Name	: MRS SHEETAL CHAUDHARY	Age	:	36 Yr(s) Sex :Female
Registration No	: MH011289181	Lab No	:	202309001692
Patient Episode	: H18000001060	Collection Date :		08 Sep 2023 12:37
Referred By	: HEALTH CHECK MGD	Reporting Date :		09 Sep 2023 09:19
Receiving Date	: 08 Sep 2023 12:37			

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated)Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	Light-Yellow	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.010	(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	1-2 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Name	: MRS SHEETAL CHAUDHARY	Age	:	36 Yr(s) Sex :Female
Registration No	: MH011289181	Lab No	:	202309001692
Patient Episode	: H18000001060	Collection Date :		08 Sep 2023 10:44
Referred By	: HEALTH CHECK MGD	Reporting Date :		09 Sep 2023 08:15
Receiving Date	: 08 Sep 2023 10:44			

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL

Serum LIPID PROFILE

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	136	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	78	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	40.0	mg/dl	[35.0-65.0]
VLDL- CHOLESTEROL (Calculated)	16	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	80.0	mg/dl	[<120.0] Near/

Above optimal-100-129

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	3.4		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.0		<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	: MRS SHEETAL CHAUDHARY	Age	:	36 Yr(s) Sex :Female
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Referred By	: HEALTH CHECK MGD	**Reporting Date :**		09 Sep 2023 08:15
Receiving Date	: 08 Sep 2023 10:44			

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL

KIDNEY PROFILE

Specimen: Serum

UREA	29.0	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	13.6	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.72	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	**3.5 #**	**mg/dl**	**[4.0-8.5]**
Method:uricase PAP			
SODIUM, SERUM	136.50	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.38	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.8	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	108.1	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	: MRS SHEETAL CHAUDHARY	Age	:	36 Yr(s) Sex :Female
Registration No	: MH011289181	Lab No	:	202309001692
Patient Episode	: H18000001060	Collection Date :		08 Sep 2023 10:44
Referred By	: HEALTH CHECK MGD	Reporting Date :		09 Sep 2023 08:15
Receiving Date	: 08 Sep 2023 10:44			

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL

LIVER FUNCTION TEST

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
BILIRUBIN - TOTAL *Method: D P D*	**0.28 #**	**mg/dl**	**[0.30-1.20]**
BILIRUBIN - DIRECT *Method: DPD*	0.04	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN(SERUM) *Method: Calculation*	0.24	mg/dl	[0.10-0.90]
TOTAL PROTEINS(SERUM) *Method: BIURET*	7.20	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) *Method: BCG*	4.12	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*	1.34		[1.00-2.50]
AST(SGOT) (SERUM) *Method: IFCC W/O P5P*	23.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) *Method: IFCC W/O P5P*	18.60	U/L	[14.00-54.00]
Serum Alkaline Phosphatase *Method: AMP BUFFER IFCC)*	65.0	IU/L	[32.0-91.0]
GGT	14.0	U/L	[7.0-50.0]

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.

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

Dr. Charu Agarwal
Consultant Pathologist

Name	: MRS SHEETAL CHAUDHARY	Age	:	36 Yr(s) Sex :Female
Registration No	: MH011289181	**Lab No**	:	202309001693
Patient Episode	: H18000001060	**Collection Date :**		08 Sep 2023 10:43
Referred By	: HEALTH CHECK MGD	**Reporting Date :**		08 Sep 2023 12:05
Receiving Date	: 08 Sep 2023 10:43			

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting
Specimen: Plasma

GLUCOSE, FASTING (F)	83.0	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.

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

Dr. Alka Dixit Vats
Consultant Pathologist

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE
Specimen:Plasma
GLUCOSE, POST PRANDIAL (PP), 2 HOURS   74.0 #   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

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

Dr. Charu Agarwal
Consultant Pathologist