

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** : ANJALI KALE (34Y/F)

**REF. BY** : WELLNESS - DSA

**TEST ASKED** : AAROGYAM  
1.3, HOMO, TSH-LH-FSH-PRL, AMYL, LASE, CHL, SOD

**SAMPLE COLLECTED AT** :

BUILDING NO 3 -1302, REGENCY TOWER, NEAR NEW  
HORIZON SCHOOL, BEHIND MUCHHALA  
COLLEGE, GHODBUNDER - - 400615

TEST NAME	TECHNOLOGY	VALUE	UNITS
AMYLASE	PHOTOMETRY	66.6	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 Extrapaneatic 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.

**Sample Collected on (SCT)** : 02 Jul 2016 08:15  
**Sample Received on (SRT)** : 02 Jul 2016 18:52  
**Report Released on (RRT)** : 03 Jul 2016 00:23  
**Sample Type** : SERUM  
**Labcode** : 020725512/DSA00  
**Barcode** : 72156318

Dr. Durgaprasad N Agrawal MD

Dr. Caesar Sengupta MD

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TEST NAME	TECHNOLOGY	VALUE	UNITS
CHLORIDE	I.S.E	105.1	mmol/l
Reference Range :			
Adults : 98 - 106 mmol/l			
Method : Ion selective electrode			

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMOCYSTEINE	C.L.I.A	20.3	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 ASKED** : AAROGRAM  
1.3, HOMO, TSH-LH-FSH-PRL, AMYL, LASE, CHL, SOD

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TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>IRON</b> <b>Reference Range :</b> Male : 70 - 180 Female : 60 - 180 <b>Method :</b> FERROZINE METHOD WITHOUT DEPROTEINIZATION	<b>PHOTOMETRY</b>	<b>57.8</b>	<b>µg/dl</b>
<b>TOTAL IRON BINDING CAPACITY (TIBC)</b> <b>Reference Range :</b> Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl <b>Method :</b> SPECTROPHOTOMETRIC ASSAY	<b>PHOTOMETRY</b>	<b>370</b>	<b>µg/dl</b>
<b>% TRANSFERRIN SATURATION</b> <b>Reference Range :</b> 13 - 45 <b>Method :</b> DERIVED FROM IRON AND TIBC VALUES	<b>CALCULATED</b>	<b>15.62</b>	<b>%</b>

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
<b>BLOOD UREA NITROGEN (BUN)</b>	<b>PHOTOMETRY</b>	<b>6.94</b>	<b>mg/dl</b>	<b>7.9 - 20</b>
CREATININE - SERUM	PHOTOMETRY	0.55	mg/dl	Male: 0.6 - 1.1 Female: 0.5 - 0.8
URIC ACID	PHOTOMETRY	3.3	mg/dl	Male : 3.5 - 7.2 Female: 2.6 - 6.0
CALCIUM	PHOTOMETRY	9.59	mg/dl	8.8 - 10.6
BUN / SR.CREATININE RATIO	CALCULATED	12.62	Ratio	9:1 - 23:1
SODIUM	I.S.E	141	mmol/l	136 - 146

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

BUN - KINETIC UV ASSAY.

SCRE - CREATININE ENZYMATIC METHOD

URIC - Uricase / Peroxidase Method

CALC - ARSENAZO III METHOD, END POINT.

B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES

SOD - Ion Selective Electrode in Olympus AU2700

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TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPASE	PHOTOMETRY	31.7	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
<b>FOLLICLE STIMULATING HORMONE (FSH)</b>	C.L.I.A	5.83	mIU/ml
<b>Reference Range :</b>			
Females :			
Normally Menstruating :			
Follicular Phase : 2.5-10.2   Midcycle Peak: 3.4 - 33.4   Luteal Phase :1.5-9.1			
Pregnant : < 0.3   Postmenopausal : 23.0 - 116.3			
Males (13 - 70 Years) : 1.4-18.1			
<b>Method :</b> Fully Automated Bidirectionally Interfaced Chemi Luminescent Immuno Assay			
<b>LUTEINISING HORMONE (LH)</b>	C.L.I.A	6.7	mIU/ml
<b>Reference Range :</b>			
Females:			
Normally Menstruating:			
Follicular Phase : 1.9 - 12.5   Midcycle Peak : 8.7 - 76.3			
Luteal Phase :0.5 - 16.9   Pregnant : 0.1 - 1.5			
Postmenopausal : 15.9 - 54.0			
Children : 0.1 - 6.0			
Males (20 - 70 Years) : 1.5 - 9.3			
>70 Years : 3.1 - 34.6			
<b>Method :</b> Fully Automated Bidirectionally Interfaced Chemi Luminescent Immuno Assay			
<b>PROLACTIN (PRL)</b>	C.L.I.A	11.68	ng/ml
<b>Reference Range :</b>			
Females :			
Normally Menstruating : 2.8 - 29.2			
Pregnant : 9.7 - 208.5			
Postmenopausal : 1.8 - 20.3			
Male : 2.1 - 17.7			
<b>Method :</b> Fully Automated Bidirectionally Interfaced Chemi Luminescent Immuno Assay			

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	188	mg/dl	125 - 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	61	mg/dl	35-80
TRIGLYCERIDES	PHOTOMETRY	59	mg/dl	25 - 200
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	115	mg/dl	85 - 130
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.1	Ratio	3.0 - 5.0
LDL / HDL RATIO	CALCULATED	1.9	Ratio	1.5 - 3.5
VLDL CHOLESTEROL	CALCULATED	11.8	mg/dl	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	127.1	mg/dl	< 160

**Please correlate with clinical conditions.**

**Method:**

CHOL - CHOD POD METHOD

HCHO - ENZYME SELECTIVE PROTECTION METHOD

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

LDL - HOMOGENOUS ENZYMATIC COLORIMETRIC ASSAY

TC/H - DERIVED FROM SERUM CHOLESTEROL AND HDL VALUES

LDL/ - Derived from serum HDL and LDL Values

VLDL - DERIVED FROM SERUM TRIGLYCERIDE VALUES

NHDL - Derived from serum Cholesterol and HDL 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 NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	58	U/l	M:53 to 128 - F:42 to 98
BILIRUBIN -DIRECT	PHOTOMETRY	0.15	mg/dl	0 - 0.30
BILIRUBIN - TOTAL	PHOTOMETRY	0.47	mg/dl	0.30 - 1.20
BILIRUBIN (INDIRECT)	CALCULATED	0.32	mg/dl	0 - 0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	23.4	U/l	M: 0 to 55 - F :0 to 38
ASPARTATE AMINOTRANSFERASE (SGOT )	PHOTOMETRY	16.9	U/l	M: 0 to 37 - F: 0 to 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	20	U/l	M: 13 to 40 - F: 10 to 28
PROTEIN - TOTAL	PHOTOMETRY	7.6	gm/dl	5.7 - 8.2
ALBUMIN - SERUM	PHOTOMETRY	4.4	gm/dl	3.2 - 4.8
SERUM GLOBULIN	PHOTOMETRY	3.2	gm/dL	2.50-3.40
SERUM ALBUMIN/GLOBULIN RATIO	CALCULATED	1.38	Ratio	0.9 - 2.0

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

ALKP - Modified IFCC method  
BILD - Vanadate Oxidation  
BILT - 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  
PROT - BIURET METHOD  
SALB - ALBUMIN BCG<sup>1</sup>METHOD (COLORIMETRIC ASSAY ENDPOINT)  
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES  
A/GR - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

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TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	57.4	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

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TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	97	ng/dl	60 - 200
TOTAL THYROXINE (T4)	C.L.I.A	11.1	µg/dl	4.5 - 12.0
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	1.03	µIU/ml	0.30 - 5.5

**Comments** : SUGGESTING THYRONORMALCY

**Please correlate with clinical conditions.**

**Method :**

T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

TSH - ULTRA SENSITIVE SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Pregnancy reference ranges for TSH

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.00

3rd Trimester : 0.30 - 3.00

Reference:

Guidelines of American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum, Thyroid, 2011, 21; 1-46

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TEST NAME	TECHNOLOGY	VALUE	UNITS
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**25-OH VITAMIN D (TOTAL)**

**C.L.I.A**

**15.82**

**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**

**402**

**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.**

**Sample Collected on (SCT)** : 02 Jul 2016 08:15

**Sample Received on (SRT)** : 02 Jul 2016 18:52

**Report Released on (RRT)** : 03 Jul 2016 00:23

**Sample Type** : SERUM

**Labcode** : 020725512/DSA00

**Barcode** : 72156318

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## REPORT

**NAME** : ANJALI KALE (34Y/F)  
**REF. BY** : WELLNESS - DSA  
**TEST ASKED** : HBA, HEMOGRAM - 6 PART (DIFF)

**SAMPLE COLLECTED AT** :  
 BUILDING NO 3 -1302, REGENCY TOWER, NEAR NEW  
 HORIZON SCHOOL, BEHIND MUCHHALA  
 COLLEGE, GHODBUNDER - - 400615

TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>DIABETES SCREEN (BLOOD)</b>			
<b>HbA1c</b>	H.P.L.C	5.2	%
<b>Reference Range :</b>			
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			
<b>Method :</b> Fully Automated H.P.L.C. using Biorad Variant II Turbo			
<b>AVERAGE BLOOD GLUCOSE (ABG)</b>	CALCULATED	103	mg/dl
<b>Reference Range :</b>			
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)** : 02 Jul 2016 08:15  
**Sample Received on (SRT)** : 02 Jul 2016 19:05  
**Report Released on (RRT)** : 03 Jul 2016 00:24  
**Sample Type** : EDTA  
**Labcode** : 020726111/DSA00  
**Barcode** : 73453818

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## REPORT

**NAME** : ANJALI KALE (34Y/F)

**REF. BY** : WELLNESS - DSA

**TEST ASKED** : HBA,HEMOGRAM - 6 PART (DIFF)

**SAMPLE COLLECTED AT** :

BUILDING NO 3 -1302,REGENCY TOWER,NEAR NEW  
HORIZON SCHOOL,BEHIND MUCHHALA  
COLLEGE,GHODBUNDER - - 400615

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	8.22	X 10 <sup>3</sup> / µL	4 - 10
NEUTROPHILS	79.2	%	40-80
<b>LYMPHOCYTE PERCENTAGE</b>	<b>16.3</b>	<b>%</b>	<b>M:20-40; F:20-40</b>
MONOCYTES	2.9	%	0-10
EOSINOPHILS	1.1	%	0-6
BASOPHILS	0.2	%	< 2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	Male : 0-0.5 Female: 0-0.4
NEUTROPHILS - ABSOLUTE COUNT	6.52	X 10 <sup>3</sup> / µL	2.0 - 7.0
LYMPHOCYTES - ABSOLUTE COUNT	1.34	X 10 <sup>3</sup> / µL	1.00 - 3.00
MONOCYTES - ABSOLUTE COUNT	0.24	X 10 <sup>3</sup> / µL	0.20 - 1.00
BASOPHILS - ABSOLUTE COUNT	0.02	X 10 <sup>3</sup> / µL	0.02 - 0.10
EOSINOPHILS - ABSOLUTE COUNT	0.09	X 10 <sup>3</sup> / µL	0.02 - 0.50
IMMATURE GRANULOCYTES(IG)	0.03	X 10 <sup>3</sup> / µL	0.03
TOTAL RBC	4.54	X 10 <sup>6</sup> /µl	Male : 4.5-5.5 Female : 3.9-4.8
NUCLEATED RED BLOOD CELLS	Nil	X 10 <sup>3</sup> / µL	Nil in adults
NUCLEATED RED BLOOD CELLS %	Nil	%	Nil in adults
HEMOGLOBIN	12.4	g/dL	Male : 13-17 Female : 12-15
HEMATOCRIT(PCV)	41.1	%	Male : 40-50 Female : 36-46
MEAN CORPUSCULAR VOLUME(MCV)	90.5	fL	83-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	27.3	pq	27-32
<b>MEAN CORP.HEMO.CONC(MCHC)</b>	<b>30.2</b>	<b>g/dL</b>	<b>31.5-34.5</b>
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	43	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	13.1	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	12.4	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	11	fL	6.5-12.0
PLATELET COUNT	303	X 10 <sup>3</sup> / µL	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	32.8	%	19.7 - 42.4
PLATELETCRIT(PCT)	0.33	%	0.19 - 0.39

### 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)

~~ End of report ~~

**Sample Collected on (SCT)** : 02 Jul 2016 08:15  
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