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REPORT

NAME : PANKAJ (31Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.7

SAMPLE COLLECTED AT :
(2480019750), GLIFE HEALTHCARE, ADD 3/4 A
AARAGHAR GHAR CHOWK, HARIDWAR ROAD,
DEHRADUN, UTTARAKHAND,, 248001

TEST NAME	TECHNOLOGY	VALUE	UNITS
CYSTATIN C	IMMUNOTURBIDIMETRY	1.03	mg/L

<= 60 years: <= 1.03 mg/L
> 60 years : < 1.50 mg/L

Clinical significance

Cystatin c, is a small 13-kda protein and is a member of the cysteine proteinase inhibitor family, it is produced at a constant rate by all nucleated cells. Due to its small size it is freely filtered by the glomerulus and is not secreted but is fully reabsorbed and broken down by the renal tubules. This means that the primary determinate of blood Cystatin c levels is the rate at which it is filtered at the glomerulus making it an excellent gfr marker. Cystatin c is also a marker of inflammation and like many other markers of inflammation; its serum concentration may be higher in patients with decreased renal clearance. There is mounting evidence, however, that Cystatin c may be a predictor of adverse outcomes independent of renal function with its higher sensitivity to detect a reduced GFR than Creatinine determination, also in the so-called "Creatinine-blind" range. Thus, Cystatin c is suggested to be a better marker for GFR than the ubiquitous serum Creatinine.

Reference

1. Barrett aj, Davies me, Grubb a. the place of human gamma-trace (Cystatin c) among the cysteine proteinase inhibitors. Biochem biophys res common 1984; 120: 631-6.

2. Grubb a. diagnostic value of analysis of Cystatin c and protein HC in biological fluids. Clin Nephrol 1992; 38: S20-7.

Please correlate with clinical conditions.**Method:-** LATEX ENHANCED IMMUNOTURBIDIMETRY

Sample Collected on (SCT) : 17 Dec 2020 11:15
Sample Received on (SRT) : 19 Dec 2020 02:03
Report Released on (RRT) : 19 Dec 2020 14:27
Sample Type : SERUM
Labcode : 1812004614/8551972 Dr.Prachi Sinkar MD(Path)
Barcode : Q8797431



Dr.Caesar Sengupta MD(Micro)
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TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMOCYSTEINE Reference Range :-	PHOTOMETRY	> 65	µmol/L

< 30

Clinical Significance:

Homocysteine is linked to increased risk of premature coronary artery disease, stroke and thromboembolism. Moreover, alzheimer's 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.

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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
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ANTI CCP (ACCP)

E.L.I.S.A

4.29

RU/ml

Reference Range :

Negative : < 25

Positive : > 25

Clinical Significance :

Anti-Cyclic-Citrullinated-Peptide (Anti-CCP) Antibodies hold promise for early and more accurate detection of Rheumatoid Arthritis before the disease proceeds into an irreversible damage.

Analytical Specifications :

Anti-Cyclic-Citrullinated-Peptide (Anti-CCP) antibodies are detected using a solid phase enzyme immuno assay having an analytical sensitivity of 25 RU/ml. Sensitivity of the method is 99% and specificity is 98.5%.

Method : SOLID PHASE CAPTURE ENZYME IMMUNOASSAY**ANTI NUCLEAR ANTIBODIES (ANA)**

E.L.I.S.A

1.19

AU/mL

Reference Range :

NEGATIVE : < 25

POSITIVE : > 25

Method : SOLID PHASE ENZYME IMMUNOASSAY**Please correlate with clinical conditions.****Sample Collected on (SCT)** : 17 Dec 2020 11:15**Sample Received on (SRT)** : 19 Dec 2020 02:03**Report Released on (RRT)** : 19 Dec 2020 14:27**Sample Type** : SERUM**Labcode** : 1812004614/8551972 Dr.Prachi Sinkar MD(Path)**Barcode** : Q8797431

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	12.9	mg/L

Reference Range :-
Adult : <=3.0 mg/L

Interpretation:

High sensitivity C-reactive protein, when used in conjunction with other clinical laboratory evaluation of acute coronary syndromes, may be useful as an independent marker of prognosis for recurrent events, in patients with stable coronary disease or acute coronary syndromes. hsCRP levels should not be substituted for assessment of traditional cardiovascular risk factors. Patients with persistently unexplained, marked elevation of hsCRP after repeated testing should be evaluated for non-cardiovascular etiologies

Clinical significance:

hsCRP measurements may be used as an independent risk marker for the identification of individuals at risk for future cardiovascular disease. Elevated CRP values may be indicative of prognosis of individuals with acute coronary syndromes, and may be useful in the management of such individuals.

Specifications: Precision: Within run %CV has been recorded <=5%.

References:

- Chenillot O, Henny J, Steinmez J, et al. High sensitivity C-reactive protein: biological variations and reference limits. Clin Chem Lab Med 2000;38:1003-11.
- Hind CRH, Pepys MB. The role of serum C-reactive protein measurements in clinical practice. Int Med 1984;5:112-51.

Please correlate with clinical conditions.**Method:-** FULLY AUTOMATED LATEX AGGLUTINATION – BECKMAN COULTER

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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	146.2	µg/dl
Reference Range : Male : 65 - 175 Female : 50 - 170			
Method : FERROZINE METHOD WITHOUT DEPROTEINIZATION			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	286	µg/dl
Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl			
Method : SPECTROPHOTOMETRIC ASSAY			
% TRANSFERRIN SATURATION	CALCULATED	51.12	%
Reference Range : 13 - 45			
Method : DERIVED FROM IRON AND TIBC VALUES			
FERRITIN	C.L.I.A	259	ng/ml
Reference Range : Men: 22-322 ng/ml Women: 10-291 ng/ml			
Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY			
FOLATE	C.L.I.A	7.5	ng/ml
Reference Range : > 5.38 ng/ml			
Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY			

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	94	mg/dL
Reference Range :			
Male : 86 - 152			
Female : 94 - 162			
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY - BECKMAN COULTER			
APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	110	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	1.2	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
INSULIN - FASTING	E.C.L.I.A	10.3	µU/mL

Reference Range :-

2.6 - 24.9 µU/mL

Clinical Significance

Type I (Insulin dependent: "Juvenile") diabetes is due to a destruction of the beta cells, with a consequence of absolute lack of insulin. In type II (Non insulin-dependent: "Maturity onset") diabetes, insulin resistance may play an important role; However after several years of evolution, beta-cells failure may occur, leading to a relative insulinopenia requiring, in some cases, insulin administration. Insulin resistance is associated with high circulation levels of the hormone.

For diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Specifications:

Precision: Intra Assay (%CV): 4.3 %, Inter Assay (%CV): 5.3%; Sensitivity: 0.04 µU/mL

External quality control program participation:

College Of American Pathologists: Insulin Survey (Ing): Cap Number: 7193855-01

Kit validation references:

Lang DA, Matthews DR, Peto J, et al. Cyclic oscillations of basal plasma glucose and insulin concentrations in human beings. N Engl J Med 1979;301:1023-1027.

Please correlate with clinical conditions.**Method:-** FULLY AUTOMATED ELECTROCHEMILUMINESCENCE IMMUNOASSAY

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

C.L.I.A

15.94

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).

Specifications: Intra assay (%CV):5.3%, Inter assay (%CV):11.9% ; Sensitivity:3.2 ng/ml

Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY**VITAMIN B-12**

C.L.I.A

239

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

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.**

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TEST NAME	TECHNOLOGY	VALUE	UNITS
FRUCTOSAMINE	PHOTOMETRY	280.3	µmol/L
Reference Range :			
<=286 µmol/L			
Clinical Significance:			
The test is useful for screening of Diabetes Mellitus and Gestational Diabetic Mellitus. Fructosamine assay is useful in monitoring the degree of glycemia over short-to-intermediate time frames (1-3 weeks) concentration greater than the established normal range is an indication of prolonged hyperglycemia of 1-3 weeks or longer. The higher fructosamine value, poorer is the degree of glycemia control.			
Method : NITROBLUE TETRAZOLIUM ASSAY (NBT)			
BLOOD KETONE (D3HB)	PHOTOMETRY	0.4	mg/dL
Reference Range :			
0.21-2.81 mg/dL			

Clinical Significance:

Three types of ketones can be produced in body D-3- Hydroxybutyrate, Acetoacetate and Acetone. D-3- Hydroxybutyrate accounts for approximately 75% of the ketone bodies. During periods of ketosis, D-3- Hydroxybutyrate increases more than the other two. It has been shown to be a better index of ketoacidosis. In diabetics, D-3- Hydroxybutyrate is needed for the assessment of the severity of diabetic coma and to calculate insulin requirements.

Method : ENZYMATIC (KINETIC)**Please correlate with clinical conditions.**

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TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	IMMUNOTURBIDIMETRY	21.9	mg/dl

Reference Range :-
Adults : < 30.0 mg/dl

Interpretation:

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: Intra Assay (%CV): 3.4 %, Inter Assay (%CV): 2.0 %; Sensitivity: 0.002 gm/l

External Quality Control Program Participation:

College of American Pathologists: General Chemistry and TDM; CAP Number: 7193855-01

Kit Validation References:

Koschinsky ML, Marcovina SM. Lipoprotein A: Structural Implication for Pathophysiology. Int J Clin Lab Res, 1997; 27: 14-23.

Please correlate with clinical conditions.**Method:-** LATEX ENHANCED IMMUNOTURBIDIMETRY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
LP-PLA2	PHOTOMETRY	207	U/L

Reference Range :-

Low Risk : < 275 U/L
High Risk : > 275 U/L

Clinical Significance:

Lp-PLA2, is an enzyme produced by inflammatory cells. It is predominantly associated with low-density lipoprotein (LDL) and high-density lipoprotein (HDL).

Lp-PLA2 is a specific marker of vascular inflammation and found to be upregulated in atherosclerotic lesions especially in complex plaque prone to rupture. A meta-analysis found that Lp-PLA2 levels are positively correlated with increased risk of developing coronary heart disease and stroke. Lp-PLA2 is not an acute phase reactant and thus is unaffected by systemic inflammatory processes.

Lp-PLA2 activity should be interpreted in conjunction with clinical evaluation and other risk factor assessment.

References:

1. Mauro Panteghini, and Renze Bais, Serum Enzymes in Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, Fifth Edition (2012), Carl. A. Burtis, Edward R. Ashwood, David E. Bruns, p. 594
2. Alexander Thompson et al., The Lp-PLA2 Studies Collaboration (2010). "Lipoprotein-associated phospholipase A2 and risk of coronary disease, stroke, and mortality: collaborative analysis of 32 prospective studies". The Lancet 375 (9725): 1536-1544
3. Kolodgie FD, Burke AP, Skorija KS, et al. Lipoprotein-associated phospholipase A2 protein expression in the natural progression of human coronary atherosclerosis. Arterioscler Thromb Vasc Biol 2006; 26: 2523-29.

Please correlate with clinical conditions.**Method:-** ENZYMATIC ASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM COPPER Reference Range :-	PHOTOMETRY	167	µg/dL

MALE : 63.5 - 150

FEMALE : 80 - 155

CLINICAL SIGNIFICANCE

COPPER IS AN IMPORTANT TRACE ELEMENT AND A COMPONENT OF NUMEROUS ENZYMES AND PROTEINS INVOLVED IN ENERGY PRODUCTION, CONNECTIVE TISSUE FORMATION, MELANIN SYNTHESIS, IRON METABOLISM, DEVELOPMENT OF CENTRAL NERVOUS SYSTEM, ANGIOGENESIS AS WELL AS AN ANTIOXIDANT.

DEFICIENCY CAN CAUSE - MALNOURISHMENT, CARDIOVASCULAR DISEASE, ANEMIA & NEUROPATHY. TOXICITY MAY BE MANIFESTED AS ACUTE RENAL FAILURE, GASTROENTERITIS & CHRONIC LIVER DISEASE.

REFERENCE: CARL A. BURTIS, EDWARD R. ASHWOOD, DAVID E. BRUNS. TIETZ TEXTBOOK OF CLINICAL CHEMISTRY AND MOLECULAR DIAGNOSTICS. CHAPTER 31. VITAMINS AND TRACE ELEMENTS. PAGE: 948-952.

Please correlate with clinical conditions.**Method:-** 3,5-DIBR-PAESA

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REPORT

NAME : PANKAJ (31Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.7

SAMPLE COLLECTED AT :
(2480019750), GLIFE HEALTHCARE, ADD 3/4 A
AARAGHAR GHAR CHOWK, HARIDWAR ROAD,
DEHRADUN, UTTARAKHAND,, 248001

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM ZINC	PHOTOMETRY	129.7	µg/dL

Reference Range :-

52 - 286

CLINICAL SIGNIFICANCE

ZINC IS ONE OF THE ESSENTIAL TRACE ELEMENTS IN THE BODY. ITS METALLOENZYMES PLAY A KEY ROLE IN PROTEIN AND NUCLEIC ACID SYNTHESIS, GENE EXPRESSION, WOUND HEALING, AS AN ANTIOXIDANT, ETC.

DEFICIENCY CAN CAUSE - POOR WOUND HEALING, GASTROENTERITIS, IMPAIRED SPERMATOGENESIS, ALZHEIMER'S DISEASE, ETC. TOXICITY MAY BE MANIFESTED AS PANCREATITIS, GASTRIC ULCER, ANEMIA, PULMONARY FIBROSIS.

REFERENCE: CARL A. BURTIS, EDWARD R. ASHWOOD, DAVID E. BRUNS. TIETZ TEXTBOOK OF CLINICAL CHEMISTRY AND MOLECULAR DIAGNOSTICS. CHAPTER 31. VITAMINS AND TRACE ELEMENTS. PAGE: 960-965.

Please correlate with clinical conditions.**Method:-** NITRO - PAPS

Sample Collected on (SCT) : 17 Dec 2020 11:15
Sample Received on (SRT) : 19 Dec 2020 02:03
Report Released on (RRT) : 19 Dec 2020 14:27
Sample Type : SERUM
Labcode : 1812004614/8551972 Dr.Prachi Sinkar MD(Path)
Barcode : Q8797431

Dr.Caesar Sengupta MD(Micro)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	447.87	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 Hyperprolactinemia, 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.

External quality control program participation:

College of American pathologists: Ligand assay (special) survey; cap number: 7193855-01

Please correlate with clinical conditions.**Method:-** FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

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TEST NAME	TECHNOLOGY	VALUE	UNITS
AMYLASE Reference Range :-	PHOTOMETRY	112	U/L

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: Within run %CV has been recorded 1% and between run %CV of 1.5%. Analytical sensitivity (Lower Detection Limit) 3 U/l

Kit Validation References:

Tietz NW, Huang WY, Rauh DF ET AL. Laboratory tests in the differential diagnosis of Hyperamylasemia. Clin Chem 1986;32: 301-307

Please correlate with clinical conditions.**Method:-** ENZYMATIC PHOTOMETRIC TEST.

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DEHRADUN, UTTARAKHAND,, 248001

TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPASE	PHOTOMETRY	40.8	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: Within run %CV has been recorded 1.16 % and between run %CV of 0.65 %. Analytical sensitivity (lower detection limit) 3 U/I

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.**Method:-** ENZYMATIC COLORIMETRIC ASSAY

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REPORT

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REF. BY : SELF
TEST ASKED : AAROGYAM 1.7

SAMPLE COLLECTED AT :
(2480019750), GLIFE HEALTHCARE, ADD 3/4 A AARAGHAR
GHAR CHOWK, HARIDWAR ROAD, DEHRADUN,
UTTARAKHAND,,248001

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	226	mg/dl	125-200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	31	mg/dl	35-80
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	173	mg/dl	85-130
TRIGLYCERIDES	PHOTOMETRY	164	mg/dl	25-200
TC/ HDL CHOLESTEROL RATIO	CALCULATED	7.2	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	5.5	Ratio	1.5-3.5
VLDL CHOLESTEROL	CALCULATED	32.8	mg/dl	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	194.8	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.**Sample Collected on (SCT)** : 17 Dec 2020 11:15

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Dr.Caesar Sengupta MD(Micro)

Barcode : Q8797431

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(2480019750), GLIFE HEALTHCARE, ADD 3/4 A AARAGHAR
GHAR CHOWK, HARIDWAR ROAD, DEHRADUN,
UTTARAKHAND,,248001

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	95.1	U/L	45 - 129
BILIRUBIN - TOTAL	PHOTOMETRY	0.82	mg/dl	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.25	mg/dl	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.57	mg/dl	0-0.9
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	47.7	U/I	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	72.1	U/I	< 45
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	63.8	U/I	< 55
PROTEIN - TOTAL	PHOTOMETRY	7.6	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.8	gm/dl	3.2-4.8
SERUM GLOBULIN	PHOTOMETRY	2.8	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.71	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 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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NAME : PANKAJ (31Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.7

SAMPLE COLLECTED AT :
 (2480019750), GLIFE HEALTHCARE, ADD 3/4 A AARAGHAR
 GHAR CHOWK, HARIDWAR ROAD, DEHRADUN,
 UTTARAKHAND,,248001

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	120	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	7.8	μg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.16	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	9.51	mg/dl	8.8-10.6
URIC ACID	PHOTOMETRY	7.6	mg/dl	4.2 - 7.3
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	15.56	mg/dl	7 - 25
CREATININE - SERUM	PHOTOMETRY	0.71	mg/dl	0.6-1.1
BUN / SR.CREATININE RATIO	CALCULATED	21.92	Ratio	9:1-23:1
SODIUM	I.S.E	142.4	mmol/l	136 - 145
CHLORIDE	I.S.E	104.3	mmol/l	98 - 107

Please correlate with clinical conditions.**Method :**

CALC - ARSENATO III METHOD, END POINT.

URIC - Uricase / Peroxidase Method

BUN - KINETIC UV ASSAY.

SCRE - CREATININE ENZYMATIC METHOD

B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES

SOD - ION SELECTIVE ELECTRODE

CHL - ION SELECTIVE ELECTRODE

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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALculated	125	mL/min/1.73 m ²

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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REPORT

NAME : PANKAJ (31Y/M)
REF. BY : SELF
TEST ASKED : ELEMENTS 22 (TOXIC AND NUTRIENTS),HbA1c,HEMOGRAM

SAMPLE COLLECTED AT :
(2480019750),GLIFE HEALTHCARE,ADD 3/4 A AARAGHAR GHAR CHOWK, HARIDWAR ROAD, DEHRADUN, UTTARAKHAND,,248001

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC - NGSP Certified)	H.P.L.C	5.6	%

Reference Range :

Reference Range: 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. using Biorad Variant II Turbo

AVERAGE BLOOD GLUCOSE (ABG) CALCULATED 114 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.

Sample Collected on (SCT) : 17 Dec 2020 11:15
Sample Received on (SRT) : 19 Dec 2020 01:21
Report Released on (RRT) : 19 Dec 2020 07:33
Sample Type : EDTA
Labcode : 1812052227/8551972 Dr.Prachi Sinkar MD(Path)
Barcode : R1096698

Dr.Caesar Sengupta MD(Micro)

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REPORT

NAME : PANKAJ (31Y/M)
REF. BY : SELF
TEST ASKED : ELEMENTS 22 (TOXIC AND NUTRIENTS),HbA1c,HEMOGRAM

SAMPLE COLLECTED AT :
(2480019750),GLIFE HEALTHCARE,ADD 3/4 AARAGHAR GHAR CHOWK, HARIDWAR ROAD, DEHRADUN, UTTARAKHAND,,248001

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	7.91	X 10 ³ / μL	4.0-10.0
NEUTROPHILS	69.6	%	40-80
LYMPHOCYTE PERCENTAGE	26.9	%	20-40
MONOCYTES	2	%	0-10
EOSINOPHILS	0.9	%	0.0-6.0
BASOPHILS	0.3	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	5.51	X 10 ³ / μL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.13	X 10 ³ / μL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.16	X 10³ / μL	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.02	X 10 ³ / μL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.07	X 10 ³ / μL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.02	X 10 ³ / μL	0-0.3
TOTAL RBC	5.04	X 10 ⁶ /μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10 ³ / μL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	15.5	g/dL	13-17
HEMATOCRIT(PCV)	48	%	40-50
MEAN CORPUSCULAR VOLUME(MCV)	95.2	fL	83-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	30.8	pq	27-32
MEAN CORP.HEMA.CONC(MCHC)	32.3	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	45.1	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	12.9	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	11.8	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	10.2	fL	6.5-12
PLATELET COUNT	410	X 10³ / μL	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	26.9	%	19.7-42.4
PLATELET CRIT(PCT)	0.42	%	0.19-0.39

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) : 19 Dec 2020 07:33
Sample Type : EDTA
Labcode : 1812052227/8551972 Dr.Prachi Sinkar MD(Path)
Barcode : R1096698

Dr.Caesar Sengupta MD(Micro)

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PROCESSED AT :**Thyrocare**D-37/1, TTC MIDC, Turbhe,
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022 - 3090 0000 / 6712 3400 9870666333 wellness@thyrocare.com www.thyrocare.com

REPORT

NAME : PANKAJ (31Y/M)
REF. BY : SELF
TEST ASKED : ELEMENTS 22 (TOXIC AND NUTRIENTS), HbA1c, HEMOGLOBIN

SAMPLE COLLECTED AT :
(2480019750), GLIFE HEALTHCARE, ADD 3/4 A AARAGHAR GHAR CHOWK, HARIDWAR ROAD, DEHRADUN, UTTARAKHAND,, 248001

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ARSENIC	ICP-MS	0.4	µg/l	< 5
CADMIUM	ICP-MS	0.9	µg/l	< 1.5
MERCURY	ICP-MS	0.21	µg/l	< 5
LEAD	ICP-MS	28.48	µg/l	< 150
CHROMIUM	ICP-MS	0.85	µg/l	< 30
BARIUM	ICP-MS	3.99	µg/l	< 30
COBALT	ICP-MS	0.42	µg/l	0.10 - 1.50
CAESIUM	ICP-MS	2.66	µg/l	< 5
THALLIUM	ICP-MS	0.02	µg/l	< 1
URANIUM	ICP-MS	0.1	µg/l	< 1
STRONTIUM	ICP-MS	39.81	µg/l	8 - 38
ANTIMONY	ICP-MS	4.55	µg/l	0.10 - 18
TIN	ICP-MS	0.32	µg/l	< 2
MOLYBDENUM	ICP-MS	0.77	µg/l	0.70 - 4.0
SILVER	ICP-MS	1.66	µg/l	< 4
VANADIUM	ICP-MS	0.4	µg/l	< 0.8
BERYLLIUM	ICP-MS	0.02	µg/l	0.10 - 0.80
BISMUTH	ICP-MS	0.4	µg/l	0.10 - 0.80
SELENIUM	ICP-MS	216.96	µg/l	60 - 340
ALUMINIUM	ICP-MS	28.47	µg/l	< 30
NICKEL	ICP-MS	1.61	µg/l	< 15
MANGANESE	ICP-MS	18.95	µg/l	7.10 - 20

Please correlate with clinical conditions.**Method :**

ICP - MASS SPECTROMETRY

Note: Reference range has been obtained after considering 95% population as cutoff.

~~ End of report ~~

Sample Collected on (SCT) : 17 Dec 2020 11:15
Sample Received on (SRT) : 19 Dec 2020 01:21
Report Released on (RRT) : 19 Dec 2020 07:33
Sample Type : EDTA
Labcode : 1812052227/8551972 Dr.Prachi Sinkar MD(Path)
Barcode : R1096698



Dr.Caesar Sengupta MD(Micro)

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CONDITIONS OF REPORTING

- v The reported results are for information and interpretation of the referring doctor only.
- v It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- v Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- v Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- v Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- v This report is not valid for medico-legal purpose.
- v 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.
- v Thyrocare Discovery video link :- <https://youtu.be/nbdYeRgYyQc>
- v For clinical support please contact @8450950851,8450950852,8450950853,8450950854 between 10:00 to 18:00

EXPLANATIONS

- v Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- v **Name** - The name is as declared by the client and recorded by the personnel who collected the specimen.
- v **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
- v **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- v **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- v **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- v **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- v **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- v **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- v **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- v Values out of reference range requires reconfirmation before starting any medical treatment.
- v Retesting is needed if you suspect any quality shortcomings.
- v Testing or retesting should be done in accredited laboratories.
- v For suggestions, complaints or feedback, write to us at info@thyrocare.com or call us on **022-3090 0000 / 6712 3400**
- v SMS:<Labcode No.> to **9870666333**

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9 categories including 217 food items

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► Cereals (18)	► Fish (38)	► Spices (31)
► Nuts (11)	► Fruits (38)	► Miscellaneous (17)

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