



Report for Hadia Begum(50Y/F)

Tests asked Chol, Lipid Profile + 2 Others

Test date 25 May 2025 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** : HADIA BEGUM(50Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : CHOL,LIPID PROFILE,HBA,ACTNI

**HOME COLLECTION :**  
BLESSINGTON APARTMENT G1 GROUND FLOOR  
NO 34 SERPENTINE STREET RICHMOND TOWN  
BANGALORE 560025 RICHMOND ROAD

## Report Availability Summary

**Note:** Please refer to the table below for status of your tests.

 **4** Ready

 **0** Ready with Cancellation

 **0** Processing

 **0** Cancelled in Lab

### TEST DETAILS

### REPORT STATUS

LIPID PROFILE

Ready 

HbA1c

Ready 

TOTAL CHOLESTEROL

Ready 

TROPONIN I HEART ATTACK RISK

Ready 

**NAME** : HADIA BEGUM(50Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : CHOLESTEROL,HbA1c,LIPID PROFILE,ACTNI

**HOME COLLECTION :**  
 BLESSINGTON APARTMENT G1 GROUND FLOOR  
 NO 34 SERPENTINE STREET RICHMOND TOWN  
 BANGALORE 560025 RICHMOND ROAD  
 BENGALURU

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	<u>5.9</u>	%

**Bio. Ref. Interval. :**
**Bio. Ref. Interval.: 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	<u>123</u>	mg/dL

**Bio. Ref. Interval. :**

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.**

<b>Sample Collected on (SCT)</b>	: 25 May 2025 12:47
<b>Sample Received on (SRT)</b>	: 25 May 2025 15:37
<b>Report Released on (RRT)</b>	: 25 May 2025 16:33
<b>Sample Type</b>	: EDTA Whole Blood
<b>Labcode</b>	: 2505090285/DG007
<b>Barcode</b>	: DC707720



Dr Ishant Anand MD(Path)

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

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

**NAME** : HADIA BEGUM(50Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : CHOLESTEROL,HbA1c,LIPID PROFILE,ACTNI

**HOME COLLECTION :**  
BLESSINGTON APARTMENT G1 GROUND FLOOR NO  
34 SERPENTINE STREET RICHMOND TOWN  
BANGALORE 560025 RICHMOND ROAD  
BENGALURU

TEST NAME	TECHNOLOGY	VALUE	UNITS
TROPONIN I HEART ATTACK RISK	C.M.I.A	1.4	pg/mL

**Bio. Ref. Interval :-**

Cutoff values (Precision at 99th percentile) : Male : <= 26.2 || Female : <= 15.6

**Clinical Significance:**

The Cardiac Troponin I is cardiac specific and highly sensitive marker for myocardial damage. In acute myocardial damage the Troponin I values are raised 4-6 hrs after cardiac symptom onset and may remain elevated for a period of 7-12 days of cardiac injury. It is an independent risk marker that can predict near, mid and long term outcome in patients with Acute coronary syndrome. A single Troponin I result may not be sufficient to evaluate MI. Serial Blood draws are recommended to evaluate Acute coronary syndrome (ACS) patients. Increased levels of Cardiac troponin I can be seen in Myocarditis, heart contusion, cardiomyopathy, congestive heart failure, interventional therapy like cardiac surgery and drug induced cardiomyopathy. Any condition resulting in myocardial injury can potentially increase Troponin I levels.

Hence The results should always be used in conjunction with ECG changes, Clinical symptoms, other findings etc. to Diagnose MI. The various interfering factors / limitations of the Troponin I assay are - presence of heterophile antibodies, Patients on Human anti mouse monoclonal antibody (HAMA) therapy, Rheumatoid factor (RF), high total protein levels etc. The Coronary vascular disease risk stratification in Asymptomatic patients is as given in the below table, which can be suggested for preventive clinical management in conjunction with other clinical findings, investigations and clinical symptoms.

The following cut-off points may be used to aid in stratifying the risk of cardiovascular disease in asymptomatic individuals.

HIGH SENSITIVE TROPONIN-I LEVEL		
MALE	FEMALE	INTERPRETATION
<6	<4	Low risk of future heart attack
≥6 to ≤12	≥4 to ≤10	Moderate risk of future heart attack
>12	>10	Elevated risk of future heart attack

Specifications: Precision at the 99th Percentiles

Females = 15.6 pg/mL -5.3% CV || Males = 34.2pg/mL - 3.5% CV

**Kit validation reference :**

1. Risk-Stratification of the Apparently Healthy Population for Future Cardiac Events With ARCHITECT High Sensitive Troponin-I(<https://dam.abbott.com/de-de/documents/pdf/ADD- 00064393-hsTnI-Risk-Stratification-Sell-Sheet.pdf>)
2. ARCHITECT STAT High Sensitive Troponin-I [package insert]. Lake Bluff, IL: Abbott Laboratories; 2018. G97079R01.

**Please correlate with clinical conditions.**

**Method:-** FULLY AUTOMATED CHEMI LUMINESCENT MICROPARTICLE IMMUNOASSAY

**Sample Collected on (SCT)** : 25 May 2025 12:47  
**Sample Received on (SRT)** : 25 May 2025 17:52  
**Report Released on (RRT)** : 25 May 2025 19:26  
**Sample Type** : SERUM  
**Labcode** : 2505097188/DG007  
**Barcode** : DC722914



Dr Syeda Sumaiya MD(Path)

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**NAME** : HADIA BEGUM(50Y/F)  
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**TEST ASKED** : CHOLESTEROL,HbA1c,LIPID PROFILE,ACTN1

**HOME COLLECTION :**

BLESSINGTON APARTMENT G1 GROUND FLOOR NO 34  
SERPENTINE STREET RICHMOND TOWN BANGALORE  
560025 RICHMOND ROAD BENGALURU

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
<b>TOTAL CHOLESTEROL</b>	<b>PHOTOMETRY</b>	<b>206</b>	<b>mg/dL</b>	<b>&lt; 200</b>
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	46	mg/dL	40-60
<b>LDL CHOLESTEROL - DIRECT</b>	<b>PHOTOMETRY</b>	<b>123</b>	<b>mg/dL</b>	<b>&lt; 100</b>
<b>TRIGLYCERIDES</b>	<b>PHOTOMETRY</b>	<b>238</b>	<b>mg/dL</b>	<b>&lt; 150</b>
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4.5	Ratio	3 - 5
<b>TRIG / HDL RATIO</b>	<b>CALCULATED</b>	<b>5.22</b>	<b>Ratio</b>	<b>&lt; 3.12</b>
LDL / HDL RATIO	CALCULATED	2.7	Ratio	1.5-3.5
<b>HDL / LDL RATIO</b>	<b>CALCULATED</b>	<b>0.37</b>	<b>Ratio</b>	<b>&gt; 0.40</b>
<b>NON-HDL CHOLESTEROL</b>	<b>CALCULATED</b>	<b>160.6</b>	<b>mg/dL</b>	<b>&lt; 160</b>
<b>VLDL CHOLESTEROL</b>	<b>CALCULATED</b>	<b>47.68</b>	<b>mg/dL</b>	<b>5 - 40</b>

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

TRI/H - Derived from TRIG and HDL Values

LDL/ - Derived from serum HDL and LDL Values

HD/LD - Derived from HDL and LDL values.

NHDL - Derived from serum Cholesterol and HDL values

VLDL - Derived from serum Triglyceride values

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

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

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

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~~ End of report ~~

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#### CONDITIONS OF REPORTING

- v The reported results are for information and interpretation of the referring doctor only.
- v It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- v Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- v Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- v Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- v This report is not valid for medico-legal purpose.
- v Docon Technologies Private Limited,Thyrocare Technologies Limited and its employees/representatives do not 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.

#### EXPLANATIONS

- v **Name** - The name is as declared by the client and recorded by the personnel who collected the specimen.
- v **Ref.By** - The name of the doctor who has recommended testing as declared by the client.
- v **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- v **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- v **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- v **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- v **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- v **Reference Range** - Means the range of values in which 95% of the normal population would fall.

#### SUGGESTIONS

- v Values out of reference range requires reconfirmation before starting any medical treatment.
- v Retesting is needed if you suspect any quality shortcomings.
- v For suggestions, complaints or feedback, write to us at [grievance-office@docon.co.in](mailto:grievance-office@docon.co.in) or call us on 7022000900.

