

**PROCESSED AT :**  
**Thyrocare,**  
5CA-711, 3rd Floor,  
HRBR 2nd Block,  
Hennur, Bengaluru-560043

Corporate office : Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703  
☎ 022 - 3090 0000 / 6712 3400 ☎ 9870666333 ✉ wellness@thyrocare.com 🌐 www.thyrocare.com

**REPORT**

**NAME** : S SHREYA (19Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : HbA1c, HEMOGRAM  
**PATIENTID** : JG20421967

**HOME COLLECTION :**  
343, 10TH MAIN, RBI LAYOUT JP NAGAR 7TH  
PHASE BANGALORE - 560078

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	5.8	%

**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 120 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)** : 28 Dec 2022 07:20

**Sample Received on (SRT)** : 28 Dec 2022 11:01

**Report Released on (RRT)** : 28 Dec 2022 12:52

**Sample Type** : EDTA

**Labcode** : 2812066830/BAN72

**Barcode** : AG597736



Dr Syeda Sumaiya MD(Path)

Dr Ajeet Prajapati MD(Path)

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Tests you can trust

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**REPORT****NAME** : S SHREYA (19Y/F)**REF. BY** : SELF**TEST ASKED** : HbA1c,HEMOGRAM**PATIENTID** : JG20421967**HOME COLLECTION :**343,10TH MAIN,RBI LAYOUT JP NAGAR 7TH  
PHASE BANGALORE - 560078

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT (WBC)	8.44	X 10 <sup>3</sup> / $\mu$ L	4.0-10.0
NEUTROPHILS	65.2	%	40-80
LYMPHOCYTE PERCENTAGE	26.2	%	20.0-40.0
MONOCYTES	3.7	%	0.0-10.0
EOSINOPHILS	4.1	%	0.0-6.0
BASOPHILS	0.5	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	5.5	X 10 <sup>3</sup> / $\mu$ L	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.21	X 10 <sup>3</sup> / $\mu$ L	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.31	X 10 <sup>3</sup> / $\mu$ L	0.2-1.0
BASOPHILS - ABSOLUTE COUNT	0.04	X 10 <sup>3</sup> / $\mu$ L	0.02-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.35	X 10 <sup>3</sup> / $\mu$ L	0.02-0.5
IMMATURE GRANULOCYTES(IG)	0.03	X 10 <sup>3</sup> / $\mu$ L	0.0-0.3
TOTAL RBC	4.34	X 10 <sup>6</sup> / $\mu$ L	3.9-4.8
NUCLEATED RED BLOOD CELLS	Nil	X 10 <sup>3</sup> / $\mu$ L	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	12.1	g/dL	12.0-15.0
HEMATOCRIT(PCV)	39.4	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	90.8	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	27.9	pq	27.0-32.0
<b>MEAN CORP.HEMO.CONC(MCHC)</b>	<b>30.7</b>	<b>g/dL</b>	<b>31.5-34.5</b>
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	45.6	fL	39.0-46.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	13.6	%	11.6-14.0
PLATELET DISTRIBUTION WIDTH(PDW)	11.6	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	10.5	fL	6.5-12
<b>PLATELET COUNT</b>	<b>415</b>	<b>X 10<sup>3</sup> / <math>\mu</math>L</b>	<b>150-400</b>
PLATELET TO LARGE CELL RATIO(PLCR)	29.1	%	19.7-42.4
<b>PLATELETCRIT(PCT)</b>	<b>0.44</b>	<b>%</b>	<b>0.19-0.39</b>

**Remarks :** Alert!!! Predominantly normocytic normochromic with ovalocytes. Platelets:Appear adequate in smear.**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)

**Sample Collected on (SCT)** : 28 Dec 2022 07:20**Sample Received on (SRT)** : 28 Dec 2022 11:01**Report Released on (RRT)** : 28 Dec 2022 12:52**Sample Type** : EDTA**Labcode** : 2812066830/BAN72 Dr Syeda Sumaiya MD(Path)**Barcode** : AG597736

Dr Ajeet Prajapati MD(Path)

Page : 2 of 11

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**REPORT**

**NAME** : S SHREYA (19Y/F)

**REF. BY** : SELF

**TEST ASKED** : AAROGYAM WINTER BASIC

**HOME COLLECTION :**

343,10TH MAIN,RBI LAYOUT JP NAGAR 7TH  
PHASE BANGALORE - 560078

**PATIENTID** : JG20421967

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

**C.L.I.A**

**14.41**

**ng/ml**

**Reference Range :**

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.L.I.A**

**264**

**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

Kit Validation reference:

Chen IW, Sperling MI, Heminger LA. Vitamin B12. In: Pesce AJ, Kaplan LA, eds. Methods in Clinical Chemistry. St. Louis: CV Mosby; 1987:569-73.

**Method :** COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

**Please correlate with clinical conditions.**

**Sample Collected on (SCT)** : 28 Dec 2022 07:20

**Sample Received on (SRT)** : 28 Dec 2022 11:05

**Report Released on (RRT)** : 28 Dec 2022 14:14

**Sample Type** : SERUM

**Labcode** : 2812067128/BAN72 Dr Syeda Sumaiya MD(Path)

**Barcode** : AM427066



Dr Ajeet Prajapati MD(Path)

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**REPORT**

**NAME** : S SHREYA (19Y/F)

**REF. BY** : SELF

**TEST ASKED** : AAROGYAM WINTER BASIC

**HOME COLLECTION :**

343,10TH MAIN,RBI LAYOUT JP NAGAR 7TH  
PHASE BANGALORE - 560078

**PATIENTID** : JG20421967

TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>IRON</b> Reference Range : Male : 65 - 175 Female : 50 - 170 Method : FERROZINE METHOD WITHOUT DEPROTEINIZATION	PHOTOMETRY	50.03	µg/dl
<b>TOTAL IRON BINDING CAPACITY (TIBC)</b> Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl Method : SPECTROPHOTOMETRIC ASSAY	PHOTOMETRY	437.93	µg/dl
<b>% TRANSFERRIN SATURATION</b> Reference Range : 13 - 45 Method : DERIVED FROM IRON AND TIBC VALUES	CALCULATED	11.42	%
<b>UNSAT.IRON-BINDING CAPACITY(UIBC)</b> Reference Range : 162 - 368 Method : SPECTROPHOTOMETRIC ASSAY	PHOTOMETRY	387.9	µg/dl

**Please correlate with clinical conditions.**

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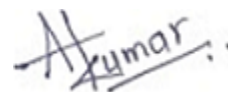
**Sample Type** : SERUM

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REPORT

NAME : S SHREYA (19Y/F)  
REF. BY : SELF  
TEST ASKED : AAROGYAM WINTER BASIC  
PATIENTID : JG20421967

HOME COLLECTION :  
343,10TH MAIN,RBI LAYOUT JP NAGAR 7TH PHASE  
BANGALORE - 560078

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	148	mg/dl	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	54	mg/dl	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	74	mg/dl	< 100
TRIGLYCERIDES	PHOTOMETRY	61	mg/dl	< 150
<b>TC/ HDL CHOLESTEROL RATIO</b>	<b>CALCULATED</b>	<b>2.7</b>	<b>Ratio</b>	<b>3 - 5</b>
TRIG / HDL RATIO	CALCULATED	1.13	Ratio	< 3.12
<b>LDL / HDL RATIO</b>	<b>CALCULATED</b>	<b>1.4</b>	<b>Ratio</b>	<b>1.5-3.5</b>
HDL / LDL RATIO	CALCULATED	0.73	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	93.6	mg/dl	< 160
VLDL CHOLESTEROL	CALCULATED	12.28	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.  
NHDH - 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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**REPORT**

**NAME** : S SHREYA (19Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : AAROGYAM WINTER BASIC  
**PATIENTID** : JG20421967

**HOME COLLECTION :**  
343,10TH MAIN,RBI LAYOUT JP NAGAR 7TH PHASE  
BANGALORE - 560078

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	67.51	U/L	45 - 129
BILIRUBIN - TOTAL	PHOTOMETRY	0.45	mg/dl	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.12	mg/dl	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.33	mg/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	10.2	U/l	< 38
ASPARTATE AMINOTRANSFERASE (SGOT )	PHOTOMETRY	19	U/l	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	10.4	U/l	< 34
SGOT / SGPT RATIO	CALCULATED	1.83	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.08	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	3.9	gm/dl	3.2-4.8
SERUM GLOBULIN	CALCULATED	3.18	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.23	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 BCG<sup>1</sup>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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**REPORT**

**NAME :** S SHREYA (19Y/F)  
**REF. BY :** SELF  
**TEST ASKED :** AAROGYAM WINTER BASIC

**HOME COLLECTION :**  
343,10TH MAIN,RBI LAYOUT JP NAGAR 7TH PHASE  
BANGALORE - 560078

**PATIENTID :** JG20421967

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	7.1	mg/dl	7 - 25
CREATININE - SERUM	PHOTOMETRY	0.67	mg/dl	0.5-0.8
BUN / SR.CREATININE RATIO	CALCULATED	10.6	Ratio	9:1-23:1
<b>UREA (CALCULATED)</b>	<b>CALCULATED</b>	<b>15.19</b>	<b>mg/dL</b>	<b>Adult : 17-43</b>
UREA / SR.CREATININE RATIO	CALCULATED	22.68	Ratio	< 52
CALCIUM	PHOTOMETRY	9.5	mg/dl	8.8-10.6
<b>URIC ACID</b>	<b>PHOTOMETRY</b>	<b>2.76</b>	<b>mg/dl</b>	<b>3.2 - 6.1</b>
SODIUM	I.S.E	136	mmol/l	136 - 145
CHLORIDE	I.S.E	101	mmol/l	98 - 107

**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  
SOD - ION SELECTIVE ELECTRODE  
CHL - ION SELECTIVE ELECTRODE

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BANGALORE - 560078

**PATIENTID** : JG20421967

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.28	μIU/ml	0.3-5.5

**Comments :** \*\*\*

**Please correlate with clinical conditions.**

**Method :**

TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

**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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BANGALORE - 560078

**PATIENTID** : JG20421967

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	127	mL/min/1.73 m <sup>2</sup>
<b>Reference Range :-</b>			

> = 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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**Barcode** : AM427066



Dr Syeda Sumaiya MD(Path)

Dr Ajeet Prajapati MD(Path)

### CUSTOMER DETAILS

As declared in our data base

**Name:** S SHREYA **Age:** 19Y **Sex:** F

**Barcodes/Sample\_Type** : AG597736 (EDTA),AM427066 (SERUM)  
**Labcode** : 2812066830,2812067128  
**Ref By** : SELF  
**Sample\_Type/Tests** : EDTA:HEMOGRAM - 6 PART (DIFF) , HBA  
SERUM:AAROGYAM WINTER BASIC  
**Sample Collected At** : 343,10TH MAIN,RBI LAYOUT JP NAGAR 7TH PHASE BANGALORE -  
560078  
**Sample Collected on (SCT)** : 28 Dec 2022 07:20  
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**Amount Collected** : Rs.999/-(nine hundred and ninety-nine only)

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## CONDITIONS OF REPORTING

- ✓ The reported results are for information and interpretation of the referring doctor only.
- ✓ It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- ✓ Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- ✓ Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- ✓ Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- ✓ This report is not valid for medico-legal purpose.
- ✓ Neither Thyrocare, nor its employees/representatives assume any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report.
- ✓ Thyrocare Discovery video link :- <https://youtu.be/nbdYeRgYyQc>
- ✓ For clinical support please contact @8450950852,8450950853,8450950854 between 10:00 to 18:00








## EXPLANATIONS

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


## SUGGESTIONS

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

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