



TEST REPORT

Name : **Bhagwan Prakash Walzade** Ward : OPD
Lab ID : **4100100448** Registration on : 26-Oct-2024 09:21
Age / Sex : 34 Years / Male Reported on :
Reference : Sample Type :
Client : Velocity Hospital

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Complete Blood Count with ESR (CBC-ESR)			
RDW CV	14.1	%	11.6 - 14.0
PDW	18.7	fL	9.6 - 15.2
HbA1c (Glycosylated Hemoglobin)	6.83	%	< 6.0 : Normal 6.0 - 6.4 : Pre Diabetes > 6.5 : Diabetes
Mean Whole Blood Glucose	148.6	mg/dL	58 - 122
Serum Glutamic-Pyruvate Transaminase-SGPT	150.2	U/L	10 - 49
Serum Glutamic-Oxaloacetic Transaminase-SGOT	128.2	U/L	10 - 46
Globulin	3.79	g/dL	2.3 - 3.4
Uric Acid Serum	2.72	mg/dL	3.5 - 7.2
Globulin	3.79	g/dL	2.3 - 3.4

Abnormal Result(s) Summary End





TEST REPORT

Name : **Bhagwan Prakash Walzade** Ward : OPD
Lab ID : **4100100448** Registration on : 26-Oct-2024 09:21
Age / Sex : 34 Years / Male Reported on : 26-Oct-2024 15:46
Reference : Sample Type : EDTA Blood
Client : Velocity Hospital

Mediwheel health package below 40- male CBC with ESR

Parameters	Result	Unit	Biological Reference Interval
<u>Haemoglobin and RBC Indices</u>			
Haemoglobin (Hb)	13.5	g/dL	13.2 - 17.3
RBC Count	4.83	million/uL	4.3 - 5.7
Hematocrit (HCT)	41.3	%	39.0 - 49.0
MCV	85.5	fL	80.0 - 100.0
MCH	27.9	pg	27.0 - 32.0
MCHC	32.6	g/dL	31.5 - 34.5
RDW CV	H 14.1	%	11.6 - 14.0
<u>White Blood Cells and Differential Count</u>			
Total WBC Count	6810	/ μ L	4500-11000
Neutrophils	57	%	40-80
Lymphocytes	38	%	20 - 40
Eosinophils	02	%	00-05
Monocytes	03	%	00-07
Basophils	00	%	00 - 02
<u>Absolute Count</u>			
Absolute Neutrophil Count	3882	/ μ L	1800-7700
Absolute Lymphocyte Count	2588	/ μ L	800-4800
Absolute Eosinophil Count	136	/ μ L	80 - 500
Absolute Monocyte Count	204	/ μ L	40-1000
Absolute Basophil Count	0	/ μ L	< 100
GLR/NLR	1.5		
<u>Platelets Count and Morphology</u>			
Platelet	328800	/ μ L	150000 - 450000
MPV	8.8	fL	6.5 - 12.0
PDW	H 18.7	fL	9.6 - 15.2
Plateletcrit (PCT)	0.290	%	0.19 - 0.39





TEST REPORT

Name : **Bhagwan Prakash Walzade** Ward : OPD
Lab ID : **4100100448** Registration on : 26-Oct-2024 09:21
Age / Sex : 34 Years / Male Reported on : 26-Oct-2024 15:46
Reference : Sample Type : EDTA Blood
Client : Velocity Hospital

Mentzer Index 17.7 13 - 100

Smear Morphology

RBC Morphology Normocytic Normochromic RBCs
WBC Morphology Appear normal, Immature cells are not seen .
Platelets Morphology Platelets are adequate with normal morphology.
Malarial Parasite Not Seen





TEST REPORT

Name : **Bhagwan Prakash Walzade** Ward : OPD
Lab ID : **4100100448** Registration on : 26-Oct-2024 09:21
Age / Sex : 34 Years / Male Reported on : 26-Oct-2024 15:46
Reference : Sample Type : EDTA Blood
Client : Velocity Hospital

**Mediwheel health package below 40- male
Blood Grouping**

Parameters	Result
ABO Group	B
Rh Type	Positive





TEST REPORT

Name : **Bhagwan Prakash Walzade** Ward : OPD
Lab ID : **4100100448** Registration on : 26-Oct-2024 09:21
Age / Sex : 34 Years / Male Reported on : 26-Oct-2024 15:46
Reference : Sample Type : EDTA Blood,Urine
Client : Velocity Hospital Random, Fluoride Plasma

Mediwheel health package below 40- male

Glycosylate Hemoglobin (HbA1C)

Parameters	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Hemoglobin) <i>Immuno turbidimetry</i>	H 6.83	%	< 6.0 : Normal 6.0 - 6.4 : Pre Diabetes > 6.5 : Diabetes
Mean Whole Blood Glucose	H 148.6	mg/dL	58 - 122
<u>Fasting Blood Sugar</u>			
Fasting Glucose-FBS <i>Hexokinase</i>	90.1	mg/dL	70 - 110

Information:

- * HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- * HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination
- * HbA1c is formed by non-enzymatic reaction between glucose and Hb. , this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- * Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- * Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).





TEST REPORT

Name : **Bhagwan Prakash Walzade** Ward : OPD
Lab ID : **4100100448** Registration on : 26-Oct-2024 09:21
Age / Sex : 34 Years / Male Reported on : 26-Oct-2024 15:46
Reference : Sample Type : Serum
Client : Velocity Hospital

Mediwheel health package below 40- male

Lipid Profile

Parameters	Result	Unit	Biological Reference Interval
Sample	Fasting sample		
Cholesterol Total <i>Enzymatic Colorimetric</i>	134.5	mg/dL	<220 : Desirable 220 - 239 : Borderline High >240 : High
Triglyceride <i>Enzymatic Colorimetric</i>	94.9	mg/dL	<150 : Normal 150 - 199 : Borderline High 200 - 499 : High >500 : Very High
HDL Cholesterol <i>Enzymatic Colorimetric</i>	53.6	mg/dL	<40 : Major Risk Factor 40-59 : Normal >60 : Considered protective against heart disease
VLDL Cholesterol <i>Calculated</i>	18.98	mg/dL	< 30
LDL Cholesterol <i>Calculated</i>	61.92	mg/dL	< 130 optimal 130 - 159 Borderline high 160 - 189 High > 190 Very High
Cholesterol/HDL Ratio : <i>Calculated</i>	2.51		< 3.5 Optimal 3.5 - 5.0 Low Risk > 5.0 High Risk
LDL/HDL Ratio : <i>Calculated</i>	1.16		up to 3.5
TOTAL LIPID <i>Calculated</i>	462.52	mg/dL	400 - 1000 mg/dl



Bhatt



TEST REPORT

Name : **Bhagwan Prakash Walzade** Ward : OPD
Lab ID : **4100100448** Registration on : 26-Oct-2024 09:21
Age / Sex : 34 Years / Male Reported on : 26-Oct-2024 15:46
Reference : Sample Type : Serum
Client : Velocity Hospital

Mediwheel health package below 40- male

Liver Function Test

Parameters	Result	Unit	Biological Reference Interval
Bilirubin Total <i>Diazo Colorimetric</i>	0.6	mg/dL	0.2 - 1.2
Bilirubin Direct <i>Diazo Colorimetric</i>	0.2	mg/dL	0.1 - 0.4
Bilirubin Indirect <i>Calculated</i>	0.40	mg/dL	0.2 - 0.7
Serum Glutamic-Pyruvate Transaminase-SGPT H <i>IFCC without pyridoxal phosphate</i>	150.2	U/L	10 - 49
Serum Glutamic-Oxaloacetic Transaminase- SGOT <i>IFCC with pyridoxal-5-phosphate</i>	H 128.2	U/L	10 - 46
Total Protein Seruma <i>Enzymatic Colorimetric</i>	7.8	g/dL	6.0 - 8.0
Albumin Serum <i>Bromocresol Green Colorimetric</i>	4.01	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	H 3.79	g/dL	2.3 - 3.4
Albumin Globulin Ratio <i>Calculated</i>	1.06		0.9 - 3.1
Alkaline Phosphatase (ALP) <i>Enzymatic Colorimetric</i>	92.0	U/L	40 - 129





TEST REPORT

Name : **Bhagwan Prakash Walzade** Ward : OPD
Lab ID : **4100100448** Registration on : 26-Oct-2024 09:21
Age / Sex : 34 Years / Male Reported on : 26-Oct-2024 15:46
Reference : Sample Type : Serum
Client : Velocity Hospital

Mediwheel health package below 40- male

Kidney Function Test

Parameters	Result	Unit	Biological Reference Interval
Creatinine Serum <i>Jaffe's kinetic</i>	0.9	mg/dL	0.60 - 1.30
Urea Serum <i>Kinetic with Urease & GLDH</i>	22.3	mg/dL	10 - 50
Blood Urea Nitrogen (BUN) <i>Calculated</i>	10.42	mg/dL	6 - 20
BUN Creatinine Ratio <i>Calculated</i>	11.58		10 - 20
Uric Acid Serum <i>Enzymatic Colorimetric</i>	L 2.72	mg/dL	3.5 - 7.2
Total Protein Seruma <i>Enzymatic Colorimetric</i>	7.8	g/dL	6.0 - 8.0
Albumin Serum <i>Bromocresol Green Colorimetric</i>	4.01	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	H 3.79	g/dL	2.3 - 3.4
Albumin Globulin Ratio <i>Calculated</i>	1.06		0.9 - 3.1



Bhatt



TEST REPORT

Name	: Bhagwan Prakash Walzade	Ward	: OPD
Lab ID	: 4100100448	Registration on	: 26-Oct-2024 09:21
Age / Sex	: 34 Years / Male	Reported on	: 26-Oct-2024 15:46
Reference	:	Sample Type	: Urine Random
Client	: Velocity Hospital		

Mediwheel health package below 40- male
Urine examination Routine
Method : Dipstick and Microscopy

Parameters	Result	Unit	Biological Reference Interval
<u>Physical Examination</u>			
Quantity :	10	ml	
Colour	Pale Yellow		Pale Yellow
Appearance	Clear		Clear
Sediment	Absent		
<u>Chemical Examination</u>			
Reaction (pH)	Acidic - 5.0		4.6 - 8.0
Specific Gravity :	1.010		1.003 - 1.030
Protein Urine:	Absent		Absent
Glucose Urine	Absent		Absent
Bile Salts	Absent		Absent
Urine - Bile Pigment	Absent		Absent
Urine Ketone	Absent		Absent
Blood	Absent		Absent
Urobilinogen	Absent		0.1 - 1.0
Leucocyte esterase	Absent		
<u>Microscopic Examination</u>			
Pus Cells	Occasional	cells/HPF	0 - 2
Red Blood Cells (RBC)	Absent	cells/HPF	Absent
Epithelial Cells	Occasional	cells/HPF	0 - 2
Casts	Absent		Absent
Crystals	Absent		Absent
Amorphous Material	Absent		
Bacteria	Absent		
Yeast	Absent		



Bhatt



TEST REPORT

Name : **Bhagwan Prakash Walzade** Ward : OPD
Lab ID : **4100100448** Registration on : 26-Oct-2024 09:21
Age / Sex : 34 Years / Male Reported on : 26-Oct-2024 15:46
Reference : Sample Type : Stool
Client : Velocity Hospital

Mediwheel health package below 40- male
Stool Routine Examination

Parameters	Result	Unit	Biological Reference Interval
Blood	Absent		Absent
Macrophages	absent	cells/HPF	Occasional
Fat Globules	Absent	cells/HPF	Occasional
Vegetable cell	Absent		occasional
Ova (Eggs)	Absent		
Cyst	Absent		
Trophozoites	Absent		
Organism	Absent		

----- End Of Report -----





TEST REPORT

Reg. No. : 41000730466 **Reg. Date** : 26-Oct-2024 10:26 **Ref.No** : **Approved On** : 26-Oct-2024 11:57
Name : BHAGWAN PRAKASH WALZADE **Collected On** : 26-Oct-2024 10:26
Age : **Gender**: Male **Pass. No.** : **Dispatch At** :
Ref. By : **Tele No.** :
Location : SPECTRA DIAGNOSTIC @ LP SAVANI ROAD

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <i>Method:CLIA</i>	0.81	ng/mL	0.6 - 1.81
T4 (Thyroxine), Total <i>Method:CLIA</i>	5.9	µg/dL	4.5 - 12.6
TSH (Ultra Sensitive) <i>Method:CLIA</i>	1.647	µIU/mL	0.55 - 4.78
Sample Type:Serum			

Comments:
 Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulates the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

- TSH levels During Pregnancy :**
- First Trimester : 0.1 to 2.5 µIU/mL
 - Second Trimester : 0.2 to 3.0 µIU/mL
 - Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

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Test done from collected sample.

Dr. Brijesha Patel
 M.D. Pathology
 Reg. No.:G-32437

Generated On : 26-Oct-2024 12:02



MC-2679



TEST REPORT

Reg. No. : 41000730466 **Reg. Date** : 26-Oct-2024 10:26 **Ref.No** : **Approved On** : 26-Oct-2024 11:20
Name : BHAGWAN PRAKASH WALZADE **Collected On** : 26-Oct-2024 10:26
Age : **Gender**: Male **Pass. No.** : **Dispatch At** :
Ref. By : **Tele No.** :
Location : SPECTRA DIAGNOSTIC @ LP SAVANI ROAD

Test Name	Results	Units	Bio. Ref. Interval
Prostate Specific Antigen (PSA),Total	0.22	ng/mL	0 - 4

Method:CLIA

Sample Type:Serum

Useful For

1. Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
2. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
3. Prostate cancer screening.

Comments

-Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.

-Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.

----- End Of Report -----

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Test done from collected sample.

Page 12 of 12

Dr. Brijesha Patel
 M.D. Pathology
 Reg. No.: -G-32437

Generated On : 26-Oct-2024 12:02



TEST REPORT

Name : **Bhagwan Prakash Walzade** Ward : OPD
 Lab ID : **4100100448** Registration on : 26-Oct-2024 09:21
 Age / Sex : 34 Years / Male Reported on :
 Reference : Sample Type :
 Client : Velocity Hospital

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Complete Blood Count with ESR (CBC-ESR)			
RDW CV	14.1	%	11.6 - 14.0
PDW	18.7	fL	9.6 - 15.2
HbA1c (Glycosylated Hemoglobin)	6.83	%	< 6.0 : Normal 6.0 - 6.4 : Pre Diabetes > 6.5 : Diabetes
Mean Whole Blood Glucose	148.6	mg/dL	58 - 122
Serum Glutamic-Pyruvate Transaminase-SGPT	150.2	U/L	10 - 49
Serum Glutamic-Oxaloacetic Transaminase-SGOT	128.2	U/L	10 - 46
Globulin	3.79	g/dL	2.3 - 3.4
Uric Acid Serum	2.72	mg/dL	3.5 - 7.2
Globulin	3.79	g/dL	2.3 - 3.4

Abnormal Result(s) Summary End




TEST REPORT

Name	: Bhagwan Prakash Walzade	Ward	: OPD
Lab ID	: 4100100448	Registration on	: 26-Oct-2024 09:21
Age / Sex	: 34 Years / Male	Reported on	: 26-Oct-2024 15:46
Reference	:	Sample Type	: EDTA Blood
Client	: Velocity Hospital		

**Mediwheel health package below 40- male
CBC with ESR**

Parameters	Result	Unit	Biological Reference Interval
<u>Haemoglobin and RBC Indices</u>			
Haemoglobin (Hb)	13.5	g/dL	13.2 - 17.3
RBC Count	4.83	million/uL	4.3 - 5.7
Hematocrit (HCT)	41.3	%	39.0 - 49.0
MCV	85.5	fL	80.0 - 100.0
MCH	27.9	pg	27.0 - 32.0
MCHC	32.6	g/dL	31.5 - 34.5
RDW CV	H 14.1	%	11.6 - 14.0
<u>White Blood Cells and Differential Count</u>			
Total WBC Count	6810	/μL	4500-11000
Neutrophils	57	%	40-80
Lymphocytes	38	%	20 - 40
Eosinophils	02	%	00-05
Monocytes	03	%	00-07
Basophils	00	%	00 - 02
<u>Absolute Count</u>			
Absolute Neutrophil Count	3882	/μL	1800-7700
Absolute Lymphocyte Count	2588	/μL	800-4800
Absolute Eosinophil Count	136	/μL	80 - 500
Absolute Monocyte Count	204	/μL	40-1000
Absolute Basophil Count	0	/μL	< 100
GLR/NLR	1.5		
<u>Platelets Count and Morphology</u>			
Platelet	328800	/μL	150000 - 450000
MPV	8.8	fL	6.5 - 12.0
PDW	H 18.7	fL	9.6 - 15.2
Plateletcrit (PCT)	0.290	%	0.19 - 0.39





TEST REPORT

Name : **Bhagwan Prakash Walzade** Ward : OPD
Lab ID : **4100100448** Registration on : 26-Oct-2024 09:21
Age / Sex : 34 Years / Male Reported on : 26-Oct-2024 15:46
Reference : Sample Type : EDTA Blood
Client : Velocity Hospital

Mentzer Index 17.7 13 - 100

Smear Morphology

RBC Morphology Normocytic Normochromic RBCs
WBC Morphology Appear normal, Immature cells are not seen .
Platelets Morphology Platelets are adequate with normal morphology.
Malarial Parasite Not Seen




DR. TEJAL BHATT
MD PATHOLOGIST
REG. NO. G-15154



TEST REPORT

Name : **Bhagwan Prakash Walzade** Ward : OPD
Lab ID : **4100100448** Registration on : 26-Oct-2024 09:21
Age / Sex : 34 Years / Male Reported on : 26-Oct-2024 15:46
Reference : Sample Type : EDTA Blood
Client : Velocity Hospital

**Mediwheel health package below 40- male
Blood Grouping**

Parameters	Result
ABO Group	B
Rh Type	Positive



Bhatt
DR. TEJAL BHATT
MD PATHOLOGIST
REG. NO. G-15154

**TEST REPORT**

Name	: Bhagwan Prakash Walzade	Ward	: OPD
Lab ID	: 4100100448	Registration on	: 26-Oct-2024 09:21
Age / Sex	: 34 Years / Male	Reported on	: 26-Oct-2024 15:46
Reference	:	Sample Type	: EDTA Blood,Urine
Client	: Velocity Hospital		Random, Fluoride Plasma

Mediwheel health package below 40- male

Glycosylate Hemoglobin (HbA1C)

Parameters	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Hemoglobin) <i>Immuno turbidimetry</i>	H 6.83	%	< 6.0 : Normal 6.0 - 6.4 : Pre Diabetes > 6.5 : Diabetes
Mean Whole Blood Glucose	H 148.6	mg/dL	58 - 122
<u>Fasting Blood Sugar</u>			
Fasting Glucose-FBS <i>Hexokinase</i>	90.1	mg/dL	70 - 110

Information:

- * HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- * HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides amuch better indication of long term glycemic control than blood glucose determination
- * HbA1c is formed by non-enzymatic reaction between glucose and Hb. , this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- * Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- * Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).




TEST REPORT

Name	: Bhagwan Prakash Walzade	Ward	: OPD
Lab ID	: 4100100448	Registration on	: 26-Oct-2024 09:21
Age / Sex	: 34 Years / Male	Reported on	: 26-Oct-2024 15:46
Reference	:	Sample Type	: Serum
Client	: Velocity Hospital		

Mediwheel health package below 40- male
Lipid Profile

Parameters	Result	Unit	Biological Reference Interval
Sample	Fasting sample		
Cholesterol Total <i>Enzymatic Colorimetric</i>	134.5	mg/dL	<220 : Desirable 220 - 239 : Borderline High >240 : High
Triglyceride <i>Enzymatic Colorimetric</i>	94.9	mg/dL	<150 : Normal 150 - 199 : Borderline High 200 - 499 :High >500 : Very High
HDL Cholesterol <i>Enzymatic Colorimetric</i>	53.6	mg/dL	<40 : Major Risk Factor 40-59 : Normal >60 : Considered protective against heart disease
VLDL Cholesterol <i>Calculated</i>	18.98	mg/dL	< 30
LDL Cholesterol <i>Calculated</i>	61.92	mg/dL	< 130 optimal 130 - 159 Borderline high 160 - 189 High > 190 Very High
Cholesterol/HDL Ratio : <i>Calculated</i>	2.51		< 3.5 Optimal 3.5 - 5.0 Low Risk > 5.0 High Risk
LDL/HDL Ratio : <i>Calculated</i>	1.16		up to 3.5
TOTAL LIPID <i>Calculated</i>	462.52	mg/dL	400 - 1000 mg/dl




TEST REPORT

Name	: Bhagwan Prakash Walzade	Ward	: OPD
Lab ID	: 4100100448	Registration on	: 26-Oct-2024 09:21
Age / Sex	: 34 Years / Male	Reported on	: 26-Oct-2024 15:46
Reference	:	Sample Type	: Serum
Client	: Velocity Hospital		

Mediwheel health package below 40- male
Liver Function Test

Parameters	Result	Unit	Biological Reference Interval
Bilirubin Total <i>Diazo Colorimetric</i>	0.6	mg/dL	0.2 - 1.2
Bilirubin Direct <i>Diazo Colorimetric</i>	0.2	mg/dL	0.1 - 0.4
Bilirubin Indirect <i>Calculated</i>	0.40	mg/dL	0.2 - 0.7
Serum Glutamic-Pyruvate Transaminase-SGPT H <i>IFCC without pyridoxal phosphate</i>	150.2	U/L	10 - 49
Serum Glutamic-Oxaloacetic Transaminase-SGOT <i>IFCC with pyridoxal-5-phosphate</i>	128.2	U/L	10 - 46
Total Protein Seruma <i>Enzymatic Colorimetric</i>	7.8	g/dL	6.0 - 8.0
Albumin Serum <i>Bromocresol Green Colorimetric</i>	4.01	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	H 3.79	g/dL	2.3 - 3.4
Albumin Globulin Ratio <i>Calculated</i>	1.06		0.9 - 3.1
Alkaline Phosphatase (ALP) <i>Enzymatic Colorimetric</i>	92.0	U/L	40 - 129




TEST REPORT

Name	: Bhagwan Prakash Walzade	Ward	: OPD
Lab ID	: 4100100448	Registration on	: 26-Oct-2024 09:21
Age / Sex	: 34 Years / Male	Reported on	: 26-Oct-2024 15:46
Reference	:	Sample Type	: Serum
Client	: Velocity Hospital		

Mediwheel health package below 40- male
Kidney Function Test

Parameters	Result	Unit	Biological Reference Interval
Creatinine Serum <i>Jaffe's kinetic</i>	0.9	mg/dL	0.60 - 1.30
Urea Serum <i>Kinetic with Urease & GLDH</i>	22.3	mg/dL	10 - 50
Blood Urea Nitrogen (BUN) <i>Calculated</i>	10.42	mg/dL	6 - 20
BUN Creatinine Ratio <i>Calculated</i>	11.58		10 - 20
Uric Acid Serum <i>Enzymatic Colorimetric</i>	L 2.72	mg/dL	3.5 - 7.2
Total Protein Seruma <i>Enzymatic Colorimetric</i>	7.8	g/dL	6.0 - 8.0
Albumin Serum <i>Bromocresol Green Colorimetric</i>	4.01	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	H 3.79	g/dL	2.3 - 3.4
Albumin Globulin Ratio <i>Calculated</i>	1.06		0.9 - 3.1





TEST REPORT

Name : **Bhagwan Prakash Walzade** Ward : OPD
 Lab ID : **4100100448** Registration on : 26-Oct-2024 09:21
 Age / Sex : 34 Years / Male Reported on : 26-Oct-2024 15:46
 Reference : Sample Type : Urine Random
 Client : Velocity Hospital

**Mediwheel health package below 40- male
 Urine examination Routine
 Method : Dipstick and Microscopy**

Parameters	Result	Unit	Biological Reference Interval
<u>Physical Examination</u>			
Quantity :	10	ml	
Colour	Pale Yellow		Pale Yellow
Appearance	Clear		Clear
Sediment	Absent		
<u>Chemical Examination</u>			
Reaction (pH)	Acidic - 5.0		4.6 - 8.0
Specific Gravity :	1.010		1.003 - 1.030
Protein Urine:	Absent		Absent
Glucose Urine	Absent		Absent
Bile Salts	Absent		Absent
Urine - Bile Pigment	Absent		Absent
Urine Ketone	Absent		Absent
Blood	Absent		Absent
Urobilinogen	Absent		0.1 - 1.0
Leucocyte esterase	Absent		
<u>Microscopic Examination</u>			
Pus Cells	Occasional	cells/HPF	0 - 2
Red Blood Cells (RBC)	Absent	cells/HPF	Absent
Epithelial Cells	Occasional	cells/HPF	0 - 2
Casts	Absent		Absent
Crystals	Absent		Absent
Amorphous Material	Absent		
Bacteria	Absent		
Yeast	Absent		



Bhatt
DR. TEJAL BHATT
 MD PATHOLOGIST
 REG. NO. G-15154


TEST REPORT

Name	: Bhagwan Prakash Walzade	Ward	: OPD
Lab ID	: 4100100448	Registration on	: 26-Oct-2024 09:21
Age / Sex	: 34 Years / Male	Reported on	: 26-Oct-2024 15:46
Reference	:	Sample Type	: Stool
Client	: Velocity Hospital		

**Mediwheel health package below 40- male
 Stool Routine Examination**

Parameters	Result	Unit	Biological Reference Interval
Blood	Absent		Absent
Macrophages	absent	cells/HPF	Occasional
Fat Globules	Absent	cells/HPF	Occasional
Vegetable cell	Absent		occasional
Ova (Eggs)	Absent		
Cyst	Absent		
Trophozoites	Absent		
Organism	Absent		

----- End Of Report -----




DR. TEJAL BHATT
 MD PATHOLOGIST
 REG. NO. G-15154



TEST REPORT

Reg. No. : 41000730466 **Reg. Date** : 26-Oct-2024 10:26 **Ref.No** : **Approved On** : 26-Oct-2024 11:57
Name : BHAGWAN PRAKASH WALZADE **Collected On** : 26-Oct-2024 10:26
Age : **Gender**: Male **Pass. No.** : **Dispatch At** :
Ref. By : **Tele No.** :
Location : SPECTRA DIAGNOSTIC @ LP SAVANI ROAD

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <i>Method:CLIA</i>	0.81	ng/mL	0.6 - 1.81
T4 (Thyroxine), Total <i>Method:CLIA</i>	5.9	µg/dL	4.5 - 12.6
TSH (Ultra Sensitive) <i>Method:CLIA</i>	1.647	µIU/mL	0.55 - 4.78
Sample Type: Serum			

Comments:
 Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

- TSH levels During Pregnancy :**
- First Trimester : 0.1 to 2.5 µIU/mL
 - Second Trimester : 0.2 to 3.0 µIU/mL
 - Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

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Test done from collected sample.

Brijesha

Generated On : 26-Oct-2024 12:02

Dr. Brijesha Patel
 M.D. Pathology
 Reg. No.: -G-32437



TEST REPORT

Reg. No. : 41000730466 **Reg. Date** : 26-Oct-2024 10:26 **Ref.No** : **Approved On** : 26-Oct-2024 11:20
Name : BHAGWAN PRAKASH WALZADE **Collected On** : 26-Oct-2024 10:26
Age : **Gender**: Male **Pass. No.** : **Dispatch At** :
Ref. By : **Tele No.** :
Location : SPECTRA DIAGNOSTIC @ LP SAVANI ROAD

Test Name	Results	Units	Bio. Ref. Interval
Prostate Specific Antigen (PSA), Total	0.22	ng/mL	0 - 4

Method:CLIA

Sample Type:Serum

Useful For

- Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening.

Comments

-Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.
 -Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.

----- End Of Report -----

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Test done from collected sample.

Brijesha

Dr. Brijesha Patel
 M.D. Pathology
 Reg. No.: -G-32437

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