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Navi Mumbai-400 703



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022 - 3090 0000 / 4125 2525 8691866066 wellness@thyrocare.com www.thyrocare.com

**REPORT**

**NAME** : SOHIT KAPOOR(39Y/M)  
**REF. BY** : SELF  
**TEST ASKED** : IHO CLASSIC A

**SAMPLE COLLECTED AT :**  
B-2002, LODHA BELLISIMO, APOLLO MEALS  
COMPOUND OF NM JOSHI MARG, CHICHPOKLI, MUMBAI.  
MUMBAI MAHARASHTRA ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR	PHOTOMETRY	78.2	mg/dL

**Reference Range :-**

70-99

**Please correlate with clinical conditions.**

**Method:-** GOD-PAP METHOD

**Sample Collected on (SCT)** : 13 Apr 2019 08:16  
**Sample Received on (SRT)** : 13 Apr 2019 23:54  
**Report Released on (RRT)** : 14 Apr 2019 01:20  
**Sample Type** : FLUORIDE  
**Labcode** : 1304018753/S0018  
**Barcode** : M8084940



Dr.Prachi Sinkar MD(Path)

Dr.Caesar Sengupta MD(Micro)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
CYSTATIN C	IMMUNOTURBIDIMETRY	0.74	mg/L

**Reference Range :-**

<= 60 Years : <= 1.03 mg/L  
> 60 Years : < 1.50 mg/L

**Clinical Significance**

Cystatin C, is a small 13 -kDa protein and is a member of the cysteine proteinase inhibitor family, it is produced at a constant rate by all nucleated cells. Due to its small size it is freely filtered by the glomerulus and is not secreted but is fully reabsorbed and broken down by the renal tubules. This means that the primary determinate of blood Cystatin C levels is the rate at which it is filtered at the glomerulus making it an excellent GFR marker. Cystatin C is also a marker of inflammation and like many other markers of inflammation, its serum concentration may be higher in patients with decreased renal clearance. There is mounting evidence, however, that Cystatin C may be a predictor of adverse outcomes independent of renal function with its higher sensitivity to detect a reduced GFR than creatinine determination, also in the so-called "Creatinine-Blind" range. Thus, Cystatin C is suggested to be a better marker for GFR than the ubiquitous serum creatinine.

**Reference**

1. Barrett AJ, Davies ME, Grubb A. The place of human gamma-trace (Cystatin C) among the cysteine proteinase inhibitors. Biochem Biophys Res Commun 1984;120: 631-6.
2. Grubb A. Diagnostic value of analysis of Cystatin C and protein HC in biological fluids. Clin Nephrol 1992; 38: S20-7.

**Please correlate with clinical conditions.**

**Method:-** LATEX ENHANCED IMMUNOTURBIDIMETRY

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**Sample Collected on (SCT)** : 13 Apr 2019 08:16  
**Sample Received on (SRT)** : 14 Apr 2019 00:01  
**Report Released on (RRT)** : 14 Apr 2019 05:52  
**Sample Type** : SERUM  
**Labcode** : 1304000925/S0018  
**Barcode** : N1303160

  
Dr.Prachi Sinkar MD(Path)

Dr.Caesar Sengupta MD(Micro)

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CERTIFICATE NO.: MC-2407



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COMPOUND OF NM JOSHI MARG, CHICHPOKLI, MUMBAI.  
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TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>25-OH VITAMIN D (TOTAL)</b>	C.L.I.A	13.51	ng/ml

**Reference Range :-**

DEFICIENCY : <20 ng/ml  
INSUFFICIENCY : 20-<30 ng/ml  
SUFFICIENCY : 30-100 ng/ml  
TOXICITY : >100 ng/ml

Vitamin D Total test is analyzed on Siemens ADVIA Centaur, standardized against ID-LC/MS/MS, as per Vitamin D Standardization Program (VDSP).

**Please correlate with clinical conditions.**

**Method:-** Fully Automated Chemi Luminescent Immuno Assay

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COMPOUND OF NM JOSHI MARG, CHICHPOKLI, MUMBAI.  
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TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>IRON</b>	<b>PHOTOMETRY</b>	<b>51.8</b>	<b>µg/dl</b>
<b>Reference Range :</b>			
Male : 65 - 175			
Female : 50 - 170			
<b>Method :</b> FERROZINE METHOD WITHOUT DEPROTEINIZATION			
<b>TOTAL IRON BINDING CAPACITY (TIBC)</b>	<b>PHOTOMETRY</b>	<b>400</b>	<b>µg/dl</b>
<b>Reference Range :</b>			
Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl			
<b>Method :</b> SPECTROPHOTOMETRIC ASSAY			
<b>% TRANSFERRIN SATURATION</b>	<b>CALCULATED</b>	<b>12.95</b>	<b>%</b>
<b>Reference Range :</b>			
13 - 45			
<b>Method :</b> DERIVED FROM IRON AND TIBC VALUES			

**Please correlate with clinical conditions.**

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**Sample Received on (SRT)** :14 Apr 2019 00:01

**Report Released on (RRT)** :14 Apr 2019 05:52

Dr.Prachi Sinkar MD(Path) Dr.Caesar Sengupta MD(Micro)

**Sample Type** :SERUM

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**Labcode** :1304000925/S0018

**Barcode** :N1303160

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**TEST ASKED** : IHO CLASSIC A

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B-2002, LODHA BELLISIMO, APOLLO MEALS  
COMPOUND OF NM JOSHI MARG, CHICHPOKLI, MUMBAI.  
MUMBAI MAHARASHTRA ,

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	64.3	U/L	45 - 129
BILIRUBIN - DIRECT	PHOTOMETRY	0.17	mg/dl	< 0.3
BILIRUBIN - TOTAL	PHOTOMETRY	0.55	mg/dl	0.3-1.2
BILIRUBIN (INDIRECT)	CALCULATED	0.38	mg/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	13.8	U/I	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	19.7	U/I	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	14.4	U/I	< 45
PROTEIN - TOTAL	PHOTOMETRY	6.63	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	3.89	gm/dl	3.2-4.8
SERUM GLOBULIN	PHOTOMETRY	2.74	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  
BILD - Vanadate Oxidation  
BILT - 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  
PROT - BIURET METHOD  
SALB - ALBUMIN BCG<sup>1</sup>METHOD (COLORIMETRIC ASSAY ENDPOINT)  
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES  
A/GR - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

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**Sample Type** : SERUM

**Labcode** : 1304000925/S0018

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COMPOUND OF NM JOSHI MARG, CHICHPOKLI, MUMBAI.  
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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	129	mg/dl	125-200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	40	mg/dl	35-80
<b>LDL CHOLESTEROL - DIRECT</b>	<b>PHOTOMETRY</b>	<b>81</b>	<b>mg/dl</b>	<b>85-130</b>
TRIGLYCERIDES	PHOTOMETRY	62	mg/dl	25-200
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.2	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	2	Ratio	1.5-3.5
VLDL CHOLESTEROL	CALCULATED	12.34	mg/dl	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	88.8	mg/dl	< 160

Please correlate with clinical conditions.

**Method :**

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

NHDL - Derived from serum Cholesterol and HDL 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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**REPORT**

<b>NAME</b>	: SOHIT KAPOOR(39Y/M)	<b>SAMPLE COLLECTED AT :</b>					
<b>REF. BY</b>	: SELF	B-2002, LODHA BELLISSIMO, APOLLO MEALS					
<b>TEST ASKED</b>	: IHO CLASSIC A	COMPOUND OF NM JOSHI MARG, CHICHPOKLI, MUMBAI. MUMBAI MAHARASHTRA ,					
<hr/>							
<b>TEST NAME</b> <b>TECHNOLOGY</b> <b>VALUE</b> <b>UNITS</b> <b>REFERENCE RANGE</b>							
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	89	ng/dl	60-200			
TOTAL THYROXINE (T4)	C.L.I.A	7.2	µg/dl	4.5-12			
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	1.23	µIU/ml	0.3-5.5			

**Comments :** SUGGESTING THYRONORMALCY

**Please correlate with clinical conditions.**

**Method :**

T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY  
T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY  
TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

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COMPOUND OF NM JOSHI MARG, CHICHPOKLI, MUMBAI.  
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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	10.35	mg/dl	7 - 25
CREATININE - SERUM	PHOTOMETRY	0.75	mg/dl	0.6-1.1
URIC ACID	PHOTOMETRY	5.53	mg/dl	4.2 - 7.3
CALCIUM	PHOTOMETRY	9.29	mg/dl	8.8-10.6
BUN / SR.CREATININE RATIO	CALCULATED	13.8	Ratio	9:1-23:1

**Please correlate with clinical conditions.**

**Method :**

BUN - KINETIC UV ASSAY.  
SCRE - CREATININE ENZYMATIC METHOD  
URIC - Uricase / Peroxidase Method  
CALC - ARSENAZO III METHOD, END POINT.  
B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES

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<b>TEST NAME</b>	<b>TECHNOLOGY</b>	<b>VALUE</b>	<b>UNITS</b>
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	115	mL/min/1.73 m <sup>2</sup>

**Reference Range :-**

> = 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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>HbA1c - (HPLC - NGSP Certified)</b>	H.P.L.C	5.5	%

**Reference Range :****Reference Range: As per ADA Guidelines**

Below 5.7% : Normal  
5.7% - 6.4% : Prediabetic  
>=6.5% : Diabetic

**Guidance For Known Diabetics**

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. using Biorad Variant II Turbo, NGSP Certified.

**AVERAGE BLOOD GLUCOSE (ABG)** CALCULATED 111 mg/dl

**Reference Range :**

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)** :13 Apr 2019 08:16  
**Sample Received on (SRT)** :14 Apr 2019 00:18  
**Report Released on (RRT)** :14 Apr 2019 02:30  
**Sample Type** :EDTA  
**Labcode** :1304020298/S0018  
**Barcode** :N1916455

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COMPOUND OF NM JOSHI MARG, CHICHPOKLI, MUMBAI.  
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TEST NAME	VALUE	UNITS	REFERENCE RANGE
<b>TOTAL LEUCOCYTES COUNT</b>	<b>3.68</b>	<b>X 10<sup>3</sup> / μL</b>	<b>4.0-10.0</b>
NEUTROPHILS	47	%	40-80
<b>LYMPHOCYTE PERCENTAGE</b>	<b>44.6</b>	<b>%</b>	<b>20-40</b>
MONOCYTES	3	%	0-10
EOSINOPHILS	4.9	%	0.0-6.0
BASOPHILS	0.2	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
<b>NEUTROPHILS - ABSOLUTE COUNT</b>	<b>1.74</b>	<b>X 10<sup>3</sup> / μL</b>	<b>2.0-7.0</b>
LYMPHOCYTES - ABSOLUTE COUNT	1.64	X 10 <sup>3</sup> / μL	1.0-3.0
<b>MONOCYTES - ABSOLUTE COUNT</b>	<b>0.11</b>	<b>X 10<sup>3</sup> / μL</b>	<b>0.2-1</b>
BASOPHILS - ABSOLUTE COUNT	0.01	X 10 <sup>3</sup> / μL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.18	X 10 <sup>3</sup> / μL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.01	X 10 <sup>3</sup> / μL	0-0.3
TOTAL RBC	5.04	X 10 <sup>6</sup> /μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10 <sup>3</sup> / μL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	14.8	g/dL	13-17
HEMATOCRIT(PCV)	46.9	%	40-50
MEAN CORPUSCULAR VOLUME(MCV)	93.1	fL	83-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	29.4	pq	27-32
MEAN CORP. HEMO. CONC(MCHC)	31.6	g/dL	31.5-34.5
<b>RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)</b>	<b>50.1</b>	<b>fL</b>	<b>39-46</b>
<b>RED CELL DISTRIBUTION WIDTH (RDW-CV)</b>	<b>14.6</b>	<b>%</b>	<b>11.6-14</b>
PLATELET DISTRIBUTION WIDTH(PDW)	10.8	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	9.5	fL	6.5-12
PLATELET COUNT	207	X 10 <sup>3</sup> / μL	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	21.5	%	19.7-42.4
PLATELET CRIT(PCT)	0.2	%	0.19-0.39

**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)

~~ End of report ~~

**Sample Collected on (SCT)**

: 13 Apr 2019 08:16

**Sample Received on (SRT)**

: 14 Apr 2019 00:18

**Report Released on (RRT)**

: 14 Apr 2019 02:30

**Sample Type**



: EDTA

Dr. Prachi Sinkar MD(Path) Dr. Caesar Sengupta MD(Micro)

**Labcode**

: 1304020298/S0018

Page : 11 of 12

**Barcode**

: N1916455

#### 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.

#### 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 recorded 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](mailto:info@thyrocare.com) or call us on **022-3090 0000 / 4125 2525**
- ❖ SMS:<Labcode No.> to **9870666333**

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