



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.	: 012308260035	Reg No/BarcodeNo	: 631815/01545912
Patient Name	: Mr.SARVESH KUMAR SINGH	Reg. Date	: 26/Aug/2023 09:33AM
Age/Sex	: 45 Y / Male	Sample Taken Date	: 26/Aug/2023 10:40AM
Client Code/Name	: MEDIWHEEL FULL BODY CHECKUP	Report Date	: 26/Aug/2023 11:43AM
Referred By Doctor	: Dr. BANK OF BARODA		

BIOCHEMISTRY

Blood Sugar (Fasting)

Blood Sugar Fasting Hexokinase 78 mg/dl 70 - 100

Sample Type:Plasma

Blood Sugar (PP)

Blood Sugar PP (2 Hr.) Hexokinase 123 mg/dl 70-140

Sample Type:Plasma

GAMMA GT/GGT

GAMMA GT / GGT 40 IU/l 12 - 64

Not in NABL Scope

Sample Type:Serum

BUN / BLOOD UREA NITROGEN

BLOOD UREA NITROGEN Urease 9 mg/dl 8.9 - 20.6

Sample Type:Serum

CREATININE SERUM

CREATININE, Serum Kinetic Alkaline Picrate 0.80 mg/dl 0.70 - 1.30

Sample Type:Serum

URIC ACID

URIC ACID, Serum Uricase 7.1 mg/dl 3.7 - 7.7

Sample Type:Serum



A Gupta

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



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BIOCHEMISTRY

LFT/LIVER FUNCTION TESTS

BILIRUBIN TOTAL Diazonium Salt	1.06	mg/dl	0.20 - 1.20
BILIRUBIN DIRECT Diazo Reaction	0.23	mg/dl	0.0 - 0.5
BILIRUBIN INDIRECT Calculated	0.83	mg/dl	0.10 - 0.8
SGOT /AST Enzymatic (NADH(Without P-5-P))	44	U/L	5 - 34
SGPT /ALT Enzymatic (NADH(Without P-5-P))	68	U/L	0.0 - 55
Alk. Phosphatase, Serum PNPP AMP Kinetic	98	U/L	40 - 150
PROTEIN TOTAL Biuret	8.0	g/dl	6.4 - 8.3
ALBUMIN BCG	4.8	g/dl	3.5 - 5.0
GLOBULIN Calculated	3.2	g/dl	2.3 - 3.5
A/G RATIO Calculated	1.5	Ratio	1.5 - 2.5

Sample Type:Serum



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BIOCHEMISTRY

Lipid Profile

CHOLESTEROL TOTAL Enzymetic	187	mg/dl	Desirable: <200 Boderline High: 200 – 239 High : ≥240
TRIGLYCERIDES GPO	165	mg/dl	Normal <150 Boderline High: 150 – 199 High : 200 – 499 Very High: ≥500
HDL CHOLESTEROL Accelerator Selective Detergent	51	mg/dl	40 - 60
LDL CHOLESTEROL Calculated	103	mg/dl	70 - 130
VDL CALCULATED Calculated	33	mg/dl	13 - 36
CHOL/ HDL RATIO Calculated	3.67	Ratio	Less than 4.0
LDL / HDL RATIO	2.02		

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	mg/dl	8.9 - 20.6
CREATININE, Serum Kinetic Alkaline Picrate Ratio	0.80	mg/dl	0.70 - 1.30
	11.25	mg/dl	5 - 20

Sample Type:Serum



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Age/Sex	: 45 Y / Male	Sample Taken Date	: 26/Aug/2023 02:51PM
Client Code/Name	: MEDIWHEEL FULL BODY CHECKUP	Report Date	: 26/Aug/2023 03:35PM
Referred By Doctor	: Dr. BANK OF BARODA		

CLINICAL PATHOLOGY

MEDIWHEEL MALE ABOVE 40

URINE SUGAR (F)

URINE SUGAR (F) NIL

(*Not in NABL Scope*)

URINE ROUTINE EXAMINATION

Method -Dipstick And Microscopy

PHYSICAL EXAMINATION

COLOUR	STRAW	
SPECIFIC GRAVITY (Based on pka change)	1.020	1.001-1.030
pH (methylred/Bromothymol blue method)	6.0	4.6 - 8.0
TURBIDITY	ABSENT	
Deposit (UR)	ABSENT	

Chemical

PROTEIN Dipstick/Tetra bromophenol blue/ Heat & Acid Test method).	NIL	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)	2-4	Per HPF	0 - 5 WBC/hpf
EPITHELIAL CELLS (Microscopic)	2-4	/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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CLINICAL PATHOLOGY

URINE SUGAR (PP)

URINE SUGAR (PP) NIL

(*Not in NABL Scope*)



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Age/Sex	: 45 Y / Male	Sample Taken Date	: 26/Aug/2023 09:59AM
Client Code/Name	: MEDIWHEEL FULL BODY CHECKUP	Report Date	: 26/Aug/2023 10:38AM
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HAEMATOLOGY

MEDIWHEEL MALE ABOVE 40

CBC / COMPLETE BLOOD COUNT

HEMOGLOBIN (Hb) Photometry Cyanide Free	15.00	g/dl	13.5-17.5
TLC Impedence	5500	/cumm	4000-11000
DLC (%)			
NEUTROPHIL DHSS/Microscopic	48	%	40-80
LYMPHOCYTE DHSS/Microscopic	42	%	24-44
EOSINOPHIL DHSS/Microscopic	3	%	01-06
MONOCYTE DHSS/Microscopic	7	%	3-6
Platelet Impedance/Microscopic	180	10 ³ /μL	140 - 440
RBC COUNT Impedance	4.90	10 ⁶ /μL	4.5 - 5.5
PCV (HCT) Numeric Integration	45.6	%	41-53
MCV Calculated	92.8	fL	83-91
MCH Calculated	30.6	pg	26-34
MCHC Calculated	33	g/dL	31-37
RDW-CV Calculated	12.1	%	11.6 - 14.0
MPV	11.9	fL	8 - 12
ABSOLUTE NEUTROPHIL COUNT DHSS/Calculated	2.64	10 ³ /μL	2.00-7.00
ABSOLUTE LYMPHOCYTE COUNT DHSS/Calculated	2.31	10 ³ /μL	1.0-3.0
ABSOLUTE MONOCYTE COUNT DHSS/Calculated	0.39	10 ³ /μL	0.0.20-1.0
ABSOLUTE EOSINOPHIL COUNT DHSS/Calculated	0.17	10 ³ /μL	0.02 - 0.50
N/L Ratio	1.14	Ratio	Normal:1-3,Mildly High: 4-6,Moderately High:7-9 Severly High: >9.0

Sample Type Whole Blood EDTA



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HAEMATOLOGY



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HAEMATOLOGY

MEDIWHEEL MALE ABOVE 40

ESR WESTERGREN (Automated)

ESR WESTERGREN (Automated) 8 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 POSITIVE
 Reverse & Forward

Sample Type:EDTA Blood



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HAEMATOLOGY

HbA1C/GLYCATED HEMOGLOBIN/GHB

HBA1C/GLYCATED HEMOGLOBIN 6.0 %
Average of Glucose Level 125 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:
 $eAG(mg/dl) = (28.7 \times HbA1c) - 46.7$

Not in NABL Scope

Sample Type:EDTA Blood



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IMMUNOASSAY

MEDIWHEEL MALE ABOVE 40

T3/TRIDOTHYRONINE TOTAL

T3 TOTAL 0.85 ng/mL 0.35 - 1.93
 CMIA

Sample Type:Serum

T4/THYROXIN TOTAL

T4 TOTAL 6.54 µg/dl 4.50 - 10.9
 CMIA

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



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IMMUNOASSAY

MEDIWHEEL MALE ABOVE 40

TSH (Thyroid Stimulating Hormone)

TSH (ECLIA) 4.49 μ IU/ml 0.35 - 5.50
CMIA

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

PSA/PROSTATE SPECIFIC ANTGEN TOTAL

PSA TOTAL 1.14 ng/ml 0.00 - 4.00
CMIA

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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Client Code/Name	: MEDIWHEEL FULL BODY CHECKUP	Report Date	: 12/Sep/2023 11:02AM
Referred By Doctor	: Dr. BANK OF BARODA		

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 ***

