

PROCESSED AT :

Thyrocare

D-37/1, TTC MIDC, Turbhe,  
Navi Mumbai-400 703



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REPORT

NAME : MANEESHA KUSHWAH(33Y/F)  
REF. BY : SELF  
TEST ASKED : AAROGYAM C

SAMPLE COLLECTED AT :  
HOUSE NO 761 , FIRST FLOOR , SECTOR 2B ,  
VASUNDHARA , GHAZIABAD

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC - NGSP Certified)	H.P.L.C	4.9	%

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 94 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) :13 Oct 2019 09:49  
Sample Received on (SRT) : 14 Oct 2019 04:28  
Report Released on (RRT) : 14 Oct 2019 06:04  
Sample Type : EDTA  
Labcode : 1310033310/PP004  
Barcode : P7058415



Prachi Sinkar

Dr.Prachi Sinkar MD(Path)

Caesar

Dr.Caesar Sengupta MD(Micro)

**REPORT**

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TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	6.62	X 10 <sup>3</sup> / µL	4.0-10.0
NEUTROPHILS	57	%	40-80
LYMPHOCYTE PERCENTAGE	36.3	%	20.0-40.0
MONOCYTES	4.5	%	0.0-10.0
EOSINOPHILS	1.8	%	0.0-6.0
BASOPHILS	0.2	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.2	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	3.79	X 10 <sup>3</sup> / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.4	X 10 <sup>3</sup> / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.3	X 10 <sup>3</sup> / µL	0.2-1.0
<b>BASOPHILS - ABSOLUTE COUNT</b>	<b>0.01</b>	<b>X 10<sup>3</sup> / µL</b>	<b>0.02-0.1</b>
EOSINOPHILS - ABSOLUTE COUNT	0.12	X 10 <sup>3</sup> / µL	0.02-0.5
IMMATURE GRANULOCYTES(IG)	0.01	X 10 <sup>3</sup> / µL	0.0-0.3
TOTAL RBC	4.62	X 10 <sup>6</sup> /µL	3.9-4.8
NUCLEATED RED BLOOD CELLS	Nil	X 10 <sup>3</sup> / µL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	14.4	g/dL	12.0-15.0
HEMATOCRIT(PCV)	43.1	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	93.3	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	31.2	pg	27.0-32.0
MEAN CORP. HEMO. CONC(MCHC)	33.4	g/dL	31.5-34.5
<b>RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)</b>	<b>47.3</b>	<b>fL</b>	<b>39.0-46.0</b>
<b>RED CELL DISTRIBUTION WIDTH (RDW-CV)</b>	<b>14.6</b>	<b>%</b>	<b>11.6-14.0</b>
PLATELET DISTRIBUTION WIDTH(PDW)	14.3	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	11.6	fL	6.5-12
PLATELET COUNT	199	X 10 <sup>3</sup> / µL	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	37.6	%	19.7-42.4
PLATELETCRIT(PCT)	0.23	%	0.19-0.39

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)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
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**25-OH VITAMIN D (TOTAL)** **C.L.I.A** **10.94** **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** **344** **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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**Sample Type** : SERUM  
**Labcode** : 1310034630/PP004  
**Barcode** : P8187727

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TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	24.58	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: &lt; 7.00 - 48.93

Boys

2-10 Years : &lt; 7.00 - 25.91

11 Years : &lt; 7.00 - 341.53

12 Years : &lt; 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 : &lt; 7.00 - 108.30

11-15 Years : &lt; 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)** : 13 Oct 2019 09:49  
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TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>IRON</b> <b>Reference Range :</b> Male : 65 - 175 Female : 50 - 170 <b>Method :</b> FERROZINE METHOD WITHOUT DEPROTEINIZATION	PHOTOMETRY	104	µg/dl
<b>TOTAL IRON BINDING CAPACITY (TIBC)</b> <b>Reference Range :</b> Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl <b>Method :</b> SPECTROPHOTOMETRIC ASSAY	PHOTOMETRY	358	µg/dl
<b>% TRANSFERRIN SATURATION</b> <b>Reference Range :</b> 13 - 45 <b>Method :</b> DERIVED FROM IRON AND TIBC VALUES	CALCULATED	29.05	%

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	74.1	U/L	45 - 129
BILIRUBIN - TOTAL	PHOTOMETRY	0.8	mg/dl	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.25	mg/dl	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.55	mg/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	15	U/l	< 38
ASPARTATE AMINOTRANSFERASE (SGOT )	PHOTOMETRY	31	U/l	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	22.4	U/l	< 34
PROTEIN - TOTAL	PHOTOMETRY	8.08	gm/dl	5.7-8.2
<b>ALBUMIN - SERUM</b>	<b>PHOTOMETRY</b>	<b>4.96</b>	<b>gm/dl</b>	<b>3.2-4.8</b>
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.59	Ratio	0.9 - 2
SERUM GLOBULIN	PHOTOMETRY	3.12	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 BCG<sup>1</sup>METHOD (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	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	172	mg/dl	125-200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	59	mg/dl	35-80
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	105	mg/dl	85-130
TRIGLYCERIDES	PHOTOMETRY	52	mg/dl	25-200
<b>TC/ HDL CHOLESTEROL RATIO</b>	<b>CALCULATED</b>	<b>2.9</b>	<b>Ratio</b>	<b>3 - 5</b>
LDL / HDL RATIO	CALCULATED	1.8	Ratio	1.5-3.5
VLDL CHOLESTEROL	CALCULATED	10.3	mg/dl	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	113.4	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	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	114	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	8.1	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	1.67	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

Pregnancy reference ranges for TSH

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.00

3rd Trimester : 0.30 - 3.00

**Reference:**

Guidelines of American Thyroid Association for the Diagnosis and Management of Thyroid Disease During  
Pregnancy and Postpartum, Thyroid, 2011, 21; 1-46

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
<b>BLOOD UREA NITROGEN (BUN)</b>	<b>PHOTOMETRY</b>	<b>6.34</b>	<b>mg/dl</b>	<b>7 - 25</b>
CREATININE - SERUM	PHOTOMETRY	0.62	mg/dl	0.5-0.8
BUN / SR.CREATININE RATIO	CALCULATED	10.23	Ratio	9:1-23:1
CALCIUM	PHOTOMETRY	9.71	mg/dl	8.8-10.6
<b>URIC ACID</b>	<b>PHOTOMETRY</b>	<b>2.15</b>	<b>mg/dl</b>	<b>3.2 - 6.1</b>

**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	118	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.


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


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