



Tests you can trust


Name : Prithvichandra Singh Rawat(53Y/M)

Date : 08 Jun 2024

Test Asked : Niva Package Greater Than 50




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NAME : PRITHVICHANDRA SINGH RAWAT(53Y/M)

REF. BY : SELF

TEST ASKED : NIVA PACKAGE GREATER THAN 50

HOME COLLECTION :

149 GF PARSWNATH PANCHVATI TAJ NAGRI PHASE2
AGRA 282001 282001

Summary Report**Tests outside reference range**

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
HEMATOCRIT(PCV)	36.3	%	40.0-50.0
HEMOGLOBIN	11.9	g/dL	13.0-17.0
MEAN PLATELET VOLUME(MPV)	12.7	fL	6.5-12
MONOCYTES - ABSOLUTE COUNT	0.17	X 10 ³ / μ L	0.2 - 1.0
PLATELET DISTRIBUTION WIDTH(PDW)	16.7	fL	9.6-15.2
PLATELET TO LARGE CELL RATIO(PLCR)	45.9	%	19.7-42.4
PLATELETCRIT(PCT)	0.18	%	0.19-0.39
RED CELL DISTRIBUTION WIDTH (RDW-CV)	14.5	%	11.6-14
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	52.4	fL	39-46
TOTAL RBC	3.73	X 10 ⁶ / μ L	4.5-5.5
LIPID			
HDL / LDL RATIO	0.38	Ratio	> 0.40
LDL CHOLESTEROL - DIRECT	121	mg/dL	< 100
OTHER COUNTS			
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm / hr	0 - 15
RENAL			
CALCIUM	8.76	mg/dL	8.8-10.6
CREATININE - SERUM	0.59	mg/dL	0.72-1.18

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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149 GF PARSWNATH PANCHVATI TAJ NAGRI
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TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	5.3	%

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	105	mg/dL
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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)** :08 Jun 2024 07:56**Sample Received on (SRT)** : 09 Jun 2024 01:24**Report Released on (RRT)** : 09 Jun 2024 04:30**Sample Type** : EDTA Whole Blood**Labcode** : 0806043541/DS774**Barcode** : CG875705

Dr Manzal Fatima MD(Path)

Dr Bhumika MD(Path)

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PHASE2 AGRA 282001 282001

TEST NAME	TECHNOLOGY	VALUE	UNITS
ERYTHROCYTE SEDIMENTATION RATE (ESR) Bio. Ref. Interval. :-	MODIFIED WESTERGREN	30	mm / hr

Male : 0-15

Female : 0-20

Please correlate with clinical conditions.

Method:- MODIFIED WESTERGREN

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TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	5.07	X 10 ³ / μ L	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	66.2	%	40-80
LYMPHOCYTE	Flow Cytometry	23.4	%	20-40
MONOCYTES	Flow Cytometry	3.4	%	2-10
EOSINOPHILS	Flow Cytometry	5.7	%	1-6
BASOPHILS	Flow Cytometry	1.1	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.2	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	Calculated	3.36	X 10 ³ / μ L	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	Calculated	1.19	X 10 ³ / μ L	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	Calculated	0.17	X 10³ / μL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	Calculated	0.06	X 10 ³ / μ L	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	Calculated	0.29	X 10 ³ / μ L	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.01	X 10 ³ / μ L	0-0.3
TOTAL RBC	HF & EI	3.73	X 10⁶ / μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Calculated	0.01	X 10 ³ / μ L	0.0-0.5
NUCLEATED RED BLOOD CELLS %	Flow Cytometry	0.01	%	0.0-5.0
HEMOGLOBIN	SLS-Hemoglobin Method	11.9	g/dL	13.0-17.0
HEMATOCRIT(PCV)	CPH Detection	36.3	%	40.0-50.0
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	97.3	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	Calculated	31.9	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	52.4	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	Calculated	14.5	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	Calculated	16.7	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	Calculated	12.7	fL	6.5-12
PLATELET COUNT	HF & EI	150	X 10 ³ / μ L	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	Calculated	45.9	%	19.7-42.4
PLATELETCRIT(PCT)	Calculated	0.18	%	0.19-0.39

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

Please Correlate with clinical conditions.

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)

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AGRA 282001 282001

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	187	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	46	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	121	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	115	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	2.48	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	2.6	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.38	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	140.57	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	22.98	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)** : 08 Jun 2024 07:56**Sample Received on (SRT)** : 09 Jun 2024 01:28**Report Released on (RRT)** : 09 Jun 2024 02:42**Sample Type** : SERUM**Labcode** : 0806117938/DS774**Barcode** : CJ042435

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HOME COLLECTION :

149 GF PARSWNATH PANCHVATI TAJ NAGRI PHASE2
AGRA 282001 282001

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	11.67	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.59	mg/dL	0.72-1.18
BUN / SR.CREATININE RATIO	CALCULATED	19.78	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	24.97	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	42.33	Ratio	< 52
CALCIUM	PHOTOMETRY	8.76	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	5.5	mg/dL	4.2 - 7.3

Please correlate with clinical conditions.

Method :

BUN - Kinetic UV Assay.

SCRE - Creatinine Enzymatic Method

B/CR - Derived from serum Bun and Creatinine values

UREAC - Derived from BUN Value.

UR/CR - Derived from UREA and Sr.Creatinine values.

CALC - Arsenazo III Method, End Point.

URIC - Uricase / Peroxidase Method

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PHASE2 AGRA 282001 282001

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	116	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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149 GF PARSWNATH PANCHVATI TAJ NAGRI
PHASE2 AGRA 282001 282001

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
Complete Urinogram				
<u>Physical Examination</u>				
SPECIFIC GRAVITY	pKa change	1.01	-	1.003-1.030
PH	pH indicator	6.5	-	5-8
<u>Chemical Examination</u>				
URINARY GLUCOSE	GOD-POD	ABSENT	mg/dL	Absent
URINARY BILIRUBIN	Diazo coupling	ABSENT	mg/dL	Absent
URINE KETONE	Nitroprusside	ABSENT	mg/dL	Absent
URINE BLOOD	Peroxidase reaction	ABSENT	-	Absent
URINARY PROTEIN	PEI	ABSENT	mg/dL	Absent
UROBILINOGEN	Diazo coupling	Normal	mg/dL	<=0.2
NITRITE	Diazo coupling	ABSENT	-	Absent
<u>Microscopic Examination</u>				
URINARY LEUCOCYTES (PUS CELLS)	Microscopy	ABSENT	cells/HPF	0-5

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

~~ End of report ~~

Sample Collected on (SCT) : 08 Jun 2024 07:56**Sample Received on (SRT)** : 09 Jun 2024 01:55**Report Released on (RRT)** : 09 Jun 2024 03:34**Sample Type** : URINE**Labcode** : 0806119825/DS774**Barcode** : CF551576

Dr Manzat Fatima MD(Path)

Dr Bhumika 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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