Processed At :
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REPORT

Patient Name : [redacted]
Referred By : **SELF**
Address : [redacted]

Tests Done : **FMD CHILD HEALTH**

Report Availability Summary

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

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

TEST DETAILS	REPORT STATUS
FMD CHILD HEALTH	Ready
CYSTATIN C	Ready
POTASSIUM	Ready
ERYTHROCYTE SEDIMENTATION RATE (ESR)	Ready
HOMOCYSTEINE	Ready
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	Ready
Lipoprotein (a) [Lp(a)]	Ready
SERUM COPPER	Ready
SERUM ZINC	Ready
TESTOSTERONE	Ready
HBA PROFILE	Ready
HEMOGRAM - 6 PART (DIFF)	Ready
LIVER FUNCTION TESTS	Ready
ELEMENTS 22 (TOXIC AND NUTRIENTS)	Ready
IRON DEFICIENCY PROFILE	Ready
KIDPRO	Ready
LIPID PROFILE	Ready
T3-T4-USTSH	Ready
VITAMIN D TOTAL AND B12 COMBO	Ready
APOLIPROTEIN RATIO	Ready

Patient Name : [redacted]
Referred By : **SELF**
Address : [redacted]

Tests Done : **FMD CHILD HEALTH**

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			
LYMPHOCYTE	**55**	%	25-54
MEAN PLATELET VOLUME(MPV)	**14.4**	fL	7.4-8.1
NEUTROPHILS	**37**	%	40-75
PLATELET DISTRIBUTION WIDTH(PDW)	**15.8**	fL	9.6-15.2
PLATELET TO LARGE CELL RATIO(PLCR)	**56.8**	%	19.7-42.4
PLATELETCRIT(PCT)	**0.44**	%	0.19-0.39
ELEMENTS			
SERUM COPPER	**66.2**	µg/dL	80 - 155
LIPID			
TC/ HDL CHOLESTEROL RATIO	**2.9**	Ratio	3 - 5
RENAL			
BLOOD UREA NITROGEN (BUN)	**7.93**	mg/dL	7.94 - 20.07
CREATININE - SERUM	**0.47**	mg/dL	0.55-1.02
UREA (CALCULATED)	**16.97**	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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REPORT

Patient Name	: [redacted]	**Sample Collected on (SCT)**	: [redacted]
Referred By	: SELF	**Sample Received on (SRT)**	: [redacted]
Address	: [redacted]	**Report Released on (RRT)**	: [redacted]
		Sample Type | Barcode	: SERUM | HE014486

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval
TOTAL CHOLESTEROL	PHOTOMETRY	175	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	59	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	99.87	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	89	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	**CALCULATED**	**2.9**	**Ratio**	**3 - 5**
TRIG / HDL RATIO	CALCULATED	1.51	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	1.7	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.59	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	115.35	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	17.88	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 : FMD CHILD HEALTH

Report Remarks : Clinically Tested by: Thyrocare Technologies Ltd-NABL accredited, NABL certificate no: MC-5241

Dr Amulya MD (Path)

Dr Abdur R MD (Biochem)

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REPORT

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Referred By	: SELF	**Sample Received on (SRT)**	: [redacted]
Address	: [redacted]	**Report Released on (RRT)**	: [redacted]
		Sample Type | Barcode	: SERUM | HE014486

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	E.C.L.I.A	56.4	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 Compititive Immunoassay

VITAMIN B-12	E.C.L.I.A	391	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 Compititive Immunoassay

Please correlate with clinical conditions.

Tests Done : FMD CHILD HEALTH

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Sample Collected on (SCT) : [redacted]
Sample Received on (SRT) : [redacted]
Report Released on (RRT) : [redacted]
Sample Type | Barcode : SERUM | HE014486

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	206	ng/dL	94-241
TOTAL THYROXINE (T4)	E.C.L.I.A	7.8	µg/dL	6-12.8
TSH - ULTRASENSITIVE	E.C.L.I.A	4.77	µIU/mL	0.79-6.0

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.

Tests Done : FMD CHILD HEALTH

Report Remarks : Clinically Tested by: Thyrocare Technologies Ltd-NABL accredited, NABL certificate no: MC-5241

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Referred By	: SELF	**Sample Received on (SRT)**	: 18 Oct 2026 11:07
Address	: [redacted]	**Report Released on (RRT)**	: 18 Oct 2026 14:51
		Sample Type | Barcode	: SERUM | HE014486

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval
BLOOD UREA NITROGEN (BUN)	**PHOTOMETRY**	**7.93**	**mg/dL**	**7.94 - 20.07**
CREATININE - SERUM	**PHOTOMETRY**	**0.47**	**mg/dL**	**0.55-1.02**
BUN / Sr.CREATININE RATIO	CALCULATED	16.87	Ratio	9:1-23:1
UREA (CALCULATED)	**CALCULATED**	**16.97**	**mg/dL**	**Adult : 17-43**
UREA / SR.CREATININE RATIO	CALCULATED	36.11	Ratio	< 52
CALCIUM	PHOTOMETRY	9.98	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	4.3	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

Tests Done : FMD CHILD HEALTH

Report Remarks : Clinically Tested by: Thyrocare Technologies Ltd

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TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	73	µg/dL
Bio. Ref. Interval. : Male : 65 - 175 Female : 50 - 170			
Method : Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	381	µg/dL
Bio. Ref. Interval. : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl			
Method : Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	19	%
Bio. Ref. Interval. : 13 - 45			
Method : Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	308	µg/dL
Bio. Ref. Interval. : 162 - 368			
Method : SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

Tests Done : FMD CHILD HEALTH

Report Remarks : Clinically Tested by: Thyrocare Technologies Ltd-NABL accredited, NABL certificate no: MC-5241

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TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	E.C.L.I.A	12	ng/dL

Bio. Ref. Interval. :-

2.6 - 21.3

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 Compitive Immunoassay

Tests Done : FMD CHILD HEALTH

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REPORT

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval
ALKALINE PHOSPHATASE	PHOTOMETRY	324.46	U/L	115-345
BILIRUBIN - TOTAL	PHOTOMETRY	0.36	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.07	mg/dL	0 - 0.20
BILIRUBIN (INDIRECT)	CALCULATED	0.28	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	16.76	U/L	< 38
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	28.35	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	16.98	U/L	< 34
SGOT / SGPT RATIO	CALCULATED	1.67	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.28	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.53	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.75	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.65	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
BILT - Diazonium salt DPD method
BILD - Diazonium salt DPD method
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 : FMD CHILD HEALTH

Report Remarks : Clinically Tested by: Thyrocare Technologies Ltd-NABL accredited, NABL certificate no: MC-5241

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		Sample Type | Barcode	: SERUM | HE014486

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM ZINC	PHOTOMETRY	84.75	µg/dL

Bio. Ref. Interval. :-

70 - 115

Clinical Significance:
Zinc is one of the essential trace elements in the body. Its metalloenzymes play a key role in protein and nucleic acid synthesis, gene expression, wound healing, as an antioxidant, etc. Deficiency can cause- Poor wound healing, gastroenteritis, impaired spermatogenesis, Alzheimer's disease, etc. Toxicity may be manifested as pancreatitis, gastric ulcer, anemia, pulmonary fibrosis.

Specifications:
Precision: Intra assay (%CV): 2.02, Inter assay (%CV): 2.22.

Kit Validation References:
Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 347-9

Please correlate with clinical conditions.
Method:- NITRO - PAPS

Tests Done : FMD CHILD HEALTH

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		Sample Type | Barcode	: SERUM | HE014486

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM COPPER	**PHOTOMETRY**	**66.2**	**µg/dL**

Bio. Ref. Interval. :-

Male : 63.5 - 150
Female : 80 - 155

Clinical significance:
Copper is an important trace element and a component of numerous enzymes and proteins involved in energy production, connective tissue formation, melanin synthesis, iron metabolism, development of central nervous system, angiogenesis as well as an antioxidant. Deficiency can cause- Malnourishment, cardiovascular disease, anemia & neuropathy, toxicity may be manifested as acute renal failure, gastroenteritis & chronic liver disease.

Specifications:
Precision: Intra assay (%CV): 1.17, Inter assay (%CV): 2.32.

Kit validation references:
Thomas L. Clinical Laboratory Diagnostics. 1st ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 337-8

Please correlate with clinical conditions.
Method:- 3,5-DIBR-PAESA

Tests Done : FMD CHILD HEALTH

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TEST NAME	TECHNOLOGY	VALUE	UNITS
POTASSIUM	I.S.E - INDIRECT	4.2	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

Please correlate with clinical conditions.

Tests Done : FMD CHILD HEALTH

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TEST NAME	TECHNOLOGY	VALUE	UNITS
Lipoprotein (a) [Lp(a)]	IMMUNOTURBIDIMETRY	29.66	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 : FMD CHILD HEALTH

Report Remarks : Clinically Tested by: Thyrocare Technologies Ltd-NABL accredited, NABL certificate no: MC-5241

Dr Amulya MD (Path)

Dr Abdur R MD (Biochem)

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

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022-3090 0000 / 6712 3400 9870666333 wellness@thyrocare.com www.thyrocare.com

REPORT

Patient Name	: [redacted]	**Sample Collected on (SCT)**	: 18 Oct 2026 06:25
Referred By	: SELF	**Sample Received on (SRT)**	: 18 Oct 2026 11:07
Address	: [redacted]	**Report Released on (RRT)**	: 18 Oct 2026 14:51
		Sample Type | Barcode	: SERUM | HE014486

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	0.39	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 : FMD CHILD HEALTH

Report Remarks : Clinically Tested by: Thyrocare Technologies Ltd-NABL accredited, NABL certificate no: MC-5241

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TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMOCYSTEINE	PHOTOMETRY	7.92	µmol/L

Bio. Ref. Interval. :-

Normal Levels : <15 µmol/L
Mild Hyperhomocysteinemia : 15-30 µmol/L
Moderate Hyperhomocysteinemia : 30-100 µmol/L
Severe Hyperhomocysteinemia : >100 µmol/L

Clinical Significance:
Homocysteine is linked to increased risk of premature coronary artery disease, stroke and thromboembolism. Moreover, alzheimers disease, osteoporosis, venous thrombosis, schizophrenia, cognitive deficiency and pregnancy complications also elevates Homocysteine levels. The results should be interpreted in conjunction with clinical history and other findings.

High Values:
Elevated homocysteine levels might be due to increasing age, genetic traits, drugs, renal dysfunction and dietary deficiency of vitamins or smoking. To lower your homocysteine, eat more green vegetables, stop smoking, alcohol. Folic acid helps lowering elevated levels.

Specifications:
Kit Validation Reference:
Eikelboom JW, et al Ann Intern Med 131 : 363-75 (1999)
https://www.healthline.com/health/homocysteine-levels

Please correlate with clinical conditions.
Method:- SMALL MOLECULE CAPTURE TECHNOLOGY (SMT)

Tests Done : FMD CHILD HEALTH

Report Remarks : Clinically Tested by: Thyrocare Technologies Ltd-NABL accredited, NABL certificate no: MC-5241

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TEST NAME	TECHNOLOGY	VALUE	UNITS
CYSTATIN C	IMMUNOTURBIDIMETRY	0.97	mg/L

Bio. Ref. Interval. :-

<= 60 years: <= 1.03 mg/L
> 60 years : < 1.50 mg/L

Clinical significance

Cystatin c, is a small 13-kda protein and is a member of the cysteine proteinase inhibitor family, it is produced at a constant rate by all nucleated cells. Due to its small size it is freely filtered by the glomerulus and is not secreted but is fully reabsorbed and broken down by the renal tubules. This means that the primary determinate of blood Cystatin c levels is the rate at which it is filtered at the glomerulus making it an excellent gfr marker. Cystatin c is also a marker of inflammation and like many other markers of inflammation; its serum concentration may be higher in patients with decreased renal clearance. There is mounting evidence, however, that Cystatin c may be a predictor of adverse outcomes independent of renal function with its higher sensitivity to detect a reduced GFR than Creatinine determination, also in the so-called "Creatinine-blind" range. Thus, Cystatin c is suggested to be a better marker for GFR than the ubiquitous serum Creatinine.

Reference

1. Barrett aj, Davies me, Grubb a. the place of human gamma-trace (Cystatin c) among the cysteine proteinase inhibitors. Biochem biophys res common 1984; 120: 631-6.

2. Grubb a. diagnostic value of analysis of Cystatin c and protein HC in biological fluids. Clin Nephrol 1992; 38: S20-7.

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

Tests Done : FMD CHILD HEALTH

Report Remarks : Clinically Tested by: Thyrocare Technologies Ltd-NABL accredited, NABL certificate no: MC-5241

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TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	142	mg/dL

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

Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY – BECKMAN COULTER

APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	79	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	0.6	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 : FMD CHILD HEALTH

Report Remarks : Clinically Tested by: Thyrocare Technologies Ltd-NABL accredited, NABL certificate no: MC-5241

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Address	: [redacted]	**Report Released on (RRT)**	: 19 Oct 2026 16:52
		Sample Type | Barcode	: EDTA Whole Blood | HD176136

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	Colorimetry	13	g/dL	11.5-15.5
Hematocrit (PCV)	CPH Detection	40.9	%	35.0-45.0
Total RBC	HF & EI	4.79	X 10^6/µL	4.0-5.2
Mean Corpuscular Volume (MCV)	Calculated	85.3	fL	77.0-95.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	27.1	pq	25.0-33.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	31.8	g/dL	31.0-37.0
Red Cell Distribution Width - SD (RDW-SD)	Calculated	44.4	fL	39-46
Red Cell Distribution Width (RDW - CV)	Calculated	13.7	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	244	-	*Refer Note below
MENTZER INDEX	Calculated	17.8	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	9.04	X 10³ / µL	5.0- 13.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	**Flow Cytometry**	**37**	**%**	**40-75**
Lymphocytes Percentage	**Flow Cytometry**	**55**	**%**	**25-54**
Monocytes Percentage	Flow Cytometry	4	%	2-10
Eosinophils Percentage	Flow Cytometry	3.5	%	1-6
Basophils Percentage	Flow Cytometry	0.4	%	0-1
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.1	%	0.0-0.4
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	3.34	X 10³ / µL	2.0-8.0
Lymphocytes - Absolute Count	Calculated	4.97	X 10³ / µL	1.0-5.0
Monocytes - Absolute Count	Calculated	0.36	X 10³ / µL	0.2-1.0
Basophils - Absolute Count	Calculated	0.04	X 10³ / µL	0.01-0.1
Eosinophils - Absolute Count	Calculated	0.32	X 10³ / µL	0.1-1.0
Immature Granulocytes (IG)	Calculated	0.01	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	306	X 10³ / µL	170-450
Mean Platelet Volume (MPV)	**Calculated**	**14.4**	**fL**	**7.4-8.1**
Platelet Distribution Width (PDW)	**Calculated**	**15.8**	**fL**	**9.6-15.2**
Platelet to Large Cell Ratio (PLCR)	**Calculated**	**56.8**	**%**	**19.7-42.4**
Plateletcrit (PCT)	**Calculated**	**0.44**	**%**	**0.19-0.39**

Remarks : Alert!!!WBCs: Relative lymphocytosis.

*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 : ELEMENTS 22 (TOXIC AND NUTRIENTS),ESR,HBA PROFILE,HEMOGRAM - 6 PART (DIFF)

Report Remarks : Clinically Tested by: Thyrocare Technologies Ltd-CAP accredited

Dr Ranjana Roy
MD(Path)

Dr Shrusty Sonar
MD(Path)

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		Sample Type | Barcode	: EDTA Whole Blood | HD176136

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c	H.P.L.C	5.2	%

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	103	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 : ELEMENTS 22 (TOXIC AND NUTRIENTS),ESR,HBA PROFILE,HEMOGRAM - 6 PART (DIFF)

Report Remarks : Clinically Tested by: Thyrocare Technologies Ltd-CAP & NABL accredited, NABL certificate no: MC-2407

Dr Ranjana Roy
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TEST NAME	TECHNOLOGY	VALUE	UNITS
ERYTHROCYTE SEDIMENTATION RATE (ESR)	Automated ESR	9.11	mm / hr

Bio. Ref. Interval. :-

<50 years : Male - 0 to 15 mm/hr, Female - 0 to 20 mm/hr
>50 years : Male - 0 to 20 mm/hr, Female - 0 to 30 mm/hr
Children : </=10 mm/hr

Clinical Significance:

- An erythrocyte sedimentation rate (ESR) is a blood test that can rise if you have inflammation in your body. Its also used as a marker to monitor prognosis of an existing inflammatory/infective condition.
- Inflammation is your immune systems response to injury, infection, and many types of conditions, including immune system disorders, certain cancers and blood disorders.
- A high ESR test result may be from a condition that causes inflammation, such as: Arteritis, Arthritis, Systemic vasculitis, Polymyalgia rheumatica, Inflammatory bowel disease, Kidney disease, Infections like Tuberculosis etc, Rheumatoid arthritis and other autoimmune diseases, Heart disease, Certain cancers and many other Conditions.
- A low ESR test result may be caused by conditions such as: A blood disorder, such as: Polycythemia, Sickle cell disease (SCD), Leukocytosis, Heart failure, Certain kidney and liver problems etc.
- Certain physiological conditions also affect ESR results, these include : Pregnancy, menstrual cycle, ageing, obesity, drinking alcohol regularly, and exercise, Certain medicines and supplements also can affect ESR results.
- ESR is a non-specific test and may be influenced by factors such as anemia, polycythemia, and red cell morphology.
- Results should be interpreted in clinical correlation.

References :
https://medlineplus.gov/lab-tests/erythrocyte-sedimentation-rate-esr/

Please correlate with clinical conditions.
Method:- Photometric : Modified westergren method

Tests Done : ELEMENTS 22 (TOXIC AND NUTRIENTS),ESR,HBA PROFILE,HEMOGRAM - 6 PART (DIFF)

Report Remarks : Clinically Tested by: Thyrocare Technologies Ltd-CAP accredited

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TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval
ARSENIC	ICP-MS	0.4	µg/L	< 5
CADMIUM	ICP-MS	0.48	µg/L	< 1.5
MERCURY	ICP-MS	3.62	µg/L	< 5
LEAD	ICP-MS	25.47	µg/L	< 150
CHROMIUM	ICP-MS	3.65	µg/L	< 30
BARIUM	ICP-MS	8.16	µg/L	< 30
COBALT	ICP-MS	0.25	µg/L	0.10 - 1.50
CAESIUM	ICP-MS	1.64	µg/L	< 5
THALLIUM	ICP-MS	0.06	µg/L	< 1
URANIUM	ICP-MS	0.04	µg/L	< 1
STRONTIUM	ICP-MS	31.92	µg/L	8 - 38
ANTIMONY	ICP-MS	8.4	µg/L	0.10 - 18
TIN	ICP-MS	1.24	µg/L	< 2
MOLYBDENUM	ICP-MS	1.5	µg/L	0.70 - 4.0
SILVER	ICP-MS	3.7	µg/L	< 4
VANADIUM	ICP-MS	0.58	µg/L	< 0.8
BERYLLIUM	ICP-MS	0.05	µg/L	<0.10
BISMUTH	ICP-MS	0.48	µg/L	0.10 - 0.80
SELENIUM	ICP-MS	158.67	µg/L	60 - 340
ALUMINIUM	ICP-MS	8.39	µg/L	< 30
NICKEL	ICP-MS	0.52	µg/L	< 15
MANGANESE	ICP-MS	12.24	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 : ELEMENTS 22 (TOXIC AND NUTRIENTS),ESR,HBA PROFILE,HEMOGRAM - 6 PART (DIFF)

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