



Tests you can trust

Name : Jugal Pd Gupta (54Y/M)

Date : 21 Jul 2024

Test Asked : Hemogram - 6 Part (Diff), Liver Function Tests + 3 Others




9 out of 10 Doctors trust that Thyrocare reports are accurate & reliable*



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Main Road, Ranchi-834001



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

NAME	: JUGAL PD GUPTA (54Y/M)	SAMPLE COLLECTED AT :	
REF. BY	: DR M O	(8291044010),SUDAMA PATHO LAB ,CENTER HOSPITAL	
TEST ASKED	: HEMOGRAM - 6 PART (DIFF),LIVER FUNCTION TESTS,KIDPRO,IRON DEFICIENCY PROFILE,SERUM ELECTROLYTES	DHORI, NEAR BERMO EXCHANGE GATE BOKARO EXCHANGE GATE, BOKARO JHARKHAND ,829104	

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
COMPLETE HEMOGRAM			
EOSINOPHILS	23	%	1-6
EOSINOPHILS - ABSOLUTE COUNT	1.05	X 10 ³ / µL	0.02 - 0.5
HEMATOCRIT(PCV)	16.6	%	40.0-50.0
HEMOGLOBIN	4.8	g/dL	13.0-17.0
LYMPHOCYTE	18.6	%	20-40
LYMPHOCYTES - ABSOLUTE COUNT	0.85	X 10 ³ / µL	1.0-3.0
MEAN CORP.HEMO.CONC(MCHC)	28.9	g/dL	31.5-34.5
MEAN PLATELET VOLUME(MPV)	14.1	fL	6.5-12
MONOCYTES - ABSOLUTE COUNT	0.1	X 10 ³ / µL	0.2 - 1.0
PLATELET COUNT	120	X 10 ³ / µL	150-410
PLATELET DISTRIBUTION WIDTH(PDW)	22.4	fL	9.6-15.2
PLATELET TO LARGE CELL RATIO(PLCR)	56.8	%	19.7-42.4
PLATELETCRIT(PCT)	0.07	%	0.19-0.39
RED CELL DISTRIBUTION WIDTH (RDW-CV)	17.1	%	11.6-14
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	57.5	fL	39-46
TOTAL RBC	1.77	X 10 ⁶ /µL	4.5-5.5
ELECTROLYTES			
POTASSIUM	5.5	mmol/L	3.5 - 5.1
IRON DEFICIENCY			
IRON	64	µg/dL	65 - 175
TOTAL IRON BINDING CAPACITY (TIBC)	174	µg/dL	225-535
UNSAT.IRON-BINDING CAPACITY(UIBC)	110.3	µg/dL	162 - 368
LIVER			
ALBUMIN - SERUM	2.6	gm/dL	3.2-4.8
SERUM ALB/GLOBULIN RATIO	0.79	Ratio	0.9 - 2
RENAL			
BLOOD UREA NITROGEN (BUN)	42.5	mg/dL	7.94 - 20.07
BUN / SR.CREATININE RATIO	5.36	Ratio	9:1-23:1
CALCIUM	7.8	mg/dL	8.8-10.6
CREATININE - SERUM	7.93	mg/dL	0.72-1.18
EST. GLOMERULAR FILTRATION RATE (eGFR)	< 15	mL/min/1.73 m ²	>= 90

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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NAME : JUGAL PD GUPTA (54Y/M) **SAMPLE COLLECTED AT :**
REF. BY : DR M O (8291044010),SUDAMA PATHO LAB ,CENTER HOSPITAL
TEST ASKED : HEMOGRAM - 6 PART (DIFF),LIVER FUNCTION DHORI, NEAR BERMO EXCHANGE GATE BOKARO
TESTS,KIDPRO,IRON DEFICIENCY PROFILE,SERUM EXCHANGE GATE, BOKARO JHARKHAND ,829104
ELECTROLYTES

Summary Report

Tests outside reference range

TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.
UREA (CALCULATED)	90.95	mg/dL	Adult : 17-43

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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NAME : JUGAL PD GUPTA (54Y/M)
REF. BY : DR M O
TEST ASKED : HEMOGRAM

SAMPLE COLLECTED AT :
 (8291044010),SUDAMA PATHO LAB ,CENTER
 HOSPITAL DHORI, NEAR BERMO EXCHANGE
 GATE BOKARO EXCHANGE GATE, BOKARO
 JHARKHAND ,829104

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	4.56	X 10 ³ / μL	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	55	%	40-80
LYMPHOCYTE	Flow Cytometry	18.6	%	20-40
MONOCYTES	Flow Cytometry	2.2	%	2-10
EOSINOPHILS	Flow Cytometry	23	%	1-6
BASOPHILS	Flow Cytometry	1	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.2	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	Calculated	2.51	X 10 ³ / μL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	Calculated	0.85	X 10³ / μL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	Calculated	0.1	X 10³ / μL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	Calculated	0.05	X 10 ³ / μL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	Calculated	1.05	X 10³ / μL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.01	X 10 ³ / μL	0-0.3
TOTAL RBC	HF & EI	1.77	X 10⁶/μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Calculated	0.01	X 10 ³ / μL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	Flow Cytometry	0.01	%	0.0-5.0
HEMOGLOBIN	SLS-Hemoglobin Method	4.8	g/dL	13.0-17.0
HEMATOCRIT(PCV)	CPH Detection	16.6	%	40.0-50.0
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	93.8	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	Calculated	27.1	pq	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	Calculated	28.9	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	Calculated	57.5	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	Calculated	17.1	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	Calculated	22.4	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	Calculated	14.1	fL	6.5-12
PLATELET COUNT	HF & EI	120	X 10³ / μL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	Calculated	56.8	%	19.7-42.4
PLATELETCRIT(PCT)	Calculated	0.07	%	0.19-0.39

Remarks : Alert!!!RBCs: Decreased in number. Mild anisocytosis. Predominantly normocytic hypochromic with few macrocytes.WBC: Peripheral eosinophilia.Platelet: Appear decreased in smear.Imp: Normocytic hypochromic anemia.Adv: CRP, KFT, LFT and S. Iron profile.

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)

Sample Collected on (SCT) : 21 Jul 2024 14:00

Sample Received on (SRT) : 21 Jul 2024 23:28

Report Released on (RRT) : 22 Jul 2024 08:03

Sample Type : EDTA Whole Blood

Labcode : 2107105468/AB498

Barcode : CI646188



Dr Anupama Sinha MD(Path)

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NAME : JUGAL PD GUPTA (54Y/M) **SAMPLE COLLECTED AT :**
REF. BY : DR M O (8291044010),SUDAMA PATHO LAB ,CENTER
TEST ASKED : IRON DEFICIENCY PROFILE,KIDPRO,LIVER FUNCTION TESTS,SERUM ELECTROLYTES BOKARO EXCHANGE GATE, BOKARO JHARKHAND ,829104

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170 Method : Ferrozine method without deproteinization	PHOTOMETRY	64	µg/dL
TOTAL IRON BINDING CAPACITY (TIBC) Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl Method : Spectrophotometric Assay	PHOTOMETRY	174	µg/dL
% TRANSFERRIN SATURATION Bio. Ref. Interval. : 13 - 45 Method : Derived from IRON and TIBC values	CALCULATED	37	%
UNSAT.IRON-BINDING CAPACITY(UIBC) Bio. Ref. Interval. : 162 - 368 Method : SPECTROPHOTOMETRIC ASSAY	PHOTOMETRY	110.3	µg/dL

Please correlate with clinical conditions.

Sample Collected on (SCT) :21 Jul 2024 14:00

Sample Received on (SRT) : 21 Jul 2024 23:44

Report Released on (RRT) : 22 Jul 2024 08:52

Sample Type : SERUM

Labcode : 2107106137/AB498

Barcode : CL289253



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NAME : JUGAL PD GUPTA (54Y/M)
REF. BY : DR M O
TEST ASKED : IRON DEFICIENCY PROFILE,KIDPRO,LIVER FUNCTION TESTS,SERUM ELECTROLYTES

SAMPLE COLLECTED AT :
(8291044010),SUDAMA PATHO LAB ,CENTER HOSPITAL DHORI, NEAR BERMO EXCHANGE GATE BOKARO EXCHANGE GATE, BOKARO JHARKHAND ,829104

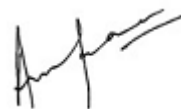
TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	108.1	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.58	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.1	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.48	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	15.6	U/L	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	11.5	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	9.8	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	1.17	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	5.9	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	2.6	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	3.3	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	0.79	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

Sample Collected on (SCT) : 21 Jul 2024 14:00
Sample Received on (SRT) : 21 Jul 2024 23:44
Report Released on (RRT) : 22 Jul 2024 08:52
Sample Type : SERUM
Labcode : 2107106137/AB498
Barcode : CL289253



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REF. BY : DR M O (8291044010),SUDAMA PATHO LAB ,CENTER
TEST ASKED : IRON DEFICIENCY PROFILE,KIDPRO,LIVER FUNCTION TESTS,SERUM ELECTROLYTES BOKARO EXCHANGE GATE, BOKARO JHARKHAND ,829104

TEST NAME	TECHNOLOGY	VALUE	UNITS
SODIUM	I.S.E	138.2	mmol/L
Bio. Ref. Interval. : Adults: 136-145 mmol/l Method : ION SELECTIVE ELECTRODE			

POTASSIUM	I.S.E	5.5	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

CHLORIDE	I.S.E	104.3	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

Please correlate with clinical conditions.

Sample Collected on (SCT) : 21 Jul 2024 14:00
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Report Released on (RRT) : 22 Jul 2024 08:52
Sample Type : SERUM
Labcode : 2107106137/AB498
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REF. BY : DR M O
TEST ASKED : IRON DEFICIENCY PROFILE,KIDPRO,LIVER FUNCTION TESTS,SERUM ELECTROLYTES**SAMPLE COLLECTED AT :**

(8291044010),SUDAMA PATHO LAB ,CENTER HOSPITAL DHORI, NEAR BERMO EXCHANGE GATE BOKARO EXCHANGE GATE, BOKARO JHARKHAND ,829104

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	42.5	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	7.93	mg/dL	0.72-1.18
BUN / SR.CREATININE RATIO	CALCULATED	5.36	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	90.95	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	11.47	Ratio	< 52
CALCIUM	PHOTOMETRY	7.8	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	5.9	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

Sample Collected on (SCT) : 21 Jul 2024 14:00**Sample Received on (SRT)** : 21 Jul 2024 23:44**Report Released on (RRT)** : 22 Jul 2024 08:52**Sample Type** : SERUM**Labcode** : 2107106137/AB498**Barcode** : CL289253

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NAME : JUGAL PD GUPTA (54Y/M)
REF. BY : DR M O
TEST ASKED : IRON DEFICIENCY PROFILE,KIDPRO,LIVER
FUNCTION TESTS,SERUM ELECTROLYTES

SAMPLE COLLECTED AT :
(8291044010),SUDAMA PATHO LAB ,CENTER
HOSPITAL DHORI, NEAR BERMO EXCHANGE GATE
BOKARO EXCHANGE GATE, BOKARO JHARKHAND
,829104

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	< 15	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:- CKD-EPI Creatinine Equation

~~ End of report ~~

Sample Collected on (SCT) : 21 Jul 2024 14:00
Sample Received on (SRT) : 21 Jul 2024 23:44
Report Released on (RRT) : 22 Jul 2024 08:52
Sample Type : SERUM
Labcode : 2107106137/AB498
Barcode : CL289253



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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 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.
- ✓ Thyrocare Discovery video link :- <https://youtu.be/nbdYeRgYyQc>
- ✓ For clinical support please contact @8450950852,8450950853,8450950854 between 10:00 to 18:00

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 or feedback, write to us at **info@thyrocare.com** or call us on **022-3090 0000 / 6712 3400**
- ✓ SMS: <Labcode No.> to **9870666333**

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Thyroid	Diabetes	STDs	Skin Care	Hair Fall

+T&C Apply, # Upto 95% Samples in NABL Accredited Labs, * As per a survey on doctors' perception of laboratory diagnostics (IJARIIT,2023)