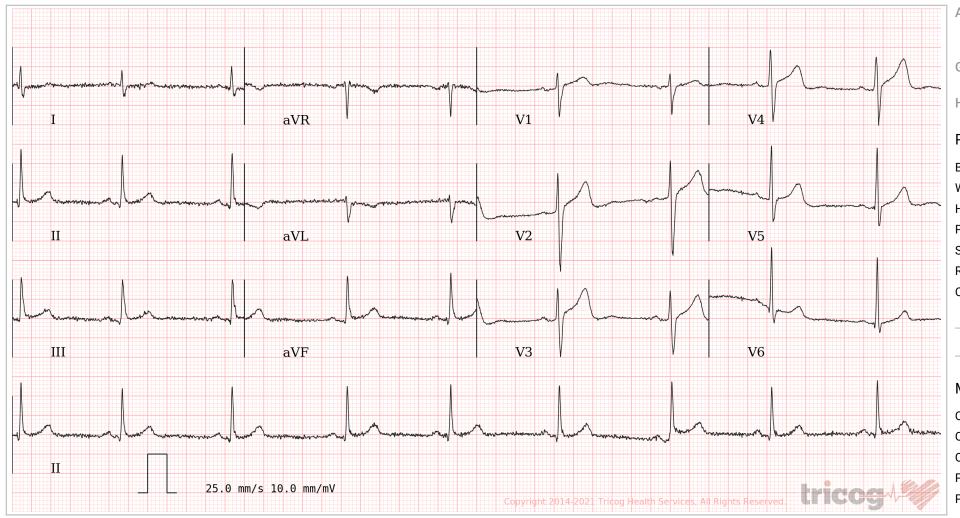
## **SUBURBAN DIAGNOSTICS - VASAI**



Patient Name: ANIL MONTEIRO

Patient ID: 2134540203

Date and Time: 11th Dec 21 10:35 AM



Age 46 NA 18 years months days

Gender Male

Heart Rate 54 bpm

#### **Patient Vitals**

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

#### Measurements

QSRD: 88 ms
QT: 406 ms
QTc: 385 ms
PR: 138 ms
P-R-T: 56° 84° 92°

ECG Within Normal Limits: Sinus Bradycardia, Nonspecific ST Abnormality. Baseline artefacts.Please correlate clinically.

REPORTED BY



Dr. SHISHIR SHETTY MBBS.D-CARD 2006/01/0250

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



Name : Mr ANIL MONTEIRO

Age / Sex : 46 Years/Male Reg. Date : 11-Dec-2021 / 10:25

Ref. Dr : Report Date : 11-Dec-2021 / 11:46

Reg. Location : Vasai Main Centre Printed : 11-Dec-2021 / 11:46

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# **USG WHOLE ABDOMEN**

### LIVER:

The liver is normal in size (15 cms), shape and smooth margins. **It shows altered parenchymal echo pattern**. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

## **GALL BLADDER:**

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

### **PANCREAS:**

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

### **KIDNEYS:**

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 10.5 x 4.5 cm. Left kidney measures 11.0 x 5.5 cm.

#### **SPLEEN:**

The spleen is normal in size (9 cms) and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

### **URINARY BLADDER:**

The urinary bladder is well distended and reveal no intraluminal abnormality.

#### PROSTATE:

The prostate is normal in size and it measures 3.8 x 2.5 x 2.2 cms volume is 11.3 cc.

### **IMPRESSION:**

Grade I fatty liver.

NOTE: USG FINDINGS ARE TO BE CORELATED WITH CLINICAL, LABORATORY AND OTHER INVESTIGATION FINDINGS FOR FINAL DIAGNOSIS AND FOR THEIR MANAGEMENT.
-------End of Report------

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CID : 2134540203

Name : Mr ANIL MONTEIRO

: 46 Years/Male Age / Sex

Ref. Dr

Reg. Location : Vasai Main Centre



Reg. Date

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: 11-Dec-2021 / 10:25

Report Date : 11-Dec-2021 / 11:46

**Printed** : 11-Dec-2021 / 11:46

KLIGH FRA

Dr.FAIZUR KHILJI MBBS,RADIO DIAGNOSIS Reg No-74850 Consultant Radiologist

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Name : Mr ANIL MONTEIRO

Age / Sex : 46 Years/Male

Ref. Dr :

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Reg. Date : 11-Dec-2021 / 09:56

Report Date : 11-Dec-2021 / 13:07

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# X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

# **IMPRESSION:**

NO SIGNIFICANT ABNORMALITY IS DETECTED.

-----End of Report------

KLIM FRA

Dr.FAIZUR KHILJI MBBS,RADIO DIAGNOSIS Reg No-74850 Consultant Radiologist

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Name : MR.ANIL MONTEIRO

Age / Gender : 46 Years / Male

Consulting Dr. : -

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood			
<u>PARAMETER</u>	RESULTS	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	16.7	13.0-17.0 g/dL	Spectrophotometric
RBC	5.15	4.5-5.5 mil/cmm	Elect. Impedance
PCV	48.2	40-50 %	Measured
MCV	94	80-100 fl	Calculated
MCH	32.5	27-32 pg	Calculated
MCHC	34.7	31.5-34.5 g/dL	Calculated
RDW	12.7	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7700	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSO	OLUTE COUNTS		
Lymphocytes	42.5	20-40 %	
Absolute Lymphocytes	3272.5	1000-3000 /cmm	Calculated
Monocytes	6.8	2-10 %	
Absolute Monocytes	523.6	200-1000 /cmm	Calculated
Neutrophils	45.9	40-80 %	
Absolute Neutrophils	3534.3	2000-7000 /cmm	Calculated
Eosinophils	3.7	1-6 %	
Absolute Eosinophils	284.9	20-500 /cmm	Calculated
Basophils	1.1	0.1-2 %	
Absolute Basophils	84.7	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### **PLATELET PARAMETERS**

Platelet Count	282000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	13.8	11-18 %	Calculated

# **RBC MORPHOLOGY**

Hypochromia	-	
Microcytosis	-	

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Macrocytosis

Anisocytosis -

Poikilocytosis -

Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-15 mm at 1 hr. Westergren

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Name : MR.ANIL MONTEIRO

Age / Gender : 46 Years / Male

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Hexokinase

Hexokinase

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

<u>PARAMETER</u> <u>RESULTS</u> <u>BIOLOGICAL REF RANGE</u> <u>METHOD</u>

GLUCOSE (SUGAR) FASTING, 240.8 Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose:

100-125 mg/dl

Diabetic: >/= 126 mg/dl

GLUCOSE (SUGAR) PP, Fluoride 269.4 Non-Diabetic: < 140 mg/dl

Plasma PP/R Impaired Glucose Tolerance:

140-199 mg/dl

Diabetic: >/= 200 mg/dl

Urine Sugar (Fasting) + Absent
Urine Ketones (Fasting) Absent Absent

Urine Sugar (PP) +++ Absent
Urine Ketones (PP) Absent Absent

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Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab
Director

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin 10.9 Non-Diabetic Level: < 5.7 % HPLC (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Estimated Average Glucose 266.1 mg/dl Calculated

(eAG), EDTA WB - CC

#### Intended use:

• In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year

• In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly

• For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

#### Clinical Significance:

• HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.

• The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

#### Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

#### Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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Name : MR.ANIL MONTEIRO

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TOTAL PSA, Serum

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO PROSTATE SPECIFIC ANTIGEN (PSA)

0.03-2.5 ng/ml

<u>PARAMETER</u> <u>RESULTS</u> <u>BIOLOGICAL REF RANGE</u> <u>METHOD</u>

1. PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.

2. The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer.

 Calculation of the ratio of Free to Total PSA (ie. FPSA/TPSA), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

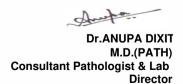
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0.518











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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO EXAMINATION OF FAECES

PARAMETER RESULTS BIOLOGICAL REF RANGE

**PHYSICAL EXAMINATION** 

ColourBrownBrownForm and ConsistencySemi SolidSemi SolidMucusAbsentAbsentBloodAbsentAbsent

**CHEMICAL EXAMINATION** 

Reaction (pH) Acidic (5.0) -

Occult Blood Absent Absent

**MICROSCOPIC EXAMINATION** 

Protozoa Absent Absent Flagellates **Absent** Absent Ciliates Absent Absent **Parasites** Absent Absent Macrophages Absent Absent Mucus Strands Absent Absent Fat Globules Absent Absent RBC/hpf Absent Absent WBC/hpf Absent Absent Yeast Cells Absent **Absent Undigested Particles** Present + Concentration Method (for ova) No ova detected Absent Reducing Substances Absent









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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO LIRINE EXAMINATION REPORT

URINE EXAMINATION REPORT				
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>	
PHYSICAL EXAMINATION				
Color	Pale yellow	Pale Yellow	-	
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator	
Specific Gravity	1.015	1.001-1.030	Chemical Indicator	
Transparency	Clear	Clear	-	
Volume (ml)	40	-	-	
<b>CHEMICAL EXAMINATION</b>				
Proteins	Absent	Absent	pH Indicator	
Glucose	1+	Absent	GOD-POD	
Ketones	Absent	Absent	Legals Test	
Blood	Absent	Absent	Peroxidase	
Bilirubin	Absent	Absent	Diazonium Salt	
Urobilinogen	Normal	Normal	Diazonium Salt	
Nitrite	Absent	Absent	Griess Test	
MICROSCOPIC EXAMINATIO	<u>N</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf		
Red Blood Cells / hpf	Δhsent	0-2/hnf		

Red Blood Cells / hpt Absent 0-2/hpt

Epithelial Cells / hpf 0-1

Casts Absent Absent Crystals **Absent Absent** Amorphous debris Absent Absent

Bacteria / hpf 2-3 Less than 20/hpf

Others

Result rechecked.

Kindly correlate clinically.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West \*\*\* End Of Report \*\*\*







Monterno **Dr.RASHMI MONTEIRO** M.D. (PATH) **Pathologist** 

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u> <u>RESULTS</u>

ABO GROUP B

Rh TYPING POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

#### Clinical significance:

ABO system is most important of all blood group in transfusion medicine

#### Limitations:

- · ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

#### Refernces:

- 1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- 2. AABB technical manual

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
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Dr.SHASHIKANT DIGHADE M.D. (PATH) Pathologist

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	266.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	547.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	30.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	235.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	173.6	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	62.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	8.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	5.7	0-3.5 Ratio	Calculated

Note: LDL test is performed by direct measurment.

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO **KIDNEY FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BLOOD UREA, Serum	18.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.85	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	103	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
URIC ACID, Serum	6.1	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.9	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	10.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	5.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	98	98-107 mmol/l	ISE

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West \*\*\* End Of Report \*\*\*



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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.10	0.35-5.5 microIU/ml	ECLIA

#### Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

#### Clinical Significance:

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

	adding disposition				
TSH	FT4 / T4	FT3 / T3	Interpretation		
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.		
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.		
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)		
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.		
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.		
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.		

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:** Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

#### Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3. Tietz , Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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M.D.(PATH)
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Name : MR.ANIL MONTEIRO

Age / Gender : 46 Years / Male

Consulting Dr. :

Reg. Location : Vasai (Main Centre)

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

Collected : 11-Dec-2021 / 09:46

**Reported** :11-Dec-2021 / 18:32

# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO LIVER FUNCTION TESTS

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.68	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.42	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	16.6	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	32.1	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	67.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	80.3	40-130 U/L	Colorimetric

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
\*\*\* End Of Report \*\*\*









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