



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.	: 012209200041	Reg No/BarcodeNo	: 453479/01436414
Patient Name	: Mr..DHANANJAY SHUKLA	Reg. Date	: 20/Sep/2022 09:49AM
Age/Sex	: 37 Y / Male	Sample Taken Date	: 20/Sep/2022 10:48AM
Client Code/Name	: MEDIWHEEL FULL BODY CHECKUP	Report Date	: 20/Sep/2022 11:51AM
Referred By Doctor	: Dr. B O B		

GAMMA GT/GGT

GAMMA GT / GGT 73 IU/l 15 - 73

Not in NABL Scope

Sample Type:Serum

BUN / BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 11 mg/dl 8.4 - 21.0
Urease

Sample Type:Serum

CREATININE SERUM

CREATININE, Serum 0.93 mg/dl 0.66 - 1.25
Aminohydrolaase

Sample Type:Serum

URIC ACID

URIC ACID, Serum 6.3 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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LFT/LIVER FUNCTION TESTS

BILIRUBIN TOTAL Reflectance spectrophotometry	6.63	mg/dl	0.20 - 1.30
BILIRUBIN DIRECT Reflectance Spectrophotometry	3.10	mg/dl	0.0 - 0.3
BILIRUBIN INDIRECT Reflectance Spectrophotometry	3.53	mg/dl	0.10 - 1.1
SGOT /AST Mutipoint Rate with P-5-P	50	U/L	15 - 46
SGPT /ALT UV with P5P	30	U/L	0.0 - 55
Alk. Phosphatase, Serum PNPP AMP BUFFER	128	U/L	38 - 126
PROTEIN TOTAL Biuret	7.6	g/dl	6.4 - 8.3
ALBUMIN BCP	3.1	g/dl	3.5 - 5.0
GLOBULIN Calculated	4.5	g/dl	2.3 - 3.5
A/G RATIO Calculated	0.69	Ratio	1.5 - 2.5

Sample Type:Serum



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Lipid Profile

CHOLESTEROL TOTAL Cholesterol Oxidase	182	mg/dl	Desirable: <200 Boderline High: 200 – 239 High : ≥240
TRIGLYCERIDES Lip/Gluceron Kinase	141	mg/dl	Normal <150 Boderline High: 150 – 199 High : 200 – 499 Very High: ≥500
HDL CHOLESTEROL Non HDL Precopitation	35	mg/dl	40 - 60
LDL CHOLESTEROL Calculated	118.8	mg/dl	70 - 130
VLDL CALCULATED Calculated	28.2	mg/dl	13 - 36
CHOL/ HDL RATIO Calculated	5.2	Ratio	Less than 4.0
LDL / HDL RATIO	3.39		

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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BUN/CREATININE RATIO

BLOOD UREA NITROGEN Urease	11	mg/dl	8.4 - 21.0
CREATININE, Serum Aminohydrolaase	0.93	mg/dl	0.66 - 1.25
Ratio	11.82		

Sample Type:Serum



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MEDIWHEEL MALE BELOW 40

URINE ROUTINE EXAMINATION

Method -Dipstick And Microscopy

PHYSICAL EXAMINATION

COLOUR	YELLOW	
SPECIFIC GRAVITY (Based on pka change)	1.015	1.001-1.030
pH (methylred/Bromothymol blue method)	6	7.50 - 8.0
TURBIDITY	PRESENT	
Deposit (UR)	PRESENT	

Chemical

PROTEIN Dipstick/Tetra bromophenol blue/ Heat & Acid Test method).	TRACE	Nil
GLUCOSE (Oxidase Peroxidase method)	NIL	Nil
KETONE (Nitroprusside Method)	NEGATIVE	Nil
BILL PIGMENT (Diazo Method)	NEGATIVE	Negative
UROBILINOGEN (Ehrlich reaction)	NEGATIVE	Normal
Nitrite (Based on presence of bacteria)	NEGATIVE	Negative
Leucocyte Esterase (Esterase Diazonium Method)	NEGATIVE	Negative

After Centrifugation at 2500 R.P.M. For 5 Minutes

MICROSCOPIC EXAMINATION

RBC (Microscopic)	NIL	/ HPF	
PUS CELLS (Microscopic)	20-22	Per HPF	0 - 5 WBC/hpf
EPITHELIAL CELLS (Microscopic)	1-2	/hpf	Nil
CASTS (Microscopic)	NIL	Per LPF	0-0
CRYSTALS (Microscopic)	NIL		
Amorphous Material (Microscopic)	Nil	Per HPF	Nil
BACTERIA (Microscopic)	NIL	Per HPF	0-0



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Age/Sex	: 37 Y / Male	Sample Taken Date	: 20/Sep/2022 10:42AM
Client Code/Name	: MEDIWHEEL FULL BODY CHECKUP	Report Date	: 20/Sep/2022 02:50PM
Referred By Doctor	: Dr. B O B		

MEDIWHEEL MALE BELOW 40

CBC / COMPLETE BLOOD COUNT

HEMOGLOBIN (Hb) Photometry Cyanide Free	10.4	g/dl	13.5-17.5
TLC Impedence	7000	/cumm	4000-11000
<u>DLC (%)</u>			
NEUTROPHIL DHSS/Microscopic	72	%	40-80
LYMPHOCYTE DHSS/Microscopic	19	%	24-44
EOSINOPHIL DHSS/Microscopic	2	%	01-06
MONOCYTE DHSS/Microscopic	7	%	3-6
Platelet Impedance/Microscopic	122	10 ³ /μL	140 - 440
RBC COUNT Impedance	3.1	10 ⁶ /μL	4.5 - 5.5
PCV (HCT) Numeric Integration	32.7	%	41-53
MCV Calculated	104.5	fL	83-91
MCH Calculated	33.1	pg	26-34
MCHC Calculated	31.7	g/dL	31-37
RDW-CV Calculated	13.3	%	11.6 - 14.0
MPV	10.9	fL	8 - 12
ABSOLUTE NEUTROPHIL COUNT DHSS/Calculated	4.4	10 ³ /μL	2.00-7.00
ABSOLUTE LYMPHOCYTE COUNT DHSS/Calculated	1.2	10 ³ /μL	1.0-3.0
ABSOLUTE MONOCYTE COUNT DHSS/Calculated	1.2	10 ³ /μL	0.0.20-1.0
ABSOLUTE EOSINOPHIL COUNT DHSS/Calculated	0.2	10 ³ /μL	0.02 - 0.50
N/L Ratio	3.67	Ratio	Normal:1-3,Mildly High: 4-6,Moderately High:7-9



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Sample Type Whole Blood EDTA

Severly High: >9.0

ESR WESTERGREN (Automated)

ESR WESTERGREN (Automated)	22	m m	0 - 14
WESTERGREN			

Not in NABL Scope

Sample Type:EDTA Blood

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

BLOOD GROUP / ABO-RH

ABO	B
Reverse & Forward	
Rh	NEGATIVE
Reverse & Forward	

Sample Type:EDTA Blood



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Referred By Doctor : Dr. B O B

HbA1C/GLYCATED HEMOGLOBIN/GHB

HBA1C/GLYCATED HEMOGLOBIN 5.0 %
Average of Glucose Level 97 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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MEDIWHEEL MALE BELOW 40

T3 / TRIDOTHYRONINE TOTAL

T3 TOTAL 1.27 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 6.71 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) 1.71 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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Client Code/Name	: MEDIWHEEL FULL BODY CHECKUP	Report Date	: 03/Oct/2022 11:57AM
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MEDIWHEEL MALE BELOW 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 ***

