



Tests you can trust

**Name** : Ms Nidhi Chauhan (29Y/F)

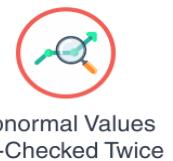
**Date** : 05 Aug 2025

**Test Asked** : Doctor Recommended Full Body Checkup Basic, Ferr

**Report Status:** Complete Report



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ISO 9001: 2015 – From 2015



CAP From 2007<sup>-</sup>

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**NAME** : MS NIDHI CHAUHAN (29Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : DOCTOR RECOMMENDED FULL BODY CHECKUP BASIC,FERR

**HOME COLLECTION :**  
FAST CARE KAMDHENU COMPLEX BAGH  
MUGHALIYA MADHYAPRADESH 474002 - 474002

## Report Availability Summary

**Note:** Please refer to the table below for status of your tests. **9** Ready **0** Ready with Cancellation **0** Processing **0** Cancelled in Lab**TEST DETAILS****REPORT STATUS****DOCTOR RECOMMENDED FULL BODY CHECKUP BASIC**

Ready

HBA PROFILE

Ready

HEMOGRAM - 6 PART (DIFF)

Ready

LIVER FUNCTION TESTS

Ready

IRON DEFICIENCY PROFILE

Ready

KIDPRO

Ready

LIPID PROFILE

Ready

T3-T4-USTSH

Ready

VITAMIN D TOTAL AND B12 COMBO

Ready

**FERRITIN**

Ready

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**HOME COLLECTION :**

FAST CARE KAMDHENU COMPLEX BAGH MUGHALIYA  
MADHYAPRADESH 474002 - 474002

### Summary Report

#### Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
<b>COMPLETE HEMOGRAM</b>			
BASOPHILS - ABSOLUTE COUNT			
	0.01	X 10 <sup>3</sup> / μL	0.02 - 0.1
HEMATOCRIT(PCV)	32.6	%	36.0-46.0
HEMOGLOBIN	9.9	g/dL	12.0-15.0
MEAN CORP. HEMO. CONC(MCHC)	30.4	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH (RDW-CV)	18.3	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	65.3	fL	39.0-46.0
TOTAL RBC	3.34	X 10 <sup>6</sup> /μL	3.8-4.8
<b>IRON DEFICIENCY</b>			
% TRANSFERRIN SATURATION	8.86	%	13 - 45
IRON	35.9	μg/dL	50 - 170
UNSAT.IRON-BINDING CAPACITY(UIBC)	369.1	μg/dL	162 - 368
<b>LIPID</b>			
HDL CHOLESTEROL - DIRECT	37	mg/dL	40-60
<b>RENAL</b>			
BLOOD UREA NITROGEN (BUN)	7.76	mg/dL	7.94 - 20.07
CALCIUM	8.56	mg/dL	8.8-10.6
CREATININE - SERUM	0.53	mg/dL	0.55-1.02
UREA (CALCULATED)	16.61	mg/dL	Adult : 17-43
<b>VITAMINS</b>			
25-OH VITAMIN D (TOTAL)	5.8	ng/mL	30-100
VITAMIN B-12	< 100	pg/mL	197-771

**Disclaimer:** The above listed is the summary of the parameters with values outside the BRI. For detailed report values, parameter correlation and clinical interpretation, kindly refer to the same in subsequent pages.

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<b>NAME</b>	: MS NIDHI CHAUHAN (29Y/F)	<b>HOME COLLECTION :</b>
<b>REF. BY</b>	: SELF	FAST CARE KAMDHENU COMPLEX BAGH MUGHALIYA MADHYAPRADESH 474002 - 474002
<b>TEST ASKED</b>	: DOCTOR RECOMMENDED FULL BODY CHECKUP BASIC,FERRITIN	

TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>25-OH VITAMIN D (TOTAL)</b>	E.C.L.I.A	5.8	ng/mL

**Bio. Ref. Interval. :**

Deficiency : &lt;=20 ng/ml || Insufficiency : 21-29 ng/ml

Sufficiency : &gt;= 30 ng/ml || Toxicity : &gt;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):9.20%, Inter assay (%CV):8.50%

Kit Validation Reference : Holick M. Vitamin D the underappreciated D-Lightful hormone that is important for Skeletal and cellular health Curr Opin Endocrinol Diabetes 2002:9(1)87-98.

**Method :** Fully Automated Electrochemiluminescence Competitive Immunoassay

<b>VITAMIN B-12</b>	E.C.L.I.A	< 100	pg/mL
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**Bio. Ref. Interval. :**

Normal: 197-771 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):2.6%, Inter assay (%CV):2.3 %

Kit Validation Reference : Thomas L.Clinical laborator Diagnostics : Use and Assessment of Clinical laboratory Results 1st Edition,TH Books-Verl-Ges,1998:424-431

**Method :** Fully Automated Electrochemiluminescence Competitive Immunoassay**Please correlate with clinical conditions.**

<b>Sample Collected on (SCT)</b>	: 05 Aug 2025 10:10		
<b>Sample Received on (SRT)</b>	: 05 Aug 2025 16:29		
<b>Report Released on (RRT)</b>	: 05 Aug 2025 19:55		
<b>Sample Type</b>	: SERUM		
<b>Labcode</b>	: 0508098047/MAD06	Dr.Kavita Patwa MD(Path)	Dr Swapnil Gupta MD(Path)
<b>Barcode</b>		: EF133872	Page : 1 of 11

Scan QR code to verify authenticity of reported results; active for 30 days from release time.

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<b>NAME</b>	: MS NIDHI CHAUHAN (29Y/F)	<b>HOME COLLECTION :</b>
<b>REF. BY</b>	: SELF	FAST CARE KAMDHENU COMPLEX BAGH
<b>TEST ASKED</b>	: DOCTOR RECOMMENDED FULL BODY CHECKUP BASIC,FERRITIN	MUGHALIYA MADHYAPRADESH 474002 - 474002

<b>TEST NAME</b>	<b>TECHNOLOGY</b>	<b>VALUE</b>	<b>UNITS</b>
<b>IRON</b>	<b>PHOTOMETRY</b>	<b>35.9</b>	<b>µg/dL</b>
<b>Bio. Ref. Interval. :</b> Male : 65 - 175 Female : 50 - 170			
<b>Method :</b>	Ferrozine method without deproteinization		
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	405	µg/dL
<b>Bio. Ref. Interval. :</b> Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl			
<b>Method :</b>	Spectrophotometric Assay		
<b>% TRANSFERRIN SATURATION</b>	<b>CALCULATED</b>	<b>8.86</b>	<b>%</b>
<b>Bio. Ref. Interval. :</b> 13 - 45			
<b>Method :</b>	Derived from IRON and TIBC values		
FERRITIN	C.M.I.A	8.4	ng/mL
<b>Bio. Ref. Interval. :</b> Men: 21.81 - 274.66 ng/ml Women: 4.63 - 204.00 ng/ml			
<b>Method :</b>	Fully Automated Chemi Luminescent Microparticle Immunoassay		
<b>UNSAT. IRON-BINDING CAPACITY(UIBC)</b>	<b>PHOTOMETRY</b>	<b>369.1</b>	<b>µg/dL</b>
<b>Bio. Ref. Interval. :</b> 162 - 368			
<b>Method :</b>	SPECTROPHOTOMETRIC ASSAY		

Please correlate with clinical conditions.

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<b>Labcode</b>	: 0508098047/MAD06	Dr.Kavita Patwa MD(Path)
<b>Barcode</b>	: EF133872	Dr Swapnil Gupta MD(Path)

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**REF. BY** : SELF  
**TEST ASKED** : DOCTOR RECOMMENDED FULL BODY CHECKUP  
 BASIC,FERRITIN

**HOME COLLECTION :**  
 FAST CARE KAMDHENU COMPLEX BAGH MUGHALIYA  
 MADHYAPRADESH 474002 - 474002

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	135	mg/dL	< 200
<b>HDL CHOLESTEROL - DIRECT</b>	<b>PHOTOMETRY</b>	<b>37</b>	<b>mg/dL</b>	<b>40-60</b>
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	86	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	41	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.6	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	1.09	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	2.3	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.44	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	97.42	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	8.11	mg/dL	5 - 40

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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**Labcode** : 0508098047/MAD06  
**Barcode** : EF133872



Dr.Kavita Patwa MD(Path)

Dr Swapnil Gupta MD(Path)

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 BASIC,FERRITIN

**HOME COLLECTION :**  
 FAST CARE KAMDHENU COMPLEX BAGH MUGHALIYA  
 MADHYAPRADESH 474002 - 474002

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	69.4	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.46	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.11	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.35	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	23.59	U/L	< 38
ASPARTATE AMINOTRANSFERASE (SGOT )	PHOTOMETRY	22.72	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	24.27	U/L	< 34
SGOT / SGPT RATIO	CALCULATED	0.94	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	6.93	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.03	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.9	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.39	Ratio	0.9 - 2

Please correlate with clinical conditions.

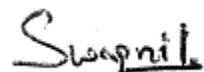
**Method :**

ALKP - Modified IFCC method  
 BILT - Vanadate Oxidation  
 BILD - Vanadate Oxidation  
 BILI - Derived from serum Total and Direct Bilirubin values  
 GGT - Modified IFCC method  
 SGOT - IFCC\* Without Pyridoxal Phosphate Activation  
 SGPT - IFCC\* Without Pyridoxal Phosphate Activation  
 OT/PT - Derived from SGOT and SGPT values.  
 PROT - Biuret Method  
 SALB - Albumin Bcg<sup>1</sup>method (Colorimetric Assay Endpoint)  
 SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES  
 A/GR - Derived from serum Albumin and Protein values

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Dr.Kavita Patwa MD(Path)



Dr Swapnil Gupta MD(Path)

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**NAME** : MS NIDHI CHAUHAN (29Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : DOCTOR RECOMMENDED FULL BODY CHECKUP  
 BASIC,FERRITIN

**HOME COLLECTION :**  
 FAST CARE KAMDHENU COMPLEX BAGH MUGHALIYA  
 MADHYAPRADESH 474002 - 474002

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
<b>BLOOD UREA NITROGEN (BUN)</b>	<b>PHOTOMETRY</b>	<b>7.76</b>	<b>mg/dL</b>	<b>7.94 - 20.07</b>
<b>CREATININE - SERUM</b>	<b>PHOTOMETRY</b>	<b>0.53</b>	<b>mg/dL</b>	<b>0.55-1.02</b>
BUN / SR.CREATININE RATIO	CALCULATED	14.64	Ratio	9:1-23:1
<b>UREA (CALCULATED)</b>	<b>CALCULATED</b>	<b>16.61</b>	<b>mg/dL</b>	<b>Adult : 17-43</b>
UREA / SR.CREATININE RATIO	CALCULATED	31.33	Ratio	< 52
<b>CALCIUM</b>	<b>PHOTOMETRY</b>	<b>8.56</b>	<b>mg/dL</b>	<b>8.8-10.6</b>
URIC ACID	PHOTOMETRY	4.09	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

UREAC - Derived from BUN Value.

UR/CR - Derived from UREA and Sr.Creatinine values.

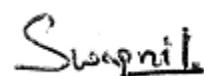
CALC - Arsenazo III Method, End Point.

URIC - Uricase / Peroxidase Method

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BASIC,FERRITIN

**HOME COLLECTION :**

FAST CARE KAMDHENU COMPLEX BAGH MUGHALIYA  
MADHYAPRADESH 474002 - 474002

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	143	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	6.84	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	3.56	µIU/mL	0.54-5.30

**Comments :** \*\*\*

**The Biological Reference Ranges is specific to the age group. Kindly correlate clinically.**

**Method :**

T3,T4 - Fully Automated Electrochemiluminescence Competitive Immunoassay

USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

Pregnancy reference ranges for TSH/USTSH :

Trimester || T3 (ng/dl) || T4 (µg/dl) || TSH/USTSH (µIU/ml)

1st || 83.9-196.6 || 4.4-11.5 || 0.1-2.5

2nd || 86.1-217.4 || 4.9-12.2 || 0.2-3.0

3rd || 79.9-186 || 5.1-13.2 || 0.3-3.5

**References :**

1. Carol Devilia, C I Parhon. First Trimester Pregnancy ranges for Serum TSH and Thyroid Tumor reclassified as Benign. Acta Endocrinol. 2016; 12(2) : 242 - 243

2. Kulhari K, Negi R, Kalra DK et al. Establishing Trimester specific Reference ranges for thyroid hormones in Indian women with normal pregnancy : New light through old window. Indian Journal of Contemporary medical research. 2019; 6(4)

**Disclaimer :** Results should always be interpreted using the reference range provided by the laboratory that performed the test. Different laboratories do tests using different technologies, methods and using different reagents which may cause difference. In reference ranges and hence it is recommended to interpret result with assay specific reference ranges provided in the reports. To diagnose and monitor therapy doses, it is recommended to get tested every time at the same Laboratory.

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**Sample Type** : SERUM

**Labcode** : 0508098047/MAD06 Dr.Kavita Patwa MD(Path) Dr Swapnil Gupta MD(Path)

**Barcode** : EF133872 Page : 6 of 11

Kavita

Swapnil

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 MUGHALIYA MADHYAPRADESH 474002 - 474002

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALculated	128	mL/min/1.73 m <sup>2</sup>

**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

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**NAME** : MS NIDHI CHAUHAN (29Y/F)**HOME COLLECTION :****REF. BY** : SELFFAST CARE KAMDHENU COMPLEX BAGH  
MUGHALIYA MADHYAPRADESH 474002 - 474002**TEST ASKED** : HBA PROFILE, HEMOGLOBIN

<b>TEST NAME</b>	<b>TECHNOLOGY</b>	<b>VALUE</b>	<b>UNITS</b>
HbA1c	H.P.L.C	5.5	%

**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 111 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.****Sample Collected on (SCT)** : 05 Aug 2025 10:10*Kavita***Sample Received on (SRT)** : 05 Aug 2025 16:38*Swapnil***Report Released on (RRT)** : 05 Aug 2025 18:58**Sample Type** : EDTA Whole Blood**Labcode** : 0508098515/MAD06

Dr. Kavita Patwa MD(Path)

Dr Swapnil Gupta MD(Path)

**Barcode** : DS396798

Page : 8 of 11

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**NAME** : MS NIDHI CHAUHAN (29Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : HBA PROFILE, HEMOGLOBIN

#### HOME COLLECTION :

FAST CARE KAMDHENU COMPLEX BAGH  
MUGHALIYA MADHYAPRADESH 474002 - 474002

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
<b>HEMOGLOBIN</b>	<b>SLS-Hemoglobin Method</b>	<b>9.9</b>	<b>g/dL</b>	<b>12.0-15.0</b>
<b>Hematocrit (PCV)</b>	<b>CPH Detection</b>	<b>32.6</b>	<b>%</b>	<b>36.0-46.0</b>
<b>Total RBC</b>	<b>HF &amp; EI</b>	<b>3.34</b>	<b>X 10<sup>6</sup>/µL</b>	<b>3.8-4.8</b>
Mean Corpuscular Volume (MCV)	Calculated	97.6	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	29.6	pq	27.0-32.0
<b>Mean Corp.Hemo. Conc (MCHC)</b>	<b>Calculated</b>	<b>30.4</b>	<b>g/dL</b>	<b>31.5-34.5</b>
<b>Red Cell Distribution Width - SD (RDW-SD)</b>	<b>Calculated</b>	<b>65.3</b>	<b>fL</b>	<b>39.0-46.0</b>
<b>Red Cell Distribution Width (RDW - CV)</b>	<b>Calculated</b>	<b>18.3</b>	<b>%</b>	<b>11.6-14.0</b>
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	534.8	-	*Refer Note below
MENTZER INDEX	Calculated	29.2	-	*Refer Note below
<b>TOTAL LEUCOCYTE COUNT (WBC)</b>	<b>HF &amp; FC</b>	<b>4.97</b>	<b>X 10<sup>3</sup> / µL</b>	<b>4.0 - 10.0</b>
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
Neutrophils Percentage	Flow Cytometry	65	%	40-80
Lymphocytes Percentage	Flow Cytometry	27.8	%	20-40
Monocytes Percentage	Flow Cytometry	5.6	%	2-10
Eosinophils Percentage	Flow Cytometry	1.2	%	1-6
Basophils Percentage	Flow Cytometry	0.2	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.2	%	0.0-0.4
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
Neutrophils - Absolute Count	Calculated	3.23	X 10 <sup>3</sup> / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	1.38	X 10 <sup>3</sup> / µL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.28	X 10 <sup>3</sup> / µL	0.2 - 1.0
<b>Basophils - Absolute Count</b>	<b>Calculated</b>	<b>0.01</b>	<b>X 10<sup>3</sup> / µL</b>	<b>0.02 - 0.1</b>
Eosinophils - Absolute Count	Calculated	0.06	X 10 <sup>3</sup> / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.01	X 10 <sup>3</sup> / µL	0.0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10 <sup>3</sup> / µL	0.0-0.5
<b>PLATELET COUNT</b>				
Mean Platelet Volume (MPV)	Calculated	10.1	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	9.8	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	24	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.27	%	0.19-0.39

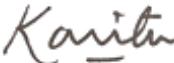
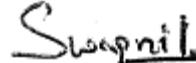
**Remarks :** Alert!!! RBCs: Moderate anisocytosis mild poikilocytosis. Predominantly normocytic normochromic with ovalocytes. Platelets: Appear adequate in smear.

**\*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 Impedance, \*Hb- hemoglobin, \*CPH- Cumulative pulse height)

~~ End of report ~~

<b>Sample Collected on (SCT)</b>	: 05 Aug 2025 10:10		
<b>Sample Received on (SRT)</b>	: 05 Aug 2025 16:38		
<b>Report Released on (RRT)</b>	: 05 Aug 2025 18:58		
<b>Sample Type</b>	: EDTA Whole Blood		
<b>Labcode</b>	: 0508098515/MAD06	Dr.Kavita Patwa MD(Path)	Dr Swapnil Gupta MD(Path)
<b>Barcode</b>		: DS396798	Page : 9 of 11

Scan QR code to verify authenticity of reported results; active for 30 days from release time.

## **CUSTOMER DETAILS**

### **As declared in our data base**

**Name:** MS NIDHI CHAUHAN      **Age:** 29Y      **Sex:** F

**Barcodes/Sample\_Type** : DS396798 (EDTA),EF133872 (SERUM)  
**Labcode** : 0508098515,0508098047  
**Ref By** : SELF  
**Sample\_Type/Tests** : EDTA:HBA PROFILE , HEMOGRAM - 6 PART (DIFF)  
SERUM:DOCTOR RECOMMENDED FULL BODY CHECKUP BASIC ,  
FERR  
**Sample Collected At** : FAST CARE KAMDHENU COMPLEX BAGH MUGHALIYA  
MADHYAPRADESH 474002 - 474002  
**Sample Collected on (SCT)** : 05 Aug 2025 10:10  
**Report Released on (RRT)** : 05 Aug 2025 18:58  
**Amount Collected** : -

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#### CONDITIONS OF REPORTING

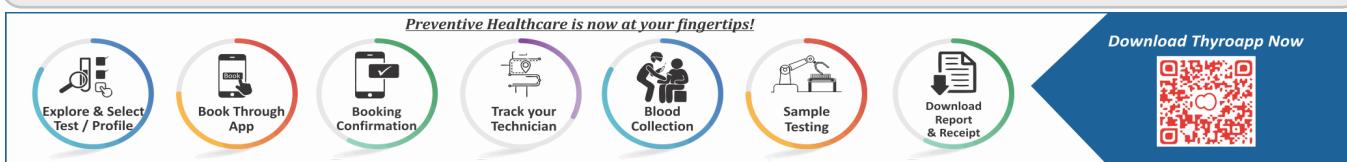
- v The reported results are for information and interpretation of the referring doctor only.
- v It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- v Results of tests may vary from laboratory to laboratory and also in some parameters from time to time 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 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.
- v Thyrocare Discovery video link :- <https://youtu.be/nbdYeRqYyQc>

#### EXPLANATIONS

- v Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- v **Name** - The name is as declared by the client and recorded by the personnel who collected the specimen.
- v **Ref.Dr** - 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 **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- 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 Testing or retesting should be done in accredited laboratories.
- v For suggestions, complaints, clinical support or feedback, write to us at [customersupport@thyrocare.com](mailto:customersupport@thyrocare.com) or call us on **022-3090 0000**



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\* 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