

FINAL REPORT

Bill No.	: APHHC240000543	Bill Date	: 22-03-2024 11:26
Patient Name	: MR. BHOLA PRASAD	UHID	: APH000021770
Age / Gender	: 37 Yrs 1 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24010835	Current Ward / Bed	: /
		Receiving Date & Time	: 22-03-2024 15:58
		Reporting Date & Time	: 22-03-2024 17:22

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		15	mg/dL	15 - 45
BUN <small>(CALCULATED)</small>		7.0	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	L	0.5	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>	H	110.0	mg/dL	70 - 100

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>		111.0	mg/dL	70 - 140
---	--	-------	-------	----------

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>	H	232	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>		41	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	165	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>	H	210	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	191.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		5.7		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		4.0		½Average Risk <1.0 Average Risk 1.0-3.6 2 Times Average Risk 3.7-6.3 3 Times Average Risk 6.4-8.0
CHOLESTROL-VLDL	H	42	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>		0.93	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.13	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.80	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.6	g/dL	6 - 8.1

FINAL REPORT

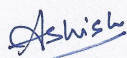
Bill No.	: APHHC240000543	Bill Date	: 22-03-2024 11:26
Patient Name	: MR. BHOLA PRASAD	UHID	: APH000021770
Age / Gender	: 37 Yrs 1 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24010835	Current Ward / Bed	: /
		Receiving Date & Time	: 22-03-2024 15:58
		Reporting Date & Time	: 22-03-2024 17:22

ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.1	g/dL	
S.GLOBULIN	L	2.5	g/dL	2.8-3.8
A/G RATIO		1.64		1.5 - 2.5
ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>		74.2	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>		29.9	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>	H	41.2	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>		30.0	IU/L	11 - 50
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>	H	261.7	IU/L	0 - 248
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.6	g/dL	6 - 8.1
URIC ACID <small>Uricase - Trinder</small>		4.4	mg/dL	2.6 - 7.2

** End of Report **

IMPORTANT INSTRUCTIONS

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



DR. ASHISH RANJAN SINGH

MBBS,MD

CONSULTANT

FINAL REPORT

Bill No.	: APHHC240000543	Bill Date	: 22-03-2024 11:26
Patient Name	: MR. BHOLA PRASAD	UHID	: APH000021770
Age / Gender	: 37 Yrs 1 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24010835	Current Ward / Bed	: /
		Receiving Date & Time	: 22-03-2024 15:58
		Reporting Date & Time	: 22-03-2024 17:22

Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

HBA1C (Turbidimetric Immuno-inhibition)	6.2	%	4.0 - 6.2
---	-----	---	-----------

INTERPRETATION:

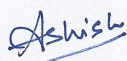
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- 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 ****

IMPORTANT INSTRUCTIONS

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



DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT