

Corporate Office : Thyrocare Technologies Limited D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703
☎ 022 - 3090 0000 / 4125 2525 ☎ 8691866066 ✉ wellness@thyrocare.com 🌐 www.thyrocare.com

REPORT

NAME : MR P NAGABABU (33Y/M)
REF. BY : SATHYA DIAGNOSTICS CENTRE
TEST ASKED : AAROGYAM 15.1

SAMPLE COLLECTED AT :
(204184),SATHYA DIAGNOSTICS CENTRE,INCHARGE:N S
REDDY PLOTNO 38 & 39, SHILPA PARK,
KONDAPUR,HYDERABAD.,500081

TEST NAME	TECHNOLOGY	VALUE	UNITS
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25-OH VITAMIN D (TOTAL)

C.L.I.A

36.64

ng/ml

Reference Range :

DEFICIENCY : <20 ng/ml

INSUFFICIENCY : 20-<30 ng/ml

SUFFICIENCY : 30-100 ng/ml

TOXICITY : >100 ng/ml

Vitamin D Total test is analyzed on Siemens ADVIA Centaur, standardized against ID-LC/MS/MS, as per Vitamin D Standardization Program (VDSP).

Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

VITAMIN B-12

C.L.I.A

254

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):4.0%, INTER ASSAY (%CV):4.4 %;SENSITIVITY:45 PG/ML

EXTERNAL QUALITY CONTROL PROGRAM PARTICIPATION:

COLLEGE OF AMERICAN PATHOLOGISTS: LIGAND ASSAY (GENERAL) SURVEY; CAP NUMBER: 7193855-01

KIT VALIDATION REFERENCES:

CHEN IW,SPERLING MI,HEMINGER IA.VITAMIN B12.IN:PESCE AJ,KALPAN LA,EDITORS.METHODS IN CLINICAL CHEMISTRY. ST.LOUIS:CV MOSBY,1987.P.569-73.

Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

Sample Collected on (SCT) :28 May 2018 07:40
Sample Received on (SRT) : 29 May 2018 03:11
Report Released on (RRT) : 29 May 2018 12:27
Sample Type : SERUM
Labcode : 280548383/HYD31
Barcode : H8057911

Dr.Prachi Sinkar MD

Dr.Caesar Sengupta MD

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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON Reference Range : Male : 65 - 175 Female : 50 - 170 Method : FERROZINE METHOD WITHOUT DEPROTEINIZATION	PHOTOMETRY	188.9	µg/dl
TOTAL IRON BINDING CAPACITY (TIBC) Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl Method : SPECTROPHOTOMETRIC ASSAY	PHOTOMETRY	398	µg/dl
% TRANSFERRIN SATURATION Reference Range : 13 - 45 Method : DERIVED FROM IRON AND TIBC VALUES	CALCULATED	47.46	%

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	99	U/l	53 - 128
BILIRUBIN - TOTAL	PHOTOMETRY	1.6	mg/dl	0.3-1.2
BILIRUBIN - DIRECT	PHOTOMETRY	0.45	mg/dl	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	1.15	mg/dl	0-0.9
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	40.81	U/l	< 37
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	59.13	U/l	13-40
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	47.1	U/l	< 55
PROTEIN - TOTAL	PHOTOMETRY	8.4	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	5.1	gm/dl	3.2-4.8
SERUM GLOBULIN	PHOTOMETRY	3.3	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.55	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
SGOT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
SGPT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
GGT - MODIFIED IFCC METHOD
PROT - BIURET METHOD
SALB - ALBUMIN BCG* METHOD (COLORIMETRIC ASSAY ENDPOINT)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	203	mg/dl	125-200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	50	mg/dl	35-80
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	121	mg/dl	85-130
TRIGLYCERIDES	PHOTOMETRY	162	mg/dl	25-200
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	2.4	Ratio	1.5-3.5
VLDL CHOLESTEROL	CALCULATED	32.4	mg/dl	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	152.7	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	114	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	9	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.29	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
CALCIUM	PHOTOMETRY	9.79	mg/dl	8.8-10.6
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	19.38	mg/dl	7 - 25
CREATININE - SERUM	PHOTOMETRY	1.11	mg/dl	0.6-1.1
URIC ACID	PHOTOMETRY	5.7	mg/dl	3.7 - 9.2
BUN / SR.CREATININE RATIO	CALCULATED	17.46	Ratio	9:1-23:1

Please correlate with clinical conditions.

Method :

CALC - ARSENAZO III METHOD, END POINT.
BUN - KINETIC UV ASSAY.
SCRE - CREATININE ENZYMATIC METHOD
URIC - Uricase / Peroxidase Method
B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES

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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	87	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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