Name	:	MR DEEPAK KUMAR		Age	:	36 Yr(s) Sex :Male
Registration No	:	MH011293018		**Lab No**	:	202309002074
Patient Episode	:	H18000001094		**Collection Date :**		09 Sep 2023 12:03
Referred By	:	HEALTH CHECK MGD		**Reporting Date :**		09 Sep 2023 16:10
Receiving Date	:	09 Sep 2023 12:03				

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL

COMPLETE BLOOD COUNT (AUTOMATED) SPECIMEN-EDTA Whole Blood

RBC COUNT (IMPEDENCE)	**6.08 #**	**millions/cumm**	**[4.50-5.50]**
HEMOGLOBIN	**17.9 #**	**g/dl**	**[13.0-17.0]**
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	**55.2 #**	**%**	**[40.0-50.0]**
MCV (DERIVED)	90.8	fL	[83.0-101.0]
MCH (CALCULATED)	29.4	pg	[25.0-32.0]
MCHC(CALCULATED)	32.4	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	12.8	%	[11.6-14.0]
Platelet count	175	x 10³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV(DERIVED)	10.0		
WBC COUNT(TC)(IMPEDENCE)	5.31	x 10³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT			
(VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	55.0	%	[40.0-80.0]
Lymphocytes	35.0	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	**15.0 #**	**mm/1sthour**	**[0.0-**

Name	:	MR DEEPAK KUMAR	Age	:	36 Yr(s) Sex :Male
Registration No	:	MH011293018	**Lab No**	:	202309002074
Patient Episode	:	H18000001094	**Collection Date :**		09 Sep 2023 12:04
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		09 Sep 2023 18:33
Receiving Date	:	09 Sep 2023 12:04			

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated)Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.020	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	+	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	+	(NORMAL)

MICROSCOPIC EXAMINATION(Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	0-1/hpf	(0-2/hpf)
Epithelial Cells	1-2 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Name	:	MR DEEPAK KUMAR	Age	:	36 Yr(s) Sex :Male
Registration No	:	MH011293018	Lab No	:	202309002074
Patient Episode	:	H18000001094	Collection Date :		09 Sep 2023 12:04
Referred By	:	HEALTH CHECK MGD	Reporting Date :		09 Sep 2023 15:19
Receiving Date	:	09 Sep 2023 12:04			

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
SERUM CREATININE (mod.Jaffe)	0.47 #	mg/dl	[0.70-1.20]
*eGFR	143.0	ml/min/1.73sq.m	[>60.0]

Disclaimer :
        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.

BUN, BLOOD UREA NITROGEN	10.0	mg/dl	[8.0-20.0]

Technical Notes:
 In conjunction with serum creatinine, BUN and urea level aid in differential diagnosis
 of prerenal, renal and post renal hyper uremia Causes of Increased levels include Pre renal
 (high protein diet, Increased protein catabolism, GI hemorrhage, Dehydration, CHF) Renal
 (Renal Failure), Post Renal (Malignancy, Nephrolithiasis, Prostatism)

 Causes of decreased level include Liver disease, SLADH

Name	:	MR DEEPAK KUMAR	Age	:	36 Yr(s) Sex :Male
Registration No	:	MH011293018	Lab No	:	202309002074
Patient Episode	:	H18000001094	Collection Date :		09 Sep 2023 12:04
Referred By	:	HEALTH CHECK MGD	Reporting Date :		09 Sep 2023 15:19
Receiving Date	:	09 Sep 2023 12:04			

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL

Test Name	Result	Unit	Biological Ref. Interval
URIC ACID, Serum (Uricase)	7.5	mg/dl	[4.0-8.5]

Technical Notes:
Useful for monitoring therapeutic management of gout and chemotherapeutic treatment of neoplasms Causes of Increased levels:-Dietary (High Protein Intake, Prolonged Fasting, Rapid weight loss), Gout, Lesch nyhan syndrome, Type 2 DM, Metabolic syndrome.
Causes of decreased levels-Low Zinc intake, OCP, Multiple Sclerosis

Serum LIPID PROFILE

Test Name	Result	Unit	Biological Ref. Interval
Serum TOTAL CHOLESTEROL	**241 #**	**mg/dl**	**[<200]**
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	**171 #**	**mg/dl**	**[<150]**
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	53.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	34	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	**154.0 #**	**mg/dl**	**[<120.0]**
			Near/

Above optimal-100-129

			Borderline High:130-159
			High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	4.5		<4.0 Optimal
			4.0-5.0 Borderline
			>6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.9		<3 Optimal

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			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

Page 5 of 7

NOTE:
   # - Abnormal Values

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

Dr. Alka Dixit Vats
Consultant Pathologist

Name	:	MR DEEPAK KUMAR	Age	:	36 Yr(s) Sex :Male
Registration No	:	MH011293018	Lab No	:	202309002075
Patient Episode	:	H18000001094	Collection Date :		09 Sep 2023 12:03
Referred By	:	HEALTH CHECK MGD	Reporting Date :		09 Sep 2023 15:23
Receiving Date	:	09 Sep 2023 12:03			

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting
Specimen: Plasma

GLUCOSE, FASTING (F)	100.0	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.

   NOTE:
      # - Abnormal Values

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

Dr. Alka Dixit Vats
Consultant Pathologist

Name	:	MR DEEPAK KUMAR		Age	:	36 Yr(s) Sex :Male
Registration No	:	MH011293018		Lab No	:	202309002076
Patient Episode	:	H18000001094		Collection Date :		09 Sep 2023 14:54
Referred By	:	HEALTH CHECK MGD		Reporting Date :		09 Sep 2023 18:07
Receiving Date	:	09 Sep 2023 14:54				

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE
Specimen:Plasma
GLUCOSE, POST PRANDIAL (PP), 2 HOURS   124.0   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

NOTE:
     # - Abnormal Values

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

Dr. Alka Dixit Vats
Consultant Pathologist