


## MEDICAL EXAMINATION REPORT

Name Mr./Mrs./ Miss	Bablu Napit.	
Sex	Male/ Female	
Age (yrs.) 39 yrs.	UHID :	
Date	8 / 3 / 20 25 .	Bill No. :
Marital Status	Married/ No. of Children / Unmarried/ Widow :	
Present Complaints	No	
Past Medical : History Surgical :	No	
Personal History	Diet : Veg <input type="checkbox"/> / Mixed <input type="checkbox"/> : Addiction : Smoking <input type="checkbox"/> / Tobacco Chewing <input type="checkbox"/> / Alcohol <input checked="" type="checkbox"/> , Any Other OCC.	
Family History	Father = Mother = Siblings =	HT / DM / IHD / Stroke / Any Other Mother = HT / DM / IHD / Stroke / Any Other No . Siblings = HT / DM / IHD / Stroke / Any Other
History of Allergies	Drug Allergy NO. Any Other	
History of Medication	For HT / DM / IHD / Hypothyroidism Any Other NO	
On Examination (O/E)	G.E. : GC - fair R.S. : AEBE clear, C.V.S. : S <sub>1</sub> S <sub>2</sub> ⊕ C.N.S. : NAD P/A : soft Any Other Positive Findings : NO,	

Height	172.4 cms	Weight	81 Kgs
BMI	27.3		
Pulse (per min.)	77/min	Blood Pressure (mm of Hg)	132/83 mm of Hg
		<b>Gynaecology</b>	
Examined by	Dr. Santosh Wakchaure		
Complaint & Duration	NA		
Other symptoms (Mict, bowels etc)	—		
Menstrual History	Menarche _____ Cycle _____ Loss _____ Pain _____ I.M.B. _____ P.C.B. _____ L.M.P. _____ Vaginal Discharge _____ Cx. Smear _____ Contraception _____		
	NA		
Obstetric History			
Examination :	—		
Breast	—		
Abdomen	—		
P.S.	—		
P.V.	—		
Gynaecology Impression & Recommendation	 <b>DR. SANTOSH U WAKCHAURE</b> MBBS MD (Pathology) AFIH MAH/NIM/4272017 MMC Reg. No. 2007-10-3632 DG SHIPPING APPROVED HORIZON DIAGNOSTICS # 20, Chamunda Harmony CHS., Plot No. 68/69A, Sector-18, Kamothe-411029 Ph : 27436060		
Recommendation			
Physician Impression			
Examined by :	- Overweight = To Reduce Weight - Underweight = To Increase Weight		





भारत सरकार  
Government of India



बबलु नापित  
Bablu Napit

जन्म तिथि / DOB : 05/10/1985  
पुरुष / Male



6441 3929 5964

आधार - आम आदमी का अधिकार

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help@uidai.gov.in



1800 300 1947

1947



6441 3929 5964


पता: S/O: शम्भु नापित,  
ग्राम-दुल्लान्ड उदयपुर थाना-बरावाडा,  
कल्याणपुर, डंडियाल स्कूल ऑफ  
मॉडर्स, धनबाद, झारखण्ड, 826004  
Vill-Dulland Udaypur Ps-Barwada,  
Kalyanpur, Indian School Of Mines,  
Dhanbad, Jharkhand, 826004

भारत सरकार  
Ministry of Information & Public Relations  
Government of India



# Bablu Napit



 GPS Map Camera

**Navi Mumbai, Maharashtra, India**

S21, Sector 31, Kamothe, Panvel, Navi Mumbai,  
Maharashtra 410209, India

Lat 19.012591° Long 73.091081°

08/03/2025 12:03 PM GMT +05:30



Google



## DENTAL CHECK - UP

Name:- *Bablu Napat.*

CID :

Sex / Age : /

Occupation:-

Date: *8/13/25*

Chief complaints:- *Nil*

Medical / dental history:- *Filling 1 yr ago.*

### GENERAL EXAMINATION:

#### 1) Extra Oral Examination:

a) TMJ: *NAD*

b) Facial Symmetry: *symmetrical*

#### 2) Intra Oral Examination:

a) Soft Tissue Examination: *NAD*

b) Hard Tissue Examination: *NAD*

c) Calculus: *No*

Stains: *No*

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	+ 28
													<i>F.</i>		
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

	Missing	#	Fractured
<input type="radio"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="radio"/>	Cavity/Caries	RP	Root Piece

Advised:

Provisional Diagnosis:- *Normal*

*Santosh U. Wakchaure*

**DR. SANTOSH U WAKCHAURE**  
 MBBS MD (Pathology) AFIP  
 MAH/NM/42/2017  
 MMC Reg. No. 2007/10/3632  
 DG SHIPPING APPROVED  
 HORIZON DIAGNOSTICS  
 # 20, Chamunda Harmony CHS.,  
 Plot No. 68/69A, Sector-18, Kamothe-410209  
 Ph.: 27436060

Age/ Sex: 39/M.  
Ref: Medicwheel

Center Name: Simira Diagnostics

Name: Bablu Napit

Center Address: Kamothe

Vision Test- Appendix V

Visual Acuity- Form B

Distant Vision

	Left Eye	Right Eye	Both eye
Without Glasses	6/18	6/24	6/18.
With glasses	No Glasses	No glasses	No glasses

Near Vision

	Left Eye	Right Eye	Both eye
Without Glasses	N6	N6	N6
With Glasses	No glasses	No glasses	No glasses

Color Blindness

Right Eye	Left Eye	Both eye
No color blindness /	No color blindness /	No color blindness /

Ishihara and Lantern card were used

Field of Vision

	Right eye	Left eye	Both eye
Horizontal Plane	Normal	Normal	Normal

Processed By : Dr. Santosh U Wakchaure

*Pradnya Choudhari*  
Dr. Pradnya Choudhari  
MD DNB Pathology  
Rege. No. 2007051981

*Santosh Wakchaure*  
Dr. Santosh Wakchaure  
MBBS, MD(PATH), AFTH, LLB  
Consultant Pathologist

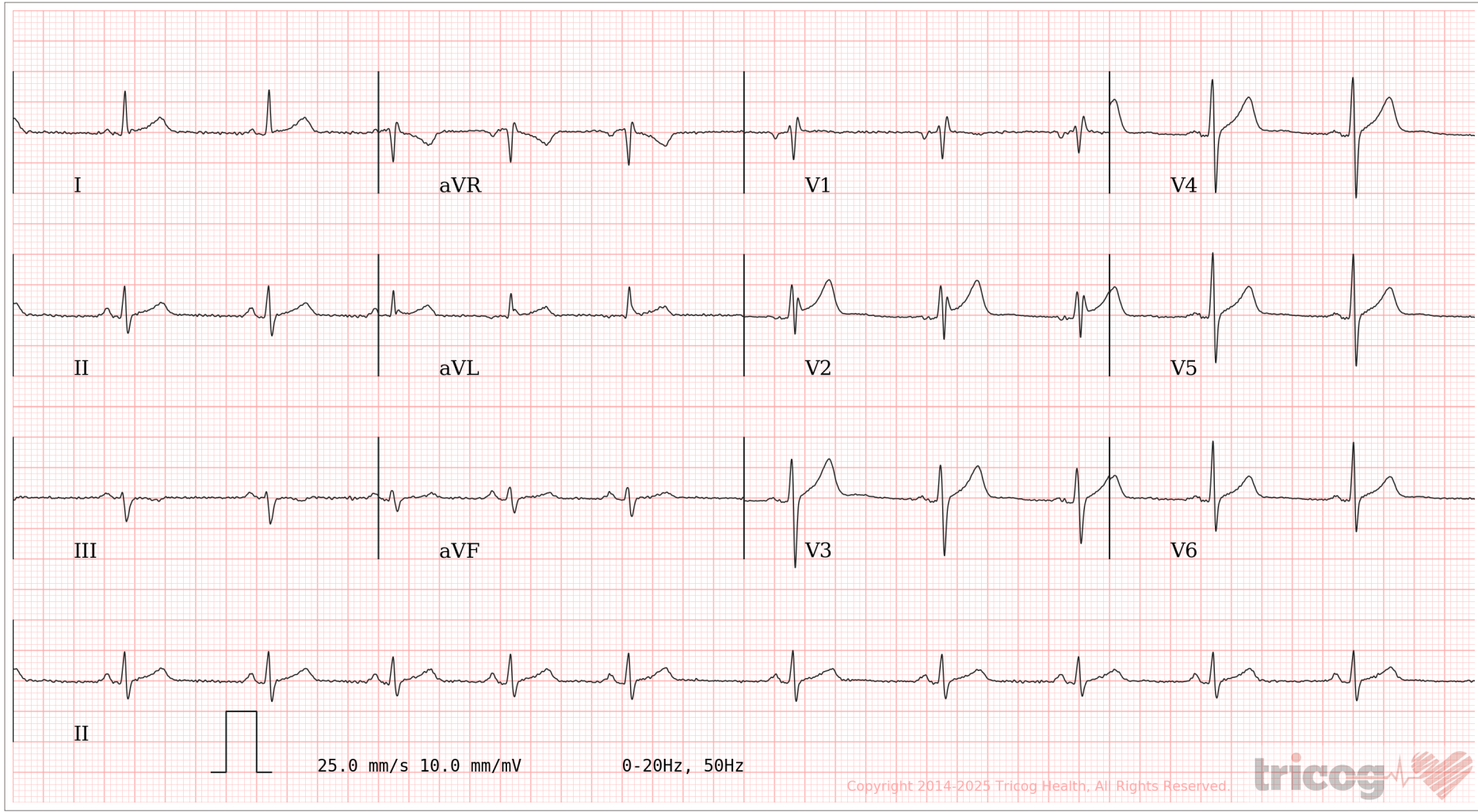
*Santosh Wakchaure*

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# 20, Chamunda Harmony CHS  
Plot No. 68/69A, Sector-18, Kamothe-410209  
Ph.: 27436060



Age / Gender: 39/Male  
Patient ID: 5467  
Patient Name: Bablu napit

Date and Time: 8th Mar 25 11:58 AM




AR: 66bpm    VR: 66bpm    QRSD: 92ms    QT: 368ms    QTcB: 386ms    PRI: 140ms    P-R-T: 65° -6° 26°

ECG Within Normal Limits: Sinus Rhythm, Sinus Arrhythmia Seen. rsr' Pattern in V1,V2. Please correlate clinically.

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

REPORTED BY

  
ASSURED  
DIAGNOSIS

Dr. Para Venkata lavanya

## ECHOCARDIOGRAPHY & COLOR DOPPLER STUDY

**Name** : MR. BABLU NAPIT  
**Age** : 39 YRS  
**Male / Female** : MALE  
**Date of Study** : 08-03-2025  
**Reffered By** : **MEDIWHEEL**  
**Done By** : **Dr. SIDDHARTH YADAVRAO SONKAMBLE**  
(MBBS; MD MED; DNB CARDIOLOGY)

### SUMMARY:-

- All valves structurally normal
- Normal chamber dimensions
- No regional wall motion abnormality
- Normal LV Systolic function.(LVEF 60%)
- Trace TR, no pulmonary hypertension
- No diastolic dysfunction.
- No clots or vegetations
- No pericardial effusion
- IAS/IVS intact
- IVC is not congested and collapses well on inspiration





**Comments:****2D Echo and M Mode**

- Cardiac Valves: Aortic – trileaflet and normal. no AR, no AS.  
Mitral - Leaf lets are normal, with normal opening amplitude.  
No MR. No e/o mitral annular calcification.  
Tricuspid & Pulmonary valves are structurally normal.  
Trace TR, No Pulmonary Hypertension (PASP – 18 mm hg)

Cardiac Chambers: LA, LV & RA, RV are normal.  
Aorta & Pulmonary arteries are normal

- IAS intact & normal  
IVS intact & normal
- Normal LV systolic function.(LVEF 60 %)  
No regional wall motion abnormality.
- RV Contractility normal
- No clots or vegetations
- No pericardial effusion noted.
- IVC is not congested and collapses well on inspiration

**Color Flow & Doppler Study**

- Trace TR
- No diastolic dysfunction.

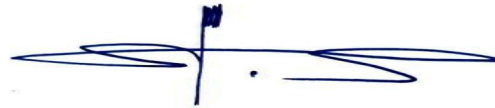


## MEASUREMENTS

Dimensions :

LA	:	33 mm
AO	:	31 mm
LVID(d)	:	40mm
LVID(s)	:	27 mm
IVS(d)	:	12 mm
PW(d)	:	11 mm
FS	:	28%
LVEF	:	60 %

	MITRAL	AORTIC	TRICUSPID	PULMONARY
PG ( mm Hg)	--	--	18	--
MG ( mm Hg)	--	--	--	--
AREA(D) cms <sup>2</sup>	Normal	Normal	Normal	Normal
GRADE of regurgitation	No	Nil	Trace	Nil



**DR. SIDDHARTH YADAVRAO SONKAMBLE**  
**MBBS; MD (MED);DNB (CARDIOLOGY)**  
**CONSULTANT INTERVENTIONAL CARDIOLOGIST**  
**REG NO.MMC- 2001/08/2837**





NAME : - MR. BABLU NAPIT  
REF BY : - MEDIWHEEL

AGE: 39 YRS /M  
DATE: 08/03/2025

### **X-RAY CHEST- PA VIEW**

Both lung fields are clear. No e/o of pleural or parenchymal lesion.

Both hila are normal.

Tracheal lucency is central.

Both costophrenic and cardiophrenic angles appear clear.

Cardiac silhouette is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage & soft tissues appear normal.

**Impression: No significant abnormality.**



**Dr. DEEPAK PATIL**  
**CONSULTANT RADIOLOGIST**

Please correlate the findings with clinical examination, history & blood investigations.

PATIENT'S NAME: MR. BABLU NAPIT	AGE: 39 YRS/M
REFERRED BY: MEDIWHEEL	DATE: 08/03/2025

### ULTRASOUND ABDOMEN AND PELVIS

**Liver:** is normal in size (15cm), shows raised echo texture. No focal lesions are seen. No IHBR dilation. The portal vein measures 10 mm & is normal in course & caliber.

**Gall Bladder:** distended, appears normal. No obvious e/o any gall stones. CBD measures 3mm at porta hepatis

**Pancreas:** Visualized pancreas normal size, normal echo texture. No focal lesion.

**Retroperitoneum:** - Aorta and IVC appear normal. No significant lymphadenopathy.

**Spleen:** is of enlarged size(13cm) , echo pattern appears normal. No focal lesions.

**Right Kidney:** -normal in size ( 10.7x5.2cm)

**Left Kidney:** normal in size ( 10.3x5.1cm). No calculus/ HN/HU in either kidney. Both kidneys are normal in size, shape and echo pattern. Normal Cortico-medullary ratio.

**Urinary Bladder:** - distended. No internal echoes, calculi or wall thickening noted.

**Prostate:** appears normal in size and echogenicity.

No free fluid in abdomen and pelvis. Bowel gases ++

#### **IMPRESSION:**

- Fatty liver .
- Mild splenomegaly



**DR. DEEPAK PATIL**  
**CONSULTANT RADIOLOGIST**

NOTE: This report is just a professional opinion and not the final diagnosis . Please correlate the findings with clinical examination, history & blood investigations.

Contact No: 77 9009 8009 • Email: support@simirahealthcare.com

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MC-6789

**721-SIMIRA KAMOTHE SECTOR 18**

S-20/21 Shree chamunda Harmony Plot 68A,69,69A Sector 18 Kamotha 410209

**TEST REPORT**

<b>Reg. No.</b> : 50372100300	<b>Ref.No</b> :	<b>Registered On</b> : 08-Mar-2025 11:26
<b>Name</b> : Mr. BABLU NAPIT		<b>Collection On</b> : 08-Mar-2025 11:26
<b>Age</b> : Male / 39 Years	<b>Pass. No.</b> :	<b>Received On</b> : 08-Mar-2025 11:26
<b>Ref. By</b> : Dr. MEDIWHEEL		<b>Reported On</b> : 08-Mar-2025 14:48
<b>Location</b> : MEDIWHEEL		

Test Name	Results	Units	Bio. Ref. Interval
<b>Complete Blood Count (Hemogram)</b>			
Haemoglobin	13.8	g/dL	13.0 - 17.0
Erythrocyte (RBC) Count	4.57	mil/ul	4.5 - 5.5
Packed Cell Volume (PCV)	L <b>39.5</b>	%	40 - 50
Mean Cell Volume (MCV)	86.4	fL	83 - 101
Mean Cell Hemoglobin (MCH)	30.2	pg	27 - 32
Mean Corpuscular Hb Con.(MCHC)	H <b>34.9</b>	gm/dL	31.5 - 34.5
Red Cell Distribution Width (RDW)	13.9	%	11.5 - 14.5
<b>Leucocytes (Whole Blood)</b>			
Total Leucocytes (WBC) Count	6000	cells/cumm	4000 - 10000
Neutrophils	69.0	%	38 - 70
Lymphocytes	23.0	%	21 - 49
Monocytes	4.0	%	3 - 11
Eosinophils	4.0	%	0 - 7
Basophils	0.0	%	0 - 2
<b>Absolute Count</b>			
Absolute Neutrophil Count	4.1	10 <sup>9</sup> /L	1.8 - 7.7
Absolute Lymphocyte Count	1.4	10 <sup>9</sup> /L	1.0 - 3.9
Absolute Monocyte Count	0.2	10 <sup>9</sup> /L	0.2 - 0.8
Absolute Eosinophil Count	0.2	10 <sup>9</sup> /L	0.02 - 0.5
Absolute Basophil Count	0	10 <sup>9</sup> /L	0.0 - 0.1
<b>Platelets (Whole Blood)</b>			
Platelet Count	161	10 <sup>3</sup> /UL	150 - 410
Mean Platelet Volume (MPV)	10.90	fL	7.2 - 11.7
PCT	L <b>0.18</b>	%	0.2 - 0.5
PDW	16.3	%	9.0 - 17.0

**Sample Type:** EDTA Whole BloodMethod:Hemoglobin -Photometric(Cynide free), WBC,RBC "& platelets-Coulter Principle,Differential Count :Optical/Impedence.Other -Calculated  
Done On :Mindray BC 6000

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Test done from collected sample.

**Generated On** : 12-Mar-2025 10:12**Dr. Santosh U Wakchaure**  
MBBS,MD(PATH),AFIH,LLB  
Consultant Pathologist

Contact No: 77 9009 8009 • Email: support@simirahealthcare.com

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<b>Age</b> : Male / 39 Years	<b>Pass. No.</b> :	<b>Received On</b> : 08-Mar-2025 11:26
<b>Ref. By</b> : Dr. MEDIWHEEL		<b>Reported On</b> : 08-Mar-2025 15:29
<b>Location</b> : MEDIWHEEL		

Test Name	Results	Units	Bio. Ref. Interval
ESR	06	mm/hr	0 - 9

*Method:Modified Westergren***Sample Type:** EDTA Whole Blood**Interpretation:**

An erythrocyte sedimentation rate test, also called an ESR or sed rate test, measures the speed at which red blood cells settle to the bottom of an upright glass test tube. This measurement is important because when abnormal proteins are present in the blood, typically due to inflammation or infection, they cause red blood cells to clump together and sink more quickly, which results in a high ESR value. The ESR is useful in detecting inflammation in the body that may be caused by infection, some cancers, and certain autoimmune diseases such as juvenile idiopathic arthritis, lupus, and Kawasaki disease. The ESR alone can't be used to diagnose any one specific disease, however.

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<b>Ref. By</b> : Dr. MEDIWHEEL		<b>Reported On</b> : 08-Mar-2025 15:53
<b>Location</b> : MEDIWHEEL		

Test Name	Results	Units	Bio. Ref. Interval
<b><u>PHYSICAL EXAMINATION</u></b>			
Volume	20	mL	
Colour	Pale Yellow		
Appearance	Clear		Clear
Sp. Gravity	1.010		1.002 - 1.030
<i>Multistrip</i>			
Deposits	Absent		Absent
<b><u>CHEMICAL EXAMINATION</u></b>			
pH	6.0		4.6 - 8.0
Protein	Absent		Absent
Glucose	Absent		Absent
Ketone	Absent		Absent
Occult Blood	Negative		Negative
<i>Non Benzidine Test</i>			
Bilirubin	Absent		Absent
Urobilinogen	Negative		Negative
<i>P-diethylaminobenzaldehyde</i>			
Leucocytes	Absent		Absent
<i>Derivatized pyrrole amino acid ester, Diazonium salt</i>			
Nitrite	Absent		Absent
<i>P-arsanilic acid</i>			
<b><u>MICROSCOPIC EXAMINATION (PER HPF)</u></b>			
Leucocytes	2-3		0 - 5/hpf
Epithelial Cells	1-2		<10/hpf
Red Blood Cells (RBC)	Absent		0-2 /hpf
Crystals	Absent		Absent
Casts	Absent	/hpf	Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast	Absent		Absent

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**Generated On** : 12-Mar-2025 10:12**Dr. Santosh U Wakchaure**  
MBBS,MD(PATH),AFIH,LLB  
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<b>Ref. By</b> : Dr. MEDIWHEEL		<b>Reported On</b> : 08-Mar-2025 15:57
<b>Location</b> : MEDIWHEEL		

Test Name	Results	Units	Bio. Ref. Interval
-----------	---------	-------	--------------------

**BLOODGROUP & RH****Specimen: EDTA and Serum; Method: Gel card system**

Blood Group "ABO" <small>Agglutination</small>	"O"
Blood Group "Rh" <small>Agglutination</small>	Positive

**Sample Type:** EDTA Whole Blood

**Interpretation:**

1. This report only confirms the Cell grouping of the patient; serum grouping is not performed at our laboratory
2. This report is valid only for the sample received
3. After incubation at 37 degree C for the purpose of confirmation
4. This test does not rule out the possibility of the presence of rare blood group types, ambiguous results such as different blood group typing at different laboratories with different antisera and such cases require further testing at a specialized laboratory.
5. It is advisable to perform serum (reverse) grouping in the cases of negative blood groups.
6. Kindly consult the laboratory personnel for further workup in cases of Rh(D) NEGATIVE Blood groups
7. This blood group report has not been intended for blood transfusion blood group should have been rechecked.

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<b>Ref. By</b> : Dr. MEDIWHEEL		<b>Reported On</b> : 08-Mar-2025 19:34
<b>Location</b> : MEDIWHEEL		

Test Name	Results	Units	Bio. Ref. Interval
Urine Glucose -F	Absent		Absent
Sample Type: Urine			

**Clinical Biochemistry**  
**FASTING PLASMA GLUCOSE**

Fasting Plasma Glucose	72.26	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126
------------------------	-------	---

Sample Type: Flouride Plasma

Done on : Beckman coulter DxC 700

**POST PRANDIAL 2 HOURS BLOOD SUGAR (PP2BS)**

Post Prandial Plasma Glucose	L 66.23	Normal: <=140.0 Prediabetes: 140-200 Diabetes :>=200
------------------------------	---------	--

Sample Type: Flouride Plasma

**Remarks:** Kindly note, In cases of reactive hypoglycemia, the postprandial sugar can be lesser than the fasting sugar due to a larger insulin response post meals

PPBS is used for diagnosis of diabetes melitus. PPBS level can be used for dose adjustment of antidiabetic medicine in already diagnosed patients of diabetes.  
Note : Biological reference intervals are according to American Diabetes Association (ADA) Guidelines.

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<b>Ref. By</b> : Dr. MEDIWHEEL		<b>Reported On</b> : 08-Mar-2025 16:05
<b>Location</b> : MEDIWHEEL		

Test Name	Results	Units	Bio. Ref. Interval
HbA1c <i>Method:Estimated Average Glucose</i>	5.60	%	Normal: <= 5.6 Prediabetes:5.7-6.4 Diabetes: >= 6.5 6-7 : Near Normal Glycemia, <7 : Goal ,7-8 : Good Control ,>8 : Action Suggested.
Estimated Average Glucose <i>( Calculated )</i>	114	mg/dL	
<b>Sample Type:</b> EDTA Whole Blood			

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**TEST REPORT**

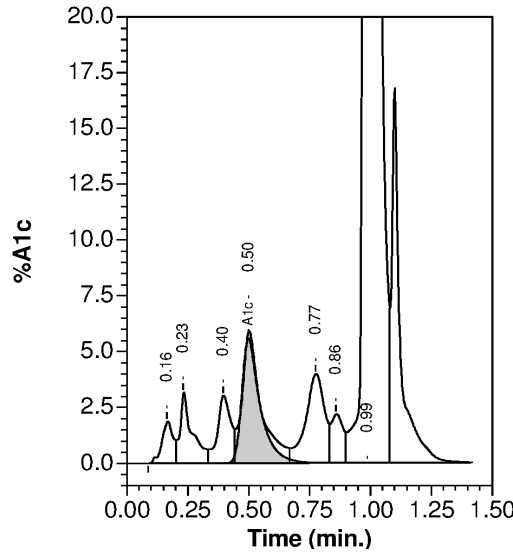
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<b>Ref. By</b> : Dr. MEDIWHEEL		<b>Reported On</b> : 08-Mar-2025 16:05
<b>Location</b> : MEDIWHEEL		

Sample Id : 50372100300

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	0.9	0.164	14900
A1b	---	1.7	0.229	26201
LA1c	---	1.7	0.395	27226
A1c	5.6	---	0.498	70637
P3	---	3.2	0.774	50839
P4	---	1.1	0.857	17835
Ao	---	86.9	0.986	1378507

Total Area: 1,586,145

**HbA1c (NGSP) = 5.6 %**



Report To Follow:  
 Dental Consultation  
 Medical Check Up form  
 PHYSICIAN CONSULTATION - NEW 1  
 Urine Glucose- PP  
 Vision Test - Appendix V

----- End Of Report -----

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**Dr. Santosh U Wakchaure**  
 MBBS,MD(PATH),AFIH,LLB  
 Consultant Pathologist





MC-6789

**721-SIMIRA KAMOTHE SECTOR 18**

S-20/21 Shree chamunda Harmony Plot 68A,69,69A Sector 18 Kamothé 410209

**TEST REPORT**

<b>Reg. No.</b> : 50372100300	<b>Ref.No</b> :	<b>Registered On</b> : 08-Mar-2025 11:26
<b>Name</b> : Mr. BABLU NAPIT		<b>Collection On</b> : 08-Mar-2025 11:26
<b>Age</b> : Male / 39 Years	<b>Pass. No.</b> :	<b>Received On</b> : 08-Mar-2025 11:26
<b>Ref. By</b> : Dr. MEDIWHEEL		<b>Reported On</b> : 08-Mar-2025 15:18
<b>Location</b> : MEDIWHEEL		

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine), Total	1.60	ng/mL	0.87 - 1.78
T4 (Thyroxine), Total	11.00	µg/dL	5.48 - 14.28
TSH (Thyroid stimulating hormone)	2.175	µIU/mL	0.38 - 5.33

Sample Type: Serum

Done On : Beckman Coulter Dxl 800

Method : CLIA

Pregnancy stage	TSH (µIU/ml)	T3 (ng/dl)	T4 (µg/dL)
First trimester	0.1-2.5	0.71-1.75	6.5-10.1
Second trimester	0.2-3.0	0.91-1.95	7.5-10.3
Third trimester	0.3-3.5	1.04-1.82	6.3-9.7
<b>Pediatric Range</b>			
1-4 Days	1.0-39.0	1.00-7.40	14.0-28.4
2-20 wks	1.7-9.1	1.05-2.45	7.2-15.7
5-24 months	0.8-8.2	1.05-2.69	7.2-15.7
2-7 years	0.7-5.7	0.94-24.1	6.0-14.2

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Test Name	Results	Units	Bio. Ref. Interval
<b>Liver Function Test</b>			
TOTAL BILIRUBIN <small>Method: Diazonium ion / Diazoitization</small>	0.83	mg/dL	0.2 - 1.1
DIRECT BILIRUBIN <small>Method: Diazonium ion / Diazoitization</small>	0.14	mg/dL	0.0 - 0.2
INDIRECT BILIRUBIN <small>Calculated</small>	0.69		0.0 - 1.00
SGOT/AST <small>UV with P5P- IFCC Ref. Proc., Calibrated</small>	H <b>58.35</b>	U/L	0 - 40
SGPT/ALT <small>UV with P5P- IFCC Ref. Proc., Calibrated</small>	34.65	U/L	0 - 40
Alkaline Phosphatase <small>Method: PNPP, AMP buffer</small>	70.61	U/L	50 - 116
GGT <small>G- glutamyl-carboxy-nitroanilide- IFCC Ref. Proc., Calibrated</small>	34.11	IU/L	10 - 54
TOTAL PROTEIN	8.02		6.4 - 8.3
ALBUMIN <small>Method: Bromocresol-Green</small>	4.84	g/dL	4.4 - 5.1
GLOBULIN	3.18		2.4 - 3.5
ALB/GLB <small>Calculated</small>	1.52		1.2 - 2.2

**Sample Type:** Serum**Done On : Beckman Coulter DxC 700 AU**

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Test Name	Results	Units	Bio. Ref. Interval
<b>LIPID PROFILE</b>			
CHOLESTEROL	146.54	mg/dL	< 170 : Child Desirable 170-199 : Bordeline high > 199 : high  < 200 : Adult Desirable 200-239 : Bordeline high > 239 : high

*Method:Cholesterol Oxidase Esterase, Peroxidase***Done On : Beckman Coulter DxC 700 AU**

Cholesterol is an essential body fat needed to produce substances such as hormones and bile. High levels of cholesterol are usually associated with a higher risk of heart disease and narrowed blood vessels. Lipids included in total cholesterol are HDL cholesterol, LDL cholesterol, and triglycerides.

Triglyceride (Tg)	257.75	mg/dL	< 150 : Normal 150-199 : High 200-499 : Hypertriglyceridemic > 499 : Very high
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*Method:Enzymatic Colorimetric***Done On : Beckman Coulter DxC 700 AU****Comments:**

Triglyceride is the most abundant dietary lipid component found throughout the diet and is the method with which energy is stored in the body. Analysis of the significance of hypertriglyceridemia should take into account coexisting dyslipidemia.

**Increased in:**

- Insulin resistance
- Metabolic Syndrome

**Decreased in:**

- Malabsorption
- Familial hypobetalipoproteinemia

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High Density Lipoprotein (HDL) Cholesterol      36.18                      mg/dL                      Low < 40  
High > 59

*Direct Measure, Immunoinhibition*

**Done On : Beckman Coulter DxC 700 AU**

HDL cholesterol is useful for cardiovascular risk assessment. High-density lipoprotein (HDL) is the smallest of the lipoprotein particles. HDL has the largest proportion of protein relative to lipid compared to other lipoproteins (>50% protein). Strong negative relationship between HDL cholesterol concentration and the incidence of CHD (coronary heart disease) has been reported. Exercise increases the HDL cholesterol level; those with more physical activity have higher HDL cholesterol values.

Low-Density Lipoprotein (LDL)                      58.36                      mg/dL                      < 100 : Optimal,  
100-129 : Near Optimal/above  
optimal,  
130-159 : Borderline High,  
160-189 : High,  
>=190 : Very High

*Calculated*

Very Low Density Lipoprotein(VLDL)              H 52                      mg/dL                      0 - 30

*Calculated*

CHOL/HDL RATIO                      H 4.05                      0.0 - 3.5

*Calculated*

LDL/HDL RATIO                      1.61                      1.0 - 3.4

*Calculated*

**Done on : Beckman coulter DxC 700**

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<b>Location</b> : MEDIWHEEL		

**Immunoassay**

Prostate Specific Antigen (PSA),Total 0.700 ng/mL 0 - 4

Method: CLIA

Sample Type: Serum

**Useful For**

1. Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
2. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
3. Prostate cancer screening.

**Comments**

-Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.

-Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.

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Test Name	Results	Units	Bio. Ref. Interval
	<b><u>RFT MAX</u></b>		
Urea	20.3		10 - 45
Blood Urea Nitrogen (BUN) <small>Calculated</small>	9.5	mg/dL	8.9 - 20.6
Creatinine	0.83	mg/dL	0.70 - 1.20
Uric Acid (UA)	H <b>8.61</b>		3.4 - 7.0
Calcium	9.33	mg/dL	8.2 - 10.2
PHOSPHOROUS	L <b>2.37</b>		2.7 - 4.5
Sodium (Na+) <small>Method:Indirect ISE</small>	L <b>133.10</b>	mmol/L	136 - 145
Potassium (K+) <small>Method:Indirect ISE</small>	3.8	mmol/L	3.8 - 4.9
Chloride(Cl-) <small>Method:Indirect ISE</small>	100.60	mmol/L	100 - 107

**Sample Type:** Serum**Remarks:** Kindly correlate clinically and repeat with a fresh sample if clinically indicated.**Done On : Beckman Coulter DxC 700 AU**

Report To Follow:

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Medical Check Up form

PHYSICIAN CONSULTATION - NEW 1

Urine Glucose- PP

Vision Test - Appendix V

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