Thyrocare

Tests you can trust

Name : XXXXXXXXXXXXXXXXX

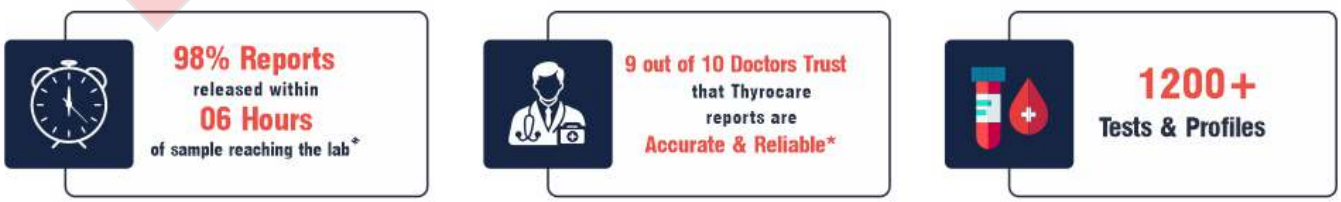
Date : XXXXXXXX

Test Asked : Jaanch Fatty Liver Screening Package

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 : XXXXXXXXXXXX
Referred By : XXXXXXXXXXXX
Address : XXXXXXXXXXXX

Tests Done : **JAANCH FATTY LIVER SCREENING PACKAGE**

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
JAANCH FATTY LIVER SCREENING PACKAGE	Ready
FASTING BLOOD SUGAR(GLUCOSE)	Ready
GAMMA GLUTAMYL TRANSFERASE (GGT)	Ready
HEPATITIS B SURFACE ANTIGEN(HBSAG) RAPID TEST	Ready
HEPATITIS C ANTIBODY(HCVAB) RAPID TEST	Ready
HBA PROFILE	Ready
LIPID PROFILE	Ready
SERUM ALBUMIN-GLOBULIN RATIO	Ready
INDIRECT BILIRUBIN	Ready
ALKALINE PHOSPHATASE	Ready
FIBROSIS INDEX (FIB-4)	Ready

Dummy Report

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Patient Name	: XXXXXXXXXXXX	Tests Done	: JAANCH FATTY LIVER SCREENING PACKAGE
Referred By	: XXXXXXXXXXXX		
Address	: XXXXXXXXXXXX		

Tests Outside Reference Range

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

Test Name	Observed Value	Units	Bio. Ref. Interval.
LIPID			
LDL / HDL RATIO	**0.9**	Ratio	1.5-3.5
TC/ HDL CHOLESTEROL RATIO	**2.2**	Ratio	3 - 5
LIVER			
FIB-4	**0.34**	RATIO	0-1.3

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.

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

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	123	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	56	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	53.5	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	120	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**2.2**	**Ratio**	**3 - 5**
TRIG / HDL RATIO	CALCULATED	2.12	Ratio	< 3.12
LDL / HDL RATIO	**CALCULATED**	**0.9**	**Ratio**	**1.5-3.5**
HDL / LDL RATIO	CALCULATED	1.05	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	66.2	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	23.94	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.

Dummy Report

Tests Done : JAANCH FATTY LIVER SCREENING PACKAGE

Report Remarks : Labcode:0506002369/IT011

Doctor 1 Sign

Doctor 2 Sign

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

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	105.1	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.45	mg/dL	0.3-1.2
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	13.4	U/L	< 55
ALBUMIN - SERUM	PHOTOMETRY	4.14	gm/dL	3.2-4.8
BILIRUBIN -DIRECT	PHOTOMETRY	0.1	mg/dL	0 - 0.20
SERUM GLOBULIN	CALCULATED	2.84	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.46	Ratio	0.9 - 2
BILIRUBIN (INDIRECT)	CALCULATED	0.35	mg/dL	0-0.9
PROTEIN - TOTAL	PHOTOMETRY	6.98	gm/dL	5.7-8.2

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
BILT - Diazonium salt DPD method
GGT - Modified IFCC method
SALB - Albumin Bcg¹method (Colorimetric Assay Endpoint)
BILD - Diazonium salt DPD method
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - Derived from serum Albumin and Protein values
BILI - Derived from serum Total and Direct Bilirubin values
PROT - Biuret Method

Dummy Report

Tests Done : JAANCH FATTY LIVER SCREENING PACKAGE

Report Remarks : Labcode:0506002369/IT011

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE
HEPATITIS C ANTIBODY(HCVAB) RAPID TEST	IMMUNOASSAY	NON REACTIVE

Reactive : Presence of antibodies to Hepatitis C virus
Non Reactive : Absence of antibodies to Hepatitis C virus

Clinical Significance
1. This is a screening and Qualitative test and a positive report does not confirm diagnosis. All Reactive tests should be confirmed with HCV RNA PCR, as per National guidelines.
2. The test result should be evaluated with other data by the physician.
3. False Reactive results seen in patients receiving mouse monoclonal antibodies and those with heterophile antibodies in serum
4. False negative / non reactive results seen if sample collected during early course of illness, in immunosuppression etc.

Sensitivity : 100%; Specificity : 99.74%

References : National Laboratory guidelines for viral hepatitis Lee SR, Yearwood GD, et al. Evaluation of a rapid, Point of care test device for the diagnosis of Hepatitis C infection. J Clin Virol.2010; 48:15-17.

Please correlate with clinical conditions.
Method:- RAPID IMMUNOCHROMATOGRAPHIC ASSAY

Dummy Report

Tests Done : JAANCH FATTY LIVER SCREENING PACKAGE

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : Labcode:0506002369/IT011

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

TEST NAME	TECHNOLOGY	VALUE
HEPATITIS B SURFACE ANTIGEN(HBSAG) RAPID TEST	IMMUNOASSAY	NON REACTIVE

NONREACTIVE : Indicates absence of Hepatitis B viral surface antigen
REACTIVE : Indicates presence of Hepatitis B viral surface antigen

Clinical Significance :
1. This is a screening and qualitative test and a positive report does not confirm diagnosis. All Reactive tests should be confirmed with HBV DNA PCR and other laboratory methods, as per National guidelines.
2. The test should always be evaluated with other data available to the physician.
3. False Reactive tests can be observed in patients receiving Mouse monoclonal antibodies, Biotin therapy and due to presence of heterophile antibodies in serum.
4. False Non reactive results can be obtained if sample collected in early course of disease.

Sensitivity : 100% , Specificity : 100%

References: VollerA, Bartlett A, and Bidwell D. Zuckermann AJ: Viral Hepatitis with special reference to hepatitis B immunoassays for the 80s. eds University Park Press.1981;361-373. National Laboratory guidelines for viral Hepatitis.

Please correlate with clinical conditions.
Method:- RAPID IMMUNOCHROMATOGRAPHIC ASSAY

Dummy Report

Tests Done : JAANCH FATTY LIVER SCREENING PACKAGE

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : Labcode:0506002369/IT011

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Referred By	: XXXXXXXXXXXX	Sample Received on (SRT)	: XXXXXXXXXXXX
Address	: XXXXXXXXXXXX	Report Released on (RRT)	: XXXXXXXXXXXX
		Sample Type | Barcode	: XXXXXXXXXXXX

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	24.3	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	32.9	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	0.74	Ratio	< 2
FIB-4	**CALCULATED**	**0.34**	**RATIO**	**0-1.3**

Please correlate with clinical conditions.

Method :

SGOT - IFCC* Without Pyridoxal Phosphate Activation
SGPT - IFCC* Without Pyridoxal Phosphate Activation
OT/PT - Derived from SGOT and SGPT values.
FIB-4 - Calculated from FIB-4 formula

Dummy Report

Tests Done : JAANCH FATTY LIVER SCREENING PACKAGE

Report Remarks : Labcode:0506002369/IT011

Doctor 1 Sign **Doctor 2 Sign**

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
PLATELET COUNT	HEMATOLOGY	< 275	X 10^3 / µL
Bio. Ref. Interval. :-			
150-400			

Please correlate with clinical conditions.

Method:- Fully Automated Bidirectional Analyzer (6 Part Differential SYSMEX XN-1000)

Dummy Report

Tests Done : HBA PROFILE,PLTCT

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : Labcode:0506122362/IT011

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c	H.P.L.C	5.1	%

Bio. Ref. Interval. :

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 method

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	100	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.

Dummy Report

Tests Done : HBA PROFILE,PLTCT

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : Labcode:0506122362/IT011

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	90.1	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-POD METHOD

~~ End of report ~~

Dummy Report

Tests Done : BLOOD SUGAR (F)

Doctor 1 Sign **Doctor 2 Sign**

Report Remarks : Labcode:0506122363/IT011

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