Thyrocare

Tests you can trust

Name : Shreyansh Paskanti(15Y/M)

Date : 21 Sep 2025

Test Asked : Bhcg, E2 + 2 Others

Report Status: Complete Report

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ISO 9001: 2015 - From 2015

CAP From 2007~

Processed At :
D-37/1,TTC MIDC,Turbhe, Navi Mumbai - 400703

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

Patient Name	: **SHREYANSH PASKANTI(15Y/M)**	Tests Done	: **BHCG,E2,AFP-C,AAROGYAM FEMALE**
Referred By	: **SELF**		
Home Collection :	**A501 VISTA TENX HABITAT RAYMOND REALTY POKHRAN ROAD 1 THANE WEST 400606**		

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
BETA HCG	Ready
ESTRADIOL/OESTROGEN (E2)	Ready
ALPHA FETO PROTEIN	Ready
AAROGYAM FEMALE	Ready
FOLATE	Ready
FOLLICLE STIMULATING HORMONE (FSH)	Ready
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	Ready
LIPASE	Ready
LUTEINISING HORMONE (LH)	Ready
Lipoprotein (a) [Lp(a)]	Ready
PROLACTIN (PRL)	Ready
TOTAL TRIIODOTHYRONINE (T3)	Ready
TOTAL THYROXINE (T4)	Ready
TESTOSTERONE	Ready
TSH - ULTRASENSITIVE	Ready
HBA PROFILE	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
LIVER FUNCTION TESTS	Ready
SERUM ELECTROLYTES	Ready
ELEMENTS 22 (TOXIC AND NUTRIENTS)	Ready
IRON DEFICIENCY PROFILE	Ready
KIDPRO	Ready
LIPID PROFILE	Ready

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Report Availability Summary

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

TEST DETAILS	REPORT STATUS
VITAMIN D TOTAL AND B12 COMBO	Ready
APOLIPROTEIN RATIO	Ready
AMYLASE	Ready

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Tests Outside Reference Range

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

Test Name	Observed Value	Units	Bio. Ref. Interval.
CARDIAC RISK MARKERS			
LIPOPROTEIN (A) [LP(A)]	**36.5**	mg/dL	< 30
COMPLETE HEMOGRAM			
LYMPHOCYTES - ABSOLUTE COUNT	**3.59**	X 10³ / µL	1.0-3.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	**26.1**	pq	27.0-32.0
MEAN CORPUSCULAR VOLUME(MCV)	**78.8**	fL	83.0-101.0
MEAN PLATELET VOLUME(MPV)	**9.6**	fL	7.5-8.3
PLATELET COUNT	**412**	X 10³ / µL	150-410
PLATELETCRIT(PCT)	**0.4**	%	0.19-0.39
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	**35.3**	fL	39-46
TOTAL RBC	**5.66**	X 10^6/µL	4.5-5.5
ELECTROLYTES			
POTASSIUM	**5.14**	mmol/L	3.5 - 5.1
INFERTILITY			
PROLACTIN (PRL)	**26.3**	ng/mL	4.04-15.2
LIPID			
LDL / HDL RATIO	**1.4**	Ratio	1.5-3.5
TC/ HDL CHOLESTEROL RATIO	**2.8**	Ratio	3 - 5
RENAL			
URIC ACID	**8.94**	mg/dL	4.2 - 7.3
TOXIC ELEMENTS			
BERYLLIUM	**0.04**	µg/L	0.10 - 0.80
VITAMINS			
FOLATE	**2.7**	ng/mL	> 5.38

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Referred By : **SELF**
Home Collection : **A501 VISTA TENX HABITAT RAYMOND REALTY POKHRAN ROAD 1 THANE WEST 400606**

Sample Collected on (SCT) : **21 Sep 2025 10:53**
Sample Received on (SRT) : **21 Sep 2025 13:39**
Report Released on (RRT) : **22 Sep 2025 01:55**
Sample Type | Barcode : **EDTA Whole Blood | EO208894**

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ARSENIC	ICP-MS	0.46	µg/L	< 5
CADMIUM	ICP-MS	0.17	µg/L	< 1.5
MERCURY	ICP-MS	0.24	µg/L	< 5
LEAD	ICP-MS	32.11	µg/L	< 150
CHROMIUM	ICP-MS	1.16	µg/L	< 30
BARIUM	ICP-MS	0.45	µg/L	< 30
COBALT	ICP-MS	0.15	µg/L	0.10 - 1.50
CAESIUM	ICP-MS	1.15	µg/L	< 5
THALLIUM	ICP-MS	0.06	µg/L	< 1
URANIUM	ICP-MS	0.06	µg/L	< 1
STRONTIUM	ICP-MS	22.3	µg/L	8 - 38
ANTIMONY	ICP-MS	3.75	µg/L	0.10 - 18
TIN	ICP-MS	0.2	µg/L	< 2
MOLYBDENUM	ICP-MS	0.87	µg/L	0.70 - 4.0
SILVER	ICP-MS	0.67	µg/L	< 4
VANADIUM	ICP-MS	0.31	µg/L	< 0.8
BERYLLIUM	**ICP-MS**	**0.04**	**µg/L**	**0.10 - 0.80**
BISMUTH	ICP-MS	0.14	µg/L	0.10 - 0.80
SELENIUM	ICP-MS	139.54	µg/L	60 - 340
ALUMINIUM	ICP-MS	6.26	µg/L	< 30
NICKEL	ICP-MS	1.8	µg/L	< 15
MANGANESE	ICP-MS	7.99	µg/L	7.10 - 20

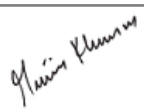
Please correlate with clinical conditions.

Method :

ICP - MASS SPECTROMETRY
Note:Reference range has been obtained after considering 95% population as cutoff.

Tests Done : **BHCG,ESTRADIOL,AAROGYAM FEMALE,AFP-C**

Dr Arshiya MD(Path)



Dr Ritika Khurana MD(Path)

Scan QR to verify(valid for 30 days from release time)

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Home Collection	: **A501 VISTA TENX HABITAT RAYMOND REALTY POKHRAN ROAD 1 THANE WEST 400606**	Report Released on (RRT)	: **22 Sep 2025 01:55**
		Sample Type | Barcode	: **EDTA Whole Blood | EO208894**

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c	H.P.L.C	5	%

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	97	mg/dL

Bio. Ref. Interval. :

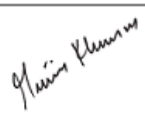
90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HBA1c values

Please correlate with clinical conditions.

Tests Done : **BHCG,ESTRADIOL,AAROGYAM FEMALE,AFP-C**

Dr Arshiya MD(Path)



Dr Ritika Khurana MD(Path)

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TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	SLS-Hemoglobin Method	14.8	g/dL	13.0-17.0
Hematocrit (PCV)	CPH Detection	44.6	%	40.0-50.0
Total RBC	**HF & EI**	**5.66**	**X 10^6/µL**	**4.5-5.5**
Mean Corpuscular Volume (MCV)	**Calculated**	**78.8**	**fL**	**83.0-101.0**
Mean Corpuscular Hemoglobin (MCH)	**Calculated**	**26.1**	**pq**	**27.0-32.0**
Mean Corp.Hemo. Conc (MCHC)	Calculated	33.2	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	**Calculated**	**35.3**	**fL**	**39-46**
Red Cell Distribution Width (RDW - CV)	Calculated	12.5	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	174	-	*Refer Note below
MENTZER INDEX	Calculated	13.9	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	9.49	X 10^3 / µL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	56.7	%	40-80
Lymphocytes Percentage	Flow Cytometry	37.8	%	20-40
Monocytes Percentage	Flow Cytometry	2.2	%	2-10
Eosinophils Percentage	Flow Cytometry	2.7	%	1-6
Basophils Percentage	Flow Cytometry	0.4	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.2	%	0.0-0.5
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	5.38	X 10^3 / µL	2.0-7.0
Lymphocytes - Absolute Count	**Calculated**	**3.59**	**X 10^3 / µL**	**1.0-3.0**
Monocytes - Absolute Count	Calculated	0.21	X 10^3 / µL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.04	X 10^3 / µL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.26	X 10^3 / µL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.02	X 10^3 / µL	0.0-0.03
Nucleated Red Blood Cells	Calculated	0.01	X 10^3 / µL	0.0-0.5
PLATELET COUNT	**HF & EI**	**412**	**X 10^3 / µL**	**150-410**
Mean Platelet Volume (MPV)	**Calculated**	**9.6**	**fL**	**7.5-8.3**
Platelet Distribution Width (PDW)	Calculated	10.8	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	21.8	%	19.7-42.4
Plateletcrit (PCT)	**Calculated**	**0.4**	**%**	**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 (6 Part Differential SYSMEX XN-1000)
(Reference : *FC- flowcytometry, *HF- hydrodynamic focussing, *EI- Electric Impedence, *Hb- hemoglobin, *CPH- Cumulative pulse height**)**

Tests Done : **BHCG,ESTRADIOL,AAROGYAM FEMALE,AFP-C**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

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Home Collection	: **A501 VISTA TENX HABITAT RAYMOND REALTY POKHRAN ROAD 1 THANE WEST 400606**	Report Released on (RRT)	: **21 Sep 2025 18:17**
		Sample Type | Barcode	: **SERUM | ER359618**

TEST NAME	TECHNOLOGY	VALUE	UNITS
ALPHA FETO PROTEIN	E.C.L.I.A	1.14	IU/mL

Bio. Ref. Interval. :-

Men: 0.5 - 5.5 IU/ml
Non-Pregnant Women: 0.5 - 5.5 IU/ml Pregnancy:
Week Range
14th : 10.41 - 49.40
15th : 13.11 - 57.08
16th : 15.12 - 64.45
17th : 17.72 - 76.11
18th : 19.26 - 91.51
19th : 23.26 - 101.80
20th : 28.05 - 125.85
21st : 33.30 - 92.75

Clinical Significance:
AFP has been used as a cancer marker. AFP testing during pregnancy in combination with Beta HCG and E3, Is recommended as an effective way to determine potential fetal risk of open neural tube defect (NTD).

Specifications: Precision: Intra assay (%CV): 4.1, Inter assay (%CV): 4.2, Sensitivity: 1.5 IU/mL

Refrences : Kaur G, Srivastav J, Sharma S, Huria A, Goel P, Chavan BS. Maternal serum median levels of alpha-foetoprotein, human chorionic gonadotropin & unconjugated estriol in second trimester in pregnant women from north-west India. Indian J Med Res. 2013;138(1):83-8.

Please correlate with clinical conditions.
Method:- SANDWHICH ELECTROCHEMILUMINESCENCE IMMUNOASSAY

Tests Done : **BHCG,ESTRADIOL,AAROGYAM FEMALE,AFP-C**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
BETA HCG	C.M.I.A	< 2.3	mIU/mL

Bio. Ref. Interval. :-

Negative : < 10 mIU/ml

Pregnancy:

Week	Range	Week	Range
1st - 2nd	10 - 94	6th - 7th	16380 - 139800
2nd - 3rd	61 - 2922	7th - 11th	12540 - 174600
3rd - 4th	666 - 18900	11th - 16th	3684 - 61800
4th - 5th	1536 - 49380	16th - 21st	2832 - 48060
5th - 6th	13860 - 90600	21st - 39th	1620 - 46860

(Multiply mIU/ml Values By 0.10769 to get ng/ml Values)

Clinical Significance:
Females : The rapid rise in HCG Serum levels after conception makes it an excellent marker for early confirmation and monitoring of pregnancy. HCG levels can be useful in prediction of spontaneous abortions, Aiding in the detection of ectopic pregnancy and multiple gestation. For diagnostic purpose, Results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Males and Females : . It may also be found in higher than normal amounts in patients with some types of cancer, including testicular, ovarian, liver, stomach, and lung cancers, and in other disorders. Measuring the amount of beta-hCG in the blood of cancer patients may help to diagnose cancer and find out how well cancer treatment is working. Beta-hCG is a type of tumor marker

Kit Validation References: Braunstein GD, Rasor J, Adler D, Danzer H, Wade Me. Serum Human Chorionic Gonadotropin Levels Throughout Normal Pregnancy. Am J Obstet Gynecol 1976: 126: 678-81.

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Tests Done : **BHCG,ESTRADIOL,AAROGYAM FEMALE,AFP-C**

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TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	E.C.L.I.A	42.7	ng/mL

Bio. Ref. Interval. :
Deficiency : <=20 ng/ml || Insufficiency : 21-29 ng/ml
Sufficiency : >= 30 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):9.20%, Inter assay (%CV):8.50%
Kit Validation Reference : Holick M. Vtamin D the underappreciated D-Lightful hormone that is important for Skeletal and cellular health Curr Opin Endocrinol Diabetes 2002:9(1)87-98.

Method : Fully Automated Electrochemiluminescence Compitive Immunoassay

VITAMIN B-12	E.C.L.I.A	245	pg/mL

Bio. Ref. Interval. :
Normal: 197-771 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):2.6%, Inter assay (%CV):2.3 %

Kit Validation Reference : Thomas L.Clinical laborator Diagnostics : Use and Assessment of Clinical laboratory Results 1st Edition,TH Books-Verl-Ges,1998:424-431

Method : Fully Automated Electrochemiluminescence Compitive Immunoassay

Please correlate with clinical conditions.

Tests Done : **BHCG,ESTRADIOL,AAROGYAM FEMALE,AFP-C**

Dr Arshiya MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
ESTRADIOL/OESTROGEN (E2)	C.M.I.A	31	pg/mL

Bio. Ref. Interval. :-

Males : 11 - 44 pg/mL

Normal Menstruating Females ;
Follicular Phase : 21 - 251 pg/mL
Mid-Cycle Phase : 38 - 649 pg/mL
Luteal Phase : 21 - 312 pg/mL

Postmenopausal
Females not on HRT: < 10 - 28 pg/mL
Female on HRT : < 10 - 144 pg/mL

Clinical Significance: During the early follicular phase, The Estradiol level is relatively constant and low. By day seven, The dominant follicle is established and the Estradiol level rises significantly. The elevated Estradiol level suppresses the FSH level by negative feedback on the Hypothalamus and Pituitary gland and triggers a rapid rise of LH. Elevated Estradiol levels in females may also result from primary or secondary ovarian hyperfunction. Very high Estradiol levels are found during the induction of ovulation for assisted reproduction therapy or in pregnancy. Decreased Estradiol levels in females may result from either the lack of ovarian synthesis or a lesion in the Hypothalamus-Pituitary Axis.

Specification: Precision: Intra assay (%CV): 6.4, Inter assay (%CV):7.4,Sensitivity: <=10 pg/mL.

Kit Validation References: Muse K, Wilson EA. Monitoring ovulation induction: use of biochemical and biophysical parameters. Sem Reproduct Endocrinol 1986;4(3):301-9

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Tests Done : **BHCG,ESTRADIOL,AAROGYAM FEMALE,AFP-C**

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Dr Ritika Khurana MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	105	mg/dL

Bio. Ref. Interval. :
Male : 86 - 152
Female : 94 - 162

Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	57	mg/dL

Bio. Ref. Interval. :
Male : 56 - 145
Female : 53 - 138

Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APO B / APO A1 RATIO (APO B/A1)	CALCULATED	0.5	Ratio

Bio. Ref. Interval. :

Male : 0.40 - 1.26
Female : 0.38 - 1.14

Clinical Significance :

- Apolipoprotein B is a more potent and independent predictor of Coronary artery disease (CAD) than LDL Cholesterol.
- Apolipoprotein A1 is one of the apoproteins of HDL and is inversely related to risk of CAD.
- The Apolipoprotein studies help in monitoring risk of restenosis in patients with myocardial infarction, Coronary bypass surgery etc.
- An increased ratio of Apo B to A1 beyond the defined normal range is indicative of CAD risk.
- All results have to be interpreted in Conjunction with clinical history and other findings.

Method : Derived from serum Apo A1 and Apo B values

Please correlate with clinical conditions.

Tests Done : **BHCG,ESTRADIOL,AAROGYAM FEMALE,AFP-C**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

Patient Name	: **SHREYANSH PASKANTI(15Y/M)**	Sample Collected on (SCT)	: **21 Sep 2025 10:53**
Referred By	: **SELF**	Sample Received on (SRT)	: **21 Sep 2025 13:43**
Home Collection	: **A501 VISTA TENX HABITAT RAYMOND REALTY POKHRAN ROAD 1 THANE WEST 400606**	Report Released on (RRT)	: **21 Sep 2025 18:17**
		Sample Type | Barcode	: **SERUM | ER359618**

TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLATE	**C.L.I.A**	**2.7**	**ng/mL**

Bio. Ref. Interval. :-

> 5.38 ng/ml

Clinical Significance: Low folate intake, malabsorption as a result of gastrointestinal diseases, pregnancy, and drugs such as phenytoin are causes of folate deficiency.3 Folate deficiency is also associated with chronic alcoholism. Serum folate measurement provides an early index of folate status.

Specifications: Precision: Intra assay (%CV): 7.93, Inter assay (%CV): 7.19, Sensitivity: 0.35 ng/mL.

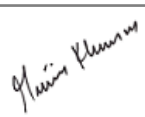
Kit Validation References: Steinkamp RC. Vitamin B12 and folic acid: clinical and pathophysiological considerations. In: Brewster MA, Naito HK, eds. Nutritional Elements and Clinical Biochemistry. New York: Plenum Publishing Corp.; 1980:169–240

Please correlate with clinical conditions.

Method:- COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

Tests Done : **BHCG,ESTRADIOL,AAROGYAM FEMALE,AFP-C**

Dr Arshiya MD(Path)



Dr Ritika Khurana MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	**IMMUNOTURBIDIMETRY**	**36.5**	**mg/dL**

Bio. Ref. Interval. :-

Adults : < 30.0 mg/dl

Clinical Significance:
Determination of LPA may be useful to guide management of individuals with a family history of CHD or with existing disease. The levels of LPA in the blood depends on genetic factors; The range of variation in a population is relatively large and hence for diagnostic purpose, results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Specifications:
Precision %CV :- Intra assay %CV- 4.55% , Inter assay %CV-0.86 %

Kit Validation Reference:
Tietz NW,Clinical Guide to Laboratory Tests Philadelphia WB. Saunders 1995 : 442-444

Please correlate with clinical conditions.
Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

Tests Done : **BHCG,ESTRADIOL,AAROGYAM FEMALE,AFP-C**

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Dr Ritika Khurana MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	E.C.L.I.A	490	ng/dL

Bio. Ref. Interval. :-

13.8 - 1062

Clinical Significance: Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males. Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinema, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 11.50 %, Inter assay (%CV): 5.70%; Sensitivity: 7 ng/dL.
Kit Validation Reference: Wilson JD Foster DW (Eds) Williams Textbook of Endocrinology 8th Edition WB Saunders Piladelphia Pennsylvania.

Note : The Biological Reference Range mentioned is specific to the age group and gender. Kindly correlate clinically.

Please correlate with clinical conditions.

Method:- Fully Automated Electrochemiluminescence Compititive Immunoassay

Tests Done : **BHCG,ESTRADIOL,AAROGYAM FEMALE,AFP-C**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	1.78	mg/L

Bio. Ref. Interval. :-

< 1.00 - Low Risk
1.00 - 3.00 - Average Risk
>3.00 - 10.00 - High Risk
> 10.00 - Possibly due to Non-Cardiac Inflammation

Disclaimer: Persistent unexplained elevation of HSCRP >10 should be evaluated for non-cardiovascular etiologies such as infection , active arthritis or concurrent illness.

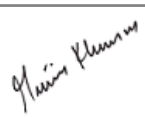
Clinical significance:
High sensitivity C- reactive Protein (HSCRP) can be used as an independent risk marker for the identification of Individuals at risk for future cardiovascular Disease. A coronary artery disease risk assessment should be based on the average of two hs-CRP tests, ideally taken two weeks apart.

Kit Validation Reference:
1.Clinical management of laboratory date in medical practice 2003-3004, 207(2003).
2.Tietz : Textbook of Clinical Chemistry and Molecular diagnostics :Second edition :Chapter 47:Page no.1507- 1508.

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED LATEX AGGLUTINATION – BECKMAN COULTER

Tests Done : **BHCG,ESTRADIOL,AAROGYAM FEMALE,AFP-C**

Dr Arshiya MD(Path)



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TEST NAME	TECHNOLOGY	VALUE	UNITS
AMYLASE	PHOTOMETRY	46	U/L

Bio. Ref. Interval. :-

Adults : 28-100 U/L

Interpretation:
Lipemic Sera (Hypertriglyceridemia) may contain inhibitors, Which falsely depress results. About 20% of patients with Acute Pancreatitis have abnormal lipids. Normal serum amylase may occur in Pancreatitis, Especially relapsing and chronic pancreatitis. Moderate increases may be reported in normal pregnancy.

Clinical Significance:
Causes of high Serum Amylase include Acute Pancreatitis, Pancreatic Pseudocyst, Pancreatic Ascites, Pancreatic Abscess, Neoplasm in or adjacent to Pancreas, Trauma to Pancreas, and common Duct Stones. Nonpancreatic Causes include inflammatory salivary lesions (Eg, Mumps), Perforated Peptic Ulcer, Intestinal Obstruction, Biliary Tract Disease, Peritonitis, Acute Appendicitis, Diabetic Ketoacidosis, and Extrapancreatic Carcinomas. Amylase levels more than 25-fold the upper limit of normal are often found when metastatic tumors produce Ectopic Amylase.

Specifications:
Precision: Intra assay (%CV): 2.82, Inter assay (%CV): 2.49, Sensitivity: 10.9 U/L.

Kit Validation References:
Rauscher, E., et coll., Fresenius Z. Analyt. Chem. 324 (1986) 304-305.

Please correlate with clinical conditions.
Method:- ENZYMATIC COLORIMETRIC TEST

Tests Done : **BHCG,ESTRADIOL,AAROGYAM FEMALE,AFP-C**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	92.6	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170			
Method : Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	380.4	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl			
Method : Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	24.34	%
Bio. Ref. Interval. : 13 - 45			
Method : Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	287.8	µg/dL
Bio. Ref. Interval. : 162 - 368			
Method : SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

Tests Done : **BHCG,ESTRADIOL,AAROGYAM FEMALE,AFP-C**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPASE	PHOTOMETRY	33.1	U/L

Bio. Ref. Interval. :-

Adults : 5.6 - 51.3 U/L

Interpretation:

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings like serum amylase. Serum Lipase is usually normal in patients with elevated serum amylase, having peptic ulcer, salivary adenitis, inflammatory bowel disease, intestinal obstruction, and macroamylasemia. Lipemic sera may interfere with results.

Clinical Significance:
High serum Lipase is a specific marker for pancreatitis; after acute pancreatitis the Lipase activity increases within 4-8 hours, reaches a peak after 24 hours and decreases after 8 to 14 days. However, there is no correlation between the Lipase activity determined in serum and the extent of damage to the pancreas.

Specifications:
Precision: Intra assay (%CV): 3.35, Inter assay (%CV): 2.46, Sensitivity: 3.5 U/L.

Kit Validation References:
Tietz Nw Et Al. Lipase In Serum - The Elusive Enzyme: An Overview. Clin Chem 1993; 39:746-756.

Please correlate with clinical conditions.
Method:- ENZYMATIC COLORIMETRIC ASSAY

Tests Done : **BHCG,ESTRADIOL,AAROGYAM FEMALE,AFP-C**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

Patient Name : **SHREYANSH PASKANTI(15Y/M)**
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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	114	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	41	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	56	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	46	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**2.8**	**Ratio**	**3 - 5**
TRIG / HDL RATIO	CALCULATED	1.12	Ratio	< 3.12
LDL / HDL RATIO	**CALCULATED**	**1.4**	**Ratio**	**1.5-3.5**
HDL / LDL RATIO	CALCULATED	0.73	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	72.4	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	9.26	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

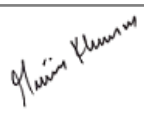
***REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:**

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.

Tests Done : **BHCG,ESTRADIOL,AAROGYAM FEMALE,AFP-C**

Dr Arshiya MD(Path)



Dr Ritika Khurana MD(Path)

Patient Name : **SHREYANSH PASKANTI(15Y/M)**
Referred By : **SELF**
Home Collection : **A501 VISTA TENX HABITAT RAYMOND REALTY POKHRAN ROAD 1 THANE WEST 400606**

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Sample Type | Barcode : **SERUM | ER359618**

TEST NAME	TECHNOLOGY	VALUE	UNITS
FOLLICLE STIMULATING HORMONE (FSH)	C.L.I.A	3.11	mIU/mL

Bio. Ref. Interval. :
FEMALES :
NORMALLY MENSTRUATING :
FOLLICULAR PHASE : 2.5-10.2 | MIDCYCLE PEAK: 3.4 - 33.4 | LUTEAL PHASE :1.5-9.1
PREGNANT : < 0.3 | POSTMENOPAUSAL : 23.0 - 116.3
MALES (13 - 70 YEARS) : 1.4-18.1

Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

LUTEINISING HORMONE (LH)	C.L.I.A	5.38	mIU/mL

Bio. Ref. Interval. :
Females:
Normally Menstruating:
Follicular Phase : 1.9 - 12.5 | Midcycle Peak : 8.7 - 76.3
Luteal Phase :0.5 - 16.9 | Pregnant : 0.1 - 1.5
Postmenopausal : 15.9 - 54.0
Children : 0.1 - 6.0
Males (20 - 70 Years) : 1.5 - 9.3
>70 Years : 3.1 - 34.6

Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

PROLACTIN (PRL)	**E.C.L.I.A**	**26.3**	**ng/mL**

Bio. Ref. Interval. :
Men : 4.04-15.2 ng/ml
Women (Non Pregnant) : 4.79-23.3 ng/ml
First Trimester 9.95 - 101ng/ml
Second Trimester -17.2 - 270 ng/ml
Third Trimester 67.9 - 419 ng/ml

Clinical Significance :
- Prolactin is a hormone which is secreted in pulsatile manner and is also influenced by a variety of physiological stimuli like - stress, pain, coitus, nipple stimulation, sleep etc . Hence it is recommended to test 3 specimens at 20-30 minute intervals after pooling if clinically indicated.
- prolactin levels may show elevation if collected <3-4 hrs after waking up
- Prolactin test is used in diagnosis and management of pituitary adenomas, infertility, male and female hypogonadism etc
- Macroprolactin assay is recommended if prolactin levels are elevated but there are no signs and symptoms of hyperprolactinemia or if pituitary imaging studies are normal.
- Prolactin levels also show interference with certain psychiatric medicines, antihypertensives, opiates, ranitidine etc
- Results obtained after to interpreted in conjunction with clinical history and other findings

Method : Fully Automated Electrochemiluminescence Sandwich Immunoassay

Please correlate with clinical conditions.

Tests Done : **BHCG,ESTRADIOL,AAROGYAM FEMALE,AFP-C**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	133.7	U/L	79-446
BILIRUBIN - TOTAL	PHOTOMETRY	0.78	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.18	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.6	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	13.2	U/L	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	20.3	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	14.8	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	1.37	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.26	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.19	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	3.07	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.36	Ratio	0.9 - 2

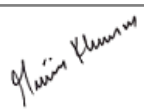
Please correlate with clinical conditions.

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

Tests Done : **BHCG,ESTRADIOL,AAROGYAM FEMALE,AFP-C**

Dr Arshiya MD(Path)



Dr Ritika Khurana MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS
SODIUM	I.S.E - INDIRECT	137.8	mmol/L

Bio. Ref. Interval. :
ADULTS: 136-145 MMOL/L

Method : ION SELECTIVE ELECTRODE - INDIRECT

POTASSIUM	**I.S.E - INDIRECT**	**5.14**	**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 - INDIRECT

CHLORIDE	I.S.E - INDIRECT	102.7	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

Please correlate with clinical conditions.

Tests Done : **BHCG,ESTRADIOL,AAROGYAM FEMALE,AFP-C**

Dr Arshiya MD(Path)

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	16.77	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.95	mg/dL	0.72-1.18
BUN / SR.CREATININE RATIO	CALCULATED	17.65	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	35.89	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	37.78	Ratio	< 52
CALCIUM	PHOTOMETRY	9.98	mg/dL	8.8-10.6
URIC ACID	**PHOTOMETRY**	**8.94**	**mg/dL**	**4.2 - 7.3**

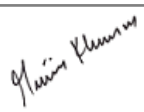
Please correlate with clinical conditions.

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

Tests Done : **BHCG,ESTRADIOL,AAROGYAM FEMALE,AFP-C**

Dr Arshiya MD(Path)



Dr Ritika Khurana MD(Path)

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

Patient Name	: **SHREYANSH PASKANTI(15Y/M)**	Sample Collected on (SCT)	: **21 Sep 2025 10:53**
Referred By	: **SELF**	Sample Received on (SRT)	: **21 Sep 2025 13:43**
Home Collection	: **A501 VISTA TENX HABITAT RAYMOND REALTY POKHRAN ROAD 1 THANE WEST 400606**	Report Released on (RRT)	: **21 Sep 2025 18:17**
		Sample Type | Barcode	: **SERUM | ER359618**

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	102	ng/dL	80-210
TOTAL THYROXINE (T4)	E.C.L.I.A	7.61	µg/dL	4.7-12.4
TSH - ULTRASENSITIVE	E.C.L.I.A	1.08	µIU/mL	0.63-6.28

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

Method :

T3,T4 - Fully Automated Electrochemiluminescence Compitive Immunoassay
USTSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

References :

1. Elmlinger MW, Kuhnel W, Lambretch HG, et al. Reference intervals from birth to adulthood for serum thyroxine, T3, free T3, Free T4, TBG and TSH. Clin Chem lab med. 2001; 39:973
2. Edward CC, Carlo B. Paediatric Reference Intervals. 8th edition. 2021

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.

~~ End of report ~~

Tests Done : **BHCG,ESTRADIOL,AAROGYAM FEMALE,AFP-C**

Dr Arshiya MD(Path)

Dr Ritika Khurana MD(Path)

Scan QR to verify(valid for 30 days from release time)

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*