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REPORT**NAME** : ASHOK KUMAR SINGH(60Y/M)**REF. BY** : SELF**TEST ASKED** : DIABETIC PROFILE - BASIC**PATIENTID** : AS16944069**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
BLOOD KETONE (D3HB)	PHOTOMETRY	0.8	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 08:44**Sample Received on (SRT)** : 31 May 2021 17:46**Report Released on (RRT)** : 31 May 2021 20:33**Sample Type** : SERUM**Labcode** : 3105068472/PP004**Barcode** : U6049664

Dr.Prachi Sinkar MD(Path)

Dr.Caesar Sengupta MD(Micro)

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SHIVNARAYAN CHOWK LOCALITY PATNA
LANDMARK CITY PATNA**PATIENTID** : AS16944069

TEST NAME	TECHNOLOGY	VALUE	UNITS
FRUCTOSAMINE	PHOTOMETRY	> 500	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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PATIENTID : AS16944069

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
IRON Reference Range : Male : 65 - 175 Female : 50 - 170 Method : FERROZINE METHOD WITHOUT DEPROTEINIZATION	PHOTOMETRY	117.7	µg/dl
TOTAL IRON BINDING CAPACITY (TIBC) Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl Method : SPECTROPHOTOMETRIC ASSAY	PHOTOMETRY	315.6	µg/dl
% TRANSFERRIN SATURATION Reference Range : 13 - 45 Method : DERIVED FROM IRON AND TIBC VALUES	CALCULATED	37.29	%

Please correlate with clinical conditions.

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CHOWK LOCALITY PATNA LANDMARK CITY PATNA

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	204	mg/dl	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	50	mg/dl	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	128	mg/dl	< 100
TRIGLYCERIDES	PHOTOMETRY	116	mg/dl	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	2.5	Ratio	1.5-3.5
NON-HDL CHOLESTEROL	CALCULATED	153.6	mg/dl	< 160
VLDL CHOLESTEROL	CALCULATED	23.24	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

NHDH - 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.**Sample Collected on (SCT)** : 30 May 2021 08:44**Sample Received on (SRT)** : 31 May 2021 17:46**Report Released on (RRT)** : 31 May 2021 20:33**Sample Type** : SERUM**Labcode** : 3105068472/PP004**Barcode** : U6049664

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REPORT

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REF. BY : SELF
TEST ASKED : DIABETIC PROFILE - BASIC
PATIENTID : AS16944069

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	117.9	U/L	45 - 129
BILIRUBIN - TOTAL	PHOTOMETRY	0.75	mg/dl	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.23	mg/dl	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.52	mg/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	24	U/l	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	24	U/l	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	20.5	U/l	< 45
PROTEIN - TOTAL	PHOTOMETRY	7.36	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.08	gm/dl	3.2-4.8
SERUM GLOBULIN	PHOTOMETRY	3.28	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.24	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	9.85	mg/dl	8.8-10.6
URIC ACID	PHOTOMETRY	2.76	mg/dl	4.2 - 7.3
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	16.51	mg/dl	7 - 25
CREATININE - SERUM	PHOTOMETRY	0.76	mg/dl	0.6-1.1
BUN / SR.CREATININE RATIO	CALCULATED	21.72	Ratio	9:1-23:1
SODIUM	I.S.E	136.6	mmol/l	136 - 145
CHLORIDE	I.S.E	102.1	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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CHOWK LOCALITY PATNA LANDMARK CITY PATNA**PATIENTID** : AS16944069

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	110	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	9.5	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.82	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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LANDMARK CITY PATNA

PATIENTID : AS16944069

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	99	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
HbA _{1c} - (HPLC - NGSP Certified)	H.P.L.C	7.9	%

Reference Range :

Reference Range: As per ADA Guidelines

Below 5.7% : Normal
5.7% - 6.4% : Prediabetic
≥6.5% : Diabetic

Guidance For Known Diabetics

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** **180** **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 HBA_{1c} values

Please correlate with clinical conditions.

Sample Collected on (SCT) : 30 May 2021 08:44

Sample Received on (SRT) : 31 May 2021 17:54

Report Released on (RRT) : 01 Jun 2021 02:03

Sample Type : EDTA

Labcode : 3105069093/PP004

Barcode : U8656465



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TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	8.73	X 10 ³ / µL	4.0-10.0
NEUTROPHILS	61.7	%	40-80
LYMPHOCYTE PERCENTAGE	34	%	20-40
MONOCYTES	2.5	%	0-10
EOSINOPHILS	1.3	%	0.0-6.0
BASOPHILS	0.2	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	5.39	X 10 ³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.97	X 10 ³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.22	X 10 ³ / µL	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.02	X 10 ³ / µL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.11	X 10 ³ / µL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.03	X 10 ³ / µL	0-0.3
TOTAL RBC	5.06	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	14.8	g/dL	13-17
HEMATOCRIT(PCV)	41.44	%	40-50
MEAN CORPUSCULAR VOLUME(MCV)	100	fL	83-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	29.2	pq	27-32
MEAN CORP.HEMO.CONC(MCHC)	29.2	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	58.5	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	16	%	11.6-14
PLATELET COUNT	110	X 10³ / µL	150-400

Remarks : Alert!!! Platelets: Appear mildly reduced in smear. Macroplatelets are seen.**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)
Sample Collected on (SCT) : 30 May 2021 08:44**Sample Received on (SRT)** : 31 May 2021 17:54**Report Released on (RRT)** : 01 Jun 2021 02:03**Sample Type** : EDTA**Labcode** : 3105069093/PP004**Barcode** : U8656465

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PATIENTID : AS16944069

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LANDMARK CITY PATNA

TEST NAME	TECHNOLOGY	VALUE	UNITS
DIABETES SCREEN (URINE)			
URINARY MICROALBUMIN	PHOTOMETRY	27.1	µg/ml
Reference Range : Adults: Less than 25 µg/ml Method : Fully Automated Immuno Turbidometry			
CREATININE - URINE	PHOTOMETRY	57	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		47.5	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.			

~~ End of report ~~

Sample Collected on (SCT) : 30 May 2021 08:44
Sample Received on (SRT) : 31 May 2021 17:46
Report Released on (RRT) : 31 May 2021 19:17
Sample Type : URINE
Labcode : 3105068460/PP004
Barcode : J9487058



Prachi Sinkar

Dr.Prachi Sinkar MD(Path)

Caesar

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**

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