



Tests you can trust

Name : XXXX

Date : 5 Apr, 2026

Test Asked : Wellness A Plus

Report Status : Complete Report



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NABL Accreditation[#]

Accredited by



NABL From 2005[#]



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CAP From 2011[™]



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to check authenticity of reported values

QR code will remain active for 30 days from report release date



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06 Hours
of sample reaching the lab^{*}



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that Thyrocare
reports are
Accurate & Reliable^{*}



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Tests & Profiles



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Daily



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MD Pathologists Stationed
at Every Lab

Processed At :
201 Commerce Six Complex, T.P.S
No 19, F.P No 265, Nr. Samved
Hospital,Navrangpura Ahmedabad
380009

Patient Name :
Referred By
Address

Tests Done : **WELLNESS A PLUSP**

Report Availability Summary

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

 **10** Ready

 **0** Ready with Cancellation

 **0** Processing

 **0** Cancelled in Lab

TEST DETAILS	REPORT STATUS
WELLNESS A PLUS	Ready 
HBA PROFILE	Ready 
HEMOGRAM - 6 PART (DIFF)	Ready 
LIVER FUNCTION TESTS	Ready 
ROUTINE URINE ANALYSIS	Ready 
KIDPRO	Ready 
LIPID PROFILE	Ready 
USTSH	Ready 
ERYTHROCYTE SEDIMENTATION RATE (ESR)	Ready 
FASTING BLOOD SUGAR(GLUCOSE)	Ready 

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Patient Name :
Referred By : **SELF**
Address :

Tests Done : **WELLNESS A PLUS**

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			
MEAN CORP. HEMO. CONC (MCHC)	31.1	g/dL	31.5-34.5
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	26.2	pq	27.0-32.0
TOTAL RBC	5.04	X 10 ⁶ /μL	3.8-4.8
DIABETES			
AVERAGE BLOOD GLUCOSE (ABG)	151	mg/dL	90-120
FASTING BLOOD SUGAR (GLUCOSE)	132.26	mg/dL	70-100
HbA1c	6.9	%	< 5.7
LIPID			
LDL / HDL RATIO	1	Ratio	1.5-3.5
TC / HDL CHOLESTEROL RATIO	2.2	Ratio	3 - 5
LIVER			
ASPARTATE AMINOTRANSFERASE (SGOT)	32.12	U/L	< 31
BILIRUBIN -DIRECT	0.21	mg/dL	0 - 0.20
URINOGRAM			
URINARY GLUCOSE	Present 3+ (500-1000 mg/dl)	mg/dL	Absent

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Patient Name :
Referred By : SELF

Sample Collected on (SCT) : 05 Apr 2026 07:17
Sample Received on (SRT) : 05 Apr 2026 16:54

Address :

Report Released on (RRT) : 05 Apr 2026 19:40
Sample Type | Barcode : EDTA Whole Blood | FM170505

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c	H.P.L.C	6.9	%
Bio. Ref. Interval. :			

As per ADA Guidelines

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

Guidance For Known Diabetics

Below 6.5% : Good Control
6.5% - 7% : Fair Control
7.0% - 8% : Unsatisfactory Control
>8% : Poor Control

Method : Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	151	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 : WELLNESS A
PLUS**

Dr X, MD

Dr Y, MD

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

(Path)

(Path)



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Referred By : SELF

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(RRT) Sample Type | : EDTA Whole Blood | FM170505
Barcode

TEST NAME	TECHNOLOGY	VALUE	UNITS
ERYTHROCYTE SEDIMENTATION RATE (ESR) Bio. Ref. Interval. :-	MODIFIED WESTERGREN	5	mm / hr

<50 yr : Male: 0-15 mm/hr Female: 0-20 mm/hr
>50 yr : Male: 0-20 mm/hr Female: 0-30 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.
- Hence Its always suggested to interpret ESR results in conjunction with Clinical History and other findings.

References :

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

Please correlate with clinical conditions.

Method:- MODIFIED WESTERGREN

Tests Done : WELLNESS A PLUS

Dr X MD (Path)

Dr Y, MD (Path)

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Address :

Report Released on : 05 Apr 2026 19:40
(RRT) Sample
Type | Barcode : EDTA Whole Blood | FM170505

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
HEMOGLOBIN	SLS-Hemoglobin Method	13.2	g/dL	12.0-15.0
Hematocrit (PCV)	CPH Detection	42.5	%	36.0-46.0
Total RBC	HF & EI	5.04	X 10⁶/μL	3.8-4.8
Mean Corpuscular Volume (MCV)	Calculated	84.3	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	26.2	pq	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	31.1	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	Calculated	42.4	fL	39.0-46.0
Red Cell Distribution Width (RDW - CV)	Calculated	13.7	%	11.6-14.0
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	229.1	-	*Refer Note below
MENTZER INDEX	Calculated	16.7	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	6.22	X 10 ³ / μL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	62.9	%	40-80
Lymphocytes Percentage	Flow Cytometry	29.4	%	20-40
Monocytes Percentage	Flow Cytometry	5.5	%	2-10
Eosinophils Percentage	Flow Cytometry	1.6	%	1-6
Basophils Percentage	Flow Cytometry	0.3	%	0-2
Immature Granulocyte Percentage (IG%)	Flow Cytometry	0.3	%	0.0-0.4
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	3.91	X 10 ³ / μL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	1.83	X 10 ³ / μL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.34	X 10 ³ / μL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.02	X 10 ³ / μL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.1	X 10 ³ / μL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.02	X 10 ³ / μL	0.0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10 ³ / μL	0.0-0.5
PLATELET COUNT	HF & EI	226	X 10 ³ / μL	150-410
Mean Platelet Volume (MPV)	Calculated	10.1	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	10	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	25.3	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.23	%	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 Impedance, *Hb- hemoglobin, *CPH- Cumulative pulse height)

Tests Done : WELLNESS A PLUS

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Patient Name :
Referred By : SELF

Sample Collected on (SCT) : 05 Apr 2026 07:17
Sample Received on (SRT) : 05 Apr 2026 16:50

Address :

Report Released on : 05 Apr 2026 18:38
(RRT) Sample Type | Barcode : URINE | FL514868

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
Complete Urinogram				
<u>Physical Examination</u>				
VOLUME	Visual Determination	>=5	mL	-
COLOUR	Visual Determination	PALE YELLOW	-	Pale Yellow
APPEARANCE	Visual Determination	CLEAR	-	Clear
SPECIFIC GRAVITY	pKa change	1.015	-	1.003-1.030
PH	pH indicator	5.0	-	5-8
<u>Chemical Examination</u>				
URINARY PROTEIN	PEI	ABSENT	mg/dL	Absent
URINARY GLUCOSE	GOD-POD	Present 3+ (500-1000 mg/dl)	mg/dL	Absent
URINE KETONE	Nitroprusside	ABSENT	mg/dL	Absent
URINARY BILIRUBIN	Diazo coupling	ABSENT	mg/dL	Absent
UROBILINOGEN	Diazo coupling	Normal	mg/dL	<=0.2
URINE BLOOD	Peroxidase reaction	ABSENT	-	Absent
NITRITE	Diazo coupling	ABSENT	-	Absent
LEUCOCYTE ESTERASE	Esterase reaction	ABSENT	-	Absent
<u>Microscopic Examination</u>				
URINARY LEUCOCYTES (PUS CELLS)	Microscopy	ABSENT	cells/HPF	0-5

(Reference : *PEI - Protein error of indicator, *GOD-POD - Glucose oxidase-peroxidase)

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Patient Name :
Referred By : SELF

Sample Collected on (SCT) : 05 Apr 2026 07:17

Sample Received on (SRT) : 05 Apr 2026 16:52

Address :

Report Released on : 05 Apr 2026 19:06
(RRT) Sample Type | Barcode : SERUM | FC138875

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval
TOTAL CHOLESTEROL	PHOTOMETRY	123	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	55	mg/dL	40-60
TRIGLYCERIDES	PHOTOMETRY	142	mg/dL	< 150
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	55	mg/dL	< 100
TC/ HDL CHOLESTEROL RATIO	CALCULATED	2.2	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	2.56	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	1	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	1	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	68.08	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	28.4	mg/dL	5 - 40

Please correlate with clinical conditions.

Method :

CHOL - Cholesterol Oxidase, Esterase, Peroxidase
HCHO - Direct Enzymatic Colorimetric
TRIG - Enzymatic, End Point
LDL - Direct Measure
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.

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(RRT) Sample Type | : SERUM | FC138875
Barcode

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval
ALKALINE PHOSPHATASE	PHOTOMETRY	86.86	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.86	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.21	mg/dL	0 - 0.20
BILIRUBIN (INDIRECT)	CALCULATED	0.65	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	13.21	U/L	< 38
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	32.12	U/L	< 31
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	29.31	U/L	< 34
SGOT / SGPT RATIO	CALCULATED	1.1	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.23	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.35	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	2.88	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.51	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 : WELLNESS A PLUS

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Report Released on : 05 Apr 2026 19:06
(RRT) Sample Type | Barcode : SERUM | FC138875

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	9.91	mg/dL	7.94 - 20.07
CREATININE - SERUM	PHOTOMETRY	0.6	mg/dL	0.55-1.02
BUN / SR.CREATININE RATIO	CALCULATED	16.52	Ratio	9:1-23:1
UREA (CALCULATED)	CALCULATED	21.21	mg/dL	Adult : 17-43
UREA / SR.CREATININE RATIO	CALCULATED	35.35	Ratio	< 52
URIC ACID	PHOTOMETRY	4.04	mg/dL	3.2 - 6.1
CALCIUM	PHOTOMETRY	9.98	mg/dL	8.8-10.6

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.

URIC - Uricase / Peroxidase Method

CALC - Arsenazo III Method, End Point.

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Report Released on : 05 Apr 2026 19:06
(RRT) Sample Type | : SERUM | FC138875
Barcode

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TSH - ULTRASENSITIVE			μIU/mL	
	C.M.I.A	4.589		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.

Tests Done : WELLNESS A PLUS**Dr X, MD (Path)****Dr Y, MD (Path)**

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SERUM | FC138875

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR) Bio. Ref. Interval. :-	CALCULATED	108	mL/min/1.73 m2

> = 90 : Normal
60 - 89 : Mild Decrease
45 - 59 : Mild to Moderate Decrease
30 - 44 : Moderate to Severe Decrease
15 - 29 : Severe Decrease
<15 : Kidney Failure

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:-** 2021 CKD EPI Creatinine Equation**Tests Done : WELLNESS A PLUS****Dr X MD (Path)****Dr Y, MD (Path)**

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Referred By : SELF

Sample Collected on (SCT) : 05 Apr 2026 07:17
Sample Received on (SRT) : 05 Apr 2026 17:07

Address :

Report Released on (RRT) Sample Type | Barcode : 05 Apr 2026 19:34
: FLUORIDE PLASMA | FL485869

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	132.26	mg/dL

Bio. Ref. Interval. :-

As per ADA Guideline: Fasting Plasma Glucose (FPG)	
Normal	70 to 100 mg/dl
Prediabetes	100 mg/dl to 125 mg/dl
Diabetes	126 mg/dl or higher

Note :

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 Glucose in a given specimen may vary due to differences in assay methods, calibration and reagent specificity. For diagnostic purposes results should always be assessed in conjunction with patients medical history, clinical findings and other findings.

Please correlate with clinical conditions.

Method:- GOD-POD METHOD

~~ End of report ~~

Tests Done : WELLNESS A PLUS

Dr X MD

(Path)

Dr Y, 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/nbdYeRqYyQc>

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**

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* 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