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D-37/1,TTC MIDC,Turbhe,
Navi Mumbai-400 703

CERTIFICATE NO.:MC-2407

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REPORT

NAME : ANITA SINGH(51Y/F)
REF. BY : SELF
TEST ASKED : DIABETIC PROFILE - BASIC
PATIENTID : AS16944070

HOME COLLECTION :
B 38 MITRAMANDAL COLONY SAKET VIHAR ANISHABAD PATNA 2 MITRAMANDAL COLONY NEAR SHIVNARAYAN CHOWK LOCALITY PATNA LANDMARK CITY PATNA

TEST NAME	TECHNOLOGY	VALUE	UNITS
DIABETES SCREEN (URINE)			
URINARY MICROALBUMIN	PHOTOMETRY	< 2.5	µg/ml
Reference Range : Adults: Less than 25 µg/ml **Method :** Fully Automated Immuno Turbidometry			
CREATININE - URINE	PHOTOMETRY	32	mg/dl
Reference Range : Male: 39 - 259 mg/dl Female: 28 - 217 mg/dl **Method :** Creatinine Jaffe Method, Rate-Blanked and Compensated			
URI. ALBUMIN/CREATININE RATIO (UA/C)	CALCULATED	7.8	µg/mg of Creatinine
Reference Range : Adults : Less than 30 µg/mg of Creatinine **Method :** Derived from Albumin and Creatinine values			

Please correlate with clinical conditions.

Sample Collected on (SCT) : 30 May 2021 08:57
Sample Received on (SRT) : 31 May 2021 17:50
Report Released on (RRT) : 31 May 2021 19:17
Sample Type : URINE
Labcode : 3105068867/PP004
Barcode : T2904934

Dr.Prachi Sinkar MD(Path)

Dr.Caesar Sengupta MD(Micro)

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REPORT

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TEST NAME	TECHNOLOGY	VALUE	UNITS
BLOOD KETONE (D3HB)	PHOTOMETRY	0.4	mg/dL

Reference Range :-

0.21-2.81 mg/dL

Clinical Significance:

Three types of ketones can be produced in body D-3- Hydroxybutyrate, Acetoacetate and Acetone. D-3- Hydroxybutyrate accounts for approximately 75% of the ketone bodies. During periods of ketosis, D-3- Hydroxybutyrate increases more than the other two. It has been shown to be a better index of ketoacidosis. In diabetics, D-3- Hydroxybutyrate is needed for the assessment of the severity of diabetic coma and to calculate insulin requirements.

Please correlate with clinical conditions.

Method:- ENZYMATIC (KINETIC)

Sample Collected on (SCT) : 30 May 2021 08:57
Sample Received on (SRT) : 31 May 2021 17:48
Report Released on (RRT) : 31 May 2021 20:11
Sample Type : SERUM
Labcode : 3105068591/PP004
Barcode : U6049663

Dr.Prachi Sinkar MD(Path)

Dr.Caesar Sengupta MD(Micro)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
FRUCTOSAMINE	**PHOTOMETRY**	**344.8**	**µmol/L**

Reference Range :-

<=286 µmol/L

Clinical Significance:

The test is useful for screening of Diabetes Mellitus and Gestational Diabetic Mellitus. Fructosamine assay is useful in monitoring the degree of glycemia over short-to-intermediate time frames (1-3 weeks) concentration greater than the established normal range is an indication of prolonged hyperglycemia of 1-3 weeks or longer. The higher fructosamine value, poorer is the degree of glycemia control.

Please correlate with clinical conditions.

Method:- NITROBLUE TETRAZOLIUM ASSAY (NBT)

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Labcode : 3105068591/PP004
Barcode : U6049663

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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	53.4	µg/dl
Reference Range : Male : 65 - 175 Female : 50 - 170 **Method :** FERROZINE METHOD WITHOUT DEPROTEINIZATION			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	321.5	µg/dl
Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** SPECTROPHOTOMETRIC ASSAY			
% TRANSFERRIN SATURATION	CALCULATED	16.61	%
Reference Range : 13 - 45 **Method :** DERIVED FROM IRON AND TIBC VALUES			

Please correlate with clinical conditions.

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HOME COLLECTION :
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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	**PHOTOMETRY**	**226**	**mg/dl**	**< 200**
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	43	mg/dl	40-60
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**144**	**mg/dl**	**< 100**
TRIGLYCERIDES	**PHOTOMETRY**	**176**	**mg/dl**	**< 150**
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**5.3**	**Ratio**	**3 - 5**
LDL / HDL RATIO	CALCULATED	3.4	Ratio	1.5-3.5
NON-HDL CHOLESTEROL	**CALCULATED**	**182.8**	**mg/dl**	**< 160**
VLDL CHOLESTEROL	CALCULATED	35.18	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
LDL/ - DERIVED FROM SERUM 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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REPORT

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TEST ASKED : DIABETIC PROFILE - BASIC

PATIENTID : AS16944070

HOME COLLECTION :
B 38 MITRAMANDAL COLONY SAKET VIHAR ANISHABAD PATNA 2 MITRAMANDAL COLONY NEAR SHIVNARAYAN CHOWK LOCALITY PATNA LANDMARK CITY PATNA

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	97.3	U/L	45 - 129
BILIRUBIN - TOTAL	PHOTOMETRY	0.66	mg/dl	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.21	mg/dl	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.46	mg/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	19.8	U/l	< 38
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	22.1	U/l	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	18.7	U/l	< 34
PROTEIN - TOTAL	PHOTOMETRY	7.51	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.36	gm/dl	3.2-4.8
SERUM GLOBULIN	PHOTOMETRY	3.15	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.38	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
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

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
CALCIUM	PHOTOMETRY	9.95	mg/dl	8.8-10.6
URIC ACID	PHOTOMETRY	5.99	mg/dl	3.2 - 6.1
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	23.45	mg/dl	7 - 25
CREATININE - SERUM	**PHOTOMETRY**	**0.86**	**mg/dl**	**0.5-0.8**
BUN / SR.CREATININE RATIO	**CALCULATED**	**27.27**	**Ratio**	**9:1-23:1**
SODIUM	I.S.E	138.2	mmol/l	136 - 145
CHLORIDE	I.S.E	103.4	mmol/l	98 - 107

Please correlate with clinical conditions.

Method :

CALC - ARSENAZO III METHOD, END POINT.
URIC - URICASE / PEROXIDASE METHOD
BUN - KINETIC UV ASSAY.
SCRE - CREATININE ENZYMATIC METHOD
B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES
SOD - ION SELECTIVE ELECTRODE
CHL - ION SELECTIVE ELECTRODE

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PATIENTID : AS16944070

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	92	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	11.2	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.92	µIU/ml	0.3-5.5

Comments : SUGGESTING THYRONORMALCY

Please correlate with clinical conditions.

Method :

T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	**CALCULATED**	**78**	**mL/min/1.73 m2**

Reference Range :-

> = 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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC - NGSP Certified)			
	H.P.L.C	**6.4**	**%**

Reference Range :

Reference Range: 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. using Biorad Variant II Turbo

AVERAGE BLOOD GLUCOSE (ABG)	**CALCULATED**	**137**	**mg/dl**

Reference Range :

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) : 30 May 2021 08:57
Sample Received on (SRT) : 31 May 2021 17:46
Report Released on (RRT) : 31 May 2021 21:06
Sample Type : EDTA
Labcode : 3105068414/PP004
Barcode : U8656464

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TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	7.22	X 10^3 / µL	4.0-10.0
NEUTROPHILS	65.6	%	40-80
LYMPHOCYTE PERCENTAGE	28.1	%	20.0-40.0
MONOCYTES	2.5	%	0.0-10.0
EOSINOPHILS	2.8	%	0.0-6.0
BASOPHILS	0.7	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	4.73	X 10^3 / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.03	X 10^3 / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	**0.18**	**X 10^3 / µL**	**0.2-1.0**
BASOPHILS - ABSOLUTE COUNT	0.05	X 10^3 / µL	0.02-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.2	X 10^3 / µL	0.02-0.5
IMMATURE GRANULOCYTES(IG)	0.03	X 10^3 / µL	0.0-0.3
TOTAL RBC	**3.71**	**X 10^6/µL**	**3.9-4.8**
NUCLEATED RED BLOOD CELLS	Nil	X 10^3 / µL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	**10.1**	**g/dL**	**12.0-15.0**
HEMATOCRIT(PCV)	37.7	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	**101.6**	**fL**	**83.0-101.0**
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	27.2	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	**26.8**	**g/dL**	**31.5-34.5**
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**61.1**	**fL**	**39.0-46.0**
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**16.2**	**%**	**11.6-14.0**
PLATELET DISTRIBUTION WIDTH(PDW)	**21.5**	**fL**	**9.6-15.2**
MEAN PLATELET VOLUME(MPV)	**12.6**	**fL**	**6.5-12**
PLATELET COUNT	191	X 10^3 / µL	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	**48.6**	**%**	**19.7-42.4**
PLATELETCRIT(PCT)	0.24	%	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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Report Released on (RRT) : 31 May 2021 21:06
Sample Type : EDTA
Labcode : 3105068414/PP004
Barcode : U8656464

Dr.Prachi Sinkar MD(Path)

Dr.Caesar Sengupta MD(Micro)

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 @8450950851,8450950852,8450950853,8450950854 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**