Thyrocare

Tests you can trust

Name : Manish Kulkarni(34Y/M)

Date : 16 Dec 2024

Test Asked : Complete Health Check With Vitamins Dr

Report Status: Complete Report

9 out of 10 Doctors trust that Thyrocare **reports are accurate & reliable***

98% Reports released within **06 Hours** of sample reaching the lab+

Samples Processed in **NABL Accredited** Labs#

700+ Tests & Profiles

Temperature-Controlled Sample Logistics

Unique Barcode Tracking & Reports with QR Code Verification

Fully Automated Machines Inspected Daily

Abnormal Values Re-Checked Twice

Reports Verified By Expert MD Pathologists Stationed at Every Lab

Accredited by

NABL From 2005#

ISO 9001: 2015 - From 2015

CAP From 2007

PROCESSED AT :
Thyrocare
D-37/1,TTC MIDC,Turbhe,
Navi Mumbai-400 703

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Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703 98706 66333 wellness@thyrocare.com

*9 out of 10 Doctors Trust that Thyrocare Reports are **Accurate & Reliable***

NAME : MANISH KULKARNI(34Y/M)
REF. BY : DR.
TEST ASKED : COMPLETE HEALTH CHECK WITH VITAMINS DR

HOME COLLECTION :
ADDRESS WITH NEAREST LANDMARK :1003 IRIS A WING LODHA PARADISE MAJIWADA THANE WEST PINCODE : 400601

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
COMPLETE HEALTH CHECK WITH VITAMINS DR	Ready
CARCINO EMBRYONIC ANTIGEN (CEA)	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
ELEMENTS 22 (TOXIC AND NUTRIENTS)	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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Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
CARDIAC RISK MARKERS			
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	3.7	mg/L	< 3
COMPLETE HEMOGRAM			
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	25.2	pq	27.0-32.0
MEAN CORPUSCULAR VOLUME(MCV)	79	fL	83.0-101.0
PLATELET DISTRIBUTION WIDTH(PDW)	8.6	fL	9.6-15.2
PLATELET TO LARGE CELL RATIO(PLCR)	13	%	19.7-42.4
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	37.4	fL	39-46
TOTAL RBC	5.75	X 10^6/µL	4.5-5.5
COMPLETE URINE ANALYSIS			
URINARY BILIRUBIN	Present 1+(1-3 mg/dl)	mg/dL	Absent
URINARY PROTEIN	Trace (15-30 mg/dl)	mg/dL	Absent
URINE KETONE	Trace (5-15 mg/dl)	mg/dL	Absent
LIPID			
LDL CHOLESTEROL - DIRECT	109	mg/dL	< 100
RENAL			
URIC ACID	8.31	mg/dL	4.2 - 7.3
TOXIC ELEMENTS			
BERYLLIUM	0.02	µg/L	0.10 - 0.80
VITAMINS			
25-OH VITAMIN D (TOTAL)	27.9	ng/mL	30-100

Disclaimer: The above listed is the summary of the parameters with values outside the BRI. For detailed report values, parameter correlation and clinical interpretation, kindly refer to the same in subsequent pages.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
CARCINO EMBRYONIC ANTIGEN (CEA)	C.L.I.A	1.08	ng/mL

Bio. Ref. Interval. :-

Non-Smokers : < 2.50 ng/mL
Smokers : < 5.00 ng/mL

Clinical Significance :

CEA is often used to monitor patients with cancers of the gastrointestinal tract (GI). Increased CEA levels can indicate some Non-Cancer related conditions, Such as some forms of inflammation, Cirrhosis, and Peptic Ulcer. Also, Smokers tend to have Higher CEA levels than Non-Smokers. When cancer spreads to other organs, CEA levels rise and may be present in other types of bodily fluids besides blood.

For Diagnostic Purpose, Results should always be assessed in Conjunction with the patients medical history, clinical examination and other findings.

Specifications:

Precision: Intra Assay (%CV): 3.6 %, Inter Assay (%CV): 4.1 %; Sensitivity: 0.5 ng/ml

Kit Validation References:

Statland Be, Winkel P. Neoplasia. In: Kaplan LA, Resc AJ, Editors. Clinical Chemistry, Theory, Analysis and Correlation. 2nd Ed. St. Louis: Cv Mosby, 1989.p 734-5.

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED TWO STEP SANDWICH IMMUNOASSAY

Sample Collected on (SCT) : 16 Dec 2024 08:51
Sample Received on (SRT) : 16 Dec 2024 12:57
Report Released on (RRT) : 16 Dec 2024 18:13
Sample Type : SERUM
Labcode : 1612072693/PP004
Barcode : DK424096

Dr Renuka MD(Path)

Dr Arshiya MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**E.C.L.I.A**	**27.9**	**ng/mL**

Bio. Ref. Interval. :
Deficiency : <=20 ng/ml || Insufficiency : 21-29 ng/ml
Sufficiency : >= 30 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):9.20%, Inter assay (%CV):8.50%
Kit Validation Reference : Holick M. Vtamin D the underappreciated D-Lightful hormone that is important for Skeletal and cellular health Curr Opin Endocrinol Diabetes 2002:9(1)87-98.

Method : Fully Automated Electrochemiluminescence Compititive Immunoassay

VITAMIN B-12	E.C.L.I.A	563	pg/mL

Bio. Ref. Interval. :
Normal: 197-771 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):2.6%, Inter assay (%CV):2.3 %

Kit Validation Reference : Thomas L.Clinical laborator Diagnostics : Use and Assessment of Clinical laboratory Results 1st Edition,TH Books-Verl-Ges,1998:424-431

Method : Fully Automated Electrochemiluminescence Compititive Immunoassay

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	123	mg/dL

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

Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	85	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

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**	**3.7**	**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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	IMMUNOTURBIDIMETRY	23.5	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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	126.1	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170			
Method : Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	363	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl			
Method : Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	34.74	%
Bio. Ref. Interval. : 13 - 45			
Method : Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	236.9	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	164	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	47	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**109**	**mg/dL**	**< 100**
TRIGLYCERIDES	PHOTOMETRY	51	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.5	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	1.07	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	2.3	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.43	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	116.3	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	10.16	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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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	53.7	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.93	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.18	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.75	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	20.9	U/L	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	20.5	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	18	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	1.14	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.84	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.79	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	3.05	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.57	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
SODIUM	I.S.E - INDIRECT	139.47	mmol/L

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

Method : ION SELECTIVE ELECTRODE - INDIRECT

CHLORIDE	I.S.E - INDIRECT	100.78	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

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	14.27	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.93	mg/dL	0.72-1.18
BUN / SR.CREATININE RATIO	CALCULATED	15.34	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	30.54	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	32.84	Ratio	< 52
URIC ACID	**PHOTOMETRY**	**8.31**	**mg/dL**	**4.2 - 7.3**
CALCIUM	PHOTOMETRY	10.11	mg/dL	8.8-10.6

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.
URIC - Uricase / Peroxidase Method
CALC - Arsenazo III Method, End Point.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	152	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	11.3	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	4.81	µIU/mL	0.54-5.30

Comments : IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION

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

Method :

T3,T4 - Fully Automated Electrochemiluminescence Compitive Immunoassay
USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

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.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	107	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:- CKD-EPI Creatinine Equation

Sample Collected on (SCT) : 16 Dec 2024 08:51
Sample Received on (SRT) : 16 Dec 2024 12:57
Report Released on (RRT) : 16 Dec 2024 18:13
Sample Type : SERUM
Labcode : 1612072693/PP004
Barcode : DK424096

Dr Renuka MD(Path)

Dr Arshiya MD(Path)

PROCESSED AT :
Thyrocare
D-37/1,TTC MIDC,Turbhe,
Navi Mumbai-400 703

MC-2407

Thyrocare
Tests you can trust

NAME : MANISH KULKARNI(34Y/M)
REF. BY : DR.
TEST ASKED : COMPLETE HEALTH CHECK WITH VITAMINS DR

HOME COLLECTION :
ADDRESS WITH NEAREST LANDMARK :1003 IRIS A WING LODHA PARADISE MAJIWADA THANE WEST PINCODE : 400601

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ARSENIC	ICP-MS	0.39	µg/L	< 5
CADMIUM	ICP-MS	0.51	µg/L	< 1.5
MERCURY	ICP-MS	0.46	µg/L	< 5
LEAD	ICP-MS	46.47	µg/L	< 150
CHROMIUM	ICP-MS	1.96	µg/L	< 30
BARIUM	ICP-MS	1.99	µg/L	< 30
COBALT	ICP-MS	0.47	µg/L	0.10 - 1.50
CAESIUM	ICP-MS	2.84	µg/L	< 5
THALLIUM	ICP-MS	0.04	µg/L	< 1
URANIUM	ICP-MS	0.03	µg/L	< 1
STRONTIUM	ICP-MS	22.49	µg/L	8 - 38
ANTIMONY	ICP-MS	4.08	µg/L	0.10 - 18
TIN	ICP-MS	0.78	µg/L	< 2
MOLYBDENUM	ICP-MS	0.79	µg/L	0.70 - 4.0
SILVER	ICP-MS	0.29	µg/L	< 4
VANADIUM	ICP-MS	0.41	µg/L	< 0.8
BERYLLIUM	**ICP-MS**	**0.02**	**µg/L**	**0.10 - 0.80**
BISMUTH	ICP-MS	0.34	µg/L	0.10 - 0.80
SELENIUM	ICP-MS	143.83	µg/L	60 - 340
ALUMINIUM	ICP-MS	12.39	µg/L	< 30
NICKEL	ICP-MS	2.42	µg/L	< 15
MANGANESE	ICP-MS	10.68	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.

Sample Collected on (SCT) : 16 Dec 2024 08:51
Sample Received on (SRT) : 16 Dec 2024 12:57
Report Released on (RRT) : 16 Dec 2024 18:53
Sample Type : EDTA Whole Blood
Labcode : 1612072715/PP004
Barcode : DJ462700

Dr Renuka MD(Path)

Dr Arshiya MD(Path)

NAME : MANISH KULKARNI(34Y/M)
REF. BY : DR.
TEST ASKED : COMPLETE HEALTH CHECK WITH VITAMINS DR

HOME COLLECTION :
ADDRESS WITH NEAREST LANDMARK :1003 IRIS A WING LODHA PARADISE MAJIWADA THANE WEST PINCODE : 400601

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	5.4	%

Bio. Ref. Interval. :

Bio. Ref. Interval.: 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 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.

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Report Released on (RRT) : 16 Dec 2024 18:53
Sample Type : EDTA Whole Blood
Labcode : 1612072715/PP004
Barcode : DJ462700

Dr Renuka MD(Path)

Dr Arshiya MD(Path)

NAME : MANISH KULKARNI(34Y/M)
REF. BY : DR.
TEST ASKED : COMPLETE HEALTH CHECK WITH VITAMINS DR

HOME COLLECTION :
ADDRESS WITH NEAREST LANDMARK :1003 IRIS A WING LODHA PARADISE MAJIWADA THANE WEST PINCODE : 400601

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	SLS-Hemoglobin Method	14.5	g/dL	13.0-17.0
Hematocrit (PCV)	CPH Detection	45.4	%	40.0-50.0
Total RBC	**HF & EI**	**5.75**	**X 10^6/µL**	**4.5-5.5**
Mean Corpuscular Volume (MCV)	**Calculated**	**79**	**fL**	**83.0-101.0**
Mean Corpuscular Hemoglobin (MCH)	**Calculated**	**25.2**	**pq**	**27.0-32.0**
Mean Corp.Hemo. Conc (MCHC)	Calculated	31.9	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	**Calculated**	**37.4**	**fL**	**39-46**
Red Cell Distribution Width (RDW - CV)	Calculated	13.2	%	11.6-14
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	181.4	-	*Refer Note below
MENTZER INDEX	Calculated	13.7	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	8.98	X 10^3 / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	64.1	%	40-80
Lymphocytes Percentage	Flow Cytometry	31.6	%	20-40
Monocytes Percentage	Flow Cytometry	2.2	%	2-10
Eosinophils Percentage	Flow Cytometry	1.4	%	1-6
Basophils Percentage	Flow Cytometry	0.4	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.3	%	0-0.5
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	5.76	X 10^3 / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	2.84	X 10^3 / µL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.2	X 10^3 / µL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.04	X 10^3 / µL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.13	X 10^3 / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.03	X 10^3 / µL	0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10^3 / µL	0.0-0.5
PLATELET COUNT	HF & EI	355	X 10^3 / µL	150-410
Mean Platelet Volume (MPV)	Calculated	8.5	fL	6.5-12
Platelet Distribution Width (PDW)	**Calculated**	**8.6**	**fL**	**9.6-15.2**
Platelet to Large Cell Ratio (PLCR)	**Calculated**	**13**	**%**	**19.7-42.4**
Plateletcrit (PCT)	Calculated	0.3	%	0.19-0.39

Remarks : Alert!!! Predominantly normocytic normochromic with 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**)**

Sample Collected on (SCT) : 16 Dec 2024 08:51
Sample Received on (SRT) : 16 Dec 2024 12:57
Report Released on (RRT) : 16 Dec 2024 18:53
Sample Type : EDTA Whole Blood
Labcode : 1612072715/PP004
Barcode : DJ462700

Dr Renuka MD(Path)

Dr Arshiya MD(Path)

PROCESSED AT :
Thyrocare
D-37/1,TTC MIDC,Turbhe,
Navi Mumbai-400 703

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Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703 98706 66333 wellness@thyrocare.com

*9 out of 10 Doctors Trust that Thyrocare Reports are **Accurate & Reliable***

NAME : MANISH KULKARNI(34Y/M)
REF. BY : DR.
TEST ASKED : COMPLETE HEALTH CHECK WITH VITAMINS DR

HOME COLLECTION :
ADDRESS WITH NEAREST LANDMARK :1003 IRIS A WING LODHA PARADISE MAJIWADA THANE WEST
PINCODE : 400601

PATIENTID : MK14255707

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	1.02	-	1.003-1.030
PH	pH indicator	5	-	5-8
Chemical Examination				
URINARY PROTEIN	**PEI**	**Trace (15-30 mg/dl)**	**mg/dL**	**Absent**
URINARY GLUCOSE	GOD-POD	ABSENT	mg/dL	Absent
URINE KETONE	**Nitroprusside**	**Trace (5-15 mg/dl)**	**mg/dL**	**Absent**
URINARY BILIRUBIN	**Diazo coupling**	**Present 1+(1-3 mg/dl)**	**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	ABSENT	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 ~~

Sample Collected on (SCT) : 16 Dec 2024 08:51
Sample Received on (SRT) : 16 Dec 2024 13:27
Report Released on (RRT) : 16 Dec 2024 15:23
Sample Type : URINE
Labcode : 1612074488/PP004
Barcode : CZ266755

Dr Renuka MD(Path)

Dr Arshiya MD(Path)

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: (a) 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, (b) any claims of any nature whatsoever arising from or relating to the performance of the requested tests as well as any claim for indirect, incidental or consequential damages. The total liability, in any case, of Thyrocare shall not exceed the total amount of invoice for the services provided and paid for.
- Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc

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, clinical support or feedback, write to us at **customersupport@thyrocare.com** or call us on **022-3090 0000**

*+T&C Apply, # Upto 95% Samples in NABL Accredited Labs, * As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)*