80**
BISMUTH	ICP-MS	0.2	µg/L	0.10 - 0.80
SELENIUM	ICP-MS	109.06	µg/L	60 - 340
ALUMINIUM	ICP-MS	8.21	µg/L	< 30
NICKEL	**ICP-MS**	**25.56**	**µg/L**	**< 15**
MANGANESE	ICP-MS	11.96	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.

Sample Collected on (SCT) : 20 Nov 2023 07:28
Sample Received on (SRT) : 20 Nov 2023 08:22
Report Released on (RRT) : 20 Nov 2023 18:50
Sample Type : EDTA
Labcode : 2011060482/PP004
Barcode : BB808782

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	5.5	%

Bio. Ref. Interval. :

Bio. Ref. Interval.: As per ADA Guidelines	Guidance For Known Diabetics
Below 5.7% : Normal 5.7% - 6.4% : Prediabetic >=6.5% : Diabetic	Below 6.5% : Good Control 6.5% - 7% : Fair Control 7.0% - 8% : Unsatisfactory Control >8% : Poor Control

Method : Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	111	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

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TEST NAME	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	8.6	X 10³ / µL	4.0 - 10.0
NEUTROPHILS	50.4	%	40-80
LYMPHOCYTE	38.4	%	20-40
MONOCYTES	2.9	%	2-10
EOSINOPHILS	**7.7**	**%**	**1-6**
BASOPHILS	0.3	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	4.33	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	**3.3**	**X 10³ / µL**	**1.0-3.0**
MONOCYTES - ABSOLUTE COUNT	0.25	X 10³ / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	0.03	X 10³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	**0.66**	**X 10³ / µL**	**0.02 - 0.5**
IMMATURE GRANULOCYTES(IG)	0.03	X 10³ / µL	0-0.3
TOTAL RBC	**5.75**	**X 10^6/µL**	**4.5-5.5**
NUCLEATED RED BLOOD CELLS	0.01	X 10³ / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	0.01	%	0.0-5.0
HEMOGLOBIN	16	g/dL	13.0-17.0
HEMATOCRIT(PCV)	46.2	%	40.0-50.0
MEAN CORPUSCULAR VOLUME(MCV)	**80.3**	**fL**	**83.0-101.0**
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	27.8	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	**34.6**	**g/dL**	**31.5-34.5**
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**35.5**	**fL**	**39-46**
RED CELL DISTRIBUTION WIDTH (RDW-CV)	12.3	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	12.8	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	10.6	fL	6.5-12
PLATELET COUNT	178	X 10³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	29.2	%	19.7-42.4
PLATELETCRIT(PCT)	0.19	%	0.19-0.39

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

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)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	C.L.I.A	39.7	ng/mL

Bio. Ref. Interval. :
DEFICIENCY : <20 ng/ml || INSUFFICIENCY : 20-<30 ng/ml
SUFFICIENCY : 30-100 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):5.3%, Inter assay (%CV):11.9% ; Sensitivity:3.2 ng/ml.

Kit Validation Reference: Holick MF. Vitamin D Deficiency. N Engl J Med. 2007;357:266–81.

Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

VITAMIN B-12	C.L.I.A	366	pg/mL

Bio. Ref. Interval. :

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):5.0%, Inter assay (%CV):9.2 %;Sensitivity:45 pg/ml

Kit Validation reference:
Chen IW, Sperling MI, Heminger LA. Vitamin B12. In: Pesce AJ, Kaplan LA, eds. Methods in Clinical Chemistry. St. Louis: CV Mosby; 1987:569–73.

Method : COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
TROPONIN I HEART ATTACK RISK	C.M.I.A	2.1	pg/mL

Bio. Ref. Interval. :-

Cutoff values (Precision at 99th percentile) : Male : <= 26.2 || Female : <= 15.6
Clinical Significance:
The Cardiac Troponin I is cardiac specific and highly sensitive marker for myocardial damage. In acute myocardial damage the Troponin I values are raised 4-6 hrs after cardiac symptom onset and may remain elevated for a period of 7-12 days of cardiac injury. It is an independent risk marker that can predict near, mid and long term outcome in patients with Acute coronary syndrome. A single Troponin I result may not be sufficient to evaluate MI. Serial Blood draws are recommended to evaluate Acute coronary syndrome (ACS) patients.Increased levels of Cardiac troponin I can be seen in Myocarditis,heart contusion, cardiomyopathy,congestive heart failure,interventional therapy like cardiac surgery and drug induced cardiomyopathy. Any condition resulting in myocardial injury can potentially increase Troponin I levels.
Hence The results should always be used in conjunction with ECG changes, Clinical symptoms, other findings etc. to Diagnose MI. The various interfering factors / limitations of the Troponin I assay are - presence of heterophile antibodies, Patients on Human anti mouse monoclonal antibody (HAMA) therapy, Rheumatoid factor (RF), high total protein levels etc. The Coronary vascular disease risk stratification in Asymptomatic patients is as given in the below table, which can be suggested for preventive clinical management in conjunction with other clinical findings, investigations and clinical symptoms.

The following cut-off points may be used to aid in stratifying the risk of cardiovascular disease in asymptomatic individuals.

HIGH SENSITIVE TROPONIN-I LEVEL		
MALE	**FEMALE**	**INTERPRETATION**
<6	<4	Low risk of future heart attack
≥6 to ≤12	≥4 to ≤10	Moderate risk of future heart
>12	>10	Elevated risk of future heart

Specifications: Precision at the 99th Percentiles
Females = 15.6 pg/mL -5.3% CV || Males = 34.2pg/mL - 3.5% CV

Kit validation reference :
1. Risk-Stratification of the Apparently Healthy Population for Future Cardiac Events With ARCHITECT High Sensitive Troponin-I(https://dam.abbott.com/de-de/documents/pdf/ADD- 00064393-hsTnI-Risk-Stratification-Sell-Sheet.pdf)
2. ARCHITECT STAT High Sensitive Troponin-I [package insert]. Lake Bluff, IL: Abbott Laboratories; 2018. G97079R01.

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED CHEMI LUMINESCENT MICROPARTICLE IMMUNOASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	80.7	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 **Method :** FERROZINE METHOD WITHOUT DEPROTEINIZATION			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	302	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** SPECTROPHOTOMETRIC ASSAY			
% TRANSFERRIN SATURATION	CALCULATED	26.72	%
Bio. Ref. Interval. : 13 - 45 **Method :** DERIVED FROM IRON AND TIBC VALUES			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	221.3	µg/dL
Bio. Ref. Interval. : 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	132	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**35**	**mg/dL**	**40-60**
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	72	mg/dL	< 100
TRIGLYCERIDES	**PHOTOMETRY**	**195**	**mg/dL**	**< 150**
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.8	Ratio	3 - 5
TRIG / HDL RATIO	**CALCULATED**	**5.55**	**Ratio**	**< 3.12**
LDL / HDL RATIO	CALCULATED	2.1	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.48	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	97.2	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	38.94	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	59.95	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.7	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.14	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.56	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	22.4	U/L	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	18.9	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	30	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	0.63	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.31	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.43	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.88	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.54	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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TEST NAME	TECHNOLOGY	VALUE	UNITS
MAGNESIUM	PHOTOMETRY	2.12	mg/dL

Bio. Ref. Interval. :-

1.90 - 3.10 mg/dL

Clinical significance:

Magnesium is the fourth most abundant cation in the body and second most prevalent intracellular cation. The total body magnesium content is about 25 g or approximately 1 mol, of which 55% reside in the skeleton. About 45% of the magnesium is intracellular. In general higher the metabolic activity of cell, the greater is its magnesium content. Magnesium is a cofactor for more than 300 enzymes in the body.

Disorders of magnesium metabolism are separated into those causing hypomagnesaemia/magnesium deficiencies and hypermagnesemia. Hypomagnesaemia is common in patient in hospitals. Moderate to severe deficiency of magnesium is usually due to loss of magnesium from the gastrointestinal (gi) tract or kidneys. One of the more serious complications of magnesium deficiency is cardiac arrhythmia. Symptomatic hypermagnsemia is almost always caused by excessive intake, resulting from administration of antacids, enemas, and parenteral fluids containing magnesium. Depression of neuromuscular system is the most common manifestation of magnesium intoxication.

External quality control program participation:

College Of American Pathologists: Chemistry survey; CAP Number: 7193855-01

Please correlate with clinical conditions.
Method:- MODIFIED XYLIDYL BLUE REACTION METHOD

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	9	mg/dL	7.94 - 20.07
CREATININE - SERUM	**PHOTOMETRY**	**1.19**	**mg/dL**	**0.72-1.18**
BUN / SR.CREATININE RATIO	**CALCULATED**	**7.56**	**Ratio**	**9:1-23:1**
UREA (CALCULATED)	CALCULATED	19.26	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	16.18	Ratio	< 52
CALCIUM	PHOTOMETRY	9.9	mg/dL	8.8-10.6
URIC ACID	**PHOTOMETRY**	**7.61**	**mg/dL**	**4.2 - 7.3**
PHOSPHOROUS	PHOTOMETRY	4.44	mg/dL	2.4 - 5.1

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
PHOS - UNREDUCED PHOSPHOMOLYBDATE METHOD

Sample Collected on (SCT) : 20 Nov 2023 07:28
Sample Received on (SRT) : 20 Nov 2023 08:22
Report Released on (RRT) : 20 Nov 2023 14:40
Sample Type : SERUM
Labcode : 2011060478/PP004
Barcode : BL882019

Dr Syeda Sumaiya MD(Path)

Dr.Ashwin Mathew MD(Path)

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HRBR 2nd Block,
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MC-4246

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*9 out of 10 Doctors Trust that Thyrocare Reports are **Accurate & Reliable***

NAME : B G MANJUNATHA SWAMY(56Y/M)
REF. BY : DR.
TEST ASKED : FESTIVE HEALTHY ONE

HOME COLLECTION :
81 AND 82 SHRI OM MARUTI NIVASA 2ND CROSS RAMASWAMY REDDY LAYOUT BANASWADI OUTER RING ROAD BEHIND MAHARAJA FURNITURE 560043

TEST NAME	TECHNOLOGY	VALUE	UNITS
SODIUM	I.S.E	139.79	mmol/L

Bio. Ref. Interval. :
ADULTS: 136-145 MMOL/L
Method : ION SELECTIVE ELECTRODE

CHLORIDE	I.S.E	105.78	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

Please correlate with clinical conditions.

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REF. BY : DR.
TEST ASKED : FESTIVE HEALTHY ONE

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81 AND 82 SHRI OM MARUTI NIVASA 2ND CROSS RAMASWAMY REDDY LAYOUT BANASWADI OUTER RING ROAD BEHIND MAHARAJA FURNITURE 560043

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.M.I.A	92	ng/dL	58-159
TOTAL THYROXINE (T4)	C.M.I.A	7.37	µg/dL	4.87-11.72
TSH - ULTRASENSITIVE	C.M.I.A	3.603	µIU/mL	0.35-4.94

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

Method :

T3 - Fully Automated Chemi Luminescent Microparticle Immunoassay
T4 - Fully Automated Chemi Luminescent Microparticle Immunoassay
USTSH - FULLY AUTOMATED CHEMI LUMINESCENT MICROPARTICLE IMMUNOASSAY

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.

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Report Released on (RRT) : 20 Nov 2023 14:40
Sample Type : SERUM
Labcode : 2011060478/PP004
Barcode : BL882019

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NAME : B G MANJUNATHA SWAMY(56Y/M)
REF. BY : DR.
TEST ASKED : FESTIVE HEALTHY ONE

HOME COLLECTION :
81 AND 82 SHRI OM MARUTI NIVASA 2ND CROSS RAMASWAMY REDDY LAYOUT BANASWADI OUTER RING ROAD BEHIND MAHARAJA FURNITURE 560043

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	**CALCULATED**	**68**	**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:- CKD-EPI Creatinine Equation

Sample Collected on (SCT) : 20 Nov 2023 07:28
Sample Received on (SRT) : 20 Nov 2023 08:22
Report Released on (RRT) : 20 Nov 2023 14:40
Sample Type : SERUM
Labcode : 2011060478/PP004
Barcode : BL882019

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Dr.Ashwin Mathew MD(Path)

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NAME : B G MANJUNATHA SWAMY(56Y/M)
REF. BY : DR.
TEST ASKED : FESTIVE HEALTHY ONE

HOME COLLECTION :
81 AND 82 SHRI OM MARUTI NIVASA 2ND CROSS RAMASWAMY REDDY LAYOUT BANASWADI OUTER RING ROAD BEHIND MAHARAJA FURNITURE 560043

TEST NAME	OBSERVATION	UNITS	Bio. Ref. Interval.
Complete Urinogram			
Physical Examination			
VOLUME	3	mL	-
COLOUR	PALE YELLOW	-	Pale Yellow
APPEARANCE	CLEAR	-	Clear
SPECIFIC GRAVITY	1.01	-	1.003-1.030
PH	6	-	5-8
Chemical Examination			
URINARY PROTEIN	**Trace (15-30 mg/dl)**	**mg/dL**	**Absent**
URINARY GLUCOSE	ABSENT	mg/dL	Absent
URINE KETONE	ABSENT	mg/dL	Absent
URINARY BILIRUBIN	ABSENT	mg/dL	Absent
UROBILINOGEN	Normal	mg/dL	<=0.2
BILE SALT	ABSENT	-	Absent
BILE PIGMENT	ABSENT	-	Absent
URINE BLOOD	ABSENT	-	Absent
NITRITE	ABSENT	-	Absent
LEUCOCYTE ESTERASE	ABSENT	-	Absent
Microscopic Examination			
MUCUS	ABSENT	-	Absent
RED BLOOD CELLS	ABSENT	cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	ABSENT	cells/HPF	0-5
EPITHELIAL CELLS	**ABSENT**	**cells/HPF**	**0-5**
CASTS	ABSENT	-	Absent
CRYSTALS	ABSENT	-	Absent
BACTERIA	ABSENT	-	Absent
YEAST	ABSENT	-	Absent
PARASITE	ABSENT	-	Absent

Method : Fully Automated DIRUI H-100 Urinalysis Dipstick Method, Microscopy

Sample Collected on (SCT) : 20 Nov 2023 07:28
Sample Received on (SRT) : 20 Nov 2023 10:46
Report Released on (RRT) : 20 Nov 2023 11:30
Sample Type : URINE
Labcode : 2011062923/PP004
Barcode : BM006444

Dr Syeda Sumaiya MD(Path)

Dr.Ashwin Mathew MD(Path)

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HRBR 2nd Block,
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NAME : B G MANJUNATHA SWAMY(56Y/M)
REF. BY : DR.
TEST ASKED : FESTIVE HEALTHY ONE

HOME COLLECTION :
81 AND 82 SHRI OM MARUTI NIVASA 2ND CROSS RAMASWAMY REDDY LAYOUT BANASWADI OUTER RING ROAD BEHIND MAHARAJA FURNITURE 560043

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	**PHOTOMETRY**	**103**	**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

~~ End of report ~~

Sample Collected on (SCT) : 20 Nov 2023 07:28
Sample Received on (SRT) : 20 Nov 2023 08:22
Report Released on (RRT) : 20 Nov 2023 10:53
Sample Type : FLUORIDE
Labcode : 2011060479/PP004
Barcode : BO440389

Dr Syeda Sumaiya MD(Path)

Dr.Ashwin Mathew 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 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.
- Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc
- For clinical support please contact @8450950852,8450950853,8450950854 between 10:00 to 18:00

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 or feedback, write to us at **info@thyrocare.com** or call us on **022-3090 0000 / 6712 3400**
- SMS:<Labcode No.> to **9870666333**

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