Thyrocare

Tests you can trust

**Name** : XXXXXXXX XXXXXXXXXXXX

**Date** : XX XX XXXX

**Test Asked** : Jaanch Heat Shield Advanced

**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 ADVANCED

## Report Availability Summary

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

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

| TEST DETAILS | REPORT STATUS |
|---|---|
| **JAANCH HEAT SHIELD ADVANCED** | Ready |
| RANDOM BLOOD SUGAR(GLUCOSE) | Ready |
| CHLORIDE | Ready |
| Creatine Phosphokinase (CPK), Serum | Ready |
| 25-OH VITAMIN D (TOTAL) | Ready |
| FERRITIN | Ready |
| LACTATE DEHYDROGENASE (LDH) | Ready |
| IRON | Ready |
| SODIUM | Ready |
| VITAMIN B-12 | Ready |
| COMPLETE URINE ANALYSIS | Ready |
| HEMOGRAM - 6 PART (DIFF) | Ready |
| KIDPRO | Ready |
| SERUM SGOT-SGPT RATIO | Ready |
| BILIRUBIN - TOTAL | Ready |

Dummy Report

| | | | |
|---|---|---|---|
| Patient Name | : XXXXXXXXXXXXXX | Tests Done | : JAANCH HEAT SHIELD ADVANCED |
| Referred By | : XXXXXXXXXXXXXX | | |
| Address | : XXXXXXXXXXXXXX | | |

## 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** | | | |
| MEAN CORP.HEMO.CONC(MCHC) | **31.4** | g/dL | 31.5-34.5 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) | **14.6** | % | 11.6-14.0 |
| RED CELL DISTRIBUTION WIDTH - SD(RDW-SD) | **49.1** | fL | 39.0-46.0 |
| **ELECTROLYTES** | | | |
| SODIUM | **133** | mmol/L | 136 - 145 |
| **RENAL** | | | |
| BLOOD UREA NITROGEN (BUN) | **7** | mg/dL | 7.94 - 20.07 |
| CREATININE - SERUM | **0.52** | mg/dL | 0.55-1.02 |
| UREA (CALCULATED) | **14.98** | mg/dL | Adult : 17-43 |
| URIC ACID | **7** | mg/dL | 3.2 - 6.1 |

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.

| | | | |
|---|---|---|---|
| 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 |
|---|---|---|---|
| 25-OH VITAMIN D (TOTAL) | C.L.I.A | 80 | ng/mL |

**Bio. Ref. Interval. :-**

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;357:2661.

**Please correlate with clinical conditions.**

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

Dummy Report

**Tests Done :** JAANCH HEAT SHIELD ADVANCED

**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 |
|---|---|---|---|
| FERRITIN | C.L.I.A | 149 | ng/mL |
| **Bio. Ref. Interval. :** Men: 22-322 ng/ml Women: 10-291 ng/ml | | | |
| **Method :** Fully Automated Bidirectionally Interfaced Chemi Luminescent Immuno Assay | | | |
| IRON | PHOTOMETRY | 50 | µg/dL |
| **Bio. Ref. Interval. :** Male : 65 - 175 Female : 50 - 170 | | | |
| **Method :** Ferrozine method without deproteinization | | | |

**Please correlate with clinical conditions.**

Dummy Report

Tests Done : JAANCH HEAT SHIELD ADVANCED

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 |
|---|---|---|---|
| VITAMIN B-12 | C.L.I.A | 511 | pg/mL |

**Bio. Ref. Interval. :-**

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

Dummy Report

**Tests Done :** JAANCH HEAT SHIELD ADVANCED

**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 |
|---|---|---|---|
| Creatine Phosphokinase (CPK), Serum | PHOTOMETRY | 150 | 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 ADVANCED

**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 | 150 | 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 **3**

**Please correlate with clinical conditions.**
**Method:-** LACTATE / NAD METHOD

Dummy Report

**Tests Done :** JAANCH HEAT SHIELD ADVANCED

**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 |
|---|---|---|---|
| CHLORIDE | I.S.E - INDIRECT | 100 | 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** | **133** | **mmol/L** |

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

**Method :** ION SELECTIVE ELECTRODE - INDIRECT

**Please correlate with clinical conditions.**

Dummy Report

Tests Done : JAANCH HEAT SHIELD ADVANCED

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** | **7** | **mg/dL** | **7.94 - 20.07** |
| **CREATININE - SERUM** | **PHOTOMETRY** | **0.52** | **mg/dL** | **0.55-1.02** |
| BUN / Sr.CREATININE RATIO | CALCULATED | 13.46 | Ratio | 9:1-23:1 |
| **UREA (CALCULATED)** | **CALCULATED** | **14.98** | **mg/dL** | **Adult : 17-43** |
| UREA / SR.CREATININE RATIO | CALCULATED | 28.81 | Ratio | < 52 |
| CALCIUM | PHOTOMETRY | 9 | mg/dL | 8.8-10.6 |
| **URIC ACID** | **PHOTOMETRY** | **7** | **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

Dummy Report

Tests Done : JAANCH HEAT SHIELD ADVANCED

Report Remarks :

Doctor 1 Sign

Doctor 2 Sign

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 | Bio. Ref. Interval |
|---|---|---|---|---|
| BILIRUBIN - TOTAL | PHOTOMETRY | 0.35 | mg/dL | 0.3-1.2 |
| ASPARTATE AMINOTRANSFERASE (SGOT ) | PHOTOMETRY | 11 | U/L | < 31 |
| ALANINE TRANSAMINASE (SGPT) | PHOTOMETRY | 9 | U/L | < 34 |
| SGOT / SGPT RATIO | CALCULATED | 1.22 | 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 ADVANCED

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 | 135 | 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 ADVANCED

**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 | 12.4 | g/dL | 12.0-15.0 |
| Hematocrit (PCV) | CPH Detection | 39.5 | % | 36.0-46.0 |
| Total RBC | HF & EI | 4.28 | X 10^6/µL | 3.8-4.8 |
| Mean Corpuscular Volume (MCV) | Calculated | 92.3 | fL | 83.0-101.0 |
| Mean Corpuscular Hemoglobin (MCH) | Calculated | 29 | pq | 27.0-32.0 |
| **Mean Corp.Hemo. Conc (MCHC)** | **Calculated** | **31.4** | **g/dL** | **31.5-34.5** |
| **Red Cell Distribution Width - SD (RDW-SD)** | **Calculated** | **49.1** | **fL** | **39.9-46.0** |
| **Red Cell Distribution Width (RDW - CV)** | **Calculated** | **14.6** | **%** | **11.6-14.0** |
| RED CELL DISTRIBUTION WIDTH INDEX (RDWI) | Calculated | 314.9 | - | *Refer Note below |
| MENTZER INDEX | Calculated | 21.6 | - | *Refer Note below |
| **TOTAL LEUCOCYTE COUNT (WBC)** | HF & FC | 7.1 | X 10³ / µL | 4.0 - 10.0 |
| **DIFFERENTIAL LEUCOCYTE COUNT** | | | | |
| Neutrophils Percentage | Flow Cytometry | 62.7 | % | 40-80 |
| Lymphocytes Percentage | Flow Cytometry | 28.6 | % | 20-40 |
| Monocytes Percentage | Flow Cytometry | 3 | % | 2-10 |
| Eosinophils Percentage | Flow Cytometry | 4.8 | % | 1-6 |
| Basophils Percentage | Flow Cytometry | 0.6 | % | 0-2 |
| Immature Granulocyte Percentage (IG%) | Flow Cytometry | 0.3 | % | 0.0-0.4 |
| Nucleated Red Blood Cells % | Flow Cytometry | 0.01 | % | 0.0-5.0 |
| **ABSOLUTE LEUCOCYTE COUNT** | | | | |
| Neutrophils - Absolute Count | Calculated | 4.45 | X 10³ / µL | 2.0-7.0 |
| Lymphocytes - Absolute Count | Calculated | 2.03 | X 10³ / µL | 1.0-3.0 |
| Monocytes - Absolute Count | Calculated | 0.21 | X 10³ / µL | 0.2 - 1.0 |
| Basophils - Absolute Count | Calculated | 0.04 | X 10³ / µL | 0.02 - 0.1 |
| Eosinophils - Absolute Count | Calculated | 0.34 | X 10³ / µL | 0.02 - 0.5 |
| Immature Granulocytes (IG) | Calculated | 0.02 | X 10³ / µL | 0.0-0.3 |
| Nucleated Red Blood Cells | Calculated | 0.01 | X 10³ / µL | 0.0-0.5 |
| **PLATELET COUNT** | HF & EI | 224 | X 10³ / µL | 150-410 |
| Mean Platelet Volume (MPV) | Calculated | 10.9 | fL | 6.5-12 |
| Platelet Distribution Width (PDW) | Calculated | 13.5 | fL | 9.6-15.2 |
| Platelet to Large Cell Ratio (PLCR) | Calculated | 32.7 | % | 19.7-42.4 |
| Plateletcrit (PCT) | Calculated | 0.24 | % | 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 | 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 |
|---|---|---|---|
| RANDOM BLOOD SUGAR(GLUCOSE) | PHOTOMETRY | 110 | 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

Dummy Report

**Tests Done :** BLOOD SUGAR (RANDOM)

**Report Remarks :**

**Doctor 1 Sign** **Doctor 2 Sign**

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 | 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 | 1.020 | - | 1.003-1.030 |
| PH | pH indicator | 6 | - | 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 | 0-2 |
| 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**)**

**~~ End of report ~~**

Dummy Report

**Tests Done :** COMPLETE URINE ANALYSIS

**Report Remarks :**

**Doctor 1 Sign** **Doctor 2 Sign**

## CUSTOMER DETAILS

As declared in our data base

**Name:** xxxxxxxxxxxxxxxxxxxx **Age:** xx **Sex:** xxxxxx

| | | |
|---|---|---|
| **Barcodes/Sample_Type** | : | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx |
| **Labcode** | : | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx |
| **Ref By** | : | xxxxx |
| **Sample_Type/Tests** | : | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx<br>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx |
| **Address** | : | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx |
| **Sample Collected on (SCT)** | : | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx |
| **Report Released on (RRT)** | : | xxxxxxxxxxxxxxxxxx |
| **Amount Collected** | : | **xxxx** |

Thyrocare,D-37/1,MIDC,Turbhe,Navi Mumbai - 400703. | Phone:022 - 6712 3400 |www.thyrocare.com | info@thyrocare.com

Dummy Report

- 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