Thyrocare

Tests you can trust

Name : Sunita (84Y/F)

Date : 06 Oct 2025

Test Asked : Hemogram - 6 Part (Diff), Fbs + 3 Others

Report Status: Complete Report

First National Diagnostic Chain to have **100% of its Labs with NABL Accreditation#**

98% Reports released within 06 Hours of sample reaching the lab+

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NABL From 2005#

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CAP From 2007~

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D-37/1,TTC MIDC,Turbhe, Navi Mumbai - 400703

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First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation#

Patient Name	: **SUNITA (84Y/F)**	Tests Done	: **HEMOGRAM - 6 PART (DIFF),FBS,SCRE,SERUM ELECTROLYTES,CRP**
Referred By	: **SELF**		
Home Collection :	**8/A Agnidut CHS J R Boricha Marg Opp Kasturba Hospital Mumbai - 400011**		

Report Availability Summary

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

5 Ready | **0** Ready with Cancellation | **0** Processing | **0** Cancelled in Lab

TEST DETAILS	REPORT STATUS
C-REACTIVE PROTEIN (CRP)	Ready
SERUM ELECTROLYTES	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
CREATININE - SERUM	Ready
FASTING BLOOD SUGAR(GLUCOSE)	Ready

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Referred By	: **SELF**		
Home Collection :	**8/A Agnidut CHS J R Boricha Marg Opp Kasturba Hospital Mumbai - 400011**		

Tests Outside Reference Range

Note: Please refer to the table below for tests outside reference range.

Test Name	Observed Value	Units	Bio. Ref. Interval.
CARDIAC RISK MARKERS			
C-REACTIVE PROTEIN (CRP)	**15.7**	mg/L	< 5
COMPLETE HEMOGRAM			
HEMATOCRIT(PCV)	**29.8**	%	36.0-46.0
HEMOGLOBIN	**9.7**	g/dL	12.0-15.0
PLATELET DISTRIBUTION WIDTH(PDW)	**9.3**	fL	9.6-15.2
PLATELET TO LARGE CELL RATIO(PLCR)	**19.3**	%	19.7-42.4
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**15.5**	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**53.9**	fL	39.0-46.0
TOTAL RBC	**3.14**	X 10^6/µL	3.8-4.8
ELECTROLYTES			
CHLORIDE	**109.27**	mmol/L	98 - 107
RENAL			
EST. GLOMERULAR FILTRATION RATE (eGFR)	**57**	mL/min/1.73 m2	>= 90

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Patient Name	: **SUNITA (84Y/F)**	Sample Collected on (SCT)	: **06 Oct 2025 15:02**
Referred By	: **SELF**	Sample Received on (SRT)	: **07 Oct 2025 00:46**
Home Collection	: **8/A Agnidut CHS J R Boricha Marg Opp Kasturba Hospital Mumbai - 400011**	Report Released on (RRT)	: **07 Oct 2025 01:55**
		Sample Type | Barcode	: **EDTA Whole Blood | CY482940**

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	**SLS-Hemoglobin Method**	**9.7**	**g/dL**	**12.0-15.0**
Hematocrit (PCV)	**CPH Detection**	**29.8**	**%**	**36.0-46.0**
Total RBC	**HF & EI**	**3.14**	**X 10^6/µL**	**3.8-4.8**
Mean Corpuscular Volume (MCV)	Calculated	94.9	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	30.9	pq	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	32.6	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	**Calculated**	**53.9**	**fL**	**39.0-46.0**
Red Cell Distribution Width (RDW - CV)	**Calculated**	**15.5**	**%**	**11.6-14.0**
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	468.5	-	*Refer Note below
MENTZER INDEX	Calculated	30.2	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	8.61	X 10^3 / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	63.3	%	40-80
Lymphocytes Percentage	Flow Cytometry	27.8	%	20-40
Monocytes Percentage	Flow Cytometry	3.9	%	2-10
Eosinophils Percentage	Flow Cytometry	3.9	%	1-6
Basophils Percentage	Flow Cytometry	0.8	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.3	%	0.0-0.4
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	5.45	X 10^3 / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	2.39	X 10^3 / µL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.34	X 10^3 / µL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.07	X 10^3 / µL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.34	X 10^3 / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.03	X 10^3 / µL	0.0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10^3 / µL	0.0-0.5
PLATELET COUNT	HF & EI	369	X 10^3 / µL	150-410
Mean Platelet Volume (MPV)	Calculated	9.5	fL	6.5-12
Platelet Distribution Width (PDW)	**Calculated**	**9.3**	**fL**	**9.6-15.2**
Platelet to Large Cell Ratio (PLCR)	**Calculated**	**19.3**	**%**	**19.7-42.4**
Plateletcrit (PCT)	Calculated	0.35	%	0.19-0.39

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

***Note - Mentzer index (MI), RDW-CV and RDWI are hematological indices to differentiate between Iron Deficiency Anemia (IDA) and Beta Thalassemia Trait (BTT). MI >13, RDWI >220 and RDW-CV >14 more likely to be IDA. MI <13, RDWI <220, and RDW-CV <14 more likely to be BTT. Suggested Clinical correlation. BTT to be confirmed with HB electrophoresis if clinically indicated.**
Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)
(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing, *EI- Electric Impedence, *Hb- hemoglobin, *CPH- Cumulative pulse height**)**

Tests Done : **HEMOGRAM**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

Scan QR to verify(valid for 30 days from release time)

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Patient Name	: **SUNITA (84Y/F)**	Sample Collected on (SCT)	: **06 Oct 2025 15:02**
Referred By	: **SELF**	Sample Received on (SRT)	: **07 Oct 2025 00:48**
Home Collection	: **8/A Agnidut CHS J R Boricha Marg Opp Kasturba Hospital Mumbai - 400011**	Report Released on (RRT)	: **07 Oct 2025 04:45**
		Sample Type | Barcode	: **SERUM | CY482941**

TEST NAME	TECHNOLOGY	VALUE	UNITS
C-REACTIVE PROTEIN (CRP)	**IMMUNOTURBIDIMETRY**	**15.7**	**mg/L**

Bio. Ref. Interval. :-

Acute phase determination : < 5 mg/L

Clinical Significance:
It's a protein present in the sera of acutely ill patients that bound cell wall C-polysaccharide of streptococcus pneumoniae and agglutinates the organisms. CRP is one of the strongest acute -phase reactants, with plasma concentrations rising up after myocardial infarction, stress, trauma, infection, inflammation, surgery, or neoplastic proliferation.

Concentrations >5 mg/L suggest the presence of an infection or inflammatory process. Concentrations are generally higher in bacterial than viral infection. The increase in peak is proportional to tissue damage. Determination of CRP is clinically useful to screen activity of inflammatory diseases such as rheumatoid arthritis; SLE;Leukemia;after surgery;to detect rejection in renal allograft recipients;to detect neonatal septicemia and meningitis. However, it is a nonspecific marker and cannot be interpreted without other clinical information.

Reference:
Tietz Textbook of clinical chemistry and molecular diagnosis fifth edition chapter 21 P538-539

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

Tests Done : **HEMOGRAM - 6 PART (DIFF),FBS,SCRE,SERUM ELECTROLYTES,CRP**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

Patient Name	: **SUNITA (84Y/F)**	Sample Collected on (SCT)	: **06 Oct 2025 15:02**
Referred By	: **SELF**	Sample Received on (SRT)	: **07 Oct 2025 00:48**
Home Collection	: **8/A Agnidut CHS J R Boricha Marg Opp Kasturba Hospital Mumbai - 400011**	Report Released on (RRT)	: **07 Oct 2025 04:45**
		Sample Type | Barcode	: **SERUM | CY482941**

TEST NAME	TECHNOLOGY	VALUE	UNITS
SODIUM	I.S.E - INDIRECT	142.39	mmol/L

Bio. Ref. Interval. :
Adults: 136-145 mmol/l

Method : ION SELECTIVE ELECTRODE - INDIRECT

POTASSIUM	I.S.E - INDIRECT	4.06	mmol/L

Bio. Ref. Interval. :
ADULTS: 3.5-5.1 MMOL/L

Clinical Significance :
An abnormal increase in potassium (hyperkalemia)can profoundly affect the nervous system and increase the chance of irregular heartbeats (arrhythmias), which ,when extreme ,can be fatal. 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 Potassium in a given specimen may vary due to differences in assay methods, calibration and reagent specificity.

Method : ION SELECTIVE ELECTRODE - INDIRECT

CHLORIDE	**I.S.E - INDIRECT**	**109.27**	**mmol/L**

Bio. Ref. Interval. :
ADULTS: 98-107 MMOL/L

Clinical Significance :
An increased level of blood chloride (called hyperchloremia) usually indicates dehydration, but can also occur with other problems that cause high blood sodium, such as Cushing syndrome or kidney disease. Hyperchloremia also occurs when too much base is lost from the body (producing metabolic acidosis) or when a person hyperventilates (causing respiratory alkalosis). A decreased level of blood chloride (called hypochloremia) occurs with any disorder that causes low blood sodium. Hypochloremia also occurs with congestive heart failure, prolonged vomiting or gastric suction, Addison disease, emphysema or other chronic lung diseases (causing respiratory acidosis), and with loss of acid from the body (called metabolic alkalosis).

Method : ION SELECTIVE ELECTRODE - INDIRECT

Please correlate with clinical conditions.

Tests Done : **CRP,SERUM CREATININE,SERUM ELECTROLYTES**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

Patient Name	: **SUNITA (84Y/F)**	Sample Collected on (SCT)	: **06 Oct 2025 15:02**
Referred By	: **SELF**	Sample Received on (SRT)	: **07 Oct 2025 00:48**
Home Collection	: **8/A Agnidut CHS J R Boricha Marg Opp Kasturba Hospital Mumbai - 400011**	Report Released on (RRT)	: **07 Oct 2025 04:45**
		Sample Type | Barcode	: **SERUM | CY482941**

TEST NAME	TECHNOLOGY	VALUE	UNITS
CREATININE - SERUM	PHOTOMETRY	0.98	mg/dL

Bio. Ref. Interval. :-

Male : 0.72 -1.18 mg/dL
Female: 0.55 - 1.02 mg/dL

Clinical Significance :
The significance of a single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACEI) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed , icteric or lipemic.

Please correlate with clinical conditions.

Method:- Creatinine Enzymatic Method

Tests Done : **CRP,SERUM CREATININE,SERUM ELECTROLYTES**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

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		Sample Type | Barcode	: **SERUM | CY482941**

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	**CALCULATED**	**57**	**mL/min/1.73 m2**

Bio. Ref. Interval. :-

> = 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:- 2021 CKD EPI Creatinine Equation

Tests Done : **CRP,SERUM CREATININE,SERUM ELECTROLYTES**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

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Referred By	: **SELF**	Sample Received on (SRT)	: **07 Oct 2025 00:49**
Home Collection	: **8/A Agnidut CHS J R Boricha Marg Opp Kasturba Hospital Mumbai - 400011**	Report Released on (RRT)	: **07 Oct 2025 02:11**
		Sample Type | Barcode	: **FLUORIDE PLASMA | CY482942**

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	96.21	mg/dL

Bio. Ref. Interval. :-

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

~~ End of report ~~

Tests Done : **BLOOD SUGAR (F)**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

Scan QR to verify(valid for 30 days from release time)

CUSTOMER DETAILS

As declared in our data base

Name: SUNITA **Age:** 84Y **Sex:** F

Barcodes/Sample_Type	:	CY482940 (EDTA),CY482941 (SERUM),CY482942 (FLUORIDE)
Labcode	:	0610120242,0610120472,0610120520
Ref By	:	SELF
Sample_Type/Tests	:	EDTA:HEMOGRAM - 6 PART (DIFF) SERUM:SCRE , SERUM ELECTROLYTES , CRP FLUORIDE:FBS
Sample Collected At	:	8/A Agnidut CHS J R Boricha Marg Opp Kasturba Hospital Mumbai - 400011
Sample Collected on (SCT)	:	06 Oct 2025 15:02
Report Released on (RRT)	:	07 Oct 2025 02:11
Amount Collected	:	-

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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: (a) 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, (b) any claims of any nature whatsoever arising from or relating to the performance of the requested tests as well as any claim for indirect, incidental or consequential damages. The total liability, in any case, of Thyrocare shall not exceed the total amount of invoice for the services provided and paid for.
- Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc

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, clinical support or feedback, write to us at **customersupport@thyrocare.com** or call us on **022-3090 0000**

+ *T&C Apply, #As on 5th December 2024 (Applicable for all company owned labs except Bhagalpur & Vijayawada),*

⋆ *As per survey on doctors' perception of laboratory diagnostics (IJARIIT, 2023), -Mumbai Reference Lab is CAP Accredited*