Thyrocare

Tests you can trust

Name : Abhishek Pandey(22Y/M)

Date : 31 May 2025

Test Asked : Full Body Check Up With Vitamin Screening

Report Status: Complete Report

First National Diagnostic Chain to have
100% of its Labs with NABL Accreditation#

98% Reports released within **06 Hours** of sample reaching the lab+

9 out of 10 Doctors Trust that Thyrocare reports are **Accurate & Reliable***

1200+ Tests & Profiles

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Unique Barcode Tracking

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Abnormal Values Re-Checked Twice

Reports Verified By Expert MD Pathologists Stationed at Every Lab

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QR code will remain active for 30 days from report release date

Accredited by

NABL From 2005

ISO 9001: 2015 - From 2015

CAP From 2007

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Plot No 436C,3rd Floor,
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NAME : ABHISHEK PANDEY(22Y/M)
REF. BY : SELF
TEST ASKED : FULL BODY CHECK UP WITH VITAMIN SCREENING

HOME COLLECTION :
Flat no 1639 B Block A Sector 79 Sahibzada Ajit Singh Nagar 140308 India Mauli Baidwan Housefed Complex 2

Report Availability Summary

Note: Please refer to the table below for status of your tests.

14 Ready | **0** Ready with Cancellation | **0** Processing | **0** Cancelled in Lab

TEST DETAILS	REPORT STATUS
FULL BODY CHECK UP WITH VITAMIN SCREENING	Ready
ERYTHROCYTE SEDIMENTATION RATE (ESR)	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
HbA1c	Ready
KIDPRO	Ready
IRON DEFICIENCY PROFILE	Ready
VITAMIN B-12	Ready
SERUM ELECTROLYTES	Ready
LIPID PROFILE	Ready
T3-T4-USTSH	Ready
FASTING BLOOD SUGAR(GLUCOSE)	Ready
PHOSPHOROUS	Ready
LIVER FUNCTION TESTS	Ready
ROUTINE URINE ANALYSIS	Ready
25-OH VITAMIN D (TOTAL)	Ready

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Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
ELECTROLYTES			
SODIUM	135.9	mmol/L	136 - 145
LIPID			
HDL CHOLESTEROL - DIRECT	35	mg/dL	40-60
OTHER COUNTS			
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm / hr	0 - 15
RENAL			
CALCIUM	8.56	mg/dL	8.8-10.6
VITAMIN			
25-OH VITAMIN D (TOTAL)	4.81	ng/mL	30-100
VITAMIN B-12	172	pg/mL	197-771

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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TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	5.2	%

Bio. Ref. Interval. :

Bio. Ref. Interval.: As per ADA Guidelines	Guidance For Known Diabetics
Below 5.7% : Normal	Below 6.5% : Good Control
5.7% - 6.4% : Prediabetic	6.5% - 7% : Fair Control
>=6.5% : Diabetic	7.0% - 8% : Unsatisfactory Control
	>8% : Poor Control

Method : Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	103	mg/dL

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) : 31 May 2025 09:43
Sample Received on (SRT) : 31 May 2025 14:54
Report Released on (RRT) : 31 May 2025 18:13
Sample Type : EDTA Whole Blood
Labcode : 3105041523/DH999
Barcode : DP431018

Navjot Kaur

Dr Navjot Kaur MD(Path)

Scan QR code to verify authenticity of reported results; active for 30 days from release time.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**MODIFIED WESTERGREN**	**20**	**mm / hr**

Bio. Ref. Interval. :-

Male : 0-15 Female : 0-20

Clinical Significance:
- An erythrocyte sedimentation rate (ESR) is a blood test that can rise if you have inflammation in your body. Its also used as a marker to monitor prognosis of an existing inflammatory/infective condition.
- Inflammation is your immune systems response to injury, infection, and many types of conditions, including immune system disorders, certain cancers and blood disorders.
- A high ESR test result may be from a condition that causes inflammation, such as: Arteritis, Arthritis, Systemic vasculitis, Polymyalgia rheumatica, Inflammatory bowel disease, Kidney disease, Infections like Tuberculosis etc, Rheumatoid arthritis and other autoimmune diseases, Heart disease, Certain cancers and many other Conditions.
- A low ESR test result may be caused by conditions such as: A blood disorder, such as: Polycythemia, Sickle cell disease (SCD), Leukocytosis, Heart failure, Certain kidney and liver problems etc.
- Certain physiological conditions also affect ESR results, these include : Pregnancy, menstrual cycle, ageing, obesity, drinking alcohol regularly, and exercise, Certain medicines and supplements also can affect ESR results.
- Hence Its always suggested to interpret ESR results in conjunction with Clinical History and other findings.

References :
https://medlineplus.gov/lab-tests/erythrocyte-sedimentation-rate-esr/

Please correlate with clinical conditions.
Method:- MODIFIED WESTERGREN

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TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	SLS-Hemoglobin Method	16.6	g/dL	13.0-17.0
Hematocrit (PCV)	CPH Detection	48.9	%	40.0-50.0
Total RBC	HF & EI	5.36	X 10^6/µL	4.5-5.5
Mean Corpuscular Volume (MCV)	Calculated	91.2	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	31	pq	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	33.9	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	Calculated	40.9	fL	39-46
Red Cell Distribution Width (RDW - CV)	Calculated	12.3	%	11.6-14
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	209.3	-	*Refer Note below
MENTZER INDEX	Calculated	17	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	5.57	X 10^3 / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	48.9	%	40-80
Lymphocytes Percentage	Flow Cytometry	39.7	%	20-40
Monocytes Percentage	Flow Cytometry	8.8	%	2-10
Eosinophils Percentage	Flow Cytometry	2.2	%	1-6
Basophils Percentage	Flow Cytometry	0.4	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.2	%	0-0.5
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	2.72	X 10^3 / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	2.21	X 10^3 / µL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.49	X 10^3 / µL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.02	X 10^3 / µL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.12	X 10^3 / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.01	X 10^3 / µL	0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10^3 / µL	0.0-0.5
PLATELET COUNT	HF & EI	241	X 10^3 / µL	150-410
Mean Platelet Volume (MPV)	Calculated	10.2	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	11.6	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	26.1	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.25	%	0.19-0.39

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

***Note - Mentzer index (MI), RDW-CV and RDWI are hematological indices to differentiate between Iron Deficiency Anemia (IDA) and Beta Thalassemia Trait (BTT). MI >13, RDWI >220 and RDW-CV >14 more likely to be IDA. MI <13, RDWI <220, and RDW-CV <14 more likely to be BTT. Suggested Clinical correlation. BTT to be confirmed with HB electrophoresis if clinically indicated.**

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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Navjot kaur

Dr Navjot Kaur MD(Path)

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NAME : ABHISHEK PANDEY(22Y/M)
REF. BY : SELF
TEST ASKED : FULL BODY CHECK UP WITH VITAMIN SCREENING

HOME COLLECTION :
Flat no 1639 B Block A Sector 79 Sahibzada Ajit Singh Nagar 140308 India Mauli Baidwan Housefed Complex 2

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	87.05	mg/dL

Bio. Ref. Interval. :-

As per ADA Guideline: Fasting Plasma Glucose (FPG)	
Normal	70 to 100 mg/dl
Prediabetes	100 mg/dl to 125 mg/dl
Diabetes	126 mg/dl or higher

Note :
The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed , icteric or lipemic. The concentration of Glucose in a given specimen may vary due to differences in assay methods, calibration and reagent specificity. For diagnostic purposes results should always be assessed in conjunction with patients medical history, clinical findings and other findings.

Please correlate with clinical conditions.

Method:- GOD-PAP METHOD

Sample Collected on (SCT) : 31 May 2025 09:43
Sample Received on (SRT) : 31 May 2025 14:55
Report Released on (RRT) : 31 May 2025 15:35
Sample Type : FLUORIDE PLASMA
Labcode : 3105085763/DH999
Barcode : DR049517

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TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
Complete Urinogram				
Physical Examination				
VOLUME	Visual Determination	3	mL	-
COLOUR	Visual Determination	PALE YELLOW	-	Pale Yellow
APPEARANCE	Visual Determination	CLEAR	-	Clear
SPECIFIC GRAVITY	pKa change	1.02	-	1.003-1.030
PH	pH indicator	7	-	5-8
Chemical Examination				
URINARY PROTEIN	PEI	ABSENT	mg/dL	Absent
URINARY GLUCOSE	GOD-POD	ABSENT	mg/dL	Absent
URINE KETONE	Nitroprusside	ABSENT	mg/dL	Absent
URINARY BILIRUBIN	Diazo coupling	ABSENT	mg/dL	Absent
UROBILINOGEN	Diazo coupling	Normal	mg/dL	<=0.2
URINE BLOOD	Peroxidase reaction	ABSENT	-	Absent
NITRITE	Diazo coupling	ABSENT	-	Absent
LEUCOCYTE ESTERASE	Esterase reaction	ABSENT	-	Absent
Microscopic Examination				
URINARY LEUCOCYTES (PUS CELLS)	Microscopy	ABSENT	cells/HPF	0-5

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

Sample Collected on (SCT) : 31 May 2025 09:43
Sample Received on (SRT) : 31 May 2025 15:02
Report Released on (RRT) : 31 May 2025 17:27
Sample Type : URINE
Labcode : 3105086352/DH999
Barcode : DK494004

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TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**E.C.L.I.A**	**4.81**	**ng/mL**

Bio. Ref. Interval. :-

Deficiency : <=20 ng/ml || Insufficiency : 21-29 ng/ml
Sufficiency : >= 30 ng/ml || Toxicity : >100 ng/ml

Clinical Significance:
Vitamin D is a fat soluble vitamin that has been known to help the body absorb and retain calcium and phosphorous; both are critical for building bone health.
Decrease in vitamin D total levels indicate inadequate exposure of sunlight, dietary deficiency, nephrotic syndrome.
Increase in vitamin D total levels indicate Vitamin D intoxication.

Specifications: Precision: Intra assay (%CV):9.20%, Inter assay (%CV):8.50%
Kit Validation Reference : Holick M. Vtamin D the underappreciated D-Lightful hormone that is important for Skeletal and cellular health Curr Opin Endocrinol Diabetes 2002:9(1)87-98.

Please correlate with clinical conditions.
Method:- Fully Automated Electrochemiluminescence Compititive Immunoassay

Sample Collected on (SCT) : 31 May 2025 09:43
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Sample Type : SERUM
Labcode : 3105085907/DH999
Barcode : DP193689

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TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	**E.C.L.I.A**	**172**	**pg/mL**

Bio. Ref. Interval. :-

Normal: 197-771 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):2.6%, Inter assay (%CV):2.3 %

Kit Validation Reference : Thomas L.Clinical laborator Diagnostics : Use and Assessment of Clinical laboratory Results 1st Edition,TH Books-Verl-Ges,1998:424-431

Please correlate with clinical conditions.
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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	97	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 **Method :** Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	295	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	33	%
Bio. Ref. Interval. : 13 - 45 **Method :** Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	198.54	µg/dL
Bio. Ref. Interval. : 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	139	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**35**	**mg/dL**	**40-60**
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	85	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	87	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.9	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	2.48	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	2.4	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.42	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	103.26	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	17.47	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.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	91.34	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.47	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.1	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.37	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	13.62	U/L	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	17.09	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	16.6	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	1.03	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.35	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	3.35	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.19	Ratio	0.9 - 2

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
GGT - Modified IFCC method
SGOT - IFCC* Without Pyridoxal Phosphate Activation
SGPT - IFCC* Without Pyridoxal Phosphate Activation
OT/PT - Derived from SGOT and SGPT values.
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

Sample Collected on (SCT) : 31 May 2025 09:43
Sample Received on (SRT) : 31 May 2025 14:56
Report Released on (RRT) : 31 May 2025 16:53
Sample Type : SERUM
Labcode : 3105085907/DH999
Barcode : DP193689

Navjot kaur

Dr Navjot Kaur MD(Path)

PROCESSED AT :
Thyrocare
Plot No 436C,3rd Floor,
Industrial Plot No
436,Sector-82,JLPL,
SAS Nagar,Mohali,Punjab.

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Tests you can trust

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703 9870666333 wellness@thyrocare.com

First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation#

NAME : ABHISHEK PANDEY(22Y/M)
REF. BY : SELF
TEST ASKED : FULL BODY CHECK UP WITH VITAMIN SCREENING

HOME COLLECTION :
Flat no 1639 B Block A Sector 79 Sahibzada Ajit Singh Nagar 140308 India Mauli Baidwan Housefed Complex 2

TEST NAME	TECHNOLOGY	VALUE	UNITS
PHOSPHOROUS	PHOTOMETRY	3.38	mg/dL

Bio. Ref. Interval. :
Adults : 2.4 - 5.1 mg/dL
Children : 4.0 - 7.0 mg/dL

Clinical Significance:
In plasma and serum the majority of phosphate exists in the inorganic form (Pi), approximately 15% bound to protein and the remainder in complexes and free forms. Serum phosphate concentrations are dependent on diet and variation in the secretion of hormones such as Parathyroid Hormone (PTH).

Specifications:
Precision %CV :- Intra assay %CV- 1.55% , Inter assay %CV-2.99% , Sensitivity:-0.10 mmol/L

Kit Validation Reference:
Young DS. Effects of drugs on clinical laboratory tests, 5th ed. AACC Press, 2000.
Method : UNREDUCED PHOSPHOMOLYBDATE METHOD

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
SODIUM	**I.S.E - INDIRECT**	**135.9**	**mmol/L**
Bio. Ref. Interval. : Adults: 136-145 mmol/l			
Method : ION SELECTIVE ELECTRODE - INDIRECT			
POTASSIUM	I.S.E - INDIRECT	4.33	mmol/L
Bio. Ref. Interval. : ADULTS: 3.5-5.1 MMOL/L			

Clinical Significance :
An abnormal increase in potassium (hyperkalemia)can profoundly affect the nervous system and increase the chance of irregular heartbeats (arrhythmias), which ,when extreme ,can be fatal. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed , icteric or lipemic. The concentration of Potassium in a given specimen may vary due to differences in assay methods, calibration and reagent specificity.

Method : ION SELECTIVE ELECTRODE - INDIRECT

CHLORIDE	I.S.E - INDIRECT	103.3	mmol/L
Bio. Ref. Interval. : ADULTS: 98-107 MMOL/L			

Clinical Significance :
An increased level of blood chloride (called hyperchloremia) usually indicates dehydration, but can also occur with other problems that cause high blood sodium, such as Cushing syndrome or kidney disease. Hyperchloremia also occurs when too much base is lost from the body (producing metabolic acidosis) or when a person hyperventilates (causing respiratory alkalosis). A decreased level of blood chloride (called hypochloremia) occurs with any disorder that causes low blood sodium. Hypochloremia also occurs with congestive heart failure, prolonged vomiting or gastric suction, Addison disease, emphysema or other chronic lung diseases (causing respiratory acidosis), and with loss of acid from the body (called metabolic alkalosis).

Method : ION SELECTIVE ELECTRODE - INDIRECT

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	10.4	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.86	mg/dL	0.72-1.18
BUN / SR.CREATININE RATIO	CALCULATED	12.09	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	22.26	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	25.88	Ratio	< 52
CALCIUM	**PHOTOMETRY**	**8.56**	**mg/dL**	**8.8-10.6**
URIC ACID	PHOTOMETRY	4.4	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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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	145	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	7.4	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	2.64	µIU/mL	0.54-5.30

Comments : IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION

The Biological Reference Ranges is specific to the age group. Kindly correlate clinically.

Method :

T3,T4 - Fully Automated Electrochemiluminescence Compititive Immunoassay
USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

Disclaimer : Results should always be interpreted using the reference range provided by the laboratory that performed the test. Different laboratories do tests using different technologies, methods and using different reagents which may cause difference. In reference ranges and hence it is recommended to interpret result with assay specific reference ranges provided in the reports. To diagnose and monitor therapy doses, it is recommended to get tested every time at the same Laboratory.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	126	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:- 2021 CKD EPI Creatinine Equation

~~ End of report ~~

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Scan QR code to verify authenticity of reported results; active for 30 days from release time.

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: (a) 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, (b) any claims of any nature whatsoever arising from or relating to the performance of the requested tests as well as any claim for indirect, incidental or consequential damages. The total liability, in any case, of Thyrocare shall not exceed the total amount of invoice for the services provided and paid for.
- Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc

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, clinical support or feedback, write to us at **customersupport@thyrocare.com** or call us on **022-3090 0000**

*+T&C Apply, #As on 5th December 2024, *As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)*