

**PROCESSED AT :****Thyrocare**

CP-67, Viraj Khand,  
Gomti Nagar, Lucknow – 226 010



Tests you can trust

Corporate office : Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703  
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**REPORT**

**NAME** : ALINA ASIF(24Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : EXECUTIVE FULL BODY HEALTH CHECKUP

**HOME COLLECTION :**  
 14/37 SA TOWER GWALTOLI CIVIL LINES FLAT NO  
 609 KANPUR

**PATIENTID** : AA21088660

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	C.L.I.A	35.99	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.

**Please correlate with clinical conditions.**

**Method:-** Fully Automated Chemi Luminescent Immuno Assay

**Sample Collected on (SCT)** : 02 Mar 2023 13:20

**Sample Received on (SRT)** : 03 Mar 2023 02:20

**Report Released on (RRT)** : 03 Mar 2023 05:26

**Sample Type** : SERUM

**Labcode** : 0203122858/DH586 Dr Nidhi Gupta MD (Path)

**Barcode** : AP215086



*Nidhi gupta*

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**PATIENTID** : AA21088660

TEST NAME	TECHNOLOGY	VALUE	UNITS
VITAMIN B-12	C.L.I.A	587	pg/ml
<b>Reference Range :-</b>			

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.

**Please correlate with clinical conditions.**

**Method:-** COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

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**PATIENTID** : AA21088660

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM ZINC	PHOTOMETRY	63.43	µg/dL
<b>Reference Range :-</b>			

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.

**Specifications:**

Precision: Intra assay (%CV): 2.02, Inter assay (%CV): 2.22.

**Kit Validation References:**

Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 347-9

**Please correlate with clinical conditions.**

**Method:-** NITRO - PAPS

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TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>IRON</b> Reference Range : Male : 65 - 175 Female : 50 - 170 Method : Ferrozine method without deproteinization	PHOTOMETRY	75	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	445	µg/dl
<b>% TRANSFERRIN SATURATION</b> Reference Range : 13 - 45 Method : Derived from IRON and TIBC values	CALCULATED	17	%
<b>UNSAT.IRON-BINDING CAPACITY(UIBC)</b> Reference Range : 162 - 368 Method : SPECTROPHOTOMETRIC ASSAY	PHOTOMETRY	369.54	µg/dl

**Please correlate with clinical conditions.**

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KANPUR

PATIENTID : AA21088660

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	201	mg/dl	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	87	mg/dl	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	107	mg/dl	< 100
TRIGLYCERIDES	PHOTOMETRY	62	mg/dl	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	2.3	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	0.72	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	1.2	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.81	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	114.51	mg/dl	< 160
VLDL CHOLESTEROL	CALCULATED	12.42	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 fastino is mandatorv for lipid parameters. If not. values might fluctuate.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	93.91	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.59	mg/dl	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.14	mg/dl	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.45	mg/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	13.96	U/l	< 38
ASPARTATE AMINOTRANSFERASE (SGOT )	PHOTOMETRY	26.22	U/l	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	20.8	U/l	< 34
SGOT / SGPT RATIO	CALCULATED	1.26	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.75	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.23	gm/dl	3.2-4.8
<b>SERUM GLOBULIN</b>	<b>CALCULATED</b>	<b>3.52</b>	<b>gm/dL</b>	<b>2.5-3.4</b>
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.2	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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609 KANPUR

**PATIENTID** : AA21088660

TEST NAME	TECHNOLOGY	VALUE	UNITS
MAGNESIUM	PHOTOMETRY	1.95	mg/dL

**Reference Range :-**

1.90 - 3.10 mg/dL

Clinical significance:

Magnesium is the fourth most abundant cation in the body and second most prevalent intracellular cation. The total body magnesium content is about 25 g or approximately 1 mol, of which 55% reside in the skeleton. About 45% of the magnesium is intracellular. In general higher the metabolic activity of cell, the greater is its magnesium content. Magnesium is a cofactor for more than 300 enzymes in the body.

Disorders of magnesium metabolism are separated into those causing hypomagnesaemia/magnesium deficiencies and hypermagnesemia. Hypomagnesaemia is common in patient in hospitals. Moderate to severe deficiency of magnesium is usually due to loss of magnesium from the gastrointestinal (gi) tract or kidneys. One of the more serious complications of magnesium deficiency is cardiac arrhythmia. Symptomatic hypermagnesemia is almost always caused by excessive intake, resulting from administration of antacids, enemas, and parenteral fluids containing magnesium. Depression of neuromuscular system is the most common manifestation of magnesium intoxication.

External quality control program participation:

College Of American Pathologists: Chemistry survey; CAP Number: 7193855-01

**Please correlate with clinical conditions.**

**Method:-** MODIFIED XYLIDYL BLUE REACTION METHOD

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TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>PHOSPHOROUS</b>	<b>PHOTOMETRY</b>	<b>8.47</b>	<b>mg/dL</b>

**Reference Range :**

Adults : 2.4 - 5.1 mg/dL

**Clinical Significance:**

In plasma and serum the majority of phosphate exists in the inorganic form (Pi), approximately 15% bound to protein and the remainder in complexes and free forms. Serum phosphate concentrations are dependent on diet and variation in the secretion of hormones such as Parathyroid Hormone (PTH).

**Specifications:**

Precision %CV :- Intra assay %CV- 1.55% , Inter assay %CV-2.99% , Sensitivity:-0.10 mmol/L

**Kit Validation Reference:**

Young DS. Effects of drugs on clinical laboratory tests, 5th ed. AACC Press, 2000.

**Method :** UNREDUCED PHOSPHOMOLYBDATE METHOD

**Please correlate with clinical conditions.**

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TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>SODIUM</b> <b>Reference Range :</b> Adults: 136-145 mmol/l <b>Method :</b> ION SELECTIVE ELECTRODE	I.S.E	140.9	mmol/l
<b>POTASSIUM</b> <b>Reference Range :</b> ADULTS: 3.5-5.1 MMOL/L	I.S.E	4.86	mmol/l

**Clinical Significance :**

An abnormal increase in potassium (hyperkalemia) can profoundly affect the nervous system and increase the chance of irregular heartbeats (arrhythmias), which, when extreme, can be fatal. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic. The concentration of Potassium in a given specimen may vary due to differences in assay methods, calibration and reagent specificity.

**Method :** ION SELECTIVE ELECTRODE

<b>CHLORIDE</b> <b>Reference Range :</b> ADULTS: 98-107 MMOL/L	I.S.E	99.2	mmol/l
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**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

**Please correlate with clinical conditions.**

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TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	10.94	mg/dL	7.04-20.07
CREATININE - SERUM	PHOTOMETRY	0.63	mg/dl	0.55-1.02
BUN / SR.CREATININE RATIO	CALCULATED	17.37	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	23.41	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	37.16	Ratio	< 52
CALCIUM	PHOTOMETRY	9.09	mg/dl	8.8-10.6
URIC ACID	PHOTOMETRY	4.5	mg/dl	3.2 - 6.1

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

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**PATIENTID** : AA21088660

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	73	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	8.9	µg/dl	4.5-12
<b>THYROID STIMULATING HORMONE (TSH)</b>	<b>C.L.I.A</b>	<b>6.20</b>	<b>µIU/ml</b>	<b>0.3-5.5</b>

**Comments :** IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION

**Please correlate with clinical conditions.**

**Method :**

T3 - Competitive Chemi Luminescent Immuno Assay  
 T4 - Competitive Chemi Luminescent Immuno Assay  
 TSH - Sandwich Chemi Luminescent Immuno Assay  
 Pregnancy reference ranges for TSH/USTSH :

Trimester || T3 (ng/dl) || T4 (µg/dl) || TSH/USTSH (µIU/ml)  
 1st || 83.9-196.6 || 4.4-11.5 || 0.1-2.5  
 2nd || 86.1-217.4 || 4.9-12.2 || 0.2-3.0  
 3rd || 79.9-186 || 5.1-13.2 || 0.3-3.5

**References :**

1. Carol Devilia, C I Parhon. First Trimester Pregnancy ranges for Serum TSH and Thyroid Tumor reclassified as Benign. Acta Endocrinol. 2016; 12(2) : 242 - 243
2. Kulhari K, Negi R, Kalra DK et al. Establishing Trimester specific Reference ranges for thyroid hormones in Indian women with normal pregnancy : New light through old window. Indian Journal of Contemporary medical research. 2019; 6(4)

**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	126	mL/min/1.73 m2

**Reference Range :-**

> = 90 : Normal  
60 - 89 : Mild Decrease  
45 - 59 : Mild to Moderate Decrease  
30 - 44 : Moderate to Severe Decrease  
15 - 29 : Severe Decrease

**Clinical Significance**

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a "gold standard" measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

**Reference**

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. Ann Intern Med. 2009;150(9):604-12.

**Please correlate with clinical conditions.**

**Method:-** CKD-EPI Creatinine Equation

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**Labcode** : 0203122858/DH586  
**Barcode** : AP215086

*Nidhi gupta*  
Dr Nidhi Gupta MD (Path)

**PROCESSED AT :**

**Thyrocare**

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**REPORT**

**NAME** : ALINA ASIF(24Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : EXECUTIVE FULL BODY HEALTH CHECKUP

**HOME COLLECTION :**  
14/37 SA TOWER GWALTOLI CIVIL LINES FLAT NO  
609 KANPUR

**PATIENTID** : AA21088660

TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>FASTING BLOOD SUGAR(GLUCOSE)</b>	<b>PHOTOMETRY</b>	<b>149.65</b>	<b>mg/dL</b>

**Reference Range :-**

As per ADA Guideline: Fasting Plasma Glucose (FPG)	
<b>Normal</b>	70 to 100 mg/dl
<b>Prediabetes</b>	100 mg/dl to 125 mg/dl
<b>Diabetes</b>	126 mg/dl or higher

**Note :**

The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed , icteric or lipemic. The concentration of Glucose in a given specimen may vary due to differences in assay methods, calibration and reagent specificity. For diagnostic purposes results should always be assessed in conjunction with patients medical history, clinical findings and other findings.

**Please correlate with clinical conditions.**

**Method:-** GOD-PAP METHOD

**Sample Collected on (SCT)** : 02 Mar 2023 13:20  
**Sample Received on (SRT)** : 03 Mar 2023 02:22  
**Report Released on (RRT)** : 03 Mar 2023 03:55  
**Sample Type** : FLUORIDE  
**Labcode** : 0203122995/DH586 Dr Nidhi Gupta MD (Path)  
**Barcode** : AP479678

*Nidhi gupta*

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**REPORT**

**NAME** : ALINA ASIF(24Y/F) **HOME COLLECTION :**  
**REF. BY** : SELF 14/37 SA TOWER GWALTOLI CIVIL LINES FLAT  
**TEST ASKED** : EXECUTIVE FULL BODY HEALTH CHECKUP NO 609 KANPUR  
**PATIENTID** : AA21088660

TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>URINE PROTEIN CREATININE RATIO</b> Reference Range : < 0.20 Method : N/A	CALCULATED	0.04	
<b>PROTEIN - URINE</b> Reference Range : < 14 Method : N/A	PHOTOMETRY	2.77	mg/dL
<b>URINARY MICROALBUMIN</b> Reference Range : Adults: Less than 25 µg/ml Method : Fully Automated Immuno Turbidometry	PHOTOMETRY	< 5.5	µg/ml
<b>CREATININE - URINE</b> Reference Range : Male: 39 - 259 mg/dl Female: 28 - 217 mg/dl Method : CREATININE JAFFE METHOD, RATE-BLANKED AND COMPENSATED	PHOTOMETRY	70.97	mg/dl
<b>URI. ALBUMIN/CREATININE RATIO (UA/C)</b> Reference Range : Adults : Less than 30 µg/mg of Creatinine Method : Derived from Albumin and Creatinine values	CALCULATED	7.7	µg/mg of Creatinine

**Please correlate with clinical conditions.**

**Sample Collected on (SCT)** :02 Mar 2023 13:20

**Sample Received on (SRT)** : 03 Mar 2023 14:39

**Report Released on (RRT)** : 03 Mar 2023 17:40

**Sample Type** : URINE

**Labcode** : 0303081694/DH586

**Barcode** : U2666642



Dr Kuldeep Singh MD(Path)



Dr Sachin Patil MD(Path)

**REPORT**

**NAME** : ALINA ASIF(24Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : EXECUTIVE FULL BODY HEALTH CHECKUP

**HOME COLLECTION :**  
14/37 SA TOWER GWALTOLI CIVIL LINES FLAT NO  
609 KANPUR

**PATIENTID** : AA21088660

TEST NAME	OBSERVATION	UNITS	REFERENCE RANGE
<b>Complete Urinogram</b>			
<b>Physical Examination</b>			
VOLUME	3	mL	-
COLOUR	PALE YELLOW	-	Pale Yellow
APPEARANCE	CLEAR	-	Clear
SPECIFIC GRAVITY	1.01	-	1.003-1.030
PH	6.5	-	5 - 8
<b>Chemical Examination</b>			
URINARY PROTEIN	ABSENT	mg/dl	Absent
URINARY GLUCOSE	ABSENT	mg/dl	Absent
URINE KETONE	ABSENT	mg/dl	Absent
URINARY BILIRUBIN	ABSENT	mg/dl	Absent
UROBILINOGEN	< 0.2	mg/dl	<=0.2
BILE SALT	ABSENT	-	Absent
BILE PIGMENT	ABSENT	-	Absent
URINE BLOOD	ABSENT	-	Absent
NITRITE	ABSENT	-	Absent
MICROALBUMIN	10	mg/l	< 30
<b>Microscopic Examination</b>			
MUCUS	ABSENT	-	Absent
RED BLOOD CELLS	ABSENT	Cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	ABSENT	Cells/HPF	0-5
EPITHELIAL CELLS	1-2	Cells/HPF	0-5
CASTS	ABSENT	-	Absent
CRYSTALS	ABSENT	-	Absent
BACTERIA	ABSENT	-	Absent
YEAST	PRESENT	-	Absent
PARASITE	ABSENT	-	Absent

**Method :** Fully Automated Matrix AVE Urinalysis Dipstick Method, Microscopy

**Sample Collected on (SCT)** : 02 Mar 2023 13:20  
**Sample Received on (SRT)** : 03 Mar 2023 14:39  
**Report Released on (RRT)** : 03 Mar 2023 17:40  
**Sample Type** : URINE  
**Labcode** : 0303081694/DH586  
**Barcode** : U2666642



Dr Kuldeep Singh MD(Path)



Dr Sachin Patil MD(Path)

PROCESSED AT :  
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## REPORT

**NAME** : ALINA ASIF(24Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : EXECUTIVE FULL BODY HEALTH CHECKUP  
**PATIENTID** : AA21088660

**HOME COLLECTION :**  
14/37 SA TOWER GWALTOLI CIVIL LINES FLAT NO 609  
KANPUR

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ARSENIC	ICP-MS	1.14	µg/l	< 5
CADMIUM	ICP-MS	0.46	µg/l	< 1.5
MERCURY	ICP-MS	0.39	µg/l	< 5
LEAD	ICP-MS	46.91	µg/l	< 150
CHROMIUM	ICP-MS	0.56	µg/l	< 30
BARIUM	ICP-MS	1.06	µg/l	< 30
COBALT	ICP-MS	0.43	µg/l	0.10 - 1.50
CAESIUM	ICP-MS	2.93	µg/l	< 5
THALLIUM	ICP-MS	0.06	µg/l	< 1
URANIUM	ICP-MS	0.03	µg/l	< 1
STRONTIUM	ICP-MS	28.53	µg/l	8 - 38
ANTIMONY	ICP-MS	6.17	µg/l	0.10 - 18
TIN	ICP-MS	0.27	µg/l	< 2
MOLYBDENUM	ICP-MS	0.83	µg/l	0.70 - 4.0
SILVER	ICP-MS	0.3	µg/l	< 4
VANADIUM	ICP-MS	0.44	µg/l	< 0.8
<b>BERYLLIUM</b>	<b>ICP-MS</b>	<b>0.02</b>	<b>µg/l</b>	<b>0.10 - 0.80</b>
BISMUTH	ICP-MS	0.18	µg/l	0.10 - 0.80
SELENIUM	ICP-MS	218.03	µg/l	60 - 340
ALUMINIUM	ICP-MS	6.62	µg/l	< 30
NICKEL	ICP-MS	1.07	µg/l	< 15
MANGANESE	ICP-MS	11.38	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)** : 02 Mar 2023 13:20  
**Sample Received on (SRT)** : 03 Mar 2023 14:59  
**Report Released on (RRT)** : 03 Mar 2023 20:45  
**Sample Type** : EDTA  
**Labcode** : 0303000531/DH586  
**Barcode** : AP313808

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil MD(Path)



PROCESSED AT :

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REPORT

**NAME** : ALINA ASIF(24Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : EXECUTIVE FULL BODY HEALTH CHECKUP

**HOME COLLECTION :**  
14/37 SA TOWER GWALTOLI CIVIL LINES FLAT NO  
609 KANPUR

**PATIENTID** : AA21088660

TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b> Reference Range :-	<b>WESTERGREN</b>	<b>25</b>	<b>mm / hr</b>

Male : 0-15

Female : 0-20

**Please correlate with clinical conditions.**

**Method:-** WESTERGREN

**Sample Collected on (SCT)** : 02 Mar 2023 13:20

**Sample Received on (SRT)** : 03 Mar 2023 14:59

**Report Released on (RRT)** : 03 Mar 2023 20:45

**Sample Type** : EDTA

**Labcode** : 0303000531/DH586

**Barcode** : AP313808

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil MD(Path)



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**REPORT**

**NAME :** ALINA ASIF(24Y/F)  
**REF. BY :** SELF  
**TEST ASKED :** EXECUTIVE FULL BODY HEALTH CHECKUP

**HOME COLLECTION :**  
 14/37 SA TOWER GWALTOLI CIVIL LINES FLAT  
 NO 609 KANPUR

**PATIENTID :** AA21088660

TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>HbA1c - (HPLC - NGSP Certified)</b>	H.P.L.C	5.4	%

**Reference Range :**

Reference Range: 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. using Biorad Variant II Turbo

<b>AVERAGE BLOOD GLUCOSE (ABG)</b>	CALCULATED	108	mg/dl
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**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)** :02 Mar 2023 13:20

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**Report Released on (RRT)** : 03 Mar 2023 20:45

**Sample Type** : EDTA

**Labcode** : 0303000531/DH586

**Barcode** : AP313808

Dr Kuldeep Singh MD(Path)

Dr Sachin Patil MD(Path)

**REPORT**

**NAME :** ALINA ASIF(24Y/F) **HOME COLLECTION :**  
**REF. BY :** SELF 14/37 SA TOWER GWALTOLI CIVIL LINES FLAT  
**TEST ASKED :** EXECUTIVE FULL BODY HEALTH CHECKUP NO 609 KANPUR  
**PATIENTID :** AA21088660

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT (WBC)	7.34	X 10 <sup>3</sup> / μL	4.0-10.0
<b>NEUTROPHILS</b>	<b>81.3</b>	<b>%</b>	<b>40-80</b>
<b>LYMPHOCYTE PERCENTAGE</b>	<b>16.5</b>	<b>%</b>	<b>20.0-40.0</b>
MONOCYTES	1.2	%	0.0-10.0
EOSINOPHILS	0.5	%	0.0-6.0
BASOPHILS	0.2	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	5.97	X 10 <sup>3</sup> / μL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	1.21	X 10 <sup>3</sup> / μL	1.0-3.0
<b>MONOCYTES - ABSOLUTE COUNT</b>	<b>0.09</b>	<b>X 10<sup>3</sup> / μL</b>	<b>0.2-1.0</b>
<b>BASOPHILS - ABSOLUTE COUNT</b>	<b>0.01</b>	<b>X 10<sup>3</sup> / μL</b>	<b>0.02-0.1</b>
EOSINOPHILS - ABSOLUTE COUNT	0.04	X 10 <sup>3</sup> / μL	0.02-0.5
IMMATURE GRANULOCYTES(IG)	0.02	X 10 <sup>3</sup> / μL	0.0-0.3
<b>TOTAL RBC</b>	<b>4.88</b>	<b>X 10<sup>6</sup>/μL</b>	<b>3.9-4.8</b>
NUCLEATED RED BLOOD CELLS	Nil	X 10 <sup>3</sup> / μL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	14	g/dL	12.0-15.0
<b>HEMATOCRIT(PCV)</b>	<b>47.8</b>	<b>%</b>	<b>36.0-46.0</b>
MEAN CORPUSCULAR VOLUME(MCV)	98	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	28.7	pg	27.0-32.0
<b>MEAN CORP.HEMO.CONC(MCHC)</b>	<b>29.3</b>	<b>g/dL</b>	<b>31.5-34.5</b>
<b>RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)</b>	<b>49.1</b>	<b>fL</b>	<b>39.0-46.0</b>
RED CELL DISTRIBUTION WIDTH (RDW-CV)	13.4	%	11.6-14.0
PLATELET COUNT	159	X 10 <sup>3</sup> / μL	150-400

**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)**

~~ End of report ~~

**Sample Collected on (SCT)** : 02 Mar 2023 13:20  
**Sample Received on (SRT)** : 03 Mar 2023 14:59  
**Report Released on (RRT)** : 03 Mar 2023 20:45  
**Sample Type** : EDTA  
**Labcode** : 0303000531/DH586  
**Barcode** : AP313808




Dr Kuldeep Singh MD(Path)



Dr Sachin Patil 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 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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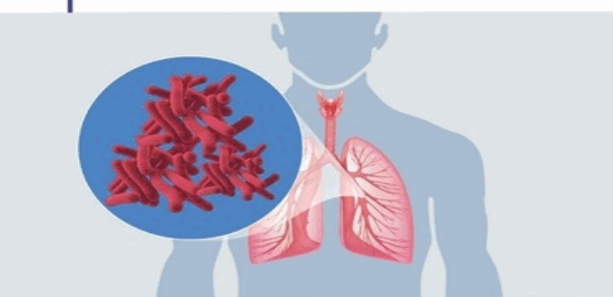
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