

Report for Waseem Ahmad(69Y/M)

Tests asked Ppbs, Comprehensive Full Body Checkup With Vitamin D And B12 -  
New

Test date 10 Sep 2024

Report status Complete Report



## 6<sup>STEP</sup> 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** : WASEEM AHMAD(69Y/M)  
**Ref. By** : SELF

**ADDRESS :**  
 402 SHREE SAMARTH KRIPA APARTMENTS 2  
 OPPOSITE HABIB MANJIL MASJID SECTOR 20  
 NERUL WEST NERUL/SEAWOODS NAVI MUMBAI

## Report Availability Summary

☒ Full Report Available

**Note** : This is summary page. Please refer to the table below for the details

Test	Report Status
<b>COMPREHENSIVE FULL BODY CHECKUP WITH VITAMIN D AND B12 - NEW</b>	<input checked="" type="checkbox"/> Available
25-OH VITAMIN D (TOTAL)	<input checked="" type="checkbox"/> Available
COMPLETE URINE ANALYSIS	<input checked="" type="checkbox"/> Available
FASTING BLOOD SUGAR(GLUCOSE)	<input checked="" type="checkbox"/> Available
HbA1c	<input checked="" type="checkbox"/> Available
HEMOGRAM - 6 PART (DIFF)	<input checked="" type="checkbox"/> Available
IRON	<input checked="" type="checkbox"/> Available
KIDPRO	<input checked="" type="checkbox"/> Available
LIPID PROFILE	<input checked="" type="checkbox"/> Available
LIVER FUNCTION TESTS	<input checked="" type="checkbox"/> Available
TOTAL IRON BINDING CAPACITY (TIBC)	<input checked="" type="checkbox"/> Available
TOTAL THYROXINE (T4)	<input checked="" type="checkbox"/> Available
TOTAL TRIIODOTHYRONINE (T3)	<input checked="" type="checkbox"/> Available
TSH - ULTRASENSITIVE	<input checked="" type="checkbox"/> Available
UNSAT.IRON-BINDING CAPACITY(UIBC)	<input checked="" type="checkbox"/> Available
VITAMIN B-12	<input checked="" type="checkbox"/> Available
<b>POSTPRANDIAL BLOOD SUGAR(GLUCOSE)</b>	<input checked="" type="checkbox"/> Available

**NAME** : WASEEM AHMAD(69Y/M)

**REF. BY** : SELF

**TEST ASKED** : BLOOD SUGAR (PP),COMPREHENSIVE FULL BODY CHECKUP WITH VITAMIN D AND B12 - NEW

**HOME COLLECTION :**

 402 SHREE SAMARTH KRIPA APARTMENTS 2  
 OPPOSITE HABIB MANJIL MASJID SECTOR 20  
 NERUL WEST NERUL/SEAWOODS NAVI MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS
POSTPRANDIAL BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	<b>249.58</b>	mg/dL

Bio. Ref. Interval. :-

As per ADA Guideline: Random/Post-Prandial Plasma Glucose (RPG/PPPG)	
Normal	70 to 140 mg/dl
Impaired Glucose Tolerance	140 - 199 mg/dl
Diabetes	Greater than or Equal to 200

Please correlate with clinical conditions.

Method:- GOD-PAP METHOD

**Sample Collected on (SCT)** : 10 Sep 2024 13:07  
**Sample Received on (SRT)** : 10 Sep 2024 13:50  
**Report Released on (RRT)** : 10 Sep 2024 14:55  
**Sample Type** : FLUORIDE  
**Labcode** : 1009080780/DG007  
**Barcode** : CM020711




Dr Shruti Mehta MD(Path)

**NAME** : WASEEM AHMAD(69Y/M)  
**REF. BY** : SELF  
**TEST ASKED** : BLOOD SUGAR (PP),COMPREHENSIVE FULL BODY CHECKUP WITH VITAMIN D AND B12 - NEW

**HOME COLLECTION :**  
 402 SHREE SAMARTH KRIPA APARTMENTS 2  
 OPPOSITE HABIB MANJIL MASJID SECTOR 20 NERUL  
 WEST NERUL/SEAWOODS NAVI MUMBAI

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
<b>Complete Urinogram</b>				
<b><u>Physical Examination</u></b>				
VOLUME	Visual Determination	3	mL	-
COLOUR	Visual Determination	PALE YELLOW	-	Pale Yellow
APPEARANCE	Visual Determination	CLEAR	-	Clear
SPECIFIC GRAVITY	pKa change	> 1.030	-	1.003-1.030
PH	pH indicator	5.5	-	5-8
<b><u>Chemical Examination</u></b>				
URINARY PROTEIN	PEI	ABSENT	mg/dL	Absent
<b>URINARY GLUCOSE</b>	<b>GOD-POD</b>	<b>Present 1+(100-250 mg/dl)</b>	<b>mg/dL</b>	<b>Absent</b>
URINE KETONE	Nitroprusside	ABSENT	mg/dL	Absent
URINARY BILIRUBIN	Diazo coupling	ABSENT	mg/dL	Absent
UROBILINOGEN	Diazo coupling	Normal	mg/dL	<=0.2
BILE SALT	Hays sulphur	ABSENT	-	Absent
BILE PIGMENT	Ehrlich reaction	ABSENT	-	Absent
URINE BLOOD	Peroxidase reaction	ABSENT	-	Absent
NITRITE	Diazo coupling	ABSENT	-	Absent
LEUCOCYTE ESTERASE	Esterase reaction	ABSENT	-	Absent
<b><u>Microscopic Examination</u></b>				
MUCUS	Microscopy	ABSENT	-	Absent
RED BLOOD CELLS	Microscopy	ABSENT	cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	Microscopy	ABSENT	cells/HPF	0-5
EPITHELIAL CELLS	Microscopy	ABSENT	cells/HPF	0-5
CASTS	Microscopy	ABSENT	-	Absent
CRYSTALS	Microscopy	ABSENT	-	Absent
BACTERIA	Microscopy	ABSENT	-	Absent
YEAST	Microscopy	ABSENT	-	Absent
PARASITE	Microscopy	ABSENT	-	Absent

(Reference : \*PEI - Protein error of indicator, \*GOD-POD - Glucose oxidase-peroxidase)

**Sample Collected on (SCT)** : 10 Sep 2024 10:04  
**Sample Received on (SRT)** : 10 Sep 2024 15:58  
**Report Released on (RRT)** : 10 Sep 2024 17:15  
**Sample Type** : URINE  
**Labcode** : 1009091123/DG007  
**Barcode** : CT411647



Dr Shruti Mehta MD(Path)

Page : 2 of 13

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

Clinically Tested by :Thyrocare Technologies Ltd

**NAME** : WASEEM AHMAD(69Y/M)  
**REF. BY** : SELF  
**TEST ASKED** : BLOOD SUGAR (PP),COMPREHENSIVE FULL BODY CHECKUP WITH VITAMIN D AND B12 - NEW

**HOME COLLECTION :**  
 402 SHREE SAMARTH KRIPA APARTMENTS 2  
 OPPOSITE HABIB MANJIL MASJID SECTOR 20  
 NERUL WEST NERUL/SEAWOODS NAVI MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	<u>8.8</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

<b>AVERAGE BLOOD GLUCOSE (ABG)</b>	<b>CALCULATED</b>	<b><u>206</u></b>	<b>mg/dL</b>
------------------------------------	-------------------	-------------------	--------------

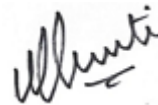
**Bio. Ref. Interval. :**

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)** : 10 Sep 2024 10:04  
**Sample Received on (SRT)** : 10 Sep 2024 16:07  
**Report Released on (RRT)** : 10 Sep 2024 17:22  
**Sample Type** : EDTA Whole Blood  
**Labcode** : 1009091797/DG007  
**Barcode** : CW717887



Dr Shruti Mehta MD(Path)

**NAME :** WASEEM AHMAD(69Y/M)  
**REF. BY :** SELF  
**TEST ASKED :** BLOOD SUGAR (PP),COMPREHENSIVE FULL BODY CHECKUP WITH VITAMIN D AND B12 - NEW

**HOME COLLECTION :**  
 402 SHREE SAMARTH KRIPA APARTMENTS 2  
 OPPOSITE HABIB MANJIL MASJID SECTOR 20  
 NERUL WEST NERUL/SEAWOODS NAVI MUMBAI

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	6.28	X 10 <sup>3</sup> / µL	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	54.7	%	40-80
LYMPHOCYTE	Flow Cytometry	34.9	%	20-40
MONOCYTES	Flow Cytometry	3	%	2-10
<b>EOSINOPHILS</b>	<b>Flow Cytometry</b>	<b><u>6.4</u></b>	<b>%</b>	<b>1-6</b>
BASOPHILS	Flow Cytometry	0.8	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.2	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	Calculated	3.44	X 10 <sup>3</sup> / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	Calculated	2.19	X 10 <sup>3</sup> / µL	1.0-3.0
<b>MONOCYTES - ABSOLUTE COUNT</b>	<b>Calculated</b>	<b><u>0.19</u></b>	<b>X 10<sup>3</sup> / µL</b>	<b>0.2 - 1.0</b>
BASOPHILS - ABSOLUTE COUNT	Calculated	0.05	X 10 <sup>3</sup> / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	Calculated	0.4	X 10 <sup>3</sup> / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.01	X 10 <sup>3</sup> / µL	0-0.3
TOTAL RBC	HF & EI	5.39	X 10 <sup>6</sup> /µL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Calculated	0.01	X 10 <sup>3</sup> / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	Flow Cytometry	0.01	%	0.0-5.0
HEMOGLOBIN	SLS-Hemoglobin Method	14.2	g/dL	13.0-17.0
HEMATOCRIT(PCV)	CPH Detection	46.1	%	40.0-50.0
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	85.5	fL	83.0-101.0
<b>MEAN CORPUSCULAR HEMOGLOBIN(MCH)</b>	<b>Calculated</b>	<b><u>26.3</u></b>	<b>pq</b>	<b>27.0-32.0</b>
<b>MEAN CORP.HEMO.CONC(MCHC)</b>	<b>Calculated</b>	<b><u>30.8</u></b>	<b>g/dL</b>	<b>31.5-34.5</b>
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	Calculated	43.5	fL	39-46
<b>RED CELL DISTRIBUTION WIDTH (RDW-CV)</b>	<b>Calculated</b>	<b><u>14.1</u></b>	<b>%</b>	<b>11.6-14</b>
PLATELET DISTRIBUTION WIDTH(PDW)	Calculated	11.8	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	Calculated	10.3	fL	6.5-12
PLATELET COUNT	HF & EI	194	X 10 <sup>3</sup> / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	Calculated	27.6	%	19.7-42.4
PLATELETCRIT(PCT)	Calculated	0.2	%	0.19-0.39

**Remarks :** Alert!!! Predominantly normocytic normochromic with ovalocytes. Platelets:Appear adequate in smear.

**Clinical history is asked for all the relevant abnormalities detected and in absence / failure of receiving of clinical history, results are rechecked twice and released. Advised clinical correlation.**

**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)

**Sample Collected on (SCT)** : 10 Sep 2024 10:04  
**Sample Received on (SRT)** : 10 Sep 2024 16:07  
**Report Released on (RRT)** : 10 Sep 2024 17:22  
**Sample Type** : EDTA Whole Blood  
**Labcode** : 1009091797/DG007  
**Barcode** : CW717887



Dr Shruti Mehta MD(Path)

Page : 4 of 13

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

**Clinically Tested by :Thyrocare Technologies Ltd - (CAP accredited)**

**NAME** : WASEEM AHMAD(69Y/M)

**REF. BY** : SELF

**TEST ASKED** : BLOOD SUGAR (PP),COMPREHENSIVE FULL BODY  
CHECKUP WITH VITAMIN D AND B12 - NEW

**HOME COLLECTION :**

402 SHREE SAMARTH KRIPA APARTMENTS 2  
OPPOSITE HABIB MANJIL MASJID SECTOR 20  
NERUL WEST NERUL/SEAWOODS NAVI MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	<u>194.04</u>	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

**Sample Collected on (SCT)** : 10 Sep 2024 10:04  
**Sample Received on (SRT)** : 10 Sep 2024 16:02  
**Report Released on (RRT)** : 10 Sep 2024 17:18  
**Sample Type** : FLUORIDE  
**Labcode** : 1009091387/DG007  
**Barcode** : CW316264



Dr Shruti Mehta MD(Path)

Page : 5 of 13

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

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



**NAME** : WASEEM AHMAD(69Y/M)  
**REF. BY** : SELF  
**TEST ASKED** : BLOOD SUGAR (PP),COMPREHENSIVE FULL BODY CHECKUP WITH VITAMIN D AND B12 - NEW

**HOME COLLECTION :**  
 402 SHREE SAMARTH KRIPA APARTMENTS 2  
 OPPOSITE HABIB MANJIL MASJID SECTOR 20  
 NERUL WEST NERUL/SEAWOODS NAVI MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS
-----------	------------	-------	-------

<b>25-OH VITAMIN D (TOTAL)</b>	<b>E.C.L.I.A</b>	<b><u>9.27</u></b>	<b>ng/mL</b>
--------------------------------	------------------	--------------------	--------------

**Bio. Ref. Interval. :**

Deficiency : <=20 ng/ml || Insufficiency : 21-29 ng/ml  
 Sufficiency : >= 30 ng/ml || Toxicity : >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

VITAMIN B-12	E.C.L.I.A	607	pg/mL
--------------	-----------	-----	-------

**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.**

**Sample Collected on (SCT)** : 10 Sep 2024 10:04  
**Sample Received on (SRT)** : 10 Sep 2024 15:58  
**Report Released on (RRT)** : 10 Sep 2024 19:08  
**Sample Type** : SERUM  
**Labcode** : 1009091146/DG007  
**Barcode** : CW142849



Dr Shruti Mehta MD(Path)



**NAME** : WASEEM AHMAD(69Y/M)  
**REF. BY** : SELF  
**TEST ASKED** : BLOOD SUGAR (PP),COMPREHENSIVE FULL BODY CHECKUP WITH VITAMIN D AND B12 - NEW

**HOME COLLECTION :**  
 402 SHREE SAMARTH KRIPA APARTMENTS 2  
 OPPOSITE HABIB MANJIL MASJID SECTOR 20  
 NERUL WEST NERUL/SEAWOODS NAVI MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	66.7	µg/dL
<b>Bio. Ref. Interval. :</b> Male : 65 - 175 Female : 50 - 170 <b>Method :</b> Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	327	µg/dL
<b>Bio. Ref. Interval. :</b> Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl <b>Method :</b> Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	20.4	%
<b>Bio. Ref. Interval. :</b> 13 - 45 <b>Method :</b> Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	260.3	µg/dL
<b>Bio. Ref. Interval. :</b> 162 - 368 <b>Method :</b> SPECTROPHOTOMETRIC ASSAY			
<b>Please correlate with clinical conditions.</b>			

**Sample Collected on (SCT)** : 10 Sep 2024 10:04  
**Sample Received on (SRT)** : 10 Sep 2024 15:58  
**Report Released on (RRT)** : 10 Sep 2024 19:08  
**Sample Type** : SERUM  
**Labcode** : 1009091146/DG007  
**Barcode** : CW142849



Dr Shruti Mehta MD(Path)

**NAME** : WASEEM AHMAD(69Y/M)  
**REF. BY** : SELF  
**TEST ASKED** : BLOOD SUGAR (PP),COMPREHENSIVE FULL BODY CHECKUP WITH VITAMIN D AND B12 - NEW

**HOME COLLECTION :**

402 SHREE SAMARTH KRIPA APARTMENTS 2 OPPOSITE  
 HABIB MANJIL MASJID SECTOR 20 NERUL WEST  
 NERUL/SEAWOODS NAVI MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	163	mg/dL	< 200
<b>HDL CHOLESTEROL - DIRECT</b>	<b>PHOTOMETRY</b>	<b><u>36</u></b>	<b>mg/dL</b>	<b>40-60</b>
HDL / LDL RATIO	CALCULATED	0.44	Ratio	> 0.40
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	83	mg/dL	< 100
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4.5	Ratio	3 - 5
<b>TRIG / HDL RATIO</b>	<b>CALCULATED</b>	<b><u>8.36</u></b>	<b>Ratio</b>	<b>&lt; 3.12</b>
<b>TRIGLYCERIDES</b>	<b>PHOTOMETRY</b>	<b><u>304</u></b>	<b>mg/dL</b>	<b>&lt; 150</b>
LDL / HDL RATIO	CALCULATED	2.3	Ratio	1.5-3.5
NON-HDL CHOLESTEROL	CALCULATED	126.7	mg/dL	< 160
<b>VLDL CHOLESTEROL</b>	<b>CALCULATED</b>	<b><u>60.84</u></b>	<b>mg/dL</b>	<b>5 - 40</b>

**Please correlate with clinical conditions.**

**Method :**

CHOL - Cholesterol Oxidase, Esterase, Peroxidase  
 HCHO - Direct Enzymatic Colorimetric  
 HD/LD - Derived from HDL and LDL values.  
 LDL - Direct Measure  
 TC/H - Derived from serum Cholesterol and Hdl values  
 TRI/H - Derived from TRIG and HDL Values  
 TRIG - Enzymatic, End Point  
 LDL/ - Derived from serum 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.**

**Sample Collected on (SCT)** : 10 Sep 2024 10:04  
**Sample Received on (SRT)** : 10 Sep 2024 15:58  
**Report Released on (RRT)** : 10 Sep 2024 19:08  
**Sample Type** : SERUM  
**Labcode** : 1009091146/DG007  
**Barcode** : CW142849



Dr Shruti Mehta MD(Path)

**NAME** : WASEEM AHMAD(69Y/M)  
**REF. BY** : SELF  
**TEST ASKED** : BLOOD SUGAR (PP),COMPREHENSIVE FULL BODY CHECKUP WITH VITAMIN D AND B12 - NEW

**HOME COLLECTION :**

402 SHREE SAMARTH KRIPA APARTMENTS 2 OPPOSITE  
 HABIB MANJIL MASJID SECTOR 20 NERUL WEST  
 NERUL/SEAWOODS NAVI MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	108.5	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.52	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.09	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.43	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	20.3	U/L	< 55
SGOT / SGPT RATIO	CALCULATED	0.98	Ratio	< 2
ASPARTATE AMINOTRANSFERASE (SGOT )	PHOTOMETRY	27.1	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	27.5	U/L	< 45
PROTEIN - TOTAL	PHOTOMETRY	7.22	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.5	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.72	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.65	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  
 OT/PT - Derived from SGOT and SGPT values.  
 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)  
 SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES  
 A/GR - Derived from serum Albumin and Protein values

**Sample Collected on (SCT)** : 10 Sep 2024 10:04  
**Sample Received on (SRT)** : 10 Sep 2024 15:58  
**Report Released on (RRT)** : 10 Sep 2024 19:08  
**Sample Type** : SERUM  
**Labcode** : 1009091146/DG007  
**Barcode** : CW142849



Dr Shruti Mehta MD(Path)

**NAME** : WASEEM AHMAD(69Y/M)  
**REF. BY** : SELF  
**TEST ASKED** : BLOOD SUGAR (PP),COMPREHENSIVE FULL BODY CHECKUP WITH VITAMIN D AND B12 - NEW

**HOME COLLECTION :**

402 SHREE SAMARTH KRIPA APARTMENTS 2 OPPOSITE  
 HABIB MANJIL MASJID SECTOR 20 NERUL WEST  
 NERUL/SEAWOODS NAVI MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
UREA (CALCULATED)	CALCULATED	26.64	mg/dL	Adult : 17-43
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	12.45	mg/dL	7.94 - 20.07
UREA / SR.CREATININE RATIO	CALCULATED	48.44	Ratio	< 52
<b>CREATININE - SERUM</b>	<b>PHOTOMETRY</b>	<b><u>0.55</u></b>	<b>mg/dL</b>	<b>0.72-1.18</b>
BUN / SR.CREATININE RATIO	CALCULATED	22.64	Ratio	9:1-23:1
CALCIUM	PHOTOMETRY	9.18	mg/dL	8.8-10.6
<b>URIC ACID</b>	<b>PHOTOMETRY</b>	<b><u>3.55</u></b>	<b>mg/dL</b>	<b>4.2 - 7.3</b>

**Please correlate with clinical conditions.**

**Method :**

UREAC - Derived from BUN Value.  
 BUN - Kinetic UV Assay.  
 UR/CR - Derived from UREA and Sr.Creatinine values.  
 SCRE - Creatinine Enzymatic Method  
 B/CR - Derived from serum Bun and Creatinine values  
 CALC - Arsenazo III Method, End Point.  
 URIC - Uricase / Peroxidase Method

**Sample Collected on (SCT)** : 10 Sep 2024 10:04  
**Sample Received on (SRT)** : 10 Sep 2024 15:58  
**Report Released on (RRT)** : 10 Sep 2024 19:08  
**Sample Type** : SERUM  
**Labcode** : 1009091146/DG007  
**Barcode** : CW142849



Dr Shruti Mehta MD(Path)

**NAME** : WASEEM AHMAD(69Y/M)  
**REF. BY** : SELF  
**TEST ASKED** : BLOOD SUGAR (PP),COMPREHENSIVE FULL BODY CHECKUP WITH VITAMIN D AND B12 - NEW

**HOME COLLECTION :**  
 402 SHREE SAMARTH KRIPA APARTMENTS 2 OPPOSITE  
 HABIB MANJIL MASJID SECTOR 20 NERUL WEST  
 NERUL/SEAWOODS NAVI MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	121	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	6.83	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	4.46	µIU/mL	0.54-5.30

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

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

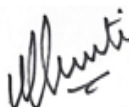
**Method :**

T3 - Fully Automated Electrochemiluminescence Compititive Immunoassay  
 T4 - Fully Automated Electrochemiluminescence Compititive Immunoassay  
 USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

**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.

**Sample Collected on (SCT)** : 10 Sep 2024 10:04  
**Sample Received on (SRT)** : 10 Sep 2024 15:58  
**Report Released on (RRT)** : 10 Sep 2024 19:08  
**Sample Type** : SERUM  
**Labcode** : 1009091146/DG007  
**Barcode** : CW142849

  
 Dr Shruti Mehta MD(Path)

**NAME** : WASEEM AHMAD(69Y/M)

**REF. BY** : SELF

**TEST ASKED** : BLOOD SUGAR (PP),COMPREHENSIVE FULL BODY  
CHECKUP WITH VITAMIN D AND B12 - NEW

**HOME COLLECTION :**

402 SHREE SAMARTH KRIPA APARTMENTS 2  
OPPOSITE HABIB MANJIL MASJID SECTOR 20  
NERUL WEST NERUL/SEAWOODS NAVI MUMBAI

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	106	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:-** CKD-EPI Creatinine Equation

~~ End of report ~~

**Sample Collected on (SCT)** : 10 Sep 2024 10:04

**Sample Received on (SRT)** : 10 Sep 2024 15:58

**Report Released on (RRT)** : 10 Sep 2024 19:08

**Sample Type** : SERUM

**Labcode** : 1009091146/DG007

**Barcode** : CW142849




Dr Shruti Mehta MD(Path)

Page : 12 of 13

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

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

#### CONDITIONS OF REPORTING

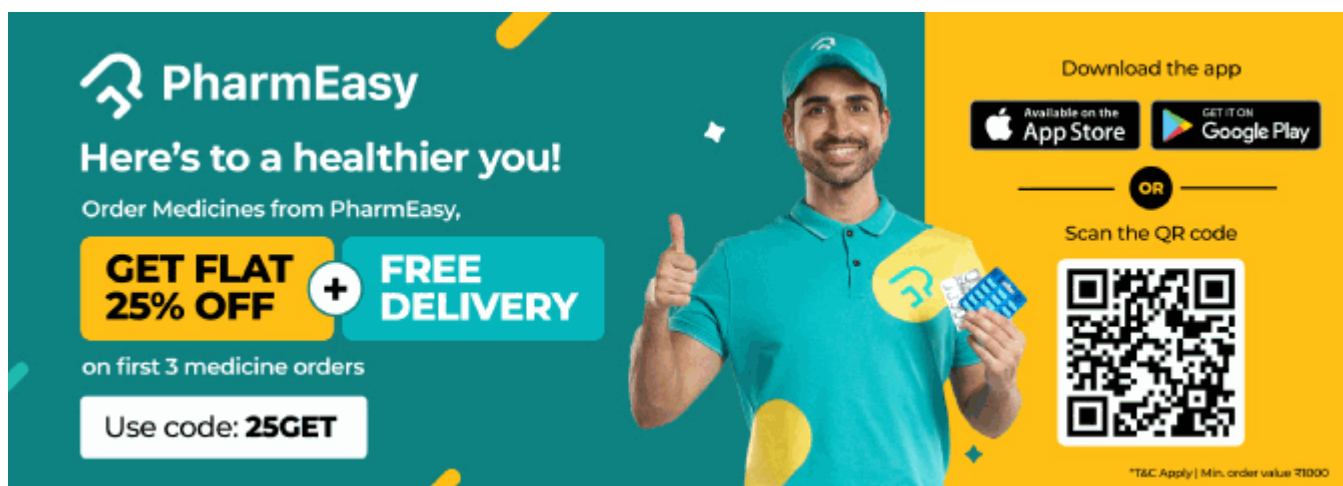
- ✓ The reported results are for information and interpretation of the referring doctor only.
- ✓ It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- ✓ Results of tests may vary from laboratory to laboratory and also in some parameters from time to time 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.
- ✓ 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

- ✓ **Name** - The name is as declared by the client and recorded by the personnel who collected the specimen.
- ✓ **Ref.By** - 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).
- ✓ **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.
- ✓ 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.



The advertisement banner for PharmEasy features a smiling male delivery person in a blue uniform and cap, holding a medicine box. The background is split into teal and yellow sections. On the teal side, the PharmEasy logo is at the top, followed by the slogan 'Here's to a healthier you!' and 'Order Medicines from PharmEasy,'. A large yellow button displays 'GET FLAT 25% OFF' and a blue button displays 'FREE DELIVERY', with a plus sign between them. Below this, it says 'on first 3 medicine orders' and provides the code '25GET'. On the yellow side, it says 'Download the app' with 'Available on the App Store' and 'GET IT ON Google Play' buttons. Below these is an 'OR' separator, followed by 'Scan the QR code' and a QR code. A small disclaimer at the bottom right reads '\*T&C Apply | Min. order value ₹1000'.