PharmEasy Labs

Report for Laxmi Myana(49Y/F)

Tests asked Wellness 360 With Vitamins

Test date 28 Oct 2025 **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

100+ Crore Samples Processed

Processed At :
D-37/1,TTC MIDC,Turbhe, Navi
Mumbai - 400703

PharmEasy Labs

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7022 000 900

DOCON TECHNOLOGIES PRIVATE LIMITED, Office No.208, 209, 210 Second floor, A wing, 'Dattani Plaza', Near East West Industrial Estate, Safed Pool, Saki Naka, Andheri (East), Mumbai - 400072

Patient Name	: **LAXMI MYANA(49Y/F)**	Tests Done	: **WELLNESS 360 WITH VITAMINS**
Referred By	: **SELF**		
Home Collection :	**1307 13TH FLOOR DEV DRISHTI EMPIRE KAMATGHAR ANJURPHATA BHIWANDI LOCALITY: BHIWANDI LANDMARK: CITY: BHIWANDI**		

Report Availability Summary

Note: Please refer to the table below for status of your tests.

15 Ready | **0** Ready with Cancellation | **0** Processing | **0** Cancelled in Lab

TEST DETAILS	REPORT STATUS
WELLNESS 360 WITH VITAMINS	Ready
FASTING BLOOD SUGAR(GLUCOSE)	Ready
CHLORIDE	Ready
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	Ready
Lipoprotein (a) [Lp(a)]	Ready
SODIUM	Ready
COMPLETE URINE ANALYSIS	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
APOLIPROTEIN RATIO	Ready

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Tests Outside Reference Range

Note: Please refer to the table below for tests outside reference range.

Test Name	Observed Value	Units	Bio. Ref. Interval.
CARDIAC RISK MARKERS			
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	**6.3**	mg/L	< 3
COMPLETE HEMOGRAM			
MEAN CORP.HEMO.CONC(MCHC)	**30.7**	g/dL	31.5-34.5
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	**24.2**	pq	27.0-32.0
MEAN CORPUSCULAR VOLUME(MCV)	**78.8**	fL	83.0-101.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**15.4**	%	11.6-14.0
TOTAL RBC	**5.42**	X 10^6/µL	3.8-4.8
LIPID			
HDL / LDL RATIO	**0.36**	Ratio	> 0.40
HDL CHOLESTEROL - DIRECT	**62**	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	**171**	mg/dL	< 100
NON-HDL CHOLESTEROL	**190.1**	mg/dL	< 160
TOTAL CHOLESTEROL	**252**	mg/dL	< 200
LIVER			
SERUM GLOBULIN	**3.42**	gm/dL	2.5-3.4
RENAL			
CREATININE - SERUM	**0.51**	mg/dL	0.55-1.02
VITAMINS			
25-OH VITAMIN D (TOTAL)	**6.08**	ng/mL	30-100

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Patient Name	: **LAXMI MYANA(49Y/F)**	Sample Collected on (SCT)	: **28 Oct 2025 09:17**
Referred By	: **SELF**	Sample Received on (SRT)	: **28 Oct 2025 15:24**
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		Sample Type | Barcode	: **SERUM | ET693989**

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**C.L.I.A**	**6.08**	**ng/mL**

Bio. Ref. Interval. :
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.

Method : Fully Automated Chemi Luminescent Immuno Assay

VITAMIN B-12	C.M.I.A	505	pg/mL

Bio. Ref. Interval. :

Normal : 187 - 883 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): 5.6, Inter assay (%CV): 6.8, Sensitivity: 125 pg/mL

Kit validation references: Lee DSC, Griffiths BW. Human Serum Vitamin B12 Assay Methods - A Review. Clin. Biochem 1985; 18:261-6

Method : Fully Automated Chemi Luminescent Microparticle Intrinsic factor Immunoassay

Please correlate with clinical conditions.

Tests Done : **WELLNESS 360 WITH VITAMINS**

Report Remarks : **Clinically Tested by: Thyrocare Technologies Ltd-CAP & NABL accredited, NABL certificate no: MC-2407**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

Scan QR to verify(valid for 30 days from release time)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	160	mg/dL

Bio. Ref. Interval. :
Male : 86 - 152
Female : 94 - 162

Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	111	mg/dL

Bio. Ref. Interval. :
Male : 56 - 145
Female : 53 - 138

Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APO B / APO A1 RATIO (APO B/A1)	CALCULATED	0.7	Ratio

Bio. Ref. Interval. :

Male : 0.40 - 1.26
Female : 0.38 - 1.14

Clinical Significance :

- Apolipoprotein B is a more potent and independent predictor of Coronary artery disease (CAD) than LDL Cholesterol.
- Apolipoprotein A1 is one of the apoproteins of HDL and is inversely related to risk of CAD.
- The Apolipoprotein studies help in monitoring risk of restenosis in patients with myocardial infarction, Coronary bypass surgery etc.
- An increased ratio of Apo B to A1 beyond the defined normal range is indicative of CAD risk.
- All results have to be interpreted in Conjunction with clinical history and other findings.

Method : Derived from serum Apo A1 and Apo B values

Please correlate with clinical conditions.

Tests Done : **WELLNESS 360 WITH VITAMINS**

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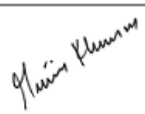
Dr Arshiya MD(Path)



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TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	IMMUNOTURBIDIMETRY	19.5	mg/dL

Bio. Ref. Interval. :-

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

Tests Done : **WELLNESS 360 WITH VITAMINS**

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	**IMMUNOTURBIDIMETRY**	**6.3**	**mg/L**

Bio. Ref. Interval. :-

< 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

Tests Done : **WELLNESS 360 WITH VITAMINS**

Report Remarks : **Clinically Tested by: Thyrocare Technologies Ltd-CAP accredited**

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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	118.6	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170			
Method : Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	392.5	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl			
Method : Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	30.22	%
Bio. Ref. Interval. : 13 - 45			
Method : Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	273.9	µg/dL
Bio. Ref. Interval. : 162 - 368			
Method : SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	**PHOTOMETRY**	**252**	**mg/dL**	**< 200**
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**62**	**mg/dL**	**40-60**
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**171**	**mg/dL**	**< 100**
TRIGLYCERIDES	PHOTOMETRY	131	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4.1	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	2.13	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	2.8	Ratio	1.5-3.5
HDL / LDL RATIO	**CALCULATED**	**0.36**	**Ratio**	**> 0.40**
NON-HDL CHOLESTEROL	**CALCULATED**	**190.1**	**mg/dL**	**< 160**
VLDL CHOLESTEROL	CALCULATED	26.22	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:**

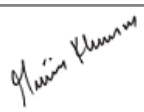
TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

Tests Done : **WELLNESS 360 WITH VITAMINS**

Report Remarks : **Clinically Tested by: Thyrocare Technologies Ltd-NABL accredited, NABL certificate no: MC-2407**

Dr Arshiya MD(Path)



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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	98.5	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.97	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.14	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.83	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	14.3	U/L	< 38
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	26.6	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	23.4	U/L	< 34
SGOT / SGPT RATIO	CALCULATED	1.14	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.81	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.39	gm/dL	3.2-4.8
SERUM GLOBULIN	**CALCULATED**	**3.42**	**gm/dL**	**2.5-3.4**
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.28	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 Bcg¹method (Colorimetric Assay Endpoint)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - Derived from serum Albumin and Protein values

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TEST NAME	TECHNOLOGY	VALUE	UNITS
CHLORIDE	I.S.E - INDIRECT	101.2	mmol/L

Bio. Ref. Interval. :
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 - INDIRECT

SODIUM	I.S.E - INDIRECT	140.7	mmol/L

Bio. Ref. Interval. :
ADULTS: 136-145 MMOL/L

Method : ION SELECTIVE ELECTRODE - INDIRECT

Please correlate with clinical conditions.

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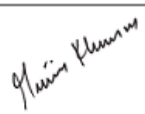

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	8.03	mg/dL	7.94 - 20.07
CREATININE - SERUM	**PHOTOMETRY**	**0.51**	**mg/dL**	**0.55-1.02**
BUN / SR.CREATININE RATIO	CALCULATED	15.74	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	17.18	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	33.7	Ratio	< 52
CALCIUM	PHOTOMETRY	9.46	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	5.66	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

Tests Done : **WELLNESS 360 WITH VITAMINS**

Report Remarks : **Clinically Tested by: Thyrocare Technologies Ltd-NABL accredited, NABL certificate no: MC-2407**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

Processed At :
D-37/1,TTC MIDC,Turbhe, Navi
Mumbai - 400703

PharmEasy Labs

PharmEasy Labs
7022 000 900

DOCON TECHNOLOGIES PRIVATE LIMITED, Office No.208, 209, 210 Second floor, A wing, 'Dattani Plaza', Near East West Industrial Estate, Safed Pool, Saki Naka, Andheri (East), Mumbai - 400072

Patient Name	: **LAXMI MYANA(49Y/F)**	Sample Collected on (SCT)	: **28 Oct 2025 09:17**
Referred By	: **SELF**	Sample Received on (SRT)	: **28 Oct 2025 15:24**
Home Collection	: **1307 13TH FLOOR DEV DRISHTI EMPIRE KAMATGHAR ANJURPHATA BHIWANDI LOCALITY: BHIWANDI LANDMARK: CITY: BHIWANDI**	Report Released on (RRT)	: **28 Oct 2025 17:46**
		Sample Type | Barcode	: **SERUM | ET693989**

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	120	ng/dL	60-200
TOTAL THYROXINE (T4)	C.L.I.A	9	µg/dL	4.5-12
TSH - ULTRASENSITIVE	C.L.I.A	4.692	µIU/mL	0.55-4.78

Comments : ***

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

Method :

T3 - Competitive Chemi Luminescent Immuno Assay
T4 - Competitive Chemi Luminescent Immuno Assay
USTSH - Third Generation Ultrasensitive Chemi Luminescent Immuno Assay

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.

Tests Done : **WELLNESS 360 WITH VITAMINS**

Report Remarks : **Clinically Tested by: Thyrocare Technologies Ltd**

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		Sample Type | Barcode	: **SERUM | ET693989**

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	114	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:- 2021 CKD EPI Creatinine Equation

Tests Done : **WELLNESS 360 WITH VITAMINS**

Report Remarks : **Clinically Tested by: Thyrocare Technologies Ltd-NABL accredited, NABL certificate no: MC-2407**

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Patient Name	: **LAXMI MYANA(49Y/F)**	Sample Collected on (SCT)	: **28 Oct 2025 09:17**
Referred By	: **SELF**	Sample Received on (SRT)	: **28 Oct 2025 15:27**
Home Collection	: **1307 13TH FLOOR DEV DRISHTI EMPIRE KAMATGHAR ANJURPHATA BHIWANDI LOCALITY: BHIWANDI LANDMARK: CITY: BHIWANDI**	Report Released on (RRT)	: **28 Oct 2025 17:24**
		Sample Type | Barcode	: **FLUORIDE PLASMA | EQ970245**

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	87.59	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-POD METHOD

Tests Done : **WELLNESS 360 WITH VITAMINS**

Report Remarks : **Clinically Tested by: Thyrocare Technologies Ltd-NABL accredited, NABL certificate no: MC-2407**

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Patient Name	: **LAXMI MYANA(49Y/F)**	Sample Collected on (SCT)	: **28 Oct 2025 09:17**
Referred By	: **SELF**	Sample Received on (SRT)	: **28 Oct 2025 15:30**
Home Collection	: **1307 13TH FLOOR DEV DRISHTI EMPIRE KAMATGHAR ANJURPHATA BHIWANDI LOCALITY: BHIWANDI LANDMARK: CITY: BHIWANDI**	Report Released on (RRT)	: **28 Oct 2025 17:08**
		Sample Type | Barcode	: **EDTA Whole Blood | EJ353820**

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c	H.P.L.C	5.4	%

Bio. Ref. Interval. :

As per ADA Guidelines	Guidance For Known Diabetics
Below 5.7% : Normal	Below 6.5% : Good Control
5.7% - 6.4% : Prediabetic	6.5% - 7% : Fair Control
>=6.5% : Diabetic	7.0% - 8% : Unsatisfactory Control
	>8% : Poor Control

Method : Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	108	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.

Tests Done : **WELLNESS 360 WITH VITAMINS**

Report Remarks : **Clinically Tested by: Thyrocare Technologies Ltd**

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Patient Name : **LAXMI MYANA(49Y/F)**
Referred By : **SELF**
Home Collection : **1307 13TH FLOOR DEV DRISHTI EMPIRE KAMATGHAR ANJURPHATA BHIWANDI LOCALITY: BHIWANDI LANDMARK: CITY: BHIWANDI**

Sample Collected on (SCT) : **28 Oct 2025 09:17**
Sample Received on (SRT) : **28 Oct 2025 15:30**
Report Released on (RRT) : **28 Oct 2025 17:08**
Sample Type | Barcode : **EDTA Whole Blood | EJ353820**

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	SLS-Hemoglobin Method	13.1	g/dL	12.0-15.0
Hematocrit (PCV)	CPH Detection	42.7	%	36.0-46.0
Total RBC	**HF & EI**	**5.42**	**X 10^6/µL**	**3.8-4.8**
Mean Corpuscular Volume (MCV)	**Calculated**	**78.8**	**fL**	**83.0-101.0**
Mean Corpuscular Hemoglobin (MCH)	**Calculated**	**24.2**	**pq**	**27.0-32.0**
Mean Corp.Hemo. Conc (MCHC)	**Calculated**	**30.7**	**g/dL**	**31.5-34.5**
Red Cell Distribution Width - SD (RDW-SD)	Calculated	43.8	fL	39.0-46.0
Red Cell Distribution Width (RDW - CV)	**Calculated**	**15.4**	**%**	**11.6-14.0**
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	223.9	-	*Refer Note below
MENTZER INDEX	Calculated	14.5	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	6.39	X 10^3 / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	59.3	%	40-80
Lymphocytes Percentage	Flow Cytometry	35.4	%	20-40
Monocytes Percentage	Flow Cytometry	3.4	%	2-10
Eosinophils Percentage	Flow Cytometry	1.3	%	1-6
Basophils Percentage	Flow Cytometry	0.3	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.3	%	0.0-0.4
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	3.79	X 10^3 / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	2.26	X 10^3 / µL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.22	X 10^3 / µL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.02	X 10^3 / µL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.08	X 10^3 / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.02	X 10^3 / µL	0.0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10^3 / µL	0.0-0.5
PLATELET COUNT	HF & EI	329	X 10^3 / µL	150-410
Mean Platelet Volume (MPV)	Calculated	11.1	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	13.6	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	35.1	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.36	%	0.19-0.39

Remarks : Alert!!! RBCs:Mild anisopoikilocytosis. Predominantly normocytic normochromic with microcytes & 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 Impedence, *Hb- hemoglobin, *CPH- Cumulative pulse height**)**

Tests Done : **WELLNESS 360 WITH VITAMINS**

Report Remarks : **Clinically Tested by: Thyrocare Technologies Ltd**

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Patient Name : **LAXMI MYANA(49Y/F)**
Referred By : **SELF**
Home Collection : **1307 13TH FLOOR DEV DRISHTI EMPIRE KAMATGHAR ANJURPHATA BHIWANDI LOCALITY: BHIWANDI LANDMARK: CITY: BHIWANDI**

Sample Collected on (SCT) : **28 Oct 2025 09:17**
Sample Received on (SRT) : **28 Oct 2025 16:08**
Report Released on (RRT) : **28 Oct 2025 17:07**
Sample Type | Barcode : **URINE | ER615163**

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
Complete Urinogram				
Physical Examination				
VOLUME	Visual Determination	3	mL	-
COLOUR	Visual Determination	PALE YELLOW	-	Pale Yellow
APPEARANCE	Visual Determination	CLEAR	-	Clear
SPECIFIC GRAVITY	pKa change	1.01	-	1.003-1.030
PH	pH indicator	6	-	5-8
Chemical Examination				
URINARY PROTEIN	PEI	ABSENT	mg/dL	Absent
URINARY GLUCOSE	GOD-POD	ABSENT	mg/dL	Absent
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
Microscopic Examination				
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	1	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**)**

~~ End of report ~~

Tests Done : **WELLNESS 360 WITH VITAMINS**

Report Remarks : **Clinically Tested by: Thyrocare Technologies Ltd**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

Scan QR to verify(valid for 30 days from release time)

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 or call us on 7022000900.