

Tests you can trust

Name : Anil Kumar(57Y/M)

Date : <u>02 Mar 2025</u>

Test Asked: Mediwheel Health Checkup Male Above 50

Report Status: Complete Report



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



















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NAME : ANIL KUMAR(57Y/M)

REF. BY : SELF

TEST ASKED : MEDIWHEEL HEALTH CHECKUP MALE ABOVE 50

HOME COLLECTION:

F465 Building No. 15 Akansha Nehrunagar Kurla Kurla East, Mumbai, home, Shiva Mandir Kurla East, Mumbai, home, Shiva Mandir

Report Availability Summary

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

(> 18 Ready

0 Ready with Cancellation



O Processing



(X) O Cancelled in Lab

TEST DETAILS	REPORT STATUS
MEDIWHEEL HEALTH CHECKUP MALE ABOVE 50	Ready ⊙
AMYLASE	Ready ⊙
LIPASE	Ready ⊙
ERYTHROCYTE SEDIMENTATION RATE (ESR)	Ready ⊙
HEMOGRAM - 6 PART (DIFF)	Ready ⊙
HbA1c	Ready ⊙
IRON DEFICIENCY PROFILE	Ready ⊙
VITAMIN B-12	Ready 📀
RHEUMATOID FACTOR (RF)	Ready ⊙
LIPID PROFILE	Ready ⊙
T3-T4-USTSH	Ready ⊙
TESTOSTERONE	Ready 📀
FASTING BLOOD SUGAR(GLUCOSE)	Ready ⊙
LIVER FUNCTION TESTS	Ready ⊘
PHOSPHOROUS	Ready ⊙
SERUM ELECTROLYTES	Ready ⊘
KIDPRO	Ready ⊘
25-OH VITAMIN D (TOTAL)	Ready ⊘
PROSTATE SPECIFIC ANTIGEN (PSA)	Ready ⊘

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TEST ASKED

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: ANIL KUMAR(57Y/M) NAME

HOME COLLECTION:

REF. BY : SELF F465 Building No. 15 Akansha Nehrunagar Kurla Kurla East, Mumbai, home, Shiva Mandir Kurla East, Mumbai,

home, Shiva Mandir

: MEDIWHEEL HEALTH CHECKUP MALE ABOVE 50

Summary Report

Te	Tests outside reference range						
TEST NAME	OBSERVED VALUE	UNITS	Bio. Ref. Interval.				
COMPLETE HEMOGRAM							
LYMPHOCYTES - ABSOLUTE COUNT	3.74	$X~10^3$ / μL	1.0-3.0				
MEAN PLATELET VOLUME(MPV)	12.8	fL	6.5-12				
NEUTROPHILS - ABSOLUTE COUNT	7.62	$X~10^3$ / μL	2.0-7.0				
PLATELET DISTRIBUTION WIDTH(PDW)	16.6	fL	9.6-15.2				
PLATELET TO LARGE CELL RATIO(PLCR)	46.6	%	19.7-42.4				
RED CELL DISTRIBUTION WIDTH (RDW-CV)	14.2	%	11.6-14				
TOTAL LEUCOCYTES COUNT (WBC)	12.33	X 10³ / μL	4.0 - 10.0				
DIABETES							
AVERAGE BLOOD GLUCOSE (ABG)	143	mg/dL	90-120				
HbA1c	6.6	%	< 5.7				
ELECTROLYTES							
CHLORIDE	94.86	mmol/L	98 - 107				
POTASSIUM	2.93	mmol/L	3.5 - 5.1				
IRON DEFICIENCY							
IRON	49	μg/dL	65 - 175				
LIPID							
HDL CHOLESTEROL - DIRECT	37	mg/dL	40-60				
OTHER COUNTS							
ERYTHROCYTE SEDIMENTATION RATE (ESR)	41	mm / hr	0 - 15				
RENAL							
CALCIUM	8.63	mg/dL	8.8-10.6				
CREATININE - SERUM	0.7	mg/dL	0.72-1.18				
VITAMIN							
25-OH VITAMIN D (TOTAL)	7.07	ng/mL	30-100				

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East, Mumbai, home, Shiva Mandir

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)			
	H.P.L.C	6.6	%

Bio. Ref. Interval. :

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

: Poor Control

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

AVERAGE BLOOD GLUCOSE (ABG) CALCULATED 143 mg/dL

Bio. Ref. Interval. :

90 - 120 mg/dl : Good Control 121 - 150 mg/dl : Fair Control

151 - 180 mg/dl: Unsatisfactory Control

: Poor Control > 180 mg/dl

Method: Derived from HBA1c values

Please correlate with clinical conditions.

Sample Collected on (SCT)

Sample Received on (SRT)

Report Released on (RRT)

Sample Type

Labcode **Barcode**

:02 Mar 2025 07:10

: 02 Mar 2025 14:08

: 02 Mar 2025 18:07

: EDTA Whole Blood

:0203041943/DS853

: DL124700

Dr.Samrita Samaddar MD (Path)

Dr Sumanta Basak, DPB

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: MEDIWHEEL HEALTH CHECKUP MALE ABOVE 50 TEST ASKED

HOME COLLECTION:

F465 Building No. 15 Akansha Nehrunagar Kurla Kurla East, Mumbai, home, Shiva Mandir Kurla

East, Mumbai, home, Shiva Mandir

TEST NAME VALUE UNITS TECHNOLOGY ERYTHROCYTE SEDIMENTATION RATE (ESR) MODIFIED WESTERGREN 41 mm / hr Bio. Ref. Interval. :-

Male: 0-15 Female: 0-20

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 findinas.

References:

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

Please correlate with clinical conditions. Method:-MODIFIED WESTERGREN

Sample Collected on (SCT) : 02 Mar 2025 07:10

Sample Received on (SRT) : 02 Mar 2025 14:08 Report Released on (RRT) : 02 Mar 2025 18:07

Sample Type

. EDTA Whole Blood

Labcode

: 0203041943/DS853 Dr.Samrita Samaddar MD (Path)Dr Sumanta Basak, DPB

Barcode : DL124700 Page: 2 of 18

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: SELF REF. BY

: MEDIWHEEL HEALTH CHECKUP MALE ABOVE 50 **TEST ASKED**

HOME COLLECTION:

F465 Building No. 15 Akansha Nehrunagar Kurla Kurla East, Mumbai, home, Shiva Mandir Kurla East,

Mumbai, home, Shiva Mandir

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval
HEMOGLOBIN	SLS-Hemoglobin Method	14.2	g/dL	13.0-17.0
Hematocrit (PCV)	CPH Detection	43.1	%	40.0-50.0
Total RBC	HF & EI	4.92	X 10^6/μL	4.5-5.5
Mean Corpuscular Volume (MCV)	Calculated	87.6	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	28.9	pq	27.0-32.0
Mean Corp.Hemo. Conc (MCHC)	Calculated	32.9	g/dL	31.5-34.5
Red Cell Distribution Width - SD (RDW-SD)	Calculated	45.6	fL	39-46
Red Cell Distribution Width (RDW - CV)	Calculated	14.2	%	11.6-14
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	252.8	-	*Refer Note below
MENTZER INDEX	Calculated	17.8	-	*Refer Note below
TOTAL LEUCOCYTE COUNT (WBC)	HF & FC	12.33	X 10³ / μL	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils Percentage	Flow Cytometry	61.8	%	40-80
Lymphocytes Percentage	Flow Cytometry	30.3	%	20-40
Monocytes Percentage	Flow Cytometry	3.9	%	2-10
Eosinophils Percentage	Flow Cytometry	3.2	%	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	0.01	%	0.0-5.0
ABSOLUTE LEUCOCYTE COUNT				
Neutrophils - Absolute Count	Calculated	7.62	X 10 ³ / μL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	3.74	X 10³ / μL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.48	X 10 ³ / μL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.06	X 10 ³ / μL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.39	X 10 ³ / μL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.04	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	202	X 10 ³ / μL	150-410
Mean Platelet Volume (MPV)	Calculated	12.8	fL	6.5-12
Platelet Distribution Width (PDW)	Calculated	16.6	fL	9.6-15.2
Platelet to Large Cell Ratio (PLCR)	Calculated	46.6	%	19.7-42.4
Plateletcrit (PCT)	Calculated	0.26	%	0.19-0.39

Remarks: Alert!!! Predominantly normocytic normochromic with ovalocytes. WBCs:Mild Leukocytosis is present. Platelets:Appear adequate in smear.

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)

:02 Mar 2025 07:10 Sample Collected on (SCT) : 02 Mar 2025 14:08 Sample Received on (SRT)

: 02 Mar 2025 18:07 Report Released on (RRT)

Sample Type : EDTA Whole Blood Labcode : 0203041943/DS853

Barcode : DL124700 Page: 3 of 18

Dr.Samrita Samaddar MD (Path)

Dr Sumanta Basak, DPB

^{*}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.

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REF. BY : SELF

: MEDIWHEEL HEALTH CHECKUP MALE ABOVE 50 TEST ASKED

HOME COLLECTION:

F465 Building No. 15 Akansha Nehrunagar Kurla Kurla East, Mumbai, home, Shiva Mandir Kurla

East, Mumbai, home, Shiva Mandir

TEST NAME VALUE UNITS TECHNOLOGY 25-OH VITAMIN D (TOTAL) C.L.I.A 7.07 ng/mL Bio. Ref. Interval. :-

DEFICIENCY: <20 ng/ml || INSUFFICIENCY: 20-<30 ng/ml SUFFICIENCY: 30-100 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):5.3%, Inter assay (%CV):11.9%; Sensitivity:3.2 ng/ml.

Kit Validation Reference: Holick MF. Vitamin D Deficiency. N Engl J Med. 2007;357:266-81.

Please correlate with clinical conditions.

Method:-Fully Automated Chemi Luminescent Immuno Assay

Sample Collected on (SCT) : 02 Mar 2025 07:10

Sample Received on (SRT) : 02 Mar 2025 14:09 Report Released on (RRT) : 02 Mar 2025 17:18

: SERUM Sample Type

Labcode

: 0203041960/DS853 Dr.Samrita Samaddar MD (Path)Dr Sumanta Basak, DPB

Barcode : DF201909 Page: 4 of 18

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TEST ASKED : MEDIWHEEL HEALTH CHECKUP MALE ABOVE 50 **HOME COLLECTION:**

F465 Building No. 15 Akansha Nehrunagar Kurla Kurla East, Mumbai, home, Shiva Mandir Kurla

East, Mumbai, home, Shiva Mandir

TEST NAME	TECHNOLOGY	VALUE	UNITS
RHEUMATOID FACTOR (RF)	IMMUNOTURBIDIMETR	< 10	IU/mL

Bio. Ref. Interval. :

ADULT : <= 18

Clinical Significance:

Rheumatoid factor is an anti IgG autoimmune antibody. There are high concentration of rheumatoid factor in the serum of some disease, especially rheumatoid arthritis patients. It helps to diagnose rheumatism ,systematic lupus erythematosus, chronic hepatitis etc.

Precision %CV :- Intra assay %CV- 1.38% , Inter assay %CV-2.88%, Sensitivity :- 40 IU/mL.

Kit Validation Reference:

Anderson, S.G., Bentzon, M.W., Houba, V. and Krag, P. Bull. Wld. Hlth. Org. 42: 311-318 (1970).

Method: LATEX ENHANCED IMMUNOTURBIDIMETRY

Please correlate with clinical conditions.

Sample Collected on (SCT) :02 Mar 2025 07:10 Sample Received on (SRT) : 02 Mar 2025 14:09 Report Released on (RRT) : 02 Mar 2025 17:18

Sample Type :SERUM

Barcode

Labcode :0203041960/DS853

: DF201909

Dr.Samrita Samaddar MD (Path)

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East, Mumbai, home, Shiva Mandir

TEST NAME VALUE UNITS TECHNOLOGY VITAMIN B-12 C.L.I.A 412 pg/mL Bio. Ref. Interval. :-

Normal: 211 - 911 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):5.0%, Inter assay (%CV):9.2 %; Sensitivity:45 pg/ml

Kit Validation reference:

Chen IW, Sperling MI, Heminger LA. Vitamin B12. In: Pesce AJ, Kaplan LA, eds. Methods in Clinical Chemistry. St. Louis: CV Mosby; 1987:569-73.

Please correlate with clinical conditions.

COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY Method:-

Sample Collected on (SCT) : 02 Mar 2025 07:10

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: SERUM Sample Type

: 0203041960/DS853 Dr.Samrita Samaddar MD (Path)Dr Sumanta Basak, DPB Labcode

Barcode : DF201909 Page: 6 of 18

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HOME COLLECTION:

F465 Building No. 15 Akansha Nehrunagar Kurla Kurla East, Mumbai, home, Shiva Mandir Kurla

East, Mumbai, home, Shiva Mandir

TEST NAME VALUE UNITS TECHNOLOGY TESTOSTERONE C.L.I.A 237.25 ng/dL

Bio. Ref. Interval. :-

Adult Male

21 - 49 Yrs: 164.94 - 753.38 || 50 - 89 Yrs : 86.49 - 788.22

Adult Female

12.09 - 59.46 || Post-Menopause: < 7.00 - 48.93 Pre-Menopause:

Boys

2-10 Years : < 7.00 - 25.91 : < 7.00 - 341.53 11 Years : < 7.00 - 562.59 12 Years : 9.34 - 562.93 13 Years : 23.28 - 742.46 14 Years : 144.15 - 841.44 15 Years 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

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: SERUM Sample Type

: 0203041960/DS853 Dr.Samrita Samaddar MD (Path)Dr Sumanta Basak, DPB Labcode

Barcode : DF201909 Page: 7 of 18

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HOME COLLECTION:

F465 Building No. 15 Akansha Nehrunagar Kurla Kurla East, Mumbai, home, Shiva Mandir Kurla

East, Mumbai, home, Shiva Mandir

TEST NAME VALUE UNITS TECHNOLOGY PROSTATE SPECIFIC ANTIGEN (PSA) C.L.I.A 0.6 ng/mL

Bio. Ref. Interval. :-

Normal: < 4.00 ng/ml

Border line: 4.01 to 10.00 ng/ml

Clinical Significance:

Elevated levels of PSA are associated with prostate cancer, but may also be seen with prostatitis (Inflammation of the prostate) and benign prostatic hyperplasia (BPH). PSA test done along with free PSA provides additional information. Studies have suggested that the percentage of free PSA in total PSA is lower in patients with prostate cancer than those with benign prostate hyperplasia.

Specification:

Precision: Intra assay (%CV): 4.38%, Inter assay (%CV): 4.67%; Sensitivity: 0.01 ng/ml

Kit validation references:

Wang MC, Valenzuala LA, Murphy GP, and Chu TM. Purification of a human prostate-specific antigen. Invest. Urol. 1979; 17: 159

Please correlate with clinical conditions.

TWO SITE SANDWICH IMMUNOASSAY Method:-

Sample Collected on (SCT) : 02 Mar 2025 07:10

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: SERUM Sample Type

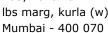
: 0203041960/DS853 Dr.Samrita Samaddar MD (Path)Dr Sumanta Basak, DPB Labcode

: DF201909 **Barcode**

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East, Mumbai, home, Shiva Mandir

TEST NAME VALUE UNITS TECHNOLOGY AMYLASE PHOTOMETRY 71 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**

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Report Released on (RRT) : 02 Mar 2025 17:18

: SERUM Sample Type

: 0203041960/DS853 Dr.Samrita Samaddar MD (Path)Dr Sumanta Basak, DPB Labcode

Barcode : DF201909 Page: 9 of 18

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TEST ASKED : MEDIWHEEL HEALTH CHECKUP MALE ABOVE 50 **HOME COLLECTION:**

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East, Mumbai, home, Shiva Mandir

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON	PHOTOMETRY	49	μg/dL
Bio. Ref. Interval. : Male : 65 - 175			
Female : 50 - 170			
Method: Ferrozine method without deproteinization			
TOTAL IRON BINDING CAPACITY (TIBC)	PHOTOMETRY	297	μg/dL
Bio. Ref. Interval. : Male: 225 - 535 μg/dl Female: 215 - 535 μg/dl			
Method: Spectrophotometric Assay			
% TRANSFERRIN SATURATION	CALCULATED	16	%
Bio. Ref. Interval.: 13 - 45			
Method: Derived from IRON and TIBC values			
UNSAT.IRON-BINDING CAPACITY(UIBC)	PHOTOMETRY	248	μg/dL
Bio. Ref. Interval.: 162 - 368			
Method: SPECTROPHOTOMETRIC ASSAY			

Please correlate with clinical conditions.

Sample Collected on (SCT) :02 Mar 2025 07:10 Sample Received on (SRT) : 02 Mar 2025 14:09 Report Released on (RRT) : 02 Mar 2025 17:18

Sample Type :SERUM

Barcode

Labcode :0203041960/DS853

:DF201909

Dr.Samrita Samaddar MD (Path)

Dr Sumanta Basak, DPB

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

: ANIL KUMAR(57Y/M) NAME

REF. BY : SELF

: MEDIWHEEL HEALTH CHECKUP MALE ABOVE 50 **TEST ASKED**

HOME COLLECTION:

F465 Building No. 15 Akansha Nehrunagar Kurla Kurla East, Mumbai, home, Shiva Mandir Kurla

East, Mumbai, home, Shiva Mandir

TEST NAME VALUE UNITS TECHNOLOGY LIPASE **PHOTOMETRY** 28 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**

Sample Collected on (SCT) : 02 Mar 2025 07:10

Sample Received on (SRT) : 02 Mar 2025 14:09

Report Released on (RRT) : 02 Mar 2025 17:18

: SERUM Sample Type

Labcode

: DF201909 **Barcode**

: 0203041960/DS853 Dr.Samrita Samaddar MD (Path)Dr Sumanta Basak, DPB

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: ANIL KUMAR(57Y/M) NAME

: SELF REF. BY

TEST ASKED : MEDIWHEEL HEALTH CHECKUP MALE ABOVE 50 **HOME COLLECTION:**

F465 Building No. 15 Akansha Nehrunagar Kurla Kurla East, Mumbai, home, Shiva Mandir Kurla East, Mumbai,

home, Shiva Mandir

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL CHOLESTEROL	PHOTOMETRY	134	mg/dL	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	37	mg/dL	40-60
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	86	mg/dL	< 100
TRIGLYCERIDES	PHOTOMETRY	75	mg/dL	< 150
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.6	Ratio	3 - 5
TRIG / HDL RATIO	CALCULATED	2.03	Ratio	< 3.12
LDL / HDL RATIO	CALCULATED	2.3	Ratio	1.5-3.5
HDL / LDL RATIO	CALCULATED	0.43	Ratio	> 0.40
NON-HDL CHOLESTEROL	CALCULATED	97.2	mg/dL	< 160
VLDL CHOLESTEROL	CALCULATED	15.02	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,

Sample Collected on (SCT) : 02 Mar 2025 07:10

Sample Received on (SRT) : 02 Mar 2025 14:09 Report Released on (RRT) : 02 Mar 2025 17:18

Sample Type : SERUM

Labcode : 0203041960/DS853

: DF201909 **Barcode**

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Dr Sumanta Basak, DPB

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: ANIL KUMAR(57Y/M) NAME

: SELF REF. BY

TEST ASKED : MEDIWHEEL HEALTH CHECKUP MALE ABOVE 50 **HOME COLLECTION:**

F465 Building No. 15 Akansha Nehrunagar Kurla Kurla East, Mumbai, home, Shiva Mandir Kurla East, Mumbai,

home, Shiva Mandir

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
ALKALINE PHOSPHATASE	PHOTOMETRY	122.1	U/L	45-129
BILIRUBIN - TOTAL	PHOTOMETRY	0.57	mg/dL	0.3-1.2
BILIRUBIN -DIRECT	PHOTOMETRY	0.14	mg/dL	< 0.3
BILIRUBIN (INDIRECT)	CALCULATED	0.43	mg/dL	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	16.9	U/L	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	26.7	U/L	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	24.4	U/L	< 45
SGOT / SGPT RATIO	CALCULATED	1.09	Ratio	< 2
PROTEIN - TOTAL	PHOTOMETRY	7.21	gm/dL	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	3.96	gm/dL	3.2-4.8
SERUM GLOBULIN	CALCULATED	3.25	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.22	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

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Sample Type : SERUM

Labcode : 0203041960/DS853

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: ANIL KUMAR(57Y/M) NAME

: SELF REF. BY

TEST ASKED : MEDIWHEEL HEALTH CHECKUP MALE ABOVE 50 **HOME COLLECTION:**

F465 Building No. 15 Akansha Nehrunagar Kurla Kurla East, Mumbai, home, Shiva Mandir Kurla East, Mumbai,

home, Shiva Mandir

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
CALCIUM	PHOTOMETRY	8.63	mg/dL	8.8-10.6
URIC ACID	PHOTOMETRY	4.98	mg/dL	4.2 - 7.3
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	8.25	mg/dL	7.94 - 20.07
UREA (CALCULATED)	CALCULATED	17.66	mg/dL	Adult: 17-43
CREATININE - SERUM	PHOTOMETRY	0.7	mg/dL	0.72-1.18
UREA / SR.CREATININE RATIO	CALCULATED	25.22	Ratio	< 52
BUN / SR.CREATININE RATIO	CALCULATED	11.79	Ratio	9:1-23:1
PHOSPHOROUS	PHOTOMETRY	4.38	mg/dL	2.4 - 5.1
SODIUM	I.S.E - INDIRECT	137.1	mmol/L	136 - 145
POTASSIUM	I.S.E - INDIRECT	2.93	mmol/L	3.5 - 5.1
CHLORIDE	I.S.E - INDIRECT	94.86	mmol/L	98 - 107

Please correlate with clinical conditions.

Method:

CALC - Arsenazo III Method, End Point.

URIC - Uricase / Peroxidase Method

BUN - Kinetic UV Assay.

UREAC - Derived from BUN Value.

SCRE - Creatinine Enzymatic Method

UR/CR - Derived from UREA and Sr.Creatinine values.

B/CR - Derived from serum Bun and Creatinine values

PHOS - UNREDUCED PHOSPHOMOLYBDATE METHOD

SOD - ION SELECTIVE ELECTRODE - INDIRECT

POT - ION SELECTIVE ELECTRODE - INDIRECT

CHL - ION SELECTIVE ELECTRODE - INDIRECT

Sample Collected on (SCT) : 02 Mar 2025 07:10

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Sample Type : SERUM

Labcode : 0203041960/DS853

Barcode . DF201909

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NAME : ANIL KUMAR(57Y/M)

: SELF

: MEDIWHEEL HEALTH CHECKUP MALE ABOVE 50

HOME COLLECTION:

F465 Building No. 15 Akansha Nehrunagar Kurla Kurla East, Mumbai, home, Shiva Mandir Kurla East, Mumbai,

home, Shiva Mandir

TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.M.I.A	93	ng/dL	58-159
TOTAL THYROXINE (T4)	C.M.I.A	10.63	μg/dL	4.87-11.72
TSH - ULTRASENSITIVE	C.M.I.A	1.815	μIU/mL	0.35-4.94

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

T3,T4,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.

Sample Collected on (SCT) Sample Received on (SRT) Report Released on (RRT)

: 02 Mar 2025 14:09 : 02 Mar 2025 17:18

: 02 Mar 2025 07:10

Sample Type

: SERUM

Labcode

: 0203041960/DS853 Dr.Samrita Samaddar MD (Pathor Sumanta Basak, DPB

Barcode : DF201909

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: ANIL KUMAR(57Y/M) NAME

REF. BY : SELF

: MEDIWHEEL HEALTH CHECKUP MALE ABOVE 50 TEST ASKED

HOME COLLECTION:

F465 Building No. 15 Akansha Nehrunagar Kurla Kurla East, Mumbai, home, Shiva Mandir Kurla

East, Mumbai, home, Shiva Mandir

TEST NAME VALUE TECHNOLOGY UNITS EST. GLOMERULAR FILTRATION RATE (eGFR) **CALCULATED** 107 mL/min/1.73 m2

Bio. Ref. Interval. :-

> = 90: Normal 60 - 89 : Mild Decrease

45 - 59 : Mild to Moderate Decrease 30 - 44 : Moderate to Severe Decrease

15 - 29 : Severe Decrease

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

Sample Collected on (SCT)

: 02 Mar 2025 07:10

Sample Received on (SRT)

: 02 Mar 2025 14:09

Report Released on (RRT)

: 02 Mar 2025 17:18

Sample Type

: SERUM

Labcode

: 0203041960/DS853 Dr.Samrita Samaddar MD (Path)Dr Sumanta Basak, DPB

Barcode

: DF201909

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NAME : ANIL KUMAR(57Y/M)

REF. BY : SELF

: MEDIWHEEL HEALTH CHECKUP MALE ABOVE 50 **TEST ASKED**

HOME COLLECTION:

F465 Building No. 15 Akansha Nehrunagar Kurla Kurla East, Mumbai, home, Shiva Mandir Kurla

East, Mumbai, home, Shiva Mandir

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR(GLUCOSE)	PHOTOMETRY	95.58	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-PAP METHOD**

~~ End of report ~~

Sample Collected on (SCT)

Sample Received on (SRT)

Report Released on (RRT)

Sample Type

Labcode **Barcode**



: 02 Mar 2025 07:10

: 02 Mar 2025 14:08

: 02 Mar 2025 15:23

: FLUORIDE PLASMA

: 0203082615/DS853 Dr.Samrita Samaddar MD (Path)Dr Sumanta Basak, DPB

: DC430097

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Scan QR code to verify authenticity of reported results; active for 30 days from release time.

CONDITIONS OF REPORTING

- v The reported results are for information and interpretation of the referring doctor only.
- v It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- v Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- v Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- v Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- v This report is not valid for medico-legal purpose.
- v 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.
- v Thyrocare Discovery video link :- https://youtu.be/nbdYeRgYyQc

EXPLANATIONS

- v Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- v Name The name is as declared by the client and recored by the personnel who collected the specimen.
- v Ref.Dr The name of the doctor who has recommended testing as declared by the client.
- v **Labcode** This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- v **Barcode** This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- v **SCP** Specimen Collection Point This is the location where the blood or specimen was collected as declared by the client.
- v SCT Specimen Collection Time The time when specimen was collected as declared by the client.
- v SRT Specimen Receiving Time This time when the specimen reached our laboratory.
- v **RRT** Report Releasing Time The time when our pathologist has released the values for Reporting.
- v Reference Range Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- v Values out of reference range requires reconfirmation before starting any medical treatment.
- v Retesting is needed if you suspect any quality shortcomings.
- v Testing or retesting should be done in accredited laboratories.
- v 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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