



Report for Abhishek Kumar S(28Y/M)

Tests asked Aarogyam Full Body Checkup With Vitamins - New

Test date 26 Dec 2022 Report status Complete Report



6 STEP quality control to ensure 100% report accuracy



Qualified and trained technicians



Temperature-controlled containers to store samples



Strict quality checks on samples before processing



Regular monitoring of lab analyzers by experts



Assured machine inspection on a daily basis



Verified reports by qualified pathologists



25+ Years of Trust & Experience



NABL Accredited Labs



100+ Crore Samples Processed

Name : ABHISHEK KUMAR S(28Y/M)
Ref. By : SELF

ADDRESS :

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

Report Availability Summary



Note : This is summary page. Please refer to the table below for the details

Test	Report Status
AAROGYAM FULL BODY CHECKUP WITH VITAMINS - NEW	<input checked="" type="checkbox"/> Available
25-OH VITAMIN D (TOTAL)	<input checked="" type="checkbox"/> Available
CARDIAC RISK MARKERS	<input checked="" type="checkbox"/> Available
CHLORIDE	<input checked="" type="checkbox"/> Available
COMPLETE URINE ANALYSIS	<input checked="" type="checkbox"/> Available
FASTING BLOOD SUGAR(GLUCOSE)	<input checked="" type="checkbox"/> Available
HbA1c	<input checked="" type="checkbox"/> Available
HEMOGRAM - 6 PART (DIFF)	<input checked="" type="checkbox"/> Available
IRON	<input checked="" type="checkbox"/> Available
KIDPRO	<input checked="" type="checkbox"/> Available
LIPID PROFILE	<input checked="" type="checkbox"/> Available
LIVER FUNCTION TESTS	<input checked="" type="checkbox"/> Available
SODIUM	<input checked="" type="checkbox"/> Available
TOTAL IRON BINDING CAPACITY (TIBC)	<input checked="" type="checkbox"/> Available
TOTAL THYROXINE (T4)	<input checked="" type="checkbox"/> Available
TOTAL TRIIODOTHYRONINE (T3)	<input checked="" type="checkbox"/> Available
TSH - ULTRASENSITIVE	<input checked="" type="checkbox"/> Available
UNSAT.IRON-BINDING CAPACITY(UIBC)	<input checked="" type="checkbox"/> Available
VITAMIN B-12	<input checked="" type="checkbox"/> Available

Note : Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by : Thyrocare Technologies Ltd.

NAME : ABHISHEK KUMAR S(28Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM FULL BODY CHECKUP WITH VITAMINS - NEW

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
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25-OH VITAMIN D (TOTAL)	C.L.I.A	<u>17.78</u>	ng/ml
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Reference Range :

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	674	pg/ml
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Reference Range :

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

Please correlate with clinical conditions.

Sample Collected on (SCT) : 26 Dec 2022 09:21

Sample Received on (SRT) : 26 Dec 2022 16:21

Report Released on (RRT) : 26 Dec 2022 19:37

Sample Type : SERUM



Labcode : 2612080603/DG871

Barcode : AH064897

Dr T Priyanka MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLipoprotein - A1 (APO-A1)	IMMUNOTURBIDIMETRY	119	mg/dL
Reference Range :			
Male : 86 - 152			
Female : 94 - 162			
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER			
APOlipoprotein - B (APO-B)	IMMUNOTURBIDIMETRY	95	mg/dL
Reference Range :			
Male : 56 - 145			
Female : 53 - 138			
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER			
APO B / APO A1 RATIO (APO B/A1)	CALCULATED	0.8	Ratio
Reference Range :			
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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 SHIVNARAYAN CHOWK LOCALITY: ANISABAD
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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	24.45	mg/L

Reference Range :-

- < 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	33.9	mg/dl
Reference Range :-			

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	<u>47.08</u>	µg/dl
Reference Range :			
Male : 65 - 175 Female : 50 - 170			
Method :	FERROZINE METHOD WITHOUT DEPROTEINIZATION		
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	313.9	µg/dl
Reference Range :			
Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl			
Method :	SPECTROPHOTOMETRIC ASSAY		
% TRANSFERRIN SATURATION	CALCULATED	15	%
Reference Range :			
13 - 45			
Method :	DERIVED FROM IRON AND TIBC VALUES		
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	266.82	µg/dl
Reference Range :			
162 - 368			
Method :	SPECTROPHOTOMETRIC ASSAY		

Please correlate with clinical conditions.

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 CHOWK LOCALITY: ANISABAD LANDMARK: CITY: PATNA

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	197	mg/dl	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	43	mg/dl	40-60
HDL / LDL RATIO	CALCULATED	0.31	Ratio	> 0.40
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	140	mg/dl	< 100
TRIG / HDL RATIO	CALCULATED	2.73	Ratio	< 3.12
TRIGLYCERIDES	PHOTOMETRY	118	mg/dl	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4.6	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	3.2	Ratio	1.5-3.5
VLDL CHOLESTEROL	CALCULATED	23.58	mg/dl	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	153.91	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.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	90.1	U/L	45 - 129
BILIRUBIN - TOTAL	PHOTOMETRY	0.33	mg/dl	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.08	mg/dl	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.25	mg/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	44.1	U/I	< 55
SGOT / SGPT RATIO	CALCULATED	0.67	Ratio	< 2
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	29.09	U/I	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	43.38	U/I	< 45
PROTEIN - TOTAL	PHOTOMETRY	7.03	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	3.75	gm/dl	3.2-4.8
SERUM GLOBULIN	CALCULATED	3.28	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.14	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
 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 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	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	100	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	9.2	µg/dl	4.5-12
TSH - ULTRASENSITIVE	C.M.I.A	2.39	µIU/ml	0.35 - 4.94

Please correlate with clinical conditions.

Method :

T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

USTSH - FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
UREA (CALCULATED)	CALCULATED	31.37	mg/dL	Adult : 17-43
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	14.66	mg/dl	7 - 25
UREA / SR.CREATININE RATIO	CALCULATED	29.05	Ratio	< 52
CREATININE - SERUM	PHOTOMETRY	1.08	mg/dl	0.6-1.1
BUN / SR.CREATININE RATIO	CALCULATED	13.57	Ratio	9:1-23:1
CALCIUM	PHOTOMETRY	9.14	mg/dl	8.8-10.6
URIC ACID	PHOTOMETRY	8.64	mg/dl	4.2 - 7.3
SODIUM	I.S.E	137.35	mmol/l	136 - 145
CHLORIDE	I.S.E	101.26	mmol/l	98 - 107

Please correlate with clinical conditions.

Method :

UREAC - Derived from BUN Value.
 BUN - KINETIC UV ASSAY.
 UR/CR - Derived from UREA and Sr.Creatinine values.
 SCRE - CREATININE ENZYMATIC METHOD
 B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES
 CALC - ARSENAZO III METHOD, END POINT.
 URIC - URICASE / PEROXIDASE METHOD
 SOD - ION SELECTIVE ELECTRODE
 CHL - ION SELECTIVE ELECTRODE

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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	93	mL/min/1.73 m ²

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
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	<u>105</u>	mg/dL

Reference Range :-

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) : 26 Dec 2022 09:21
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Report Released on (RRT) : 26 Dec 2022 18:02
Sample Type : FLUORIDE
Labcode : 2612080729/DG871
Barcode : AI890794



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TEST NAME	OBSERVATION	UNITS	REFERENCE RANGE
COMPLETE URINOGRAM			
VOLUME	3	mL	-
COLOUR	PALE YELLOW	-	Pale Yellow
APPEARANCE	CLEAR	-	Clear
SPECIFIC GRAVITY	1.01	-	1.003-1.030
PH	6	-	5 - 8
URINARY PROTEIN	ABSENT	mg/dl	Absent
URINARY GLUCOSE	ABSENT	mg/dl	Absent
URINE KETONE	ABSENT	mg/dl	Absent
URINARY BILIRUBIN	ABSENT	mg/dl	Absent
UROBILINOGEN	< 0.2	mg/dl	<=0.2
BILE SALT	ABSENT	-	Absent
BILE PIGMENT	ABSENT	-	Absent
URINE BLOOD	ABSENT	Cells/ul*	Absent
NITRITE	ABSENT	-	Absent
MICROALBUMIN	10	mg/l	< 20
MUCUS	ABSENT	-	Absent
RED BLOOD CELLS	ABSENT	Cells/ul*	Absent
URINARY LEUCOCYTES (PUS CELLS)	ABSENT	Cells/ul*	Absent
EPITHELIAL CELLS	1-2	-	0-4
CASTS	ABSENT	-	Absent
CRYSTALS	ABSENT	-	Absent
BACTERIA	ABSENT	-	Absent
YEAST	ABSENT	-	Absent
PARASITE	ABSENT	-	Absent

* To Obtain Counts in Cells / HPF Divide the Cells / ul by 5

Please correlate with clinical conditions.

Method : Fully Automated AVE772-5 Urinalysis Dipstick Method, Microscopy

Sample Collected on (SCT) : 26 Dec 2022 09:21
Sample Received on (SRT) : 26 Dec 2022 16:22
Report Released on (RRT) : 26 Dec 2022 17:28
Sample Type : URINE
Labcode : 2612080660/DG871
Barcode : AJ062486



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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd

NAME : ABHISHEK KUMAR S(28Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM FULL BODY CHECKUP WITH VITAMINS - NEW

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	<u>5.7</u>	%

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 117 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) : 26 Dec 2022 09:21
Sample Received on (SRT) : 26 Dec 2022 16:24
Report Released on (RRT) : 26 Dec 2022 18:23
Sample Type : EDTA
Labcode : 2612080814/DG871
Barcode : AJ771408



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Clinically Tested by :Thyrocare Technologies Ltd

NAME : ABHISHEK KUMAR S(28Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM FULL BODY CHECKUP WITH VITAMINS - NEW

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

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT (WBC)	7.65	X 10 ³ / μL	4.0-10.0
NEUTROPHILS	55.3	%	40-80
LYMPHOCYTE PERCENTAGE	37.5	%	20-40
MONOCYTES	3.3	%	0-10
EOSINOPHILS	3.3	%	0.0-6.0
BASOPHILS	0.3	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	4.23	X 10 ³ / μL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.87	X 10 ³ / μL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.25	X 10 ³ / μL	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.02	X 10 ³ / μL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.25	X 10 ³ / μL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.02	X 10 ³ / μL	0-0.3
TOTAL RBC	5.09	X 10 ⁶ /μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10 ³ / μL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	13.4	g/dL	13-17
HEMATOCRIT(PCV)	43.6	%	40-50
MEAN CORPUSCULAR VOLUME(MCV)	85.7	fL	83-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	26.3	pq	27-32
MEAN CORP. HEMO. CONC(MCHC)	30.7	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	42.3	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	13.4	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	22.5	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	13.3	fL	6.5-12
PLATELET COUNT	193	X 10 ³ / μL	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	53.6	%	19.7-42.4
PLATELETCRIT(PCT)	0.26	%	0.19-0.39

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

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 ~~

Sample Collected on (SCT) : 26 Dec 2022 09:21

Sample Received on (SRT) : 26 Dec 2022 16:24

Report Released on (RRT) : 26 Dec 2022 18:23

Sample Type : EDTA



Labcode : 2612080814/DG871

Barcode : AJ771408

Dr T Priyanka MD(Path)

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Note:- Underlined values are Critical Values, Clinician's attention required.

Clinically Tested by :Thyrocare Technologies Ltd