Thyrocare

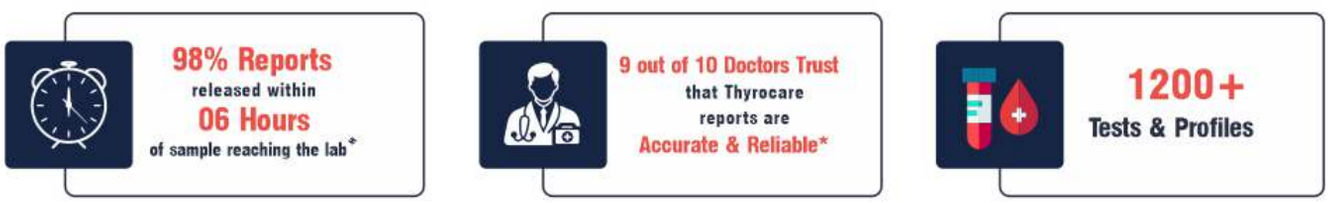
Tests you can trust

**Name** : XXXXXXXX

**Date** : XXXXXXXXX

**Test Asked** : Jaanch Male Infertility Package

**Report Status** : Complete Report


Thyrocare
Tests you can trust

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703. 9870666333 wellness@thyrocare.com

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

Patient Name : XXXXXXXXXXXX
Referred By : XXXXXXXXXXXX
Sample Collected At : XXXXXXXXXXXX

Tests Done : JAANCH MALE INFERTILITY PACKAGE

## Report Availability Summary

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

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

| TEST DETAILS | REPORT STATUS |
|---|---|
| **JAANCH MALE INFERTILITY PACKAGE** | Ready |
| FOLLICLE STIMULATING HORMONE (FSH) | Ready |
| LUTEINISING HORMONE (LH) | Ready |
| TESTOSTERONE | Ready |
| TSH - ULTRASENSITIVE | Ready |
| HEMOGRAM - 6 PART (DIFF) | Ready |

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Patient Name : XXXXXXXXXXXX
Referred By : XXXXXXXXXXXX
Sample Collected At : XXXXXXXXXXXX

Tests Done : JAANCH MALE INFERTILITY PACKAGE

## 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** | | | |
| HEMATOCRIT(PCV) | **33.6** | % | 40.0-50.0 |
| HEMOGLOBIN | **10.4** | g/dL | 13.0-17.0 |
| LYMPHOCYTE | **17.4** | % | 20-40 |
| MEAN CORP.HEMO.CONC(MCHC) | **31** | g/dL | 31.5-34.5 |
| MEAN CORPUSCULAR HEMOGLOBIN(MCH) | **26.8** | pq | 27.0-32.0 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) | **15.4** | % | 11.6-14 |
| RED CELL DISTRIBUTION WIDTH - SD(RDW-SD) | **48.9** | fL | 39-46 |
| TOTAL RBC | **3.88** | X 10^6/µL | 4.5-5.5 |
| **INFERTILITY** | | | |
| LUTEINISING HORMONE (LH) | **15.9** | mIU/mL | Refer Routine Report |

**Disclaimer:** The above listed is the summary of the parameters with values outside the BRI. For detailed report values, parameter correlation and clinical interpretation, kindly refer to the same in subsequent pages.

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

| TEST NAME | METHODOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|---|
| **HEMOGLOBIN** | **SLS-Hemoglobin Method** | **10.4** | **g/dL** | **13.0-17.0** |
| **Hematocrit (PCV)** | **CPH Detection** | **33.6** | **%** | **40.0-50.0** |
| **Total RBC** | **HF & EI** | **3.88** | **X 10^6/µL** | **4.5-5.5** |
| Mean Corpuscular Volume (MCV) | Calculated | 86.6 | fL | 83.0-101.0 |
| **Mean Corpuscular Hemoglobin (MCH)** | **Calculated** | **26.8** | **pq** | **27.0-32.0** |
| **Mean Corp.Hemo. Conc (MCHC)** | **Calculated** | **31** | **g/dL** | **31.5-34.5** |
| **Red Cell Distribution Width - SD (RDW-SD)** | **Calculated** | **48.9** | **fL** | **39-46** |
| **Red Cell Distribution Width (RDW - CV)** | **Calculated** | **15.4** | **%** | **11.6-14** |
| RED CELL DISTRIBUTION WIDTH INDEX (RDWI) | Calculated | 343.7 | - | *Refer Note below |
| MENTZER INDEX | Calculated | 22.3 | - | *Refer Note below |
| **TOTAL LEUCOCYTE COUNT (WBC)** | HF & FC | 7.77 | X $10^3$ / µL | 4.0 - 10.0 |
| **DIFFERENTIAL LEUCOCYTE COUNT** | | | | |
| Neutrophils Percentage | Flow Cytometry | 75.2 | % | 40-80 |
| **Lymphocytes Percentage** | **Flow Cytometry** | **17.4** | **%** | **20-40** |
| Monocytes Percentage | Flow Cytometry | 2.7 | % | 2-10 |
| Eosinophils Percentage | Flow Cytometry | 3.9 | % | 1-6 |
| Basophils Percentage | Flow Cytometry | 0.5 | % | 0-2 |
| Immature Granulocyte Percentage (IG%) | Flow Cytometry | 0.3 | % | 0-0.5 |
| Nucleated Red Blood Cells % | Flow Cytometry | 0.1 | % | 0.0-5.0 |
| **ABSOLUTE LEUCOCYTE COUNT** | | | | |
| Neutrophils - Absolute Count | Calculated | 5.84 | X $10^3$ / µL | 2.0-7.0 |
| Lymphocytes - Absolute Count | Calculated | 1.35 | 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 | 0.3 | X $10^3$ / µL | 0.02 - 0.5 |
| Immature Granulocytes (IG) | Calculated | 0.02 | X $10^3$ / µL | 0-0.3 |
| Nucleated Red Blood Cells | Calculated | 0.01 | X $10^3$ / µL | 0.0-0.5 |
| **PLATELET COUNT** | HF & EI | 260 | X $10^3$ / µL | 150-410 |
| Mean Platelet Volume (MPV) | Calculated | 10.3 | fL | 6.5-12 |
| Platelet Distribution Width (PDW) | Calculated | 11.2 | fL | 9.6-15.2 |
| Platelet to Large Cell Ratio (PLCR) | Calculated | 26.6 | % | 19.7-42.4 |
| Plateletcrit (PCT) | Calculated | 0.27 | % | 0.19-0.39 |

**Remarks :** Alert!!! RBCs:Mild anisopoikilocytosis. 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 :** HEMOGRAM

**Report Remarks :** Labcode:1702123865/IT001

**Doctor 1 Sign** **Doctor 2 Sign**

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| | | | |
|---|---|---|---|
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| | | Sample Type \| Barcode | : XXXXXXXXXXXX |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| TESTOSTERONE | C.L.I.A | 594.27 | ng/dL |

**Bio. Ref. Interval. :-**

Adult Male
21 - 49 Yrs : 164.94 - 753.38 || 50 - 89 Yrs : 86.49 - 788.22
Adult Female
Pre-Menopause : 12.09 - 59.46 || Post-Menopause: < 7.00 - 48.93
Boys
2-10 Years : < 7.00 - 25.91
11 Years : < 7.00 - 341.53
12 Years : < 7.00 - 562.59
13 Years : 9.34 - 562.93
14 Years : 23.28 - 742.46
15 Years : 144.15 - 841.44
16-21 Years : 118.22 - 948.56
Girls
2-10 Years : < 7.00 - 108.30
11-15 Years : < 7.00 - 48.40
16-21 Years : 17.55 - 50.41

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): 8.5 %, Inter assay (%CV): 12.6%; Sensitivity: 7 ng/dL.

Kit Validation Reference: Kicklighter EJ, Norman RJ. The gonads. In: Kaplan LA, Pesce AJ, eds. Clinical Chemistry: Theory, Analysis, Correlation. 2nd ed. St. Louis: CV Mosby; 1989:657–662.

**Please correlate with clinical conditions.**
**Method:-** COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

**Tests Done :** JAANCH MALE INFERTILITY PACKAGE

**Report Remarks :** Labcode:1702123866/IT001

**Doctor 1 Sign** **Doctor 2 Sign**

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| | | Sample Type \| Barcode | : XXXXXXXXXXXX |

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| FOLLICLE STIMULATING HORMONE (FSH) | C.L.I.A | 6.17 | mIU/mL |

**Bio. Ref. Interval. :**
Female :
Follicular Phase : 2.5 to 10.2 | Mid cycle peak : 3.4 to 33.4 I Luteal Phase : 1.5 to 9.1
Pregnant : < 0.3 I Post Menopausal : 23 to 116.3
Males (13 - 70 Years) : 1.4 to 18.1

**Method :** Fully Automated Chemiluminescent Immunoassay

| | | | |
|---|---|---|---|
| **LUTEINISING HORMONE (LH)** | **C.L.I.A** | **15.9** | **mIU/mL** |

**Bio. Ref. Interval. :**
Female :
Follicular Phase : 1.9 to 12.5 I Mid cycle peak : 8.7 to 76.3
Luteal Phase : 0.5 to 16.9 I Pregnant : 0.1 to 1.5
Post Menopausal : 15.9 to 54 I Children : 0.1 to 6
Male
Age 20 to 70 : 1.5 to 9.3
Age >70 : 3.1 to 34.6

**Method :** Fully Automated Chemiluminescent Immunoassay

**Please correlate with clinical conditions.**

Tests Done : JAANCH MALE INFERTILITY PACKAGE

Report Remarks : Labcode:1702123866/IT001

Doctor 1 Sign

Doctor 2 Sign

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

| TEST NAME | TECHNOLOGY | VALUE | UNITS | Bio. Ref. Interval. |
|---|---|---|---|---|
| TSH - ULTRASENSITIVE | C.M.I.A | <2.92 | µIU/mL | 0.35-4.94 |

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

**Method :**

USTSH - Fully Automated Chemi Luminescent Microparticle Immunoassay

**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 :** JAANCH MALE INFERTILITY PACKAGE

**Report Remarks :** Labcode:1702123866/IT001

**Doctor 1 Sign** **Doctor 2 Sign**

## 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*