

**Name** : MR RAJEEV KUMAR SRIVASTAV **Age** : 36 Yr(s) Sex :Male  
**Registration No** : MH010665555 **Lab No** : 32221208194  
**Patient Episode** : H1800000069 **Collection Date** : 24 Dec 2022 13:38  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 25 Dec 2022 13:01  
**Receiving Date** : 24 Dec 2022 14:03

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>THYROID PROFILE, Serum</b>			
T3 - Triiodothyronine (ECLIA)	1.30	ng/ml	1 [0.70-2.04]
T4 - Thyroxine (ECLIA)	7.56	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	3.090	µIU/mL	[0.340-4.250]

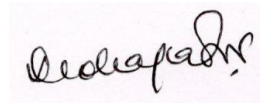
Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

\* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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**Dr. Lona Mohapatra**  
**CONSULTANT PATHOLOGY**

**Name** : MR RAJEEV KUMAR SRIVASTAV  
**Registration No** : MH010665555  
**Patient Episode** : H1800000069  
**Referred By** : HEALTH CHECK MGD  
**Receiving Date** : 24 Dec 2022 09:53

**Age** : 36 Yr(s) Sex :Male  
**Lab No** : 202212002058  
**Collection Date** : 24 Dec 2022 09:53  
**Reporting Date** : 24 Dec 2022 14:31

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	5.24	millions/cu mm	[4.50-5.50]
HEMOGLOBIN	14.7	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	45.5	%	[40.0-50.0]
MCV (DERIVED)	86.8	fL	[83.0-101.0]
MCH (CALCULATED)	28.1	pg	[27.0-32.0]
MCHC (CALCULATED)	32.3	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	12.9	%	[11.6-14.0]
Platelet count	227	x 10 <sup>3</sup> cells/cumm	[150-400]
MPV(DERIVED)	11.3		
WBC COUNT(TC)(IMPEDENCE)	5.94	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	54.0	%	[40.0-80.0]
Lymphocytes	38.0	%	[17.0-45.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	2.0	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
<b>ESR</b>	<b>11.0 #</b>	<b>/1sthour</b>	<b>[0.0-</b>

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**Age** : 36 Yr(s) Sex :Male  
**Lab No** : 202212002058  
**Collection Date** : 24 Dec 2022 09:53  
**Reporting Date** : 26 Dec 2022 18:40

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
<b>HbA1c (Glycosylated Hemoglobin)</b>	<b>6.1 #</b>	<b>%</b>	<b>[0.0-5.6]</b>
Method: HPLC			
As per American Diabetes Association(ADA)			
HbA1c in %			
Non diabetic adults >= 18years <5.7			
Prediabetes (At Risk )5.7-6.4			
Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	128	mg/dl	

Comments : HbA1c 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.

**Serum LIPID PROFILE**

<b>Serum TOTAL CHOLESTEROL</b>	<b>259 #</b>	<b>mg/dl</b>	<b>[&lt;200]</b>
			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	96	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	51.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	19	mg/dl	[0-35]
<b>CHOLESTEROL, LDL, DIRECT</b>	<b>189.0 #</b>	<b>mg/dl</b>	<b>[&lt;120.0]</b>
			Near/

Above optimal-100-129

Borderline High:130-159  
High Risk:160-189

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Lab No : 202212002058  
Collection Date : 24 Dec 2022 09:53  
Reporting Date : 24 Dec 2022 12:05

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	5.1		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	3.7		<3 Optimal 3-4 Borderline >6 High Risk

Note:  
Reference ranges based on ATP III Classifications.

### KIDNEY PROFILE

Specimen: Serum

UREA	28.0	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	13.1	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
CREATININE, SERUM	0.81	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	5.6	mg/dl	[4.0-8.5]
<i>Method:uricase PAP</i>			

SODIUM, SERUM	141.5	mmol/L	[136.0-144.0]
POTASSIUM, SERUM	4.69	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.4	mmol/l	[101.0-111.0]
<i>Method: ISE Indirect</i>			

eGFR (calculated) 114.3 ml/min/1.73sq.m [>60.0]

#### Technical Note

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.

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**Age** : 36 Yr(s) Sex :Male  
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**Reporting Date** : 24 Dec 2022 12:05

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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.

**LIVER FUNCTION TEST**

BILIRUBIN - TOTAL Method: D P D	0.52	mg/dl	[0.30-1.20]
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BILIRUBIN - DIRECT Method: DPD	0.09	mg/dl	[0.00-0.30]
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<b>INDIRECT BILIRUBIN(SERUM)</b> Method: Calculation	<b>0.43 #</b>	<b>mg/dl</b>	<b>[0.10-0.30]</b>
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TOTAL PROTEINS(SERUM) Method: BIURET	7.90	gm/dl	[6.60-8.70]
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ALBUMIN (SERUM) Method: BCG	4.61	g/dl	[3.50-5.20]
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GLOBULINS (SERUM) Method: Calculation	3.30	gm/dl	[1.80-3.40]
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PROTEIN SERUM (A-G) RATIO Method: Calculation	1.40		[1.00-2.50]
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AST(SGOT) (SERUM) Method: IFCC W/O P5P	30.00	U/L	[0.00-40.00]
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ALT(SGPT) (SERUM) Method: IFCC W/O P5P	31.00	U/L	[17.00-63.00]
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Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	67.0	IU/L	[32.0-91.0]
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Registration No : MH010665555 Lab No : 202212002058  
Patient Episode : H18000000069 Collection Date : 24 Dec 2022 09:53  
Referred By : HEALTH CHECK MGD Reporting Date : 24 Dec 2022 12:05  
Receiving Date : 24 Dec 2022 09:53

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GGT	28.0		[7.0-50.0]

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

Blood Group & Rh typing O Rh(D) Positive

**Technical note:**

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

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



**Dr. Alka Dixit Vats**  
Consultant Pathologist

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Referred By : HEALTH CHECK MGD  
Receiving Date : 24 Dec 2022 09:53

Age : 36 Yr(s) Sex :Male  
Lab No : 202212002059  
Collection Date : 24 Dec 2022 09:53  
Reporting Date : 24 Dec 2022 12:06

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	86.0	mg/dl	[70.0-110.0]

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



**Dr. Alka Dixit Vats**  
Consultant Pathologist

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Registration No : MH010665555  
Patient Episode : H1800000069  
Referred By : HEALTH CHECK MGD  
Receiving Date : 24 Dec 2022 13:05


Age : 36 Yr(s) Sex :Male  
Lab No : 202212002060  
Collection Date : 24 Dec 2022 13:05  
Reporting Date : 26 Dec 2022 10:32

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b> Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	85.0	mg/dl	[80.0-140.0]

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

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

  
Dr. Charu Agarwal  
Consultant Pathologist