

Corporate Office : Thyrocare Technologies Limited D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703

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REPORT

NAME : ZAHID AHMED(34Y/M)
REF. BY : WELLNESS - DSA
TEST ASKED : PRO AAROgyAM 1.7

SAMPLE COLLECTED AT :
FLAT NO 201 SECOND FLOOR MAJESTICA D BLOCK
CASSABELLA LODHA PALAVA CITY DOMBIVILI EAST -
421202

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|--|------------|-------|----------|
| ANTI CCP (ACCP) Reference Range : Negative : < 0.80 Equivocal: 0.80 - 1.20 Positive : > 1.20 | E.L.I.S.A | 0.38 | OD Ratio |

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.

Analytical Specifications :

Anti-Cyclic-Citrullinated-Peptide (Anti-CCP) antibodies are detected using a solid phase enzyme immuno assay having an analytical sensitivity of 1.0 U/ml. No cross reactivity to other auto antigen is found. Sensitivity of the method is 68% and specificity is 92%.

Method : SOLID PHASE CAPTURE ENZYME IMMUNOASSAY

| | | | |
|--|-----------|------|----------|
| ANTI NUCLEAR ANTIBODIES (ANA) Reference Range : Negative < 0.80 Equivocal 0.8 - 1.20 Positive > 1.20 Method : SOLID PHASE ENZYME IMMUNOASSAY | E.L.I.S.A | 0.43 | OD Ratio |
|--|-----------|------|----------|

Please correlate with clinical conditions.

Sample Collected on (SCT) : 12 Jun 2016 12:50
Sample Received on (SRT) : 13 Jun 2016 23:24
Report Released on (RRT) : 14 Jun 2016 06:59
Sample Type : SERUM
Labcode : 130600536/BT001
Barcode : 70974335

Dr.Durgaprasad N Agrawal MD

Dr.Caesar Sengupta MD

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| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|-----------|------------|-------|-------|
| AMYLASE | PHOTOMETRY | 68.3 | U/L |

Reference Range :-

Adults : 30-118 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: Within run %CV has been recorded 1% and between run %CV of 1.5%. Analytical sensitivity (Lower Detection Limit) 3 U/l

Kit Validation References:

Tietz Nw, Huang WY, Rauh DF ET Al. Laboratory tests in the differential diagnosis of Hyperamylasemia. Clin Chem 1986;32: 301-307

Please correlate with clinical conditions.

Method:- ENZYMATIC PHOTOMETRIC TEST.

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| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|--|--------------|-------|-------|
| APOLIPOPROTEIN - A1 (APO-A1) | NEPHELOMETRY | 132 | mg/dl |
| Reference Range : | | | |
| Male : 110 - 205 | | | |
| Female : 125 - 215 | | | |
| Method : FULLY AUTOMATED NEPHELOMETRY-BN-II | | | |
| APOLIPOPROTEIN - B (APO-B) | NEPHELOMETRY | 112 | mg/dl |
| Reference Range : | | | |
| Male : 55 - 140 | | | |
| Female : 55 - 125 | | | |
| Method : FULLY AUTOMATED NEPHELOMETRY-BN-II | | | |
| APO B / APO A1 RATIO (APO B/A1) | CALCULATED | 0.8 | Ratio |
| Reference Range : | | | |
| Male : 0.35 - 1.0 | | | |
| Female : 0.30 - 0.9 | | | |
| Method : DERIVED FROM SERUM APO A1 AND APO B VALUES | | | |

Please correlate with clinical conditions.

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Page : 3 of 18

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| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|--|--------------|-------|-------|
| HIGH SENSITIVITY C-REACTIVE PROTEIN (hs-CRP) | NEPHELOMETRY | 1.1 | mg/L |

Reference Range :-

Risk of coronary Heart Disease.

< 1.00 -- Low Risk
1.00 - 3.00 -- Average Risk
> 3.00 -- High Risk

Interpretation:

High sensitivity C-reactive protein, when used in conjunction with other clinical laboratory evaluation of acute coronary syndromes, may be useful as an independent marker of prognosis for recurrent events, in patients with stable coronary disease or acute coronary syndromes. hsCRP levels should not be substituted for assessment of traditional cardiovascular risk factors. Patients with persistently unexplained, marked elevation of hsCRP after repeated testing should be evaluated for non - cardiovascular etiologies

Clinical significance:

hsCRP measurements may be used as an independent risk marker for the identification of individuals at risk for future cardiovascular disease. Elevated CRP values may be indicative of prognosis of individuals with acute coronary syndromes, and may be useful in the management of such individuals.

Specifications: Precision: Within run %CV has been recorded 3.1% and between run %CV of 2.5%.

References:

1. Chenillot O, Henny J, Steinmez J, et al. High sensitivity C-reactive protein: biological variations and reference limits. Clin Chem Lab Med 2000;38:1003-11.
2. Hind CRH, Pepys MB. The role of serum C-reactive protein measurements in clinical practice. Int Med 1984;5:112-51.

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED NEPHELOMETRY-BN-II

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| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|--------------|------------|-------|--------|
| HOMOCYSTEINE | C.L.I.A | 29.3 | μmol/L |

Reference Range :-

Adult : < 30

Clinical Significance:

Homocysteine is linked to increased risk of premature coronary artery disease, stroke and thromboembolism. Moreover, alzheimer's disease, osteoporosis, venous thrombosis, schizophrenia, cognitive deficiency and pregnancy complications also elevates Homocysteine levels.

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.

Caution While Interpretation:

To get most accurate results, it is mandatory to separate serum immediately. In separated serum, homocysteine remains stable for at least 48 hours at room temperature.

Please correlate with clinical conditions.

Method:- COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

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| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|--|------------|-------|-------|
| IRON Reference Range : Male : 70 - 180 Female : 60 - 180 Method : FERROZINE METHOD WITHOUT DEPROTEINIZATION | PHOTOMETRY | 90 | µg/dl |
| TOTAL IRON BINDING CAPACITY (TIBC) Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl Method : SPECTROPHOTOMETRIC ASSAY | PHOTOMETRY | 424 | µg/dl |
| % TRANSFERRIN SATURATION Reference Range : 13 - 45 Method : DERIVED FROM IRON AND TIBC VALUES | CALCULATED | 21.23 | % |
| FERRITIN Reference Range : Men: 22-322 ng/ml Women: 10-291 ng/ml Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY | C.L.I.A | 189.9 | ng/ml |
| FOLIC ACID Reference Range : > 5.38 ng/ml Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY | C.L.I.A | 4.8 | ng/ml |

Please correlate with clinical conditions.

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| TEST NAME | TECHNOLOGY | VALUE | UNITS | NORMAL RANGE |
|---------------------------|-------------------|-------------|--------------|------------------------------------|
| CALCIUM | PHOTOMETRY | 8.77 | mg/dl | 8.8 - 10.6 |
| URIC ACID | PHOTOMETRY | 5.9 | mg/dl | Male : 3.5 - 7.2 Female: 2.6 - 6.0 |
| BLOOD UREA NITROGEN (BUN) | PHOTOMETRY | 9.6 | mg/dl | 7.9 - 20 |
| CREATININE - SERUM | PHOTOMETRY | 0.85 | mg/dl | Male: 0.6 - 1.1 Female: 0.5 - 0.8 |
| BUN / SR.CREATININE RATIO | CALCULATED | 11.29 | Ratio | 9:1 - 23:1 |
| SODIUM | I.S.E | 141 | mmol/l | 136 - 146 |
| CHLORIDE | I.S.E | 99 | mmol/l | 98 - 106 |

Please correlate with clinical conditions.**Method:**

CALC - ARSENAZO III METHOD, END POINT.

URIC - Uricase / Peroxidase Method

BUN - KINETIC UV ASSAY.

SCRE - CREATININE ENZYMATIC METHOD

B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES

SOD - ION SELECTIVE ELECTRODE IN OLYMPUS AU2700

CHL - Ion selective electrode

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| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|-----------|------------|-------|-------|
| LIPASE | PHOTOMETRY | 46 | U/L |

Reference Range :-

Adults : 13 - 60 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: Within run %CV has been recorded 1.16 % and between run %CV of 0.65 %. Analytical sensitivity (lower detection limit) 3 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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| TEST NAME | TECHNOLOGY | VALUE | UNITS | NORMAL RANGE |
|----------------------------------|-------------------|------------|--------------|------------------|
| TOTAL CHOLESTEROL | PHOTOMETRY | 196 | mg/dl | 125 - 200 |
| HDL CHOLESTEROL - DIRECT | PHOTOMETRY | 36 | mg/dl | 35-80 |
| LDL CHOLESTEROL - DIRECT | PHOTOMETRY | 111 | mg/dl | 85 - 130 |
| TRIGLYCERIDES | PHOTOMETRY | 300 | mg/dl | 25 - 200 |
| TC/ HDL CHOLESTEROL RATIO | CALCULATED | 5.5 | Ratio | 3.0 - 5.0 |
| LDL / HDL RATIO | CALCULATED | 3.1 | Ratio | 1.5 - 3.5 |
| VLDL CHOLESTEROL | CALCULATED | 60 | mg/dl | 5 - 40 |

Please correlate with clinical conditions.**Method:**

CHOL - CHOD POD METHOD

HCHO - ENZYME SELECTIVE PROTECTION METHOD

LDL - HOMOGENOUS ENZYMATIC COLORIMETRIC ASSAY

TRIG - ENZYMATIC COLORIMETRIC METHOD (GPO) [HIGHLY INFLUENCED BY LEVEL OF FASTING]

TC/H - DERIVED FROM SERUM CHOLESTEROL AND HDL VALUES

LDL/ - DERIVED FROM SERUM HDL AND LDL 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)** : 12 Jun 2016 12:50**Sample Received on (SRT)** : 13 Jun 2016 23:24**Report Released on (RRT)** : 14 Jun 2016 06:59**Sample Type** : SERUM**Labcode** : 130600536/BT001**Barcode** : 70974335

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|---------------------|------------|-------|-------|--------------|
| NON-HDL CHOLESTEROL | CALCULATED | 160.4 | mg/dl | < 160 |

Please correlate with clinical conditions.**Method:**

NHDL - Derived from serum Cholesterol and HDL values

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|------------------------------------|------------|-------|-------|---------------------------|
| ALKALINE PHOSPHATASE | PHOTOMETRY | 69 | U/l | M:53 to 128 - F:42 to 98 |
| BILIRUBIN - TOTAL | PHOTOMETRY | 0.63 | mg/dl | 0.30 - 1.20 |
| BILIRUBIN -DIRECT | PHOTOMETRY | 0.2 | mg/dl | 0 - 0.30 |
| BILIRUBIN (INDIRECT) | CALCULATED | 0.44 | mg/dl | 0 - 0.9 |
| ASPARTATE AMINOTRANSFERASE (SGOT) | PHOTOMETRY | 25.4 | U/l | M: 0 to 37 - F: 0 to 31 |
| ALANINE TRANSAMINASE (SGPT) | PHOTOMETRY | 25.2 | U/l | M: 13 to 40 - F: 10 to 28 |
| GAMMA GLUTAMYL TRANSFERASE (GGT) | PHOTOMETRY | 15.8 | U/l | M: 0 to 55 - F :0 to 38 |
| PROTEIN - TOTAL | PHOTOMETRY | 7.5 | gm/dl | 5.7 - 8.2 |
| ALBUMIN - SERUM | PHOTOMETRY | 4.7 | gm/dl | 3.2 - 4.8 |
| SERUM GLOBULIN | PHOTOMETRY | 2.8 | gm/dL | 2.50-3.40 |
| SERUM ALBUMIN/GLOBULIN RATIO | CALCULATED | 1.68 | Ratio | 0.9 - 2.0 |

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

SGOT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION

SGPT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION

GGT - Modified IFCC method

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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|-------------------------|--------------|-------|-------|
| Lipoprotein (a) [Lp(a)] | NEPHELOMETRY | 27.9 | mg/dl |

Reference Range :-

Adults : < 30.0 mg/dl

Interpretation:

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: Intra Assay (%CV): 3.4 %, Inter Assay (%CV): 2.0 %; Sensitivity: 0.002 gm/l

External Quality Control Program Participation:

College of American Pathologists: General Chemistry and TDM; CAP Number: 7193855-01

Kit Validation References:

Koschinsky ML, Marcovina SM. Lipoprotein A: Structural Implication for Pathophysiology. Int J Clin Lab Res, 1997; 27: 14-23.

Please correlate with clinical conditions.

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| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|--------------|------------|-------|-------|
| TESTOSTERONE | C.L.I.A | 329 | ng/dl |

Reference Range :-

Adult male 241 - 827
Adult female 14 - 76

Boys
< 1 year 12 - 21
1 - 6 years 3 - 32
7 - 12 years 3 - 68
13 - 17 years 28 - 1110

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): 2.6 %, Inter assay (%CV): 4.3%; Sensitivity: 10 ng/dl

External quality control program participation:

College of American pathologists: Ligand assay (special) survey; cap number: 7193855-01

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Sample Collected on (SCT) : 12 Jun 2016 12:50
Sample Received on (SRT) : 13 Jun 2016 23:24
Report Released on (RRT) : 14 Jun 2016 06:59
Sample Type : SERUM
Labcode : 130600536/BT001
Barcode : 70974335

Dr.Durgaprasad N Agrawal MD

Dr.Caesar Sengupta MD

Corporate Office : Thyrocare Technologies Limited 📍 D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703

📞 022 - 3090 0000 / 4125 2525 ✉ wellness@thyrocare.com 🌐 www.thyrocare.com

REPORT

NAME : ZAHID AHMED(34Y/M)

REF. BY : WELLNESS - DSA

TEST ASKED : PRO AAROGYAM 1.7

SAMPLE COLLECTED AT :

FLAT NO 201 SECOND FLOOR MAJESTICA D BLOCK
CASSABELLA LODHA PALAVA CITY DOMBIVILI EAST -
421202

| TEST NAME | TECHNOLOGY | VALUE | UNITS | REFERENCE RANGE |
|--|----------------|-------------|---------------|-------------------|
| THYROID STIMULATING HORMONE (TSH) | C.L.I.A | 6.49 | μIU/ml | 0.30 - 5.5 |
| FREE TRIIODOTHYRONINE (FT3) | C.L.I.A | 3.1 | pg/ml | 1.7 - 4.2 |
| FREE THYROXINE (FT4) | C.L.I.A | 1.09 | ng/dl | 0.70 - 1.80 |

Comments : SUGGESTING CLINICAL INTERPRETATION

Please correlate with clinical conditions.

Method :

TSH - ULTRA SENSITIVE SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

FT3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

FT4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

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SAMPLE COLLECTED AT :
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421202

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|--------------------------------|----------------|-------------|--------------|
| 25-OH VITAMIN D (TOTAL) | C.L.I.A | 7.01 | ng/ml |
| Reference Range : | | | |
| DEFICIENCY : <20 ng/ml | | | |
| INSUFFICIENCY : 20-30 ng/ml | | | |
| SUFFICIENCY : 30-100 ng/ml | | | |
| TOXICITY : >100 ng/ml | | | |

Vitamin D Total test is analyzed on Siemens ADVIA Centaur, standardized against ID-LC/MS/MS, as per Vitamin D Standardization Program (VDSP).

Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

| | | | |
|--------------------------|----------------|------------|--------------|
| VITAMIN B-12 | C.L.I.A | 277 | pg/ml |
| Reference Range : | | | |
| Normal : 211 - 911 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):4.0%, Inter assay (%CV):4.4 %;Sensitivity:45 pg/ml

External quality control program participation:

College of American pathologists: ligand assay (general) survey; CAP number: 7193855-01

Kit validation references:

Chen IW, Sperling MI, Heminger IA. Vitamin B12. In: Pesce AJ, Kalpan LA, editors. Methods in clinical chemistry. St. Louis: CV Mosby, 1987. P. 569-73.

Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

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REPORT

NAME : ZAHID AHMED(34Y/M)

REF. BY : WELLNESS - DSA

TEST ASKED : BLOOD ELEMENT ANALYSIS PROFILE, HBA, HEMOGRAM
- 6 PART (DIFF)

SAMPLE COLLECTED AT :

FLAT NO 201 SECOND FLOOR MAJESTICA D BLOCK
CASSABELLA LODHA PALAVA CITY DOMBIVILI EAST -
421202

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

DIABETES SCREEN (BLOOD)

HbA1c

H.P.L.C

5.4

%

Reference Range :

Below 6.0% - Normal Value

6.0% - 7.0% - Good Control

7.0% - 8.0% - Fair Control

8.0% - 10% - Unsatisfactory Control

Above 10% - Poor Control

Method : Fully Automated H.P.L.C. using Biorad Variant II Turbo

AVERAGE BLOOD GLUCOSE (ABG)

CALCULATED

108

mg/dl

Reference Range :

90 - 120 mg/dl : Excellent Control

121 - 150 mg/dl : Good Control

151 - 180 mg/dl : Average Control

181 - 210 mg/dl : Action Suggested

> 211 mg/dl : Panic Value

(Note: Average Blood Glucose value is calculated from HBA1c value and it indicates Average Blood Sugar level over past three months.)

Method : Derived from HBA1c values

Please correlate with clinical conditions.

Sample Collected on (SCT) : 12 Jun 2016 12:50

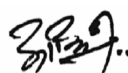
Sample Received on (SRT) : 13 Jun 2016 18:57

Report Released on (RRT) : 14 Jun 2016 06:07

Sample Type : EDTA

Labcode : 130624190/BT001

Barcode : 68547912



Dr. Durgaprasad N Agrawal MD



Dr. Caesar Sengupta MD

Page : 16 of 18

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REPORT

NAME : ZAHID AHMED(34Y/M)
REF. BY : WELLNESS - DSA
TEST ASKED : BLOOD ELEMENT ANALYSIS PROFILE,HBA,HEMOGRAM
 - 6 PART (DIFF)

SAMPLE COLLECTED AT :
 FLAT NO 201 SECOND FLOOR MAJESTICA D BLOCK
 CASSABELLA LODHA PALAVA CITY DOMBIVILI EAST -
 421202

| TEST NAME | VALUE | UNITS | REFERENCE RANGE |
|---|--------------|-----------------------------|--|
| TOTAL LEUCOCYTES COUNT | 8.23 | X 10 ³ / µL | 4 - 10 |
| NEUTROPHILS | 58.2 | % | 40-80 |
| LYMPHOCYTE PERCENTAGE | 34.9 | % | M:20-40; F:20-40 |
| MONOCYTES | 2.9 | % | 0-10 |
| EOSINOPHILS | 3.5 | % | 0-6 |
| BASOPHILS | 0.2 | % | < 2 |
| IMMATURE GRANULOCYTE PERCENTAGE(IG%) | 0.3 | % | Male : 0-0.5 Female: 0-0.4 |
| NEUTROPHILS - ABSOLUTE COUNT | 4.79 | X 10 ³ / µL | 2.0 - 7.0 |
| LYMPHOCYTES - ABSOLUTE COUNT | 2.87 | X 10 ³ / µL | 1.00 - 3.00 |
| MONOCYTES - ABSOLUTE COUNT | 0.24 | X 10 ³ / µL | 0.20 - 1.00 |
| BASOPHILS - ABSOLUTE COUNT | 0.02 | X 10³ / µ | 0.02 - 0.10 |
| EOSINOPHILS - ABSOLUTE COUNT | 0.29 | X 10 ³ / µL | 0.02 - 0.50 |
| IMMATURE GRANULOCYTES(IG) | 0.02 | X 10 ³ / µL | 0.03 |
| TOTAL RBC | 7 | X 10⁶/l | Male : 4.5-5.5 Female : 3.9-4.8 |
| NUCLEATED RED BLOOD CELLS | Nil | X 10 ³ / µL | Nil in adults |
| NUCLEATED RED BLOOD CELLS % | Nil | % | Nil in adults |
| HEMOGLOBIN | 12.7 | g/dL | Male : 13-17 Female : 12-15 |
| HEMATOCRIT(PCV) | 47.4 | % | Male : 40-50 Female : 36-46 |
| MEAN CORPUSCULAR VOLUME(MCV) | 67.7 | fL | 83-101 |
| MEAN CORPUSCULAR HEMOGLOBIN(MCH) | 18.1 | pq | 27-32 |
| MEAN CORP. HEMO. CONC(MCHC) | 26.8 | g/dL | 31.5-34.5 |
| RED CELL DISTRIBUTION WIDTH - SD(RDW-SD) | 42.1 | fL | 39 - 46 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) | 19.6 | % | 11.6-14 |
| PLATELET DISTRIBUTION WIDTH(PDW) | 17.11 | fL | 9.6-15.2 |
| MEAN PLATELET VOLUME(MPV) | 11.8 | fL | 6.5-12.0 |
| PLATELET COUNT | 256 | X 10 ³ / µL | 150-400 |
| PLATELET TO LARGE CELL RATIO(PLCR) | 36 | % | 19.7 - 42.4 |
| PLATELETCRIT(PCT) | 0.22 | % | 0.19 - 0.39 |

Remarks : Alert!!! RBCs:Moderate anisocytosis mild poikilocytosis. Predominantly microcytic hypochromic cells with ovalocytes, elliptocytes are seen. Advised: HbA2/HbF estimation.

Please Correlate with clinical conditions.

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

(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry

Method (using a semiconductor laser), and SLS- hemoglobin method)

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Page : 17 of 18

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REPORT

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REF. BY : WELLNESS - DSA
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- 6 PART (DIFF)

SAMPLE COLLECTED AT :
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421202

| TEST NAME | TECHNOLOGY | VALUE | UNITS | NORMAL RANGE |
|-----------|------------|--------|-------|--------------|
| ARSENIC | ICP-MS | 0.92 | µg/l | < 5.00 µg/l |
| CADMIUM | ICP-MS | 0.48 | µg/l | < 1.50 µg/l |
| MERCURY | ICP-MS | 0.27 | µg/l | < 5.00 µg/l |
| LEAD | ICP-MS | 101.2 | µg/l | < 150 µg/l |
| CHROMIUM | ICP-MS | 3.6 | µg/l | < 30.0 µg/l |
| BARIUM | ICP-MS | 8.39 | µg/l | < 30 µg/l |
| COBALT | ICP-MS | 0.32 | µg/l | < 4.00 µg/l |
| CAESIUM | ICP-MS | 1.62 | µg/l | < 5.00 µg/l |
| SELENIUM | ICP-MS | 208.63 | µg/l | 60-340 |

Please correlate with clinical conditions.

Method:

ICP - MASS SPECTROMETRY

Note:Reference range has been obtained after considering 95% population as cutoff.

~~ End of report ~~

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