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Thyrocare
2nd Floor, Saluja Tower,
Plot No.1789, PP compound,
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Tests you can trust

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703 | 98706 66333 | www.thyrocare.com

9 out of 10 Doctors Trust that Thyrocare Reports are Accurate & Reliable

NAME : MD AFTAB ALAM (41Y/F)
REF. BY : SELF
TEST ASKED : AAROGYAM B PRO WITH UTSH,PHOSPHOROUS

SAMPLE COLLECTED AT :
(102209),NEFLAM HOSPITAL AND RESEARCH
CENTER,NEAR JODHADIH MORE, MAIN ROAD,
CHAS BOKARO, JHARKHAND ,822013

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 Method : Ferrozine method without deproteinization	PHOTOMETRY	51.56	µg/dL
TOTAL IRON BINDING CAPACITY (TIBC) Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl Method : Spectrophotometric Assay	PHOTOMETRY	154	µg/dL
% TRANSFERRIN SATURATION Bio. Ref. Interval. : 13 - 45 Method : Derived from IRON and TIBC values	CALCULATED	33.48	%
UNSAT.IRON-BINDING CAPACITY(UIBC) Bio. Ref. Interval. : 162 - 368 Method : SPECTROPHOTOMETRIC ASSAY	PHOTOMETRY	102.44	µg/dL

Please correlate with clinical conditions.

Sample Collected on (SCT) : 21 Jul 2024 13:34

Sample Received on (SRT) : 21 Jul 2024 15:53

Report Released on (RRT) : 21 Jul 2024 20:36

Sample Type : SERUM

Labcode : 2107088945/JRD32

Barcode : CP383710



Dr Anupama Sinha MD(Path)

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SAMPLE COLLECTED AT :
 (102209),NEELAM HOSPITAL AND RESEARCH
 CENTER,NEAR JODHADIH MORE, MAIN ROAD, CHAS
 BOKARO, JHARKHAND.,827013

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interv
TOTAL CHOLESTEROL	PHOTOMETRY	251	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	55	mg/dL	40-60
HDL / LDL RATIO	CALCULATED	0.33	Ratio	> 0.40
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	167	mg/dL	< 100
TRIG / HDL RATIO	CALCULATED	3.12	Ratio	< 3.12
TRIGLYCERIDES	PHOTOMETRY	173	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	4.5	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	3	Ratio	1.5-3.5
NON-HDL CHOLESTEROL	CALCULATED	195.99	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	34.5	mg/dL	5 - 40

Please correlate with clinical conditions.

Method :

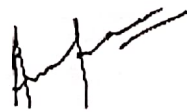
- CHOL - Cholesterol Oxidase, Esterase, Peroxidase
- HCHO - Direct Enzymatic Colorimetric
- HD/LD - Derived from HDL and LDL values.
- LDL - Direct Measure
- TRI/H - Derived from TRIG and HDL Values
- TRIG - Enzymatic, End Point
- TC/H - Derived from serum Cholesterol and Hdl values
- LDL/ - Derived 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 fastina is mandatorv for lipid parameters. If not. values might fluctuate.

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Sample Type : SERUM
Labcode : 2107088945/JRD32
Barcode : CP383710


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TEST ASKED : AAROGYAM B PRO WITH UTSH,PHOSPHOROUS

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 CENTER,NEAR JODHADJI MORE, MAIN ROAD, CHAS
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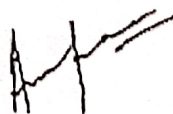
TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval
ALKALINE PHOSPHATASE	PHOTOMETRY	145.2	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.3	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.05	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.25	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	36.9	U/L	< 38
SGOT / SGPT RATIO	CALCULATED	1.04	Ratio	< 2
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	15.4	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	14.8	U/L	< 34
PROTEIN - TOTAL	PHOTOMETRY	4.1	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	1.8	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.3	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	0.78	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 Bcg⁴method (Colorimetric Assay Endpoint)
 SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
 A/GR - Derived from serum Albumin and Protein values

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REF. BY : SELF (102209),NEELAM HOSPITAL AND RESEARCH
TEST ASKED : AAROGYAM B PRO WITH UTSH,PHOSPHOROUS CENTER,NEAR JODHADIH MORE, MAIN ROAD,
CHAS BOKARO, JHARKHAND.,827013

TEST NAME	TECHNOLOGY	VALUE	UNITS
PHOSPHOROUS	PHOTOMETRY	4.5	mg/dL

Bio. Ref. Interval. :
Adults : 2.4 - 5.1 mg/dL
Children : 4.0 - 7.0 mg/dL

Clinical Significance:

In plasma and serum the majority of phosphate exists in the inorganic form (Pi), approximately 15% bound to protein and the remainder in complexes and free forms. Serum phosphate concentrations are dependent on diet and variation in the secretion of hormones such as Parathyroid Hormone (PTH).

Specifications:

Precision %CV :- Intra assay %CV- 1.55% , Inter assay %CV-2.99% , Sensitivity:-0.10 mmol/L

Kit Validation Reference:

Young DS. Effects of drugs on clinical laboratory tests, 5th ed. AACC Press, 2000.

Method : UNREDUCED PHOSPHOMOLYBDATE METHOD

Please correlate with clinical conditions.

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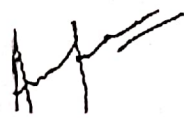
TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
UREA (CALCULATED)	CALCULATED	59.06	mg/dL	Adult : 17-43
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	27.6	mg/dL	7.94 - 20.07
UREA / SR.CREATININE RATIO	CALCULATED	6.06	Ratio	< 52
CREATININE - SERUM	PHOTOMETRY	9.74	mg/dL	0.55-1.02
BUN / SR.CREATININE RATIO	CALCULATED	2.83	Ratio	9:1-23:1
CALCIUM	PHOTOMETRY	7.9	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	4.54	mg/dL	3.2 - 6.1
SODIUM	I.S.E	143.4	mmol/L	136 - 145
CHLORIDE	I.S.E	108.3	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)	C.M.I.A	60	ng/dL	58-159
TOTAL THYROXINE (T4)	C.M.I.A	4.04	µg/dL	4.87-11.72
TSH - ULTRASENSITIVE	C.M.I.A	0.618	µIU/mL	0.35-4.94

The Biological Reference Ranges is specific to the age group. Kindly correlate clinically.

Method :

T3,T4,USTSH - Fully Automated Chemi Luminescent Microparticle 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)

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	< 15	mL/min/1.73 m ²
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.

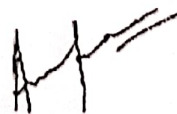
Reference

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 : MD AFTAB ALAM (41Y/F)
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TEST ASKED : HBA PROFILE,HEMOGRAM

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CHAS BOKARO, JHARKHAND.,827013

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	4.5	%

Bio. Ref. Interval. :

Bio. Ref. Interval.: As per ADA Guidelines

Below 5.7% : Normal
5.7% - 6.4% : Prediabetic
>=6.5% : Diabetic

Guidance For Known Diabetics

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

82

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) : 21 Jul 2024 13:34
Sample Received on (SRT) : 21 Jul 2024 16:22
Report Released on (RRT) : 21 Jul 2024 17:42
Sample Type : EDTA Whole Blood
Labcode : 2107091866/JRD32
Barcode : BV517465


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TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Inters
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	4.96	X 10 ³ / μ L	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	64.3	%	40-80
LYMPHOCYTE	Flow Cytometry	29.4	%	20-40
MONOCYTES	Flow Cytometry	4.2	%	2-10
EOSINOPHILS	Flow Cytometry	1.4	%	1-6
BASOPHILS	Flow Cytometry	0.4	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.3	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	Calculated	3.19	X 10 ³ / μ L	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	Calculated	1.46	X 10 ³ / μ L	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	Calculated	0.21	X 10 ³ / μ L	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	Calculated	0.02	X 10 ³ / μ L	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	Calculated	0.07	X 10 ³ / μ L	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.01	X 10 ³ / μ L	0.0-0.3
TOTAL RBC	HF & EI	4.1	X 10 ⁶ / μ L	3.8-4.8
NUCLEATED RED BLOOD CELLS	Calculated	0.01	X 10 ³ / μ L	0.0-0.5
NUCLEATED RED BLOOD CELLS %	Flow Cytometry	0.01	%	0.0-5.0
HEMOGLOBIN	SLS-Hemoglobin Method	12.3	g/dL	12.0-15.0
HEMATOCRIT(PCV)	CPH Detection	43.5	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	106.1	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	Calculated	30	pg	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	Calculated	28.3	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	Calculated	58.4	fL	39.0-46.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	Calculated	14.8	%	11.6-14.0
PLATELET DISTRIBUTION WIDTH(PDW)	Calculated	22.7	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	Calculated	13.9	fL	6.5-12
PLATELET COUNT	HF & EI	150	X 10 ³ / μ L	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	Calculated	56.9	%	19.7-42.4
PLATELETCRIT(PCT)	Calculated	0.18	%	0.19-0.39

Remarks : Alert!!! Platelets: Appear adequate in smear.

Clinical history is asked for all the relevant abnormalities detected and in absence / failure of receiving of clinical history, results are rechecked twice and released. Advised clinical correlation.


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)

--- End of report ---

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Dr Anupama Sinha MD(Path)

RELIABLE PATHOLOGICAL LAB

Sahu Market, Near - Lalkothi, Chas

Mob: - 9334237345

Branch office: - Behind chas Police Station (Bokaro): - 9122014886

Name : Md. Aftab Alam.

Age :41 yrs Sex : M

Rofd. By Dr. : SELF.

Date : 20/07/2024

BLOOD EXAMINATION

BIO - CHEMISTRY

Test	Result	Normal Value
Haemoglobin		12-16 gm%
Total R.B.C.		4.5-5.6 Mill/cumm
Total W.B.C.		5-9 Thousand/cumm
Platelets Count		1.5-3.5 Lakhs/cumm
(Diff Count) W.B.C		
Neutrophils		55-65 %
Lymphocytes		25-40 %
Eosinophils		1-5 %
Monocytes		1-5 %
Basophils		0-1 %
ESR		
1 st hour		0-9 male
2 nd hour		0-20 female
Bleeding Time		1-5 minutes
Clotting Time		4-6 minutes
M.P.		Negative
ABO Group	B Positive	
Aldehyde Test		Negative
V.D.R.L.H.		Negative
V.D.R.L.W.		Negative
R.A. Factor		Negative
C.R. Protein		Negative
A.S.O. Titre		Below 200 units
Mantoux test Tu		Negative
HBsAG	Non-Reactive	Negative
H.C.V.	Non-Reactive	Negative
HIV ½	Non-Reactive	Negative

Test	Result	Normal value
Fasting Blood Sugar		70-110 mg %
P.P. Blood Sugar		70-140 mg %
Random Blood Sugar		70-140 mg%
Blood Urea		20-40 mg%
S. Creatinine		0.4-1.4 mg%
S. Cholesterol		150-250 mg%
S. Triglycerides		40-160 mg%
H.D.L.		30-60 mg%
L.D.L.		85-130 mg%
S. Uric Acid		1.5-7.0 mg%
S. Bilirubin		0.3-0.9 mg%
Direct		0.0-0.4 mg%
Indirect		0.2-0.9 mg%
S.G.P.T.		5-38 U/ml
S.G.O.T.		5-40 U/ml
S. Alk. Phosphates		53-128 U/L
Total Protein		6.8-8.4 mg%
Albumin		3.5-5.5 mg%
A/G Ratio		1.2-1.5 mg%
S. Calcium		8.6-10.3 mg%
Na		135-145 mmol/L
K	3.7 mmol/L	3.5-5 mmol/L
PCV		
MCV		
MCH		
MCHC		

WIDAL TEST

Dilution	1/40	1/80	1/160	1/320
S. Typhi 'O'				
S. Typhi 'H'				
S. Typhi 'AH'				
S. Typhi 'BH'				



2nd visit / 2024415298 / 16/05/24



SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES

Rae Bareilly Road, Lucknow- 226 014

Name: Aftab Alam ^{4/M}
C.R. No.

Diagnosis: HTN / CKD 5D (- March 2024)
G-dialysis

Investigations Ordered

BP 112/66

- Hematology
- Coagulation
- ~~U.P. Chemistry~~
- Urinalysis & Fluids
- Cytology
- Bacteriology
- Serology
- Plain X-ray
- Ultrasound
- CT
- MRI
- Nuclear Medicine
- Immunology
- Medical Genetics
- Endocrinology
- GI Endoscopy

Rx RT IJVC (April 2024)

AVF - March 2024

LT RCF

DGGS
Ataion
Chronic TIN

Tx prospets - wife - Assoc

Anemia 2° NPT4

Family h/o CKD (+)
in young sibling

To Do ADTKD

- Dietarion

Acces @ IJVC

AVF cannulated one

RRF 500 ml/d

Pending - USS
Others

Ado

Genetic Testig

MMD 2/week

Financial constraints

Next Appointment on.....at.....in
(PTO)

Labst

R/A. Imatr

Signature: P. Patel/Dr. R.S. (Signature)
Mon/Thurs/Wed (Transplant)

2024415798 4/1/24

AFTAB ALAM

Department	Unit/Consultant

Referring Doctor/Hospital:

Name:

Address:

9/5/24

History

HTN x recently diagnosed (elder BP - 170/80)

DM ⊖

Symptomatic ∴ 3 years

Had pain in ankle joint → on evaluation had uric acid ↑↑
 (swelling ⊕ → 0/2) also had elevated creatinine level
 (erythema ⊖) (on initial evaluation NO H/O HTN)
 (tenderness ⊕) NO H/O Swelling of lower limb

Past History

0 - B/L lower limb swelling Treatment History ∴ 1 1/2 rates

Pt is on MHD ∴ March 2024.

AYF - March 2024 29/3/24

burning micturition ⊕

Personal/Social/Family History

RTISV ⊕ - April 2024. April 2024
 earlier double lower femoral abscess

LUTS ⊖

renal calculi ⊖
 alternative medicine ⊕

(15 days → 15 years back)

GI

no H/O fever during MHD

TB ⊖

contact c TB ⊖