Thyrocare

Tests you can trust

Name : Shreen (23Y/F)

Date : 10 Jun 2024

Test Asked : Women Advanced Profile With Utsh, Routine Urine Analysis

9 out of 10 Doctors trust that Thyrocare **reports are accurate & reliable***

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

Samples Processed in **NABL Accredited** Labs#

700+ Tests & Profiles

Temperature-Controlled Sample Logistics

Unique Barcode Tracking & Reports with QR Code Verification

Fully Automated Machines Inspected Daily

Abnormal Values Re-Checked Twice

Reports Verified By Expert MD Pathologists Stationed at Every Lab

Accredited by

NABL From 2005#

ISO 9001: 2015 - From 2015

CAP From 2007

PROCESSED AT :

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

Thyrocare
Tests you can trust

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703 98706 66333 wellness@thyrocare.com

NAME	: SHREEN (23Y/F)	**SAMPLE COLLECTED AT :**
REF. BY	: SELF	RAMKOLA ROAD, PADRAUNA NEAR REAL PARADISE ACADEMY-274304 - 274304
TEST ASKED	: WOMEN ADVANCED PROFILE WITH UTSH,ROUTINE URINE ANALYSIS	

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
CARDIAC RISK MARKERS			
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	3.41	mg/L	< 3
COMPLETE HEMOGRAM			
LYMPHOCYTES - ABSOLUTE COUNT	3.17	X 10^3 / µL	1.0-3.0
MEAN CORP.HEMO.CONC(MCHC)	29.7	g/dL	31.5-34.5
NEUTROPHILS - ABSOLUTE COUNT	8.7	X 10^3 / µL	2.0-7.0
PLATELETCRIT(PCT)	0.46	%	0.19-0.39
RED CELL DISTRIBUTION WIDTH (RDW-CV)	14.2	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	52.6	fL	39.0-46.0
TOTAL LEUCOCYTES COUNT (WBC)	12.38	X 10^3 / µL	4.0 - 10.0
COMPLETE URINE ANALYSIS			
APPEARANCE	Turbid	-	Clear
LEUCOCYTE ESTERASE	PRESENT	-	Absent
IRON DEFICIENCY			
% TRANSFERRIN SATURATION	10.1	%	13 - 45
IRON	37.59	µg/dL	50 - 170
LIPID			
HDL CHOLESTEROL - DIRECT	38	mg/dL	40-60
TRIG / HDL RATIO	3.43	Ratio	< 3.12
LIVER			
SERUM GLOBULIN	3.49	gm/dL	2.5-3.4
SGOT / SGPT RATIO	2.02	Ratio	< 2
RENAL			
BLOOD UREA NITROGEN (BUN)	6.81	mg/dL	7.94 - 20.07
UREA (CALCULATED)	14.57	mg/dL	Adult : 17-43
URINOGRAM			
URINARY LEUCOCYTES (PUS CELLS)	6	cells/HPF	0-5
URINE BLOOD	PRESENT	-	Absent
VITAMINS			
25-OH VITAMIN D (TOTAL)	11.23	ng/mL	30-100
FOLATE	2.5	ng/mL	> 5.38
VITAMIN B-12	207	pg/mL	211-911

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 ASKED : WOMEN ADVANCED PROFILE WITH UTSH

SAMPLE COLLECTED AT :
RAMKOLA ROAD, PADRAUNA NEAR REAL PARADISE ACADEMY-274304 - 274304

PATIENTID : SS15285957

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI CCP (ACCP)	E.L.I.S.A	3.04	AU/mL

Bio. Ref. Interval. :
Negative : < 15
Borderline : 15 - 25
Positive : > 25

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.

Specifications: Specificity : 94 % , Sensitivity : 76 %

Kit Validation reference: Vossenaar ER et al.,Arthritis Rheum.,50, 3485, 2004
Method : INDIRECT SOLID PHASE ENZYME IMMUNOASSAY

ANTI NUCLEAR ANTIBODIES (ANA)	E.L.I.S.A	8.04	AU/mL

Bio. Ref. Interval. :

Negative : < 50
Borderline : 50 - 70
Positive : > 70

Clinical Significance:
Autoimmune diseases are characterized by abnormal functioning of Immune System where cell recognition mechanism fails to distinguish " Self " and " non-self " antigens. Presence of ANA autoantibodies associated with rhematic autoimmune diseases such as systemic Lupus Erythematosus (SLE), Sjogren Syndrome, Scleroderma and mixed connective tissue disease (MCTD).

Specifications:
Specification:- Precision: Intra assay (%CV): <=6.6, Inter assay (%CV): <=13.3, Sensitivity: 87.1%, Specificity: 80%.

Kit Validation Reference:
Antinuclear Antibody The Lancet, September 15, 1984: 611-13
Method : INDIRECT SOLID PHASE IMMUNOASSAY

Please correlate with clinical conditions.

Sample Collected on (SCT) : 10 Jun 2024 18:14
Sample Received on (SRT) : 10 Jun 2024 21:14
Report Released on (RRT) : 11 Jun 2024 02:54
Sample Type : SERUM
Labcode : 1006042193/P5067
Barcode : BL575762

Dr.Shaffaly Gagneja MD (Path)

Dr.Ch.Pawan.S MD(Path)

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PATIENTID : SS15285957

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**C.L.I.A**	**11.23**	**ng/mL**

Bio. Ref. Interval. :
DEFICIENCY : <20 ng/ml || INSUFFICIENCY : 20-<30 ng/ml
SUFFICIENCY : 30-100 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):5.3%, Inter assay (%CV):11.9% ; Sensitivity:3.2 ng/ml.

Kit Validation Reference: Holick MF. Vitamin D Deficiency. N Engl J Med. 2007;357:266–81.

Method : Fully Automated Chemi Luminescent Immuno Assay

VITAMIN B-12	**C.L.I.A**	**207**	**pg/mL**

Bio. Ref. Interval. :

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):5.0%, Inter assay (%CV):9.2 %;Sensitivity:45 pg/ml

Kit Validation reference:
Chen IW, Sperling MI, Heminger LA. Vitamin B12. In: Pesce AJ, Kaplan LA, eds. Methods in Clinical Chemistry. St. Louis: CV Mosby; 1987:569–73.

Method : COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

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PATIENTID : SS15285957

TEST NAME	TECHNOLOGY	VALUE	UNITS
ESTRADIOL/OESTROGEN (E2)	C.M.I.A	46	pg/mL

Bio. Ref. Interval. :-

Males : 11 - 44 pg/mL

Normal Menstruating Females ;
Follicular Phase : 21 - 251 pg/mL
Mid-Cycle Phase : 38 - 649 pg/mL
Luteal Phase : 21 - 312 pg/mL

Postmenopausal
Females not on HRT: < 10 - 28 pg/mL
Female on HRT : < 10 - 144 pg/mL

Clinical Significance: During the early follicular phase, The Estradiol level is relatively constant and low. By day seven, The dominant follicle is established and the Estradiol level rises significantly. The elevated Estradiol level suppresses the FSH level by negative feedback on the Hypothalamus and Pituitary gland and triggers a rapid rise of LH. Elevated Estradiol levels in females may also result from primary or secondary ovarian hyperfunction. Very high Estradiol levels are found during the induction of ovulation for assisted reproduction therapy or in pregnancy. Decreased Estradiol levels in females may result from either the lack of ovarian synthesis or a lesion in the Hypothalamus-Pituitary Axis.

Specification: Precision: Intra assay (%CV): 6.4, Inter assay (%CV):7.4,Sensitivity: <=10 pg/mL.

Kit Validation References: Muse K, Wilson EA. Monitoring ovulation induction: use of biochemical and biophysical parameters. Sem Reproduct Endocrinol 1986;4(3):301-9

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

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TEST ASKED : WOMEN ADVANCED PROFILE WITH UTSH

SAMPLE COLLECTED AT :
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PATIENTID : SS15285957

TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	108	mg/dL

Bio. Ref. Interval. :
Male : 86 - 152
Female : 94 - 162
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	76	mg/dL

Bio. Ref. Interval. :
Male : 56 - 145
Female : 53 - 138
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APO B / APO A1 RATIO (APO B/A1)	CALCULATED	0.7	Ratio

Bio. Ref. Interval. :
Male : 0.40 - 1.26
Female : 0.38 - 1.14
Method : Derived from serum Apo A1 and Apo B values

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLATE	**C.L.I.A**	**2.5**	**ng/mL**

Bio. Ref. Interval. :-

> 5.38 ng/ml

Clinical Significance: Low folate intake, malabsorption as a result of gastrointestinal diseases, pregnancy, and drugs such as phenytoin are causes of folate deficiency.3 Folate deficiency is also associated with chronic alcoholism. Serum folate measurement provides an early index of folate status.

Specifications: Precision: Intra assay (%CV): 7.93, Inter assay (%CV): 7.19, Sensitivity: 0.35 ng/mL.

Kit Validation References: Steinkamp RC. Vitamin B12 and folic acid: clinical and pathophysiological considerations. In: Brewster MA, Naito HK, eds. Nutritional Elements and Clinical Biochemistry. New York: Plenum Publishing Corp.; 1980:169–240

Please correlate with clinical conditions.
Method:- COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

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PATIENTID : SS15285957

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	**IMMUNOTURBIDIMETRY**	**3.41**	**mg/L**

Bio. Ref. Interval. :-

< 1.00 - Low Risk
1.00 - 3.00 - Average Risk
>3.00 - 10.00 - High Risk
> 10.00 - Possibly due to Non-Cardiac Inflammation

Disclaimer: Persistent unexplained elevation of HSCRP >10 should be evaluated for non-cardiovascular etiologies such as infection , active arthritis or concurrent illness.

Clinical significance:
High sensitivity C- reactive Protein (HSCRP) can be used as an independent risk marker for the identification of Individuals at risk for future cardiovascular Disease. A coronary artery disease risk assessment should be based on the average of two hs-CRP tests, ideally taken two weeks apart.

Kit Validation Reference:
1.Clinical management of laboratory date in medical practice 2003-3004, 207(2003).
2.Tietz : Textbook of Clinical Chemistry and Molecular diagnostics :Second edition :Chapter 47:Page no.1507- 1508.

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED LATEX AGGLUTINATION – BECKMAN COULTER

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TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	IMMUNOTURBIDIMETRY	10.52	mg/dL

Bio. Ref. Interval. :-

Adults : < 30.0 mg/dl

Clinical Significance:
Determination of LPA may be useful to guide management of individuals with a family history of CHD or with existing disease. The levels of LPA in the blood depends on genetic factors; The range of variation in a population is relatively large and hence for diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Specifications:
Precision %CV :- Intra assay %CV- 4.55% , Inter assay %CV-0.86 %

Kit Validation Reference:
Tietz NW,Clinical Guide to Laboratory Tests Philadelphia WB. Saunders 1995 : 442-444

Please correlate with clinical conditions.
Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	**PHOTOMETRY**	**37.59**	**µg/dL**
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 **Method :** Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	372.25	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** Spectrophotometric Assay			
% TRANSFERRIN SATURATION	**CALCULATED**	**10.1**	**%**
Bio. Ref. Interval. : 13 - 45 **Method :** Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	334.66	µg/dL
Bio. Ref. Interval. : 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY			

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	139	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**38**	**mg/dL**	**40-60**
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	69	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	130	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.7	Ratio	3 - 5
TRIG / HDL RATIO	**CALCULATED**	**3.43**	**Ratio**	**< 3.12**
LDL / HDL RATIO	CALCULATED	1.8	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.55	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	100.87	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	26	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
FOLLICLE STIMULATING HORMONE (FSH)	C.L.I.A	3.31	mIU/mL

Bio. Ref. Interval. :
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
Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

LUTEINISING HORMONE (LH)	C.L.I.A	0.9	mIU/mL

Bio. Ref. Interval. :
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
Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

PROLACTIN (PRL)	C.L.I.A	38.32	ng/mL

Bio. Ref. Interval. :
Females :
Normally Menstruating : 2.8 - 29.2
Pregnant : 9.7 - 208.5
Postmenopausal : 1.8 - 20.3
Male : 2.1 - 17.7
Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	82.01	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.43	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.08	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.35	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	13.62	U/L	< 38
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	20.19	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	10.02	U/L	< 34
SGOT / SGPT RATIO	**CALCULATED**	**2.02**	**Ratio**	**< 2**
PROTEIN - TOTAL	PHOTOMETRY	7.8	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.31	gm/dL	3.2-4.8
SERUM GLOBULIN	**CALCULATED**	**3.49**	**gm/dL**	**2.5-3.4**
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.23	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 Bcg[1]method (Colorimetric Assay Endpoint)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - Derived from serum Albumin and Protein values

Sample Collected on (SCT) : 10 Jun 2024 18:14
Sample Received on (SRT) : 10 Jun 2024 21:14
Report Released on (RRT) : 11 Jun 2024 02:54
Sample Type : SERUM
Labcode : 1006042193/P5067
Barcode : BL575762

Dr.Shaffaly Gagneja MD (Path)

Dr.Ch.Pawan.S MD(Path)

PROCESSED AT :
Thyrocare
CP-67, Viraj Khand,
Gomti Nagar, Lucknow – 226 010

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NAME : SHREEN (23Y/F)
REF. BY : SELF
TEST ASKED : WOMEN ADVANCED PROFILE WITH UTSH

SAMPLE COLLECTED AT :
RAMKOLA ROAD, PADRAUNA NEAR REAL PARADISE ACADEMY-274304 - 274304

PATIENTID : SS15285957

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	**PHOTOMETRY**	**6.81**	**mg/dL**	**7.94 - 20.07**
CREATININE - SERUM	PHOTOMETRY	0.61	mg/dL	0.55-1.02
BUN / SR.CREATININE RATIO	CALCULATED	11.16	Ratio	9:1-23:1
UREA (CALCULATED)	**CALCULATED**	**14.57**	**mg/dL**	**Adult : 17-43**
UREA / SR.CREATININE RATIO	CALCULATED	23.89	Ratio	< 52
CALCIUM	PHOTOMETRY	9.88	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	4.88	mg/dL	3.2 - 6.1

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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NAME : SHREEN (23Y/F)
REF. BY : SELF
TEST ASKED : WOMEN ADVANCED PROFILE WITH UTSH

SAMPLE COLLECTED AT :
RAMKOLA ROAD, PADRAUNA NEAR REAL PARADISE ACADEMY-274304 - 274304

PATIENTID : SS15285957

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.M.I.A	109	ng/dL	58-159
TOTAL THYROXINE (T4)	C.M.I.A	7.71	µg/dL	4.87-11.72
TSH - ULTRASENSITIVE	C.M.I.A	1.195	µIU/mL	0.35-4.94

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

Method :

T3,T4,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)

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.

Sample Collected on (SCT) : 10 Jun 2024 18:14
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Labcode : 1006042193/P5067
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Dr.Shaffaly Gagneja MD (Path) Dr.Ch.Pawan.S MD(Path)

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NAME : SHREEN (23Y/F)
REF. BY : SELF
TEST ASKED : WOMEN ADVANCED PROFILE WITH UTSH

SAMPLE COLLECTED AT :
RAMKOLA ROAD, PADRAUNA NEAR REAL PARADISE ACADEMY-274304 - 274304

PATIENTID : SS15285957

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	128	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:- CKD-EPI Creatinine Equation

Sample Collected on (SCT) : 10 Jun 2024 18:14
Sample Received on (SRT) : 10 Jun 2024 21:14
Report Released on (RRT) : 11 Jun 2024 02:54
Sample Type : SERUM
Labcode : 1006042193/P5067
Barcode : BL575762

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

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Udyog Vihar,
Gurgaon,Haryana - 122 015

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NAME : SHREEN (23Y/F)
REF. BY : SELF
TEST ASKED : ROUTINE URINE ANALYSIS

SAMPLE COLLECTED AT :
RAMKOLA ROAD, PADRAUNA NEAR REAL PARADISE ACADEMY-274304 - 274304

PATIENTID : SS15285957

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
Complete Urinogram				
Physical Examination				
VOLUME	Visual Determination	4	mL	-
COLOUR	Visual Determination	PALE YELLOW	-	Pale Yellow
APPEARANCE	**Visual Determination**	**Turbid**	**-**	**Clear**
SPECIFIC GRAVITY	pKa change	< 1.003	-	1.003-1.030
PH	pH indicator	6	-	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**	**PRESENT**	**-**	**Absent**
NITRITE	Diazo coupling	ABSENT	-	Absent
LEUCOCYTE ESTERASE	**Esterase reaction**	**PRESENT**	**-**	**Absent**
Microscopic Examination				
URINARY LEUCOCYTES (PUS CELLS)	**Microscopy**	**6**	**cells/HPF**	**0-5**

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

Sample Collected on (SCT) : 10 Jun 2024 18:14
Sample Received on (SRT) : 11 Jun 2024 03:46
Report Released on (RRT) : 11 Jun 2024 04:36
Sample Type : URINE
Labcode : 1006043150/P5067
Barcode : AO533794

Dr Saakshi Mittal MD(Path)

Dr Neha Prabhakar MD(Path)

PROCESSED AT :
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*9 out of 10 Doctors Trust that Thyrocare Reports are **Accurate & Reliable***

NAME : SHREEN (23Y/F)
REF. BY : SELF
TEST ASKED : HbA1c,HEMOGRAM

SAMPLE COLLECTED AT :
RAMKOLA ROAD, PADRAUNA NEAR REAL PARADISE ACADEMY-274304 - 274304

PATIENTID : SS15285957

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	4.9	%

Bio. Ref. Interval. :

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

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

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	94	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) : 10 Jun 2024 18:14
Sample Received on (SRT) : 10 Jun 2024 19:23
Report Released on (RRT) : 10 Jun 2024 23:32
Sample Type : EDTA Whole Blood
Labcode : 1006092199/P5067
Barcode : BL575763

Dr.Shaffaly Gagneja MD (Path)

Dr.Ch.Pawan.S MD(Path)

PROCESSED AT :
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*9 out of 10 Doctors Trust that Thyrocare Reports are **Accurate & Reliable***

NAME : SHREEN (23Y/F)
REF. BY : SELF
TEST ASKED : HbA1c,HEMOGRAM
PATIENTID : SS15285957

SAMPLE COLLECTED AT :
RAMKOLA ROAD, PADRAUNA NEAR REAL PARADISE ACADEMY-274304 - 274304

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	**HF & FC**	**12.38**	**X 10³ / µL**	**4.0 - 10.0**
NEUTROPHILS	Flow Cytometry	70.3	%	40-80
LYMPHOCYTE	Flow Cytometry	25.6	%	20-40
MONOCYTES	Flow Cytometry	2.5	%	2-10
EOSINOPHILS	Flow Cytometry	1.1	%	1-6
BASOPHILS	Flow Cytometry	0.2	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.3	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	**Calculated**	**8.7**	**X 10³ / µL**	**2.0-7.0**
LYMPHOCYTES - ABSOLUTE COUNT	**Calculated**	**3.17**	**X 10³ / µL**	**1.0-3.0**
MONOCYTES - ABSOLUTE COUNT	Calculated	0.31	X 10³ / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	Calculated	0.02	X 10³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	Calculated	0.14	X 10³ / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.04	X 10³ / µL	0.0-0.3
TOTAL RBC	HF & EI	4.17	X 10^6/µL	3.8-4.8
NUCLEATED RED BLOOD CELLS	Calculated	0.01	X 10³ / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	Flow Cytometry	0.01	%	0.0-5.0
HEMOGLOBIN	SLS-Hemoglobin Method	12.4	g/dL	12.0-15.0
HEMATOCRIT(PCV)	CPH Detection	41.8	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	100.2	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	Calculated	29.7	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	**Calculated**	**29.7**	**g/dL**	**31.5-34.5**
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**Calculated**	**52.6**	**fL**	**39.0-46.0**
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**Calculated**	**14.2**	**%**	**11.6-14.0**
PLATELET DISTRIBUTION WIDTH(PDW)	Calculated	15.1	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	Calculated	11.9	fL	6.5-12
PLATELET COUNT	HF & EI	387	X 10³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	Calculated	40.8	%	19.7-42.4
PLATELETCRIT(PCT)	**Calculated**	**0.46**	**%**	**0.19-0.39**

Remarks : Alert!!! Predominantly normocytic normochromic with ovalocytes. WBCs:Mild Leukocytosis is present. Platelets:Appear adequate in smear.

Please Correlate with clinical conditions.
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 Jun 2024 18:14
Sample Received on (SRT) : 10 Jun 2024 19:23
Report Released on (RRT) : 10 Jun 2024 23:32
Sample Type : EDTA Whole Blood
Labcode : 1006092199/P5067
Barcode : BL575763

Dr.Shaffaly Gagneja MD (Path)

Dr.Ch.Pawan.S MD(Path)

CUSTOMER DETAILS

As declared in our data base

Name: SHREEN **Age:** 23Y **Sex:** F

Barcodes/Sample_Type	:	AO533794 (URINE),BL575763 (EDTA),BL575762 (SERUM)
Labcode	:	1006043150,1006092199,1006042193
Ref By	:	SELF
Sample_Type/Tests	:	URINE:ROUTINE URINE ANALYSIS EDTA:HBA , HEMOGRAM - 6 PART (DIFF) SERUM:WOMEN ADVANCED PROFILE WITH UTSH
Sample Collected At	:	RAMKOLA ROAD, PADRAUNA NEAR REAL PARADISE ACADEMY-274304 - 274304
Sample Collected on (SCT)	:	10 Jun 2024 18:14
Report Released on (RRT)	:	10 Jun 2024 23:32
Amount Collected	:	**Rs.2290/-(two thousand two hundred and ninety only)**

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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 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.
- Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc
- For clinical support please contact @8450950852,8450950853,8450950854 between 10:00 to 18:00

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 or feedback, write to us at **info@thyrocare.com** or call us on **022-3090 0000 / 6712 3400**
- SMS:<Labcode No.> to **9870666333**

*+T&C Apply, # Upto 95% Samples in NABL Accredited Labs, * As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)*