



Tests you can trust

Name : Sirisha (31Y/F)

Date : 01 Jul 2024

Test Asked : Doctor Recommended Full Body Checkup Basic



9 out of 10 Doctors trust that Thyrocare reports are accurate & reliable*



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- From 2015



CAP From
2007

PROCESSED AT :**Thyrocare**

H. NO. 1-9-645,Vidyanagar,
Adikmet Road,Near SBH,
Hyderabad-500 044



Tests you can trust

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703 98706 66333 wellness@thyrocare.com

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

NAME : SIRISHA (31Y/F)

REF. BY : DR SRIDAR

TEST ASKED : DOCTOR RECOMMENDED FULL BODY CHECKUP BASIC

SAMPLE COLLECTED AT :

(5060021493),SAI CNR POLYCLINIC AND
DIAGNOSTICS,MOGILAIHAH HALL LANE, OPP RISHI HIGH
SCHOOL, JPN ROAD, YELLAM BAZAR, WARANGAL,

Summary Report

Tests outside reference range

| TEST NAME | OBSERVED VALUE | UNITS | Bio. Ref. Interval. |
|--------------------------------------|----------------|-----------------------|---------------------|
| COMPLETE HEMOGRAM | | | |
| MEAN CORPUSCULAR HEMOGLOBIN(MCH) | 26.3 | pq | 27.0-32.0 |
| MEAN CORPUSCULAR VOLUME(MCV) | 80.4 | fL | 83.0-101.0 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) | 15 | % | 11.6-14.0 |
| TOTAL RBC | 5.05 | X 10 ⁶ /μL | 3.8-4.8 |
| IRON DEFICIENCY | | | |
| % TRANSFERRIN SATURATION | 9.24 | % | 13 - 45 |
| IRON | 32.09 | μg/dL | 50 - 170 |
| LIPID | | | |
| HDL / LDL RATIO | 0.27 | Ratio | > 0.40 |
| HDL CHOLESTEROL - DIRECT | 35 | mg/dL | 40-60 |
| LDL / HDL RATIO | 3.8 | Ratio | 1.5-3.5 |
| LDL CHOLESTEROL - DIRECT | 131 | mg/dL | < 100 |
| NON-HDL CHOLESTEROL | 160.69 | mg/dL | < 160 |
| TC/ HDL CHOLESTEROL RATIO | 5.6 | Ratio | 3 - 5 |
| TRIG / HDL RATIO | 6.1 | Ratio | < 3.12 |
| TRIGLYCERIDES | 211 | mg/dL | < 150 |
| VLDL CHOLESTEROL | 42.2 | mg/dL | 5 - 40 |
| LIVER | | | |
| SERUM GLOBULIN | 3.74 | gm/dL | 2.5-3.4 |
| RENAL | | | |
| BUN / SR.CREATININE RATIO | 23.3 | Ratio | 9:1-23:1 |
| CREATININE - SERUM | 0.47 | mg/dL | 0.55-1.02 |
| VITAMINS | | | |
| 25-OH VITAMIN D (TOTAL) | 15.5 | ng/mL | 30-100 |
| VITAMIN B-12 | 180 | pg/mL | 197-771 |

Disclaimer: The above listed is the summary of the parameters with values outside the BRI. For detailed report values, parameter correlation and clinical interpretation, kindly refer to the same in subsequent pages.

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(5060021493),SAI CNR POLYCLINIC AND
DIAGNOSTICS,MOGILAIH HALL LANE, OPP
RISHI HIGH SCHOOL, JPN ROAD, YELLAM BAZAR,
WARANGAL, INDIA,506002

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|-----------|------------|-------|-------|
|-----------|------------|-------|-------|

25-OH VITAMIN D (TOTAL)**E.C.L.I.A****15.5****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.

Method : Fully Automated Electrochemiluminescence Competitive Immunoassay

VITAMIN B-12**E.C.L.I.A****180****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 laboratory Diagnostics : Use and Assessment of Clinical laboratory Results 1st Edition,TH Books-Verl-Ges,1998:424-431

Method : Fully Automated Electrochemiluminescence Competitive Immunoassay

Please correlate with clinical conditions.

Sample Collected on (SCT) :01 Jul 2024 08:00**Sample Received on (SRT)** : 02 Jul 2024 01:12**Report Released on (RRT)** : 02 Jul 2024 03:57**Sample Type** : SERUM**Labcode** : 0107111305/TE052**Barcode** : BS035944

Dr Amulya MD (Path)

Dr Ramya MD (Path)

PROCESSED AT :**Thyrocare**

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NAME : SIRISHA (31Y/F)**REF. BY** : DR SRIDAR**TEST ASKED** : DOCTOR RECOMMENDED FULL BODY CHECKUP BASIC**SAMPLE COLLECTED AT :**

(5060021493),SAI CNR POLYCLINIC AND
DIAGNOSTICS,MOGILAIHA HALL LANE, OPP
RISHI HIGH SCHOOL, JPN ROAD, YELLAM BAZAR,
WARANGAL, INDIA,506002

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|-------------------|--------------|--------------|
| IRON Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 Method : Ferrozine method without deproteinization | PHOTOMETRY | 32.09 | µg/dL |
| TOTAL IRON BINDING CAPACITY (TIBC) Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl Method : Spectrophotometric Assay | PHOTOMETRY | 347.39 | µg/dL |
| % TRANSFERRIN SATURATION Bio. Ref. Interval. : 13 - 45 Method : Derived from IRON and TIBC values | CALCULATED | 9.24 | % |
| UNSAT.IRON-BINDING CAPACITY(UIBC) Bio. Ref. Interval. : 162 - 368 Method : SPECTROPHOTOMETRIC ASSAY | PHOTOMETRY | 315.3 | µg/dL |

Please correlate with clinical conditions.

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TEST ASKED : DOCTOR RECOMMENDED FULL BODY CHECKUP BASIC

SAMPLE COLLECTED AT :
(5060021493),SAI CNR POLYCLINIC AND
DIAGNOSTICS,MOGILAIH HALL LANE, OPP RISHI HIGH
SCHOOL, JPN ROAD, YELLAM BAZAR, WARANGAL,
INDIA,506002

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---------------------------|------------|--------|-------|---------------------|
| TOTAL CHOLESTEROL | PHOTOMETRY | 195 | mg/dL | < 200 |
| HDL CHOLESTEROL - DIRECT | PHOTOMETRY | 35 | mg/dL | 40-60 |
| LDL CHOLESTEROL - DIRECT | PHOTOMETRY | 131 | mg/dL | < 100 |
| TRIGLYCERIDES | PHOTOMETRY | 211 | mg/dL | < 150 |
| TC/ HDL CHOLESTEROL RATIO | CALCULATED | 5.6 | Ratio | 3 - 5 |
| TRIG / HDL RATIO | CALCULATED | 6.1 | Ratio | < 3.12 |
| LDL / HDL RATIO | CALCULATED | 3.8 | Ratio | 1.5-3.5 |
| HDL / LDL RATIO | CALCULATED | 0.27 | Ratio | > 0.40 |
| NON-HDL CHOLESTEROL | CALCULATED | 160.69 | mg/dL | < 160 |
| VLDL CHOLESTEROL | CALCULATED | 42.2 | mg/dL | 5 - 40 |

Please correlate with clinical conditions.

Method :

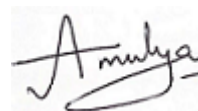
CHOL - Cholesterol Oxidase, Esterase, Peroxidase
HCHO - Direct Enzymatic Colorimetric
LDL - Direct Measure
TRIG - Enzymatic, End Point
TC/H - Derived from serum Cholesterol and Hdl values
TRI/H - Derived from TRIG and HDL Values
LDL/ - Derived from serum HDL and LDL Values
HD/LD - Derived from HDL and 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.

Sample Collected on (SCT) : 01 Jul 2024 08:00
Sample Received on (SRT) : 02 Jul 2024 01:12
Report Released on (RRT) : 02 Jul 2024 03:57
Sample Type : SERUM
Labcode : 0107111305/TE052
Barcode : BS035944



Dr Amulya MD (Path)



Dr Ramya MD (Path)

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TEST ASKED : DOCTOR RECOMMENDED FULL BODY CHECKUP BASIC

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 INDIA,506002

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|------------------------------------|-------------------|-------------|--------------|---------------------|
| ALKALINE PHOSPHATASE | PHOTOMETRY | 100.73 | U/L | 45-129 |
| BILIRUBIN - TOTAL | PHOTOMETRY | 0.35 | mg/dL | 0.3-1.2 |
| BILIRUBIN -DIRECT | PHOTOMETRY | 0.07 | mg/dL | < 0.3 |
| BILIRUBIN (INDIRECT) | CALCULATED | 0.28 | mg/dL | 0-0.9 |
| GAMMA GLUTAMYL TRANSFERASE (GGT) | PHOTOMETRY | 23.27 | U/L | < 38 |
| ASPARTATE AMINOTRANSFERASE (SGOT) | PHOTOMETRY | 15.01 | U/L | < 31 |
| ALANINE TRANSAMINASE (SGPT) | PHOTOMETRY | 12.48 | U/L | < 34 |
| SGOT / SGPT RATIO | CALCULATED | 1.2 | Ratio | < 2 |
| PROTEIN - TOTAL | PHOTOMETRY | 7.82 | gm/dL | 5.7-8.2 |
| ALBUMIN - SERUM | PHOTOMETRY | 4.08 | gm/dL | 3.2-4.8 |
| SERUM GLOBULIN | CALCULATED | 3.74 | gm/dL | 2.5-3.4 |
| SERUM ALB/GLOBULIN RATIO | CALCULATED | 1.09 | Ratio | 0.9 - 2 |

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method

BILT - Vanadate Oxidation

BILD - Vanadate Oxidation

BILI - Derived from serum Total and Direct Bilirubin values

GGT - Modified IFCC method

SGOT - IFCC* Without Pyridoxal Phosphate Activation

SGPT - IFCC* Without Pyridoxal Phosphate Activation

OT/PT - Derived from SGOT and SGPT values.

PROT - Biuret Method

SALB - Albumin Bcg¹method (Colorimetric Assay Endpoint)

SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

A/GR - Derived from serum Albumin and Protein values

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Labcode : 0107111305/TE052

Barcode : BS035944

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TEST ASKED : DOCTOR RECOMMENDED FULL BODY CHECKUP BASIC

SAMPLE COLLECTED AT :
(5060021493),SAI CNR POLYCLINIC AND
DIAGNOSTICS,MOGILAIH HALL LANE, OPP RISHI HIGH
SCHOOL, JPN ROAD, YELLAM BAZAR, WARANGAL,
INDIA,506002

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|----------------------------------|-------------------|-------------|--------------|---------------------|
| BLOOD UREA NITROGEN (BUN) | PHOTOMETRY | 10.95 | mg/dL | 7.94 - 20.07 |
| CREATININE - SERUM | PHOTOMETRY | 0.47 | mg/dL | 0.55-1.02 |
| BUN / SR.CREATININE RATIO | CALCULATED | 23.3 | Ratio | 9:1-23:1 |
| UREA (CALCULATED) | CALCULATED | 23.43 | mg/dL | Adult : 17-43 |
| UREA / SR.CREATININE RATIO | CALCULATED | 49.86 | Ratio | < 52 |
| CALCIUM | PHOTOMETRY | 9.05 | mg/dL | 8.8-10.6 |
| URIC ACID | PHOTOMETRY | 4.51 | mg/dL | 3.2 - 6.1 |

Please correlate with clinical conditions.

Method :

BUN - Kinetic UV Assay.
SCRE - Creatinine Enzymatic Method
B/CR - Derived from serum Bun and Creatinine values
UREAC - Derived from BUN Value.
UR/CR - Derived from UREA and Sr.Creatinine values.
CALC - Arsenazo III Method, End Point.
URIC - Uricase / Peroxidase Method

Sample Collected on (SCT) : 01 Jul 2024 08:00

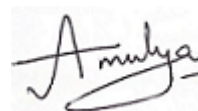
Sample Received on (SRT) : 02 Jul 2024 01:12

Report Released on (RRT) : 02 Jul 2024 03:57

Sample Type : SERUM

Labcode : 0107111305/TE052

Barcode : BS035944



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NAME : SIRISHA (31Y/F) **SAMPLE COLLECTED AT :**
REF. BY : DR SRIDAR (5060021493),SAI CNR POLYCLINIC AND
TEST ASKED : DOCTOR RECOMMENDED FULL BODY CHECKUP BASIC DIAGNOSTICS,MOGILAIHAH HALL LANE, OPP RISHI HIGH
SCHOOL, JPN ROAD, YELLAM BAZAR, WARANGAL,
INDIA,506002

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|-----------------------------|------------|-------|--------|---------------------|
| TOTAL TRIIODOTHYRONINE (T3) | E.C.L.I.A | 117 | ng/dL | 80-200 |
| TOTAL THYROXINE (T4) | E.C.L.I.A | 9.22 | µg/dL | 4.8-12.7 |
| TSH - ULTRASENSITIVE | E.C.L.I.A | 1.46 | µIU/mL | 0.54-5.30 |

Comments : ***

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

Method :

T3,T4 - Fully Automated Electrochemiluminescence Compititive 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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Sample Received on (SRT) : 02 Jul 2024 01:12

Report Released on (RRT) : 02 Jul 2024 03:57

Sample Type : SERUM

Labcode : 0107111305/TE052 Dr Amulya MD (Path)

Barcode : BS035944

Dr Ramya MD (Path)
Page : 6 of 10

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TEST ASKED : DOCTOR RECOMMENDED FULL BODY CHECKUP
BASIC

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(5060021493),SAI CNR POLYCLINIC AND
DIAGNOSTICS,MOGILAIHAH HALL LANE, OPP RISHI
HIGH SCHOOL, JPN ROAD, YELLAM BAZAR,
WARANGAL, INDIA,506002

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|--|------------|-------|----------------|
| EST. GLOMERULAR FILTRATION RATE (eGFR) | CALCULATED | 132 | mL/min/1.73 m2 |
| Bio. Ref. Interval. :- | | | |

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

Clinical Significance

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

Reference

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

Please correlate with clinical conditions.

Method:- CKD-EPI Creatinine Equation

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Report Released on (RRT) : 02 Jul 2024 03:57

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NAME : SIRISHA (31Y/F)
REF. BY : DR SRIDAR
TEST ASKED : HBA PROFILE,HEMOGRAM

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DIAGNOSTICS,MOGILAIH HALL LANE, OPP
RISHI HIGH SCHOOL, JPN ROAD, YELLAM BAZAR,
WARANGAL, INDIA,506002

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

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 111 mg/dL

Bio. Ref. Interval. :

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HbA1c values

Please correlate with clinical conditions.

Sample Collected on (SCT) :01 Jul 2024 08:00

Sample Received on (SRT) : 02 Jul 2024 15:28

Report Released on (RRT) : 02 Jul 2024 17:22

Sample Type : EDTA Whole Blood

Labcode : 0207090939/TE052

Barcode : B0997360

Dr Amulya MD (Path)

Dr Ramya MD (Path)

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REF. BY : DR SRIDAR
TEST ASKED : HBA PROFILE,HEMOGRAM

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DIAGNOSTICS,MOGILAIHAH HALL LANE, OPP
RISHI HIGH SCHOOL, JPN ROAD, YELLAM
BAZAR, WARANGAL, INDIA,506002

| TEST NAME | METHODOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|-----------------------|-------------|----------------------------|---------------------|
| TOTAL LEUCOCYTES COUNT (WBC) | HF & FC | 9.36 | X 10 ³ / µL | 4.0 - 10.0 |
| NEUTROPHILS | Flow Cytometry | 62.6 | % | 40-80 |
| LYMPHOCYTE | Flow Cytometry | 31.2 | % | 20-40 |
| MONOCYTES | Flow Cytometry | 3.5 | % | 2-10 |
| EOSINOPHILS | Flow Cytometry | 2.1 | % | 1-6 |
| BASOPHILS | Flow Cytometry | 0.3 | % | 0-2 |
| IMMATURE GRANULOCYTE PERCENTAGE(IG%) | Flow Cytometry | 0.3 | % | 0.0-0.4 |
| NEUTROPHILS - ABSOLUTE COUNT | Calculated | 5.86 | X 10 ³ / µL | 2.0-7.0 |
| LYMPHOCYTES - ABSOLUTE COUNT | Calculated | 2.92 | X 10 ³ / µL | 1.0-3.0 |
| MONOCYTES - ABSOLUTE COUNT | Calculated | 0.33 | X 10 ³ / µL | 0.2 - 1.0 |
| BASOPHILS - ABSOLUTE COUNT | Calculated | 0.03 | X 10 ³ / µL | 0.02 - 0.1 |
| EOSINOPHILS - ABSOLUTE COUNT | Calculated | 0.2 | X 10 ³ / µL | 0.02 - 0.5 |
| IMMATURE GRANULOCYTES(IG) | Calculated | 0.03 | X 10 ³ / µL | 0.0-0.3 |
| TOTAL RBC | HF & EI | 5.05 | X 10⁶/µL | 3.8-4.8 |
| NUCLEATED RED BLOOD CELLS | Calculated | 0.01 | X 10 ³ / µL | 0.0-0.5 |
| NUCLEATED RED BLOOD CELLS % | Flow Cytometry | 0.01 | % | 0.0-5.0 |
| HEMOGLOBIN | SLS-Hemoglobin Method | 13.3 | g/dL | 12.0-15.0 |
| HEMATOCRIT(PCV) | CPH Detection | 40.6 | % | 36.0-46.0 |
| MEAN CORPUSCULAR VOLUME(MCV) | Calculated | 80.4 | fL | 83.0-101.0 |
| MEAN CORPUSCULAR HEMOGLOBIN(MCH) | Calculated | 26.3 | pq | 27.0-32.0 |
| MEAN CORP.HEMO.CONC(MCHC) | Calculated | 32.8 | g/dL | 31.5-34.5 |
| RED CELL DISTRIBUTION WIDTH - SD(RDW-SD) | Calculated | 43 | fL | 39.0-46.0 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) | Calculated | 15 | % | 11.6-14.0 |
| PLATELET DISTRIBUTION WIDTH(PDW) | Calculated | 11.6 | fL | 9.6-15.2 |
| MEAN PLATELET VOLUME(MPV) | Calculated | 9.9 | fL | 6.5-12 |
| PLATELET COUNT | HF & EI | 335 | X 10 ³ / µL | 150-410 |
| PLATELET TO LARGE CELL RATIO(PLCR) | Calculated | 24.7 | % | 19.7-42.4 |
| PLATELETCRIT(PCT) | Calculated | 0.33 | % | 0.19-0.39 |

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

Clinical history is asked for all the relevant abnormalities detected and in absence / failure of receiving of clinical history, results are rechecked twice and released. Advised clinical correlation.

Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing, *EI- Electric Impedence, *Hb- hemoglobin, *CPH- Cumulative pulse height)

~~ End of report ~~

Sample Collected on (SCT) : 01 Jul 2024 08:00
Sample Received on (SRT) : 02 Jul 2024 15:28
Report Released on (RRT) : 02 Jul 2024 17:22
Sample Type : EDTA Whole Blood
Labcode : 0207090939/TE052
Barcode : B0997360



Dr Amulya MD (Path)

Dr Ramya MD (Path)

CONDITIONS OF REPORTING

- ✓ The reported results are for information and interpretation of the referring doctor only.
- ✓ It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- ✓ Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- ✓ Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- ✓ Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- ✓ This report is not valid for medico-legal purpose.
- ✓ Neither Thyrocare, nor its employees/representatives assume any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report.
- ✓ Thyrocare Discovery video link :- <https://youtu.be/nbdYeRgYyQc>
- ✓ For clinical support please contact @8450950852,8450950853,8450950854 between 10:00 to 18:00

EXPLANATIONS

- ✓ Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- ✓ **Name** - The name is as declared by the client and recored by the personnel who collected the specimen.
- ✓ **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
- ✓ **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- ✓ **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- ✓ **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- ✓ **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- ✓ **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- ✓ **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- ✓ **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- ✓ Values out of reference range requires reconfirmation before starting any medical treatment.
- ✓ Retesting is needed if you suspect any quality shortcomings.
- ✓ Testing or retesting should be done in accredited laboratories.
- ✓ For suggestions, complaints or feedback, write to us at **info@thyrocare.com** or call us on **022-3090 0000 / 6712 3400**
- ✓ SMS:<Labcode No.> to **9870666333**

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