



CID : 2305622138
Name : Mrs MANISHA RANE
Age / Sex : 45 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 10:38

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.8 cm) shape and smooth margins. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein measures 10 mm and CBD appears measures 3.2 mm .
The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualized and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney measures 10.1 x 4.8 cm. Left kidney measures 10.8 x 5.0 cm.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (8.4 cm) and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

Uterus is retroverted, Bulky in size and measures 6.9 x 5.9 x 5.2 cm. (Volume is 117 cc).

It shows heterogenous echotexture with mild loss of endometrial-myometrial junction with myometrial calcifications ---- suggestive of Adenomyosis.

A 4.3 x 3.8 cms sized sub-serosal fibroid is noted at the fundus.

The endometrial thickness is 6.2 mm.

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OVARIES:

Both the ovaries are well visualized and appears normal.

There is no evidence of any ovarian or adnexal mass seen.

Right ovary = 2.4 x 1.8 cm Left ovary = 2.4 x 1.5 cm

IMPRESSION:-

GRADE I FATTY LIVER.

BULKY UTERUS WITH FEATURES OF ADENOMYOSIS.

SUBSEROSAL FIBROID AS DESCRIBED ABOVE.

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

This report is prepared and physically checked by Dr Akash Chhari before dispatch.

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

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sionNo=2023022509323119

Date:- 25/2/23

CID: 230562138

Name:- Mrs. Manisha Rane

Sex/Age: F/45

EYE CHECK UP

Chief complaints: Routine check up

Systemic Diseases: no h/o st

Past history: no h/o Ocular surgery

hlogl
 -3.50 -0.75 x 10
 -3.0 -1.0 x 180
 Add +1.25

Unaided Vision: 6/60 6/60

Aided Vision: 6/6, 12/6 6/6, 12/6

Refraction:

Both Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-3.25	-0.75	10	6/6	-3.0	-1.25	170	6/6
Near	-2.0	-0.75	10	12/6	-1.75	-1.25	170	12/6

Colour Vision: Normal / Abnormal

Remark: Un within normal limit

Kajal Nagrecha
KAJAL NAGRECHA
 OPTOMETRIST

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 Row No. 3, Aangan,
 Thakur Village, Kandivali (east),
 Mumbai - 400101.
 Tel: 61700000

DENTAL CHECK - UP

Name:- *Manisha Rane*

CID: *2365622138* Sex / Age: *F / 45*

Occupation:-

Date: *25/02/2023*

Chief complaints:- *No complaints*

Medical / dental history:- *NO relevant history*

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: *Normal movements*
- b) Facial Symmetry: *Bilateral symmetrical*

2) Intra Oral Examination:

- a) Soft Tissue Examination: *Normal*
- b) Hard Tissue Examination: *multiple spacing seen (Prosthetic)*
- c) Calculus: *++*
- Stains: *++*

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

<input type="checkbox"/>	Missing	#	Fractured
<input type="checkbox"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="checkbox"/>	Cavity/Caries	RP	Root Piece

Advised: *a) Scaling & Polishing [cleaning]*

Provisional Diagnosis:-
- Nil -

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Thakur Vilega, Kandivali (east),
Mumbai - 400101.
Tel : 81700800

DR. BHUMIK PATEL
(B.D.S) A - 23378
Dr Bhumik Patel
[Signature]



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Name : Mrs MANISHA RANE
Age / Sex : 45 Years/Female
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Reg. Location : Kandivali East Main Centre

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Reported : 25-Feb-2023 / 13:22

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-----

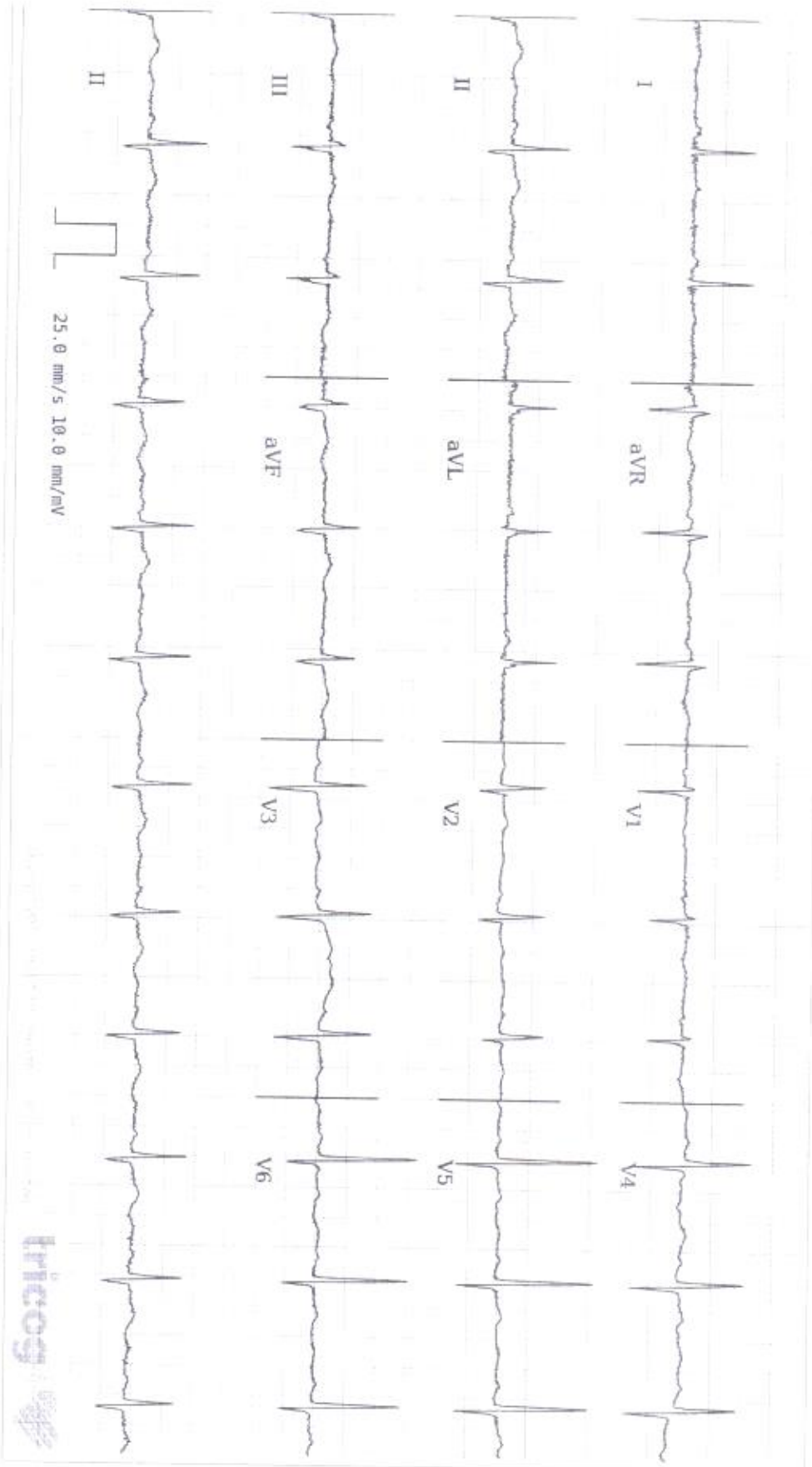
This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

**Dr. FAIZUR KHILJI
MBBS, RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist**

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Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access) sionNo=2023022509323132

Patient Name: **MANISHA RANE**
Patient ID: **2305622138**

Date and Time: **25th Feb 23 12:11 PM**



Sinus Rhythm, Non-specific ST/T wave abnormality. Please correlate clinically.

Age **45** **1** **17**
years months days

Gender **Female**

Heart Rate **71bpm**

Patient Vitals

BP: **130/90 mmHg**

Weight: **73 kg**

Height: **147 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **80ms**

QT: **376ms**

QTc: **408ms**

PR: **148ms**

P-R-T: **12° -1° 59°**

REPORTED BY

(Signature)

DR ANHU PARULKAR
Cardiologist
MIRUS.MD.MEDICINE.DNB(Cardiologist)
2012082483

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Regd. Office: Plot No. 3, Aaregari,
Thane West, Kandivali (W),
Mumbai - 400101.

Tel : **61700009**

Disclaimer: / Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other medical and non-invasive tests and must be correlated to a qualified physician. All findings which are not covered by the description and not derived from the ECG.

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 Name : MRS.MANISHA RANE
 Age / Gender : 45 Years/Female
 Consulting Dr. :
 Reg.Location : Kandivali East (Main Centre)
 Collected : 25-Feb-2023 / 09:31
 Reported : 26-Feb-2023 / 10:38

PHYSICAL EXAMINATION REPORT

History and Complaints:

Migraine since 5 yrs, Hypothyrod 4 yrs.

EXAMINATION FINDINGS:

Height (cms):	147 cms	Weight (kg):	73 kgs
Temp (0c):	Afebrile	Skin:	Dry skin
Blood Pressure (mm/hg):	130/90	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not palpable

Systems

Cardiovascular: Normal
 Respiratory: occ rhonchi +
 Genitourinary: Normal
 GI System: Normal
 CNS: Normal

IMPRESSION:

*Eosinophilia
 HbA1c 6%
 OCA - non specific RT/T wave
 abnormal
 - legs - fatty limbs
 - Bulky ut & feature
 of adenomyosis
 - Subserosal fibroids*

ADVICE:

*Diabetalgut
 Gynae / opimen*

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CHIEF COMPLAINTS:


- | | |
|--|----------------------------|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | Yes |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | Appendectomy at age 12 yrs |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Veg |
| 4) Medication | Yes |

*** End Of Report ***

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
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Thakur Village, Kurla - 400012
Mumbai - 400012
Tel : 61700000


Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548



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Reg. Location : Kandivali East (Main Centre)

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.58	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.2	36-46 %	Measured
MCV	83	80-100 fl	Calculated
MCH	26.6	27-32 pg	Calculated
MCHC	31.8	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7230	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.1	20-40 %	
Absolute Lymphocytes	2537.7	1000-3000 /cmm	Calculated
Monocytes	5.5	2-10 %	
Absolute Monocytes	397.6	200-1000 /cmm	Calculated
Neutrophils	51.5	40-80 %	
Absolute Neutrophils	3723.4	2000-7000 /cmm	Calculated
Eosinophils	7.1	1-6 %	
Absolute Eosinophils	513.3	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	57.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	241000	150000-400000 /cmm	Elect. Impedance
MPV	9.7	6-11 fl	Calculated
PDW	16.4	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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Hypochromia	-
Microcytosis	-
Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 14 2-20 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***

Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist





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Age / Gender : 45 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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Reported : 25-Feb-2023 / 16:24

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	77.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***

Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist





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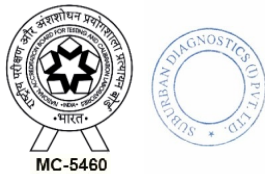
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	17.7	19.29-49.28 mg/dl	Calculated
BUN, Serum	8.3	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.75	0.50-0.80 mg/dl	Enzymatic
eGFR, Serum	89	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	3.8	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	5.4	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.4	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.0	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	139	136-145 mmol/l	IMT
POTASSIUM, Serum	4.5	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	107	98-107 mmol/l	IMT

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



Dr. Leena Salunkhe
Dr. LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	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 SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. Leena Salunkhe
Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



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Reg. Location : Kandivali East (Main Centre)

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

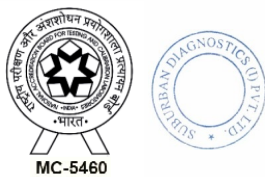
- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions 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.

References:

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***



Anupa

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



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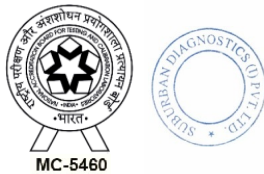
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	143.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	93.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	31.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	111.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	93.2	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	Calculated
VLDL CHOLESTEROL, Serum	18.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



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M.B.B.S, DPB (PATH)
Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.3	3.5-6.5 pmol/L	CLIA
Free T4, Serum	16.0	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	4.860	0.55-4.78 microIU/ml	CLIA



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Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal upto15 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 transiently altered because 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:

1. 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.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

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)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. Leena Salunkhe
Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



CID : 2305622138
Name : MRS.MANISHA RANE
Age / Gender : 45 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 25-Feb-2023 / 09:37
Reported : 25-Feb-2023 / 15:26

Use a QR Code Scanner
Application To Scan the Code

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.30	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.11	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.19	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	3.8	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	13.6	<34 U/L	Modified IFCC
SGPT (ALT), Serum	8.6	10-49 U/L	Modified IFCC
GAMMA GT, Serum	11.5	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	78.5	46-116 U/L	Modified IFCC

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