

D-37/1, TTC MIDC, Turbhe, Navi Mumbai - 400703. Ph.: 022 - 309 00000 / 2762 2762 / 41 25 25 25

Fax: 2768 2409. Email: info@thyrocare.com Website: www.thyrocare.com

REPORT

NAME : N.KANNAIMMAL (63Y/F)

REF. BY : WELLNESS - DSA

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

SAMPLE COLLECTED AT:

OLD NO 41, NEW NO 85, C.N.K ROAD, TRIPLICANE, CHENNAI-600005 - 600005

mg/dl

TEST NAME METHOD VALUE UNITS **DIABETES SCREEN (BLOOD)** HbA1c H.P.L.C 6.2 % Reference Range: Below 6.0% - Normal Value

6.0% - 7.0% - Good Control 7.0% - 8.0% - Fair Control

8.0% - 10% - Unsatisfactory Control

Above 10% - Poor Control

Technology: FULLY AUTOMATED H.P.L.C USING TOSOH G8.

AVERAGE BLOOD GLUCOSE (ABG) CALCULATED 131

Reference Range:

90 - 120 mg/dl : Excellent Control 121 - 150 mg/dl : Good Control 151 - 180 mg/dl : Average Control 181 - 210 mg/dl : Action Suggested > 211 mg/dl : Panic Value

(Note: Average Blood Glucose value is calculated from HBA1c value and it indicates Average Blood Sugar level

over past three months.)

Technology: Derived from HBA1c values

Please correlate with clinical conditions.

Sample Collected on : 05 Apr 2014 06:00 Sample Received on : 06 Apr 2014 03:48 Report Released on : 06 Apr 2014 08:15

Sample Type : EDTA

: 050434239/CHE02 Labcode **Barcode** : 35679379/HOME

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Page: 1 of 10



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TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	7.13	$X~10^3$ / μL	4 - 10
NEUTROPHILS	51.3	%	40-80
LYMPHOCYTE PERCENTAGE	40.1	%	M:20-40; F:20-40
MONOCYTES	3.9	%	0-10
EOSINOPHILS	4.3	%	0-6
BASOPHILS	0.1	%	< 1-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	Male: 0-0.5 Female: 0-0.4
NEUTROPHILS - ABSOLUTE COUNT	3.65	$X~10^3$ / μL	2.0 - 7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.86	$X~10^3$ / μL	1.00 - 3.00
MONOCYTES - ABSOLUTE COUNT	0.28	$X~10^3$ / μL	0.20 - 1.00
BASOPHILS - ABSOLUTE COUNT	0.01	$X~10^3$ / μL	0.02 - 0.10
EOSINOPHILS - ABSOLUTE COUNT	0.31	$X~10^3$ / μL	0.02 - 0.50
MMATURE GRANULOCYTES(IG)	0.02	$X~10^3$ / μL	0.03
TOTAL RBC	4.35	X 10^6/μl	Male: 4.5-5.5 Female: 3.9-4.8
NUCLEATED RED BLOOD CELLS	Nil	$X~10^3$ / μL	Nil in adults
NUCLEATED RED BLOOD CELLS %	Nil	%	Nil in adults
HEMOGLOBIN	12.7	g/dL	Male : 13-17 Female : 12-15
HEMATOCRIT(PCV)	41.5	%	Male : 40-50 Female : 36-46
MEAN CORPUSCULAR VOLUME(MCV)	95.4	fL	83-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	29.2	pq	27-32
MEAN CORP.HEMO.CONC(MCHC)	30.6	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	50	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	14.3	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	12.61	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	8.7	fL	6.5-12.0
PLATELET COUNT	347	X 10 ³ / μL	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	29.5	%	19.7 - 42.4
PLATELETCRIT(PCT)	0.37	%	0.19 - 0.39
Please Correlate with clinical conditions			

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Technology: 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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REPORT

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REF. BY : WELLNESS - DSA

TEST ASKED: AAROGYAM 1.2, AMYL, LASE, SOD, CHL

SAMPLE COLLECTED AT: OLD NO 41, NEW NO 85, C.N.K

ROAD, TRIPLICANE, CHENNAI-600005 - 600005

TEST NAME	METHOD	VALUE	UNITS
AMYLASE	PHOTOMETRY	132	U/L

Reference Range :-

Adults: 30-118 U/L

Interpretation:

Lipemic Sera (Hypertriglyceridemia) may contain inhibitors, Which falsely depress results. About 20% of patients with Acute Pancreatitis have abnormal lipids. Normal serum amylase may occur in Pancreatitis, Especially relapsing and chronic pancreatitis. Moderate increases may be reported in normal pregnancy.

Clinical Significance:

Causes of high Serum Amylase include Acute Pancreatitis, Pancreatic Pseudocyst, Pancreatic Ascites, Pancreatic Abscess, Neoplasm in or adjacent to Pancreas, Trauma to Pancreas, and common Duct Stones. Nonpancreatic Causes include inflammatory salivary lesions (Eg, Mumps), Perforated Peptic Ulcer, Intestinal Obstruction, Biliary Tract Disease, Peritonitis, Acute Appendicitis, Diabetic Ketoacidosis, and Extrapancreatic Carcinomas. Amylase levels more than 25-fold the upper limit of normal are often found when metastatic tumors produce Ectopic Amylase.

Specifications:

Precision: Within run %CV has been recorded 1% and between run %CV of 1.5%. Analytical sensitivity (Lower Detection Limit) 3 U/I

Kit Validation References:

Tietz Nw, Huang WY, Rauh DF ET Al. Laboratory tests in the differential diagnosis of Hyperamylasemia. Clin Chem 1986;32: 301-307

Please correlate with clinical conditions.

ENZYMATIC PHOTOMETRIC TEST. Technology :-

: 05 Apr 2014 06:00 Sample Collected on (SCT) Sample Received on (SRT) : 06 Apr 2014 03:32 Report Released on (RRT) : 06 Apr 2014 17:59

Sample Type : SERUM

Labcode : 050432941/CHE02 Barcode : 35966136/HOME

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Page: 3 of 10



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ROAD, TRIPLICANE, CHENNAI-600005 - 600005

TEST NAME METHOD VALUE UNITS

CHLORIDE I.S.E 110.4 mmol/l
Reference Range :

Adults: 98 - 106 mmol/l

Technology: Ion Selective Electrode in Olympus AU2700

Please correlate with clinical conditions.

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Page: 4 of 10



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ROAD, TRIPLICANE, CHENNAI-600005 - 600005

TEST NAME METHOD VALUE UNITS **IRON PHOTOMETRY** 99.9 µg/dl Reference Range: Male: 70 - 180 Female: 60 - 180 Technology: FERROZINE METHOD WITHOUT DEPROTEINIZATION **TOTAL IRON BINDING CAPACITY (TIBC) PHOTOMETRY** 344.2 μg/dl Reference Range: Male: 225 - 535 μ g/dl Female: 215 - 535 μ g/dl Technology: SPECTROPHOTOMETRIC ASSAY % TRANSFERRIN SATURATION **CALCULATED** 29.02 % Reference Range:

Please correlate with clinical conditions.

DERIVED FROM IRON AND TIBC VALUES

13 - 45

Technology:

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Page: 5 of 10



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ROAD, TRIPLICANE, CHENNAI-600005 - 600005

TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	15.1	mg/dl	7.9 - 20
CREATININE - SERUM	PHOTOMETRY	0.66	mg%	Male: 0.6 - 1.1 Female: 0.5 - 0.8
URIC ACID	PHOTOMETRY	7.6	mg/dl	Male: 3.5 - 7.2 Female: 2.6 - 6.0
CALCIUM	PHOTOMETRY	9.87	mg/dl	8.8 - 10.6
BUN / SR.CREATININE RATIO	CALCULATED	22.88	Ratio	9:1 - 23:1
SODIUM	I.S.E	145	mmol/l	136 - 146

Please correlate with clinical conditions.

Technology:

BUN - KINETIC UV ASSAY.

SCRE - CREATININE ENZYMATIC METHOD

URIC - ENZYMATIC COLORIMETRIC TEST

CALC - ARSENAZO III METHOD, END POINT.

B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES

SOD - Ion Selective Electrode in Olympus AU2700

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ROAD, TRIPLICANE, CHENNAI-600005 - 600005

TEST NAME	METHOD	VALUE	UNITS
LIPASE	PHOTOMETRY	63	U/I

Reference Range :-

Adults: 5.6 - 51.3 U/I

Interpretation:

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings like serum amylase. Serum Lipase is usually normal in patients with elevated serum amylase, having peptic ulcer, salivary adenitis, inflammatory bowel disease, intestinal obstruction, and macroamylasemia. Lipemic sera may interfere with results.

Clinical Significance:

High serum Lipase is a specific marker for pancreatitis; after acute pancreatitis the Lipase activity increases within 4-8 hours, reaches a peak after 24 hours and decreases after 8 to 14 days. However, there is no correlation between the Lipase activity determined in serum and the extent of damage to the pancreas.

Specifications:

Precision: Within run %CV has been recorded 1.16 % and between run %CV of 0.65 %. Analytical sensitivity (lower detection limit) 3 U/I

Kit Validation References:

Tietz Nw Et Al. Lipase In Serum - The Elusive Enzyme: An Overview. Clin Chem 1993; 39:746-756.

Please correlate with clinical conditions.

ENZYMATIC COLOUR TEST Technology:-

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ROAD, TRIPLICANE, CHENNAI-600005 - 600005

TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	253	mg%	125 - 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	47	mg%	35-80
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	154	mg%	85 - 130
TRIGLYCERIDES	PHOTOMETRY	344	mg%	25 - 200
TC/ HDL CHOLESTEROL RATIO	CALCULATED	5.4	Ratio	3.0 - 5.0
LDL / HDL RATIO	CALCULATED	3.3	Ratio	1.5 - 3.5
VLDL CHOLESTEROL	CALCULATED	68.8	mg%	5 - 40

Please correlate with clinical conditions.

Technology:

CHOL - CHOD POD METHOD

HCHO - ENZYME SELECTIVE PROTECTION METHOD

LDL - HOMOGENOUS ENZYMATIC COLORIMETRIC ASSAY

TRIG - ENZYMATIC COLORIMETRIC METHOD (GPO) [HIGHLY INFLUENCED BY LEVEL OF FASTING]

TC/H - DERIVED FROM SERUM CHOLESTEROL AND HDL VALUES

LDL/ - DERIVED FROM SERUM HDL AND LDL VALUES

VLDL - DERIVED FROM SERUM TRIGLYCERIDE VALUES

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	107	U/I	M:53 to 128 - F:42 to 98
BILIRUBIN -DIRECT	PHOTOMETRY	0.14	mg/dl	0 - 0.20
BILIRUBIN - TOTAL	PHOTOMETRY	0.44	mg/dl	0.30 - 1.20
BILIRUBIN (INDIRECT)	CALCULATED	0.3	mg/dl	0 - 0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	45	U/I	M: 0 to 55 - F:0 to 38
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	23	U/I	M: 0 to 37 - F: 0 to 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	28	U/I	M: 13 to 40 - F: 10 to 28
PROTEIN - TOTAL	PHOTOMETRY	8	gm/dl	6.6 - 8.3
ALBUMIN - SERUM	PHOTOMETRY	4.8	gm/dl	3.5 - 5.2
SERUM GLOBULIN	PHOTOMETRY	3.2	gm/dL	2.30-3.50
SERUM ALBUMIN/GLOBULIN RATIO	CALCULATED	1.5	Ratio	0.9 - 2.0

Please correlate with clinical conditions.

Technology:

ALKP - ALP IFCC* LIQUID (COLORIMETRIC ASSAY)

BILD - DIAZO METHOD OF PEARLMAN & LEE, ENDPOINT.

BILT - DIAZO METHOD OF PEARLMAN & LEE, ENDPOINT.

BILI - DERIVED FROM SERUM TOTAL AND DIRECT BILIRUBIN VALUES

GGT - IFCC STANDARDISED SZASZ METHOD

SGOT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION

SGPT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION

PROT - BIURET METHOD

SALB - ALBUMIN BCG¹METHOD (COLORIMETRIC ASSAY ENDPOINT)

SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

A/GR - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

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TEST NAME	METHOD	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	131	ng/dl	60 - 200
TOTAL THYROXINE (T4)	C.L.I.A	9	μg/dl	4.5 - 12.0
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.96	μIU/ml	0.30 - 5.5

Comments: SUGGESTING THYRONORMALCY

Please correlate with clinical conditions.

Technology:

T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

TSH - ULTRA SENSITIVE SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Pregnancy reference ranges for TSH

1st Trimester: 0.30 - 4.50 2nd Trimester: 0.50 - 4.60 3rd Trimester: 0.80 - 5.20

Reference:

National Health and Nutrition examination survey, J Clin Endocrinol Metab. 2002; 87;489

~~ End of report ~~

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Page: 10 of 10