

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** : MR P L NARASIMHAM (55Y/M)

**REF. BY** : JUBINATION

**TEST ASKED** : UALB

**SAMPLE COLLECTED AT** :

( 8551178061 ), JUBINATION 504, NIRMA PLAZA,  
MAKHWANA LANE, MAROL, ANDHERI EAST, MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>DIABETES SCREEN (URINE)</b> <b>URINARY MICROALBUMIN</b> <b>Reference Range :</b> Adults: Less than 25 µg/ml <b>Method :</b> Fully Automated Immuno Turbidometry	PHOTOMETRY	6.7	µg/ml
<b>CREATININE - URINE</b> <b>Reference Range :</b> Male: 39 - 259 mg/dl Female: 28 - 217 mg/dl <b>Method :</b> Creatinine Jaffe Method, Rate-Blanked and Compensated	PHOTOMETRY	126.2	mg/dl
<b>URI. ALBUMIN/CREATININE RATIO (UA/C)</b> <b>Reference Range :</b> Adults : Less than 30 µg/mg of Creatinine <b>Method :</b> Derived from Albumin and Creatinine values	CALCULATED	5.3	µg/mg of Creatinine

**Please correlate with clinical conditions.**

**Sample Collected on (SCT)** : 28 May 2016 08:00  
**Sample Received on (SRT)** : 28 May 2016 19:47  
**Report Released on (RRT)** : 29 May 2016 03:14  
**Sample Type** : URINE  
**Labcode** : 280526275/85511  
**Barcode** : 64889251

Dr.Durgaprasad N Agrawal MD

Dr.Caesar Sengupta MD

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**REPORT**

**NAME** : MR P L NARASIMHAM (55Y/M)

**REF. BY** : JUBINATION

**TEST ASKED** : HBA

**SAMPLE COLLECTED AT** :

( 8551178061 ), JUBINATION 504, NIRMA PLAZA,  
MAKHWANA LANE, MAROL, ANDHERI EAST, MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>DIABETES SCREEN (BLOOD)</b>			
<b>HbA1c</b>	H.P.L.C	6.4	%
<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>	<b>CALCULATED</b>	<b>137</b>	<b>mg/dl</b>
<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.)			
<b>Method :</b> Derived from HBA1c values			
<b>Please correlate with clinical conditions.</b>			

**Sample Collected on (SCT)** : 28 May 2016 08:00  
**Sample Received on (SRT)** : 28 May 2016 19:53  
**Report Released on (RRT)** : 28 May 2016 21:55  
**Sample Type** : EDTA  
**Labcode** : 280526522/85511  
**Barcode** : 67522933

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## REPORT

**NAME** : MR P L NARASIMHAM (55Y/M)  
**REF. BY** : JUBINATION  
**TEST ASKED** : CORT,TEST,LIPID PROFILE,T3-T4-TSH

**SAMPLE COLLECTED AT** :  
 ( 8551178061 ), JUBINATION 504, NIRMA PLAZA,  
 MAKHWANA LANE, MAROL, ANDHERI EAST, MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS
CORTISOL	C.L.I.A	8.25	µg/dl

**Reference Range :-**

07.00 - 10.00 A.M. : 6.2 - 19.4 µg/dl  
 04.00 - 08.00 P.M. : 2.3 - 11.9 µg/dl  
 Post Dexamethasone : Below basal level  
 Post A.C.T.H : Three to five times the basal levels

**Clinical Significance:**

Cortisol is the Primary Glucocorticoid Hormone synthesized and secreted by the Adrenal Cortex. Addison's Disease is caused by primary adrenal insufficiency of the Adrenal Cortex, While Secondary Adrenal insufficiency is caused by pituitary destruction or failure, resulting in loss of ACTH stimulation. Cushing's syndrome is caused by increased levels of Cortisol due to either primary (Adrenal Tumors and Nodular Adrenal Hyperplasia) or secondary Adrenal Hyperfunction (Pituitary Overproduction of ACTH or Ectopic production of ACTH by a Tumor). 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): 2.89%, Inter Assay (%CV): 3.07%; Sensitivity: 0.20 µg/dl

**External Quality Control Program Participation:**

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

**Kit Validation References :**

Pudek Mr. Adrenal Hormones. In: kaplan LA, Press AJ, Editors. Clinical Chemistry: Therapy, Analysis and correlation. St.Louis: Cv Mosby, 1989.P. 672-81.

**Please correlate with clinical conditions.**

**Method:-** Fully Automated Bidirectionally Interfaced Chemi Luminescent Immuno Assay

**Sample Collected on (SCT)** : 28 May 2016 08:00  
**Sample Received on (SRT)** : 28 May 2016 19:55  
**Report Released on (RRT)** : 29 May 2016 08:06  
**Sample Type** : SERUM  
**Labcode** : 280526619/85511  
**Barcode** : 69841905



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**NAME** : MR P L NARASIMHAM (55Y/M)  
**REF. BY** : JUBINATION  
**TEST ASKED** : CORT,TEST,LIPID PROFILE,T3-T4-TSH

**SAMPLE COLLECTED AT** :  
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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
<b>TOTAL CHOLESTEROL</b>	<b>PHOTOMETRY</b>	<b>116</b>	<b>mg/dl</b>	<b>125 - 200</b>
<b>HDL CHOLESTEROL - DIRECT</b>	<b>PHOTOMETRY</b>	<b>35</b>	<b>mg/dl</b>	<b>35-80</b>
TRIGLYCERIDES	PHOTOMETRY	57	mg/dl	25 - 200
<b>LDL CHOLESTEROL - DIRECT</b>	<b>PHOTOMETRY</b>	<b>84</b>	<b>mg/dl</b>	<b>85 - 130</b>
VLDL CHOLESTEROL	CALCULATED	11.4	mg/dl	5 - 40
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.3	Ratio	3.0 - 5.0
LDL / HDL RATIO	CALCULATED	2.4	Ratio	1.5 - 3.5
NON-HDL CHOLESTEROL	CALCULATED	81.1	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

VLDL - Derived from serum Triglyceride values

TC/H - Derived from serum Cholesterol and Hdl values

LDL/ - Derived from serum HDL and LDL 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.**

**Sample Collected on (SCT)** : 28 May 2016 08:00  
**Sample Received on (SRT)** : 28 May 2016 19:55  
**Report Released on (RRT)** : 29 May 2016 08:06  
**Sample Type** : SERUM  
**Labcode** : 280526619/85511  
**Barcode** : 69841905

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**TEST ASKED** : CORT,TEST,LIPID PROFILE,T3-T4-TSH

**SAMPLE COLLECTED AT** :  
( 8551178061 ), JUBINATION 504, NIRMA PLAZA,  
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TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	447.3	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)** : 28 May 2016 08:00  
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TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	162	ng/dl	60 - 200
<b>TOTAL THYROXINE (T4)</b>	<b>C.L.I.A</b>	<b>14.1</b>	<b>µg/dl</b>	<b>4.5 - 12.0</b>
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.68	µIU/ml	0.30 - 5.5

**Comments** : IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION**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

~~ End of report ~~

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