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022 - 3090 0000 / 4125 2525 8691866066 wellness@thyrocare.com www.thyrocare.com

REPORT

NAME : BANAMALI CHAND (55Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM A

SAMPLE COLLECTED AT :
(7670013481),TRISHAKTI PATHOLOGY,HOSPITAL ROAD NEAR MOUSI MAA MANDIR BALANGIR,767001

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	98.2	µg/dl
Reference Range : Male : 65 - 175 Female : 50 - 170 **Method :** FERROZINE METHOD WITHOUT DEPROTEINIZATION			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	384.7	µg/dl
Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** SPECTROPHOTOMETRIC ASSAY			
% TRANSFERRIN SATURATION	CALCULATED	25.53	%
Reference Range : 13 - 45 **Method :** DERIVED FROM IRON AND TIBC VALUES			

Please correlate with clinical conditions.

Sample Collected on (SCT) :26 Jan 2020 20:42
Sample Received on (SRT) : 27 Jan 2020 17:18
Report Released on (RRT) : 27 Jan 2020 20:52
Sample Type : serum
Labcode : 2701028567/A7614
Barcode : P3324610

Dr Saileswar Nanda
MD(Biochem)

Dr.Caesar Sengupta MD(Micro)

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	94.58	U/L	45 - 129
BILIRUBIN - TOTAL	PHOTOMETRY	0.39	mg/dl	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.12	mg/dl	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.27	mg/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	15.9	U/l	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	**PHOTOMETRY**	**78.3**	**U/l**	**< 35**
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	25.3	U/l	< 45
PROTEIN - TOTAL	PHOTOMETRY	7.99	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.26	gm/dl	3.2-4.8
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.14	Ratio	0.9 - 2
SERUM GLOBULIN	**PHOTOMETRY**	**3.73**	**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 BCG¹METHOD (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	192	mg/dl	125-200
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**34**	**mg/dl**	**35-80**
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**83**	**mg/dl**	**85-130**
TRIGLYCERIDES	**PHOTOMETRY**	**338**	**mg/dl**	**25-200**
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**5.6**	**Ratio**	**3 - 5**
LDL / HDL RATIO	CALCULATED	2.4	Ratio	1.5-3.5
VLDL CHOLESTEROL	**CALCULATED**	**67.62**	**mg/dl**	**5 - 40**
NON-HDL CHOLESTEROL	CALCULATED	157.38	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	109	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	7	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	1.58	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

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	10.6	mg/dl	7 - 25
CREATININE - SERUM	PHOTOMETRY	0.9	mg/dl	0.6-1.1
BUN / SR.CREATININE RATIO	CALCULATED	11.78	Ratio	9:1-23:1
CALCIUM	PHOTOMETRY	9.19	mg/dl	8.8-10.6
URIC ACID	PHOTOMETRY	4.95	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
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	96	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**