Thyrocare

Tests you can trust

Name : Ms Deki(48Y/F)

Date : 07 Apr 2025

Test Asked : Complete Ffd Panel Type 1

Report Status: Complete Report

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ISO 9001: 2015 - From 2015

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NAME : MS DEKI(48Y/F)
REF. BY : SELF
TEST ASKED : COMPLETE FFD PANEL TYPE 1

HOME COLLECTION :
. 276 Rainbow Residency, Junnasandra, Sarjapur Road, Bangalore 560035 a

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
COMPLETE FFD PANEL TYPE 1	Ready
INSULIN - FASTING	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
URINARY MICROALBUMIN	Ready
HbA1c	Ready
C-PEPTIDE	Ready
KIDPRO	Ready
IRON DEFICIENCY PROFILE	Ready
VITAMIN B-12	Ready
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	Ready
SERUM ELECTROLYTES	Ready
LIPID PROFILE	Ready
T3-T4-USTSH	Ready
FASTING BLOOD SUGAR(GLUCOSE)	Ready
COMPLETE URINE ANALYSIS	Ready
LIVER FUNCTION TESTS	Ready
25-OH VITAMIN D (TOTAL)	Ready

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Sector-7 (BDA), No 1159, Bangalore

MC-7014

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Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
HEMATOCRIT(PCV)	35.2	%	36.0-46.0
HEMOGLOBIN	11.4	g/dL	12.0-15.0
LYMPHOCYTE	41.7	%	20-40
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	50.3	fL	39.0-46.0
TOTAL RBC	3.6	X 10^6/µL	3.8-4.8
LIPID			
HDL CHOLESTEROL - DIRECT	69	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	118	mg/dL	< 100
TOTAL CHOLESTEROL	207	mg/dL	< 200

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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
C-PEPTIDE	E.C.L.I.A	1.87	ng/mL

Bio. Ref. Interval. :-

1.10 – 4.40 ng/ml

Clinical Significance
C-peptide, a polypeptide consisting of 31 amino acids (MW~3000), is stored in the secretory granules of the beta cells and released into circulation in equimolar amounts with insulin. The determination of C-peptide provides an assessment of endogenous insulin secretory reserves in patients with diabetes mellitus and is considered a more reliable indicator of insulin secretion than insulin itself. The primary indication for measuring C-peptide is for the evaluation of fasting hypoglycemia. It is also used to monitor patient's response to pancreatic surgery. C-peptide levels increase in insulinomas and beta-cell tumors.

Specifications: Precision: Intra assay (%CV): 2.9%, Inter assay (%CV): 3.6%; Sensitivity: 0.02 ng/ml

Kit Validation reference:
Clerk PM, Assays for insulin, proinsulin (s) and c-peptide. Ann clin biochem 1999;36(5):541-564

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED ELECTROCHEMILUMINESCENCE IMMUNOASSAY

Sample Collected on (SCT) : 07 Apr 2025 07:41
Sample Received on (SRT) : 07 Apr 2025 15:32
Report Released on (RRT) : 07 Apr 2025 19:27
Sample Type : SERUM
Labcode : 0704042105/PP004
Barcode : CZ824424

Dr Syeda Sumaiya MD(Path)

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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	E.C.L.I.A	47.8	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.

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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	0.5	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
VITAMIN B-12	E.C.L.I.A	346	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

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

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TEST NAME	TECHNOLOGY	VALUE	UNITS
INSULIN - FASTING	C.L.I.A	6.99	µU/mL

Bio. Ref. Interval. :-

1.9-23 µU/mL

Clinical Significance

Type I (Insulin dependent: "Juvenile") diabetes is due to a destruction of the beta cells, with a consequence of absolute lack of insulin. In type II (Non insulin-dependent: "Maturity onset") diabetes, insulin resistance may play an important role; However after several years of evolution, beta-cells failure may occur, leading to a relative insulinopenia requiring, in some cases, insulin administration. Insulin resistance is associated with high circulation levels of the hormone.

For diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Specifications:

Precision: Intra Assay (%CV): 4.20 %, Inter Assay (%CV): 5.60%; Sensitivity: 0.03 µU/mL

External quality control program participation:

College Of American Pathologists: Insulin Survey (Ing): Cap Number: 7193855-01

Kit validation references:

Howanitz PJ, Howanitz JH, Henry JB. Carbohydrates.Clinical Diagnosis and Management by Laboratory Methods 1991 ;172-182.edited by Henry JB, Philadelphia, W.B Saunders Company.

Please correlate with clinical conditions.
Method:- One step Immunoenzymatic (Sandwich) assay.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	90	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 **Method :** Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	298	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl **Method :** Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	30	%
Bio. Ref. Interval. : 13 - 45 **Method :** Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	207.99	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**	**207**	**mg/dL**	**< 200**
HDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**69**	**mg/dL**	**40-60**
LDL CHOLESTEROL - DIRECT	**PHOTOMETRY**	**118**	**mg/dL**	**< 100**
TRIGLYCERIDES	PHOTOMETRY	61	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	0.88	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	1.7	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.58	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	138.2	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	12.18	mg/dL	5 - 40

Please correlate with clinical conditions.

Method :

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

***REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:**

TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	47.67	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.41	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.07	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.34	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	12.8	U/L	< 38
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	24.2	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	14.7	U/L	< 34
SGOT / SGPT RATIO	CALCULATED	1.65	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	6.84	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	3.99	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.85	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.4	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
BILT - Vanadate Oxidation
BILD - Vanadate Oxidation
BILI - Derived from serum Total and Direct Bilirubin values
GGT - Modified IFCC method
SGOT - IFCC* Without Pyridoxal Phosphate Activation
SGPT - IFCC* Without Pyridoxal Phosphate Activation
OT/PT - Derived from SGOT and SGPT values.
PROT - Biuret Method
SALB - Albumin Bcg¹method (Colorimetric Assay Endpoint)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - Derived from serum Albumin and Protein values

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TEST NAME	TECHNOLOGY	VALUE	UNITS
SODIUM	I.S.E - INDIRECT	140.9	mmol/L

Bio. Ref. Interval. :
Adults: 136-145 mmol/l

Method : ION SELECTIVE ELECTRODE - INDIRECT

POTASSIUM	I.S.E - INDIRECT	3.7	mmol/L

Bio. Ref. Interval. :
ADULTS: 3.5-5.1 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 - INDIRECT

CHLORIDE	I.S.E - INDIRECT	106.19	mmol/L

Bio. Ref. Interval. :
ADULTS: 98-107 MMOL/L

Clinical Significance :
An increased level of blood chloride (called hyperchloremia) usually indicates dehydration, but can also occur with other problems that cause high blood sodium, such as Cushing syndrome or kidney disease. Hyperchloremia also occurs when too much base is lost from the body (producing metabolic acidosis) or when a person hyperventilates (causing respiratory alkalosis). A decreased level of blood chloride (called hypochloremia) occurs with any disorder that causes low blood sodium. Hypochloremia also occurs with congestive heart failure, prolonged vomiting or gastric suction, Addison disease, emphysema or other chronic lung diseases (causing respiratory acidosis), and with loss of acid from the body (called metabolic alkalosis).

Method : ION SELECTIVE ELECTRODE - INDIRECT

Please correlate with clinical conditions.

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	12.2	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.62	mg/dL	0.55-1.02
BUN / SR.CREATININE RATIO	CALCULATED	19.68	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	26.11	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	42.11	Ratio	< 52
CALCIUM	PHOTOMETRY	8.92	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	4.3	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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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	115	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	5.3	µg/dL	4.8-12.7
TSH - ULTRASENSITIVE	E.C.L.I.A	2.79	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

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)

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Labcode : 0704042105/PP004
Barcode : CZ824424

Dr Syeda Sumaiya MD(Path)

PROCESSED AT :

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

MC-4246

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NAME : MS DEKI(48Y/F)
REF. BY : SELF
TEST ASKED : COMPLETE FFD PANEL TYPE 1

HOME COLLECTION :
. 276 Rainbow Residency, Junnasandra, Sarjapur Road, Bangalore 560035 a

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	110	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

Sample Collected on (SCT) : 07 Apr 2025 07:41
Sample Received on (SRT) : 07 Apr 2025 15:32
Report Released on (RRT) : 07 Apr 2025 19:27
Sample Type : SERUM
Labcode : 0704042105/PP004
Barcode : CZ824424

Dr Syeda Sumaiya MD(Path)

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NAME : MS DEKI(48Y/F)
REF. BY : SELF
TEST ASKED : COMPLETE FFD PANEL TYPE 1

HOME COLLECTION :
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Sarjapur Road, Bangalore 560035 a

TEST NAME	TECHNOLOGY	VALUE	UNITS
DIABETES SCREEN (URINE)			
URINARY MICROALBUMIN	PHOTOMETRY	< 5.5	µg/mL
Bio. Ref. Interval. : Adults: Less than 25 µg/ml			
Method : Fully Automated Immuno Turbidometry			
CREATININE - URINE	PHOTOMETRY	83.62	mg/dL
Bio. Ref. Interval. : Male: 39 - 259 mg/dl Female: 28 - 217 mg/dl			
Method : Creatinine Jaffe Method, Rate-Blanked and Compensated			
URI. ALBUMIN/CREATININE RATIO (UA/C)	CALCULATED	6.6	µg/mg of Creatinine
Bio. Ref. Interval. : Adults : Less than 30 µg/mg of Creatinine			
Method : Derived from Albumin and Creatinine values			

Please correlate with clinical conditions.

Sample Collected on (SCT) : 07 Apr 2025 07:41
Sample Received on (SRT) : 07 Apr 2025 13:37
Report Released on (RRT) : 07 Apr 2025 15:10
Sample Type : URINE
Labcode : 0704076368/PP004
Barcode : DA413635

Dr Ishant Anand MD(Path)

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Bangalore

NAME : MS DEKI(48Y/F)
REF. BY : SELF
TEST ASKED : COMPLETE FFD PANEL TYPE 1

HOME COLLECTION :
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TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
Complete Urinogram				
Physical Examination				
VOLUME	Visual Determination	3	mL	-
COLOUR	Visual Determination	PALE YELLOW	-	Pale Yellow
APPEARANCE	Visual Determination	CLEAR	-	Clear
SPECIFIC GRAVITY	pKa change	1.02	-	1.003-1.030
PH	pH indicator	5.5	-	5-8
Chemical Examination				
URINARY PROTEIN	PEI	ABSENT	mg/dL	Absent
URINARY GLUCOSE	GOD-POD	ABSENT	mg/dL	Absent
URINE KETONE	Nitroprusside	ABSENT	mg/dL	Absent
URINARY BILIRUBIN	Diazo coupling	ABSENT	mg/dL	Absent
UROBILINOGEN	Diazo coupling	Normal	mg/dL	<=0.2
BILE SALT	Hays sulphur	ABSENT	-	Absent
BILE PIGMENT	Ehrlich reaction	ABSENT	-	Absent
URINE BLOOD	Peroxidase reaction	ABSENT	-	Absent
NITRITE	Diazo coupling	ABSENT	-	Absent
LEUCOCYTE ESTERASE	Esterase reaction	ABSENT	-	Absent
Microscopic Examination				
MUCUS	Microscopy	ABSENT	-	Absent
RED BLOOD CELLS	Microscopy	ABSENT	cells/HPF	0-5
URINARY LEUCOCYTES (PUS CELLS)	Microscopy	ABSENT	cells/HPF	0-5
EPITHELIAL CELLS	Microscopy	ABSENT	cells/HPF	0-5
CASTS	Microscopy	ABSENT	-	Absent
CRYSTALS	Microscopy	ABSENT	-	Absent
BACTERIA	Microscopy	ABSENT	-	Absent
YEAST	Microscopy	ABSENT	-	Absent
PARASITE	Microscopy	ABSENT	-	Absent

(Reference : *PEI - Protein error of indicator, *GOD-POD - Glucose oxidase-peroxidase**)**

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NAME : MS DEKI(48Y/F)
REF. BY : SELF
TEST ASKED : COMPLETE FFD PANEL TYPE 1

HOME COLLECTION :
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Sarjapur Road, Bangalore 560035 a

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	5.3	%

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	105	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) : 07 Apr 2025 07:41
Sample Received on (SRT) : 07 Apr 2025 14:01
Report Released on (RRT) : 07 Apr 2025 15:45
Sample Type : EDTA Whole Blood
Labcode : 0704078089/PP004
Barcode : DM824974

Dr Ishant Anand MD(Path)

PROCESSED AT :
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NAME : MS DEKI(48Y/F)
REF. BY : SELF
TEST ASKED : COMPLETE FFD PANEL TYPE 1

HOME COLLECTION :
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TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	**SLS-Hemoglobin Method**	**11.4**	**g/dL**	**12.0-15.0**
Hematocrit (PCV)	**CPH Detection**	**35.2**	**%**	**36.0-46.0**
Total RBC	**HF & EI**	**3.6**	**X 10^6/µL**	**3.8-4.8**
Mean Corpuscular Volume (MCV)	Calculated	97.8	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	31.7	pq	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	32.4	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	**Calculated**	**50.3**	**fL**	**39.0-46.0**
Red Cell Distribution Width (RDW - CV)	Calculated	14	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	380.3	-	*Refer Note below
MENTZER INDEX	Calculated	27.2	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	4.92	X 10^3 / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	49	%	40-80
Lymphocytes Percentage	**Flow Cytometry**	**41.7**	**%**	**20-40**
Monocytes Percentage	Flow Cytometry	6.5	%	2-10
Eosinophils Percentage	Flow Cytometry	1.8	%	1-6
Basophils Percentage	Flow Cytometry	1	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.2	%	0.0-0.4
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	2.41	X 10^3 / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	2.05	X 10^3 / µL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.32	X 10^3 / µL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.05	X 10^3 / µL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.09	X 10^3 / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.01	X 10^3 / µL	0.0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10^3 / µL	0.0-0.5
PLATELET COUNT	HF & EI	169	X 10^3 / µL	150-410
Mean Platelet Volume (MPV)	Calculated	11.9	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	14.8	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	38.7	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.2	%	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) : 07 Apr 2025 07:41
Sample Received on (SRT) : 07 Apr 2025 14:01
Report Released on (RRT) : 07 Apr 2025 15:45
Sample Type : EDTA Whole Blood
Labcode : 0704078089/PP004
Barcode : DM824974

Dr Ishant Anand MD(Path)

PROCESSED AT :
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NAME : MS DEKI(48Y/F)
REF. BY : SELF
TEST ASKED : COMPLETE FFD PANEL TYPE 1

HOME COLLECTION :
. 276 Rainbow Residency, Junnasandra, Sarjapur Road, Bangalore 560035 a

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	94.12	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) : 07 Apr 2025 07:41
Sample Received on (SRT) : 07 Apr 2025 13:40
Report Released on (RRT) : 07 Apr 2025 14:42
Sample Type : FLUORIDE PLASMA
Labcode : 0704076735/PP004
Barcode : DO285772

Dr Ishant Anand 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)*