

Report for Aman Ankur(31Y/M)

Tests asked Aarogyam Full Body Checkup With Vitamins - New, Ftes

Test date 05 Aug 2023

Report status Partial 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 : AMAN ANKUR(31Y/M)
Ref. By : SELF

ADDRESS :
 K 1902 BRIGADE METROPOLIS
 GARUDACHARYAPALYA MAHADEVPUA
 MAHDEVPUA WHITEFIELD RD BENGALURU

Report Availability Summary

 19 Reports Available  1 Reports In-Process

Note : This is only a partial report. Please refer to the table below for the details

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

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

Clinically Tested by : Thyrocare Technologies Ltd.

Name : AMAN ANKUR(31Y/M)**Ref. By** : SELF**ADDRESS :**K 1902 BRIGADE METROPOLIS
GARUDACHARYAPALYA MAHADEVPUA
MAHDEVPUA WHITEFIELD RD BENGALURU

Report Availability Summary

 19 Reports Available 1 Reports In-Process**Note** : This is only a partial report. Please refer to the table below for the details**Test****FREE TESTOSTERONE****Report Status** In Processing

NAME : AMAN ANKUR(31Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM FULL BODY CHECKUP WITH VITAMINS - NEW,FREE TESTOSTERONE

HOME COLLECTION :
 K 1902 BRIGADE METROPOLIS
 GARUDACHARYAPALYA MAHADEVPURA
 MAHADEVPURA WHITEFIELD RD BENGALURU

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	C.L.I.A	40.45	ng/mL

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	434	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:

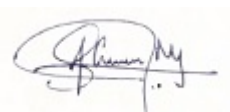
Chen IW, Sperling MI, Heminger LA. Vitamin B12. In: Pesce AJ, Kaplan LA, eds. Methods in Clinical Chemistry. St. Louis: CV Mosby; 1987:569-73.

Method : COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

Sample Collected on (SCT) : 05 Aug 2023 08:13
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Labcode : 0508040464/DG007
Barcode : BE329513





Dr Syeda Sumaiya MD(Path) Dr.Ashwin Mathew MD (Path)

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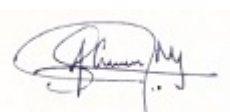
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REF. BY : SELF
TEST ASKED : AAROGYAM FULL BODY CHECKUP WITH VITAMINS - NEW,FREE TESTOSTERONE

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TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	110	mg/dL
Reference Range : Male : 86 - 152 Female : 94 - 162 Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER			
APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	134	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	1.2	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
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	0.8	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	14.4	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

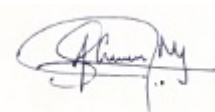
Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

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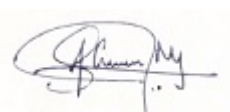
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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	68.69	µg/dL
Reference Range : Male : 65 - 175 Female : 50 - 170 Method : FERROZINE METHOD WITHOUT DEPROTEINIZATION			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	377.69	µg/dL
Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl Method : SPECTROPHOTOMETRIC ASSAY			
% TRANSFERRIN SATURATION	CALCULATED	18.19	%
Reference Range : 13 - 45 Method : DERIVED FROM IRON AND TIBC VALUES			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	309	µg/dL
Reference Range : 162 - 368 Method : SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

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 BENGALURU

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	88.09	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.48	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.1	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.38	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	22.4	U/L	< 55
SGOT / SGPT RATIO	CALCULATED	0.78	Ratio	< 2
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	33.3	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	42.6	U/L	< 45
PROTEIN - TOTAL	PHOTOMETRY	7.73	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.77	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.96	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.61	Ratio	0.9 - 2

Please correlate with clinical conditions.

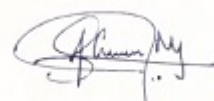
Method :

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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NAME : AMAN ANKUR(31Y/M)
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TEST ASKED : AAROGYAM FULL BODY CHECKUP WITH VITAMINS - NEW,FREE TESTOSTERONE

HOME COLLECTION :

K 1902 BRIGADE METROPOLIS GARUDACHARYAPALYA
 MAHADEVUPURA MAHDEVUPURA WHITEFIELD RD
 BENGALURU

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
UREA (CALCULATED)	CALCULATED	32.53	mg/dL	Adult : 17-43
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	15.2	mg/dL	7.94 - 20.07
UREA / SR.CREATININE RATIO	CALCULATED	36.55	Ratio	< 52
CREATININE - SERUM	PHOTOMETRY	0.89	mg/dL	0.72-1.18
BUN / SR.CREATININE RATIO	CALCULATED	17.08	Ratio	9:1-23:1
CALCIUM	PHOTOMETRY	10.1	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	5.98	mg/dL	4.2 - 7.3
SODIUM	I.S.E	138	mmol/L	136 - 145
CHLORIDE	I.S.E	100	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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 MAHADEVPURA MAHDEVPURA WHITEFIELD RD
 BENGALURU

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	111	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	8.54	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	3.02	µIU/mL	0.54-5.30


Comments : ***

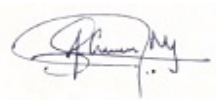
Please correlate with clinical conditions.

Method :

T3 - Fully Automated Electrochemiluminescence Compititive Immunoassay
 T4 - Fully Automated Electrochemiluminescence Compititive Immunoassay
 USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	114	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.

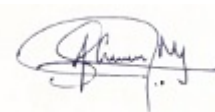
Please correlate with clinical conditions.

Method:- CKD-EPI Creatinine Equation

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	<u>249</u>	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	<u>37</u>	mg/dL	40-60
HDL / LDL RATIO	CALCULATED	<u>0.21</u>	Ratio	> 0.40
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	<u>177</u>	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	<u>232</u>	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	<u>6.6</u>	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	<u>4.7</u>	Ratio	1.5-3.5
VLDL CHOLESTEROL	CALCULATED	<u>46.46</u>	mg/dL	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	<u>211.1</u>	mg/dL	< 160
TRIG / HDL RATIO	CALCULATED	<u>6.21</u>	Ratio	< 3.12

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

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

TRI/H - Derived from TRIG and HDL Values

***REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:**

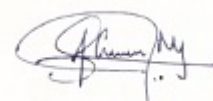
TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	92	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.

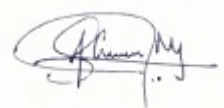
Please correlate with clinical conditions.

Method:- GOD-PAP METHOD

Sample Collected on (SCT) : 05 Aug 2023 08:13
Sample Received on (SRT) : 05 Aug 2023 12:22
Report Released on (RRT) : 05 Aug 2023 13:30
Sample Type : FLUORIDE
Labcode : 0508071179/DG007
Barcode : BG422783



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

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : AMAN ANKUR(31Y/M)
REF. BY : SELF
TEST ASKED : AAROGRAM FULL BODY CHECKUP WITH VITAMINS - NEW,FREE TESTOSTERONE

HOME COLLECTION :
 K 1902 BRIGADE METROPOLIS
 GARUDACHARYAPALYA MAHADEVPURA
 MAHADEVPURA WHITEFIELD RD BENGALURU

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	5.1	%

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 method

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	100	mg/dL
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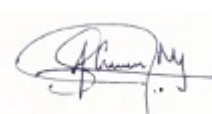
Reference Range :

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) : 05 Aug 2023 08:13
Sample Received on (SRT) : 05 Aug 2023 12:21
Report Released on (RRT) : 05 Aug 2023 13:51
Sample Type : EDTA
Labcode : 0508071058/DG007
Barcode : BH845818

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

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : AMAN ANKUR(31Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM FULL BODY CHECKUP WITH VITAMINS - NEW,FREE TESTOSTERONE

HOME COLLECTION :
 K 1902 BRIGADE METROPOLIS
 GARUDACHARYAPALYA MAHADEVPURA
 MAHDEVPURA WHITEFIELD RD BENGALURU

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT (WBC)	9.86	X 10 ³ / µL	4.0 - 10.0
NEUTROPHILS	61.5	%	40-80
LYMPHOCYTE	26.6	%	20-40
MONOCYTES	3.5	%	2-10
EOSINOPHILS	<u>7.6</u>	%	1-6
BASOPHILS	0.5	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	6.06	X 10 ³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.62	X 10 ³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.35	X 10 ³ / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	0.05	X 10 ³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	<u>0.75</u>	X 10³ / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	0.03	X 10 ³ / µL	0-0.3
TOTAL RBC	5.42	X 10 ⁶ /µL	4.5-5.5
NUCLEATED RED BLOOD CELLS	0.01	X 10 ³ / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	0.01	%	0.0-5.0
HEMOGLOBIN	15.9	g/dL	13.0-17.0
HEMATOCRIT(PCV)	48	%	40.0-50.0
MEAN CORPUSCULAR VOLUME(MCV)	88.6	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	29.3	pq	27.0-32.0
MEAN CORP. HEMO. CONC(MCHC)	33.1	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	41.9	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	12.9	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	12.3	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	10.4	fL	6.5-12
PLATELET COUNT	320	X 10 ³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	28.1	%	19.7-42.4
PLATELETCRIT(PCT)	0.33	%	0.19-0.39

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

Please Correlate with clinical conditions.

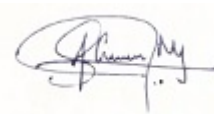
Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)

Sample Collected on (SCT) : 05 Aug 2023 08:13
Sample Received on (SRT) : 05 Aug 2023 12:21
Report Released on (RRT) : 05 Aug 2023 13:51
Sample Type : EDTA
Labcode : 0508071058/DG007
Barcode : BH845818



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

Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)

NAME : AMAN ANKUR(31Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM FULL BODY CHECKUP WITH VITAMINS - NEW,FREE TESTOSTERONE

HOME COLLECTION :
 K 1902 BRIGADE METROPOLIS
 GARUDACHARYAPALYA MAHADEVPURA MAHDEVPURA
 WHITEFIELD RD BENGALURU

TEST NAME	OBSERVATION	UNITS	REFERENCE RANGE
Complete Urinogram			
<u>Physical Examination</u>			
VOLUME	3	mL	-
COLOUR	PALE YELLOW	-	Pale Yellow
APPEARANCE	CLEAR	-	Clear
SPECIFIC GRAVITY	1.02	-	1.003-1.030
PH	5.5	-	5-8
<u>Chemical Examination</u>			
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	Normal	mg/dL	<=0.2
BILE SALT	ABSENT	-	Absent
BILE PIGMENT	ABSENT	-	Absent
URINE BLOOD	ABSENT	-	Absent
NITRITE	ABSENT	-	Absent
MICROALBUMIN	10	mg/L	< 30
<u>Microscopic Examination</u>			
MUCUS	ABSENT	-	Absent
RED BLOOD CELLS	ABSENT	cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	ABSENT	cells/HPF	0-5
EPITHELIAL CELLS	ABSENT	cells/HPF	0-5
CASTS	ABSENT	-	Absent
CRYSTALS	ABSENT	-	Absent
BACTERIA	ABSENT	-	Absent
YEAST	ABSENT	-	Absent
PARASITE	ABSENT	-	Absent

Method : Fully Automated DIRUI FUS2000 Urinalysis Dipstick Method, Microscopy

~~ End of report ~~

Sample Collected on (SCT) : 05 Aug 2023 08:13
Sample Received on (SRT) : 05 Aug 2023 12:35
Report Released on (RRT) : 05 Aug 2023 13:34
Sample Type : URINE
Labcode : 0508072019/DG007
Barcode : BI960350




Dr Syeda Sumaiya MD(Path)



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Clinically Tested by :Thyrocare Technologies Ltd - (NABL accredited)