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022 - 3090 0000 / 4125 2525 8691866066 wellness@thyrocare.com www.thyrocare.com

REPORT

NAME : [REDACTED]
REF. BY : SELF
TEST ASKED : AAROGYAM 1.6

SAMPLE COLLECTED AT :

(4620265120), BPL PATHOLOGY
 LAB, HOSHANGABAD RD, KUNJAN NAGAR PHASE II,
 BAGMUGALIYA, BHOPAL, MADHYA PRADESH
 462001.462026

TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMOCYSTEINE	PHOTOMETRY	15.2	µmol/L

Reference Range :-

< 30

Clinical Significance:

Homocysteine is linked to increased risk of premature coronary artery disease, stroke and thromboembolism. Moreover, alzheimer's disease, osteoporosis, venous thrombosis, schizophrenia, cognitive deficiency and pregnancy complications also elevates Homocysteine levels.

High Values:

Elevated homocysteine levels might be due to increasing age, genetic traits, drugs, renal dysfunction and dietary deficiency of vitamins or smoking. To lower your homocysteine, eat more green vegetables, stop smoking, alcohol. Folic acid helps lowering elevated levels.

Please correlate with clinical conditions.**Method:-** ENZYMATİC ASSAY**Sample Collected on (SCT)** : 27 Jul 2020 13:49**Sample Received on (SRT)** : 28 Jul 2020 03:28**Report Released on (RRT)** : 28 Jul 2020 13:16**Sample Type** : SERUM**Labcode** : 2707004700/A4964

Dr. Prachi Sinkar MD(Path)

Barcode : Q3815850

Dr. Caesar Sengupta MD(Micro)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
CYSTATIN C	IMMUNOTURBIDIMETRY	0.8	mg/L

Reference Range :-

<= 60 years: <= 1.03 mg/L
> 60 years : < 1.50 mg/L

Clinical significance

Cystatin c, is a small 13-kda protein and is a member of the cysteine proteinase inhibitor family, it is produced at a constant rate by all nucleated cells. Due to its small size it is freely filtered by the glomerulus and is not secreted but is fully reabsorbed and broken down by the renal tubules. This means that the primary determinate of blood Cystatin c levels is the rate at which it is filtered at the glomerulus making it an excellent gfr marker. Cystatin c is also a marker of inflammation and like many other markers of inflammation; its serum concentration may be higher in patients with decreased renal clearance. There is mounting evidence, however, that Cystatin c may be a predictor of adverse outcomes independent of renal function with its higher sensitivity to detect a reduced GFR than Creatinine determination, also in the so-called "Creatinine-blind" range. Thus, Cystatin c is suggested to be a better marker for GFR than the ubiquitous serum Creatinine.

Reference

1. Barrett aj, Davies me, Grubb a. the place of human gamma-trace (Cystatin c) among the cysteine proteinase inhibitors. Biochem biophys res common 1984; 120: 631-6.

2. Grubb a. diagnostic value of analysis of Cystatin c and protein HC in biological fluids. Clin Nephrol 1992; 38: S20-7.

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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
Lipoprotein (A) [LP(A)] Reference Range :-	IMMUNOTURBIDIMETRY	38.7	mg/dl

Adults : < 30.0 mg/dl

Interpretation:

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: Intra Assay (%CV): 3.4 %, Inter Assay (%CV): 2.0 %; Sensitivity: 0.002 gm/l

External Quality Control Program Participation:

College of American Pathologists: General Chemistry and TDM; CAP Number: 7193855-01

Kit Validation References:

Koschinsky ML, Marcovina SM. Lipoprotein A: Structural Implication for Pathophysiology. Int J Clin Lab Res, 1997; 27: 14-23.

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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI CCP (ACCP)	E.L.I.S.A	4.75	RU/ml
Reference Range :			
Negative : < 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.			
Analytical Specifications :			
Anti-Cyclic-Citrullinated-Peptide (Anti-CCP) antibodies are detected using a solid phase enzyme immuno assay having an analytical sensitivity of 25 RU/ml. Sensitivity of the method is 99% and specificity is 98.5%.			
Method : SOLID PHASE CAPTURE ENZYME IMMUNOASSAY			
ANTI NUCLEAR ANTIBODIES (ANA)	E.L.I.S.A	3.8	AU/mL
Reference Range :			
NEGATIVE : < 25			
POSITIVE : > 25			
Method : SOLID PHASE ENZYME IMMUNOASSAY			
Please correlate with clinical conditions.			

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TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	149	mg/dL
Reference Range :			
Male : 86 - 152			
Female : 94 - 162			
Method :	FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER		
APOLIPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	71	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	0.5	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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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	69.4	µg/dl
Reference Range : Male : 65 - 175 Female : 50 - 170			
Method : FERROZINE METHOD WITHOUT DEPROTEINIZATION			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	319.9	µg/dl
Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl			
Method : SPECTROPHOTOMETRIC ASSAY			
% TRANSFERRIN SATURATION	CALCULATED	21.69	%
Reference Range : 13 - 45			
Method : DERIVED FROM IRON AND TIBC VALUES			
FERRITIN	C.L.I.A	96.3	ng/ml
Reference Range : Men: 22-322 ng/ml Women: 10-291 ng/ml			
Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY			
FOLATE	C.L.I.A	13	ng/ml
Reference Range : > 5.38 ng/ml			
Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY			

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	1.1	mg/L

Reference Range :-

Adult : <=3.0 mg/L

Interpretation:

High sensitivity C-reactive protein, when used in conjunction with other clinical laboratory evaluation of acute coronary syndromes, may be useful as an independent marker of prognosis for recurrent events, in patients with stable coronary disease or acute coronary syndromes. hsCRP levels should not be substituted for assessment of traditional cardiovascular risk factors. Patients with persistently unexplained, marked elevation of hsCRP after repeated testing should be evaluated for non-cardiovascular etiologies

Clinical significance:

hsCRP measurements may be used as an independent risk marker for the identification of individuals at risk for future cardiovascular disease. Elevated CRP values may be indicative of prognosis of individuals with acute coronary syndromes, and may be useful in the management of such individuals.

Specifications: Precision: Within run %CV has been recorded <=5%.**References:**

- Chenillot O, Henny J, Steinmez J, et al. High sensitivity C-reactive protein: biological variations and reference limits. Clin Chem Lab Med 2000;38:1003-11.
- Hind CRH, Pepys MB. The role of serum C-reactive protein measurements in clinical practice. Int Med 1984;5:112-51.

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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
INSULIN - FASTING	E.C.L.I.A	6.29	µU/mL

Reference Range :-
2.6 - 24.9 µU/mL

Clinical Significance

Type I (Insulin dependent: "Juvenile") diabetes is due to a destruction of the beta cells, with a consequence of absolute lack of insulin. In type II (Non insulin-dependent: "Maturity onset") diabetes, insulin resistance may play an important role; However after several years of evolution, beta-cells failure may occur, leading to a relative insulinopenia requiring, in some cases, insulin administration. Insulin resistance is associated with high circulation levels of the hormone.

For diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Specifications:

Precision: Intra Assay (%CV): 4.3 %, Inter Assay (%CV): 5.3%; Sensitivity: 0.04 µU/mL

External quality control program participation:

College Of American Pathologists: Insulin Survey (Ing): Cap Number: 7193855-01

Kit validation references:

Lang DA, Matthews DR, Peto J, et al. Cyclic oscillations of basal plasma glucose and insulin concentrations in human beings. *N Engl J Med* 1979;301:1023-1027.**Please correlate with clinical conditions.****Method:-** FULLY AUTOMATED ELECTROCHEMILUMINESCENCE IMMUNOASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	C.L.I.A	34.46	ng/ml
Reference Range :			
DEFICIENCY : <20 ng/ml			
INSUFFICIENCY : 20-<30 ng/ml			
SUFFICIENCY : 30-100 ng/ml			
TOXICITY : >100 ng/ml			
Vitamin D Total test is analyzed on Siemens ADVIA Centaur, standardized against ID-LC/MS/MS, as per Vitamin D Standardization Program (VDSP).			
Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY			
VITAMIN B-12	C.L.I.A	416	pg/ml
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):4.0%, Inter assay (%CV):4.4 %;Sensitivity:45 pg/ml

External quality control program participation:

College of American pathologists: ligand assay (general) survey; CAP number: 7193855-01

Kit validation references:

Chen IW,Sperling MI,Heminger IA.Vitamin B12.In:Pesce AJ,Kalpan LA,editors.Methods in clinical chemistry. St.Louis:CV Mosby,1987.P.569-73.

Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
FRUCTOSAMINE	PHOTOMETRY	240.3	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.

Method : NITROBLUE TETRAZOLIUM ASSAY (NBT)**BLOOD KETONE (D3HB)****Reference Range :**

0.21-2.81 mg/dL

PHOTOMETRY

0.6

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.

Method : ENZYMATIC (KINETIC)**Please correlate with clinical conditions.**

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TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM COPPER	PHOTOMETRY	100	µg/dL

Reference Range :-

MALE : 63.5 - 150

FEMALE : 80 - 155

CLINICAL SIGNIFICANCE

COPPER IS AN IMPORTANT TRACE ELEMENT AND A COMPONENT OF NUMEROUS ENZYMES AND PROTEINS INVOLVED IN ENERGY PRODUCTION, CONNECTIVE TISSUE FORMATION, MELANIN SYNTHESIS, IRON METABOLISM, DEVELOPMENT OF CENTRAL NERVOUS SYSTEM, ANGIOGENESIS AS WELL AS AN ANTIOXIDANT.

DEFICIENCY CAN CAUSE - MALNOURISHMENT, CARDIOVASCULAR DISEASE, ANEMIA & NEUROPATHY. TOXICITY MAY BE MANIFESTED AS ACUTE RENAL FAILURE, GASTROENTERITIS & CHRONIC LIVER DISEASE.

REFERENCE: CARL A. BURTIS, EDWARD R. ASHWOOD, DAVID E. BRUNS. TIETZ TEXTBOOK OF CLINICAL CHEMISTRY AND MOLECULAR DIAGNOSTICS. CHAPTER 31. VITAMINS AND TRACE ELEMENTS. PAGE: 948-952.

Please correlate with clinical conditions.

Method:- 3,5-DIBR-PAESA

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TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM ZINC	PHOTOMETRY	187.02	µg/dL

Reference Range :-

52 - 286

CLINICAL SIGNIFICANCE

ZINC IS ONE OF THE ESSENTIAL TRACE ELEMENTS IN THE BODY. ITS METALLOENZYMES PLAY A KEY ROLE IN PROTEIN AND NUCLEIC ACID SYNTHESIS, GENE EXPRESSION, WOUND HEALING, AS AN ANTIOXIDANT, ETC.

DEFICIENCY CAN CAUSE - POOR WOUND HEALING, GASTROENTERITIS, IMPAIRED SPERMATOGENESIS, ALZHEIMER'S DISEASE, ETC.
TOXICITY MAY BE MANIFESTED AS PANCREATITIS, GASTRIC ULCER, ANEMIA, PULMONARY FIBROSIS.

REFERENCE: CARL A. BURTIS, EDWARD R. ASHWOOD, DAVID E. BRUNS. TIETZ TEXTBOOK OF CLINICAL CHEMISTRY AND MOLECULAR DIAGNOSTICS. CHAPTER 31. VITAMINS AND TRACE ELEMENTS. PAGE: 960-965.

Please correlate with clinical conditions.

Method:- NITRO - PAPS

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Barcode	: Q3815850	Dr. Caesar Sengupta MD(Micro)

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REPORT

NAME : [REDACTED]
REF. BY : SELF
TEST ASKED : AAROGYAM 1.6

SAMPLE COLLECTED AT :

(4620265120), BPL PATHOLOGY
 LAB, HOSHANGABAD RD, KUNJAN NAGAR PHASE II,
 BAGMUGALIYA, BHOPAL, MADHYA PRADESH
 462001.462026

TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	388.65	ng/dL

Reference Range :-

Adult Male
 21 - 49 Yrs : 164.94 - 753.38
 50 - 89 Yrs : 86.49 - 788.22
 Adult Female
 Pre-Menopause : 12.09 - 59.46
 Post-Menopause: < 7.00 - 48.93
 Boys
 2-10 Years : < 7.00 - 25.91
 11 Years : < 7.00 - 341.53
 12 Years : < 7.00 - 562.59
 13 Years : 9.34 - 562.93
 14 Years : 23.28 - 742.46
 15 Years : 144.15 - 841.44
 16-21 Years : 118.22 - 948.56
 Girls
 2-10 Years : < 7.00 - 108.30
 11-15 Years : < 7.00 - 48.40
 16-21 Years : 17.55 - 50.41

Clinical Significance:

Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males. Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinemia, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 8.5 %, Inter assay (%CV): 12.6%; Sensitivity: 7 ng/dL.

External quality control program participation:

College of American pathologists: Ligand assay (special) survey; cap number: 7193855-01

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Sample Collected on (SCT) : 27 Jul 2020 13:49
Sample Received on (SRT) : 28 Jul 2020 03:28
Report Released on (RRT) : 28 Jul 2020 13:16
Sample Type : SERUM
Labcode : 2707004700/A4964
Barcode : Q3815850

Dr. Prachi Sinkar MD(Path)

Dr. Caesar Sengupta MD(Micro)

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REPORT

NAME : [REDACTED]
REF. BY : SELF
TEST ASKED : AAROGYAM 1.6

SAMPLE COLLECTED AT :

(4620265120), BPL PATHOLOGY
 LAB, HOSHANGABAD RD, KUNJAN NAGAR PHASE II,
 BAGMUGALIYA, BHOPAL, MADHYA PRADESH
 462001.462026

TEST NAME	TECHNOLOGY	VALUE	UNITS
AMYLASE	PHOTOMETRY	51.3	U/L

Reference Range :-

Adults : 28-100 U/L

Interpretation:

Lipemic Sera (Hypertriglyceridemia) may contain inhibitors, Which falsely depress results. About 20% of patients with Acute Pancreatitis have abnormal lipids. Normal serum amylase may occur in Pancreatitis, Especially relapsing and chronic pancreatitis. Moderate increases may be reported in normal pregnancy.

Clinical Significance:

Causes of high Serum Amylase include Acute Pancreatitis, Pancreatic Pseudocyst, Pancreatic Ascites, Pancreatic Abscess, Neoplasm in or adjacent to Pancreas, Trauma to Pancreas, and common Duct Stones. Nonpancreatic Causes include inflammatory salivary lesions (Eg, Mumps), Perforated Peptic Ulcer, Intestinal Obstruction, Biliary Tract Disease, Peritonitis, Acute Appendicitis, Diabetic Ketoacidosis, and Extrapancreatic Carcinomas. Amylase levels more than 25-fold the upper limit of normal are often found when metastatic tumors produce Ectopic Amylase.

Specifications:

Precision: Within run %CV has been recorded 1% and between run %CV of 1.5%. Analytical sensitivity (Lower Detection Limit) 3 U/I

Kit Validation References:

Tietz NW, Huang WY, Rauh DF ET Al. Laboratory tests in the differential diagnosis of Hyperamylasemia. Clin Chem 1986;32: 301-307

Please correlate with clinical conditions.

Method:- ENZYMATIC PHOTOMETRIC TEST.

Sample Collected on (SCT) : 27 Jul 2020 13:49
Sample Received on (SRT) : 28 Jul 2020 03:28
Report Released on (RRT) : 28 Jul 2020 13:16
Sample Type : SERUM
Labcode : 2707004700/A4964
Barcode : Q3815850

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REPORT
NAME : [REDACTED]
REF. BY : SELF
TEST ASKED : AAROGYAM 1.6
SAMPLE COLLECTED AT :(4620265120), BPL PATHOLOGY
LAB, HOSHANGABAD RD, KUNJAN NAGAR PHASE II,
BAGMUGALIYA, BHOPAL, MADHYA PRADESH
462001.462026

TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPASE	PHOTOMETRY	44.3	U/L

Reference Range :-

Adults : 5.6 - 51.3 U/L

Interpretation:

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings like serum amylase. Serum Lipase is usually normal in patients with elevated serum amylase, having peptic ulcer, salivary adenitis, inflammatory bowel disease, intestinal obstruction, and macroamylasemia. Lipemic sera may interfere with results.

Clinical Significance:

High serum Lipase is a specific marker for pancreatitis; after acute pancreatitis the Lipase activity increases within 4-8 hours, reaches a peak after 24 hours and decreases after 8 to 14 days. However, there is no correlation between the Lipase activity determined in serum and the extent of damage to the pancreas.

Specifications:

Precision: Within run %CV has been recorded 1.16 % and between run %CV of 0.65 %. Analytical sensitivity (lower detection limit) 3 U/I

Kit Validation References:

Tietz Nw Et Al. Lipase In Serum - The Elusive Enzyme: An Overview. Clin Chem 1993; 39:746-756.

Please correlate with clinical conditions.**Method:-** ENZYMATIC COLORIMETRIC ASSAY

Sample Collected on (SCT) : 27 Jul 2020 13:49
Sample Received on (SRT) : 28 Jul 2020 03:28
Report Released on (RRT) : 28 Jul 2020 13:16
Sample Type : SERUM
Labcode : 2707004700/A4964
Barcode : Q3815850

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REPORT

NAME : [REDACTED]
REF. BY : SELF
TEST ASKED : AAROGYAM 1.6

SAMPLE COLLECTED AT :
 (4620265120), BPL PATHOLOGY LAB, HOSHANGABAD RD,
 KUNJAN NAGAR PHASE II, BAGMUGALIYA, BHOPAL,
 MADHYA PRADESH 462001, 462026

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	67.5	U/L	45 - 129
BILIRUBIN - TOTAL	PHOTOMETRY	1.02	mg/dl	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.21	mg/dl	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.81	mg/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	21.9	U/l	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	38.2	U/l	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	49.3	U/l	< 45
PROTEIN - TOTAL	PHOTOMETRY	6.34	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	3.93	gm/dl	3.2-4.8
SERUM GLOBULIN	PHOTOMETRY	2.41	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.63	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

Sample Collected on (SCT)	: 27 Jul 2020 13:49
Sample Received on (SRT)	: 28 Jul 2020 03:28
Report Released on (RRT)	: 28 Jul 2020 13:16
Sample Type	: SERUM
Labcode	: 2707004700/A4964
Barcode	: Q3815850

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Dr.Caesar Sengupta MD(Micro)

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REPORT

NAME : [REDACTED]
REF. BY : SELF
TEST ASKED : AAROGYAM 1.6

SAMPLE COLLECTED AT :
(4620265120), BPL PATHOLOGY LAB, HOSHANGABAD RD,
KUNJAN NAGAR PHASE II, BAGMUGALIYA, BHOPAL,
MADHYA PRADESH 462001, 462026

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	142	mg/dl	125-200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	55	mg/dl	35-80
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	85	mg/dl	85-130
TRIGLYCERIDES	PHOTOMETRY	50	mg/dl	25-200
TC / HDL CHOLESTEROL RATIO	CALCULATED	2.6	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	1.5	Ratio	1.5-3.5
VLDL CHOLESTEROL	CALCULATED	10	mg/dl	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	87.2	mg/dl	< 160

Please correlate with clinical conditions.**Method :**

CHOL - CHOD POD METHOD

HCHO - ENZYME SELECTIVE PROTECTION METHOD

LDL - HOMOGENOUS ENZYMATIC COLORIMETRIC ASSAY

TRIG - ENZYMATIC COLORIMETRIC METHOD (GPO) [HIGHLY INFLUENCED BY LEVEL OF FASTING]

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)** : 27 Jul 2020 13:49**Sample Received on (SRT)** : 28 Jul 2020 03:28**Report Released on (RRT)** : 28 Jul 2020 13:16**Sample Type** : SERUM**Labcode** : 2707004700/A4964 Dr.Prachi Sinkar MD(Path)

Dr.Caesar Sengupta MD(Micro)

Barcode : Q3815850

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REPORT

NAME : [REDACTED]
REF. BY : SELF
TEST ASKED : AAROGYAM 1.6

SAMPLE COLLECTED AT :
(4620265120), BPL PATHOLOGY LAB, HOSHANGABAD RD,
KUNJAN NAGAR PHASE II, BAGMUGALIYA, BHOPAL,
MADHYA PRADESH 462001, 462026

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	89	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	6.8	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	1.97	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

Sample Collected on (SCT) : 27 Jul 2020 13:49
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Sample Type : SERUM
Labcode : 2707004700/A4964 Dr.Prachi Sinkar MD(Path)
Barcode : Q3815850

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REPORT

NAME : [REDACTED]
REF. BY : SELF
TEST ASKED : AAROGYAM 1.6

SAMPLE COLLECTED AT :
(4620265120), BPL PATHOLOGY LAB, HOSHANGABAD RD,
KUNJAN NAGAR PHASE II, BAGMUGALIYA, BHOPAL,
MADHYA PRADESH 462001, 462026

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
CALCIUM	PHOTOMETRY	9.28	mg/dl	8.8-10.6
URIC ACID	PHOTOMETRY	6.89	mg/dl	4.2 - 7.3
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	15.11	mg/dl	7 - 25
CREATININE - SERUM	PHOTOMETRY	1.03	mg/dl	0.6-1.1
BUN / SR.CREATININE RATIO	CALCULATED	14.67	Ratio	9:1-23:1
SODIUM	I.S.E	140.6	mmol/l	136 - 145
CHLORIDE	I.S.E	105.4	mmol/l	98 - 107

Please correlate with clinical conditions.**Method :**

CALC - ARSENATO 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

Sample Collected on (SCT)	: 27 Jul 2020 13:49
Sample Received on (SRT)	: 28 Jul 2020 03:28
Report Released on (RRT)	: 28 Jul 2020 13:16
Sample Type	: SERUM
Labcode	: 2707004700/A4964
Barcode	: Q3815850

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Dr. Caesar Sengupta MD(Micro)

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REPORT**NAME**

[REDACTED]

REF. BY

: SELF

TEST ASKED

: AAROGYAM 1.6

SAMPLE COLLECTED AT :(4620265120), BPL PATHOLOGY
LAB, HOSHANGABAD RD, KUNJAN NAGAR PHASE II,
BAGMUGALIYA, BHOPAL, MADHYA PRADESH
462001.462026

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	94	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

Sample Collected on (SCT) : 27 Jul 2020 13:49
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Report Released on (RRT) : 28 Jul 2020 13:16
Sample Type : SERUM
Labcode : 2707004700/A4964
Barcode : Q3815850

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REPORT

NAME : [REDACTED]

REF. BY : SELF

TEST ASKED : ELEMENTS 22 (TOXIC AND NUTRIENTS),HBA,HEMOGRAM
- 6 PART (DIFF)

SAMPLE COLLECTED AT :

(4620265120),BPL PATHOLOGY
LAB,HOSHANGABAD RD, KUNJAN NAGAR PHASE
II, BAGMUGALIYA, BHOPAL, MADHYA PRADESH
462001,462026

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC - NGSP Certified)	H.P.L.C	5.4	%

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, NGSP Certified.

AVERAGE BLOOD GLUCOSE (ABG)

CALCULATED

108

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) : 27 Jul 2020 13:49

Sample Received on (SRT) : 28 Jul 2020 03:07

Report Released on (RRT) : 28 Jul 2020 06:20

Sample Type : EDTA

Labcode : 2707048587/A4964

Dr.Prachi Sinkar MD(Path)

Barcode : Q3815838

Dr.Caesar Sengupta MD(Micro)

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REPORT

NAME : [REDACTED]
REF. BY : SELF
TEST ASKED : ELEMENTS 22 (TOXIC AND NUTRIENTS), HBA, HEMOGRAM - 6 PART (DIFF)

SAMPLE COLLECTED AT :

(4620265120), BPL PATHOLOGY
 LAB, HOSHANGABAD RD, KUNJAN NAGAR PHASE II, BAGMUGALIYA, BHOPAL, MADHYA PRADESH 462001, 462026

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	3.58	X 10³ / μL	4.0-10.0
NEUTROPHILS	54	%	40-80
LYMPHOCYTE PERCENTAGE	33.2	%	20-40
MONOCYTES	3.4	%	0-10
EOSINOPHILS	8.9	%	0.0-6.0
BASOPHILS	0.2	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	1.93	X 10³ / μL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	1.19	X 10 ³ / μL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.12	X 10³ / μL	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.00716	X 10 ³ / μL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.32	X 10 ³ / μL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.01	X 10 ³ / μL	0-0.3
TOTAL RBC	5.3	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	15.6	g/dL	13-17
HEMATOCRIT(PCV)	47.2	%	40-50
MEAN CORPUSCULAR VOLUME(MCV)	89.1	fL	83-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	29.4	pq	27-32
MEAN CORP. HEMO. CONC(MCHC)	33.1	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	49	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	15	%	11.6-14
PLATELET COUNT	125	X 10³ / μL	150-400

Remarks : Alert!!! WBCs: Mild Leukopenia is present. Degenerated cells are seen. 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)** : 27 Jul 2020 13:49

Sample Received on (SRT) : 28 Jul 2020 03:07

Report Released on (RRT) : 28 Jul 2020 06:20**Sample Type** : EDTA**Labcode** : 2707048587/A4964 Dr. Prachi Sinkar MD(Path)

Dr. Caesar Sengupta MD(Micro)

Barcode : Q3815838

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REPORT**NAME**

[REDACTED]

REF. BY

: SELF

TEST ASKED: ELEMENTS 22 (TOXIC AND NUTRIENTS), HBA, HEMOGLOBIN
- 6 PART (DIFF)**SAMPLE COLLECTED AT :**(4620265120), BPL PATHOLOGY LAB, HOSHANGABAD RD,
KUNJAN NAGAR PHASE II, BAGMUGALIYA, BHOPAL,
MADHYA PRADESH 462001, 462026

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ARSENIC	ICP-MS	0.79	µg/l	< 5
CADMIUM	ICP-MS	0.22	µg/l	< 1.5
MERCURY	ICP-MS	0.32	µg/l	< 5
LEAD	ICP-MS	86.89	µg/l	< 150
CHROMIUM	ICP-MS	0.93	µg/l	< 30
BARIUM	ICP-MS	1.41	µg/l	< 30
COBALT	ICP-MS	0.17	µg/l	0.10 - 1.50
CAESIUM	ICP-MS	3.94	µg/l	< 5
THALLIUM	ICP-MS	0.04	µg/l	< 1
URANIUM	ICP-MS	0.03	µg/l	< 1
STRONTIUM	ICP-MS	16.97	µg/l	8 - 38
ANTIMONY	ICP-MS	12	µg/l	0.10 - 18
TIN	ICP-MS	0.48	µg/l	< 2
MOLYBDENUM	ICP-MS	0.74	µg/l	0.70 - 4.0
SILVER	ICP-MS	2.42	µg/l	< 4
VANADIUM	ICP-MS	0.33	µg/l	< 0.8
BERYLLIUM	ICP-MS	0.02	µg/l	0.10 - 0.80
BISMUTH	ICP-MS	0.14	µg/l	0.10 - 0.80
SELENIUM	ICP-MS	243.55	µg/l	60 - 340
ALUMINIUM	ICP-MS	2.65	µg/l	< 30
NICKEL	ICP-MS	2.98	µg/l	< 15
MANGANESE	ICP-MS	10.61	µg/l	7.10 - 20

Please correlate with clinical conditions.**Method :**

ICP - MASS SPECTROMETRY

Note: Reference range has been obtained after considering 95% population as cutoff.

~~ End of report ~~**Sample Collected on (SCT)** : 27 Jul 2020 13:49**Sample Received on (SRT)** : 28 Jul 2020 03:07**Report Released on (RRT)** : 28 Jul 2020 06:20**Sample Type** : EDTA

Labcode : 2707048587/A4964 Dr.Prachi Sinkar MD(Path)

Barcode : Q3815838

Dr.Caesar Sengupta MD(Micro)

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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 @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 recorded 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 / 4125 2525**
- ❖ SMS:<Labcode No.> to **9870666333**

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► Nuts (11)	► Fruits (38)	► Miscellaneous (17)

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