

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

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

**NAME** : JAREENA BEGUM(46Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD

**HOME COLLECTION :**  
 305 3rd floor Mount Santoshi apartments 305  
 3rd floor Mount Santoshi apartments Mayuri  
 Marg Begumpet Hyderabad-500016 305 3rd floor

## Report Availability Summary

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

**47** Ready

**0** Ready with Cancellation

**0** Processing

**0** Cancelled in Lab

### TEST DETAILS

### REPORT STATUS

PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD		Ready
BLOOD UREA NITROGEN (BUN)		Ready
CALCIUM		Ready
CORTISOL		Ready
C-PEPTIDE		Ready
25-OH VITAMIN D (TOTAL)		Ready
DHEA - SULPHATE (DHEAS)		Ready
ESTRADIOL/OESTROGEN (E2)		Ready
FERRITIN		Ready
FOLATE		Ready
FOLLICLE STIMULATING HORMONE (FSH)		Ready
FREE TESTOSTERONE		Ready
HEPATITIS B SURFACE ANTIGEN(HBSAG) RAPID TEST		Ready
HOMOCYSTEINE		Ready
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)		Ready
INSULIN LIKE GROWTH FACTOR 1		Ready
IRON		Ready
LIPASE		Ready
LUTEINISING HORMONE (LH)		Ready
Lipoprotein (a) [Lp(a)]		Ready
MAGNESIUM		Ready
PROLACTIN (PRL)		Ready
PROGESTERONE		Ready
RHEUMATOID FACTOR (RF)		Ready
CREATININE - SERUM		Ready
SERUM ZINC		Ready
SEX HORMONE BINDING GLOBULIN (SHBG)		Ready

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### TEST DETAILS

### REPORT STATUS

17 OH PROGESTERONE	Ready
TESTOSTERONE	Ready
URINARY MICROALBUMIN	Ready
URIC ACID	Ready
VITAMIN B-12	Ready
COMPLETE URINE ANALYSIS	Ready
HBA PROFILE	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
ANTI CCP (ACCP)	Ready
LIVER FUNCTION TESTS	Ready
SERUM ELECTROLYTES	Ready
LIPID PROFILE	Ready
FT3-FT4-USTSH	Ready
APOLIOPROTEIN RATIO	Ready
INSULIN INDICES	Ready
ALDOSTERONE	Ready
AMYLASE	Ready
ANTI NUCLEAR ANTIBODIES (ANA)	Ready
DIHYDROTESTOSTERONE (DHT)	Ready
ANTI THYROGLOBULIN ANTIBODY (ATG)	Ready
ANTI MULLERIAN HORMONE (AMH)	Ready

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TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI MULLERIAN HORMONE (AMH)	E.C.L.I.A	< 0.01	ng/mL

**Bio. Ref. Interval. :-**

Healthy Male : 0.77-14.5

Females

<= 2 years : <4.7  
 02-12 years : <8.8  
 12-20 years : 0.9-9.5  
 20-24 years : 1.22-11.7  
 25-29 years : 0.89-9.85  
 30-34 years : 0.57-8.13  
 35-39 years : 0.14-7.49  
 40-44 years : 0.02-5.47  
 45-50 years : 0.010-2.71

PCOS women : 1.86-18.9

Clinical Significance:

1. Antimullerian hormone (AMH), also known as mullerian inhibiting substance, belongs to the transforming growth factor-beta family.
2. It is produced by Sertoli cells of the testis in males and by ovarian granulosa cells in females.
3. AMH is expressed in the follicles of females of reproductive age and inhibits the transition of follicles from primordial to primary stages.
4. Measurement of AMH has utility in the assessment of gender, gonadal function, fertility, and as a gonadal tumor marker.
5. 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.
6. The monoclonal antibodies used are highly specific to Human AMH but it may cross react with high levels of LH, FSH, Inhibin A, Activin A, biotin etc.

References :

1. Kit Inserts
2. Wilson CA, di Clemente N, Ehrenfels C, et al. Mullerian inhibiting substance requires its N-terminal domain for maintenance of biological activity, a novel finding within the transforming growth factor-beta superfamily. Mol Endocrinol 1993;7(2):247-257.

**Please correlate with clinical conditions.**

**Method:-** SANDWICH ELECTRO-CHEMILUMINESCENCE IMMUNOASSAY (E.C.L.I.A)

**Sample Collected on (SCT)** : 27 Jan 2025 06:24  
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**Sample Type** : SERUM  
**Labcode** : 2701002808/DJ851  
**Barcode** : DD006768



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TEST NAME	TECHNOLOGY	VALUE	UNITS
DIHYDROTESTOSTERONE (DHT)	E.L.I.S.A	462.46	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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
SEX HORMONE BINDING GLOBULIN (SHBG)	C.L.I.A	40.7	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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
INSULIN LIKE GROWTH FACTOR 1	C.L.I.A	110	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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
17 OH PROGESTERONE	E.L.I.S.A	0.8	ng/mL

**Bio. Ref. Interval. :-**

Children : 0.13 - 1.13  
 Men : 0.20 - 1.38

Women  
 Follicular Phase : 0.13 - 0.89  
 Lutein 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:**

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

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**Please correlate with clinical conditions.**

**Method:-** COMPETITIVE ENZYME IMMUNOASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
C-PEPTIDE	E.C.L.I.A	2.09	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	0.76	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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI THYROGLOBULIN ANTIBODY (ATG)	C.L.I.A	< 0.9	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 Hashimoto's 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 Saunders 1994.

**Please correlate with clinical conditions.**

**Method:-** TWO-STEP IMMUNOENZYMATIC (SANDWICH) ASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMOCYSTEINE	PHOTOMETRY	9.48	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)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI CCP (ACCP)	C.M.I.A	< 0.5	U/mL

**Reference Range :-**

BRI	Interpretation
Negative < 5	Absence of IgG autoantibodies to cyclic citrullinated peptides (CCP)
Positive ≥ 5	Presence of IgG autoantibodies to cyclic citrullinated peptides (CCP)

**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)

**Sample Collected on (SCT)** : 27 Jan 2025 06:24  
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**Report Released on (RRT)** : 28 Jan 2025 13:27  
**Sample Type** : SERUM  
**Labcode** : 2701002808/DJ851  
**Barcode** : DD006768

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Dr Arshiya MD(Path)

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

**NAME** : JAREENA BEGUM(46Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD

**HOME COLLECTION :**  
 305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg

TEST NAME	TECHNOLOGY	VALUE	UNITS
CORTISOL	E.C.L.I.A	27.6	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

**Sample Collected on (SCT)** : 27 Jan 2025 06:24  
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**Labcode** : 2701002808/DJ851  
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Dr Arshiya MD(Path)

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**NAME** : JAREENA BEGUM(46Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD

**HOME COLLECTION :**  
 305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg

TEST NAME	TECHNOLOGY	VALUE	UNITS
DHEA - SULPHATE (DHEAS)	C.L.I.A	88.5	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

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**NAME** : JAREENA BEGUM(46Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD

**HOME COLLECTION :**  
 305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg

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

**Sample Collected on (SCT)** : 27 Jan 2025 06:24  
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**TEST ASKED** : PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD

**HOME COLLECTION :**  
 305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	E.C.L.I.A	32.7	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

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<b>REF. BY</b>	: SELF	305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016
<b>TEST ASKED</b>	: PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD	

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.**

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**NAME** : JAREENA BEGUM(46Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD

**HOME COLLECTION :**  
 305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg

TEST NAME	TECHNOLOGY	VALUE	UNITS
ESTRADIOL/OESTROGEN (E2)	C.M.I.A	75	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

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**NAME** : JAREENA BEGUM(46Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD  
**HOME COLLECTION :**  
 305 3rd floor Mount Santoshi apartments 305  
 3rd floor Mount Santoshi apartments Mayuri  
 Marg Begumpet Hyderabad-500016 305 3rd  
 floor Mount Santoshi apartments Mayuri Marg  
 Begumpet Hyderabad-500016

TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	156	mg/dL
<b>Bio. Ref. Interval. :</b>			
Male : 86 - 152			
Female : 94 - 162			
<b>Method :</b> FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER			
APOLIPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	120	mg/dL
<b>Bio. Ref. Interval. :</b>			
Male : 56 - 145			
Female : 53 - 138			
<b>Method :</b> FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER			
APO B / APO A1 RATIO (APO B/A1)	CALCULATED	0.8	Ratio
<b>Bio. Ref. Interval. :</b>			
Male : 0.40 - 1.26			
Female : 0.38 - 1.14			
Clinical Significance :			
<ul style="list-style-type: none"> <li>Apolipoprotein B is a more potent and independent predictor of Coronary artery disease (CAD) than LDL Cholesterol.</li> <li>Apolipoprotein A1 is one of the apoproteins of HDL and is inversely related to risk of CAD.</li> <li>The Apolipoprotein studies help in monitoring risk of restenosis in patients with myocardial infarction, Coronary bypass surgery etc.</li> <li>An increased ratio of Apo B to A1 beyond the defined normal range is indicative of CAD risk.</li> <li>All results have to be interpreted in Conjunction with clinical history and other findings.</li> </ul>			
<b>Method :</b> Derived from serum Apo A1 and Apo B values			

**Please correlate with clinical conditions.**

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<b>NAME</b>	: JAREENA BEGUM(46Y/F)	<b>HOME COLLECTION :</b>
<b>REF. BY</b>	: SELF	305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016
<b>TEST ASKED</b>	: PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD	

TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLATE	C.L.I.A	10.5	ng/mL

**Bio. Ref. Interval. :**

> 5.38 ng/ml

Clinical Significance: Low folate intake, malabsorption as a result of gastrointestinal diseases, pregnancy, and drugs such as phenytoin are causes of folate deficiency.<sup>3</sup> Folate deficiency is also associated with chronic alcoholism. Serum folate measurement provides an early index of folate status.

Specifications: Precision: Intra assay (%CV): 7.93, Inter assay (%CV): 7.19, Sensitivity: 0.35 ng/mL.

Kit Validation References: Steinkamp RC. Vitamin B12 and folic acid: clinical and pathophysiological considerations. In: Brewster MA, Naito HK, eds. Nutritional Elements and Clinical Biochemistry. New York: Plenum Publishing Corp.; 1980:169–240

**Method :** COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

**Please correlate with clinical conditions.**

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**TEST ASKED** : PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD

**HOME COLLECTION :**  
 305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	2.2	mg/L

**Bio. Ref. Interval. :-**

< 1.00 - Low Risk  
 1.00 - 3.00 - Average Risk  
 >3.00 - 10.00 - High Risk  
 > 10.00 - Possibly due to Non-Cardiac Inflammation

**Disclaimer:** Persistent unexplained elevation of HSCRP >10 should be evaluated for non-cardiovascular etiologies such as infection , active arthritis or concurrent illness.

**Clinical significance:**

High sensitivity C- reactive Protein ( HSCRP) can be used as an independent risk marker for the identification of Individuals at risk for future cardiovascular Disease. A coronary artery disease risk assessment should be based on the average of two hs-CRP tests, ideally taken two weeks apart.

**Kit Validation Reference:**

- 1.Clinical management of laboratory date in medical practice 2003-3004, 207(2003).
- 2.Tietz : Textbook of Clinical Chemistry and Molecular diagnostics :Second edition :Chapter 47:Page no.1507- 1508.

**Please correlate with clinical conditions.**

**Method:-** FULLY AUTOMATED LATEX AGGLUTINATION – BECKMAN COULTER

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<b>NAME</b>	: JAREENA BEGUM(46Y/F)	<b>HOME COLLECTION :</b>
<b>REF. BY</b>	: SELF	305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016
<b>TEST ASKED</b>	: PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD	

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI NUCLEAR ANTIBODIES (ANA)	E.L.I.S.A	3.43	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.**

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<b>REF. BY</b>	: SELF	305 3rd floor Mount Santoshi apartments 305
<b>TEST ASKED</b>	: PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD	3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016

TEST NAME	TECHNOLOGY	VALUE	UNITS
FERRITIN	E.C.L.I.A	74.3	ng/mL
<b>Bio. Ref. Interval. :</b>			
13 - 150			
<b>Method :</b> Fully Automated Electrochemiluminescence Sandwich Immunoassay			
IRON	PHOTOMETRY	154	µg/dL
<b>Bio. Ref. Interval. :</b>			
Male : 65 - 175			
Female : 50 - 170			
<b>Method :</b> Ferrozine method without deproteinization			

**Please correlate with clinical conditions.**

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**HOME COLLECTION :**  
 305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	E.C.L.I.A	667	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

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<b>NAME</b>	: JAREENA BEGUM(46Y/F)	<b>HOME COLLECTION :</b>
<b>REF. BY</b>	: SELF	305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet
<b>TEST ASKED</b>	: PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD	Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HOMA INSULIN RESISTANCE INDEX	CALCULATED	1.47	Index	<2.0
INSULIN - FASTING	C.L.I.A	6.78	μU/mL	1.9-23
<b>QUANTITATIVE INSULIN SENSITIVITY INDEX</b>	<b>CALCULATED</b>	<b><u>0.36</u></b>	<b>Index</b>	<b>0.45-9999</b>

Please correlate with clinical conditions.

**Method :**

HOMIR - Derived from Insulin and Blood Sugar values

INSFA - One step Immunoenzymatic ( Sandwich) assay.

QUICKI - Derived from Fasting Insulin and Fasting Glucose values

<b>Sample Collected on (SCT)</b>	: 27 Jan 2025 06:24		
<b>Sample Received on (SRT)</b>	: 28 Jan 2025 05:30		
<b>Report Released on (RRT)</b>	: 28 Jan 2025 13:27		
<b>Sample Type</b>	: SERUM		
<b>Labcode</b>	: 2701002808/DJ851	Dr Renuka MD(Path)	Dr Arshiya MD(Path)
<b>Barcode</b>	: DD006768		

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**NAME** : JAREENA BEGUM(46Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD

**HOME COLLECTION :**  
 305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg

TEST NAME	TECHNOLOGY	VALUE	UNITS
ALDOSTERONE	C.L.I.A	23.8	ng/dL

**Bio. Ref. Interval. :-**

Upright : 2.21 - 35.3 ng/dL  
 Supine : 1.17 - 23.6 ng/dL

Clinical Significance:

Aldosterone, a steroid hormone of adrenal cortex, has recently attracted much interest not only due to its primary role to promote unidirectional salt reabsorption in variety of epithelial cells and also due to pathophysiological effects in the reno cardiovascular system causing endothelial dysfunction, inflammation and remodeling. The elevated aldosterone level increases reabsorption of sodium (salt) and loss of potassium by the kidneys, often resulting in an electrolyte imbalance thus leading to high blood pressure, headache and muscle weakness, especially if potassium levels are very low. The decrease causes dehydration, low blood pressure, a low blood sodium level and a high potassium level. It also has a small effect on the metabolism of fats, carbohydrates and proteins.

Specifications: Precision: Intra Assay (%CV): 4.2 %, Inter Assay (%CV): 10.5%; Sensitivity: 1.45 ng/dL

Kit Validation References: Cartledge S, Lawson N.; Aldosterone and renin measurements,.Ann Clin Biochem 37: 262-278 (2000)

**Please correlate with clinical conditions.**

**Method:-** FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

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**TEST ASKED** : PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD

**HOME COLLECTION :**  
 305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg

TEST NAME	TECHNOLOGY	VALUE	UNITS
Lipoprotein (a) [Lp(a)]	IMMUNOTURBIDIMETRY	32.4	mg/dL

**Bio. Ref. Interval. :-**

Adults : < 30.0 mg/dl

**Clinical Significance:**

Determination of LPA may be useful to guide management of individuals with a family history of CHD or with existing disease. The levels of LPA in the blood depends on genetic factors; The range of variation in a population is relatively large and hence for diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

**Specifications:**

Precision %CV :- Intra assay %CV- 4.55% , Inter assay %CV-0.86 %

**Kit Validation Reference:**

Tietz NW, Clinical Guide to Laboratory Tests Philadelphia WB. Saunders 1995 : 442-444

**Please correlate with clinical conditions.**

**Method:-** LATEX ENHANCED IMMUNOTURBIDIMETRY

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**HOME COLLECTION :**  
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TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM ZINC	PHOTOMETRY	90.09	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

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**TEST ASKED** : PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD

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TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	E.C.L.I.A	29.9	ng/dL

**Bio. Ref. Interval. :-**

6 - 82

**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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
AMYLASE	PHOTOMETRY	83	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.

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**Please correlate with clinical conditions.**

**Method:-** ENZYMATIC COLORIMETRIC TEST

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**TEST ASKED** : PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD

**HOME COLLECTION :**  
 305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg

TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPASE	PHOTOMETRY	38.5	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

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<b>NAME</b>	: JAREENA BEGUM(46Y/F)	<b>HOME COLLECTION :</b>
<b>REF. BY</b>	: SELF	305 3rd floor Mount Santoshi apartments 305 3rd floor
<b>TEST ASKED</b>	: PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD	Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
<b>TOTAL CHOLESTEROL</b>	<b>PHOTOMETRY</b>	<u>271</u>	<b>mg/dL</b>	< 200
<b>HDL CHOLESTEROL - DIRECT</b>	<b>PHOTOMETRY</b>	<u>68</u>	<b>mg/dL</b>	40-60
<b>LDL CHOLESTEROL - DIRECT</b>	<b>PHOTOMETRY</b>	<u>176.67</u>	<b>mg/dL</b>	< 100
TRIGLYCERIDES	PHOTOMETRY	61	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	0.89	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	2.6	Ratio	1.5-3.5
<b>HDL / LDL RATIO</b>	<b>CALCULATED</b>	<u>0.39</u>	<b>Ratio</b>	> 0.40
<b>NON-HDL CHOLESTEROL</b>	<b>CALCULATED</b>	<u>202.7</u>	<b>mg/dL</b>	< 160
VLDL CHOLESTEROL	CALCULATED	12.21	mg/dL	5 - 40

Please correlate with clinical conditions.

**Method :**

CHOL - Cholesterol Oxidase, Esterase, Peroxidase

HCHO - Direct Enzymatic Colorimetric

LDL - Direct Measure

TRIG - Enzymatic, End Point

TC/H - Derived from serum Cholesterol and Hdl values

TRI/H - Derived from TRIG and HDL Values

LDL/ - Derived from serum HDL and LDL Values

HD/LD - Derived from HDL and LDL values.

NHDL - Derived from serum Cholesterol and HDL values

VLDL - Derived from serum Triglyceride values

**\*REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:**

TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

**Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.**

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<b>REF. BY</b>	: SELF	305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016
<b>TEST ASKED</b>	: PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD	

TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLLICLE STIMULATING HORMONE (FSH)	E.C.L.I.A	86.2	mIU/mL
<b>Bio. Ref. Interval. :</b>			
Men : 0-12.4 mIU/ml Women : Follicular Phase : 0-12.5 mIU/ml Ovulation Phase : 0-21.5 mIU/ml Luteal phase : 0-7.7 mIU/ml Post Menopause 0-134.8 mIU/ml			
<b>Method :</b> Fully Automated Electrochemiluminescence Sandwich Immunoassay			
LUTEINISING HORMONE (LH)	E.C.L.I.A	63.6	mIU/mL
<b>Bio. Ref. Interval. :</b>			
Men : 0-8.6 mIU/ml Women -Follicular Phase : 0-12.6 mIU/ml Ovulation phase : 0-95.6 mIU/ml Luteal Phase : 0-11.4 mIU/ml PostMenopause : 0-58.5 mIU/ml			
<b>Method :</b> Fully Automated Electrochemiluminescence Sandwich Immunoassay			
PROLACTIN (PRL)	E.C.L.I.A	16.1	ng/mL
<b>Bio. Ref. Interval. :</b>			
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			
<b>Clinical Significance :</b>			
<ul style="list-style-type: none"> <li>- 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.</li> <li>- prolactin levels may show elevation if collected &lt;3-4 hrs after waking up</li> <li>- Prolactin test is used in diagnosis and management of pituitary adenomas, infertility, male and female hypogonadism etc</li> <li>- 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.</li> <li>- Prolactin levels also show interference with certain psychiatric medicines, antihypertensives, opiates, ranitidine etc</li> <li>- Results obtained after interpretation in conjunction with clinical history and other findings</li> </ul>			
<b>Method :</b> Fully Automated Electrochemiluminescence Sandwich Immunoassay			

**Please correlate with clinical conditions.**

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**TEST ASKED** : PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD

**HOME COLLECTION :**

305 3rd floor Mount Santoshi apartments 305 3rd floor  
 Mount Santoshi apartments Mayuri Marg Begumpet  
 Hyderabad-500016 305 3rd floor Mount Santoshi  
 apartments Mayuri Marg Begumpet Hyderabad-500016

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
<b>ALKALINE PHOSPHATASE</b>	<b>PHOTOMETRY</b>	<b>147.4</b>	<b>U/L</b>	<b>45-129</b>
BILIRUBIN - TOTAL	PHOTOMETRY	0.42	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.07	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.35	mg/dL	0-0.9
<b>GAMMA GLUTAMYL TRANSFERASE (GGT)</b>	<b>PHOTOMETRY</b>	<b>38.7</b>	<b>U/L</b>	<b>&lt; 38</b>
<b>ASPARTATE AMINOTRANSFERASE (SGOT )</b>	<b>PHOTOMETRY</b>	<b>39.8</b>	<b>U/L</b>	<b>&lt; 31</b>
<b>ALANINE TRANSAMINASE (SGPT)</b>	<b>PHOTOMETRY</b>	<b>71</b>	<b>U/L</b>	<b>&lt; 34</b>
SGOT / SGPT RATIO	CALCULATED	0.56	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.23	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.25	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.98	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.43	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 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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**REF. BY** : SELF  
**TEST ASKED** : PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD

**HOME COLLECTION :**  
 305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg

TEST NAME	TECHNOLOGY	VALUE	UNITS
MAGNESIUM	PHOTOMETRY	2.08	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

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

**NAME** : JAREENA BEGUM(46Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD

**HOME COLLECTION :**  
 305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg

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: VollerA, 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

**Sample Collected on (SCT)** : 27 Jan 2025 06:24  
**Sample Received on (SRT)** : 28 Jan 2025 05:30  
**Report Released on (RRT)** : 28 Jan 2025 13:27  
**Sample Type** : SERUM  
**Labcode** : 2701002808/DJ851  
**Barcode** : DD006768

Dr Renuka MD(Path)

Dr Arshiya MD(Path)

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<b>NAME</b>	: JAREENA BEGUM(46Y/F)	<b>HOME COLLECTION :</b>
<b>REF. BY</b>	: SELF	305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet
<b>TEST ASKED</b>	: PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD Hyderabaud-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabaud-500016	

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
FREE TRIIODOTHYRONINE (FT3)	E.C.L.I.A	2.7	pg/mL	2.0-4.4
FREE THYROXINE (FT4)	E.C.L.I.A	0.98	ng/dL	0.93-1.7
TSH - ULTRASENSITIVE	E.C.L.I.A	3.14	μIU/mL	0.54-5.30

#### Comments :

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

#### Method :

FT3 - Fully Automated Electrochemiluminescence Competitive Immunoassay

FT4 - Fully Automated Electrochemiluminescence Competitive Immunoassay

USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

Pregnancy reference ranges for TSH/USTSH :

Trimester || T3 (ng/dl) || T4 (μg/dl) || TSH/USTSH (μIU/ml)

1st || 83.9-196.6 || 4.4-11.5 || 0.1-2.5

2nd || 86.1-217.4 || 4.9-12.2 || 0.2-3.0

3rd || 79.9-186 || 5.1-13.2 || 0.3-3.5

#### References :

1. Carol Devilia, C I Parhon. First Trimester Pregnancy ranges for Serum TSH and Thyroid Tumor reclassified as Benign. Acta Endocrinol. 2016; 12(2) : 242 - 243

2. Kulhari K, Negi R, Kalra DK et al. Establishing Trimester specific Reference ranges for thyroid hormones in Indian women with normal pregnancy : New light through old window. Indian Journal of Contemporary medical research. 2019; 6(4)

#### Disclaimer :

Results should always be interpreted using the reference range provided by the laboratory that performed the test.

Different laboratories do tests using different technologies, methods and using different reagents which may cause difference

In reference ranges and hence it is recommended to interpret result with assay specific reference ranges provided in the reports.

To diagnose and monitor therapy doses, it is recommended to get tested every time at the same Laboratory.

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<b>Report Released on (RRT)</b>	: 28 Jan 2025 13:27
<b>Sample Type</b>	: SERUM
<b>Labcode</b>	: 2701002808/DJ851
<b>Barcode</b>	: DD006768

Dr Renuka MD(Path)

Dr Arshiya MD(Path)

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**NAME** : JAREENA BEGUM(46Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD

**HOME COLLECTION :**  
 305 3rd floor Mount Santoshi apartments 305  
 3rd floor Mount Santoshi apartments Mayuri  
 Marg Begumpet Hyderabad-500016 305 3rd  
 floor Mount Santoshi apartments Mayuri Marg  
 Begumpet Hyderabad-500016

TEST NAME	TECHNOLOGY	VALUE	UNITS
SODIUM	I.S.E - INDIRECT	139.59	mmol/L
<b>Bio. Ref. Interval. :</b>			
Adults: 136-145 mmol/l			
<b>Method :</b> ION SELECTIVE ELECTRODE - INDIRECT			
POTASSIUM	I.S.E - INDIRECT	4.53	mmol/L
<b>Bio. Ref. Interval. :</b>			
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.			
<b>Method :</b> ION SELECTIVE ELECTRODE - INDIRECT			
CHLORIDE	I.S.E - INDIRECT	101.58	mmol/L
<b>Bio. Ref. Interval. :</b>			
ADULTS: 98-107 MMOL/L			
Clinical Significance :			
An increased level of blood chloride (called hyperchloraemia) usually indicates dehydration, but can also occur with other problems that cause high blood sodium, such as Cushing syndrome or kidney disease. Hyperchloraemia 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 hypochloraemia) occurs with any disorder that causes low blood sodium. Hypochloraemia 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).			
<b>Method :</b> ION SELECTIVE ELECTRODE - INDIRECT			

**Please correlate with clinical conditions.**

**Sample Collected on (SCT)** : 27 Jan 2025 06:24  
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<b>REF. BY</b>	: SELF	305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet
<b>TEST ASKED</b>	: PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD	Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	9.3	mg/dL	7.94 - 20.07
CALCIUM	PHOTOMETRY	9.88	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	5.4	mg/dL	3.2 - 6.1

**Please correlate with clinical conditions.**

**Method :**

BUN - Kinetic UV Assay.

CALC - Arsenazo III Method, End Point.

URIC - Uricase / Peroxidase Method

<b>Sample Collected on (SCT)</b>	: 27 Jan 2025 06:24		
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<b>Report Released on (RRT)</b>	: 28 Jan 2025 13:27		
<b>Sample Type</b>	: SERUM		
<b>Labcode</b>	: 2701002808/DJ851	Dr Renuka MD(Path)	Dr Arshiya MD(Path)
<b>Barcode</b>	: DD006768		

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**REF. BY** : SELF  
**TEST ASKED** : PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD

**HOME COLLECTION :**  
 305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg

TEST NAME	TECHNOLOGY	VALUE	UNITS
CREATININE - SERUM	PHOTOMETRY	0.58	mg/dL

**Bio. Ref. Interval. :-**

Male : 0.72 -1.18 mg/dL  
 Female: 0.55 - 1.02 mg/dL

**Clinical Significance :**

The significance of a single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACEI) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed , icteric or lipemic.

**Please correlate with clinical conditions.**

**Method:-** Creatinine Enzymatic Method

**Sample Collected on (SCT)** : 27 Jan 2025 06:24  
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**Sample Type** : SERUM  
**Labcode** : 2701002808/DJ851  
**Barcode** : DD006768

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Dr Arshiya MD(Path)

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**NAME** : JAREENA BEGUM(46Y/F)  
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**TEST ASKED** : PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD

**HOME COLLECTION :**  
 305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	111	mL/min/1.73 m <sup>2</sup>

**Bio. Ref. Interval. :-**

> = 90 : Normal  
 60 - 89 : Mild Decrease  
 45 - 59 : Mild to Moderate Decrease  
 30 - 44 : Moderate to Severe Decrease  
 15 - 29 : Severe Decrease

**Clinical Significance**

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a "gold standard" measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

**Reference**

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. Ann Intern Med. 2009;150(9):604-12.

**Please correlate with clinical conditions.**

**Method:-** CKD-EPI Creatinine Equation

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 305 3rd floor Mount Santoshi apartments 305  
 3rd floor Mount Santoshi apartments Mayuri  
 Marg Begumpet Hyderabad-500016 305 3rd  
 floor Mount Santoshi apartments Mayuri Marg  
 Begumpet Hyderabad-500016

TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>DIABETES SCREEN (URINE)</b>			
URINARY MICROALBUMIN	PHOTOMETRY	10.6	µg/mL
<b>Bio. Ref. Interval. :</b>			
Adults: Less than 25 µg/ml			
<b>Method :</b>	Fully Automated Immuno Turbidometry		
CREATININE - URINE	PHOTOMETRY	179.47	mg/dL
<b>Bio. Ref. Interval. :</b>			
Male: 39 - 259 mg/dl			
Female: 28 - 217 mg/dl			
<b>Method :</b>	Creatinine Jaffe Method, Rate-Blanked and Compensated		
URI. ALBUMIN/CREATININE RATIO (UA/C)	CALCULATED	5.9	µg/mg of Creatinine
<b>Bio. Ref. Interval. :</b>			
Adults : Less than 30 µg/mg of Creatinine			
<b>Method :</b>	Derived from Albumin and Creatinine values		

**Please correlate with clinical conditions.**

**Sample Collected on (SCT)** : 27 Jan 2025 06:24  
**Sample Received on (SRT)** : 27 Jan 2025 11:11  
**Report Released on (RRT)** : 27 Jan 2025 15:01  
**Sample Type** : URINE  
**Labcode** : 2701064578/DJ851  
**Barcode** : DD006772

Dr Amulya MD (Path)

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**NAME** : JAREENA BEGUM(46Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD

**HOME COLLECTION :**  
 305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
<b>Complete Urinogram</b>				
<b>Physical Examination</b>				
VOLUME	Visual Determination	3	mL	-
COLOUR	Visual Determination	PALE YELLOW	-	Pale Yellow
APPEARANCE	Visual Determination	CLEAR	-	Clear
SPECIFIC GRAVITY	pKa change	1.025	-	1.003-1.030
PH	pH indicator	5.5	-	5-8
<b>Chemical Examination</b>				
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
<b>Microscopic Examination</b>				
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	5	cells/HPF	0-5
CASTS	Microscopy	ABSENT	-	Absent
CRYSTALS	Microscopy	ABSENT	-	Absent
BACTERIA	Microscopy	ABSENT	-	Absent
YEAST	Microscopy	ABSENT	-	Absent
PARASITE	Microscopy	ABSENT	-	Absent

(Reference : \*PEI - Protein error of indicator, \*GOD-POD - Glucose oxidase-peroxidase)

**Sample Collected on (SCT)** : 27 Jan 2025 06:24  
**Sample Received on (SRT)** : 27 Jan 2025 11:11  
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<b>NAME</b>	: JAREENA BEGUM(46Y/F)	<b>HOME COLLECTION :</b>
<b>REF. BY</b>	: SELF	305 3rd floor Mount Santoshi apartments 305
<b>TEST ASKED</b>	: PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD	3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	5.6	%

**Bio. Ref. Interval. :**

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 113 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.**

<b>Sample Collected on (SCT)</b>	: 27 Jan 2025 06:24
<b>Sample Received on (SRT)</b>	: 27 Jan 2025 10:45
<b>Report Released on (RRT)</b>	: 27 Jan 2025 12:22
<b>Sample Type</b>	: EDTA Whole Blood
<b>Labcode</b>	: 2701063365/DJ851
<b>Barcode</b>	: DD006770

Dr Amulya MD (Path)

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**REF. BY** : SELF  
**TEST ASKED** : PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD

**HOME COLLECTION :**  
 305 3rd floor Mount Santoshi apartments 305  
 3rd floor Mount Santoshi apartments Mayuri  
 Marg Begumpet Hyderabad-500016 305 3rd  
 floor Mount Santoshi apartments Mayuri Marg

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
<b>HEMOGLOBIN</b>	SLS-Hemoglobin Method	13.8	g/dL	12.0-15.0
Hematocrit (PCV)	CPH Detection	40.7	%	36.0-46.0
Total RBC	HF & EI	4.77	X 10 <sup>6</sup> /µL	3.8-4.8
Mean Corpuscular Volume (MCV)	Calculated	85.3	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	28.9	pq	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	33.9	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	Calculated	42.6	fL	39.0-46.0
Red Cell Distribution Width (RDW - CV)	Calculated	13.7	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	245	-	*Refer Note below
MENTZER INDEX	Calculated	17.9	-	*Refer Note below
<b>TOTAL LEUCOCYTE COUNT (WBC)</b>	HF & FC	6.56	X 10 <sup>3</sup> / µL	4.0 - 10.0
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
Neutrophils Percentage	Flow Cytometry	43.3	%	40-80
<b>Lymphocytes Percentage</b>	<b>Flow Cytometry</b>	<b>43.1</b>	<b>%</b>	<b>20-40</b>
Monocytes Percentage	Flow Cytometry	5.8	%	2-10
<b>Eosinophils Percentage</b>	<b>Flow Cytometry</b>	<b>6.6</b>	<b>%</b>	<b>1-6</b>
Basophils Percentage	Flow Cytometry	0.9	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.3	%	0.0-0.4
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
Neutrophils - Absolute Count	Calculated	2.84	X 10 <sup>3</sup> / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	2.83	X 10 <sup>3</sup> / µL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.38	X 10 <sup>3</sup> / µL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.06	X 10 <sup>3</sup> / µL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.43	X 10 <sup>3</sup> / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.02	X 10 <sup>3</sup> / µL	0.0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10 <sup>3</sup> / µL	0.0-0.5
<b>PLATELET COUNT</b>				
Mean Platelet Volume (MPV)	Calculated	9.6	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	10.6	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	21.7	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.26	%	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)**

**Sample Collected on (SCT)** : 27 Jan 2025 06:24  
**Sample Received on (SRT)** : 27 Jan 2025 10:45  
**Report Released on (RRT)** : 27 Jan 2025 12:22  
**Sample Type** : EDTA Whole Blood  
**Labcode** : 2701063365/DJ851  
**Barcode** : DD006770

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**NAME** : JAREENA BEGUM(46Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : PMX COMPREHENSIVE BASELINE PANEL FOR ONBOARD

**HOME COLLECTION :**  
 305 3rd floor Mount Santoshi apartments 305 3rd floor Mount Santoshi apartments Mayuri Marg Begumpet Hyderabad-500016 305 3rd floor Mount Santoshi apartments Mayuri Marg

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	87.91	mg/dL

**Bio. Ref. Interval. :-**

<b>As per ADA Guideline: Fasting Plasma Glucose (FPG)</b>	
<b>Normal</b>	70 to 100 mg/dl
<b>Predabetes</b>	100 mg/dl to 125 mg/dl
<b>Diabetes</b>	126 mg/dl or higher

**Note :**  
 The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed , icteric or lipemic. The concentration of Glucose in a given specimen may vary due to differences in assay methods, calibration and reagent specificity. For diagnostic purposes results should always be assessed in conjunction with patients medical history, clinical findings and other findings.

**Please correlate with clinical conditions.**

**Method:-** GOD-PAP METHOD

~~ End of report ~~

**Sample Collected on (SCT)** : 27 Jan 2025 06:24  
**Sample Received on (SRT)** : 27 Jan 2025 10:39  
**Report Released on (RRT)** : 27 Jan 2025 11:23  
**Sample Type** : FLUORIDE PLASMA  
**Labcode** : 2701063235/DJ851  
**Barcode** : DD006771



Dr Amulya MD (Path)

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