

## FINAL REPORT

Bill No.	: APHHC240000811	Bill Date	: 27-04-2024 09:21
Patient Name	: MRS. RENU KUMARI	UHID	: APH000022844
Age / Gender	: 35 Yrs / FEMALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24016529	Current Ward / Bed	: /
		Receiving Date & Time	: 27-04-2024 15:44
		Reporting Date & Time	: 27-04-2024 16:31

### BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood, Plasma, Serum

#### MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		16	mg/dL	15 - 45
BUN <small>(CALCULATED)</small>		7.5	mg/dL	7 - 21

CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	<b>L</b>	<b>0.5</b>	mg/dL	0.6 - 1.1
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GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		84.0	mg/dL	70 - 100
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Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.  
(As per American Diabetes Association recommendation)

GLUCOSE-PLASMA (POST PRANDIAL) <small>(UV Hexokinase)</small>		91.0	mg/dL	70 - 140
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Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.  
(As per American Diabetes Association recommendation)

#### LIPID PROFILE

CHOLESTROL-TOTAL <small>(CHO-POD)</small>		102	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>	<b>L</b>	<b>29</b>	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>		59	mg/dL	0 - 100
S. TRIGLYCERIDES <small>(GPO - POD)</small>		145	mg/dL	0 - 160
NON-HDL CHOLESTROL		73.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.5		½Average Risk <3.3 Average Risk 3.3 - 4.4 2 Times Average Risk 4.5 - 7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		2.0		½Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-6.1
CHOLESTROL-VLDL		29	mg/dL	10 - 35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
  1. Cigarette smoking.
  2. Hypertension.
  3. Family history of premature coronary heart disease.
  4. Pre-existing coronary heart disease.

#### LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL <small>(DPD)</small>		0.59	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.12	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.47	mg/dL	0.2 - 0.8
S. PROTEIN-TOTAL <small>(Buret)</small>		6.3	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.0	g/dL	

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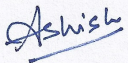
S.GLOBULIN	<b>L</b>	<b>2.3</b>	g/dL	2.8-3.8
A/G RATIO		1.74		1.5 - 2.5
ALKALINE PHOSPHATASE <small>(IFCC AMP BUFFER)</small>		79.2	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>		17.3	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>		27.4	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>		32.1	IU/L	7 - 35
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>		206.6	IU/L	0 - 248
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.3	g/dL	6 - 8.1
URIC ACID <small>Uricase - Trinder</small>		5.5	mg/dL	2.6 - 7.2

**\*\* End of Report \*\***

### **IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low

Laboratory test results are to be clinically correlated.  
Storage and discard of Specimen shall be as per AIMS specimen retention policy.  
Test results are not valid for Medico - Legal purposes.



**DR. ASHISH RANJAN SINGH**  
MBBS,MD  
CONSULTANT

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Sample Type: EDTA Whole Blood, Plasma, Serum

### MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550

HBA1C (Turbidimetric Immuno-inhibition)

5.3

%

4.0 - 6.2

#### INTERPRETATION:

HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

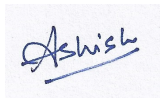
- Note:
- 1.A three monthly monitoring is recommended in diabetics.
  2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

**\*\* End of Report \*\***

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Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24016445	Current Ward / Bed	: /
		Receiving Date & Time	: 27-04-2024 10:26
		Reporting Date & Time	: 27-04-2024 14:56

## BLOOD BANK REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

**MEDIWHEEL FULL BODY HEALTH CHECKUP\_FEMALE BELOW40@2550**

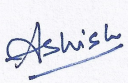
BLOOD GROUP (ABO)	"B"
RH TYPE	POSITIVE

**\*\* End of Report \*\***

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