Mediwheel <wellness@mediwheel.in>

Tue 2/13/2024 5:51 PM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com> Cc:customercare@mediwheel.in <customercare@mediwheel.in>



011-41195959

Dear Manipal Hospital

We have received a booking request for the details are following. Please provide your confirmation by clicking on the yes button.

Are you sure to confirm the booking?

Name

: MR. TYAGI VIVEK

Package Name

: Mediwheel Full Body Health Checkup Male Below 40

Package Code

: PKG10000474

Location

NH-24, Hapur Road, Oppo. Bahmeta Village, Near Lancraft Golf-

Links Aparment

Contact Details

: 7983109374

E-mail id

: vivek.tyagi@bankofbaroda.co.in

Booking Date

: 13-02-2024

Appointment Date

: 17-02-2024

Member Information					
Booked Member Name	Age	Gender			
MR. TYAGI VIVEK	31 vear	Male			

Please login to your account to confirm the same. Also you mail us for confirmation

Hospital Package

Name

Mediwheel Full Body Health Checkup Male Below 40

User Package Name Hediwheel Full Body Health Checkup Male Below 40

- · Stool Test
- · Thyroid Profile
- ESR
- · Blood Glucose (Fasting)
- · General Physician Consultation
- TMT OR 2D ECHO
- · Blood Group
- · Blood Glucose (Post Prandial)
- · Chest X-ray
- ECG
- 21 Tests included in this Package
- USG Whole Abdomen
- · Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- · Urine analysis
- CBC
- HbA1c
- Lipid Profile
- · Kidney Profile
- · Liver profile

Thanks, Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

*	i(e.2024 - 25. Accofesii Healthcare Pvt Limited.(Mediwheel)	
		:

Covern ment of 9

भारतीय विशिष्ट पहचान प्राधिकरण **ue** Identification Authority of Ind Ō,

नामांकन क्रम/ Enrolment No.: 0000/00730/70562

Download Date: 26/03/2021 Vivek Tyagi विवेक त्यामी

MEENAKSHI PURAM D 31/1 AVANISH TYAGI

MAWANA ROAD MEERUT

7417028543 Meerut Uttar Pradesh - 250001 Meerut Cantt



lasue Date: 25/03/2021





मरा आधार, VID: 9133 7970 3047 5400 7059 4507 7734 मेरी पहचान

आपुक्क आधार क्रमांक / Your Aadhaar No.

Government of India विवेक त्यान

जन्म तिथि/DOB: 12/03/1992

gow/ MALE Vivek Tyagi 100

आरत सरकार



lasue Date: 25/03/2021

Download Date: 26/03/2021

■ आधार पहचान का प्रमाण है, नागरिकता का नहीं।

स्वना

- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेटिकेशन से पहचान प्रमाणित करें
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

NFORMATION

- Aadhaar is a proof of identity, not of citizenship
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.
- आधार देश भर में मान्य है
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- के साथ। आधार को अपने रमार्ट फोन पर रखें, mAadhaar App
- Aadhaar is valid throughout the country.
- and non-Government services easily Aadhaar helps you avail various Government
- 雕 Keep your mobile number & email ID updated in Aadhaar.
- mAadhaar App Carry Aadhaar in your smart phone - use



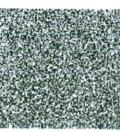
Unique Identification Authority of India भारतीय विशिष्ट पहुंचान प्राधिकरण

AAAHOAA

पता: अवनीश त्यागी, डी 31/1, मीनाक्षी पुरम, मावना मार्ग मेरठ,



Address:
AVANISH TYAGI, D 31/1, MEENAKSHI
PURAM, MAWANA ROAD MEERUT,
Meerut, Meerut, Uttar Pradesh - 250001





नामः VIVEK TYAGI

Name:

कर्मचारी कूट क्र. **125650** E. C. No.



ारीकरी प्रक्रिकरी हु प्र सु) इका. नदि. issuing Authority CM (S). ZO, ND



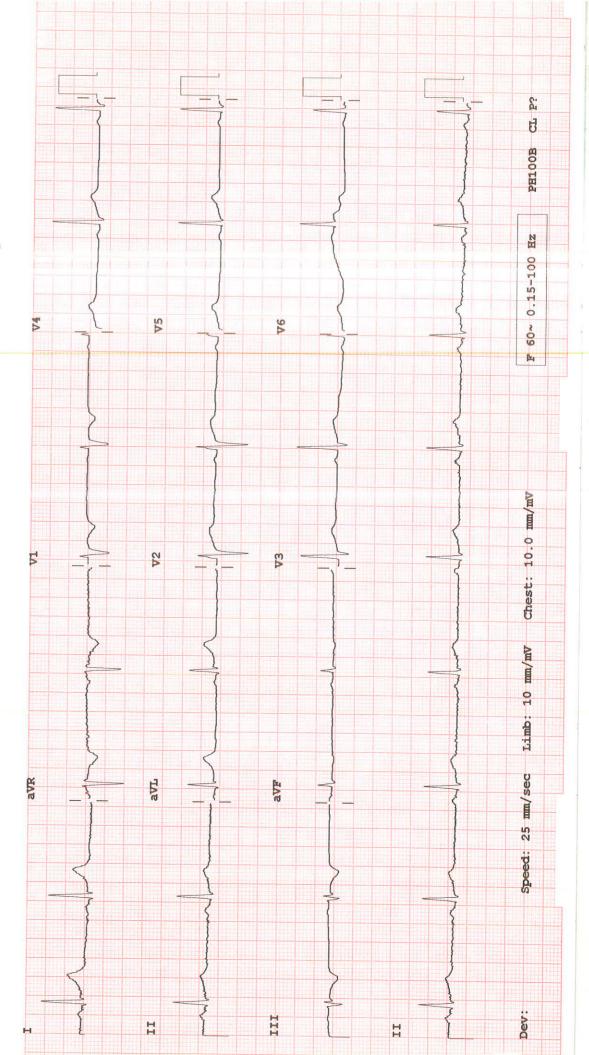


धारक के हस्तावर Signature of Holder

सिंहम पर जिस्तिवित को होताएँ सहमाक महाज्यक (दुरहा) इस औक श्रदेश कार्यार संस्टर हो 26 को होंक मान्दा कुलो कोम्पलेक्स मुंबई 400 061, भारत कोल, 91 22 6698 51 96 केंक्स 91 22 2652 5747 If found, please return to: Asst. General Manager (Security) Bank of Baroda, Baroda Corporate Center C-26, G-Block, Bandra-Kurla Complex Mumbai 400 051, India Phone : 91 22 6698 5196, Fax :91 22 2652 5747

प्रकार निष्ठ / Blood Group : AB+ प्रकार केन्द्र **MOLE ON CHEST** Identification Marks : - BORDERLINE ECG -

Unconfirmed Diagnosis



manipalhospitals





TMT INVESTIGATION REPORT

Patient Name Mr VIVEK TYAGI

Location

Age/Sex

: 31Year(s)/male

Visit No

: V000000001-GHZB

Order Date

: 17/02/2024

: Ghaziabad

MRN No

MH010712441

Report Date

: 17/02/2024

Protocol

: Bruce

MPHR

: 186BPM

Duration of exercise

Ref. Doctor : HCP

: 10min 31sec

85% of MPHR

: 162BPM

Reason for termination

: THR achieved

% Target HR

Peak HR Achieved : 189BPM

Blood Pressure (mmHg) : Baseline BP : 132/90mmHg

: 98%

Peak BP : 150/92mmHg

METS

: 12.6METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
DDF EVC	0:00	61	132/90	Nil	No ST changes seen	Nil
PRE- EXC.	P6330.301 15		140/90	Nil	No ST changes seen	Nil
STAGE 1	3:00	96	140/90		8	Nil
STAGE 2	0:06+	102	140/90	Nil	No ST changes seen	
STAGE 3	03:00	148	150/92	Nil	No ST changes seen	Nil
STAGE 4	1:31	185	150/92	Nil	No ST changes seen	Nil
	4.05	80	150/90	Nil	No ST changes seen	Nil
RECOVERY	4:05	80	130/30		505	

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is negative for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh

MD, DM (CARDIOLOGY), FACC Sr. Consultant Cardiology

Dr. Abhishek Singh

Dr. Sudhanshu Mishra

MD, DNB (CARDIOLOGY), MNAMS MD Sr.Consultant Cardiology

Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P: 0120-3535353

Page 1 of 2

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com





NAME	MR Vivek TYAGI	STUDY DATE	17/02/2024 10:29AM
AGE / SEX	31 y / M	HOSPITAL NO.	MH010712441
ACCESSION NO.	R6898210	MODALITY	US
REPORTED ON	17/02/2024 11:05AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: Liver is normal in size (measures 137 mm), shape and echotexture. Rest normal. SPLEEN: Spleen is normal in size (measures 101 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9.9 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.5 mm.

IVC, HEPATIC VEINS: Normal. BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended with normal walls. A single non-mobile echogenic shadow without posterior acoustic shadowing is seen embedded in posterior wall of gallbladder measuring \sim 3.2 mm suggesting solitary small polyp /cholesterol granule. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is

maintained. Rest normal.

Right Kidney: measures 92 x 31 mm. Left Kidney: measures 97 x 46 mm. PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged. FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest

normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 35 x 26 x 23 mm with volume 11 cc.

Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Small polyp / Solitary cholesterol granule embedded in posterior wall of gallbladder.

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

*****End Of Report*****





NAME	MR Vivek TYAGI	STUDY DATE	17/02/2024 10:03AM
AGE / SEX	31 y / M	HOSPITAL NO.	MH010712441
ACCESSION NO.	R6898209	MODALITY	CR
REPORTED ON	17/02/2024 10:15AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal. TRACHEA: Normal. CARINA: Normal.

RIGHT AND LEFT MAIN BRONCHI: Normal.

PLEURA: Normal. HEART: Normal.

RIGHT HEART BORDER: Normal. LEFT HEART BORDER:Normal. PULMONARY BAY: Normal. PULMONARY HILA: Normal.

AORTA: Normal.

THORACIC SPINE: Normal.

OTHER VISUALIZED BONES: Normal. VISUALIZED SOFT TISSUES: Normal.

DIAPHRAGM: Normal.

VISUALIZED ABDOMEN: Normal.

IMPRESSION:

No significant abnormality noted.

Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB

CONSULTANT RADIOLOGIST

Marica.

*****End Of Report****





Name

: MR VIVEK TYAGI

Age

31 Yr(s) Sex :Male

Registration No

MH010712441

Lab No

202402002881

Patient Episode

: H18000001810

Collection Date:

17 Feb 2024 09:53

Referred By

: HEALTH CHECK MGD

Reporting Date :

17 Feb 2024 13:48

Receiving Date

: 17 Feb 2024 09:53

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ELFA)
T4 - Thyroxine (ELFA)

0.690 ng/ml 6.640 ug/ dl [0.610-1.630] [4.680-9.360]

Thyroid Stimulating Hormone

7.830 # µIU/mL

[0.250-5.000]

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect.

In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders.

The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.

Page 1 of 2





Name

: MR VIVEK TYAGI

Age

31 Yr(s) Sex :Male

Registration No

MH010712441

Lab No

202402002881

Patient Episode

: H18000001810

Collection Date:

17 Feb 2024 09:53

Referred By

: HEALTH CHECK MGD

Reporting Date:

17 Feb 2024 14:35

Receiving Date

: 17 Feb 2024 09:53

BLOOD BANK

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing

AB Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Page 2 of 2

NOTE:

- Abnormal Values

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

Dr. Alka Dixit Vats Consultant Pathologist





LABORATORY REPORT

Name

: MR VIVEK TYAGI

Registration No

: MH010712441

Patient Episode

: H18000001810

Referred By

: HEALTH CHECK MGD

Receiving Date

TEST

: 17 Feb 2024 09:53

Age

31 Yr(s) Sex: Male

Lab No

202402002881

Collection Date:

17 Feb 2024 09:53

Reporting Date:

17 Feb 2024 13:48

BIOLOGICAL REFERENCE INTERVAL

BIOCHEMISTRY

UNIT

RESULT

LIVER FUNCTION TEST				
BILIRUBIN - TOTAL Method: D P D	0.63	mg/dl	[0.30-1.20]	
BILIRUBIN - DIRECT Method: DPD	0.11	mg/dl	[0.00-0.30]	
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.52	mg/dl	[0.10-0.90]	
TOTAL PROTEINS (SERUM) Method: BIURET	7.00	gm/dl	[6.60-8.70]	
ALBUMIN (SERUM) Method: BCG	4.66	g/dl	[3.50-5.20]	
GLOBULINS (SERUM) Method: Calculation	2.30	gm/dl	[1.80-3.40]	
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.99		[1.00-2.50]	
AST(SGOT) (SERUM) Method: IFCC W/O P5P	24.00	U/L	[0.00-40.00]	
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	26.40	U/L	[17.00-63.00]	
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	80.0	IU/L	[32.0-91.0]	
GGT	30.0	U/L	[7.0-50.0]	

Page 5 of 7





Name : MR VIVEK TYAGI

Registration No : MH010712441

Patient Episode : H18000001810

Referred By : HEALTH CHECK MGD

Receiving Date : 17 Feb 2024 09:53

.

Age

Lab No

Collection Date:

17 Feb 2024 09:53 17 Feb 2024 13:48

31 Yr(s) Sex: Male

202402002881

Reporting Date: 17 Feb 20

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.

Page 6 of 7

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

Dr. Alka Dixit Vats Consultant Pathologist





Name

: MR VIVEK TYAGI

Age

31 Yr(s) Sex :Male

Registration No

: MH010712441

Lab No

202402002882

Patient Episode

: H18000001810

Collection Date:

17 Feb 2024 09:53

Referred By

: HEALTH CHECK MGD

Reporting Date:

17 Feb 2024 13:48

Receiving Date

: 17 Feb 2024 09:53

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma GLUCOSE, FASTING (F)

93.0

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),

insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

Page 7 of 7

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

Dr. Alka Dixit Vats Consultant Pathologist





LABORATORY REPORT

Name

: MR VIVEK TYAGI

Age

31 Yr(s) Sex: Male

Registration No

: MH010712441

Lab No

202402002881

Patient Episode

: H18000001810

Collection Date:

17 Feb 2024 09:53

Referred By

: HEALTH CHECK MGD

Reporting Date:

17 Feb 2024 13:30

Receiving Date

: 17 Feb 2024 09:53

HAEMATOLOGY

n	m	1.3	OF	17
- 23		и.	3	

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

COMPLETE BLOOD COUNT (AUTOMATED)

SPECIMEN-EDTA Whole Blood

COMPLETE BLOOD COUNT (AUTOMATE	ן ט	SPECIMEN-EDIA WHOLE	Blood
RBC COUNT (IMPEDENCE)	5.06	millions/cumm	[4.50-5.50]
HEMOGLOBIN	15.1	g/dl	[13.0-17.0]
Method:cyanide free SLS-colori	metry		
HEMATOCRIT (CALCULATED)	46.8	96	[40.0-50.0]
MCV (DERIVED)	92.5	fL	[83.0-101.0]
MCH (CALCULATED)	29.8	pg	[25.0-32.0]
MCHC (CALCULATED)	32.3	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	12.4	00	[11,6-14.0]
Platelet count	179	\times 10 3 cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.1		
WBC COUNT (TC) (IMPEDENCE) DIFFERENTIAL COUNT	4.94	\times 10 3 cells/cumm	[4.00-10.00]
(VCS TECHNOLOGY/MICROSCOPY)	46.0	90	[40.0-80.0]
Neutrophils	46.0	©	
Lymphocytes	40.0	90	[20.0-40.0]
Monocytes	7.0	96	[2.0-10.0]
Eosinophils	7.0 #	8	[1.0-6.0]
Basophils	0.0	9	[0.0-2.0]
ESR	13.0 #	mm/1sthour	-0.0]

Page 1 of 7





Name

: MR VIVEK TYAGI

: MH010712441

Registration No **Patient Episode**

: H18000001810

Referred By

: HEALTH CHECK MGD

Receiving Date

: 17 Feb 2024 09:53

Age

31 Yr(s) Sex: Male

Lab No

202402002881

Collection Date:

17 Feb 2024 09:53

Reporting Date:

17 Feb 2024 14:26

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)

4.9

00

[0.0-5.6]

Method: HPLC

As per American Diabetes Association (ADA

HbAlc in %

Non diabetic adults >= 18 years <5.7

Prediabetes (At Risk) 5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG)

94

mg/dl

Comments: HbAlc provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

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

1.015

(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin

Negative

(NEGATIVE)

Glucose

NIL

(NIL)

Ketone Bodies

Negative

(NEGATIVE)

Urobilinogen

Normal

(NORMAL)







LABORATORY REPORT

Name

: MR VIVEK TYAGI

Age

31 Yr(s) Sex :Male

Registration No

: MH010712441

Lab No

202402002881

Patient Episode

: H18000001810

MICROSCOPIC EXAMINATION (Automated/Manual)

Collection Date:

17 Feb 2024 10:45

Referred By

: HEALTH CHECK MGD

Reporting Date:

17 Feb 2024 13:57

Receiving Date

: 17 Feb 2024 10:45

CLINICAL PATHOLOGY

Pus Cells	1-2 /hpf			(0-5/hpf)	
RBC	NIL			(0-2/hpf)	
Epithelial Cells	0-1	/hpf			
CASTS	NIL				
Crystals	NIL				
Bacteria	NIL				
OTHERS	NIL				
Serum LIPID PROFILE					
Serum LIFID PROFILE					· · · · · · · · · · · · · · · · · · ·
Serum TOTAL CHOLESTEROL		243	#	mg/dl	[<200]
Method:Oxidase, esterase, p	peroxide				Moderate risk:200-239
					High risk:>240
TRIGLYCERIDES (GPO/POD)		137		mg/dl	[<150]
					Borderline high:151-199
					High: 200 - 499
					Very high:>500
HDL- CHOLESTEROL		56.0		mg/dl	[35.0-65.0]
Method : Enzymatic Immuno:	imhibition				
VLDL- CHOLESTEROL (Calcula		27		mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULA		160.0	#	mg/dl	[<120.0]
					Near/
Above optimal-100-129					
The transfer of the transfer o					Borderline High: 130-159
					High Risk:160-189
T.Chol/HDL.Chol ratio(Ca.	lculated)	4.3			<4.0 Optimal
1.01101/11011	CONTRACTOR				4.0-5.0 Borderline
					>6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Ca	alculated)	2.9			<3 Optimal
					3-4 Borderline
					>6 High Risk

Page 3 of 7





Name

: MR VIVEK TYAGI

Age

31 Yr(s) Sex: Male

Registration No

: MH010712441

Lab No

202402002881

Patient Episode

: H18000001810

Collection Date:

17 Feb 2024 09:53

Referred By

: HEALTH CHECK MGD

Reporting Date:

17 Feb 2024 13:47

Receiving Date

: 17 Feb 2024 09:53

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

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

KIDNEY PROFILE

Specimen: Serum			
UREA	28.0	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	13.1	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	1.01	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	4.8	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	139.10	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.43	mmol/L	[3.60-5.10]
VVIII 550-0750-0 2004-000-000-000-000-000-000-000-000-000			The state of the s
SERUM CHLORIDE	107.3	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	98.7	ml/min/1.73sq.m	[>60.0]
Technical Note			
OCED which is primarily based on Sorum	Creatinine i	s a derivation of	CKD-EBI 2000

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 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.