

Health Check up Booking Request(22E56677)

From Mediwheel <wellness@mediwheel.in>
Date Thu 3/6/2025 2:45 PM
To PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>
Cc customercare@mediwheel.in <customercare@mediwheel.in>

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Dear **Manipal Hospital**

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : MR. SHARMA ROBINS

Contact Details : 9306946331

Hospital Package Name : Mediwheel Full Body Health Checkup Male Below 40

Location : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Aparment, Ghaziabad, Uttar Pradesh - 201002

Appointment Date : 08-03-2025

Member Information		
Booked Member Name	Age	Gender
MR. SHARMA ROBINS	35 year	Male

Tests included in this Package

- Thyroid Profile
- Urine Analysis
- Liver Profile
- Lipid Profile
- HbA1c
- CBC
- Blood Glucose (Post Prandial)
- Blood Glucose (Fasting)
- ESR
- Stool Test
- Chest X-ray

- USG Whole Abdomen
- TMT OR 2D ECHO (Any 1) Chosen By Candidate
- Eye Check-up Consultation
- Dental Consultation
- General Physician Consultation

Thanks,
Mediwheel Team

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आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

ROBINS SHARMA

RAMESHWAR PRASAD SHARMA

25/09/1989

Permanent Account Number

ECBPS8419G

Robins Sharma

signature



25042012

आयकर विभाग

INCOME TAX DEPARTMENT

ROBINS SHARMA

RAMESHWAR PRASAD SHARMA

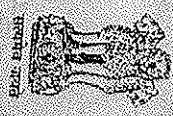
25/09/1989

Permanent Account Number

ECBPS8419G

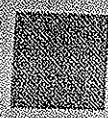
Robina Sharma

Signature



भारत सरकार

GOVT. OF INDIA



25042012

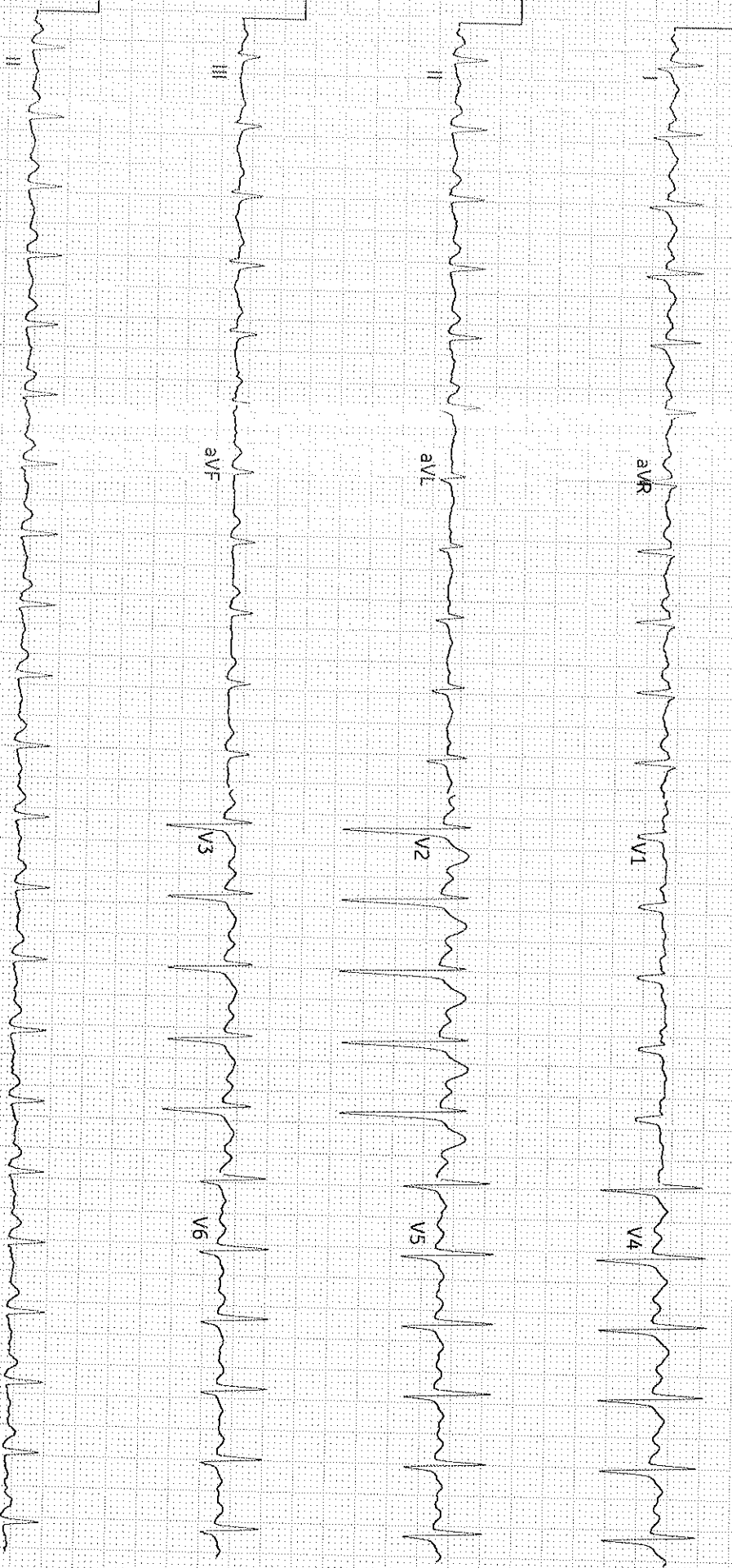
Male
(35 Years)

Vent rate	131	BPM
PR interval	152	ms
QRS duration	80	ms
QT/QTc-Baz	300/443	ms
P-R-T axes	49 58 35	

HL

08/03/2025 12:29:41 PM
Manipal Hospital

Unconfirmed



25mm/s 10.0mm/mV 0.56-20 Hz ZPD

50 Hz

MAC™ 5 1.01 SP01

12SL V24 4 by 2.5s + 1 rhythm Id



Patient Name	MR ROBINS SHARMA	Location	Ghaziabad
Age/Sex	35Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH015983061	Order Date	:08/03/2025
Ref.Doctor	H/C	Report Date	:08/03/2025

EchocardiographyFinal Interpretation

(Tachycardia noted during study, HR-131bpm)

1. No RWMA, LVEF=60%.
2. Concentric LVH.
3. Single MIP.
4. Trace MR, No AR.
5. Trace TR, Normal PASP.
6. No intracardiac clot/vegetation/pericardial pathology.
7. IVC normal

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It is normal sized.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal, Trace MR.
- **Tricuspid Valve:** Trace TR.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300E info@manipalhospitals.com www.manipalhospitals.com



Patient Name	MR ROBINS SHARMA	Location	Ghaziabad
Age/Sex	35Year(s)/male	Visit No	: V0000000001-GHZB
	MH015983061	Order Date	08/03/2025
Ref. Doctor	: H/C	Report Date	08/03/2025

Echocardiography

Measurements (mm):

	Observed values	Normal values
Aortic root diameter	26	20-36 (22mm/M ²)
Aortic valve opening	19	15-26
Left atrium size	28	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	39	24	(ED=37-53:Es=22-40)
Interventricular septum	13	14	(ED=6-12)
Posterior wall thickness	11	13	(ED=5-10)

LV Ejection Fraction (%)	60%	55%-80%
HR		

Color & Doppler evaluation

Valve	Velocity(cm/s)	Regurgitation
Mitral	E-93 DT-	Trace
Aortic	141	Nil
Tricuspid	42	Trace
Pulmonary	81	Nil

Dr. Bhupendra Singh
MD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Dr. Abhishek Singh
MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology

Dr. Geetesh Govil

MD, D.Card, PGDCC, MAAC, M.Med, MIMA, FAGE
Jr. Consultant Cardiology

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**RADIOLOGY REPORT**

NAME	Robins SHARMA	STUDY DATE	08/03/2025 10:39AM
AGE / SEX	35 y / M	HOSPITAL NO.	MH015983061
ACCESSION NO.	R9497180	MODALITY	CR
REPORTED ON	08/03/2025 11:01AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW**FINDINGS:**

LUNGS: Normal.
 TRACHEA: Normal.
 CARINA: Normal.
 RIGHT AND LEFT MAIN BRONCHI: Normal.
 PLEURA: Normal.
 HEART: Normal.
 RIGHT HEART BORDER: Normal.
 LEFT HEART BORDER: Normal.
 PULMONARY BAY: Normal.
 PULMONARY HILA: Normal.
 AORTA: Normal.
 THORACIC SPINE: Normal.
 OTHER VISUALIZED BONES: Normal.
 VISUALIZED SOFT TISSUES: Normal.
 DIAPHRAGM: Normal.
 VISUALIZED ABDOMEN: Normal.
 VISUALIZED NECK: Normal.

IMPRESSION:

No significant abnormality noted.
 Recommend clinical correlation.

Monica

Dr. Monica Shekhawat
 MBBS, DNB, CCFRG, ACFRG (Reg No MCI 11-10887)
 CONSULTANT RADIOLOGIST

*****End Of Report*****

**RADIOLOGY REPORT**

NAME	Robins SHARMA	STUDY DATE	08/03/2025 10:49AM
AGE / SEX	35 y / M	HOSPITAL NO.	MH015983061
ACCESSION NO.	R9497181	MODALITY	US
REPORTED ON	08/03/2025 11:07AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: appears normal in size (measures 129 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 88 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9.7 mm.

COMMON BILE DUCT: Appears normal in size and measures 2.7 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Phrygian cap is seen (normal variant). Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 106 x 49 mm.

Left Kidney: measures 97 x 45 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 33 x 24 x 24 mm with volume 10 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- Diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.

Monica

Dr. Monica Shekhawat
MBBS, DNB, CCFRG, ACFRG (Reg No MCI 11-10887)
CONSULTANT RADIOLOGIST

*****End Of Report*****



LABORATORY REPORT

Name : MR ROBINS SHARMA
Registration No : MH015983061
Patient Episode : H18000003907
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 10:12

Age : 35 Yr(s) Sex : Male
Lab No : 202503001248
Collection Date : 08 Mar 2025 10:12
Reporting Date : 09 Mar 2025 10:16

TEST	BLOOD BANK	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)				Specimen-Blood
Blood Group & Rh typing		B Rh(D) Positive		

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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NOTE:

- Abnormal Values

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR ROBINS SHARMA
 Registration No : MH015983061
 Patient Episode : H18000003907
 Referred By : HEALTH CHECK MGD
 Receiving Date : 08 Mar 2025 10:12

Age : 35 Yr(s) Sex : Male
 Lab No : 202503001248
 Collection Date : 08 Mar 2025 10:12
 Reporting Date : 08 Mar 2025 15:37

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type : Serum			
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	0.900	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.150	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.560	μIU/mL	[0.250-5.000]

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low. The TSH assay aids in diagnosing thyroid or hypophysial disorders. The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.



LABORATORY REPORT

Name : MR ROBINS SHARMA
Registration No : MH015983061
Patient Episode : H18000003907
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 13:47

Age : 35 Yr(s) Sex : Male
Lab No : 202503001250
Collection Date : 08 Mar 2025 13:47
Reporting Date : 09 Mar 2025 09:40

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	169.3 #	mg/dl	[80.0-140.0]

Note:
Conditions which can lead to lower postprandial glucose levels as compared to
fasting glucose are excessive insulin release, rapid gastric emptying,
brisk glucose absorption, post exercise

Page 2 of 2

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist

Printed On : 10 Mar 2025 12:16



LABORATORY REPORT

Name : MR ROBINS SHARMA
 Registration No : MH015983061
 Patient Episode : H18000003907
 Referred By : HEALTH CHECK MGD
 Receiving Date : 08 Mar 2025 10:12

Age : 35 Yr(s) Sex : Male
 Lab No : 202503001249
 Collection Date : 08 Mar 2025 10:12
 Reporting Date : 08 Mar 2025 16:17

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	98.5	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
 Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy (adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases (e.g. galactosemia),
 Drugs-
 insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----

Dr. Charu Agarwal
 Consultant Pathologist

Printed On : 10 Mar 2025 12:16



LABORATORY REPORT

Name : MR ROBINS SHARMA
Registration No : MH015983061
Patient Episode : H18Q00003907
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 10:12

Age : 35 Yr(s) Sex : Male
Lab No : 202503001248
Collection Date : 08 Mar 2025 10:12
Reporting Date : 08 Mar 2025 12:37

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	5.57 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.8	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	44.9	%	[40.0-50.0]
MCV (DERIVED)	80.6 #	fL	[83.0-101.0]
MCH (CALCULATED)	26.6	pg	[25.0-32.0]
MCHC (CALCULATED)	33.0	g/dl	[31.5-34.5]
RDW CV% (Calculated)	14.5 #	%	[11.6-14.0]
Platelet count	209	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	13.10	fL	
WBC COUNT(TC) (Flow Cytometry/ Manual)	7.86	x 10 ³ cells/	
cumm	[4.00-10.00]		
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	39.0 #	%	[40.0-80.0]
Lymphocytes	52.0 #	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	10.0	mm/1sthour	[0.0-10.0]



LABORATORY REPORT

Name : MR ROBINS SHARMA
Registration No : MH015983061
Patient Episode : H18000003907
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 10:12

Age : 35 Yr(s) Sex :Male
Lab No : 202503001248
Collection Date : 08 Mar 2025 10:12
Reporting Date : 08 Mar 2025 15:37

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.9 #	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association (ADA)			
HbA1c in %			
Non diabetic adults >= 18years <5.7			
Prediabetes (At Risk)5.7-6.4			
Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	123	mg/dl	

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
pH(indicators)	6.5	(4.6-8.0)
Specific Gravity(Dip stick-ion)	1.010	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin(Dip stick)	NEGATIVE	(NEGATIVE)
Glucose(GOP/POD/Manual-Benedicts)	NIL	(NIL)
Ketone Bodies(Dip stick)	Negative	(NEGATIVE)
Urobilinogen(Dip stick)	Normal	(NORMAL)



LABORATORY REPORT

Name	: MR ROBINS SHARMA	Age	: 35 Yr(s) Sex :Male
Registration No	: MH015983061	Lab No	: 202503001248
Patient Episode	: H18000003907	Collection Date	: 08 Mar 2025 11:03
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2025 15:47
Receiving Date	: 08 Mar 2025 11:03		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	0-1 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	NIL	/hpf
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	261 #	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	364 #	mg/dl	[<150]
			Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	50	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	73 #	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	138.0 #	mg/dl	[<120.0]
			Near/ Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	5.2		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.8		<3 Optimal 3-4 Borderline >6 High Risk
Method:Oxidase,esterase, peroxide			

**LABORATORY REPORT**

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Registration No : MH015983061
Patient Episode : H18000003907
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 10:12

Age : 35 Yr(s) Sex : Male
Lab No : 202503001248
Collection Date : 08 Mar 2025 10:12
Reporting Date : 08 Mar 2025 15:37

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Note:

Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum

UREA	25.0	mg/dl	[15.0-40.0]
------	------	-------	-------------

Method: GLDH, Kinatic assay

BUN, BLOOD UREA NITROGEN	11.7	mg/dl	[8.0-20.0]
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Method: Calculated

CREATININE, SERUM	0.92	mg/dl	[0.70-1.20]
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Method: Jaffe rate-IDMS Standardization

URIC ACID	7.4	mg/dl	[4.0-8.5]
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Method: uricase PAP

SODIUM, SERUM	136.70	mmol/L	[136.00-144.00]
---------------	--------	--------	-----------------

POTASSIUM, SERUM	4.22	mmol/L	[3.60-5.10]
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SERUM CHLORIDE	103.5	mmol/L	[101.0-111.0]
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Method: ISE Indirect

eGFR (calculated)	107.4	ml/min/1.73sq.m	[>60.0]
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Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.



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Age : 35 Yr(s) Sex : Male
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Collection Date : 08 Mar 2025 10:12
Reporting Date : 08 Mar 2025 15:37

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.62	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.07	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.55	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	8.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.94	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.20	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.56		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	42.75 #	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	89.90 #	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC	81.0	IU/L	[32.0-91.0]
GGT	53.0 #	U/L	[7.0-50.0]

**LABORATORY REPORT**

Name : MR ROBINS SHARMA
Registration No : MH015983061
Patient Episode : H18000003907
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 10:12

Age : 35 Yr(s) Sex : Male
Lab No : 202503001248
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BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
------	--------	------	-------------------------------

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist

Printed On : 09 Mar 2025 05:45