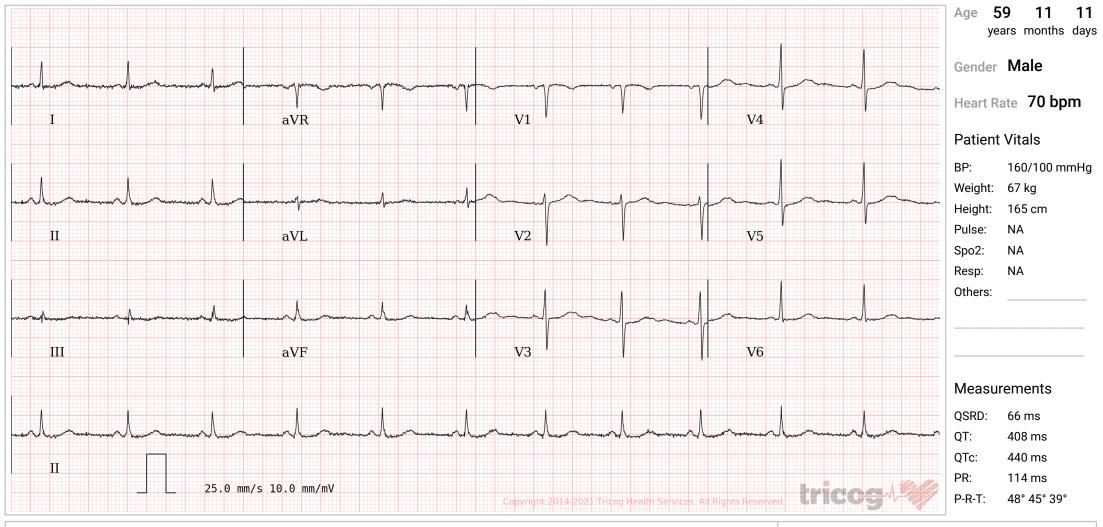
#### SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST



Patient Name: PRAKASH TAMBE

Date and Time: 25th Dec 21 10:03 AM

Patient ID: 2135939885



ECG Within Normal Limits: Sinus Rhythm, Normal Axis.Please correlate clinically.

REPORTED BY



DR SHAILAJA PILLAI MBBS, MD Physican MD Physican 49972

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



PRECISE TESTING				Ľ
CID	: 2135939885			Р
Name	: Mr PRAKASH TAMBE			0
Age / Sex	: 59 Years/Male		Use a QR Code Scanner Application To Scan the Code	D
Ref. Dr	:	Reg. Date	: 25-Dec-2021 / 11:48	R
Reg. Location	: G B Road, Thane West Main Centre	Reported	: 25-Dec-2021 / 11:51	Т

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#### **USG WHOLE ABDOMEN**

**LIVER:** *Liver appears normal in size and shows increased echoreflectivity.* There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**<u>GALL BLADDER</u>**: Gall bladder is contracted. (Not evaluated)

**<u>PORTAL VEIN:</u>** Portal vein is normal. **<u>CBD:</u>** CBD is normal.

**<u>PANCREAS</u>**: Visualised head of pancreas appears normal in size & echotexture. Rest is obscured by excessive bowel gas.

<u>**KIDNEYS**</u>: Right kidney measures 10.2 x 4.1 cm. Left kidney measures 9.1 x 5.3 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**<u>SPLEEN</u>**: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

<u>URINARY BLADDER</u>: Urinary bladder is distended and normal. Wall thickness is within normal limits. Prevoid volume is 178 cc Postvoid volume is 18 cc

**PROSTATE:** *Prostate is mildly enlarged in size and shows normal echotexture and measures 2.7 x 4.5 x 4.8 cm in dimension and 31.5 cc in volume.* No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Bowel gas++

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PRECISE TESTING ·	HEALTHIER LIVING			
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#### **IMPRESSION:**

- GRADE I FATTY INFILTRATION OF LIVER.
- MILD PROSTATOMEGALY.

Note:Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

#### Advice:Clinical co-relation and further evaluation.

-----End of Report-----

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Dr. Devendra Patil MBBS, MD (Radio-Diagnosis) Consultan Radiologist MMC - 2013/02/0165

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PRECISE TESTING .	HEALTHIER LIVING			
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<b>Reg.</b> Location	: G B Road, Thane West Main Centre	Reported	: 25-Dec-2021 / 10:59	Τ

#### **X-RAY CHEST PA VIEW**

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

#### **IMPRESSION:**

#### NO SIGNIFICANT ABNORMALITY IS DETECTED.

-----End of Report-----

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Collected Reported :25-Dec-2021 / 09:15 :25-Dec-2021 / 10:12

# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO ERYTHROCYTE SEDIMENTATION RATE (ESR) PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD ESR, EDTA WB-ESR 5 2-20 mm at 1 hr. Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West \*\*\* End Of Report \*\*\*



Amit Taom'

Dr.AMIT TAORI M.D (Path) Pathologist

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#### MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

	CBC (Complete Blood Count), Blood				
<u>PARAMETER</u>	RESULTS	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>		
<b>RBC PARAMETERS</b>					
Haemoglobin	15.2	13.0-17.0 g/dL	Spectrophotometric		
RBC	5.32	4.5-5.5 mil/cmm	Elect. Impedance		
PCV	44.5	40-50 %	Measured		
MCV	84	80-100 fl	Calculated		
MCH	28.5	27-32 pg	Calculated		
MCHC	34.1	31.5-34.5 g/dL	Calculated		
RDW	13.3	11.6-14.0 %	Calculated		
WBC PARAMETERS					
WBC Total Count	6400	4000-10000 /cmm	Elect. Impedance		
WBC DIFFERENTIAL AND A	BSOLUTE COUNTS				
Lymphocytes	41.0	20-40 %			
Absolute Lymphocytes	2624.0	1000-3000 /cmm	Calculated		
Monocytes	5.7	2-10 %			
Absolute Monocytes	364.8	200-1000 /cmm	Calculated		
Neutrophils	47.7	40-80 %			
Absolute Neutrophils	3052.8	2000-7000 /cmm	Calculated		
Eosinophils	5.6	1-6 %			
Absolute Eosinophils	358.4	20-500 /cmm	Calculated		
Basophils	0.0	0.1-2 %			
Absolute Basophils	0.0	20-100 /cmm	Calculated		
Immature Leukocytes	-				

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	283000	150000-400000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Calculated
PDW	12.5	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Macrocytosis	-		
Anisocytosis	-		
Poikilocytosis	-		
Polychromasia	-		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	Normocytic,Normochromic		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	-		
COMMENT	-		
Specimen: EDTA Whole Blood			
ESR, EDTA WB-ESR	5	2-20 mm at 1 hr.	Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West \*\*\* End Of Report \*\*\*



Bonit Taon'

Dr.AMIT TAORI M.D (Path) Pathologist

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO					
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>		
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	118.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase		
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	161.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase		
Urine Sugar (Fasting)	Absent	Absent			
Urine Ketones (Fasting)	Absent	Absent			
Urine Sugar (PP)	Absent	Absent			
Urine Ketones (PP)	Absent	Absent			

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West \*\*\* End Of Report \*\*\*



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Dr.AMIT TAORI M.D (Path) Pathologist

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: 25-Dec-2021 / 09:15 :25-Dec-2021 / 13:35

#### MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO GLYCOSYLATED HEMOGLOBIN (HbA1c) RESULTS BIOLOGICAL REF RANGE METHOD PARAMETER

Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	142.7	mg/dl	Calculated

#### Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

#### **Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

#### Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

#### Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

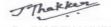
Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West \*\*\* End Of Report \*\*\*







**Dr.JYOT THAKKER** M.D. (PATH), DPB Pathologist & AVP( Medical Services)



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: MR. PRAKASH TAMBE

:2135939885

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## MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO PROSTATE SPECIFIC ANTIGEN (PSA) ER RESULTS BIOLOGICAL REF RANGE METHOD

#### PARAMETER

TOTAL PSA, Serum

0.868

0.03-3.5 ng/ml

ECLIA

1. PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.

2. The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer.

3. Calculation of the ratio of Free to Total PSA (ie. FPSA/TPSA), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

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Anto

Dr.ANUPA DIXIT M.D.(PATH) Consultant Pathologist & Lab Director



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#### MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO EXAMINATION OF FAECES

PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>
PHYSICAL EXAMINATION		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
CHEMICAL EXAMINATION		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
MICROSCOPIC EXAMINATION		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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Amit Taom'

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#### MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>			
PHYSICAL EXAMINATION						
Color	Yellow	Pale Yellow	-			
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator			
Specific Gravity	1.020	1.010-1.030	Chemical Indicator			
Transparency	Clear	Clear	-			
Volume (ml)	40	-	-			
<b>CHEMICAL EXAMINATION</b>						
Proteins	Absent	Absent	pH Indicator			
Glucose	Absent	Absent	GOD-POD			
Ketones	Absent	Absent	Legals Test			
Blood	Absent	Absent	Peroxidase			
Bilirubin	Absent	Absent	Diazonium Salt			
Urobilinogen	Normal	Normal	Diazonium Salt			
Nitrite	Absent	Absent	Griess Test			
MICROSCOPIC EXAMINATION	N					
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf				
Red Blood Cells / hpf	Absent	0-2/hpf				
Epithelial Cells / hpf	1-2					
Casts	Absent	Absent				
Crystals	Absent	Absent				
Amorphous debris	Absent	Absent				
Bacteria / hpf	2-3	Less than 20/hpf				

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West \*\*\* End Of Report \*\*\*





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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO **BLOOD GROUPING & Rh TYPING** 

#### PARAMETER

#### RESULTS

**ABO GROUP** AB **Rh TYPING** 

Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

#### Clinical significance:

ABO system is most important of all blood group in transfusion medicine

#### Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

#### **Refernces:**

- Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia 1.
- 2. AABB technical manual

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Consulting Dr.: -Reg. Location: G B Road, Thane West (Main Centre)

: MR. PRAKASH TAMBE

: 59 Years / Male

:2135939885

### MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

Collected

Reported

<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
CHOLESTEROL, Serum	146.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	136.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	36.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	110.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	84.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	26.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated
*Sample processed at SUBURBAN DI	AGNOSTICS (INDIA) PVT I TO	G B Road Lab. Thane West	

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#### MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO **KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
BLOOD UREA, Serum	17.3	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.1	6-20 mg/dl	Calculated
CREATININE, Serum	1	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	81	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	4.6	3.5-7.2 mg/dl	Uricase
PHOSPHORUS, Serum	3.1	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.9	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	4.1	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	99	98-107 mmol/l	ISE

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#### MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO **THYROID FUNCTION TESTS**

PARAMETER	<u>RESU</u>	LTS BIOLOGICA	AL REF RANGE METHOD
Free T3, Serum	5.2	3.5-6.5 pmol	/L ECLIA
Free T4, Serum	16.9	11.5-22.7 pm	ol/L ECLIA
sensitiveTSH, Ser	um 1.54	0.35-5.5 micr	roIU/ml ECLIA

#### Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

#### **Clinical Significance:**

1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations: Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

#### **Reference:**

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)

2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357

3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition

4.Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO LIVER FUNCTION TESTS

Collected

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PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.55	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.27	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	31.5	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	42.4	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	26.5	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	64.9	40-130 U/L	PNPP

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