PharmEasy Labs

Report for Santosh Kumar(45Y/M)

Tests asked Premier Health Package Iho

Test date 06 Dec 2022 **Report status** Complete Report

6 STEP 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

PharmEasy Labs

Name : SANTOSH KUMAR(45Y/M)

Ref. By : SELF

ADDRESS :

T2A1604 GODREJ INFINITY KESHAV
NAGARMUNDHWA PUNE MAHARASHTRA 411036

Report Availability Summary

☑ Full Report Available

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

Test	Report Status
25-OH VITAMIN D (TOTAL)	☑ Available
AMYLASE	☑ Available
BLOOD ELEMENT ANALYSIS PROFILE	☑ Available
CARDIAC RISK MARKERS	☑ Available
CHLORIDE	☑ Available
FREE THYROXINE (FT4)	☑ Available
FREE TRIIODOTHYRONINE (FT3)	☑ Available
HbA1c	☑ Available
HEMOGRAM - 6 PART (DIFF)	☑ Available
HOMOCYSTEINE	☑ Available
IRON DEFICIENCY PROFILE	☑ Available
IRON	☑ Available
TOTAL IRON BINDING CAPACITY (TIBC)	☑ Available
UNSAT.IRON-BINDING CAPACITY(UIBC)	☑ Available
KIDPRO	☑ Available
LIPASE	☑ Available
LIPID PROFILE	☑ Available
LIVER FUNCTION TESTS	☑ Available
RANDOM BLOOD SUGAR(GLUCOSE)	☑ Available

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

Clinically Tested by : Thyrocare Technologies Ltd.

PharmEasy Labs

Name : SANTOSH KUMAR(45Y/M)

Ref. By : SELF

ADDRESS :

T2A1604 GODREJ INFINITY KESHAV
NAGARMUNDHWA PUNE MAHARASHTRA 411036

Report Availability Summary

☑ Full Report Available

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

Test	Report Status
SODIUM	☑ Available
T3-T4-TSH	☑ Available
TESTOSTERONE	☑ Available
VITAMIN B-12	☑ Available

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Clinically Tested by : Thyrocare Technologies Ltd.

PharmEasy Labs

NAME	: SANTOSH KUMAR(45Y/M)	**HOME COLLECTION :**	
REF. BY	: SELF	T2A1604 GODREJ INFINITY KESHAV NAGARMUNDHWA PUNE MAHARASHTRA 411036	
TEST ASKED	: Premier Health Package IHO		

TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMOCYSTEINE	**PHOTOMETRY**	**30.65**	**µmol/L**

Reference Range :-

Normal: < 30 µmol/L

Clinical Significance:
Homocysteine is linked to increased risk of premature coronary artery disease, stroke and thromboembolism. Moreover, alzheimers disease, osteoporosis, venous thrombosis, schizophrenia, cognitive deficiency and pregnancy complications also elevates Homocysteine levels.

High Values:
Elevated homocysteine levels might be due to increasing age, genetic traits, drugs, renal dysfunction and dietary deficiency of vitamins or smoking. To lower your homocysteine, eat more green vegetables, stop smoking, alcohol. Folic acid helps lowering elevated levels.

Specifications:
Precision %CV :- Intra assay %CV- 4.5 % , Inter assay %CV-5.87 % Sensitivity : 0.4 umol/L

Kit Validation Reference:
Eikelboom JW, et al Ann Intern Med 131 : 363-75 (1999)

Please correlate with clinical conditions.

Method:- ENZYMATIC ASSAY

Sample Collected on (SCT)	: 06 Dec 2022 07:40
Sample Received on (SRT)	: 06 Dec 2022 13:21
Report Released on (RRT)	: 06 Dec 2022 17:57
Sample Type	: SERUM
Labcode	: 0612074793/DG126
Barcode	: Y5017191

Dr Keerthi K MD(Path)

Dr.Caesar Sengupta MD(Micro)

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7022 000 900

PharmEasy Labs

NAME	:	SANTOSH KUMAR(45Y/M)
REF. BY	:	SELF
TEST ASKED	:	Premier Health Package IHO

HOME COLLECTION :
T2A1604 GODREJ INFINITY KESHAV
NAGARMUNDHWA PUNE MAHARASHTRA 411036

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**C.L.I.A**	**16.99**	**ng/ml**
Reference Range :-			

DEFICIENCY : <20 ng/ml || INSUFFICIENCY : 20-<30 ng/ml
SUFFICIENCY : 30-100 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):5.3%, Inter assay (%CV):11.9% ; Sensitivity:3.2 ng/ml.

Kit Validation Reference: Holick MF. Vitamin D Deficiency. N Engl J Med. 2007;357:266–81.

Please correlate with clinical conditions.

Method:- Fully Automated Chemi Luminescent Immuno Assay

Sample Collected on (SCT)	:	06 Dec 2022 07:40
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TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	146	mg/dL

Reference Range :

Male : 86 - 152
Female : 94 - 162

Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	120	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	0.8	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.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	2.93	mg/L

Reference Range :-

< 1.00 - Low Risk
1.00 - 3.00 - Average Risk
>3.00 - 10.00 - High Risk
> 10.00 - Possibly due to Non-Cardiac Inflammation

Disclaimer: Persistent unexplained elevation of HSCRP >10 should be evaluated for non-cardiovascular etiologies such as infection , active arthritis or concurrent illness.

Clinical significance:
High sensitivity C- reactive Protein (HSCRP) can be used as an independent risk marker for the identification of Individuals at risk for future cardiovascular Disease. A coronary artery disease risk assessment should be based on the average of two hs-CRP tests, ideally taken two weeks apart.

Kit Validation Reference:
1.Clinical management of laboratory date in medical practice 2003-3004, 207(2003).
2.Tietz : Textbook of Clinical Chemistry and Molecular diagnostics :Second edition :Chapter 47:Page no.1507- 1508.

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED LATEX AGGLUTINATION – BECKMAN COULTER

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TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	C.L.I.A	252	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):5.0%, Inter assay (%CV):9.2 %;Sensitivity:45 pg/ml

Kit Validation reference:
Chen IW, Sperling MI, Heminger LA. Vitamin B12. In: Pesce AJ, Kaplan LA, eds. Methods in Clinical Chemistry. St. Louis: CV Mosby; 1987:569–73.

Please correlate with clinical conditions.

Method:- COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
Lipoprotein (a) [Lp(a)]	IMMUNOTURBIDIMETRY	3.9	mg/dl

Reference Range :-

Adults : < 30.0 mg/dl

Clinical Significance:
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 %CV :- Intra assay %CV- 4.55% , Inter assay %CV-0.86 %

Kit Validation Reference:
Tietz NW,Clinical Guide to Laboratory Tests Philadelphia WB. Saunders 1995 : 442-444

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	633.97	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: < 7.00 - 48.93
Boys
2-10 Years : < 7.00 - 25.91
11 Years : < 7.00 - 341.53
12 Years : < 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 : < 7.00 - 108.30
11-15 Years : < 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 Hyperprolactinema, 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.

Kit Validation Reference: Kicklighter EJ, Norman RJ. The gonads. In: Kaplan LA, Pesce AJ, eds. Clinical Chemistry: Theory, Analysis, Correlation. 2nd ed. St. Louis: CV Mosby; 1989:657–662.

Please correlate with clinical conditions.
Method:- COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
AMYLASE	PHOTOMETRY	61.3	U/L

Reference Range :-

Adults : 28-100 U/L

Interpretation:
Lipemic Sera (Hypertriglyceridemia) may contain inhibitors, Which falsely depress results. About 20% of patients with Acute Pancreatitis have abnormal lipids. Normal serum amylase may occur in Pancreatitis, Especially relapsing and chronic pancreatitis. Moderate increases may be reported in normal pregnancy.

Clinical Significance:
Causes of high Serum Amylase include Acute Pancreatitis, Pancreatic Pseudocyst, Pancreatic Ascites, Pancreatic Abscess, Neoplasm in or adjacent to Pancreas, Trauma to Pancreas, and common Duct Stones. Nonpancreatic Causes include inflammatory salivary lesions (Eg, Mumps), Perforated Peptic Ulcer, Intestinal Obstruction, Biliary Tract Disease, Peritonitis, Acute Appendicitis, Diabetic Ketoacidosis, and Extrapancreatic Carcinomas. Amylase levels more than 25-fold the upper limit of normal are often found when metastatic tumors produce Ectopic Amylase.

Specifications:
Precision: Intra assay (%CV): 2.82, Inter assay (%CV): 2.49, Sensitivity: 10.9 U/L.

Kit Validation References:
Rauscher, E., et coll., Fresenius Z. Analyt. Chem. 324 (1986) 304-305.

Please correlate with clinical conditions.

Method:- ENZYMATIC COLORIMETRIC TEST

Sample Collected on (SCT)	:	06 Dec 2022 07:40
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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	112	µg/dl
Reference Range : Male : 65 - 175 Female : 50 - 170 **Method :** Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	399	µg/dl
Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	28	%
Reference Range : 13 - 45 **Method :** Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	287.2	µg/dl
Reference Range : 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPASE	PHOTOMETRY	44	U/L

Reference Range :-

Adults : 5.6 - 51.3 U/L

Interpretation:

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings like serum amylase. Serum Lipase is usually normal in patients with elevated serum amylase, having peptic ulcer, salivary adenitis, inflammatory bowel disease, intestinal obstruction, and macroamylasemia. Lipemic sera may interfere with results.

Clinical Significance:
High serum Lipase is a specific marker for pancreatitis; after acute pancreatitis the Lipase activity increases within 4-8 hours, reaches a peak after 24 hours and decreases after 8 to 14 days. However, there is no correlation between the Lipase activity determined in serum and the extent of damage to the pancreas.

Specifications:
Precision: Intra assay (%CV): 3.35, Inter assay (%CV): 2.46, Sensitivity: 3.5 U/L.

Kit Validation References:
Tietz Nw Et Al. Lipase In Serum - The Elusive Enzyme: An Overview. Clin Chem 1993; 39:746-756.

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	**PHOTOMETRY**	**218**	**mg/dl**	**< 200**
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	48	mg/dl	40-60
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**151**	**mg/dl**	**< 100**
TRIGLYCERIDES	PHOTOMETRY	126	mg/dl	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4.5	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	2.62	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	3.1	Ratio	1.5-3.5
HDL / LDL RATIO	**CALCULATED**	**0.32**	**Ratio**	**> 0.40**
NON-HDL CHOLESTEROL	**CALCULATED**	**169.94**	**mg/dl**	**< 160**
VLDL CHOLESTEROL	CALCULATED	25.2	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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HOME COLLECTION :
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PUNE MAHARASHTRA 411036

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	**PHOTOMETRY**	**38**	**U/L**	**45 - 129**
BILIRUBIN - TOTAL	PHOTOMETRY	0.9	mg/dl	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.25	mg/dl	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.65	mg/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	12	U/l	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	33	U/l	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	29.47	U/l	< 45
SGOT / SGPT RATIO	CALCULATED	1.12	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.99	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.56	gm/dl	3.2-4.8
SERUM GLOBULIN	**CALCULATED**	**3.43**	**gm/dL**	**2.5-3.4**
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.33	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[1]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) : 06 Dec 2022 07:40
Sample Received on (SRT) : 06 Dec 2022 13:21
Report Released on (RRT) : 06 Dec 2022 17:57
Sample Type : SERUM
Labcode : 0612074793/DG126
Barcode : Y5017191

Dr Keerthi K MD(Path)

Dr.Caesar Sengupta MD(Micro)

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

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

PharmEasy Labs
Registered Address: API Holdings Ltd., 902/A, Raheja Plaza 1, Opp. R-City Mall, LBS Marg, Ghatkopar (W), Mumbai -400086
Lab Address: Sohrabh Hall, 112-A , 1st Flr, Tadiwala Rd, Sangamvadi, Pune, Maharashtra - 411001
7022 000 900

PharmEasy Labs

NAME : SANTOSH KUMAR(45Y/M)
REF. BY : SELF
TEST ASKED : Premier Health Package IHO

HOME COLLECTION :
T2A1604 GODREJ INFINITY KESHAV NAGARMUNDHWA
PUNE MAHARASHTRA 411036

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	107	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	9.8	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.16	µIU/ml	0.3-5.5
FREE TRIIODOTHYRONINE (FT3)	C.L.I.A	3.44	pg/ml	1.7-4.2
FREE THYROXINE (FT4)	C.L.I.A	1.38	ng/dl	0.7-1.8

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
FT3 - Competitive Chemi Luminescent Immuno Assay
FT4 - Competitive Chemi Luminescent Immuno Assay

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NAGARMUNDHWA PUNE MAHARASHTRA 411036

TEST NAME	TECHNOLOGY	VALUE	UNITS
CHLORIDE	**I.S.E**	**97**	**mmol/l**

Reference Range :

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

Please correlate with clinical conditions.

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PUNE MAHARASHTRA 411036

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	12.9	mg/dl	7 - 25
CREATININE - SERUM	PHOTOMETRY	0.82	mg/dl	0.6-1.1
BUN / SR.CREATININE RATIO	CALCULATED	15.73	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	27.61	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	33.67	Ratio	< 52
CALCIUM	PHOTOMETRY	9	mg/dl	8.8-10.6
SODIUM	I.S.E	138	mmol/l	136 - 145
URIC ACID	PHOTOMETRY	6.7	mg/dl	4.2 - 7.3

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.
SOD - ION SELECTIVE ELECTRODE
URIC - Uricase / Peroxidase Method

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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	107	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

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TEST ASKED : Premier Health Package IHO

HOME COLLECTION :
T2A1604 GODREJ INFINITY KESHAV NAGARMUNDHWA
PUNE MAHARASHTRA 411036

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ARSENIC	ICP-MS	1.49	µg/l	< 5
CADMIUM	ICP-MS	0.28	µg/l	< 1.5
MERCURY	ICP-MS	0.23	µg/l	< 5
LEAD	ICP-MS	15.01	µg/l	< 150
CHROMIUM	ICP-MS	1.56	µg/l	< 30
BARIUM	ICP-MS	1.6	µg/l	< 30
COBALT	ICP-MS	0.48	µg/l	0.10 - 1.50
CAESIUM	ICP-MS	3.37	µg/l	< 5
SELENIUM	ICP-MS	134.46	µg/l	60 - 340

Please correlate with clinical conditions.

Method :

ICP - MASS SPECTROMETRY
Note:Reference range has been obtained after considering 95% population as cutoff.

Reference range for industrial exposure :

Sr. No.	Test	Reference Range
1	Lead	< 400 µg/l
2	Mercury	< 100 µg/l
3	Cadmium	< 10 µg/l
4	Arsenic	< 12 µg/l
5	Selenium	< 400 µg/l

Note : Sample should be collected at the end of the shift on the last day of the work week to assess industrial exposure.

References :

1. Hall M, Chen Y, Ahsan H, et al: Blood arsenic as a biomarker of arsenic exposure: results from a prospective study. Toxicology. 2006;225 (2-3):225-233
2. Strathmann FG, Blum LM: Toxic Elements. In: Rafai N, Horwath AR., Wittwer CT, eds. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics 6th ed. Elsevier, 2018;chap 42
3. U.S. Department of Labor, Occupational Safety and Health Administration - OSHA 3136-06R 2004

Sample Collected on (SCT) : 06 Dec 2022 07:40
Sample Received on (SRT) : 06 Dec 2022 18:53
Report Released on (RRT) : 06 Dec 2022 21:41
Sample Type : EDTA
Labcode : 0612096093/DG126
Barcode : Z5271620

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil MD(Path)

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Lab Address: D-37/1, TTC MIDC, Turbhe, Navi Mumbai, 400703
7022 000 900

PharmEasy Labs

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HOME COLLECTION :
T2A1604 GODREJ INFINITY KESHAV
NAGARMUNDHWA PUNE MAHARASHTRA 411036

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC - NGSP Certified)			
	H.P.L.C	5.5	%

Reference Range :

Reference Range: As per ADA Guidelines	Guidance For Known Diabetics
Below 5.7% : Normal 5.7% - 6.4% : Prediabetic >=6.5% : Diabetic	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

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	111	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.

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NAGARMUNDHWA PUNE MAHARASHTRA 411036

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT (WBC)	7.63	X 10³ / µL	4.0-10.0
NEUTROPHILS	53.9	%	40-80
LYMPHOCYTE PERCENTAGE	38.4	%	20-40
MONOCYTES	4.1	%	0-10
EOSINOPHILS	3	%	0.0-6.0
BASOPHILS	0.3	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	4.11	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.93	X 10³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.31	X 10³ / µL	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.02	X 10³ / µL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.23	X 10³ / µL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.02	X 10³ / µL	0-0.3
TOTAL RBC	4.71	X 10^6/µL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10³ / µL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	14.6	g/dL	13-17
HEMATOCRIT(PCV)	47.8	%	40-50
MEAN CORPUSCULAR VOLUME(MCV)	**101.5**	**fL**	**83-101**
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	31	pq	27-32
MEAN CORP.HEMO.CONC(MCHC)	**30.5**	**g/dL**	**31.5-34.5**
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**48.3**	**fL**	**39-46**
RED CELL DISTRIBUTION WIDTH (RDW-CV)	12.8	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	**19.1**	**fL**	**9.6-15.2**
MEAN PLATELET VOLUME(MPV)	**13**	**fL**	**6.5-12**
PLATELET COUNT	207	X 10³ / µL	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	**49.7**	**%**	**19.7-42.4**
PLATELETCRIT(PCT)	0.27	%	0.19-0.39

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

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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Report Released on (RRT) : 06 Dec 2022 21:41
Sample Type : EDTA
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Barcode : Z5271620

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HOME COLLECTION :
T2A1604 GODREJ INFINITY KESHAV
NAGARMUNDHWA PUNE MAHARASHTRA 411036

TEST NAME	TECHNOLOGY	VALUE	UNITS
RANDOM BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	88	mg/dL

Reference Range :-

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 mg/dl

Please correlate with clinical conditions.
Method:- GOD-PAP METHOD

~~ End of report ~~

Sample Collected on (SCT) : 06 Dec 2022 07:40
Sample Received on (SRT) : 06 Dec 2022 13:18
Report Released on (RRT) : 06 Dec 2022 14:11
Sample Type : FLUORIDE
Labcode : 0612074596/DG126
Barcode : Z5412796

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