

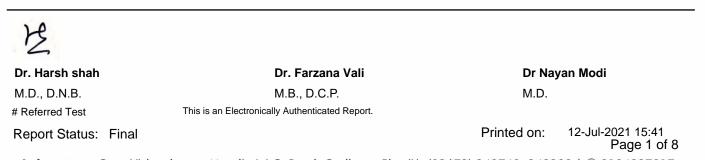






		LABORATORY REPORT	
Name	: Mr. Bharat Ashok Chebrolu	Registration on	: 19-Jun-2021 09:41
Lab ID	: 062121204445 Ref. ld :	Collected on	:
Sex/Age	: Male / 31 Years	Approved on	: 19-Jun-2021 12:41
Ref. By	: BOB HEALTH CHECKUP	Sample Type	: EDTA Blood
Location	:	Patient Source	: Walk In
		COMPLETE BOOD COUNT	

				<u></u>		
Test <u>HB and Indices</u>	Result	Un	it	Biologi	cal Ref.	Interval
Hemoglobin	15.0	g/dl	L	13.0 - 16	.5	
RBC Count	5.16	mill	ion/cmm	4.5 - 5.5		
Hematocrit	43.3	%		40 - 49		
MCV	83.9	fL		83 - 101		
MCH	29.1	pg		27.1 - 32	.5	
МСНС	34.6	g/dl	L	32.5 - 36	.7	
RDW CV	12.00	%		11.6 - 14		
Total WBC and Differential Co	<u>ount</u>					
WBC Count	9110	/cm	ım	4000 - 10	0000	
Differential Count				Absolut	e Coun	t
Neutrophils	69.8	%	40 - 80	6359	/cmm	2000 - 6700
Lymphocytes	21.8	%	20 - 40	1986	/cmm	1000 - 3000
Eosinophils	2.6	%	1 - 6	237	/cmm	20 - 500
Monocytes	5.3	%	2 - 10	483	/cmm	200 - 1000
Basophils	0.5	%	0 - 2	46	/cmm	0 - 100
Platelet Count						
Platelet Count	362000	/cm	ım	150000 -	410000	
Erythrocytes Sedimentation	Rate					
ESR	07	mm	n/1hr	0 - 14		











	LABORATORY REPO	RT	
Name	: Mr. Bharat Ashok Chebrolu	Registration on	: 19-Jun-2021 09:41
Lab ID	: 062121204445 Ref. ld :	Collected on	: 19-Jun-2021 12:42
Sex/Age	: Male / 31 Years	Approved on	: 19-Jun-2021 15:30
Ref. By	: BOB HEALTH CHECKUP	Sample Type	: Serum, Fluoride PP
Location	:	Patient Source	: Walk In

_				
	Test	Result	Unit	Biological Ref. Interval
	Fasting Blood Sugar	76.9		70 - 110
	Fasting Urine Sugar	Absent		Absent
	Post Prandial Blood Sugar	94.7	mg/dL	70 - 140
	Postprandial Urine Sugar	Absent		Absent



Dr Nayan Modi M.D. # Referred Test Report Status: Final Dr. Harsh shah M.D., D.N.B. This is an Electronically Authenticated Report. **Dr. Farzana Vali** M.B., D.C.P.

epon Status. Final

Printed on: 12-Jul-2021 15:41 Page 2 of 8



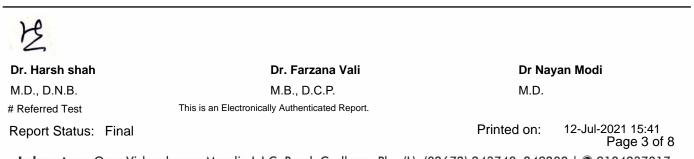






		LABORATORY REPORT	
Name	: Mr. Bharat Ashok Chebrolu	Registration on	: 19-Jun-2021 09:41
Lab ID	: 062121204445 Ref. ld :	Collected on	: 19-Jun-2021 12:42
Sex/Age	: Male / 31 Years	Approved on	: 19-Jun-2021 12:27
Ref. By	: BOB HEALTH CHECKUP	Sample Type	: Serum
Location	:	Patient Source	: Walk In

	Lipid Prof	file	
Test	Result	Unit	Biological Ref. Interval
Cholesterol Cholesterol oxidase, Esterase, Peroxidase	163.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
<b>Triglyceride</b> GPO-POD	H <b>192.6</b>	mg/dL	Normal : < 150 Borderline : 150-199 High : 200-499 Very High : > 500
HDL Cholesterol	L 30.8	mg/dL	Low : <40.0 High : >60.0
Direct LDL Direct measured	101.10	mg/dL	Optimal : < 100 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190
VLDL Calculated	H 38.52	mg/dL	15 - 35
CHOL/HDL Ratio	H <b>5.3</b>		Up to 5.0
LDL/HDL Ratio	3.3		Up to 3.5





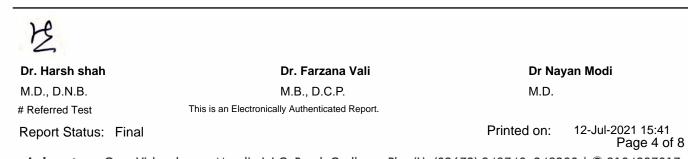






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Lab ID	: 062121204445 Ref. ld :	Collected on	: 19-Jun-2021 12:42
Sex/Age	: Male / 31 Years	Approved on	: 19-Jun-2021 12:27
Ref. By	: BOB HEALTH CHECKUP	Sample Type	: Serum
Location	:	Patient Source	: Walk In

Result	Unit	Biological Ref. Interval	
0.73	mg/dL	0.4 - 1.4	
23.9	U/L	0 - 45	
20.4	U/L	5 - 40	
L 28.0	U/L	53 - 128	
Biliru	bin		
1.28	mg/dL	0.2 - 1.3	
0.39	mg/dL	0.0 - 0.4	
0.89	mg/dL	0.1 - 1.1	
Prote	ein		
7.57	g/dL	6.0 - 8.5	
4.73	g/dL	3.5 - 5.2	
2.84	g/dL	2.2 - 3.0	
1.67		1.3 - 1.7	
	0.73 23.9 20.4 28.0 <b>Biliru</b> 1.28 0.39 0.89 0.89 <b>Prote</b> 7.57 4.73 2.84	0.73       mg/dL         23.9       U/L         20.4       U/L         20.4       U/L         28.0       U/L         1.28       mg/dL         0.39       mg/dL         0.89       mg/dL         7.57       g/dL         4.73       g/dL         2.84       g/dL	0.73       mg/dL       0.4 - 1.4         23.9       U/L       0 - 45         20.4       U/L       5 - 40         L       28.0       U/L       53 - 128         Bilirubin         1.28       mg/dL       0.2 - 1.3         0.39       mg/dL       0.0 - 0.4         0.89       mg/dL       0.1 - 1.1         Protein         7.57       g/dL       6.0 - 8.5         4.73       g/dL       3.5 - 5.2         2.84       g/dL       2.2 - 3.0











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Name	: Mr. Bharat Ashok Chebrolu	Registration on	: 19-Jun-2021 09:41
Lab ID	: 062121204445 Ref. ld :	Collected on	: 19-Jun-2021 12:42
Sex/Age	: Male / 31 Years	Approved on	: 19-Jun-2021 13:15
Ref. By	: BOB HEALTH CHECKUP	Sample Type	: Serum
Location	:	Patient Source	: Walk In

Thyroid Function Test					
Test	Result	Unit	Biological Ref. Interval		
T3 - Triiodothyronine	1.22	ng/mL	0.84 - 2.02		
<b>T4 - Thyroxine</b>	115.80	nmol/L	66 - 181		
TSH - Thyroid Stimulating Hormone	1.9700	microIU/mL	0.27 - 5.00		

TSH	T3/FT3	T4/FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	<ul> <li>Isolated Low T3-offen seen in elderly &amp; associated Non-Thyroidal illiness. In elderly the drop in T3 level can be upto 25%</li> </ul>
Raised	Within Range	Within Range	<ul> <li>Isolated High TSH especially in the range of 4.7 to 15 mIU/mI is commonly associated with physiological &amp; Biological TSH Variability.</li> <li>Subclinical Autoimmune Hypothyroidism</li> <li>Intermitted T4 therapy for hypothyroidism</li> <li>Recovery phase after Non-Thyroidal illness</li> </ul>
Raised	Decreased	Decreased	- Chronic autoimmune Thyroiditis     - Post thyroidectomy, Post radioiodine     - Hypothyroid phase of transient thyroiditis
Raised or Within Range	Raised	Raised or Within range	<ul> <li>Interfering antibodies to thyroid hormones (anti-TPO antibodies)</li> <li>intermittent T4 therapy or T4 overdose</li> <li>Drug interference-Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics</li> </ul>
Decreased	Raised or within Range	Raised or within Range	- Isolated Low TSH - especially in the range of 0.1 to 0.4 offen seen in elderly & associated with Non-Thyroidal illness     - Subclinical Hyperthyroidism     - Thyroxine ingestion
Decreased	Decreased	Decreased	Central Hypothyroidism     Non-Thyroidal illness     Recent treatment for Hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	<ul> <li>Primary Hyperthyroidism (Graves disease), Multinodular goitre Toxic nodule</li> <li>Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain'a) Gestational thyrotoxicosis with hyperemesis gravidarum</li> </ul>
Decreased or within range	Raised	Within Range	- T3 toxicosis - Non-Thyroidal illness



Dr. Harsh shah M.D., D.N.B. # Referred Test

Report Status: Final

Dr. Farzana Vali M.B., D.C.P. This is an Electronically Authenticated Report. **Dr Nayan Modi** M.D.

Printed on: 12-Jul-2021 15:41 Page 5 of 8









Name	: Mr. Bharat Ashok Chebrolu	Registration on : 19-Jun-2021 09:41
Lab ID	: 062121204445 Ref. ld :	Collected on : 19-Jun-2021 12:42
Sex/Age	: Male / 31 Years	Approved on : 19-Jun-2021 13:16
Ref. By	: BOB HEALTH CHECKUP	Sample Type : Serum
Location	:	Patient Source : Walk In

	mmunoa	ininunoassay			
Test	Result	Unit	Biological Ref. Interval		
HIV I & II ECLIA	0.169	S/Co	Non Reactive : <1.0 Reactive : >1.0		

Additional Information:

1. A NON REACTIVE result implies that no Anti HIV-1 or HIV -2 antibodies have been detected in the sample by this method. This means that either the patient has not been exposed to HIV-1 or HIV-2 infection or the sample has been tested during the "WINDOW PHASE" (before the development of detectable levels of antibodies).

2. A PROVISIONALITY REACTIVE / BORDERLINE REACTIVE result suggests possibility of HIV-1 or/and HIV-2 infection. However these results must be verified by confirmatory WESTERN BLOT / HIV PCR method before declaring the patient positive for HIV-1 or HIV-2 infection.

3. Very high levels of IgM Antibodies or Anti-HLA ABC and DR Antibodies can give false positive reaction.

\*\*Pre & Post test counselling for HIV testing is responsibility of reffering Physician.



Dr. Harsh shah M.D., D.N.B. # Referred Test Report Status: Final Dr. Farzana Vali M.B., D.C.P. This is an Electronically Authenticated Report. **Dr Nayan Modi** M.D.

Printed on: 12-Jul-2021 15:41 Page 6 of 8









LABORATORY REPORT		
Name : Mr. Bharat Ashok Chebrol	Registration on	: 19-Jun-2021 09:41
Lab ID : 062121204445 Ref. Id :	Collected on	: 19-Jun-2021 12:42
Sex/Age : Male / 31 Years	Approved on	: 19-Jun-2021 13:16
Ref. By : BOB HEALTH CHECKUP	Sample Type	: Serum
Location :	Patient Source	: Walk In

## Immunoassay

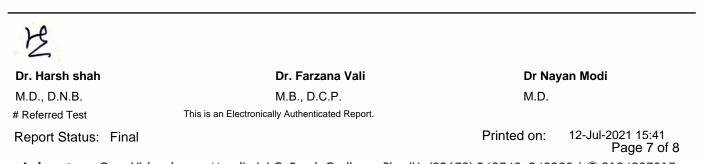
Test	Result	Unit	Biological Ref. Interval
HBsAg <sub>ECLIA</sub>	0.350	IU/mL	<0.9 - Negative >=0.9 - 1.0 Borderline >1.0 - Positive

## Interpretation:

- HBsAg is the earliest marker of acute HBV infection which typically becomes detectable 2-3 months (as early as 14 days) after infection. When
  symptoms of hepatitis are present, most patients have detectable HBsAg although few patients will have neither HBsAg nor anti-HBs and anti-HBc IgM is the only marker of acute HBV infection (Core Window). HBsAg typically persists for 12-20 weeks after onset of symptoms in
  uncomplicated HBV infection and disappears followed by a small but variable gap with onset of anti-HBs (Seroconversion).
- Detection of HBsAg beyond 06 months defines chronic HBV infection or a chronic carrier state. Chronic HBV infection is seen in 1-2% of adults
  and adolescents following acute HBV infection, 5-10% of immunocompromised individuals and upto 80% of neonates. The chronic carrier state
  of HBV shows only persistent HBsAg in the serum without any other HBV marker or evidence of liver injury.
- Hepatitis B vaccination does not cause a positive HBsAg result. Quantitation or Titer of HBsAg is of no clinical value.
- Presence of anti-HBs without detectable HBsAg indicates recovery from acute HBV infection, absence of infectivity and immunity against future HBV infection.
- HBsAg test is carried out with Chemiluminescent Microparticle immunoassay (CMIA) which uses microparticles coated with monoclonal anti-HBs for the detection of HBsAg. HBsAg assays are routinely used to aid in the diagnosis of suspected hepatitis B viral (HBV) infection and to monitor the status of infected individuals.
- All initial reactive specimens are subjected to further testing by one or two additional methods and final report is issued in accordance with the same. Repeat reactive specimens MUST be confirmed by any combination of the confirmatory tests (e.g. HBsAg neutralization test, Other HBV markers & LFT and HBV DNA by PCR method ).

## Limitations:

- If the ARCHITECT HBsAg Qualitative II results are inconsistent with clinical evidence, additional testing is suggested to confirm the result.
- For diagnostic purposes, results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute and chronic infection.
- Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human antimouse antibodies (HAMA). Specimens containing HAMA may produce anomalous values when tested with assay kits such as ARCHITECT HBsAg Qualitative II that employ mouse monoclonal antibodies.
- Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely
  exposed to animals or to animal serum products can be prone to this interference and anomalous results may be observed. Additional
  information may be required for diagnosis.











Name : Mr. Bharat Ashok Chebrolu	u	Registra	tion on : 19-Jun-2021 09:41		
Lab ID : 062121204445 Ref. Id :		Collecte	d on : 19-Jun-2021 11:23		
Sex/Age : Male / 31 Years		Approve	d on : 19-Jun-2021 12:43		
Ref. By : BOB HEALTH CHECKUP		Sample Type : Urine			
Location :		Patient Source : Walk In			
I	Urine Routine Exam	ination			
Test	Result	Unit	Biological Ref. Interval		
Physical Examination					
Volume	10	ml			
Colour	Yellow				
Odour	Ammonical				
Transparency	Clear				
Chemical Examination (Dip Stick Me	ethod)				
Reaction	Acidic				
Specific Gravity	1.025		1.005 - 1.030		
Albumin	Absent		Negative		
Urine Glucose	Absent		Absent		
Bile Salts	Absent		Absent		
Bile Pigments	Absent		Absent		
Urine Ketone	Absent		Absent		
Nitrite	Negative		Negative		
Microscopic Examination					
Pus Cells	0-1	/hpf	0 - 5		
Red Cells	Absent	/hpf	0 - 2		
Epithelial Cells	Occassional	/hpf			
Casts	Absent	/hpf			
Crystals	Absent	/hpf			
Amorphous Material	Absent				
Bacteria	Absent		Absent		
Budding Yeast	Abaant		Absent		
Dudding Toust	Absent		Absent		

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

