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NAME : PANKAJ AGARWAL (35Y/M)
REF. BY : SELF
TEST ASKED : HbA1c,HEMOGRAM

SAMPLE COLLECTED AT :
(7340015312),AAROGYA CENTRE,NILADRI SHIKHAR BUILDING, HILL CART RD, WARD 11, SILIGURI, WEST BENGAL.,734001

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	5.2	%

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	103	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) : 05 Mar 2024 13:35
Sample Received on (SRT) : 06 Mar 2024 11:01
Report Released on (RRT) : 06 Mar 2024 14:02
Sample Type : EDTA
Labcode : 0603068021/KOL01
Barcode : BU948448

Dr T Priyanka MD(Path)

Dr R Kumar MD (Path)

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REF. BY : SELF
TEST ASKED : HbA1c,HEMOGRAM

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TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	5.61	X 10³ / µL	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	45.2	%	40-80
LYMPHOCYTE	**Flow Cytometry**	**41.3**	**%**	**20-40**
MONOCYTES	Flow Cytometry	3.4	%	2-10
EOSINOPHILS	**Flow Cytometry**	**9.3**	**%**	**1-6**
BASOPHILS	Flow Cytometry	0.5	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	Calculated	2.54	X 10³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	Calculated	2.32	X 10³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	**Calculated**	**0.19**	**X 10³ / µL**	**0.2 - 1.0**
BASOPHILS - ABSOLUTE COUNT	Calculated	0.03	X 10³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	**Calculated**	**0.52**	**X 10³ / µL**	**0.02 - 0.5**
IMMATURE GRANULOCYTES(IG)	Calculated	0.02	X 10³ / µL	0-0.3
TOTAL RBC	HF & EI	4.5	X 10^6/µL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Calculated	0.01	X 10³ / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	Flow Cytometry	0.01	%	0.0-5.0
HEMOGLOBIN	SLS-Hemoglobin Method	13.3	g/dL	13.0-17.0
HEMATOCRIT(PCV)	Calculated	41.8	%	40.0-50.0
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	92.9	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	Calculated	29.6	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	Calculated	31.8	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	Calculated	45.3	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	Calculated	13.2	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	**Calculated**	**15.5**	**fL**	**9.6-15.2**
MEAN PLATELET VOLUME(MPV)	Calculated	11.9	fL	6.5-12
PLATELET COUNT	HF & EI	303	X 10³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	Calculated	39.9	%	19.7-42.4
PLATELETCRIT(PCT)	Calculated	0.36	%	0.19-0.39

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)
(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing, * EI - Electric Impedence ,*Hb-hemoglobin**)**

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NAME : PANKAJ AGARWAL (35Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM C PRO WITH UTSH

SAMPLE COLLECTED AT :
(7340015312),AAROGYA CENTRE,NILADRI SHIKHAR BUILDING, HILL CART RD, WARD 11, SILIGURI, WEST BENGAL.,734001

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	E.C.L.I.A	45	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 Compitive Immunoassay

VITAMIN B-12	E.C.L.I.A	435	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 Compitive Immunoassay

Please correlate with clinical conditions.

Sample Collected on (SCT) : 05 Mar 2024 13:35
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Report Released on (RRT) : 06 Mar 2024 18:12
Sample Type : SERUM
Labcode : 0603068292/KOL01
Barcode : CC542277

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	1.47	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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	E.C.L.I.A	540	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 Compitive Immunoassay

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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	103.83	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 **Method :** Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	311.8	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	33.3	%
Bio. Ref. Interval. : 13 - 45 **Method :** Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	207.97	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**	**256**	**mg/dL**	**< 200**
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	56	mg/dL	40-60
HDL / LDL RATIO	**CALCULATED**	**0.34**	**Ratio**	**> 0.40**
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**168**	**mg/dL**	**< 100**
TRIG / HDL RATIO	CALCULATED	2.5	Ratio	< 3.12
TRIGLYCERIDES	PHOTOMETRY	140	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4.6	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	3	Ratio	1.5-3.5
NON-HDL CHOLESTEROL	**CALCULATED**	**199.96**	**mg/dL**	**< 160**
VLDL CHOLESTEROL	CALCULATED	28.05	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.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	79.4	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.57	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.08	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.49	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	**PHOTOMETRY**	**66.94**	**U/L**	**< 55**
SGOT / SGPT RATIO	CALCULATED	0.65	Ratio	< 2
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	28.59	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	43.88	U/L	< 45
PROTEIN - TOTAL	PHOTOMETRY	6.94	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.35	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.59	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.68	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

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
UREA (CALCULATED)	CALCULATED	19.69	mg/dL	Adult : 17-43
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	9.2	mg/dL	7.94 - 20.07
UREA / SR.CREATININE RATIO	CALCULATED	23.72	Ratio	< 52
CREATININE - SERUM	PHOTOMETRY	0.83	mg/dL	0.72-1.18
BUN / SR.CREATININE RATIO	CALCULATED	11.08	Ratio	9:1-23:1
CALCIUM	PHOTOMETRY	9.79	mg/dL	8.8-10.6
URIC ACID	**PHOTOMETRY**	**7.65**	**mg/dL**	**4.2 - 7.3**
SODIUM	I.S.E	137.66	mmol/L	136 - 145
CHLORIDE	I.S.E	102.23	mmol/L	98 - 107

Please correlate with clinical conditions.

Method :

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

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	107	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	8.31	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	1.73	µIU/mL	0.54-5.30

Comments : ***

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.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	114	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

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NAME : PANKAJ AGARWAL (35Y/M)
REF. BY : SELF
TEST ASKED : BLOOD SUGAR (F)

SAMPLE COLLECTED AT :
(7340015312),AAROGYA CENTRE,NILADRI SHIKHAR BUILDING, HILL CART RD, WARD 11, SILIGURI, WEST BENGAL.,734001

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	92	mg/dL

Bio. Ref. Interval. :-

As per ADA Guideline: Fasting Plasma Glucose (FPG)	
Normal	70 to 100 mg/dl
Prediabetes	100 mg/dl to 125 mg/dl
Diabetes	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

~~ End of report ~~

Sample Collected on (SCT) : 05 Mar 2024 13:35
Sample Received on (SRT) : 06 Mar 2024 11:11
Report Released on (RRT) : 06 Mar 2024 15:25
Sample Type : FLUORIDE
Labcode : 0603069168/KOL01
Barcode : CB155886

Dr T Priyanka MD(Path)

Dr R Kumar 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**

As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)