Thyrocare

Tests you can trust

Name : N Tejeawar Reddy (21Y/M)

Date : 18 Feb 2025

Test Asked : Aarogyam C Pro With Utsh

Report Status: Complete Report

First National Diagnostic Chain to have **100% of its Labs with NABL Accreditation#**

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

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

1200+ Tests & Profiles

Temperature-Controlled Sample Logistics

Unique Barcode Tracking

Fully Automated Machines Inspected Daily

Abnormal Values Re-Checked Twice

Reports Verified By Expert MD Pathologists Stationed at Every Lab

Your reports are digitally verifiable

Scan the QR code inside the report to check authenticity of reported values

QR code will remain active for 30 days from report release date

Accredited by

NABL From 2005

ISO 9001: 2015 – From 2015

CAP From 2007

PROCESSED AT :
Thyrocare
H. NO. 1-9-645,Vidyanagar,
Adikmet Road,Near SBH,
Hyderabad-500 044

Thyrocare
Tests you can trust

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703 9870666333 wellness@thyrocare.com

First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation#

NAME : N TEJEAWAR REDDY (21Y/M)
REF. BY : DR N SRINIVASA REDDY GARU
TEST ASKED : AAROGYAM C PRO WITH UTSH

SAMPLE COLLECTED AT :
(5230015195),SERVA DIAGNOSTICS,OPP DOMINAS PIZZA, ANJAJAH ROAD, ONGOLE,523001

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
AAROGYAM C PRO WITH UTSH	Ready
CHLORIDE	Ready
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	Ready
SODIUM	Ready
TESTOSTERONE	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

PROCESSED AT :

Thyrocare
H. NO. 1-9-645,Vidyanagar,
Adikmet Road,Near SBH,
Hyderabad-500 044

Thyrocare
Tests you can trust

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703 9870666333 wellness@thyrocare.com

First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation#

NAME : N TEJEAWAR REDDY (21Y/M)
REF. BY : DR N SRINIVASA REDDY GARU
TEST ASKED : AAROGYAM C PRO WITH UTSH

SAMPLE COLLECTED AT :
(5230015195),SERVA DIAGNOSTICS,OPP DOMINAS PIZZA, ANJAJAH ROAD, ONGOLE,523001

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
EOSINOPHILS	6.7	%	1-6
HEMATOCRIT(PCV)	51.1	%	40.0-50.0
HEMOGLOBIN	17.1	g/dL	13.0-17.0
PLATELET TO LARGE CELL RATIO(PLCR)	18	%	19.7-42.4
TOTAL RBC	5.55	X 10^6/µL	4.5-5.5
HORMONE			
TESTOSTERONE	870	ng/dL	280 - 800
LIPID			
LDL CHOLESTEROL - DIRECT	116	mg/dL	< 100
RENAL			
BLOOD UREA NITROGEN (BUN)	7.73	mg/dL	7.94 - 20.07
UREA (CALCULATED)	16.54	mg/dL	Adult : 17-43
THYROID			
TOTAL TRIIODOTHYRONINE (T3)	68	ng/dL	80-200
VITAMIN			
25-OH VITAMIN D (TOTAL)	10.2	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.

PROCESSED AT :
Thyrocare
H. NO. 1-9-645,Vidyanagar,
Adikmet Road,Near SBH,
Hyderabad-500 044

Thyrocare
Tests you can trust

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703 9870666333 wellness@thyrocare.com

First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation#

NAME : N TEJEAWAR REDDY (21Y/M)
REF. BY : DR N SRINIVASA REDDY GARU
TEST ASKED : HBA PROFILE,HEMOGRAM

SAMPLE COLLECTED AT :
(5230015195),SERVA DIAGNOSTICS,OPP DOMINAS PIZZA, ANJAJAH ROAD, ONGOLE,523001

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	5	%

Bio. Ref. Interval. :

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	97	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.

Sample Collected on (SCT) : 17 Feb 2025 20:12
Sample Received on (SRT) : 18 Feb 2025 09:13
Report Released on (RRT) : 18 Feb 2025 11:20
Sample Type : EDTA Whole Blood
Labcode : 1802062935/PU142
Barcode : DE118433

Dr Amulya MD (Path)

Scan QR code to verify authenticity of reported results; active for 30 days from release time.

PROCESSED AT :
Thyrocare
H. NO. 1-9-645,Vidyanagar,
Adikmet Road,Near SBH,
Hyderabad-500 044

Thyrocare
Tests you can trust

NAME : N TEJEAWAR REDDY (21Y/M)
REF. BY : DR N SRINIVASA REDDY GARU
TEST ASKED : HBA PROFILE,HEMOGRAM

SAMPLE COLLECTED AT :
(5230015195),SERVA DIAGNOSTICS,OPP
DOMINAS PIZZA, ANJAJAH ROAD, ONGOLE,523001

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	**SLS-Hemoglobin Method**	**17.1**	**g/dL**	**13.0-17.0**
Hematocrit (PCV)	**CPH Detection**	**51.1**	**%**	**40.0-50.0**
Total RBC	**HF & EI**	**5.55**	**X 10^6/µL**	**4.5-5.5**
Mean Corpuscular Volume (MCV)	Calculated	92.1	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	30.8	pq	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	33.5	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	Calculated	43	fL	39-46
Red Cell Distribution Width (RDW - CV)	Calculated	12.7	%	11.6-14
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	210.8	-	*Refer Note below
MENTZER INDEX	Calculated	16.6	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	5.64	X 10^3 / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	57	%	40-80
Lymphocytes Percentage	Flow Cytometry	29.4	%	20-40
Monocytes Percentage	Flow Cytometry	6.2	%	2-10
Eosinophils Percentage	**Flow Cytometry**	**6.7**	**%**	**1-6**
Basophils Percentage	Flow Cytometry	0.5	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.2	%	0-0.5
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	3.21	X 10^3 / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	1.66	X 10^3 / µL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.35	X 10^3 / µL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.03	X 10^3 / µL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.38	X 10^3 / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.01	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	288	X 10^3 / µL	150-410
Mean Platelet Volume (MPV)	Calculated	9.2	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	9.8	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	**Calculated**	**18**	**%**	**19.7-42.4**
Plateletcrit (PCT)	Calculated	0.27	%	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) : 17 Feb 2025 20:12
Sample Received on (SRT) : 18 Feb 2025 09:13
Report Released on (RRT) : 18 Feb 2025 11:20
Sample Type : EDTA Whole Blood
Labcode : 1802062935/PU142
Barcode : DE118433

Dr Amulya MD (Path)

PROCESSED AT :
Thyrocare
H. NO. 1-9-645,Vidyanagar,
Adikmet Road,Near SBH,
Hyderabad-500 044

Thyrocare
Tests you can trust

NAME : N TEJEAWAR REDDY (21Y/M)
REF. BY : DR N SRINIVASA REDDY GARU
TEST ASKED : AAROGYAM C PRO WITH UTSH

SAMPLE COLLECTED AT :
(5230015195),SERVA DIAGNOSTICS,OPP DOMINAS PIZZA, ANJAJAH ROAD, ONGOLE,523001

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	**E.C.L.I.A**	**10.2**	**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	514	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.

Sample Collected on (SCT) : 17 Feb 2025 20:12
Sample Received on (SRT) : 18 Feb 2025 09:18
Report Released on (RRT) : 18 Feb 2025 12:53
Sample Type : SERUM
Labcode : 1802063059/PU142
Barcode : DL929621

Dr Amulya MD (Path)

PROCESSED AT :

Thyrocare
H. NO. 1-9-645,Vidyanagar,
Adikmet Road,Near SBH,
Hyderabad-500 044

Thyrocare
Tests you can trust

NAME : N TEJEAWAR REDDY (21Y/M)
REF. BY : DR N SRINIVASA REDDY GARU
TEST ASKED : AAROGYAM C PRO WITH UTSH

SAMPLE COLLECTED AT :
(5230015195),SERVA DIAGNOSTICS,OPP DOMINAS PIZZA, ANJAJAH ROAD, ONGOLE,523001

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	0.47	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

Sample Collected on (SCT) : 17 Feb 2025 20:12
Sample Received on (SRT) : 18 Feb 2025 09:18
Report Released on (RRT) : 18 Feb 2025 12:53
Sample Type : SERUM
Labcode : 1802063059/PU142
Barcode : DL929621

Dr Amulya MD (Path)

PROCESSED AT :

Thyrocare
H. NO. 1-9-645,Vidyanagar,
Adikmet Road,Near SBH,
Hyderabad-500 044

Thyrocare
Tests you can trust

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703 9870666333 wellness@thyrocare.com

First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation#

NAME : N TEJEAWAR REDDY (21Y/M)
REF. BY : DR N SRINIVASA REDDY GARU
TEST ASKED : AAROGYAM C PRO WITH UTSH

SAMPLE COLLECTED AT :
(5230015195),SERVA DIAGNOSTICS,OPP DOMINAS PIZZA, ANJAJAH ROAD, ONGOLE,523001

TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	**E.C.L.I.A**	**870**	**ng/dL**

Bio. Ref. Interval. :-

280 - 800

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 Hyperprolactinema, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 11.50 %, Inter assay (%CV): 5.70%; Sensitivity: 7 ng/dL.
Kit Validation Reference: Wilson JD Foster DW (Eds) Williams Textbook of Endocrinology 8th Edition WB Saunders Piladelphia Pennsylvania.

Note : The Biological Reference Range mentioned is specific to the age group and gender. Kindly correlate clinically.

Please correlate with clinical conditions.
Method:- Fully Automated Electrochemiluminescence Compititive Immunoassay

Sample Collected on (SCT) : 17 Feb 2025 20:12
Sample Received on (SRT) : 18 Feb 2025 09:18
Report Released on (RRT) : 18 Feb 2025 12:53
Sample Type : SERUM
Labcode : 1802063059/PU142
Barcode : DL929621

Dr Amulya MD (Path)

PROCESSED AT :
Thyrocare
H. NO. 1-9-645,Vidyanagar,
Adikmet Road,Near SBH,
Hyderabad-500 044

Thyrocare
Tests you can trust

NAME : N TEJEAWAR REDDY (21Y/M)
REF. BY : DR N SRINIVASA REDDY GARU
TEST ASKED : AAROGYAM C PRO WITH UTSH

SAMPLE COLLECTED AT :
(5230015195),SERVA DIAGNOSTICS,OPP DOMINAS PIZZA, ANJAJAH ROAD, ONGOLE,523001

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	110.02	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 **Method :** Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	387.85	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	28.37	%
Bio. Ref. Interval. : 13 - 45 **Method :** Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	277.83	µg/dL
Bio. Ref. Interval. : 162 - 368 **Method :** SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

Sample Collected on (SCT) : 17 Feb 2025 20:12
Sample Received on (SRT) : 18 Feb 2025 09:18
Report Released on (RRT) : 18 Feb 2025 12:53
Sample Type : SERUM
Labcode : 1802063059/PU142
Barcode : DL929621

Dr Amulya MD (Path)

PROCESSED AT :
Thyrocare
H. NO. 1-9-645,Vidyanagar,
Adikmet Road,Near SBH,
Hyderabad-500 044

Thyrocare
Tests you can trust

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703 9870666333 wellness@thyrocare.com

First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation#

NAME : N TEJEAWAR REDDY (21Y/M)
REF. BY : DR N SRINIVASA REDDY GARU
TEST ASKED : AAROGYAM C PRO WITH UTSH

SAMPLE COLLECTED AT :
(5230015195),SERVA DIAGNOSTICS,OPP DOMINAS PIZZA, ANJAJAH ROAD, ONGOLE,523001

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	174	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	51	mg/dL	40-60
HDL / LDL RATIO	CALCULATED	0.44	Ratio	> 0.40
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**116**	**mg/dL**	**< 100**
TRIG / HDL RATIO	CALCULATED	1.55	Ratio	< 3.12
TRIGLYCERIDES	PHOTOMETRY	79	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.4	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	2.3	Ratio	1.5-3.5
NON-HDL CHOLESTEROL	CALCULATED	123.2	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	15.86	mg/dL	5 - 40

Please correlate with clinical conditions.

Method :

CHOL - Cholesterol Oxidase, Esterase, Peroxidase
HCHO - Direct Enzymatic Colorimetric
HD/LD - Derived from HDL and LDL values.
LDL - Direct Measure
TRI/H - Derived from TRIG and HDL Values
TRIG - Enzymatic, End Point
TC/H - Derived from serum Cholesterol and Hdl values
LDL/ - Derived from serum 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.

Sample Collected on (SCT) : 17 Feb 2025 20:12
Sample Received on (SRT) : 18 Feb 2025 09:18
Report Released on (RRT) : 18 Feb 2025 12:53
Sample Type : SERUM
Labcode : 1802063059/PU142
Barcode : DL929621

Dr Amulya MD (Path)

PROCESSED AT :
Thyrocare
H. NO. 1-9-645,Vidyanagar,
Adikmet Road,Near SBH,
Hyderabad-500 044

NAME : N TEJEAWAR REDDY (21Y/M)
REF. BY : DR N SRINIVASA REDDY GARU
TEST ASKED : AAROGYAM C PRO WITH UTSH

SAMPLE COLLECTED AT :
(5230015195),SERVA DIAGNOSTICS,OPP DOMINAS PIZZA, ANJAJAH ROAD, ONGOLE,523001

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	125.56	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	1.09	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.24	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.85	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	37.63	U/L	< 55
SGOT / SGPT RATIO	CALCULATED	0.63	Ratio	< 2
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	21.83	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	34.52	U/L	< 45
PROTEIN - TOTAL	PHOTOMETRY	7.38	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.62	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.76	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.67	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
OT/PT - Derived from SGOT and SGPT values.
SGOT - IFCC* Without Pyridoxal Phosphate Activation
SGPT - IFCC* Without Pyridoxal Phosphate Activation
PROT - Biuret Method
SALB - Albumin Bcg[1]method (Colorimetric Assay Endpoint)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - Derived from serum Albumin and Protein values

Sample Collected on (SCT) : 17 Feb 2025 20:12
Sample Received on (SRT) : 18 Feb 2025 09:18
Report Released on (RRT) : 18 Feb 2025 12:53
Sample Type : SERUM
Labcode : 1802063059/PU142
Barcode : DL929621

Dr Amulya MD (Path)

PROCESSED AT :
Thyrocare
H. NO. 1-9-645,Vidyanagar,
Adikmet Road,Near SBH,
Hyderabad-500 044

NAME : N TEJEAWAR REDDY (21Y/M)
REF. BY : DR N SRINIVASA REDDY GARU
TEST ASKED : AAROGYAM C PRO WITH UTSH

SAMPLE COLLECTED AT :
(5230015195),SERVA DIAGNOSTICS,OPP DOMINAS PIZZA, ANJAJAH ROAD, ONGOLE,523001

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	**PHOTOMETRY**	**7.73**	**mg/dL**	**7.94 - 20.07**
UREA (CALCULATED)	**CALCULATED**	**16.54**	**mg/dL**	**Adult : 17-43**
CREATININE - SERUM	PHOTOMETRY	0.79	mg/dL	0.72-1.18
UREA / SR.CREATININE RATIO	CALCULATED	20.94	Ratio	< 52
BUN / SR.CREATININE RATIO	CALCULATED	9.79	Ratio	9:1-23:1
CALCIUM	PHOTOMETRY	9.71	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	5.37	mg/dL	4.2 - 7.3
SODIUM	I.S.E - INDIRECT	139.2	mmol/L	136 - 145
CHLORIDE	I.S.E - INDIRECT	102.55	mmol/L	98 - 107

Please correlate with clinical conditions.

Method :

BUN - Kinetic UV Assay.
UREAC - Derived from BUN Value.
SCRE - Creatinine Enzymatic Method
UR/CR - Derived from UREA and Sr.Creatinine values.
B/CR - Derived from serum Bun and Creatinine values
CALC - Arsenazo III Method, End Point.
URIC - Uricase / Peroxidase Method
SOD - ION SELECTIVE ELECTRODE - INDIRECT
CHL - ION SELECTIVE ELECTRODE - INDIRECT

Sample Collected on (SCT) : 17 Feb 2025 20:12
Sample Received on (SRT) : 18 Feb 2025 09:18
Report Released on (RRT) : 18 Feb 2025 12:53
Sample Type : SERUM
Labcode : 1802063059/PU142
Barcode : DL929621

Dr Amulya MD (Path)

PROCESSED AT :

Thyrocare
H. NO. 1-9-645,Vidyanagar,
Adikmet Road,Near SBH,
Hyderabad-500 044

Thyrocare
Tests you can trust

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703 9870666333 wellness@thyrocare.com

First National Diagnostic Chain to have 100% of its Labs with NABL Accreditation#

NAME : N TEJEAWAR REDDY (21Y/M)
REF. BY : DR N SRINIVASA REDDY GARU
TEST ASKED : AAROGYAM C PRO WITH UTSH

SAMPLE COLLECTED AT :
(5230015195),SERVA DIAGNOSTICS,OPP DOMINAS PIZZA, ANJAJAH ROAD, ONGOLE,523001

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	**E.C.L.I.A**	**68**	**ng/dL**	**80-200**
TOTAL THYROXINE (T4)	E.C.L.I.A	4.96	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	2.91	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 Compititive 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.

Sample Collected on (SCT) : 17 Feb 2025 20:12
Sample Received on (SRT) : 18 Feb 2025 09:18
Report Released on (RRT) : 18 Feb 2025 12:53
Sample Type : SERUM
Labcode : 1802063059/PU142
Barcode : DL929621

Dr Amulya MD (Path)

PROCESSED AT :

Thyrocare
H. NO. 1-9-645,Vidyanagar,
Adikmet Road,Near SBH,
Hyderabad-500 044

Thyrocare
Tests you can trust

NAME : N TEJEAWAR REDDY (21Y/M)
REF. BY : DR N SRINIVASA REDDY GARU
TEST ASKED : AAROGYAM C PRO WITH UTSH

SAMPLE COLLECTED AT :
(5230015195),SERVA DIAGNOSTICS,OPP DOMINAS PIZZA, ANJAJAH ROAD, ONGOLE,523001

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	130	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

~~ End of report ~~

Sample Collected on (SCT) : 17 Feb 2025 20:12
Sample Received on (SRT) : 18 Feb 2025 09:18
Report Released on (RRT) : 18 Feb 2025 12:53
Sample Type : SERUM
Labcode : 1802063059/PU142
Barcode : DL929621

Dr Amulya MD (Path)

Scan QR code to verify authenticity of reported results; active 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.
- 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, #As on 5th December 2024, *As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)*