Name	:	MR PANKAJ SINGH	**Age**	:	34 Yr(s) Sex :Male
Registration No	:	MH011292080	**Lab No**	:	202309001986
Patient Episode	:	H18000001080	**Collection Date :**		09 Sep 2023 12:16
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		09 Sep 2023 18:34
Receiving Date	:	09 Sep 2023 12:16			

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated)Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	7.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

MICROSCOPIC EXAMINATION(Automated/Manual)

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

Name	: MR PANKAJ SINGH	**Age**	: 34 Yr(s) Sex :Male
Registration No	: MH011292080	**Lab No**	: 202309001986
Patient Episode	: H18000001080	**Collection Date :**	09 Sep 2023 09:46
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	09 Sep 2023 15:44
Receiving Date	: 09 Sep 2023 12:16		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Serum LIPID PROFILE			
Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	172	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	131	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	56.0	mg/dl	[35.0-65.0]
VLDL- CHOLESTEROL (Calculated)	26	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	90.0	mg/dl	[<120.0] Near/ Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	3.1		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.6		<3 Optimal 3-4 Borderline >6 High Risk

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

Name	: MR PANKAJ SINGH		**Age**	:	34 Yr(s) Sex :Male
Registration No	: MH011292080		**Lab No**	:	202309001986
Patient Episode	: H18000001080		**Collection Date :**		09 Sep 2023 09:46
Referred By	: HEALTH CHECK MGD		**Reporting Date :**		09 Sep 2023 15:43
Receiving Date	: 09 Sep 2023 12:16				

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
KIDNEY PROFILE			
Specimen: Serum			
UREA	**9.7 #**	**mg/dl**	**[15.0-40.0]**
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	**4.5 #**	**mg/dl**	**[8.0-20.0]**
Method: Calculated			
CREATININE, SERUM	0.76	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	4.5	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	**132.90 #**	**mmol/L**	**[136.00-144.00]**
POTASSIUM, SERUM	4.76	mmol/L	[3.60-5.10]
SERUM CHLORIDE	**100.0 #**	**mmol/L**	**[101.0-111.0]**
Method: ISE Indirect			
eGFR (calculated)	119.0	ml/min/1.73sq.m	[>60.0]

Technical Note
eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 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.

Name	: MR PANKAJ SINGH	**Age**	: 34 Yr(s) Sex :Male
Registration No	: MH011292080	**Lab No**	: 202309001986
Patient Episode	: H18000001080	**Collection Date :**	09 Sep 2023 09:46
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	09 Sep 2023 15:44
Receiving Date	: 09 Sep 2023 12:16		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL *Method: D P D*	0.43	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT *Method: DPD*	0.08	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN(SERUM) *Method: Calculation*	0.35	mg/dl	[0.10-0.90]
TOTAL PROTEINS(SERUM) *Method: BIURET*	7.60	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) *Method: BCG*	4.55	g/dl	[3.50-5.20]
GLOBULINS (SERUM) *Method: Calculation*	3.10	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO *Method: Calculation*	1.49		[1.00-2.50]
AST(SGOT) (SERUM) *Method: IFCC W/O P5P*	27.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) *Method: IFCC W/O P5P*	60.20	U/L	[17.00-63.00]
Serum Alkaline Phosphatase *Method: AMP BUFFER IFCC)*	**149.0 #**	**IU/L**	**[32.0-91.0]**
GGT	46.0	U/L	[7.0-50.0]

Name	: MR PANKAJ SINGH		**Age**	:	34 Yr(s) Sex :Male
Registration No	: MH011292080		**Lab No**	:	202309001986
Patient Episode	: H18000001080		**Collection Date :**		09 Sep 2023 09:46
Referred By	: HEALTH CHECK MGD		**Reporting Date :**		09 Sep 2023 15:44
Receiving Date	: 09 Sep 2023 12:16				

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.

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

Dr. Alka Dixit Vats
Consultant Pathologist

Name	: MR PANKAJ SINGH		**Age**	:	34 Yr(s) Sex :Male
Registration No	: MH011292080		**Lab No**	:	202309001987
Patient Episode	: H18000001080		**Collection Date :**		09 Sep 2023 09:46
Referred By	: HEALTH CHECK MGD		**Reporting Date :**		09 Sep 2023 15:44
Receiving Date	: 09 Sep 2023 09:46				

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting			
Specimen: Plasma			
GLUCOSE, FASTING (F)	105.0	mg/dl	[70.0-110.0]
Method: Hexokinase			

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, adrenocortica 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. Alka Dixit Vats
Consultant Pathologist

Name	: MR PANKAJ SINGH		**Age**	:	34 Yr(s) Sex :Male
Registration No	: MH011292080		**Lab No**	:	202309001988
Patient Episode	: H18000001080		**Collection Date :**		09 Sep 2023 15:32
Referred By	: HEALTH CHECK MGD		**Reporting Date :**		09 Sep 2023 18:11
Receiving Date	: 09 Sep 2023 15:32				

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS	100.0	mg/dl	[80.0-140.0]

Method: Hexokinase

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

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

Dr. Alka Dixit Vats
Consultant Pathologist