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REPORT

NAME : USHA (65Y/F)
REF. BY : SELF
TEST ASKED : AAROGYAM A

SAMPLE COLLECTED AT :
(5600250846),RELAX HEALTHCARE SERVICES INDIA PVT LTD,NO 25/2,NORRIS ROAD, RICHMOND TOWN,BENGALURU, KARNATAKA 560025, INDIA,560025

TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	135	mg/dL
Reference Range : Male : 86 - 152; Female : 94 - 162			
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER			
APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	125	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	0.9	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.

Sample Collected on (SCT) : 06 Mar 2021 13:20
Sample Received on (SRT) : 06 Mar 2021 16:03
Report Released on (RRT) : 07 Mar 2021 11:38
Sample Type : SERUM
Labcode : 0603040864/PU190
Barcode : T7345412

Dr Arjun CP MD(Path)

Dr.Caesar Sengupta MD(Micro)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	**IMMUNOTURBIDIMETRY**	**6.8**	**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 evaluation 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:
1. 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.
2. 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
LIPOPROTEIN (A) [LP(A)]	**IMMUNOTURBIDIMETRY**	**45.48**	**mg/dl**

Reference Range :-

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
IRON	PHOTOMETRY	57.5	µg/dl
Reference Range : Male : 65 - 175 Female : 50 - 170 **Method :** FERROZINE METHOD WITHOUT DEPROTEINIZATION			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	369	µg/dl
Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** SPECTROPHOTOMETRIC ASSAY			
% TRANSFERRIN SATURATION	CALCULATED	15.58	%
Reference Range : 13 - 45 **Method :** DERIVED FROM IRON AND TIBC VALUES			

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	**PHOTOMETRY**	**273**	**mg/dl**	**125-200**
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	51	mg/dl	35-80
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**168**	**mg/dl**	**85-130**
TRIGLYCERIDES	**PHOTOMETRY**	**249**	**mg/dl**	**25-200**
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**5.4**	**Ratio**	**3 - 5**
LDL / HDL RATIO	CALCULATED	3.3	Ratio	1.5-3.5
VLDL CHOLESTEROL	**CALCULATED**	**49.76**	**mg/dl**	**5 - 40**
NON-HDL CHOLESTEROL	**CALCULATED**	**222.3**	**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.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	**PHOTOMETRY**	**164.8**	**U/L**	**45 - 129**
BILIRUBIN - TOTAL	PHOTOMETRY	0.36	mg/dl	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.11	mg/dl	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.25	mg/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	16	U/l	< 38
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	22.4	U/l	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	13.4	U/l	< 34
PROTEIN - TOTAL	PHOTOMETRY	6.84	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	3.83	gm/dl	3.2-4.8
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.27	Ratio	0.9 - 2
SERUM GLOBULIN	PHOTOMETRY	3.01	gm/dL	2.5-3.4

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)
A/GR - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
SEGB - 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	112	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	10.9	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	5.32	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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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	12.42	mg/dl	7 - 25
CREATININE - SERUM	PHOTOMETRY	0.72	mg/dl	0.5-0.8
BUN / SR.CREATININE RATIO	CALCULATED	17.25	Ratio	9:1-23:1
CALCIUM	**PHOTOMETRY**	**10.69**	**mg/dl**	**8.8-10.6**
URIC ACID	PHOTOMETRY	4.49	mg/dl	3.2 - 6.1

Please correlate with clinical conditions.

Method :

BUN - KINETIC UV ASSAY.
SCRE - CREATININE ENZYMATIC METHOD
B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES
CALC - ARSENAZO III METHOD, END POINT.
URIC - URICASE / PEROXIDASE METHOD

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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	**CALCULATED**	**88**	**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

~~ End of report ~~

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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 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**