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Thyrocare - D-37/1,TTC
MIDC,Turbhe, Navi Mumbai-400
703



Corporate office: Thycare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703.
022-3090 0000 / 6712 3400 9870666333 wellness@thyrocare.com www.thyrocare.com

REPORT

Patient Name : KRANTHI MAMIDISETTY(40Y/M)

Referred By : SELF

Home Collection : APT 1304 BLOCK K CRISTALLO SMR VINAY ICONIA MASJID BANDA

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Availability Summary

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

56 Ready

0 Ready with Cancellation

0 Processing

0 Cancelled in Lab

TEST DETAILS

REPORT STATUS

PMX THRIVE COMPREHENSIVE MALE

Ready

CA 19.9

Ready

CALCITONIN

Ready

CARCINO EMBRYONIC ANTIGEN (CEA)

Ready

CORTISOL

Ready

C-PEPTIDE

Ready

CREATININE PHOSPHOKINASE

Ready

25-OH VITAMIN D (TOTAL)

Ready

CYSTATIN C

Ready

ADRENOCORTICOTROPIC HORMONE (ACTH)

Ready

DHEA - SULPHATE (DHEAS)

Ready

ESTRADIOL/OESTROGEN (E2)

Ready

EPSTEIN BARR VIRAL CAPSID ANTIGEN - IGG

Ready

FERRITIN

Ready

FOLLICLE STIMULATING HORMONE (FSH)

Ready

FREE TESTOSTERONE

Ready

HEPATITIS B SURFACE ANTIGEN(HBSAG) RAPID TEST

Ready

HOMOCYSTEINE

Ready

LACTATE DEHYDROGENASE (LDH)

Ready

HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)

Ready

INSULIN LIKE GROWTH FACTOR 1

Ready

IRON

Ready

LIPASE

Ready

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REPORT STATUS

LUTEINISING HORMONE (LH)	Ready
Lipoprotein (a) [Lp(a)]	Ready
MAGNESIUM	Ready
PROLACTIN (PRL)	Ready
PROGESTERONE	Ready
PROSTATE SPECIFIC ANTIGEN (PSA)	Ready
HOMA INSULIN RESISTANCE INDEX	Ready
RHEUMATOID FACTOR (RF)	Ready
SERUM ZINC	Ready
SEX HORMONE BINDING GLOBULIN (SHBG)	Ready
17 OH PROGESTERONE	Ready
TESTOSTERONE	Ready
URINARY MICROALBUMIN	Ready
VITAMIN B-12	Ready
VITAMIN B9/FOLIC ACID	Ready
COMPLETE URINE ANALYSIS	Ready
HBA PROFILE	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
BLOOD GROUPING AND RH TYPING	Ready
ANTI CCP (ACCP)	Ready
LIVER FUNCTION TESTS	Ready
SERUM ELECTROLYTES	Ready
KIDPRO	Ready

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TEST DETAILS

REPORT STATUS

LIPID PROFILE	Ready
FT3-FT4-USTSH	Ready
APOLIPROTEIN RATIO	Ready
ALPHA FETO PROTEIN	Ready
Anti-TPO antibody (Anti-Thyroid Peroxidase)	Ready
AMYLASE	Ready
ANTI NUCLEAR ANTIBODIES (ANA)	Ready
DIHYDROTESTOSTERONE (DHT)	Ready
ANTI THYROGLOBULIN ANTIBODY (ATG)	Ready
ANTI MULLERIAN HORMONE (AMH)	Ready
BETA HCG	Ready

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Tests outside reference range

Note: Please refer to the table below for tests outside reference range.

Test Name	Observed Value	Units	Bio. Ref. Interval.
AUTOIMMUNITY			
ANTI THYROGLOBULIN ANTIBODY (ATG)	6.1	IU/mL	< 4
CARDIAC RISK MARKERS			
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	3.4	mg/L	< 3
COMPLETE HEMOGRAM			
EOSINOPHILS - ABSOLUTE COUNT	0.57	X 10 ³ / μL	0.02 - 0.5
LYMPHOCYTE	48	%	20-40
LYMPHOCYTES - ABSOLUTE COUNT	4.79	X 10 ³ / μL	1.0-3.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	14.2	%	11.6-14
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	48.6	fL	39-46
COMPLETE URINE ANALYSIS			
APPEARANCE	SLIGHT CLOUDY	-	Clear
DIABETES			
HOMA INSULIN RESISTANCE INDEX	3.56	Index	<2.0
HORMONE			
TESTOSTERONE	190	ng/dL	280 - 800
INFECTION			
EPSTEIN BARR VIRAL CAPSID ANTIGEN - IGG	39.33	NTU	< 9
INFERTILITY			
PROLACTIN (PRL)	19	ng/mL	4.04-15.2
LIPID			
HDL / LDL RATIO	0.41	Ratio	> 0.40
LDL CHOLESTEROL - DIRECT	111.7	mg/dL	< 100
LIVER			
PROTEIN - TOTAL	8.65	gm/dL	5.7-8.2
SERUM GLOBULIN	4.5	gm/dL	2.5-3.4
RENAL			
URIC ACID	7.8	mg/dL	4.2 - 7.3

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Sample Collected on (SCT) : 21 Aug 2025 06:15
Sample Received on (SRT) : 22 Aug 2025 05:50

Report Released on (RRT) : 23 Aug 2025 21:59
Sample Type | Barcode : SERUM | DX134445

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI MULLERIAN HORMONE (AMH)	C.L.I.A	6.15	ng/mL
Bio. Ref. Interval. :-			
Female			
18 - 25 Years	0.96 - 13.34		
26 - 30 Years	0.17 - 7.37		
31 - 35 Years	0.07 - 7.35		
36 - 40 Years	0.03 - 7.15		
41 - 45 Years	< 3.27		
> 45 Years	< 1.15		
Male			
> 18 Years	0.73 - 16.05		

Clinical Significance:

Antimullerian hormone (AMH), also known as mullerian -inhibiting substance, is a dimeric glycoprotein hormone belonging to the transforming growth factor-beta family. It is produced by Sertoli cells of the testis in males and by ovarian granulosa cells in females. AMH is expressed in the follicles of female of reproductive age and inhibits the transition of follicles from primordial to primary stages. Because of the gender differences in AMH concentration, its changes in circulating concentrations with sexual development, and its specificity for Sertoli and granulosa cells, measurement of AMH has utility in the assessment of gender, gonadal function, fertility, and as a gonadal tumor marker. Since AMH is produced continuously in the granulosa cells of small follicles during the menstrual cycles, it is superior to the episodically released gonadotropins and ovarian steroids as a marker of ovarian reserve.

Specifications: Precision: Intra assay (%CV): 1.7 %, Inter assay (%CV): 2.8 %; Sensitivity: < 0.02 ng/ml

Kit Validation reference:

Picard JY Benarous R .Guerrier D Josson Kahn A cloning and expression of DNA for anti-mullerian hormone proc Nath Acad Sci USA 1986;83(15):5468-8

Please correlate with clinical conditions.

Method:- ONE-STEP IMMUNOENZYMATIC ("SANDWICH") ASSAY

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Dr Arshiya MD(Path)

Dr Ritika Khurana
MD(Path)



Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)

Scan QR to verify(valid for 30 days from release time)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
DIHYDROTESTOSTERONE (DHT)	E.L.I.S.A	272.73	pg/mL

Bio. Ref. Interval :-

Male:

(1-9 yrs): 0 - 85.7 pg/mL || (10-14 yrs): 11.1 - 875.6 pg/mL
(15-18 yrs): 70.3 - 1260.9 pg/mL || (19-89 yrs): 143 - 842 pg/mL

Female:

(2-9 yrs): 0 - 88.9 pg/mL || (10-14 yrs): 22.5- 280.6 pg/mL
(15-18 yrs): 62.6- 760.3 pg/mL || (18-50 yrs): 0 - 596 pg/mL
(51-83 yrs): 0 - 431 pg/mL

Clinical Significance:

5α-dihydrotestosterone is steroid similar to testosterone and androstenedione. Some of the main clinical indications of the DHT measurement in serum are investigations of Delayed puberty in men and evaluation of the presence of active testicular tissues
Women with too much Dihydrotestosterone may develop increased body, facial and pubic hair growth (called hirsutism), stopping of menstrual periods (amenorrhoea),increased acne and abnormal changes to the genitalia.

Clinical Trends :

1. In Klinefelter's syndrome the DHT level is much more lower than that found in normal men.
2. In polycystic ovaries (PCO) about 35 % of the patients have an increased DHT level.
3. The DHT level in young is much higher than those found in normal older people, hence androgen production increases at puberty which gives rise to masculinizing characteristic.
4. There is very low level of Plasma DHT in patients with anorchia.

Please correlate with clinical conditions.

Method:- COMPETITIVE ENZYME IMMUNOASSAY

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd

Dr Arshiya MD(Path)

Dr Ritika Khurana
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TEST NAME	TECHNOLOGY	VALUE	UNITS
SEX HORMONE BINDING GLOBULIN (SHBG)	C.L.I.A	15.2	nmol/L

Bio. Ref. Interval :-

Males 10 - 57 nmol/L

Females

Non-Pregnant : 18 - 144

Clinical Significance:

Sex hormone binding globulin (SHBG) has a high affinity for testosterone and Estradiol, and is a major factor regulating their distribution between the protein-bound and free states. The ratio of testosterone to SHBG is also known as the free androgen index (FAI) or the free testosterone index (FTI). This ratio correlates well with both measured and calculated values of free testosterone and helps to discriminate subjects with excessive androgen activity from normal individuals. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications:

Precision: Intra assay (%CV): 5.30 %, Inter assay (%CV): 6.60%

Sensitivity: < 0.02 nmol/l and Specificity: no detectable cross-reactivity

Kit validation reference:

Bond A, Davis C. Sex Hormone binding globulin in clinical perspective, ActaObset Gynecol Scand 1987;66:255-62

Please correlate with clinical conditions.

Method:- SOLID-PHASE TWO-SITE CHEMILUMINESCENT IMMUNOMETRIC ASSAY

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thyrocare Technologies Ltd - (CAP accredited)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B9/FOLIC ACID	LC-MS/MS	0.83	ng/mL

Bio. Ref. Interval :-

0.2 - 20

Please correlate with clinical conditions.

Method:- LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd

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TEST NAME	TECHNOLOGY	VALUE	UNITS
EPSTEIN BARR VIRAL CAPSID ANTIGEN - IGG Bio. Ref. Interval. :-	E.L.I.S.A	39.33	NTU

Negative : < 9.0
Equivocal : 9.0 - 11.0
Positive : > 11.0

Please correlate with clinical conditions.

Method:- IMMUNOENZYMATIC ASSAY

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd

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TEST NAME	TECHNOLOGY	VALUE	UNITS
INSULIN LIKE GROWTH FACTOR 1	C.L.I.A	112	ng/mL
Bio. Ref. Interval. :-			
Age	Range	Age	Range
1-7days	: <26	17 years	: 193-731
8-15days	: <41	18 years	: 163-584
01 year	: 55-327	19 years	: 141-483
02 years	: 51-303	20 years	: 127-424
03 years	: 49-289	21-25 years	: 116-358
04 years	: 49-283	26-30 years	: 117-329
05 years	: 50-286	31-35 years	: 115-307
06 years	: 52-297	36-40 years	: 109-284
07 years	: 57-316	41-45 years	: 101-267
08 years	: 64-345	46-50 years	: 94-252
09 years	: 74-388	51-55 years	: 87-238
10 years	: 88-452	56-60 years	: 81-225
11 years	: 111-551	61-65 years	: 75-212
12 years	: 143-693	66-70 years	: 69-200
13 years	: 183-850	71-75 years	: 64-188
14 years	: 220-972	76-80 years	: 59-177
15 years	: 237-996	81-85 years	: 55-166
16 years	: 226-903		

Clinical Significance: Maternal IGF-1 plasma levels increase during pregnancy. A normal plasma or serum IGF-I concentration is strong evidence against GH deficiency. A low IGF-I value implies GH deficiency and requires additional testing to determine whether GH secretion is subnormal.

Specifications: Precision: Intra assay (%CV): 6.3, Inter assay (%CV): 7.6, Sensitivity: 13.3 ng/mL

Kit Validation reference: Daughaday WH, Rotwein P. Insulin-like growth factors I and II. Peptide, messenger ribonucleic acid and gene structures, serum, and tissue concentrations. Endocr Rev 1989;10: 68-91.

Please correlate with clinical conditions.

Method:- SOLID-PHASE ENZYME LABELLED CHEMILUMINESCENT IMMUNOMETRIC ASSAY

Tests Done : PMX THRIVE COMPREHENSIVE MALE

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TEST NAME	TECHNOLOGY	VALUE	UNITS
17 OH PROGESTERONE	E.L.I.S.A	0.65	ng/mL

Bio. Ref. Interval :-

Children : 0.13 - 1.13
Men : 0.20 - 1.38

Women

Follicular Phase : 0.13 - 0.89
Luteinic Phase : 0.16 - 2.05
Post Menopause : 0.13 - 1.38

Clinical Significance:

17 Hydroxyprogesterone (17 OH Progesterone) is a C-21 steroid hormone produced in adrenal gland and gonads, during synthesis of glucocorticoids and sex steroids. Measurements of levels of 17-OH progesterone are useful in evaluation of patients with suspected congenital adrenal hyperplasia.

Specifications:

Intra Assay Precision: 10.5 % (%CV), Inter Assay Precision: 17.4 % (%CV)

Kit validation Reference:

Wisdem G.B. Clin Chem 2218 1243-1255 (1976)

Please correlate with clinical conditions.

Method:- COMPETITIVE ENZYME IMMUNOASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
CA 19.9	E.C.L.I.A	5.2	U/mL

Bio. Ref. Interval. :-

<=34 U/mL

Clinical Significance:

1. CA 19-9 is elevated in most patients with advanced Pancreatic Cancer, But it may also be elevated in other cancers, conditions, and diseases such as Colorectal cancer, Lung Cancer, Gall Bladder Cancer, Gallstones, Pancreatitis, Cystic Fibrosis, and Liver Disease. Bile duct obstruction may also cause very high CA 19-9 levels.
2. Very small amounts of CA 19-9 may also be found in healthy patients.
3. 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.
4. In few cases, interference due to extremely high titres of antibodies to analyte - specific antibodies, streptavidin or ruthenium can occur.
5. For Diagnostic Purpose, Results should always be assessed in conjunction with the patients medical history, Clinical Examination and other findings.

Reference

- Scara S, Bottone P, Scatena R. CA 19-9: Biochemical and Clinical aspects. Adv Exp Med Biol 2015; 867: 247-60
- Kit Insert

Please correlate with clinical conditions.

Method:- Fully Automated Electrochemiluminescence Sandwich Immunoassay

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TEST NAME	TECHNOLOGY	VALUE	UNITS
C-PEPTIDE	E.C.L.I.A	2.97	ng/mL

Bio. Ref. Interval. :-

1.10 – 4.40 ng/ml

Clinical Significance

C-peptide, a polypeptide consisting of 31 amino acids (MW~3000), is stored in the secretory granules of the beta cells and released into circulation in equimolar amounts with insulin. The determination of C-peptide provides an assessment of endogenous insulin secretory reserves in patients with diabetes mellitus and is considered a more reliable indicator of insulin secretion than insulin itself. The primary indication for measuring C-peptide is for the evaluation of fasting hypoglycemia. It is also used to monitor patient's response to pancreatic surgery. C-peptide levels increase in insulinomas and beta-cell tumors.

Specifications: Precision: Intra assay (%CV): 2.9%, Inter assay (%CV): 3.6%; Sensitivity: 0.02 ng/ml

Kit Validation reference:

Clerk PM, Assays for insulin, proinsulin (s) and c-peptide. Ann clin biochem 1999;36(5):541-564

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED ELECTROCHEMILUMINESCENCE IMMUNOASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
FREE TESTOSTERONE	E.L.I.S.A	4.64	pg/mL

Bio. Ref. Interval. :-

Male

< 12 Yrs : < 4.60
12-18 Yrs : 0.18 - 23.08
19-55 Yrs : 1.00 - 28.28
> 55 Yrs : 0.70 - 21.45

Female

< 12 Yrs : < 1.46
12-18 Yrs : < 2.24
19-55 Yrs : < 2.85
> 55 Yrs : < 1.56

Please correlate with clinical conditions.

Method:- SOLID PHASE ENZYME IMMUNOASSAY

Tests Done : PMX THRIVE COMPREHENSIVE MALE

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REPORT

Patient Name : KRANTHI MAMIDISETTY(40Y/M)
Referred By : SELF
Home Collection : APT 1304 BLOCK K CRISTALLO SMR VINAY ICONIA MASJID BANDA

Sample Collected on (SCT) : 21 Aug 2025 06:15
Sample Received on (SRT) : 22 Aug 2025 05:50
Report Released on (RRT) : 23 Aug 2025 21:59

Sample Type | Barcode : SERUM | DX134445

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI THYROGLOBULIN ANTIBODY (ATG)	C.L.I.A	6.1	IU/mL

Bio. Ref. Interval. :-

NEGATIVE : < 4
POSITIVE : > 4

Clinical Significance:

Thyroglobulin is a key protein in the thyroid gland essential for the synthesis of thyroxine (T4) and tri-iodothyronine (T3). In an autoimmune disorder antithyroglobulin antibodies are produced against the thyroglobulin which damage the thyroid gland. The presence of thyroid autoantibodies cause disorders such as Hashimotos thyroiditis, Graves disease, hypothyroidism, thyroid cancer etc.

Specifications: Precision: Intra assay (%CV): 5.7%, Inter assay (%CV): 5.2%; Sensitivity: 0.9 IU/ml

Kit Validation reference: Burtis CA, Ashwood ER, editors, Tietz textbook of clinical chemistry 2nd-ed Philadelphia WB Sanders 1994.

Please correlate with clinical conditions.

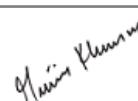
Method:- TWO-STEP IMMUNOENZYMATIC (SANDWICH) ASSAY

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)



Dr Arshiya MD(Path)



Dr Ritika Khurana
MD(Path)

Processed At :
Thyrocare - D-37/1,TTC
MIDC,Turbhe, Navi Mumbai-400
703



Corporate office: Thycare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703.
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TEST NAME	TECHNOLOGY	VALUE	UNITS
CALCITONIN	C.L.I.A	< 2	pg/mL

Bio. Ref. Interval. :-

Male : < 8.4 pg/mL
Female : < 5 pg/mL

Clinical significance:

Elevated levels are encountered in a variety of pathological conditions, notably medullary thyroid carcinoma, a tumor of the calcitonin-secreting cells of the thyroid. It is also frequently elevated in leukemic and myeloproliferative disorders. Elevations may also be seen in connection with hyperparathyroidism, hypergastrinemia, renal failure and chronic inflammatory disease.

Specifications:

Precision: Intra assay (%CV): 15.7, Inter assay (%CV): 15.7, Sensitivity: 2 pg/mL

Kit Validation References:

Austin L, Heath H. Calcitonin; physiology and pathophysiology. New Engl J Med 1981;304:269-78

Please correlate with clinical conditions.

Method:- SOLID PHASE ENZYME LABELED TWO SITE CHEMILUMINESCENT IMMUNOMETRIC ASSAY

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd

Dr Arshiya MD(Path)

Dr Ritika Khurana
MD(Path)

Corporate office: Thycare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI CCP (ACCP)	C.M.I.A	1.2	U/mL

Bio. Ref. Interval. :-

Clinical Significance :

1. Anti-Cyclic-Citrullinated-Peptide (Anti-CCP) titre is used for diagnosis and monitoring of Rheumatoid Arthritis (RA).
2. RA is one of the most common systemic autoimmune diseases characterised by chronic inflammation of the synovial joints and progressive joint degeneration eventually leading to disability of affected individuals.
3. The diagnosis of RA often relies on clinical manifestations and certain non-specific laboratory tests such as rheumatoid factor (RF) and C-reactive protein (CRP), which may be present in healthy elderly persons or in patients with other autoimmune and infectious diseases.
4. Whereas, Anti-Cyclic-Citrullinated-Peptide (Anti-CCP) Antibodies hold promise for early and more accurate detection of Rheumatoid Arthritis before the disease proceeds into irreversible damage.
5. Interference with pathologic levels of nonspecific IgG can not be excluded.
6. The anti-CCP test results can be false negative in patients with hypergammaglobulinemia.
Results from patients suffering from this disorder should not be used for diagnostic purposes.
7. Heterophile antibodies may interfere with the test results.
8. If results are inconsistent with clinical history additional testing is suggested to confirm the results.
9. Some specimens may not dilute linearly because of heterogeneity of autoantibodies with respect to physicochemical properties.
10. HAMA (Human Anti mouse antibodies) may also interfere with the results.
11. For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

References:

- Anti-CCP Reagent Kit Insert
- Feldmann M, Brennan FM, Maini RN. Rheumatoid arthritis. Cell 1996;85:307-3102.
- Landewé RB. The benefits of early treatment in rheumatoid arthritis: confounding by indication, and the issue of timing. Arthritis Rheum 2003;48(1):1-5.

Please correlate with clinical conditions.

Method:- Fully Automated Chemiluminescent Microparticle Immunoassay (C.M.I.A)

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)

Dr Arshiya MD(Path)

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Corporate office: Thycare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
ALPHA FETO PROTEIN	E.C.L.I.A	1.15	IU/mL

Bio. Ref. Interval :-

Men: 0.5 - 5.5 IU/ml
Non-Pregnant Women: 0.5 - 5.5 IU/ml Pregnancy:
Week Range
14th : 10.41 - 49.40
15th : 13.11 - 57.08
16th : 15.12 - 64.45
17th : 17.72 - 76.11
18th : 19.26 - 91.51
19th : 23.26 - 101.80
20th : 28.05 - 125.85
21st : 33.30 - 92.75

Clinical Significance:

AFP has been used as a cancer marker. AFP testing during pregnancy in combination with Beta HCG and E3, Is recommended as an effective way to determine potential fetal risk of open neural tube defect (NTD).

Specifications: Precision: Intra assay (%CV): 4.1, Inter assay (%CV): 4.2, Sensitivity: 1.5 IU/mL

References : Kaur G, Srivastav J, Sharma S, Huria A, Goel P, Chavan BS. Maternal serum median levels of alpha-foetoprotein, human chorionic gonadotropin & unconjugated estriol in second trimester in pregnant women from north-west India. Indian J Med Res. 2013;138(1):83-8.

Please correlate with clinical conditions.

Method:- SANDWICH ELECTROCHEMILUMINESCENCE IMMUNOASSAY

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd

Dr Arshya MD(Path)

Dr Ritika Khurana
MD(Path)

Corporate office: Thycare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
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Anti-TPO antibody (Anti-Thyroid Peroxidase)

C.L.I.A

2.2

IU/mL

Bio. Ref. Interval :-

Negative : < 9

Positive : >=9

(AMA are also called as Anti-TPO Antibodies).

Clinical Significance:

Micrsomes are found inside thyroid cells. The body produces antibodies against microsomes when there has been some damage caused to thyroid cells. Autoimmunity induces the immune system to produce antibodies against host tissue causing inflammation or impairing thyroid function. Presence of antimicrosomal antibody (AMA) is generally associated with autoimmune disorder. A positive test for AMA can indicate Hashimotos thyroiditis or granulomatous thyroiditis or Rheumatoid arthritis or Autoimmune hemolytic anaemia (rarely) etc.

Specifications: Precision: Intra assay (%CV): 7.1%, Inter assay (%CV): 4.40%; Sensitivity: 0.25IU/mL

Kit Validation reference:

Kimura S Kotani T Mc Bride OW Umeki K Hiral Nakayama T .Human thyroid peroxidase complete cDNA and protein sequence chromosome mapping and identification of two alternately spliced mRNAs.Proc Natl Acad Sci 1987.

Please correlate with clinical conditions.

Method:- TWO-STEP IMMUNOENZYMATIC (SANDWICH) ASSAY

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMOCYSTEINE	PHOTOMETRY	11.66	μmol/L

Bio. Ref. Interval. :-

Normal Levels : <15 μmol/L
Mild Hyperhomocysteinemia : 15-30 μmol/L
Moderate Hyperhomocysteinemia : 30-100 μmol/L
Severe Hyperhomocysteinemia : >100 μmol/L

Clinical Significance:

Homocysteine is linked to increased risk of premature coronary artery disease, stroke and thromboembolism. Moreover, alzheimers disease, osteoporosis, venous thrombosis, schizophrenia, cognitive deficiency and pregnancy complications also elevates Homocysteine levels. The results should be interpreted in conjunction with clinical history and other findings.

High Values:

Elevated homocysteine levels might be due to increasing age, genetic traits, drugs, renal dysfunction and dietary deficiency of vitamins or smoking. To lower your homocysteine, eat more green vegetables, stop smoking, alcohol. Folic acid helps lowering elevated levels.

Specifications:

Kit Validation Reference:

Eikelboom JW, et al Ann Intern Med 131 : 363-75 (1999)
<https://www.healthline.com/health/homocysteine-levels>

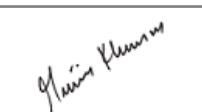
Please correlate with clinical conditions.

Method:- SMALL MOLECULE CAPTURE TECHNOLOGY (SMT)

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)


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TEST NAME	TECHNOLOGY	VALUE	UNITS
CARCINO EMBRYONIC ANTIGEN (CEA)	E.C.L.I.A	0.99	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

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)

Dr Arshiya MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
CYSTATIN C	IMMUNOTURBIDIMETRY	0.7	mg/L

Bio. Ref. Interval. :-

<= 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 common 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

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)

Dr Arshiya MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
DHEA - SULPHATE (DHEAS)	C.L.I.A	138.4	µg/dL
Bio. Ref. Interval. :-			
Age (Years)	Females	Males	
18 - 21	51 - 321	24 - 537	
21 - 30	18 - 391	85 - 690	
31 - 40	23 - 266	106 - 464	
41 - 50	19 - 231	70 - 495	
51 - 60	8 - 188	38 - 313	
61 - 70	12 - 133	24 - 244	
> 71	7 - 177	5 - 253	

Clinical Significance :

Elevated levels of DHEA are found in the plasma of patients with Adrenal Tumors or Congenital Adrenal Hyperplasia or Polycystic Ovaries. For diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, Clinical Examination and other findings.

Specifications: Precision: Intra assay (%CV): 8.3 %, Inter assay (%CV): 11.3%; Sensitivity: < 2 µg/dl.

Kit Validation References:

Meikle AW dayens RA ,Araheo BA. Adrenal androgen secretion and biological effects Endocrinol Metab Clin North Am .1991 Jun;20 (2):331-400

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)

Dr Arshiya MD(Path)

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MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
CORTISOL	E.C.L.I.A	10.2	µg/dL

Bio. Ref. Interval. :-

06.00 - 10.00 A.M.: 6.02 - 18.4 µg/dL
04.00 - 08.00 P.M.: 2.68 - 10.5 µg/dL

Clinical Significance:

Cortisol is the Primary Glucocorticoid Hormone synthesized and secreted by the Adrenal Cortex. Addison's Disease is caused by primary adrenal insufficiency of the Adrenal Cortex, While Secondary Adrenal insufficiency is caused by pituitary destruction or failure, resulting in loss of ACTH stimulation. Cushing's syndrome is caused by increased levels of Cortisol due to either primary (Adrenal Tumors and Nodular Adrenal Hyperplasia) or secondary Adrenal Hyperfunction (Pituitary Overproduction of ACTH or Ectopic production of ACTH by a Tumor). For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, Clinical examination and other findings.

Specifications:

Precision: Intra Assay (%CV): 1.40 %, Inter Assay (%CV): 1.9 %; Sensitivity: 0.05 µg/dl

Kit Validation References :

Turpeinen U,hamalainen E.Determination of cortisol in serum,saliva and urine.Best practise & research Clinical Endocrinology & metabolism 2013;27(6):795-801

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED ELECTROCHEMILUMINESCENCE IMMUNOASSAY

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
BETA HCG	C.M.I.A	< 2.3	mIU/mL

Bio. Ref. Interval. :-

Negative : < 10 mIU/ml

Pregnancy:

Week	Range	Week	Range
1st - 2nd	10 - 94	6th - 7th	16380 - 139800
2nd - 3rd	61 - 2922	7th - 11th	12540 - 174600
3rd - 4th	666 - 18900	11th - 16th	3684 - 61800
4th - 5th	1536 - 49380	16th - 21st	2832 - 48060
5th - 6th	13860 - 90600	21st - 39th	1620 - 46860

(Multiply mIU/ml Values By 0.10769 to get ng/ml Values)

Clinical Significance:

Females : The rapid rise in HCG Serum levels after conception makes it an excellent marker for early confirmation and monitoring of pregnancy. HCG levels can be useful in prediction of spontaneous abortions, Aiding in the detection of ectopic pregnancy and multiple gestation. For diagnostic purpose, Results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Males and Females : It may also be found in higher than normal amounts in patients with some types of cancer, including testicular, ovarian, liver, stomach, and lung cancers, and in other disorders. Measuring the amount of beta-hCG in the blood of cancer patients may help to diagnose cancer and find out how well cancer treatment is working. Beta-hCG is a type of tumor marker

Kit Validation References: Braunstein GD, Rasor J, Adler D, Danzer H, Wade Me. Serum Human Chorionic Gonadotropin Levels Throughout Normal Pregnancy. Am J Obstet Gynecol 1976; 126: 678-81.

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thyrocare Technologies Ltd - (CAP accredited)

Dr Arshiya MD(Path)

Dr Ritika Khurana
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Processed At :
Thyrocare - D-37/1,TTC
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TEST NAME	TECHNOLOGY	VALUE	UNITS
RHEUMATOID FACTOR (RF)	IMMUNOTURBIDIMETRY	< 10	IU/mL

Bio. Ref. Interval. :
ADULT : <= 18

Clinical Significance:
Rheumatoid factor is an anti IgG autoimmune antibody. There are high concentration of rheumatoid factor in the serum of some disease, especially rheumatoid arthritis patients. It helps to diagnose rheumatism ,systematic lupus erythematosus, chronic hepatitis etc.

Specifications:
Precision %CV :- Intra assay %CV- 1.38% , Inter assay %CV-2.88%, Sensitivity :- 40 IU/mL.

Kit Validation Reference:
Anderson, S.G., Bentzon, M.W., Houba, V. and Krag, P. Bull. Wld. Hlth. Org. 42: 311-318 (1970).

Method : LATEX ENHANCED IMMUNOTURBIDIMETRY

Please correlate with clinical conditions.

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thyrocare Technologies Ltd - (CAP accredited)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	E.C.L.I.A	30.1	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. Vitamin D the underappreciated D-Lightful hormone that is important for Skeletal and cellular health Curr Opin Endocrinol Diabetes 2002;9(1):87-98.

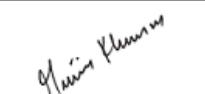
Please correlate with clinical conditions.

Method:- Fully Automated Electrochemiluminescence Competitive Immunoassay

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)


Dr Arshiya MD(Path)


Dr Ritika Khurana
MD(Path)

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REPORT

Patient Name : KRANTHI MAMIDISETTY(40Y/M)
Referred By : SELF
Home Collection : APT 1304 BLOCK K CRISTALLO SMR VINAY ICONIA MASJID BANDA

Sample Collected on (SCT) : 21 Aug 2025 06:15
Sample Received on (SRT) : 22 Aug 2025 05:50
Report Released on (RRT) : 23 Aug 2025 21:59
Sample Type | Barcode : SERUM | DX134445

TEST NAME	TECHNOLOGY	VALUE	UNITS
PROGESTERONE	C.M.I.A	< 0.5	ng/mL
Bio. Ref. Interval. :-			
Adult males : < 0.10 - 0.20 ng/ml			
Normal menstruating females			
Follicular phase	: < 0.10 - 0.30 ng/ml		
Luteal phase	: 1.20 - 15.9 ng/ml		
Postmenopausal females : < 0.10 - 0.20 ng/ml			
Pregnant Women			
1st Trimester	: 2.80 - 147.3 ng/ml		
2nd Trimester	: 22.5 - 95.3 ng/ml		
3rd Trimester	: 27.9 - 242.5 ng/ml		

Clinical significance: Clinical evaluation of progesterone confirms ovulation and normal luteal function in nonpregnant women. Inadequate progesterone production by the corpus luteum may indicate luteal phase deficiency (LPD), which is associated with infertility and early miscarriage. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Precision: Intra assay (%CV): 5.5 %, Inter assay (%CV): 6.2%; Sensitivity: < 0.1 ng/ml

Kit Validation Reference: Weigel NL, Rowan BG. Estrogen and progesterone action. In: DeGroot LJ, Jameson JL, et al. eds. Endocrinology. Vol 3. 4th ed. Philadelphia: WB Saunders Co., 2001. 2053-2060

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)

Dr Arshiya MD(Path)

Dr Ritika Khurana
MD(Path)

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REPORT

Patient Name : KRANTHI MAMIDISETTY(40Y/M)
Referred By : SELF
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Sample Type | Barcode : SERUM | DX134445

TEST NAME	TECHNOLOGY	VALUE	UNITS
ESTRADIOL/OESTROGEN (E2)	C.M.I.A	< 10	pg/mL

Bio. Ref. Interval. :-

Males : 11 - 44 pg/mL

Normal Menstruating Females :

Follicular Phase : 21 - 251 pg/mL

Mid-Cycle Phase : 38 - 649 pg/mL

Luteal Phase : 21 - 312 pg/mL

Postmenopausal

Females not on HRT: < 10 - 28 pg/mL

Female on HRT : < 10 - 144 pg/mL

Clinical Significance: During the early follicular phase, The Estradiol level is relatively constant and low. By day seven, The dominant follicle is established and the Estradiol level rises significantly. The elevated Estradiol level suppresses the FSH level by negative feedback on the Hypothalamus and Pituitary gland and triggers a rapid rise of LH. Elevated Estradiol levels in females may also result from primary or secondary ovarian hyperfunction. Very high Estradiol levels are found during the induction of ovulation for assisted reproduction therapy or in pregnancy. Decreased Estradiol levels in females may result from either the lack of ovarian synthesis or a lesion in the Hypothalamus-Pituitary Axis.

Specification: Precision: Intra assay (%CV): 6.4, Inter assay (%CV):7.4,Sensitivity: <=10 pg/mL.

Kit Validation References: Muse K, Wilson EA. Monitoring ovulation induction: use of biochemical and biophysical parameters. Sem Reprod Endocrinol 1986;4(3):301-9

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)

Dr Arshiya MD(Path)

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MD(Path)

Processed At :
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REPORT

Patient Name : KRANTHI MAMIDISETTY(40Y/M)
Referred By : SELF
Home Collection : APT 1304 BLOCK K CRISTALLO SMR VINAY ICONIA MASJID BANDA

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Sample Type | Barcode : SERUM | DX134445

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	97	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	0.7	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.

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd

Dr Arshya MD(Path)

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MD(Path)

Processed At :
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REPORT

Patient Name : KRANTHI MAMIDISETTY(40Y/M)
Referred By : SELF
Home Collection : APT 1304 BLOCK K CRISTALLO SMR VINAY ICONIA MASJID BANDA

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Sample Type | Barcode : SERUM | DX134445

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI NUCLEAR ANTIBODIES (ANA)	E.L.I.S.A	11.17	AU/mL

Bio. Ref. Interval. :

Negative : < 50
Borderline : 50 - 70
Positive : > 70

Clinical Significance:

Autoimmune diseases are characterized by abnormal functioning of Immune System where cell recognition mechanism fails to distinguish " Self " and " non-self " antigens. Presence of ANA autoantibodies associated with rheumatic autoimmune diseases such as systemic Lupus Erythematosus (SLE), Sjogren Syndrome, Scleroderma and mixed connective tissue disease (MCTD).

Specifications:

Specification:- Precision: Intra assay (%CV): <=6.6, Inter assay (%CV): <=13.3, Sensitivity: 87.1%, Specificity: 80%.

Kit Validation Reference:

Antinuclear Antibody The Lancet, September 15, 1984: 611-13

Method : INDIRECT SOLID PHASE IMMUNOASSAY

Please correlate with clinical conditions.

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thyrocare Technologies Ltd - (CAP accredited)

Dr Arshiya MD(Path)

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REPORT

Patient Name : KRANTHI MAMIDISETTY(40Y/M)
Referred By : SELF
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Sample Type | Barcode : SERUM | DX134445

TEST NAME	TECHNOLOGY	VALUE	UNITS
FERRITIN	C.M.I.A	113.8	ng/mL
Bio. Ref. Interval. : Men: 21.81 - 274.66 ng/ml Women: 4.63 - 204.00 ng/ml			
Method : Fully Automated Chemi Luminescent Microparticle Immunoassay			
IRON	PHOTOMETRY	98	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170			
Method : Ferrozine method without deproteinization			

Please correlate with clinical conditions.

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thyrocare Technologies Ltd - (CAP accredited)

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REPORT

Patient Name : KRANTHI MAMIDISETTY(40Y/M)
Referred By : SELF
Home Collection : APT 1304 BLOCK K CRISTALLO SMR VINAY ICONIA MASJID BANDA

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Sample Type | Barcode : SERUM | DX134445

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	E.C.L.I.A	369	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

Please correlate with clinical conditions.

Method:- Fully Automated Electrochemiluminescence Competitive Immunoassay

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)


Dr Arshiya MD(Path)


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REPORT

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Sample Type | Barcode : SERUM | DX134445

TEST NAME	TECHNOLOGY	VALUE	UNITS
INSULIN - FASTING	C.L.I.A	15.8	µU/mL

Bio. Ref. Interval. :-
1.9-23 µU/mL

Clinical Significance

Type I (Insulin dependent: "Juvenile") diabetes is due to a destruction of the beta cells, with a consequence of absolute lack of insulin. In type II (Non insulin-dependent: "Maturity onset") diabetes, insulin resistance may play an important role; However after several years of evolution, beta-cells failure may occur, leading to a relative insulinopenia requiring, in some cases, insulin administration. Insulin resistance is associated with high circulation levels of the hormone.

For diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Specifications:

Precision: Intra Assay (%CV): 4.20 %, Inter Assay (%CV): 5.60%; Sensitivity: 0.03 µU/mL

External quality control program participation:

College Of American Pathologists: Insulin Survey (Ing): Cap Number: 7193855-01

Kit validation references:

Howanitz PJ, Howanitz JH, Henry JB. Carbohydrates.Clinical Diagnosis and Management by Laboratory Methods 1991 ;172-182.edited by Henry JB, Philadelphia, W.B Saunders Company.

Please correlate with clinical conditions.

Method:- One step Immunoenzymatic (Sandwich) assay.

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd

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REPORT

Patient Name : KRANTHI MAMIDISETTY(40Y/M)
Referred By : SELF
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Sample Type | Barcode : SERUM | DX134445

TEST NAME	TECHNOLOGY	VALUE	UNITS
Lipoprotein (a) [Lp(a)]	IMMUNOTURBIDIMETRY	13.3	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

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)


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REPORT

Patient Name : KRANTHI MAMIDISETTY(40Y/M)
Referred By : SELF
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Report Released on (RRT) : 23 Aug 2025 21:59
Sample Type | Barcode : SERUM | DX134445

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM ZINC	PHOTOMETRY	104.49	µg/dL

Bio. Ref. Interval. :-

52 - 286

Clinical Significance:

Zinc is one of the essential trace elements in the body. Its metalloenzymes play a key role in protein and nucleic acid synthesis, gene expression, wound healing, as an antioxidant, etc. Deficiency can cause- Poor wound healing, gastroenteritis, impaired spermatogenesis, Alzheimer's disease, etc. Toxicity may be manifested as pancreatitis, gastric ulcer, anemia, pulmonary fibrosis.

Specifications:

Precision: Intra assay (%CV): 2.02, Inter assay (%CV): 2.22.

Kit Validation References:

Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 347-9

Please correlate with clinical conditions.

Method:- NITRO - PAPS

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)


Dr Arshiya MD(Path)


Dr Ritika Khurana
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REPORT

Patient Name : KRANTHI MAMIDISETTY(40Y/M)

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Sample Type | Barcode : SERUM | DX134445

TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	E.C.L.I.A	190	ng/dL

Bio. Ref. Interval. :-

280 - 800

Clinical Significance: Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males. Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinemia, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 11.50 %, Inter assay (%CV): 5.70%; Sensitivity: 7 ng/dL.

Kit Validation Reference: Wilson JD Foster DW (Eds) Williams Textbook of Endocrinology 8th Edition WB Saunders Philadelphia Pennsylvania.

Note : The Biological Reference Range mentioned is specific to the age group and gender. Kindly correlate clinically.

Please correlate with clinical conditions.

Method:- Fully Automated Electrochemiluminescence Competitive Immunoassay

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)

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Sample Type | Barcode : SERUM | DX134445

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	3.4	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

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)


Dr Arshiya MD(Path)


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REPORT

Patient Name : KRANTHI MAMIDISETTY(40Y/M)
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Report Released on (RRT) : 23 Aug 2025 21:59
Sample Type | Barcode : SERUM | DX134445

TEST NAME	TECHNOLOGY	VALUE	UNITS
PROSTATE SPECIFIC ANTIGEN (PSA)	C.L.I.A	0.35	ng/mL

Bio. Ref. Interval. :-

Normal : < 4.00 ng/ml
Border line : 4.01 to 10.00 ng/ml

Clinical Significance:

Elevated levels of PSA are associated with prostate cancer, but may also be seen with prostatitis (Inflammation of the prostate) and benign prostatic hyperplasia (BPH). PSA test done along with free PSA provides additional information. Studies have suggested that the percentage of free PSA in total PSA is lower in patients with prostate cancer than those with benign prostate hyperplasia.

Specification:

Precision: Intra assay (%CV): 4.38%, Inter assay (%CV): 4.67%; Sensitivity: 0.01 ng/ml

Kit validation references:

Wang MC, Valenzuela LA, Murphy GP, and Chu TM. Purification of a human prostate-specific antigen. Invest. Urol. 1979; 17: 159

Please correlate with clinical conditions.

Method:- TWO SITE SANDWICH IMMUNOASSAY

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)

Dr Arshiya MD(Path)

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Corporate office: Thycare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703.

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REPORT

Patient Name : KRANTHI MAMIDISETTY(40Y/M)
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Sample Type | Barcode : SERUM | DX134445

TEST NAME	TECHNOLOGY	VALUE	UNITS
AMYLASE	PHOTOMETRY	46.9	U/L

Bio. Ref. Interval. :-

Adults : 28-100 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: Intra assay (%CV): 2.82, Inter assay (%CV): 2.49, Sensitivity: 10.9 U/L.

Kit Validation References:

Rauscher, E., et coll., Fresenius Z. Analyt. Chem. 324 (1986) 304-305.

Please correlate with clinical conditions.

Method:- ENZYMATIC COLORIMETRIC TEST

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)

Dr Arshiya MD(Path)

Dr Ritika Khurana
MD(Path)

Corporate office: Thycare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703.

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REPORT

Patient Name : KRANTHI MAMIDISETTY(40Y/M)
Referred By : SELF
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Sample Type | Barcode : SERUM | DX134445

TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPASE	PHOTOMETRY	38.4	U/L

Bio. Ref. Interval. :-

Adults : 5.6 - 51.3 U/L

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: Intra assay (%CV): 3.35, Inter assay (%CV): 2.46, Sensitivity: 3.5 U/L.

Kit Validation References:

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

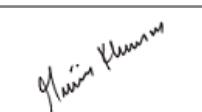
Please correlate with clinical conditions.

Method:- ENZYMATIC COLORIMETRIC ASSAY

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)


Dr Arshiya MD(Path)


Dr Ritika Khurana
MD(Path)

Corporate office: Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703.

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REPORT

Patient Name : **KRANTHI MAMIDISETTY(40Y/M)**
 Referred By : **SELF**
 Home Collection : **APT 1304 BLOCK K CRISTALLO SMR VINAY ICONIA MASJID BANDA**

Sample Collected on (SCT) : **21 Aug 2025 06:15**
 Sample Received on (SRT) : **22 Aug 2025 05:50**
 Report Released on (RRT) : **23 Aug 2025 21:59**
 Sample Type | Barcode : **SERUM | DX134445**

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	179	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	46	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	111.7	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	109	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.9	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	2.39	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	2.5	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.41	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	133.6	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	21.78	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.

Tests Done : **PMX THRIVE COMPREHENSIVE MALE**

Report Remarks : Clinically Tested by :Thyrocare Technologies Ltd

Dr Arshiya MD(Path)

Dr Ritika Khurana
MD(Path)

Processed At :
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Tests you can trust

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REPORT

Patient Name : KRANTHI MAMIDISETTY(40Y/M)

Referred By : SELF

Home Collection : APT 1304 BLOCK K CRISTALLO SMR VINAY ICONIA MASJID BANDA

Sample Collected on (SCT) : 21 Aug 2025 06:15

Sample Received on (SRT) : 22 Aug 2025 05:50

Report Released on (RRT) : 23 Aug 2025 21:59

Sample Type | Barcode : SERUM | DX134445

TEST NAME	TECHNOLOGY	VALUE	UNITS
CREATININE PHOSPHOKINASE	PHOTOMETRY	168	U/L

Bio. Ref. Interval. :-

Female : < 167 U/L

Male : < 190 U/L

Clinical Significance:

Serum Creatinine kinase (CK) levels have proven valuable in the assessment of cardiac and skeletal muscle diseases, including myocardial infarction and muscular dystrophy.

Specifications:

Precision %CV :- Intra assay %CV- 0.62% , Inter assay %CV-0.52 % Sensitivity : 3.0 U/L

Kit Validation Reference:

Tietz, N. W, Textbook of Clinical Chemistry, W.B. Saunders Co. ,Philadelphia, 1986, p. 678-6863.

Please correlate with clinical conditions.

Method:- DGKC

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)

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REPORT

Patient Name : KRANTHI MAMIDISETTY(40Y/M)
Referred By : SELF
Home Collection : APT 1304 BLOCK K CRISTALLO SMR VINAY ICONIA MASJID BANDA

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Report Released on (RRT) : 23 Aug 2025 21:59
Sample Type | Barcode : SERUM | DX134445

TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLLICLE STIMULATING HORMONE (FSH)	C.L.I.A	8.45	mIU/mL
Bio. Ref. Interval. : Females : Normally Menstruating : Follicular Phase : 2.5-10.2 Midcycle Peak: 3.4 - 33.4 Luteal Phase :1.5-9.1 Pregnant : < 0.3 Postmenopausal : 23.0 - 116.3 Males (13 - 70 Years) : 1.4-18.1			
Method : Fully Automated Bidirectionally Interfaced Chemi Luminescent Immuno Assay			
LUTEINISING HORMONE (LH)	C.L.I.A	7.04	mIU/mL
Bio. Ref. Interval. : Females: Normally Menstruating: Follicular Phase : 1.9 - 12.5 Midcycle Peak : 8.7 - 76.3 Luteal Phase :0.5 - 16.9 Pregnant : 0.1 - 1.5 Postmenopausal : 15.9 - 54.0 Children : 0.1 - 6.0 Males (20 - 70 Years) : 1.5 - 9.3 >70 Years : 3.1 - 34.6			
Method : Fully Automated Bidirectionally Interfaced Chemi Luminescent Immuno Assay			
PROLACTIN (PRL)	E.C.L.I.A	19	ng/mL
Bio. Ref. Interval. : Men : 4.04-15.2 ng/ml Women (Non Pregnant) : 4.79-23.3 ng/ml First Trimester 9.95 - 101ng/ml Second Trimester -17.2 - 270 ng/ml Third Trimester 67.9 - 419 ng/ml			
Clinical Significance : - Prolactin is a hormone which is secreted in pulsatile manner and is also influenced by a variety of physiological stimuli like - stress, pain, coitus, nipple stimulation, sleep etc . Hence it is recommended to test 3 specimens at 20-30 minute intervals after pooling if clinically indicated. - prolactin levels may show elevation if collected <3-4 hrs after waking up - Prolactin test is used in diagnosis and management of pituitary adenomas, infertility, male and female hypogonadism etc - Macroprolactin assay is recommended if prolactin levels are elevated but there are no signs and symptoms of hyperprolactinemia or if pituitary imaging studies are normal. - Prolactin levels also show interference with certain psychiatric medicines, antihypertensives, opiates, ranitidine etc - Results obtained after to interpreted in conjunction with clinical history and other findings			
Method : Fully Automated Electrochemiluminescence Sandwich Immunoassay			
Please correlate with clinical conditions.			

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thyrocare Technologies Ltd - (CAP accredited)

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REPORT

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	82.9	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.57	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.1	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.47	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	28.5	U/L	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	23.5	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	35.5	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	0.66	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	8.65	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.15	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	4.5	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	0.92	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

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thyrocare Technologies Ltd

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TEST NAME	TECHNOLOGY	VALUE	UNITS
MAGNESIUM	PHOTOMETRY	2.02	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 hypermagnesemia 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

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
LACTATE DEHYDROGENASE (LDH)	PHOTOMETRY	189.3	U/L

Bio. Ref. Interval :-

120-250

Clinical Significance:

Lactate Dehydrogenase occurs in the cytoplasm of all cells; there are five isoenzymes. The highest concentration are found in heart, liver, skeletal muscle, kidney, and the RBCs, with lesser amounts in lung, smooth muscle, and brain. LD catalyzes the interconversion of lactate and pyruvate. Marked elevations in lactate dehydrogenase (LD) activity can be observed in megaloblastic anemia, untreated pernicious anemia, Hodgkin's disease, abdominal and lung cancers, severe shock, and hypoxia. Moderate to slight increases in LD levels are seen in myocardial infarction (MI), pulmonary infarction, pulmonary embolism, leukemia, hemolytic anemia, infectious mononucleosis, progressive muscular dystrophy (especially in the early and middle stages of the disease), liver disease, and renal disease. In liver disease, elevations of LD are not as great as the increases in aspartate amino transferase (AST) and alanine aminotransferase (ALT). Increased levels of the enzyme are found in about one third of patients with renal disease, especially those with tubular necrosis or pyelonephritis. However, these elevations do not correlate well with proteinuria or other parameters of renal disease. On occasion a raised LD level may be the only evidence to suggest the presence of a hidden pulmonary embolus.

Specifications: Precision: Intra assay (%CV): 0.76, Inter assay (%CV): 1.8, Sensitivity: >=0.01

Kit validation references:

Amador E. Dorfman L. E. Wacker W. E., Clin. Chem., 1963; 331

Please correlate with clinical conditions.

Method:- LACTATE / NAD METHOD

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thyrocare Technologies Ltd - (CAP accredited)

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Dr Ritika Khurana
MD(Path)

Processed At :
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REPORT

Patient Name : KRANTHI MAMIDISETTY(40Y/M)
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TEST NAME	TECHNOLOGY	VALUE
HEPATITIS B SURFACE ANTIGEN(HBSAG) RAPID TEST	IMMUNOASSAY	NON REACTIVE

NONREACTIVE : Indicates absence of Hepatitis B viral surface antigen

REACTIVE : Indicates presence of Hepatitis B viral surface antigen

Clinical Significance :

1. This is a screening and qualitative test and a positive report does not confirm diagnosis. All Reactive tests should be confirmed with HBV DNA PCR and other laboratory methods, as per National guidelines.
2. The test should always be evaluated with other data available to the physician.
3. False Reactive tests can be observed in patients receiving Mouse monoclonal antibodies, Biotin therapy and due to presence of heterophile antibodies in serum.
4. False Non reactive results can be obtained if sample collected in early course of disease.

Sensitivity : 100% , Specificity : 100%

References: Voller A, Bartlett A, and Bidwell D. Zuckermann AJ: Viral Hepatitis with special reference to hepatitis B immunoassays for the 80s. eds University Park Press. 1981;361-373. National Laboratory guidelines for viral Hepatitis.

Please correlate with clinical conditions.

Method:- RAPID IMMUNOCHROMATOGRAPHIC ASSAY

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd

Dr Arshiya MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
FREE TRIIODOTHYRONINE (FT3)	E.C.L.I.A	3.1	pg/mL	2.0-4.4
FREE THYROXINE (FT4)	E.C.L.I.A	1.29	ng/dL	0.93-1.7
TSH - ULTRASENSITIVE	E.C.L.I.A	2.79	μIU/mL	0.54-5.30

Comments :

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

Method :

FT3,FT4 - Fully Automated Electrochemiluminescence Competitive Immunoassay
USTSH - Fully Automated Electrochemiluminescence Sandwich 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.

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thyrocare Technologies Ltd

Dr Arshiya MD(Path)

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REPORT

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TEST NAME	TECHNOLOGY	VALUE	UNITS
SODIUM	I.S.E - INDIRECT	138.4	mmol/L
Bio. Ref. Interval. : Adults: 136-145 mmol/l			
Method : ION SELECTIVE ELECTRODE - INDIRECT			
POTASSIUM			
	I.S.E - INDIRECT	3.92	mmol/L
Bio. Ref. Interval. : ADULTS: 3.5-5.1 MMOL/L			
Clinical Significance : An abnormal increase in potassium (hyperkalemia) can profoundly affect the nervous system and increase the chance of irregular heartbeats (arrhythmias), which, when extreme, can be fatal. 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 Potassium in a given specimen may vary due to differences in assay methods, calibration and reagent specificity.			
Method : ION SELECTIVE ELECTRODE - INDIRECT			
CHLORIDE	I.S.E - INDIRECT	100.2	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.

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	17.03	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.75	mg/dL	0.72-1.18
BUN / Sr.CREATININE RATIO	CALCULATED	22.71	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	36.44	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	48.59	Ratio	< 52
CALCIUM	PHOTOMETRY	9.31	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	7.8	mg/dL	4.2 - 7.3

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

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thyrocare Technologies Ltd - (CAP accredited)

Arshiya MD
Pathologist

Ritika Khurana
MD Pathologist

Dr Arshiya MD(Path)

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Sample Type | Barcode : SERUM | DX134445

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	117	mL/min/1.73 m ²

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

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thyrocare Technologies Ltd

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMA INSULIN RESISTANCE INDEX	CALCULATED	3.56	Index

Bio. Ref. Interval. :-

Normal : < 2.0

Clinical Significance:

Homeostatic Model Assessment for Insulin Resistance (HOMA-IR)-is an index used to determine insulin resistance .Obesity, lack of Physical activity are few of the factors which contribute to insulin resistance which may lead to increase the risk of Cardiovascular disease.It is recommended to see HOMA-IR index as a cause for concern, not as an exact diagnosis.

Kit Validation Reference:

Matthews, D. R.etc."Homeostasis model assessment: insulin resistance and beta-cell function from fasting plasma glucose and insulin concentrations in man" Diabetologia (July 1985).

Please correlate with clinical conditions.

Method:- Derived from Insulin and Blood Sugar values

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd

Dr Arshiya MD(Path)

Dr Ritika Khurana
MD(Path)

Processed At :

Thyrocare - H. NO.

1-9-645, Vidyanagar, Adikmet

Road, Near SBH, Hyderabad-500

044



Tests you can trust

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www.thyrocare.com

REPORT

Patient Name : KRANTHI MAMIDISETTY(40Y/M)

Referred By : SELF

Home Collection : APT 1304 BLOCK K CRISTALLO SMR VINAY ICONIA MASJID BANDA

Sample Collected on (SCT) : 21 Aug 2025 06:15

Sample Received on (SRT) : 21 Aug 2025 13:20

Report Released on (RRT) : 21 Aug 2025 16:51

Sample Type | Barcode : URINE | EC404444

TEST NAME	TECHNOLOGY	VALUE	UNITS
DIABETES SCREEN (URINE)			
URINARY MICROALBUMIN	PHOTOMETRY	11.7	µg/mL
Bio. Ref. Interval. : Adults: Less than 25 µg/ml			
Method : Fully Automated Immuno Turbidometry			
CREATININE - URINE	PHOTOMETRY	212.06	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	5.5	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.

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Dr Amulya MD (Path)

Report Remarks : Clinically Tested by :Thyrocare Technologies Ltd

Corporate office: Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703.
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REPORT

Patient Name : KRANTHI MAMIDISETTY(40Y/M)
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 Sample Type | Barcode : URINE | EC404444

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	SLIGHT CLOUDY	-	Clear
SPECIFIC GRAVITY	pKa change	1.02	-	1.003-1.030
PH	pH indicator	5.5	-	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	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)

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Dr Amulya MD (Path)

Report Remarks : Clinically Tested by :Thyrocare Technologies Ltd

Processed At :
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REPORT

Patient Name : KRANTHI MAMIDISETTY(40Y/M)
Referred By : SELF
Home Collection : APT 1304 BLOCK K CRISTALLO SMR VINAY ICONIA MASJID BANDA

Sample Collected on (SCT) : 21 Aug 2025 06:15
Sample Received on (SRT) : 21 Aug 2025 13:13
Report Released on (RRT) : 21 Aug 2025 14:22
Sample Type | Barcode : FLUORIDE PLASMA | DQ308300

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	91.18	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

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd

Dr Amulya MD (Path)

Dr Abdur R MD
(Biochem)

Processed At :
Thyrocare - D-37/1,TTC
MIDC,Turbhe, Navi Mumbai-400
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REPORT

Patient Name : KRANTHI MAMIDISETTY(40Y/M)
Referred By : SELF
Home Collection : APT 1304 BLOCK K CRISTALLO SMR VINAY ICONIA MASJID BANDA

Sample Collected on (SCT) : 21 Aug 2025 06:15
Sample Received on (SRT) : 22 Aug 2025 05:49
Report Released on (RRT) : 22 Aug 2025 16:21
Sample Type | Barcode : EDTA Whole Blood | ED317439

TEST NAME	TECHNOLOGY	VALUE	UNITS
ADRENOCORTICOTROPIC HORMONE (ACTH)	C.L.I.A	41.2	pg/mL

Bio. Ref. Interval :-

Normal: < 46 pg/mL

Clinical Significance:

ACTH determinations are valuable in the differential diagnosis of adrenal insufficiency and hypersecretion. In Addisons disease (primary adrenal insufficiency), elevated levels are typical, whereas low levels are the rule when adrenal insufficiency is secondary to pituitary dysfunction. ACTH determinations can also help to identify the cause of cortisol hypersecretion in Cushing's syndrome. ACTH levels are typically low when this is due to lesions or hyperplasia of the adrenal cortex, and high when it is due to ectopic ACTH production or hypersecretion of ACTH by the pituitary.

Specifications:

Precision: Intra assay (%CV): 9.5, Inter assay (%CV): 10.0, Sensitivity: 5pg/mL

Kit Validation Reference:

Broughton A. Application of adrenocorticotropin assays in a routine clinical laboratory. Am J Clin Path 1975;64:618-24

Please correlate with clinical conditions.

Method:- Solid-phase two-site sequential chemiluminescent immunometric assay

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)

Dr Arshiya MD(Path)

Dr Ritika Khurana
MD(Path)

Corporate office: Thycare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703.

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REPORT

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

Bio. Ref. Interval. :

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 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.

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd -
(NGSP accredited)

Arshya Doss

Dr Arshya MD(Path)

Ritika Khurana

Dr Ritika Khurana
MD(Path)

Processed At :
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REPORT

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TEST NAME	TECHNOLOGY	VALUE
BLOOD GROUPING	AGGLUTINATION	AB
RH TYPING	AGGLUTINATION	POSITIVE

Method:- Processed on fully automated Matrix Automax analyser based on gel column agglutination technology.

Tests Done : PMX THRIVE COMPREHENSIVE MALE

Report Remarks : Clinically Tested by :Thycare Technologies Ltd - (CAP accredited)

Dr Arshiya MD(Path)

Dr Ritika Khurana
MD(Path)

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TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	SLS-Hemoglobin Method	14.8	g/dL	13.0-17.0
Hematocrit (PCV)	CPH Detection	45.7	%	40.0-50.0
Total RBC	HF & EI	4.91	X 10^6/ μ L	4.5-5.5
Mean Corpuscular Volume (MCV)	Calculated	93.1	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	30.1	pq	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	32.4	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	Calculated	48.6	fL	39-46
Red Cell Distribution Width (RDW - CV)	Calculated	14.2	%	11.6-14
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	269.3	-	*Refer Note below
MENTZER INDEX	Calculated	19	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	9.98	X 10 ³ / μ L	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	43	%	40-80
Lymphocytes Percentage	Flow Cytometry	48	%	20-40
Monocytes Percentage	Flow Cytometry	2.7	%	2-10
Eosinophils Percentage	Flow Cytometry	5.7	%	1-6
Basophils Percentage	Flow Cytometry	0.4	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.2	%	0-0.5
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	4.29	X 10 ³ / μ L	2.0-7.0
Lymphocytes - Absolute Count	Calculated	4.79	X 10³ / μL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.27	X 10 ³ / μ L	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.04	X 10 ³ / μ L	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.57	X 10³ / μL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.02	X 10 ³ / μ L	0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10 ³ / μ L	0.0-0.5
PLATELET COUNT				
Mean Platelet Volume (MPV)	Calculated	10.5	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	11.6	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	28.5	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.27	%	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 Impedance, *Hb- hemoglobin, *CPH- Cumulative pulse height)

~~ End of report ~~

Tests Done : PMX THRIVE COMPREHENSIVE MALE



Report Remarks : Clinically Tested by :Thyrocare Technologies Ltd - (CAP accredited)

Dr Arshiya MD(Path)

Dr Ritika Khurana
MD(Path)Scan QR to verify(valid for
30 days from release time)