Name : Bhagwan Prakash Walzade

rakash 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







Lab ID

TEST REPORT

Name : Bhagwan Prakash Walzade

Ward : OPD : 4100100448 Registration on : 26-Oct-2024 09:21

: 34 Years / Male Age / Sex 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
Haemoglobin and RBC Indices			
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
White Blood Cells and Differentia	al Count		
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
Absolute Count			
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		
Platelets Count and Morphology			
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





Page 2 of 12



: Bhagwan Prakash Walzade Name

Ward : OPD

Registration on : 26-Oct-2024 09:21 Lab ID : 4100100448 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









Name : Bhagwan Prakash Walzade

: 4100100448

Lab ID : **4100100448**Age / Sex : 34 Years / Male

Reference:

Client : Velocity Hospital

Ward : OPD

Registration on : 26-Oct-2024 09:21 Reported on : 26-Oct-2024 15:46

Sample Type : EDTA Blood

Mediwheel health package below 40- male Blood Grouping

Parameters	Result
ABO Group	В
Rh Type	Positive









Name : Bhagwan Prakash Walzade Ward : OPD

: 4100100448 Lab ID

Registration on : 26-Oct-2024 09:21

Age / Sex : 34 Years / Male Reported on

: 26-Oct-2024 15:46

Reference

Client

: Velocity Hospital

Sample Type : EDTA Blood, Urine Random, Fluoride Plasma

Mediwheel health package below 40- male

Glycosylate Hemoglobin (HbA1C)

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

Information:

control (also called glycemic control)

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).







^{*} HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood

^{*} HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides amuch better indication of



Lab ID

TEST REPORT

Name : Bhagwan Prakash Walzade

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









Name : Bhagwan Prakash Walzade

Lab ID : 4100100448 Registr

Age / Sex : 34 Years / Male

Reference :

Client : Velocity Hospital

Ward : OPD

Registration on : 26-Oct-2024 09:21 Reported on : 26-Oct-2024 15:46

Sample Type : Serum

Mediwheel health package below 40- male

Liver Function Test

Parameters		Result	Unit	Biological Reference Interval
Bilirubin Total Diazo Colorimetric		0.6	mg/dL	0.2 - 1.2
Bilirubin Direct Diazo Colorimetric		0.2	mg/dL	0.1 - 0.4
Bilirubin Indirect		0.40	mg/dL	0.2 - 0.7
Serum Glutamic-Pyruvate Transaminase-SGPT	Н	150.2	U/L	10 - 49
Serum Glutamic-Oxaloacetic Transaminase- IFCC with pyridoxal-5-phosphate SGOT	Н	128.2	U/L	10 - 46
Total Protein Seruma Enzymatic Colorimetric		7.8	g/dL	6.0 - 8.0
Albumin Serum Bromocresol Green Colorimetric		4.01	g/dL	3.5 - 5.2
Globulin Calculated	Н	3.79	g/dL	2.3 - 3.4
Albumin Globulin Ratio		1.06		0.9 - 3.1
Alkaline Phosphatase (ALP) Enzymatic Colorimetric		92.0	U/L	40 - 129









Name : Bhagwan Prakash Walzade

Ward

: 4100100448 Lab ID 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

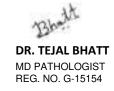
: OPD

Kidney Function Test

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









Name : Bhagwan Prakash Walzade

Ward : OPD

Lab ID : **4100100448**Age / Sex : 34 Years / Male

Registration on : 26-Oct-2024 09:21 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
Physical Examination			
Quantity:	10	ml	
Colour	Pale Yellow		Pale Yellow
Appearance	Clear		Clear
Sediment	Absent		
Chemical Examination			
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		
Microscopic Examination			
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		







Lab ID

TEST REPORT

: Bhagwan Prakash Walzade Name

Ward : OPD : 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

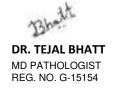
Mediwheel health package below 40- male **Stool Routine Examination**

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		











Age



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

Gender: Male Pass. No.: Dispatch At :

Collected On

: 26-Oct-2024 10:26

Ref. By : Tele No. :

Location : SPECTRA DIAGNOSTIC @ LP SAVANI ROAD

Test Name	Results	Units	Bio. Ref. Interval	
	THYROID FUNC	CTION TEST		
T3 (triiodothyronine), Total Method:CLIA	0.81	ng/mL	0.6 - 1.81	
T4 (Thyroxine),Total Method:CLIA	5.9	μg/dL	4.5 - 12.6	
TSH (Ultra Sensitive) Method:CLIA	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-relasing 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

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

This is an electronically authenticated report. "Please verify the authenticity of this report by scanning the QR code to ensure data integrity."

Test done from collected sample.

Page 11 of 12

Generated On: 26-Oct-2024 12:02

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





Reg. No. : 41000730466 **Reg. Date** : 26-Oct-2024 10:26 **Ref.No** : Approved On : 26-Oct-2024 11:20

Collected On

: 26-Oct-2024 10:26

Name : BHAGWAN PRAKASH WALZADE

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 reatment.
- 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 -----

This is an electronically authenticated report. "Please verify the authenticity of this report by scanning the QR code to ensure data integrity."

Test done from collected sample.

Page 12 of 12

Generated On: 26-Oct-2024 12:02

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



III TEST REPORT

Name : **Bhagwan Prakash Walzade** Ward : OPD

Lab ID : 4100100448 Registration on : 26-Oct-2024 09:21

Age / Sex: 34 Years / MaleReported 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	<mark>10 -</mark> 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







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

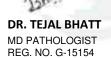
Mediwheel health package below 40- male CBC with ESR

Parameters	Result	Unit	Biological Reference Interval
Haemoglobin and RBC Indices			
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
White Blood Cells and Differentia	al Count		
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
Absolute Count			
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		
Platelets Count and Morphology			
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





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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











Name : Bhagwan Prakash Walzade Lab ID

: OPD Ward : 4100100448 Registration on : 26-Oct-2024 09:21

Age / Sex : 34 Years / Male : 26-Oct-2024 15:46 Reported on

Reference Sample Type : EDTA Blood

Client : Velocity Hospital

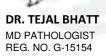
Mediwheel health package below 40- male **Blood Grouping**

Parameters	Result	
ABO Group	В	
Rh Type	Positive	





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Name : **Bhagwan Prakash Walzade** Ward : OPD

Lab ID: 4100100448Registration on: 26-Oct-2024 09:21Age / Sex: 34 Years / MaleReported on: 26-Oct-2024 15:46Reference: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)	Н	6.83	%	< 6.0 : Normal 6.0 - 6.4 : Pre Diabetes > 6.5 : Diabetes
Mean Whole Blood Glucose	Н	148.6	mg/dL	58 - 122
Fasting Blood Sugar				
Fasting Glucose-FBS Hexokinase		90.1	mg/dL	70 - 110

Information:

control (also called glycemic control)

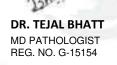
term glycemic control than blood glucose determination

- * 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).





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^{*} HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose

^{*} HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides amuch better indication of long



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

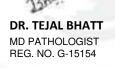
Lipid Profile

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











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 Diazo Colorimetric	0.6	mg/dL	0.2 - 1.2
Bilirubin Direct Diazo Colorimetric	0.2	mg/dL	0.1 - 0.4
Bilirubin Indirect	0.40	mg/dL	0.2 - 0.7
Serum Glutamic-Pyruvate Transaminase-SGPT H	150.2	U/L	10 - 49
Serum Glutamic-Oxaloacetic Transaminase- H IFCC with pyridoxal-5-phosphate SGOT	128.2	U/L	10 - 46
Total Protein Seruma Enzymatic Colorimetric	7.8	g/dL	6.0 - 8.0
Albumin Serum Bromocresol Green Colorimetric	4.01	g/dL	3.5 - 5.2
Globulin Calculated H	3.79	g/dL	2.3 - 3.4
Albumin Globulin Ratio	1.06		0.9 - 3.1
Alkaline Phosphatase (ALP) Enzymatic Colorimetric	92.0	U/L	40 - 129









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











: OPD Name : Bhagwan Prakash Walzade Ward

Lab ID : 4100100448 Registration on : 26-Oct-2024 09:21 : 34 Years / Male : 26-Oct-2024 15:46 Age / Sex Reported on

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
Physical Examination			
Quantity :	10	ml	
Colour	Pale Yellow		Pale Yellow
Appearance	Clear		Clear
Sediment	Absent		
Chemical Examination			
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	<mark>Absent</mark>		0.1 - 1.0
Leucocyte esterase	<mark>Absent</mark>		
Microscopic Examination			
Pus Cells	Occasional	cells/HPF	0 - 2
Red Blood Cells (RBC)	Absent	cells/HPF	Absent
Epithelial Cells	Occasional	cells/HPF	0 - 2
Casts	<mark>Absent</mark>		Absent
Crystals	<mark>Absent</mark>		Absent
Amorphous Material	<mark>Absent</mark>		
Bacteria	A <mark>bsent</mark>		
Yeast	Abs <mark>ent</mark>		





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



Name : Bhagwan Prakash Walzade

: OPD Ward : 4100100448

Lab ID Registration on : 26-Oct-2024 09:21 Age / Sex : 34 Years / Male : 26-Oct-2024 15:46 Reported on

Reference Sample Type : Stool

Client : Velocity Hospital

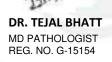
Mediwheel health package below 40- male **Stool Routine Examination**

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		





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Reg. No. : 41000730466 **Reg. Date** : 26-Oct-2024 10:26 **Ref.No** : **Approved On** : 26-Oct-2024 11:57

Name : BHAGWAN PRAKASH WALZADE

Gender: Male Pass. No.: Dispatch At :

Collected On

: 26-Oct-2024 10:26

Ref. By : Tele No. :

Location : SPECTRA DIAGNOSTIC @ LP SAVANI ROAD

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

Sample Type:Serum

Comments:

Age

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-relasing 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

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

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Test done from collected sample.

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Generated On: 26-Oct-2024 12:02

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



Reg. No. : 41000730466 **Reg. Date** : 26-Oct-2024 10:26 **Ref.No** : Approved On : 26-Oct-2024 11:20

Collected On

: 26-Oct-2024 10:26

Name : BHAGWAN PRAKASH WALZADE

: 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

Age

- 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 reatment.
- 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.

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