



NABL & ISO 9001 : 2008 Certified
Wellness . Diagnostics
A Unit of Gian Life Care Limited



7/216 (6), Swaroop Nagar
(In Front of L.L.R. Hospital), Kanpur
Mob. : 8808051576
E-mail : reportsgpx@gmail.com
arunguptagpx@gmail.com

Gian Pathology and X-Ray

Pathology . Radiology

Gian Life Line - Health Checkup

Lab No.	: 012209250040	Reg No/BarcodeNo	: 456409/01438286
Patient Name	: Mr..SACHIN BHALLA	Reg. Date	: 25/Sep/2022 10:22AM
Age/Sex	: 42 Y / Male	Sample Taken Date	: 25/Sep/2022 11:27AM
Client Code/Name	: MEDIWHEEL FULL BODY CHECKUP	Report Date	: 25/Sep/2022 12:15PM
Referred By Doctor	: Dr. B O B		

BIOCHEMISTRY

Blood Sugar (Fasting)

Blood Sugar Fasting 92 mg/dl 70 - 100
Glucose Oxidase Peroxidase

Sample Type:Plasma

GAMMA GT/GGT

GAMMA GT / GGT 18 IU/l 15 - 73

Not in NABL Scope

Sample Type:Serum

BUN / BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 9 mg/dl 8.4 - 21.0
Urease

Sample Type:Serum

CREATININE SERUM

CREATININE, Serum 0.82 mg/dl 0.66 - 1.25
Aminohydrolaase

Sample Type:Serum

URIC ACID

URIC ACID, Serum 3.7 mg/dl 3.5 - 8.5
Uricase Peroxidase

Sample Type:Serum



Arun Kumar Gupta

Dr. Arun Kumar Gupta
M.D. Chief Pathologist
(Reg No. 34930)



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BIOCHEMISTRY

LFT/LIVER FUNCTION TESTS

BILIRUBIN TOTAL Reflectance spectrophotometry	0.50	mg/dl	0.20 - 1.30
BILIRUBIN DIRECT Reflectance Spectrophotometry	0.20	mg/dl	0.0 - 0.3
BILIRUBIN INDIRECT Reflectance Spectrophotometry	0.3	mg/dl	0.10 - 1.1
SGOT /AST Mutipoint Rate with P-5-P	18	U/L	15 - 46
SGPT /ALT UV with P5P	15	U/L	0.0 - 55
Alk. Phosphatase, Serum PNPP AMP BUFFER	54	U/L	38 - 126
PROTEIN TOTAL Biuret	7.3	g/dl	6.4 - 8.3
ALBUMIN BCP	4.8	g/dl	3.5 - 5.0
GLOBULIN Calculated	2.5	g/dl	2.3 - 3.5
A/G RATIO Calculated	1.92	Ratio	1.5 - 2.5

Sample Type:Serum



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BODY CHECKUP
Referred By Doctor : Dr. B O B

BIOCHEMISTRY

Lipid Profile

CHOLESTEROL TOTAL Cholesterol Oxidase	185	mg/dl	Desirable: <200 Boderline High: 200 – 239 High : ≥240
TRIGLYCERIDES Lip/Gluceron Kinase	106	mg/dl	Normal <150 Boderline High: 150 – 199 High : 200 – 499 Very High: ≥500
HDL CHOLESTEROL Non HDL Precopitation	40	mg/dl	40 - 60
LDL CHOLESTEROL Calculated	123.8	mg/dl	70 - 130
VLDL CALCULATED Calculated	21.2	mg/dl	13 - 36
CHOL/ HDL RATIO Calculated	4.63	Ratio	Less than 4.0
LDL / HDL RATIO	3.1		

Ratio of LDL to HDL

Risk	Men	Women
Very low (1/2 average)	1	1.5
Average risk	3.6	3.2
Moderate risk (2x average)	6.3	5.0
High risk (3x risk)	8	6.1

HDL levels have an inverse relationship with coronary heart disease. The ability of **HDL** to predict the development of coronary atherosclerosis has been estimated to be four times greater than **LDL** and eight times greater than **TC**. Treatment is recommended for those with a **HDL** level below 40 mg/dL. An **HDL** of 60 mg/dL is considered protection against heart disease.

Preparation:

Blood should be collected after a 12-hour fast (no food or drink, except water). For the most accurate results, wait at least 2 months after a heart attack, surgery, infection, injury or pregnancy to check Lipid Profile.

Sample Type:Serum



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BIOCHEMISTRY

BUN/CREATININE RATIO

BLOOD UREA NITROGEN Urease	9.0	mg/dl	8.4 - 21.0
CREATININE, Serum Aminohydrolaase	0.82	mg/dl	0.66 - 1.25
Ratio	10.97		

Sample Type:Serum



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HAEMATOLOGY

MEDIWHEEL MALE ABOVE 40

CBC / COMPLETE BLOOD COUNT

HEMOGLOBIN (Hb) Photometry Cyanide Free	14.5	g/dl	13.5-17.5
TLC Impedence	4280	/cumm	4000-11000
DLC (%)			
NEUTROPHIL DHSS/Microscopic	51	%	40-80
LYMPHOCYTE DHSS/Microscopic	43	%	24-44
EOSINOPHIL DHSS/Microscopic	2	%	01-06
MONOCYTE DHSS/Microscopic	4	%	3-6
BASOPHIL DHSS/Microscopic	0	%	0 - 1
Platelet Impedance/Microscopic	309	10 ³ /μL	140 - 440
RBC COUNT Impedance	4.82	10 ⁶ /μL	4.5 - 5.5
PCV (HCT) Numeric Integration	42.3	%	41-53
MCV Calculated	87.8	fL	83-91
MCH Calculated	30.1	pg	26-34
MCHC Calculated	34.3	g/dL	31-37
RDW-CV Calculated	12.1	%	11.6 - 14.0
MPV	8.8	fL	8 - 12
IG	0.2	%	0 - 0.5
ABSOLUTE LEUCOCYTE COUNT	1.85		
ABSOLUTE NEUTROPHIL COUNT DHSS/Calculated	2.19	10 ³ /μL	2.00-7.00
ABSOLUTE LYMPHOCYTE COUNT DHSS/Calculated	1.85	10 ³ /μL	1.0-3.0
ABSOLUTE MONOCYTE COUNT	0.16	.10 ³ /μL	0.0.20-1.0



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HAEMATOLOGY

DHSS/Calculated ABSOLUTE EOSINOPHIL COUNT	0.08	10 ³ /μL	0.02 - 0.50
DHSS/Calculated N/L Ratio	1.18	Ratio	Normal:1-3,Mildly High: 4-6,Moderately High:7-9 Severly High: >9.0

Sample Type Whole Blood EDTA

ESR WESTERGREN (Automated)

ESR WESTERGREN (Automated) WESTERGREN	8	m m	0 - 14
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Not in NABL Scope

Sample Type:EDTA Blood

ABO Rh / BLOOD GROUP Tube Agglutination (FORWARD & REVERSE Method)

BLOOD GROUP / ABO-RH

ABO	A
Reverse & Forward	
Rh	POSITIVE
Reverse & Forward	

Sample Type:EDTA Blood



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HAEMATOLOGY

HbA1C/GLYCATED HEMOGLOBIN/GHB

HBA1C/GLYCATED HEMOGLOBIN 5.5 %
Average of Glucose Level 111 mg/dl

Test is done by HPLC method (Gold Standard) D-10 Analyzer.

Expected Values :-

Test	Normal Range	
HbA1c	Non Diabetic:	4.0% - 6.0%
	Good Control:	6.1% - 8.0%
	Poor Control:	8.1% - 9.0 %
	Unsatisfactory:	> 9 %

To convert an A1c to the new average mean blood glucose, use this formula:
eAG(mg/dl) = (28.7 X HbA1c) - 46.7

Not in NABL Scope

Sample Type:EDTA Blood



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IMMUNOASSAY

MEDIWHEEL MALE ABOVE 40

T3 / TRIDOTHYRONINE TOTAL

T3 TOTAL 0.97 ng/mL 0.35 - 1.93
CLIA

Increased levels are seen in hyperthyroidism and decreased levels are seen in hypothyroidism.

Sample Type:Serum

T4 / THYROXIN TOTAL

T4 TOTAL 7.50 µg/dl 4.50 - 10.9
CLIA

Increased levels are seen in graves disease cancer of thyroid as symptoms of hyperthyroidism.Low levels are seen in hypothyroidism whose symptoms are myoxyedema hashmito disease and pituitary disorders

TSH (Thyroid Stimulating Hormone)

TSH (ECLIA) 5.18 µIU/ml 0.35 - 5.50
CLIA

NOTE:

Guidelines for interpretation of abnormal thyroid function test.

TSH	T4/FT4	T3/FT3	Interpretation
High	Normal Normal	Mild(subclinical)	Hypothyroidism.
High	Low	Low/Normal	Hypothyroidism
Low	Normal Normal	Mild (subclinical)	Hyperthyroidism.
Low	High/Normal	High/Normal	Hyperthyroidism
Low	Low/Normal	Low/Normal	Rare pituitary(secondary)Hypothyroidism

Sample Type:Serum



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IMMUNOASSAY

PSA/PROSTATE SPECIFIC ANTGEN TOTAL

PSA TOTAL CMIA	0.467	ng/ml	0.00 - 4.00
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Note:

Normal PSA does not exclude Prostatic Carcinoma.

DISTRIBUTION OF PSA VALUES IN BPH AND PROSTATE CARCINOMA

PSA BPH CARCINOMA

0-4 ng/mL 74 % 7%

4-10ng/mL 20% 17%

> 10ng/mL 6% 76%

*Not in NABL scope

Sample Type:Serum



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X-RAY

MEDIWHEEL MALE ABOVE 40

X RAY CHEST PA VIEW

Diaphragms are normal.

C.P. angles are clear.

Cardiac shadow is normal.

Trachea is in midline.

Hilar shadow are heavy.

Broncho-vascular markings are prominent ----- Bronchitis.

No parenchymal lesion is seen.

Advise :- Correlate Clinically.

**DR. S. KHURANA
M.B.B.S.,D.M.R.E.**

*** End Of Report ***

