Thyrocare

Tests you can trust

Name : XXXXXXXX XXXXXXXXXXXX

Date : XX XX XXXX

Test Asked : Jaanch Heat Shield Basic

Report Status : Complete Report

Dummy Report











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"

Patient Name : XXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXX
Address : XXXXXXXXXXXXXX

Tests Done : **JAANCH HEAT SHIELD BASIC**

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
JAANCH HEAT SHIELD BASIC	Ready
RANDOM BLOOD SUGAR(GLUCOSE)	Ready
CHLORIDE	Ready
Creatine Phosphokinase (CPK), Serum	Ready
LACTATE DEHYDROGENASE (LDH)	Ready
SODIUM	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
KIDPRO	Ready
SERUM SGOT-SGPT RATIO	Ready
BILIRUBIN - TOTAL	Ready

Dummy Report

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

Patient Name	: XXXXXXXXXXXXXXX	Tests Done	: JAANCH HEAT SHIELD BASIC
Referred By	: XXXXXXXXXXXXXXX		
Address	: XXXXXXXXXXXXXXX		

Tests Outside Reference Range

Note: Please refer to the table below for tests outside reference range.

Test Name	Observed Value	Units	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
HEMATOCRIT(PCV)	**39.7**	%	40.0-50.0
HEMOGLOBIN	**12.5**	g/dL	13.0-17.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	**14.6**	%	11.6-14
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**49.4**	fL	39-46
TOTAL RBC	**4.3**	X 10^6/µL	4.5-5.5
ELECTROLYTES			
SODIUM	**132**	mmol/L	136 - 145
RENAL			
CREATININE - SERUM	**0.5**	mg/dL	0.72-1.18
URIC ACID	**4**	mg/dL	4.2 - 7.3

Dummy Report

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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Patient Name	: XXXXXXXXXXXXXX	**Sample Collected on (SCT)**	: XXXXXXXXXXXX
Referred By	: XXXXXXXXXXXXXX	**Sample Received on (SRT)**	: XXXXXXXXXXXX
Address	: XXXXXXXXXXXXXX	**Report Released on (RRT)**	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
Creatine Phosphokinase (CPK), Serum	PHOTOMETRY	55	U/L

Bio. Ref. Interval. :-

Female : < 167 U/L
Male : < 190 U/L

Clinical Significance:
Serum Creatinine kinase (CK) levels have proven valuable in the assessment of cardiac and skeletal muscle diseases, including myocardial infarction and muscular dystrophy.

Specifications:
Precision %CV :- Intra assay %CV- 0.62% , Inter assay %CV-0.52 % Sensitivity : 3.0 U/L

Kit Validation Reference:
Tietz, N. W, Textbook of Clinical Chemistry, W.B. Saunders Co. ,Philadelphia, 1986, p. 678-6863.

Please correlate with clinical conditions.
Method:- DGKC

Dummy Report

Tests Done : JAANCH HEAT SHIELD BASIC

Report Remarks :

Doctor 1 Sign

Doctor 2 Sign

Patient Name	: XXXXXXXXXXXXXX	**Sample Collected on (SCT)**	: XXXXXXXXXXXX
Referred By	: XXXXXXXXXXXXXX	**Sample Received on (SRT)**	: XXXXXXXXXXXX
Address	: XXXXXXXXXXXXXX	**Report Released on (RRT)**	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
LACTATE DEHYDROGENASE (LDH)	PHOTOMETRY	250	U/L

Bio. Ref. Interval. :-

120-250

Clinical Significance:
Lactate Dehydrogenase occurs in the cytoplasm of all cells;there are five isoenzymes. The highest concentration are found in heart,liver,skeletal muscle,kidney, and the RBCs,with lesser amounts in lung,smooth muscle, and brain . LD catalyzes the interconversion of lactate and pyruvate. Marked elevations in lactate dehydrogenase (LD) activity can be observed in megaloblastic anemia, untreated pernicious anemia, Hodgkins disease, abdominal and lung cancers, severe shock, and hypoxia. Moderate to slight increases in LD levels are seen in myocardial infarction (MI), pulmonary infarction, pulmonary embolism, leukemia, hemolytic anemia, infectious mononucleosis, progressive muscular dystrophy (especially in the early and middle stages of the disease), liver disease, and renal disease. In liver disease, elevations of LD are not as great as the increases in aspartate amino transferase (AST) and alanine aminotransferase (ALT). Increased levels of the enzyme are found in about one third of patients with renal disease, especially those with tubular necrosis or pyelonephritis. However, these elevations do not correlate well with proteinuria or other parameters of renal disease. On occasion a raised LD level may be the only evidence to suggest the presence of a hidden pulmonary embolus.

Specifications: Precision: Intra assay (%CV): 0.76, Inter assay (%CV): 1.8, Sensitivity: >=0.01

Kit validation references:

Amador E. Dorfman L. E. Wacker W. E., Clin. Chem., 1963; 331

Please correlate with clinical conditions.

Method:- LACTATE / NAD METHOD

Tests Done : JAANCH HEAT SHIELD BASIC

Report Remarks :

Doctor 1 Sign

Doctor 2 Sign

Dummy Report

Patient Name	: XXXXXXXXXXXXXX	**Sample Collected on (SCT)**	: XXXXXXXXXXXX
Referred By	: XXXXXXXXXXXXXX	**Sample Received on (SRT)**	: XXXXXXXXXXXX
Address	: XXXXXXXXXXXXXX	**Report Released on (RRT)**	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
CHLORIDE	I.S.E - INDIRECT	99	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

SODIUM	**I.S.E - INDIRECT**	**132**	**mmol/L**

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

Method : ION SELECTIVE ELECTRODE - INDIRECT

Please correlate with clinical conditions.

Dummy Report

Tests Done : JAANCH HEAT SHIELD BASIC

Report Remarks :

Doctor 1 Sign

Doctor 2 Sign

Patient Name	: XXXXXXXXXXXXXX	**Sample Collected on (SCT)**	: XXXXXXXXXXXX
Referred By	: XXXXXXXXXXXXXX	**Sample Received on (SRT)**	: XXXXXXXXXXXX
Address	: XXXXXXXXXXXXXX	**Report Released on (RRT)**	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	10	mg/dL	7.94 - 20.07
CREATININE - SERUM	**PHOTOMETRY**	**0.5**	**mg/dL**	**0.72-1.18**
BUN / Sr.CREATININE RATIO	CALCULATED	20	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	21.4	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	42.8	Ratio	< 52
CALCIUM	PHOTOMETRY	8.9	mg/dL	8.8-10.6
URIC ACID	**PHOTOMETRY**	**4**	**mg/dL**	**4.2 - 7.3**

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

Dummy Report

Tests Done : JAANCH HEAT SHIELD BASIC

Report Remarks :

Doctor 1 Sign

Doctor 2 Sign

Patient Name	: XXXXXXXXXXXXXX	**Sample Collected on (SCT)**	: XXXXXXXXXXXX
Referred By	: XXXXXXXXXXXXXX	**Sample Received on (SRT)**	: XXXXXXXXXXXX
Address	: XXXXXXXXXXXXXX	**Report Released on (RRT)**	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BILIRUBIN - TOTAL	PHOTOMETRY	1.1	mg/dL	0.3-1.2
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	12	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	10	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	1.2	Ratio	< 2

Please correlate with clinical conditions.

Method :

BILT - Diazonium salt DPD method
SGOT - IFCC* Without Pyridoxal Phosphate Activation
SGPT - IFCC* Without Pyridoxal Phosphate Activation
OT/PT - Derived from SGOT and SGPT values.

Dummy Report

Tests Done : JAANCH HEAT SHIELD BASIC

Report Remarks :

Doctor 1 Sign

Doctor 2 Sign

Patient Name	: XXXXXXXXXXXXXX	**Sample Collected on (SCT)**	: XXXXXXXXXXXX
Referred By	: XXXXXXXXXXXXXX	**Sample Received on (SRT)**	: XXXXXXXXXXXX
Address	: XXXXXXXXXXXXXX	**Report Released on (RRT)**	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	143	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
<15 : Kidney Failure

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

Dummy Report

Tests Done : JAANCH HEAT SHIELD BASIC

Report Remarks :

Doctor 1 Sign

Doctor 2 Sign

Patient Name	: XXXXXXXXXXXXXX	**Sample Collected on (SCT)**	: XXXXXXXXXXXX
Referred By	: XXXXXXXXXXXXXX	**Sample Received on (SRT)**	: XXXXXXXXXXXX
Address	: XXXXXXXXXXXXXX	**Report Released on (RRT)**	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	**SLS-Hemoglobin Method**	**12.5**	**g/dL**	**13.0-17.0**
Hematocrit (PCV)	**CPH Detection**	**39.7**	**%**	**40.0-50.0**
Total RBC	**HF & EI**	**4.3**	**X 10^6/µL**	**4.5-5.5**
Mean Corpuscular Volume (MCV)	Calculated	92.3	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	29.1	pq	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	31.5	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	**Calculated**	**49.4**	**fL**	**39-46**
Red Cell Distribution Width (RDW - CV)	**Calculated**	**14.6**	**%**	**11.6-14**
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	313.4	-	*Refer Note below
MENTZER INDEX	Calculated	21.5	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	7.04	X 10^3 / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	65.3	%	40-80
Lymphocytes Percentage	Flow Cytometry	26.3	%	20-40
Monocytes Percentage	Flow Cytometry	3.3	%	2-10
Eosinophils Percentage	Flow Cytometry	4.5	%	1-6
Basophils Percentage	Flow Cytometry	0.3	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.3	%	0-0.5
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	4.6	X 10^3 / µL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	1.85	X 10^3 / µL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.23	X 10^3 / µL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.02	X 10^3 / µL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.32	X 10^3 / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.02	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	222	X 10^3 / µL	150-410
Mean Platelet Volume (MPV)	Calculated	11.1	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	12.7	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	32.6	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.25	%	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

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

Tests Done : HEMOGRAM

Report Remarks :

Doctor 1 Sign **Doctor 2 Sign**

Dummy Report

Patient Name : XXXXXXXXXXXXXX
Referred By : XXXXXXXXXXXXXX
Address : XXXXXXXXXXXXXX

Sample Collected on (SCT): XXXXXXXXXXXX
Sample Received on (SRT) : XXXXXXXXXXXX
Report Released on (RRT) : XXXXXXXXXXXX
Sample Type | Barcode : XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS
RANDOM BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	115	mg/dL

Bio. Ref. Interval. :-

As per ADA Guideline: Random/Post-Prandial Plasma Glucose (RPG/PPPG)	
Normal	70 to 140 mg/dl
Impaired Glucose Tolerance	140 - 199 mg/dl
Diabetes	Greater than or Equal to 200 mg/dl

Please correlate with clinical conditions.
Method:- GOD-POD METHOD

~~ End of report ~~

Dummy Report

Tests Done : BLOOD SUGAR (RANDOM)

Report Remarks :

Doctor 1 Sign **Doctor 2 Sign**

CUSTOMER DETAILS

As declared in our data base

Name: xxxxxxxxxxxxxxxxxxxx **Age:** xx **Sex:** xxxx

Barcodes/Sample_Type	:	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Labcode	:	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Ref By	:	xxxxx
Sample_Type/Tests	:	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxx
Address	:	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Sample Collected on (SCT)	:	xxxxxxxxxxxxxxxxxx
Report Released on (RRT)	:	xxxxxxxxxxxxxxxxxx
Amount Collected	:	**xxxxx**

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Dummy Report

CONDITIONS OF REPORTING

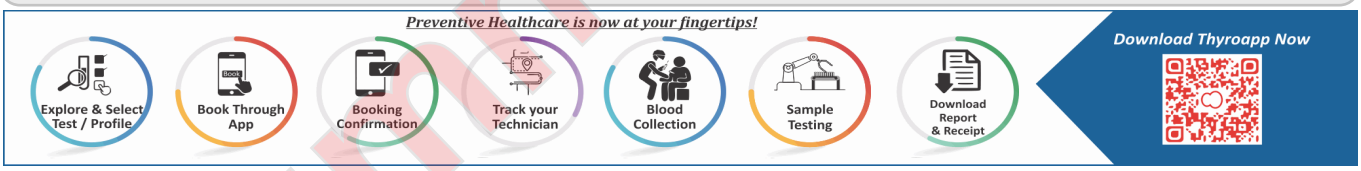
- The reported results are for information and interpretation of the referring doctor only.
- It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for 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 (Applicable for all company owned labs except Bhagalpur & Vijayawada),
** As per survey on doctors' perception of laboratory diagnostics (IJARIIT, 2023), -Mumbai Reference Lab is CAP Accredited*

Dummy Report