Thyrocare

Tests you can trust

Name : Devender (57Y/M)

Date : 05 Jul 2024

Test Asked : Aarogyam Purush Profile With Utsh

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NAME	: DEVENDER (57Y/M)	**SAMPLE COLLECTED AT :**
REF. BY	: DR SAI CNR	(5060021493),SAI CNR POLYCLINIC AND
TEST ASKED	: AAROGYAM PURUSH PROFILE WITH UTSH	DIAGNOSTICS,MOGILAIAH 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.
ARTHRITIS			
PHOSPHOROUS	6.59	mg/dL	2.4 - 5.1
COMPLETE HEMOGRAM			
EOSINOPHILS	7.9	%	1-6
HEMATOCRIT(PCV)	50.2	%	40.0-50.0
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	48.2	fL	39-46
IRON DEFICIENCY			
% TRANSFERRIN SATURATION	53.5	%	13 - 45
IRON	181.91	µg/dL	65 - 175
UNSAT.IRON-BINDING CAPACITY(UIBC)	158.1	µg/dL	162 - 368
LIPID			
HDL / LDL RATIO	0.34	Ratio	> 0.40
HDL CHOLESTEROL - DIRECT	63	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	188	mg/dL	< 100
NON-HDL CHOLESTEROL	215.51	mg/dL	< 160
TOTAL CHOLESTEROL	279	mg/dL	< 200
LIVER			
GAMMA GLUTAMYL TRANSFERASE (GGT)	95.87	U/L	< 55
RENAL			
EST. GLOMERULAR FILTRATION RATE (eGFR)	88	mL/min/1.73 m2	>= 90
URIC ACID	7.53	mg/dL	4.2 - 7.3

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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REF. BY : DR SAI CNR
TEST ASKED : AAROGYAM PURUSH PROFILE WITH UTSH

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI CCP (ACCP)	E.L.I.S.A	4.53	AU/mL

Bio. Ref. Interval. :
Negative : < 15
Borderline : 15 - 25
Positive : > 25

Clinical Significance :

Anti-Cyclic-Citrullinated-Peptide (Anti-CCP) Antibodies hold promise for early and more accurate detection of Rheumatoid Arthritis before the disease proceeds into an irreversible damage.

Specifications: Specificity : 94 % , Sensitivity : 76 %

Kit Validation reference: Vossenaar ER et al.,Arthritis Rheum.,50, 3485, 2004
Method : INDIRECT SOLID PHASE ENZYME IMMUNOASSAY

ANTI NUCLEAR ANTIBODIES (ANA)	E.L.I.S.A	11.7	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 rhematic 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.

Sample Collected on (SCT) : 05 Jul 2024 07:30
Sample Received on (SRT) : 06 Jul 2024 02:27
Report Released on (RRT) : 06 Jul 2024 09:05
Sample Type : SERUM
Labcode : 0507043816/TE052
Barcode : CO790928

Dr Amulya MD (Path)

Dr Ramya MD (Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
CARCINO EMBRYONIC ANTIGEN (CEA)	C.L.I.A	2.35	ng/mL

Bio. Ref. Interval. :-

Non-Smokers : < 2.50 ng/mL
Smokers : < 5.00 ng/mL

Clinical Significance :

CEA is often used to monitor patients with cancers of the gastrointestinal tract (GI). Increased CEA levels can indicate some Non-Cancer related conditions, Such as some forms of inflammation, Cirrhosis, and Peptic Ulcer. Also, Smokers tend to have Higher CEA levels than Non-Smokers. When cancer spreads to other organs, CEA levels rise and may be present in other types of bodily fluids besides blood.

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): 3.6 %, Inter Assay (%CV): 4.1 %; Sensitivity: 0.5 ng/ml

Kit Validation References:

Statland Be, Winkel P. Neoplasia. In: Kaplan LA, Resc AJ, Editors. Clinical Chemistry, Theory, Analysis and Correlation. 2nd Ed. St. Louis: Cv Mosby, 1989.p 734-5.

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED TWO STEP SANDWICH IMMUNOASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	E.C.L.I.A	32.6	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. Vtamin 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 Compitive Immunoassay

VITAMIN B-12	E.C.L.I.A	308	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

Method : Fully Automated Electrochemiluminescence Compitive Immunoassay

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	152	mg/dL

Bio. Ref. Interval. :
Male : 86 - 152
Female : 94 - 162
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	129	mg/dL

Bio. Ref. Interval. :
Male : 56 - 145
Female : 53 - 138
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APO B / APO A1 RATIO (APO B/A1)	CALCULATED	0.9	Ratio

Bio. Ref. Interval. :
Male : 0.40 - 1.26
Female : 0.38 - 1.14
Method : Derived from serum Apo A1 and Apo B values

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	1.38	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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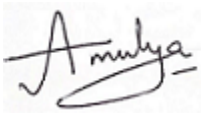

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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	**PHOTOMETRY**	**181.91**	**µg/dL**
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 **Method :** Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	340.01	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** Spectrophotometric Assay			
% TRANSFERRIN SATURATION	**CALCULATED**	**53.5**	**%**
Bio. Ref. Interval. : 13 - 45 **Method :** Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	**PHOTOMETRY**	**158.1**	**µg/dL**
Bio. Ref. Interval. : 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY			
FOLATE	C.L.I.A	17.6	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.3 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 NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	IMMUNOTURBIDIMETRY	15.64	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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TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	E.C.L.I.A	707	ng/dL

Bio. Ref. Interval. :-

280 - 800

Clinical Significance: Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males. Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinema, 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 Piladelphia 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 Compitive Immunoassay

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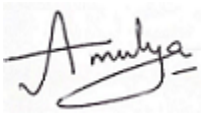

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TEST NAME	TECHNOLOGY	VALUE	UNITS
PROSTATE SPECIFIC ANTIGEN (PSA)	C.L.I.A	1.55	ng/mL

Bio. Ref. Interval. :-

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

Clinical Significance:

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

Specification:

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

Kit validation references:

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

Please correlate with clinical conditions.
Method:- TWO SITE SANDWICH IMMUNOASSAY

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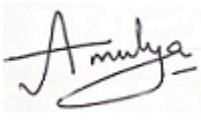

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	**PHOTOMETRY**	**279**	**mg/dL**	**< 200**
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**63**	**mg/dL**	**40-60**
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**188**	**mg/dL**	**< 100**
TRIGLYCERIDES	PHOTOMETRY	145	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4.4	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	2.29	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	3	Ratio	1.5-3.5
HDL / LDL RATIO	**CALCULATED**	**0.34**	**Ratio**	**> 0.40**
NON-HDL CHOLESTEROL	**CALCULATED**	**215.51**	**mg/dL**	**< 160**
VLDL CHOLESTEROL	CALCULATED	29	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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TEST ASKED : AAROGYAM PURUSH PROFILE WITH UTSH

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

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	61.29	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.86	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.17	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.69	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	**PHOTOMETRY**	**95.87**	**U/L**	**< 55**
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	29.27	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	28.41	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	1.03	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.54	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.62	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.92	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.58	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[1]method (Colorimetric Assay Endpoint)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - Derived from serum Albumin and Protein values

Sample Collected on (SCT) : 05 Jul 2024 07:30
Sample Received on (SRT) : 06 Jul 2024 02:27
Report Released on (RRT) : 06 Jul 2024 09:05
Sample Type : SERUM
Labcode : 0507043816/TE052
Barcode : CO790928

Dr Amulya MD (Path)

Dr Ramya MD (Path)

PROCESSED AT :

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

MC-5241

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NAME : DEVENDER (57Y/M)
REF. BY : DR SAI CNR
TEST ASKED : AAROGYAM PURUSH PROFILE WITH UTSH

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
MAGNESIUM	PHOTOMETRY	2.06	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 hypermagnsemia 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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NAME : DEVENDER (57Y/M)
REF. BY : DR SAI CNR
TEST ASKED : AAROGYAM PURUSH PROFILE WITH UTSH

SAMPLE COLLECTED AT :
(5060021493),SAI CNR POLYCLINIC AND DIAGNOSTICS,MOGILAIAH 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	15.28	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.95	mg/dL	0.72-1.18
BUN / SR.CREATININE RATIO	CALCULATED	16.08	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	32.7	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	34.42	Ratio	< 52
CALCIUM	PHOTOMETRY	10.17	mg/dL	8.8-10.6
URIC ACID	**PHOTOMETRY**	**7.53**	**mg/dL**	**4.2 - 7.3**
PHOSPHOROUS	**PHOTOMETRY**	**6.59**	**mg/dL**	**2.4 - 5.1**

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
PHOS - UNREDUCED PHOSPHOMOLYBDATE METHOD

Sample Collected on (SCT) : 05 Jul 2024 07:30
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Sample Type : SERUM
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Dr Amulya MD (Path)

Dr Ramya MD (Path)

PROCESSED AT :
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Hyderabad-500 044

NAME : DEVENDER (57Y/M)
REF. BY : DR SAI CNR
TEST ASKED : AAROGYAM PURUSH PROFILE WITH UTSH

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
SODIUM	I.S.E	138	mmol/L
Bio. Ref. Interval. : ADULTS: 136-145 MMOL/L **Method :** ION SELECTIVE ELECTRODE			
CHLORIDE	I.S.E	101.89	mmol/L
Bio. Ref. Interval. : ADULTS: 98-107 MMOL/L			

Clinical Significance :
An increased level of blood chloride (called hyperchloremia) usually indicates dehydration, but can also occur with other problems that cause high blood sodium, such as Cushing syndrome or kidney disease. Hyperchloremia also occurs when too much base is lost from the body (producing metabolic acidosis) or when a person hyperventilates (causing respiratory alkalosis). A decreased level of blood chloride (called hypochloremia) occurs with any disorder that causes low blood sodium. Hypochloremia also occurs with congestive heart failure, prolonged vomiting or gastric suction, Addison disease, emphysema or other chronic lung diseases (causing respiratory acidosis), and with loss of acid from the body (called metabolic alkalosis).
Method : ION SELECTIVE ELECTRODE

Please correlate with clinical conditions.

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NAME : DEVENDER (57Y/M)
REF. BY : DR SAI CNR
TEST ASKED : AAROGYAM PURUSH PROFILE WITH UTSH

SAMPLE COLLECTED AT :
(5060021493),SAI CNR POLYCLINIC AND DIAGNOSTICS,MOGILAIAH 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	111	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	7.71	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	2.01	µIU/mL	0.54-5.30

Comments : SUGGESTING THYRONORMALCY

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

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.

Sample Collected on (SCT) : 05 Jul 2024 07:30
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Report Released on (RRT) : 06 Jul 2024 09:05
Sample Type : SERUM
Labcode : 0507043816/TE052
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NAME : DEVENDER (57Y/M)
REF. BY : DR SAI CNR
TEST ASKED : AAROGYAM PURUSH PROFILE WITH UTSH

SAMPLE COLLECTED AT :
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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	**CALCULATED**	**88**	**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

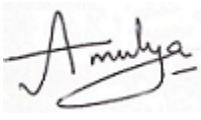
The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a "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

Sample Collected on (SCT) : 05 Jul 2024 07:30
Sample Received on (SRT) : 06 Jul 2024 02:27
Report Released on (RRT) : 06 Jul 2024 09:05
Sample Type : SERUM
Labcode : 0507043816/TE052
Barcode : CO790928



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NAME : DEVENDER (57Y/M)
REF. BY : DR SAI CNR
TEST ASKED : COMPLETE URINE ANALYSIS

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

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
Complete Urinogram				
Physical Examination				
VOLUME	Visual Determination	3	mL	-
COLOUR	Visual Determination	PALE YELLOW	-	Pale Yellow
APPEARANCE	Visual Determination	CLEAR	-	Clear
SPECIFIC GRAVITY	pKa change	1.015	-	1.003-1.030
PH	pH indicator	5	-	5-8
Chemical Examination				
URINARY PROTEIN	PEI	ABSENT	mg/dL	Absent
URINARY GLUCOSE	GOD-POD	ABSENT	mg/dL	Absent
URINE KETONE	Nitroprusside	ABSENT	mg/dL	Absent
URINARY BILIRUBIN	Diazo coupling	ABSENT	mg/dL	Absent
UROBILINOGEN	Diazo coupling	Normal	mg/dL	<=0.2
BILE SALT	Hays sulphur	ABSENT	-	Absent
BILE PIGMENT	Ehrlich reaction	ABSENT	-	Absent
URINE BLOOD	Peroxidase reaction	ABSENT	-	Absent
NITRITE	Diazo coupling	ABSENT	-	Absent
LEUCOCYTE ESTERASE	Esterase reaction	ABSENT	-	Absent
Microscopic Examination				
MUCUS	Microscopy	ABSENT	-	Absent
RED BLOOD CELLS	Microscopy	1	cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	Microscopy	1	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) : 05 Jul 2024 07:30
Sample Received on (SRT) : 06 Jul 2024 01:47
Report Released on (RRT) : 06 Jul 2024 03:03
Sample Type : URINE
Labcode : 0507116841/TE052
Barcode : X6641565

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NAME : DEVENDER (57Y/M)
REF. BY : DR SAI CNR
TEST ASKED : HBA PROFILE,HEMOGRAM

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	4.8	%

Bio. Ref. Interval. :

Bio. Ref. Interval.: As per ADA Guidelines	Guidance For Known Diabetics
Below 5.7% : Normal	Below 6.5% : Good Control
5.7% - 6.4% : Prediabetic	6.5% - 7% : Fair Control
>=6.5% : Diabetic	7.0% - 8% : Unsatisfactory Control
	>8% : Poor Control

Method : Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	91	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) : 05 Jul 2024 07:30
Sample Received on (SRT) : 06 Jul 2024 02:09
Report Released on (RRT) : 06 Jul 2024 08:32
Sample Type : EDTA Whole Blood
Labcode : 0507118155/TE052
Barcode : CE070419

Dr Amulya MD (Path)

Dr Ramya MD (Path)

PROCESSED AT :
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NAME : DEVENDER (57Y/M)
REF. BY : DR SAI CNR
TEST ASKED : HBA PROFILE,HEMOGRAM

SAMPLE COLLECTED AT :
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TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	6.3	X 10^3 / µL	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	48.3	%	40-80
LYMPHOCYTE	Flow Cytometry	36.2	%	20-40
MONOCYTES	Flow Cytometry	6.2	%	2-10
EOSINOPHILS	**Flow Cytometry**	**7.9**	**%**	**1-6**
BASOPHILS	Flow Cytometry	1.1	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	Calculated	3.04	X 10^3 / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	Calculated	2.28	X 10^3 / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	Calculated	0.39	X 10^3 / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	Calculated	0.07	X 10^3 / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	Calculated	0.5	X 10^3 / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.02	X 10^3 / µL	0-0.3
TOTAL RBC	HF & EI	5.22	X 10^6/µL	4.5-5.5
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	15.8	g/dL	13.0-17.0
HEMATOCRIT(PCV)	**CPH Detection**	**50.2**	**%**	**40.0-50.0**
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	96.2	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	Calculated	30.3	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	Calculated	31.5	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**Calculated**	**48.2**	**fL**	**39-46**
RED CELL DISTRIBUTION WIDTH (RDW-CV)	Calculated	13.6	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	Calculated	12.9	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	Calculated	11.2	fL	6.5-12
PLATELET COUNT	HF & EI	196	X 10^3 / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	Calculated	32.7	%	19.7-42.4
PLATELETCRIT(PCT)	Calculated	0.22	%	0.19-0.39

Remarks : Alert!!! 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) : 05 Jul 2024 07:30
Sample Received on (SRT) : 06 Jul 2024 02:09
Report Released on (RRT) : 06 Jul 2024 08:32
Sample Type : EDTA Whole Blood
Labcode : 0507118155/TE052
Barcode : CE070419

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**