



Tests you can trust

Name : Deepti Bhatt(43Y/F)

Date : 10 May 2025

Test Asked : Executive Health Checkup - Above 40 Yrs Female With Utsh

Report Status: Complete Report



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CAP From 2007

**PROCESSED AT :**

**Thyrocare,**  
Plot No.428,Phase-IV,  
Udyog Vihar,  
Gurgaon,Haryana - 122 015



📍 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<sup>#</sup>*

**NAME** : DEEPTI BHATT(43Y/F)

**REF. BY** : SELF

**TEST ASKED** : EXECUTIVE HEALTH CHECKUP - ABOVE 40 YRS FEMALE  
WITH UTSH

**HOME COLLECTION :**

186-B SHAKTI NAGAR NEAR GOMTI SCHOOL  
LUCKNOW GHAZIPUR LUCKNOW LUCKNOW  
UTTAR PRADESH INDIA 226016-226016

## Report Availability Summary

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

✅ **12** Ready

🟡 **0** Ready with Cancellation

🔄 **0** Processing

❌ **0** Cancelled in Lab

**TEST DETAILS****REPORT STATUS****EXECUTIVE HEALTH CHECKUP - ABOVE 40 YRS FEMALE WITH**

Ready ✅

FASTING BLOOD SUGAR(GLUCOSE)

Ready ✅

HEMOGRAM

Ready ✅

COMPLETE URINE ANALYSIS

Ready ✅

HBA PROFILE

Ready ✅

KIDPRO

Ready ✅

LIPID PROFILE

Ready ✅

FT3-FT4-USTSH

Ready ✅

VITAMIN D PROFILE

Ready ✅

SERUM ALBUMIN-GLOBULIN RATIO

Ready ✅

SERUM SGOT-SGPT RATIO

Ready ✅

INDIRECT BILIRUBIN

Ready ✅

ALKALINE PHOSPHATASE

Ready ✅

**PROCESSED AT :****Thyrocare**

CP-67, Viraj Khand,  
Gomti Nagar, Lucknow – 226 010



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**NAME** : DEEPTI BHATT(43Y/F)**REF. BY** : SELF**TEST ASKED** : EXECUTIVE HEALTH CHECKUP - ABOVE 40 YRS FEMALE  
WITH UTSH**MOBILE NO** : 9794913131**DOB** : 01/31/1982**HOME COLLECTION :**

186-B SHAKTI NAGAR NEAR GOMTI SCHOOL  
LUCKNOW GHAZIPUR LUCKNOW LUCKNOW UTTAR  
PRADESH INDIA 226016-226016

**PAN ID** : HL1-7475**Summary Report****Tests outside reference range**

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
<b>COMPLETE HEMOGRAM</b>			
MEAN CORP. HEMO. CONC(MCHC)	29	g/dL	31.5-34.5
MONOCYTES - ABSOLUTE COUNT	0.16	X 10 <sup>3</sup> / $\mu$ L	0.2 - 1.0
PLATELET COUNT	147	X 10 <sup>3</sup> / $\mu$ L	150-410
RED CELL DISTRIBUTION WIDTH (RDW-CV)	16.6	%	11.6-14.0
<b>DIABETES</b>			
FASTING BLOOD SUGAR(GLUCOSE)	104.24	mg/dL	70-100
<b>LIPID</b>			
HDL CHOLESTEROL - DIRECT	66	mg/dL	40-60
LDL / HDL RATIO	1.4	Ratio	1.5-3.5
TC/ HDL CHOLESTEROL RATIO	2.8	Ratio	3 - 5
<b>LIVER</b>			
ASPARTATE AMINOTRANSFERASE (SGOT )	35.75	U/L	< 31
<b>RENAL</b>			
BUN / SR.CREATININE RATIO	25.44	Ratio	9:1-23:1
UREA / SR.CREATININE RATIO	54.44	Ratio	< 52

**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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NAME : DEEPTI BHATT(43Y/F)  
REF. BY : SELF  
TEST ASKED : EXECUTIVE HEALTH CHECKUP - ABOVE 40 YRS FEMALE WITH UTSH

HOME COLLECTION :  
186-B SHAKTI NAGAR NEAR GOMTI SCHOOL LUCKNOW  
GHAZIPUR LUCKNOW UTTAR PRADESH INDIA  
226016-226016

MOBILE NO : 9794913131  
DOB : 01/31/1982

PAN ID : HL1-7475

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	182	mg/dL	< 200
<b>HDL CHOLESTEROL - DIRECT</b>	<b>PHOTOMETRY</b>	<b>66</b>	<b>mg/dL</b>	<b>40-60</b>
HDL / LDL RATIO	CALCULATED	0.7	Ratio	> 0.40
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	95	mg/dL	< 100
TRIG / HDL RATIO	CALCULATED	1.17	Ratio	< 3.12
TRIGLYCERIDES	PHOTOMETRY	77	mg/dL	< 150
<b>TC/ HDL CHOLESTEROL RATIO</b>	<b>CALCULATED</b>	<b>2.8</b>	<b>Ratio</b>	<b>3 - 5</b>
<b>LDL / HDL RATIO</b>	<b>CALCULATED</b>	<b>1.4</b>	<b>Ratio</b>	<b>1.5-3.5</b>
VLDL CHOLESTEROL	CALCULATED	15.45	mg/dL	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	115.71	mg/dL	< 160

Please correlate with clinical conditions.

Method :

CHOL - Cholesterol Oxidase, Esterase, Peroxidase  
HCHO - Direct Enzymatic Colorimetric  
HD/LD - Derived from HDL and LDL values.  
LDL - Direct Measure  
TRI/H - Derived from TRIG and HDL Values  
TRIG - Enzymatic, End Point  
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.

Sample Collected on (SCT) : 10 May 2025 06:35  
Sample Received on (SRT) : 11 May 2025 04:02  
Report Released on (RRT) : 11 May 2025 07:38  
Sample Type : SERUM  
Labcode : 1005044646/HCL01  
Barcode : DV832806



Saakshi

Dr Saakshi Mittal MD(Path)

**First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation<sup>#</sup>**

**NAME** : DEEPTI BHATT(43Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : EXECUTIVE HEALTH CHECKUP - ABOVE 40 YRS FEMALE WITH UTSH  
**MOBILE NO** : 9794913131  
**DOB** : 01/31/1982

**HOME COLLECTION :**  
186-B SHAKTI NAGAR NEAR GOMTI SCHOOL LUCKNOW  
GHAZIPUR LUCKNOW UTTAR PRADESH INDIA  
226016-226016  
**PAN ID** : HL1-7475

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	68.97	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.56	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.12	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.44	mg/dL	0-0.9
SGOT / SGPT RATIO	CALCULATED	1.43	Ratio	< 2
<b>ASPARTATE AMINOTRANSFERASE (SGOT )</b>	<b>PHOTOMETRY</b>	<b>35.75</b>	<b>U/L</b>	<b>&lt; 31</b>
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	25	U/L	< 34
PROTEIN - TOTAL	PHOTOMETRY	7.57	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.38	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	3.19	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.37	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  
OT/PT - Derived from SGOT and SGPT values.  
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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Dr Saakshi Mittal MD(Path)

**PROCESSED AT :****Thyrocare,**

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**NAME** : DEEPTI BHATT(43Y/F)**REF. BY** : SELF**TEST ASKED** : EXECUTIVE HEALTH CHECKUP - ABOVE 40 YRS FEMALE WITH UTSH**HOME COLLECTION :**

186-B SHAKTI NAGAR NEAR GOMTI SCHOOL LUCKNOW

GHAZIPUR LUCKNOW UTTAR PRADESH INDIA

226016-226016

**MOBILE NO** : 9794913131**PAN ID** : HL1-7475**DOB** : 01/31/1982

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TSH - ULTRASENSITIVE	C.M.I.A	3.539	μIU/mL	0.35-4.94
FREE TRIIODOTHYRONINE (FT3)	C.M.I.A	2.77	pg/mL	1.71-3.71
FREE THYROXINE (FT4)	C.M.I.A	0.99	ng/dL	0.7-1.48

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

FT3,FT4,USTSH - Fully Automated Chemi Luminescent Microparticle Immunoassay

Pregnancy reference ranges for TSH/USTSH :

Trimester || T3 (ng/dl) || T4 (μg/dl) || TSH/USTSH (μIU/ml)

1st || 83.9-196.6 || 4.4-11.5 || 0.1-2.5

2nd || 86.1-217.4 || 4.9-12.2 || 0.2-3.0

3rd || 79.9-186 || 5.1-13.2 || 0.3-3.5

**References :**

1. Carol Devilia, C I Parhon. First Trimester Pregnancy ranges for Serum TSH and Thyroid Tumor reclassified as Benign. Acta Endocrinol. 2016; 12(2) : 242 - 243

2. Kulhari K, Negi R, Kalra DK et al. Establishing Trimester specific Reference ranges for thyroid hormones in Indian women with normal pregnancy : New light through old window. Indian Journal of Contemporary medical research. 2019; 6(4)

**Sample Collected on (SCT)** : 10 May 2025 06:35**Sample Received on (SRT)** : 11 May 2025 04:02**Report Released on (RRT)** : 11 May 2025 07:38**Sample Type** : SERUM**Labcode** : 1005044646/HCL01 Dr Saakshi Mittal MD(Path)**Barcode** : DV832806

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**NAME** : DEEPTI BHATT(43Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : EXECUTIVE HEALTH CHECKUP - ABOVE 40 YRS FEMALE WITH UTSH

**HOME COLLECTION :**  
186-B SHAKTI NAGAR NEAR GOMTI SCHOOL LUCKNOW  
GHAZIPUR LUCKNOW LUCKNOW UTTAR PRADESH INDIA  
226016-226016

**MOBILE NO** : 9794913131  
**DOB** : 01/31/1982

**PAN ID** : HL1-7475

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	16.79	mg/dL	7.94 - 20.07
UREA (CALCULATED)	CALCULATED	35.93	mg/dL	Adult : 17-43
CREATININE - SERUM	PHOTOMETRY	0.66	mg/dL	0.55-1.02
<b>UREA / SR.CREATININE RATIO</b>	<b>CALCULATED</b>	<b>54.44</b>	<b>Ratio</b>	<b>&lt; 52</b>
<b>BUN / SR.CREATININE RATIO</b>	<b>CALCULATED</b>	<b>25.44</b>	<b>Ratio</b>	<b>9:1-23:1</b>
CALCIUM	PHOTOMETRY	9.6	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	4.81	mg/dL	3.2 - 6.1

**Please correlate with clinical conditions.**

**Method :**

BUN - Kinetic UV Assay.  
UREAC - Derived from BUN Value.  
SCRE - Creatinine Enzymatic Method  
UR/CR - Derived from UREA and Sr.Creatinine values.  
B/CR - Derived from serum Bun and Creatinine values  
CALC - Arsenazo III Method, End Point.  
URIC - Uricase / Peroxidase Method

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**Barcode** : DV832806



Dr Saakshi Mittal MD(Path)

**PROCESSED AT :****Thyrocare,**

Plot No.428,Phase-IV,

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Gurgaon,Haryana - 122 015

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**First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation<sup>#</sup>****NAME** : DEEPTI BHATT(43Y/F)**REF. BY** : SELF**TEST ASKED** : EXECUTIVE HEALTH CHECKUP - ABOVE 40 YRS  
FEMALE WITH UTSH**HOME COLLECTION :**186-B SHAKTI NAGAR NEAR GOMTI SCHOOL  
LUCKNOW GHAZIPUR LUCKNOW LUCKNOW UTTAR  
PRADESH INDIA 226016-226016**MOBILE NO** : 9794913131**DOB** : 01/31/1982**PAN ID** : HL1-7475

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	112	mL/min/1.73 m2
<b>Bio. Ref. Interval. :-</b>			

&gt; = 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**Sample Collected on (SCT)** : 10 May 2025 06:35**Sample Received on (SRT)** : 11 May 2025 04:02**Report Released on (RRT)** : 11 May 2025 07:38**Sample Type** : SERUM**Labcode** : 1005044646/HCL01 Dr Saakshi Mittal MD(Path)**Barcode** : DV832806*Saakshi*



**PROCESSED AT :**

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**NAME** : DEEPTI BHATT(43Y/F)

**REF. BY** : SELF

**TEST ASKED** : EXECUTIVE HEALTH CHECKUP - ABOVE 40 YRS FEMALE  
WITH UTSH

**HOME COLLECTION :**

186-B SHAKTI NAGAR NEAR GOMTI SCHOOL  
LUCKNOW GHAZIPUR LUCKNOW LUCKNOW  
UTTAR PRADESH INDIA 226016-226016

**MOBILE NO** : 9794913131

**DOB** : 01/31/1982

**PAN ID** : HL1-7475

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN D2	LC-MS/MS	0.41	ng/mL

**Method** : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

VITAMIN D3	LC-MS/MS	38.89	ng/mL
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**Method** : LIQUID CHROMATOGRAPHY TANDEM MASS SPECTROMETRY

VITAMIN D TOTAL	LC-MS/MS	39.3	ng/mL
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**Bio. Ref. Interval. :**

Deficiency : <20 ng/mL

Insufficiency : 20-30 ng/mL

Sufficiency : 30-100 ng/mL

Toxicity : >100 ng/mL

**Method** : Liquid Chromatography Tandem Mass Spectrometry

**Please correlate with clinical conditions.**

**Sample Collected on (SCT)** : 10 May 2025 06:35

**Sample Received on (SRT)** : 11 May 2025 04:02

**Report Released on (RRT)** : 11 May 2025 07:38

**Sample Type** : SERUM

**Labcode** : 1005044646/HCL01 Dr Saakshi Mittal MD(Path)

**Barcode** : DV832806

*Saakshi*

**PROCESSED AT :****Thyrocare**

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FEMALE WITH UTSH**HOME COLLECTION :**186-B SHAKTI NAGAR NEAR GOMTI SCHOOL  
LUCKNOW GHAZIPUR LUCKNOW LUCKNOW UTTAR  
PRADESH INDIA 226016-226016**MOBILE NO** : 9794913131**DOB** : 01/31/1982**PAN ID** : HL1-7475

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	104.24	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)** : 10 May 2025 06:35  
**Sample Received on (SRT)** : 10 May 2025 11:59  
**Report Released on (RRT)** : 10 May 2025 13:30  
**Sample Type** : FLUORIDE PLASMA  
**Labcode** : 1005069047/HCL01  
**Barcode** : DT665605

Dr.Shaffaly Gagneja MD (Path) Dr.Ch.Pawan.S MD(Path)

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**NAME** : DEEPTI BHATT(43Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : EXECUTIVE HEALTH CHECKUP - ABOVE 40 YRS  
 FEMALE WITH UTSH

**HOME COLLECTION :**  
 186-B SHAKTI NAGAR NEAR GOMTI SCHOOL  
 LUCKNOW GHAZIPUR LUCKNOW LUCKNOW  
 UTTAR PRADESH INDIA 226016-226016

**MOBILE NO** : 9794913131**PAN ID** : HL1-7475**DOB** : 01/31/1982

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
<b>Complete Urinogram</b>				
<b>Physical Examination</b>				
VOLUME	Visual Determination	3	mL	-
COLOUR	Visual Determination	PALE YELLOW	-	Pale Yellow
APPEARANCE	Visual Determination	CLEAR	-	Clear
SPECIFIC GRAVITY	pKa change	< 1.003	-	1.003-1.030
PH	pH indicator	5	-	5-8
<b>Chemical Examination</b>				
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
BILE SALT	Hays sulphur	ABSENT	-	Absent
BILE PIGMENT	Ehrlich reaction	ABSENT	-	Absent
URINE BLOOD	Peroxidase reaction	ABSENT	-	Absent
NITRITE	Diazo coupling	ABSENT	-	Absent
LEUCOCYTE ESTERASE	Esterase reaction	ABSENT	-	Absent
<b>Microscopic Examination</b>				
MUCUS	Microscopy	ABSENT	-	Absent
RED BLOOD CELLS	Microscopy	ABSENT	cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	Microscopy	ABSENT	cells/HPF	0-5
EPITHELIAL CELLS	Microscopy	4	cells/HPF	0-5
CASTS	Microscopy	ABSENT	-	Absent
CRYSTALS	Microscopy	ABSENT	-	Absent
BACTERIA	Microscopy	ABSENT	-	Absent
YEAST	Microscopy	ABSENT	-	Absent
PARASITE	Microscopy	ABSENT	-	Absent

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

**Sample Collected on (SCT)** : 10 May 2025 06:35**Sample Received on (SRT)** : 10 May 2025 12:36**Report Released on (RRT)** : 10 May 2025 14:27**Sample Type** : URINE**Labcode** : 1005072363/HCL01**Barcode** : DR561823

Dr. Shaffaly Gagneja MD (Path)

Dr. Ch. Pawan S MD(Path)

**PROCESSED AT :****Thyrocare**

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WITH UTSH**HOME COLLECTION :**

186-B SHAKTI NAGAR NEAR GOMTI SCHOOL

LUCKNOW GHAZIPUR LUCKNOW LUCKNOW

UTTAR PRADESH INDIA 226016-226016

**MOBILE NO** : 9794913131**DOB** : 01/31/1982**PAN ID** : HL1-7475

TEST NAME	TECHNOLOGY	VALUE	UNITS
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**HbA1c - (HPLC)**

H.P.L.C

5.4

%

**Bio. Ref. Interval. :****Bio. Ref. Interval.: As per ADA Guidelines**

Below 5.7% : Normal

5.7% - 6.4% : Prediabetic

&gt;=6.5% : Diabetic

**Guidance For Known Diabetics**

Below 6.5% : Good Control

6.5% - 7% : Fair Control

7.0% - 8% : Unsatisfactory Control

&gt;8% : Poor Control

**Method** : Fully Automated H.P.L.C method**AVERAGE BLOOD GLUCOSE (ABG)**

CALCULATED

108

mg/dL

**Bio. Ref. Interval. :**

90 - 120 mg/dl : Good Control

121 - 150 mg/dl : Fair Control

151 - 180 mg/dl : Unsatisfactory Control

&gt; 180 mg/dl : Poor Control

**Method** : Derived from HBA1c values**Please correlate with clinical conditions.****Sample Collected on (SCT)** : 10 May 2025 06:35**Sample Received on (SRT)** : 10 May 2025 12:05**Report Released on (RRT)** : 10 May 2025 13:49**Sample Type** : EDTA Whole Blood**Labcode** : 1005069317/HCL01**Barcode** : DV691410

Dr.Shaffaly Gagneja MD (Path)

Dr.Ch.Pawan.S MD(Path)



**First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation<sup>#</sup>**

**NAME** : DEEPTI BHATT(43Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : EXECUTIVE HEALTH CHECKUP - ABOVE 40 YRS FEMALE  
WITH UTSH

**HOME COLLECTION :**  
186-B SHAKTI NAGAR NEAR GOMTI SCHOOL  
LUCKNOW GHAZIPUR LUCKNOW LUCKNOW UTTAR  
PRADESH INDIA 226016-226016

**MOBILE NO** : 9794913131 **DOB** : 01/31/1982 **PAN ID** : HL1-7475

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
<b>HEMOGLOBIN</b>	SLS-Hemoglobin Method	12.7	g/dL	12.0-15.0
Hematocrit (PCV)	CPH Detection	43.8	%	36.0-46.0
Total RBC	HF & EI	4.69	X 10 <sup>6</sup> /μL	3.8-4.8
Mean Corpuscular Volume (MCV)	Calculated	93.4	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	27.1	pg	27.0-32.0
<b>Mean Corp.Hemo. Conc (MCHC)</b>	<b>Calculated</b>	<b>29</b>	<b>g/dL</b>	<b>31.5-34.5</b>
<b>Red Cell Distribution Width (RDW - CV)</b>	<b>Calculated</b>	<b>16.6</b>	<b>%</b>	<b>11.6-14.0</b>
<b>TOTAL LEUCOCYTE COUNT (WBC)</b>	HF & FC	5.32	X 10 <sup>3</sup> / μL	4.0 - 10.0
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
Neutrophils Percentage	Flow Cytometry	58.4	%	40-80
Lymphocytes Percentage	Flow Cytometry	33.3	%	20-40
Monocytes Percentage	Flow Cytometry	3	%	2-10
Eosinophils Percentage	Flow Cytometry	4.3	%	1-6
Basophils Percentage	Flow Cytometry	0.8	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.2	%	0.0-0.4
Nucleated Red Blood Cells %	Flow Cytometry	0.1	%	0.0-5.0
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
Neutrophils - Absolute Count	Calculated	3.11	X 10 <sup>3</sup> / μL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	1.77	X 10 <sup>3</sup> / μL	1.0-3.0
<b>Monocytes - Absolute Count</b>	<b>Calculated</b>	<b>0.16</b>	<b>X 10<sup>3</sup> / μL</b>	<b>0.2 - 1.0</b>
Basophils - Absolute Count	Calculated	0.04	X 10 <sup>3</sup> / μL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.23	X 10 <sup>3</sup> / μL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.01	X 10 <sup>3</sup> / μL	0.0-0.3
Nucleated Red Blood Cells	Calculated	0.005	X 10 <sup>3</sup> / μL	0.0-0.5
<b>PLATELET COUNT</b>	<b>HF &amp; EI</b>	<b>147</b>	<b>X 10<sup>3</sup> / μL</b>	<b>150-410</b>

Clinical history is asked for all the relevant abnormalities detected and in absence / failure of receiving of clinical history, results are rechecked twice and released. Advised clinical correlation.

**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)

~~ End of report ~~

**Sample Collected on (SCT)** : 10 May 2025 06:35  
**Sample Received on (SRT)** : 10 May 2025 12:05  
**Report Released on (RRT)** : 10 May 2025 13:49  
**Sample Type** : EDTA Whole Blood  
**Labcode** : 1005069317/HCL01  
**Barcode** : DV691410



*Shaffaly*

Dr.Shaffaly Gagneja MD (Path)

*Ch.Pawan*

Dr.Ch.Pawan.S MD(Path)

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#### 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.

#### 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.

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