

DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. ADITYA BHANSALI	Age /Sex : 33 Y(s)/Male
Ref By : Dr. GENERAL PHYSICIAN	UMR No : UMR80786
Bill Date : 15-Dec-22 11:17 am	Bill No : BIL141240
Lab No : BIO/22/12/1166	Result No : RES372944
Samp.Coll : 21-Dec-22 09:18 am	Auth. Tim : 21-Dec-2022 11:02 am
Reported On : 21-Dec-22 11:02 am	

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
LIPID PROFILE: SERUM			
Triglycerides :	240	BorderLine : 150 - 199 mg/dl High : 200 - 500 mg/dl Normal : < 150 mg/dl	GPO-Trinder End Point
Total Cholesterol :	191	< 200 mg/dl	CHOD-PAP End Point
HDL Cholesterol :	35	Undesirable : < 40 Optimal : 40 - 59 Desirable : > 60	Enzymatic
VLDL Cholesterol :	48	2 - 30 mg/dl	
LDL Cholesterol :	108	0 - 100 mg/dl	
Cholestrol / HDL Ratio :	5.46	1.0 - 3.5	
Serum Uric Acid :	6.5	3.5 - 7.2 mg/dl	Uricase-Peroxidase
Serum Calcium :	9.2	8.5 - 10.3 mg/dl	Arsenazo
BLOOD SUGAR FASTING AND POST PRANDIAL			
Fasting Blood Sugar :	84	60 - 110 mg/dl	GOD-POD
Blood Sugar Post Prandial :	105	110 - 140 mg/dl	
Serum Creatinine :	1.1	0.4 - 1.4 mg/dl	Jaffe Kinetic
LFT- LIVER FUNCTION TESTS			
Total Bilirubin :	0.5	0.2 - 1.2 mg/dl	Diazo
Direct Bilirubin :	0.2	0.0 - 0.3 mg/dl	Diazo
Indirect Bilirubin :	0.3	0.2 - 0.7 mg/dL	
SGPT :	26	05 - 40 IU/L	IFCC - Kinetic
SGOT :	16	05 - 40 IU/L	IFCC - Kinetic

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AST / ALT -Ratio	0.62		
Alkaline Phosphatase	102	70 - 110 U/L	AMP Kinetic
Total Protein	7.5	6.4 - 8.3 gm/dl	Biuret Method
Serum Albumin	4.5	3.5 - 5.2 gm/dl	BCG Dye
Serum Globulin	3	2.0 - 3.5 g/dL	
Albumin / Globulin Ratio	1.5	1.2 - 2.2	
Blood Urea Nitrogen(BUN)	8	6 - 21 mg/dl	
Gamma GT	24	10 - 50 U/L	Enzymatic
THYROID PROFILE			
T3-Free (Tri-iodothyronine-Free)	3.2	2.0 - 4.2 pg/mL	C L I A
T4-Free (Thyroxine - Free)	13.2	8.9 - 17.2 pg/ml	C L I A
TSH(Thyroid Stimulating Hormone).	2.3	0.3 - 4.5 µIU/ml	C L I A
Vitamin D3 25 Hydroxine			
25-Hydroxy Vitamin D	31.5	Deficient : 0 - 20 ng/ml Insufficient : 21 - 29 ng/ml Sufficient : 30 - 100 ng/ml Potential Toxicity : > 101 ng/ml	E.L.F.A.

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Bill Date : 15-Dec-22 11:17 am	Bill No : BIL141240
Lab No : BIO/22/12/1166	Result No : RES372957
Samp.Coll : 21-Dec-22 09:18 am	Auth. Tim : 21-Dec-2022 11:51 am
Reported On : 21-Dec-22 11:51 am	

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
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Interpretation	:	<p>Vitamin D, the sunshine vitamin, is now recognized not only for its importance of bone health in children and adults, but also for other health benefits including reducing risk of chronic diseases including autoimmune diseases, common cancer and cardiovascular disease. Vitamin D made in the skin or ingested in the diet is biologically inert and requires two successive hydroxylations first in the liver on carbon 25 to form 25-hydroxyvitamin D [25(OH)D], and then in the kidney for a hydroxylation on carbon 1 to form the biologically active form of vitamin D, 1,25-dihydroxyvitamin D [1,25(OH)2D]. With the identification of 25(OH)D and 1,25(OH)2D, methods were developed to measure these metabolites in the circulation. Serum 25(OH)D is the barometer for vitamin D status. Serum 1,25(OH)2D provides no information about vitamin D status and is often normal or even elevated due to secondary hyperparathyroidism associated with vitamin D deficiency. Most experts agree that 25(OH)D of < 20 ng/ml is considered to be vitamin D deficiency whereas a 25(OH)D of 20-29 ng/ml is considered to be insufficient. The goal should be to maintain both children and adults at a level > 30 ng/ml to take full advantage of all the health benefits that vitamin D provides.</p>	
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Vitamin B12	:	392	200 - 835 pg/mL	CLIA
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Interpretation	:	<p>Vitamin B12 also referred to as cobalamin is a water soluble vitamin. The uptake in the gastro intestinal track depends on intrinsic factor, which is synthesised by gastric parietal cells</p>	
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Deficiency state:

Lack of intrinsic factor due to autoimmune atrophic gastritis
 Mal absorption due to gastrostomy
 Inflammatory bowel disease
 Dietary deficiency (strict vegans)
 Vit B12 deficiency results in megaloblastic anaemia, peripheral neuropathy, dementia and depression

Increased levels:

VIT B12 supplement intake
 Polycythaemia Vera

PROSTATE SPECIFIC ANTIGEN(PSA)	:	0.52	< 4.0 ng/ml	CLIA
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Bill Date : 15-Dec-22 11:17 am	Bill No : BIL141240
Lab No : 141240	Result No : RES373017
Samp.Coll : 21-Dec-22 09:18 am	Auth. Tim : 21-Dec-2022 2:05 pm
Reported On : 21-Dec-22 02:05 pm	

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
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Interpretation	:	Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.	
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PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

--- End Of Report ---

PHH8588



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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. ADITYA BHANSALI	Age /Sex : 33 Y(s)/Male
Ref By : Dr. GENERAL PHYSICIAN	UMR No : UMR80786
Bill Date : 15-Dec-22 11:17 am	Bill No : BIL141240
Lab No : 141240	Result No : RES372964
Samp.Coll : 21-Dec-22 09:18 am	Auth. Tim : 21-Dec-2022 11:13 am
Reported On : 21-Dec-22 11:13 am	

<u>Parameter</u>	<u>Result</u>	<u>Method</u>
BLOOD GROUPING & RH TYPING		
BLOOD GROUP :	" B "	Agglutination
RH TYPING :	POSITIVE	

--- End Of Report ---

PHH8575



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DEPARTMENT OF CLINICAL PATHOLOGY

Patient Name : Mr. ADITYA BHANSALI	Age /Sex : 33 Y(s)/Male
Ref By : Dr. GENERAL PHYSICIAN	UMR No : UMR80786
Bill Date : 15-Dec-22 11:17 am	Bill No : BIL141240
Lab No : 141240	Result No : RES372952
Samp.Coll : 21-Dec-22 09:18 am	Auth. Tim : 21-Dec-2022 11:13 am
Reported On : 21-Dec-22 11:13 am	

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	
ESR - ERYTHROCYTE SEDIMENT RATE			
ESR - ERYTHROCYTE SEDIMENTATION RATE	15	< 15 mm	
COMPLETE URINE EXAMINATION			
<u>PHYSICAL EXAMINATION:</u>			
Colour	Pale Yellow		
Appearance	Clear		
pH	5.5	5.5 - 7.0	pH indicator
Specific gravity	1.025	1.010 - 1.025	Bromthymol blue indicator
<u>CHEMICAL EXAMINATION:</u>			
Urine for Sugar	Nil	0 - 2.8 mmol/L	GOD-POD
Protein	Nil	0 - 0.15 g/L	protein error of indicator
Blood	Nil	0 - 10 Cells/ μ L	
Bilirubin	Nil	0 - 0 μ mol/L	Diazonium method
Ketone bodies	Negative	0 - 0 mmol/L	Nitroprusside reaction
<u>MICROSCOPIC EXAMINATION:</u>			
Pus Cells	1-2	0 - 5 /HPF	
Epithelial Cells	1-2	0 - 8 /HPF	
RBC COUNT	Nil	0 - 2 /HPF	
Casts	Nil		
Crystals	Nil		
Others	Nil		

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Bill Date : 15-Dec-22 11:17 am	Bill No : BIL141240
Lab No : 141240	Result No : RES372961
Samp.Coll : 21-Dec-22 09:18 am	Auth. Tim : 21-Dec-2022 11:13 am
Reported On : 21-Dec-22 11:13 am	

Parameter

Result

Biological Reference **Method**
Interval

--- End Of Report ---

PHH8575



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DEPARTMENT OF SEROLOGY

Patient Name : Mr. ADITYA BHANSALI	Age /Sex : 33 Y(s)/Male
Ref By : Dr. GENERAL PHYSICIAN	UMR No : UMR80786
Bill Date : 15-Dec-22 11:17 am	Bill No : BIL141240
Lab No : 141240	Result No : RES373045
Samp.Coll : 21-Dec-22 09:18 am	Auth. Tim : 21-Dec-2022 2:41 pm
Reported On : 21-Dec-22 02:41 pm	

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Method Interval</u>
HEPATITIS B SURFACE ANTIGEN(HBsAg)	: Negative	

--- End Of Report ---

PHH8279
Verified by



ANJIAH U, M.Sc (Biochemist)
LABORATORY INCHARGE

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