

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** : REVATHI BALU (63Y/F)  
**REF. BY** : WELLNESS - DSA  
**TEST ASKED** : ARTHRITIS PROFILE,CHL,SOD

**SAMPLE COLLECTED AT** :  
24-3/14/9 ROAD NO 1 VISHNUPURI EXT.VIMALADEVINAGAR  
MALKAJGIRI HYDERABAD - 500047

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI CCP (ACCP)	E.L.I.S.A	0.66	OD Ratio

**Reference Range :-**

Negative : < 0.80  
Equivocal: 0.80 - 1.20  
Positive : > 1.20

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%.

**Please correlate with clinical conditions.**

**Method:-** SOLID PHASE CAPTURE ENZYME IMMUNOASSAY

**Sample Collected on (SCT)** : 04 Apr 2016 08:00  
**Sample Received on (SRT)** : 05 Apr 2016 01:04  
**Report Released on (RRT)** : 05 Apr 2016 10:38  
**Sample Type** : SERUM  
**Labcode** : 040400963/HYD53  
**Barcode** : 67377922

Dr.Durgaprasad N Agrawal MD

Dr.Caesar Sengupta MD

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TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>ANTI NUCLEAR ANTIBODIES (ANA)</b>	<b>E.L.I.S.A</b>	<b>0.81</b>	<b>OD Ratio</b>
<b>Reference Range :</b>			
Negative < 0.80			
Equivocal 0.8 – 1.20			
Positive > 1.20			
<b>Method :</b> Solid Phase Enzyme Immunoassay			

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>COMPLEMENT 4 (C4)</b>	NEPHELOMETRY	0.14	gm/l
<b>Reference Range :</b>			
Adults : 0.10 - 0.40			
<b>Method :</b> FULLY AUTOMATED NEPHELOMETRY-BN-II			

**Please correlate with clinical conditions.**

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (hs- CRP)	NEPHELOMETRY	1.5	mg/L

### Reference Range : (mg/L)

< 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:

- 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.
- 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.**

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TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>CHLORIDE</b> Reference Range : Adults : 98 - 106 mmol/l Method : Ion selective electrode	I.S.E	100.5	mmol/l

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>PHOSPHOROUS</b> <b>Reference Range :</b> Adults : 2.5 - 4.8 Children: 4.0 - 7.0 <b>Method :</b> Unreduced Phosphomolybdate Method	PHOTOMETRY	4.74	mg/dl

**Please correlate with clinical conditions.**

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	9.59	mg/dl	7.9 - 20
CREATININE - SERUM	PHOTOMETRY	0.58	mg/dl	Male: 0.6 - 1.1 Female: 0.5 - 0.8
CALCIUM	PHOTOMETRY	9.48	mg/dl	8.8 - 10.6
URIC ACID	PHOTOMETRY	5.65	mg/dl	Male : 3.5 - 7.2 Female: 2.6 - 6.0
BUN / SR.CREATININE RATIO	CALCULATED	16.53	Ratio	9:1 - 23:1
SODIUM	I.S.E	136.3	mmol/l	136 - 146

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

BUN - Kinetic UV Assay.  
SCRE - Creatinine Enzymatic method  
CALC - Arsenazo III Method, End Point.  
URIC - Uricase / Peroxidase Method  
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	NORMAL RANGE
<b>TOTAL CHOLESTEROL</b>	<b>PHOTOMETRY</b>	<b>206</b>	<b>mg/dl</b>	<b>125 - 200</b>
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	38	mg/dl	35-80
<b>LDL CHOLESTEROL - DIRECT</b>	<b>PHOTOMETRY</b>	<b>159</b>	<b>mg/dl</b>	<b>85 - 130</b>
TRIGLYCERIDES	PHOTOMETRY	144	mg/dl	25 - 200
<b>TC/ HDL CHOLESTEROL RATIO</b>	<b>CALCULATED</b>	<b>5.4</b>	<b>Ratio</b>	<b>3.0 - 5.0</b>
<b>LDL / HDL RATIO</b>	<b>CALCULATED</b>	<b>4.2</b>	<b>Ratio</b>	<b>1.5 - 3.5</b>
VLDL CHOLESTEROL	CALCULATED	28.84	mg/dl	5 - 40
<b>NON-HDL CHOLESTEROL</b>	<b>CALCULATED</b>	<b>167.59</b>	<b>mg/dl</b>	<b>&lt; 160</b>

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

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	87.2	U/l	M:53 to 128 - F:42 to 98

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

ALKP - Modified IFCC method

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TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>ANTI STREPTOLYSIN - O (ASO)</b> Reference Range : Adult : < 200 Method : FULLY AUTOMATED NEPHELOMETRY-BN-II	<b>NEPHELOMETRY</b>	<b>398</b>	<b>IU/ml</b>
<b>RHEUMATOID FACTOR (RF)</b> Reference Range : Adult : < 15.9 Method : FULLY AUTOMATED NEPHELOMETRY-BN-II	<b>NEPHELOMETRY</b>	<b>&lt; 11</b>	<b>IU/ml</b>

**Please correlate with clinical conditions.**

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	11.25	μIU/ml	0.30 - 5.5

Please correlate with clinical conditions.

**Method:**

TSH - ULTRA SENSITIVE SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	C.L.I.A	223	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.

**Please correlate with clinical conditions.**

**Method:-** FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>25-OH VITAMIN D (TOTAL)</b>	<b>C.L.I.A</b>	<b>15.48</b>	<b>ng/ml</b>
<b>Reference Range :-</b>			

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).

**Please correlate with clinical conditions.**

**Method:-** FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

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**REPORT**

**NAME** : REVATHI BALU (63Y/F)  
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**TEST ASKED** : HB27, HBA, HEMOGRAM - 6 PART (DIFF)

**SAMPLE COLLECTED AT** :  
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**Test Description** : HLA-B27

**Result** : Negative

**Method** : FLOWCYTOMETRY

**Interpretation** :

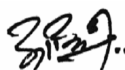
There is a strong association between the presence of HLAB27 antigen and an increased incidence of ankylosing spondylitis (AS) as well as others disorders, such as Reiter's Syndrome, psoriatic arthritis and arthropathies associated with inflammatory bowel disease. These disorders are collectively called Seronegative Spondyloarthritis.

HLAB27 positive patient is more likely to exhibit spondyloarthritis.

**Please correlate with clinical conditions.**

**Method** : Done on Fully Automated Two Laser BD FACS Calibur Flowcytometer U.S.A

**Sample Collected on (SCT)** : 04 Apr 2016 08:00  
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**Report Released on (RRT)** : 07 Apr 2016 09:07  
**Sample Type** : EDTA  
**Labcode** : 040401120/HYD53  
**Barcode** : 67451088



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TEST NAME	TECHNOLOGY	VALUE	UNITS
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**DIABETES SCREEN (BLOOD)**

<b>HbA1c</b>	H.P.L.C	6	%
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**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

<b>AVERAGE BLOOD GLUCOSE (ABG)</b>	<b>CALCULATED</b>	<b>125</b>	<b>mg/dl</b>
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**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)** : 04 Apr 2016 08:00  
**Sample Received on (SRT)** : 05 Apr 2016 01:28  
**Report Released on (RRT)** : 07 Apr 2016 09:07  
**Sample Type** : EDTA  
**Labcode** : 040401120/HYD53  
**Barcode** : 67451088

Dr.Durgaprasad N Agrawal MD

Dr.Caesar Sengupta MD

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## REPORT

**NAME** : REVATHI BALU (63Y/F)  
**REF. BY** : WELLNESS - DSA  
**TEST ASKED** : HB27,HBA,HEMOGRAM - 6 PART (DIFF)

**SAMPLE COLLECTED AT** :  
 24-3/14/9 ROAD NO 1 VISHNUPURI EXT.VIMALADEVINAGAR  
 MALKAJGIRI HYDERABAD - 500047

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	5.45	X 10 <sup>3</sup> / $\mu$ L	4 - 10
NEUTROPHILS	43.7	%	40-80
<b>LYMPHOCYTE PERCENTAGE</b>	<b>45.9</b>	<b>%</b>	<b>M:20-40; F:20-40</b>
MONOCYTES	4.4	%	0-10
EOSINOPHILS	5.5	%	0-6
BASOPHILS	0.2	%	< 2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	Male : 0-0.5 Female: 0-0.4
NEUTROPHILS - ABSOLUTE COUNT	2.37	X 10 <sup>3</sup> / $\mu$ L	2.0 - 7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.5	X 10 <sup>3</sup> / $\mu$ L	1.00 - 3.00
MONOCYTES - ABSOLUTE COUNT	0.24	X 10 <sup>3</sup> / $\mu$ L	0.20 - 1.00
<b>BASOPHILS - ABSOLUTE COUNT</b>	<b>0.01</b>	<b>X 10<sup>3</sup> / <math>\mu</math></b>	<b>0.02 - 0.10</b>
EOSINOPHILS - ABSOLUTE COUNT	0.3	X 10 <sup>3</sup> / $\mu$ L	0.02 - 0.50
IMMATURE GRANULOCYTES(IG)	0.04	X 10 <sup>3</sup> / $\mu$ L	0.03
TOTAL RBC	4.09	X 10 <sup>6</sup> / $\mu$ L	Male : 4.5-5.5 Female : 3.9-4.8
NUCLEATED RED BLOOD CELLS	Nil	X 10 <sup>3</sup> / $\mu$ L	Nil in adults
NUCLEATED RED BLOOD CELLS %	Nil	%	Nil in adults
HEMOGLOBIN	12	g/dL	Male : 13-17 Female : 12-15
HEMATOCRIT(PCV)	39.5	%	Male : 40-50 Female : 36-46
MEAN CORPUSCULAR VOLUME(MCV)	96.6	fL	83-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	29.3	pq	27-32
<b>MEAN CORP.HEMO.CONC(MCHC)</b>	<b>30.4</b>	<b>g/dL</b>	<b>31.5-34.5</b>
<b>RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)</b>	<b>51.9</b>	<b>fL</b>	<b>39 - 46</b>
<b>RED CELL DISTRIBUTION WIDTH (RDW-CV)</b>	<b>14.6</b>	<b>%</b>	<b>11.6-14</b>
PLATELET DISTRIBUTION WIDTH(PDW)	10.4	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	10	fL	6.5-12.0
PLATELET COUNT	317	X 10 <sup>3</sup> / $\mu$ L	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	23	%	19.7 - 42.4
PLATELETCRIT(PCT)	0.32	%	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 ~~

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