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Liveplenty

MAGNESSA

MD INDIA

Save Health Care

Star Health

Respected Sir/Madam,

Please find corporate HC appointment details scheduled for **24-06-2023** at your **ANANDRISHIJI MEDICAL CENTRE LLP – Pune Center.**

Points to note:-

Collect photocopy of employee ID proof if health check is through an employer.
Collect photocopy of personal ID proof if health check is for insurance.
Collect MER as per package details & that company's format (already shared).
By 12 noon of appointment date, share Work order number & visit status (Show/No show).
Upload reports in Adbhutam portal as per specifications given earlier.

Appointment Booking Details

Corporate (TPA)	Appointment Name	Package Name	Package Inclusions	Customer Name	Gender M/F	Relation Self/Spouse	Age	
ARCOFEMI HEALTHCARE LIMITED	ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	Doctor,URINE GLUCOSE(FASTING),X-RAY CHEST PA,HEMOGRAM + PERIPHERAL SMEAR,2 D ECHO,PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL),LIVER FUNCTION TEST (LFT),ULTRASOUND - WHOLE ABDOMEN,PERIPHERAL SMEAR,GAMMA GLUTAMYL TRANFERASE (GGT),DIET CONSULTATION,URINE GLUCOSE(POST PRANDIAL),ECG,BLOOD GROUP ABO AND RH FACTOR,GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL),LIPID PROFILE,HbA1c, GLYCATED HEMOGLOBIN,THYROID PROFILE (TOTAL T3, TOTAL T4, TSH),COMPLETE URINE EXAMINATION,GLUCOSE, FASTING,RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT),BODY MASS INDEX (BMI),X-Ray Chest PA,Prostatic Specific Antigen (PSA Total),Ultrasound - Whole Abdomen,Lipid Profile	MR. KUMAR SANJEEV	male	Self	39	N

Please login to AHCN Portal for more details.

AHCN Login Url : Click on Link

Regards,
Team Clinic Operations
Apollo Health and Lifestyle Ltd.,

ANANDRISHIJI MEDICAL CENTRE LLP

MER
2DEcho
X-ray
UR.
Blood 12
USG AHP
PA 12 PM
ECG

ANANDRISHIJI
MEDICAL CENTRE

ANANDRISHIJI
MEDICAL CENTRE

DATE: 24/6/22

PATIENT NAME: Mr Sanjeev Kumar

AGE YRS 42

SEX- Male

HEIGHT- 166 cms

WEIGHT- 72.1 kg

BP- 110/70 mmhg

OPTHAL CONSULTATION:

RIGHT EYE: - presbyopia
LEFT EYE : - color vision - (N)
OVERALL EYE CHECKUP: no squint.

PHYSICIAN CONSULTATION:

PAST HISTORY- no major medical / surgical history

PRESENT COMPLAINTS-

no complaints-

ANANDRISHIJI MEDICAL CENTRE * PUNE *

CNS
CVS
RS
PIA
} (N)

Fit

UNFIT

FIT WITH RECOMMENDATION

Challa
Physician
Reg. No. 80450
Per. Reg. No. 18110700027

4th floor Vardhaman, Shankar Seth Road, Mahatma Phule Peth, Pune-411042, Maharashtra

Doctors Stamp & Signature

ANANDRISHI MEDICAL CENTRE PUNE

भारत सरकार
GOVERNMENT OF INDIA

आधार

Sanjeev Kumar
Date Of Birth / DOB : 05-06-1981
Male / MALE
Mobile No. 9725114156

3524 9207 1821
VID : 9138 5465 0172 6451

मेरा आधार, मेरी पहचान

/ou
today at 8:24 am

Sanjeev Kumar

First name Sanjeev kumar /42y
Patient ID becc6bd9-0b7f-4961-b73c-7950bb25c42b

24.06.2023 09:04:58
Standard 12-Lead

ANAND RISHIJI MEDICAL CENTER
PUNE

Age		Gender	Male
Gender	Male	Room	
Height		Medication	
Weight		Order ID	
Ethnicity	Undefined	Ord. prov.	
Pacemaker	Unknown	Ord. prot.	
Indication			
Remark			

HR 63 bpm

P axis	41 °	RR	949 ms
QRS axis	49 °	P	110 ms
T axis	23 °	PR	163 ms
		QRS	82 ms
		QT	370 ms
		QTcB	380 ms

Sinus rhythm
Normal electrical axis
Nonspecific ST abnormality (elevation)
Otherwise normal ECG

Unconfirmed Report

- sinus rh
- P
- no ST-T changes

Dr. Pushpalakshmi Challa
Reg. MD Physician
Per. Reg. No. 18110700270015

ANANDRISHIJI MEDICAL CENTRE ★ PUNE ★

Otherwise normal

I aVR V4

II aVL V2 V5

III aVF V3 V6

25 mm/s, 10 mm/mV Sequential LP 25Hz, AC 50Hz

II

25 mm/s, 10 mm/mV LP 25Hz, AC 50Hz

AT-102 G2 1.2.0 (1080 011004) Printed on 24.06.2023 09:05:15 Page 1 of

SCHILLER Part No 2.157048M CE

ANANDRISHIJI
MEDICAL CENTRE

PATIENT'S NAME: MR. SANJEEV KUMAR AGE : 42 Yrs.
REF. CLINICIAN : APOLLO DATE : 24-Jun-23

Ultrasound Abdomen and Pelvis

Liver : Normal in position shape and **shows diffuse bright Echotexture s/o fatty liver. Span: 13.8 cms.**
Hepatic and portal venous radicles are normal.
No IHBR dilatation seen. No focal lesion seen

Spleen: Normal position & echopattern.

Pancreas: Head, body and tail well visualized, bright in echotexture and normal size. No dilatation of main pancreatic duct or focal lesion seen.

Gall bladder: Contracted. (Post prandial Scan) No obvious calculus seen.

Common duct and Portal vein: Normal.

Kidneys:Size:Right kidney: 9.8 x 4.0 cms **Left kidney:** 11.0 x 5.6 cms
Normal position, shape, echo pattern and corticomedullary differentiation seen. No calculi, hydronephrosis or focal parenchymal lesion seen. Moves freely with respiration.

Retroperitoneum: not visualized due to bowel gas.

Urinary bladder: Well distended and normal in shape. Wall thickness is within normal limits. No calculus, mural lesion or diverticulum seen.

Prostate: Normal in echopattern and shape. No focal lesion seen.
It measures 3.7 x 3.4 x 3.2 cms (volume- 22 cc). Prostatic calcification seen.

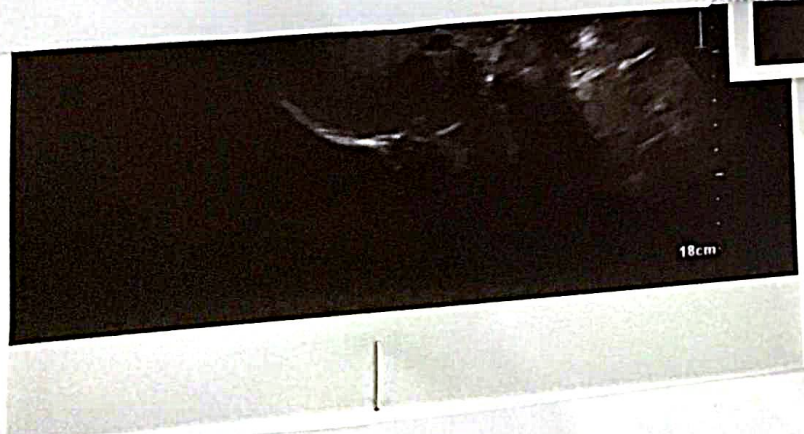
IMPRESSION: Fatty liver.

ANANDRISHIJI MEDICAL CENTRE

Dr.Trupti S. Jagdale
Consultant Radiologist

Dr. Karuna Agwane
Consultant Radiologist

Dr .Mitesh Katariya
Consultant Radiologist



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ANANDRISHIJI
MEDICAL CENTRE

PATIENT'S NAME: MR. SANJEEV KUMAR AGE : 42 Yrs
REF. CLINICIAN : APOLLO DATE : 24-Jun-23

2 DIMENSIONAL ECHOCARDIOGRAPHY & COLOUR DOPPLER REPORT

M-MODE MEASUREMENTS:

LA	27	mm
AO root	26	mm
LVID(d)	39	mm
LVID (s)	25	mm
IVS (d)	11	mm
LVPW (d)	11	mm
LVEF	60	%

DOPPLER STUDY:

E wave velocity: 0.51 m/sec A wave velocity: 0.47 m/sec

E/A ratio > 1

	PEAK (mmHg)	GRADE OF REGURGITATION
MITRAL	N	Trivial
AORTIC	10	NIL
TRICUSPID	N	Trivial
PULMONARY	N	Nil

P.T.O

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MEDICAL CENTRE

2 DIMENSIONAL ECHOCARDIOGRAPHY & COLOUR DOPPLER REPORT

COMMENTS:

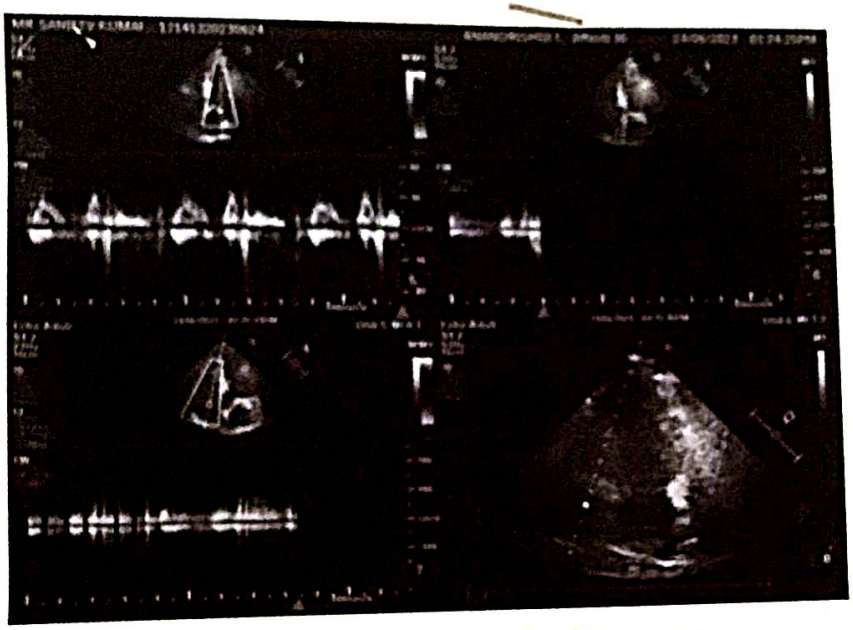
- No LV regional wall motion abnormality at rest.
- Normal resting LV systolic function. LVEF = 60%.
- Normal LV diastolic function.
- Normal chamber dimensions. No LA/LV enlargement.
- Mitral valve normal. Trivial mitral regurgitation.
- Annulo-papillary apparatus appears intact.
- Aortic valve - is trileaflet.
- Structurally normal tricuspid valve. Trivial TR.
  PASP by TR jet 25 mmHg. No pulmonary hypertension.
- Normal RV systolic function. IVC normal. IAS & IVS are intact.
- No LV clot/thrombus/pericardial effusion/ vegetation.

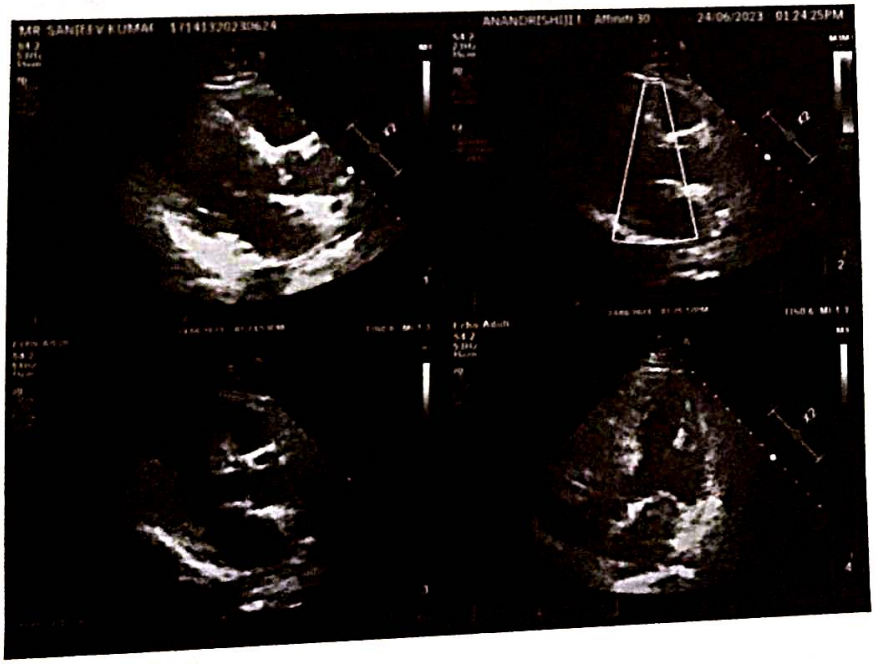
SUMMARY:

- Normal LV systolic function. LVEF=60%
- No Regional wall motion abnormality at rest.
- Normal LV diastolic function.
- No pulmonary hypertension. IVC- normal

ANANDRISHIJI MEDICAL CENTRE ★ PUNE ★

Dr. Shripad Bhivaskar
D.N.B (General Medicine), Dr.N.B. (Cardiology)





ANANDRISHI MEDICAL CENTRE ★ PUNE ★

ANANDRISHIJI
MEDICAL CENTRE

Patient's Name	MR. SANJEEV KUMAR	Age/Sex	42Y/ MALE
Ref By	MEDIBUDDY	Date	24/06/2023

X-RAY CHEST PA VIEW

Both the lung fields appear normal.

Both costophrenic angles are normal.
The hila, mediastinal and diaphragmatic outlines appear normal.

The cardiac shadow appears normal.
The bony thoracic cage and soft tissues appear normal.

Impression:- No abnormality detected.

***Kindly correlate clinically.**

PLEASE NOTE- Investigations have their limitations. Radiological / Pathological and other investigations never confirm the final Diagnosis. They help in Diagnosing the Disease in correlation to clinical symptom and other related test. Please interpret accordingly and suggest further investigations / Second opinion if clinically indicated.In case of any typing errors please send the report back for correction

DR. RUTUJA DOSHI.
MBBS, DMRE.
Consultant Radiologist.

ANANDRISHIJI MEDICAL CENTRE * PUNE *

ANANDRISHIJI MEDICAL CENTRE

Patient Name	: **MR. SANJEEV KUMAR**	**Client Name**	: APOLLO
Age / Gender	: 42 Years / Male	**Registration Date**	: 24-Jun-2023 8:37 AM
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Sample Coll By	:ANANDRISHIJI MEDICAL CENTRE	**Report Date**	: 24-Jun-2023 3:59 PM

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CLINICAL PATHOLOGY

Investigation	Result	Unit	Bio. Ref. Interval
URINE EXAMINATION			
PHYSICAL EXAMINATION			
COLOUR	Pale Yellow		Pale Yellow
APPEARANCE	Clear		Clear
PH	6.0		**5.0-7.5**
SPECIFIC GRAVITY	1.005		**1.002-1.030**
CHEMICAL EXAMINATION			
PROTIENS	Absent		Negative
GLUCOSE	Absent		Negative
KETONE BODIES	Absent		Negative
BILLIRUBIN	Absent		Negative
BLOOD	Absent		Negative
NITRITE	Absent		Negative
MICROSCOPIC EXAMINATION			
PUS CELLS	Occasional	/ HPF	0-5
RED BLOOD CELLS	Absent	/ HPF	Nil
EPITHELLIAL CELLS	Occasional	/ HPF	< 10
CASTS	Absent		Absent
CRYSTALS	Absent		Absent
YEAST CELLS	Absent		Absent
BACTERIA	Absent		Absent
MUCUS THREADS	Absent		Absent
TRICHOMONAS VAGINAILS	Absent		Absent
SPERMATOZA	Absent		Absent
LEUKOCYTES	Absent	ng/ml	
DEPOSIT	Absent		Absent

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

Dr. Jitendra Suru
MD Pathology

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ANANDRISHIJI
MEDICAL CENTRE

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062324012

GLUCOSE FASTING, PLASMA

Investigation	Result	Unit	Bio. Ref. Interval
BLOOD SUGAR FASTING	96.2	mg/dL	74-106
METHOD	Hexokinase		

Interpretation :
The fasting (F) blood glucose test is the test most commonly used to diagnose diabetes. It measures blood glucose levels after a period of fasting, usually at least eight hours without food or liquid (except water). This test is more definitive than a random test, because there is no chance that it has been influenced by recent food intake

COMMENT Please correlate with clinical condition

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

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0623240 12

CBC-ESR

Investigation	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN	14.1	g/dl	13 --18
TOTAL WBC COUNT	6800	/ cumm	4000-10000
RED BLOOD CELL COUNT	4.81	/cumm	4.32-5.72
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	53	%	50 --70
LYMPHOCYTES	32	%	20 --40
EOSINOPHILS	06	%	0 --6
MONOCYTES	09	%	0-10
BASOPHILS	00	%	0 --1
RBC INDICES			
HEMATOCRIT	42.9	%	37 --54
MEAN CORPUSCULAR VOLUME	89.2	fl	78-92
MEAN CORPUSCULAR HEMOGLOBIN	29.3	pg	28 --32
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	32.9	g/dl	32 --37
RDW_CV	13.5	/ cumm	11.5-14.5
PLATELET COUNT	166000	/ cumm	150000-400000
MEAN PLATELET VOLUME	**12.2**	fl	7.4-10.4
PDW	**16.3**	fl	10-14
PCT	0.2	%	0.10-0.28
RED CELL DISTRIBUTION WIDTH (RDW-SD)	44.4	fl	
P-LCR	42.5	%	
PERIPHERAL BLOOD SMEAR			
ERYTHROCYTES	Normocytic Normochromic		

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ANANDRISHIJI
MEDICAL CENTRE

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0623240 12

CBC-ESR

Investigation	Result	Unit	Bio. Ref. Interval
LEUCOCYTES	Within normal limits.		
THROMOBOCYTES	Adequate on smear		
ESR	02	mm/1hr.	

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

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Sample Coll By	:ANANDRISHIJI MEDICAL CENTRE	**Report Date**	: 24-Jun-2023 3:58 PM

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TOTAL PSA

Investigation	Result	Unit	Bio. Ref. Interval
TOTAL PSA	0.528	ng/ml	< 4.0 ng/mL

Specimen : Serum

Method : CLIA

Interpretation :
.Increased levels are seen in prostatitis, benign hyperplasia, prostatic carcinoma, cirrhosis impotence, osteoporosis, pulmonary embolism, renal osteropathy, TUR and urinary retention.
.Decreased levels are seen in castration, radiation therapy, prostatectomy, antiandrogen drugs (eg. finasteride).
.PSA determination is used for monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy.
.PSA has no circadian rhythm, but 6-7% variation can occur between specimens collected on same day.

Note : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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

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0623240 12

Liver Function Test

Investigation	Result	Unit	Bio. Ref. Interval
ALKALINE PHOSPHATASE	115.5	U/L	53 - 128
SGOT (AST)	30.1	U/L	0 -35
SGPT (ALT)	44.0	U/L	0 - 45
GGTP	38.9	U/L	0 - 55
BILIRUBIN	1.00	mg/dL	0 - 1.2
BILIRUBIN DIRECT	0.20	mg/dL	0 - 0.4
BILIRUBIN INDIRECT	0.80	mg/dL	0 - 1.0
TOTAL PROTEIN	6.7	g/dl	6.4 - 8.3
ALBUMIN	4.1	gm/dl	3.5 - 5.2
GLOBULIN	3	gm/dl	1.8 - 3.6
A/G RATIO	1		
SGOT/SGPT RATIO	1	Ratio	

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

Dr. Jitendra Suru
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062324012

GGT (GAMMA GLUTAMYL TRANFERASE)

Investigation	Result	Unit	Bio. Ref. Interval
GGT (GAMMA GLUTAMYL TRANFERASE)	38.9	U/L	Male ≤ 55 Female ≤ 38
METHOD	IFCC		
SPECIMEN	Serum		
INSTRUMENT USED	Indiko		

Interpretation :
The gamma-glutamyl transferase (GGT) test may be used to determine the cause of elevated alkaline phosphatase (ALP). Both ALP and GGT are elevated in disease of the bile ducts and in some liver diseases, but only ALP will be elevated in bone disease. Therefore, if the GGT level is normal in a person with a high ALP, the cause of the elevated ALP is most likely bone disease. An elevated GGT level suggests that something is damaging the liver. A low or normal GGT test result indicates that it is unlikely that a person has liver disease or has consumed any alcohol. A high GGT level can help rule out bone disease as the cause of an increased ALP level, but if GGT is low or normal, then an increased ALP is more likely due to bone disease.

Comment : Please correlate with clinical condition

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

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GLUCOSE - POST PRANDIAL(PP)

Investigation	Result	Unit	Bio. Ref. Interval
GLUCOSE - POST PRANDIAL(PP)			
GLUCOSE - POST PRANDIAL	107.0	mg/dL	70-140

Interpretation :
A postprandial (PP) glucose test is a blood glucose test that determines the amount of a type of sugar, called glucose, in the blood after a meal. A 2-hour postprandial blood glucose test measures blood glucose exactly 2 hours after eating a meal, timed from the start of the meal. By this point blood sugar has usually gone back down in healthy people, but it may still be elevated in people with diabetes.

COMMENT	Please correlate with clinical condition
TECHNOLOGY	Spectrophotometry
NOTES	Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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

Dr. Jitendra Suru
MD Pathology

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* 0 6 2 3 2 4 0 1 2 *

LIPID PROFILE REPORT

Investigation	Result	Unit	Bio. Ref. Interval
TOTAL CHOLESTEROL	193.0	mg/dL	Desirable (< 200) Borderline high (200 - 239) High (> 240)
HDL CHOLESTEROL - DIRECT	43.5	mg/dL	No Risk >60 Moderate Risk 40 – 60 High Risk <40
TRIGLYCERIDES	102.7	mg/dL	50-200
LDL CHOLESTEROL	129.0	mg/dL	Optimal (< 100) Near optimal/above optimal (100-129) Borderline high (130-159) High (160-189) Very high (≥ 190)
VLDL CHOLESTEROL	20.5	mg/dL	5-40
TC/HDL CHOLESTEROL RATIO	4.4	Ratio	3.0-5.0
LDL / HDL RATIO	3.0	Ratio	1.5-3.5
NON HDL CHOLESTEROL	150	ng/ml	
HDL / LDL CHOLESTEROL RATIO	3	Ratio	1.5-3.5

Interpretation :
The lipid profile is used as part of a cardiac risk assessment to help determine an individual's risk of heart disease and to help make decisions about what treatment may be best if there is borderline or high risk. Lipids are a group of fats and fat-like substances that are important constituents of cells and sources of energy. A lipid profile typically includes: 1. Total cholesterol — this test measures all of the cholesterol in all the lipoprotein particles. 2. High-density lipoprotein cholesterol (HDL-C) — measures the cholesterol in HDL particles; often called "good cholesterol" because it removes excess cholesterol and carries it to the liver for removal. 3. Low-density lipoprotein cholesterol (LDL-C) — calculates the cholesterol in LDL particles; often called "bad cholesterol".

Comment : Please correlate with clinical condition

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

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MD Pathology

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0623240 12

HbA1C (GLYCOSYLATED HAEMOGLOBIN)

Investigation	Value	Unit	
HBA1C (GLYCOSYLATED HEMOGLOBIN), BLOOD	5.4	%	Below 6.0 : Normal Value 6.0-7.0 : Good Control 7.0-8.0 : Fair Control 8.0-10.0 : Unsatisfactory Control Above 10 : Poor Control
AVERAGE BLOOD GLUCOSE (ABG)	114.94	mg/dL	Below 136 : Normal Value 137 - 172 : Good Control 173 - 208 : Fair Control 208 - 279 : Unsatisfactory Control Above 279 : Poor Control

INTERPRETATION & REMARK

Interpretation
HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Comment Please correlate with with Clinical condition
Technology HPLC
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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

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ANANDRISHIJI
MEDICAL CENTRE

Patient Name	: **MR. SANJEEV KUMAR**	**Client Name**	: APOLLO
Age / Gender	: 42 Years / Male	**Registration Date**	: 24-Jun-2023 8:37 AM
Ref. By Dr	: APOLLO	**Sample Coll. Date**	: 24-Jun-2023 8:37 AM
Patient ID	: **062324012**	**Authentication Date**	: 24-Jun-2023 4:57 PM
Sample Coll By	:ANANDRISHIJI MEDICAL CENTRE	**Report Date**	: 24-Jun-2023 3:59 PM

062324012

THYROID FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
TOTAL TRIIODOTHYRONINE (T3)	1.39	ng/ml	0.69-2.15
TOTAL THYROXINE (T4)	9.60	ug/dl	5.2-12.7
TSH	1.56	uIU/mL	0.3-4.5

T3/T4/TSH

Normal T3 concentrations do not necessarily reflect a normal – thyroid state. Certain thyroid disorders (such as latent hypo – or hyperthyroidism , compensatory T3 over secretion in iodine deficiency , TBG over secretion) may also be associated with euthyroid T3 levels

In pregnancy , the Total T4 result may be incorrect , i.e., falsely –low .This assay should not be used as the only marker for thyroid disease evaluation during pregnancy. To ensure maximum diagnostic accuracy , thyroid status in pregnant women should be determined using thyroid function tests such as TSH , Free T4 , and clinical evaluation by the physician. Whether high or low , an abnormal TSH result indicates an excess or deficiency in the amount of thyroid hormone available to the body , but it does not indicate the reason . An abnormal TSH test result is usually followed by additional testing to investigate the cause of the increase or decrease.

Many medications – including aspirin and thyroid hormone replacement therapy – may affect thyroid gland function the result and their use should be discussed with the doctor prior to testing.

When a doctor adjusts a person's thyroid hormone replacement dosage, it is important to wait at least one to two months before checking the TSH again so that the new dose can have its full effect.

Extreme stress and acute illness may also affect TSH test result . Results may be low during the first trimester pregnancy. Serum TSH levels alone give no evidence of the presence or absence of thyroid disease. They must always be interpreted in context with the clinical picture and other diagnostic procedure.

A high TSH result often means an underactive thyroid gland that is not responding adequately to the stimulation of TSH due to some type of acute or chronic thyroid dysfunction. Rarely, a high TSH result can indicate a problem with the pituitary gland ,such as tumour producing unregulated levels of TSH.A high TSH can also occur when someone with a known thyroid disorder or who has their thyroid gland removed is receiving too little thyroid hormone medication.

A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or excessive amounts of thyroid hormone medication in those who are being treated for an underactive (or removed) thyroid gland. Rarely, a low TSH result may indicate damage to the pituitary gland that prevents it from producing adequate amounts of TSH.

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

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Patient Name	: **MR. SANJEEV KUMAR**	**Client Name**	: APOLLO
Age / Gender	: 42 Years / Male	**Registration Date**	: 24-Jun-2023 8:37 AM
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Patient ID	: **062324012**	**Authentication Date**	: 24-Jun-2023 4:57 PM
Sample Coll By	:ANANDRISHIJI MEDICAL CENTRE	**Report Date**	: 24-Jun-2023 4:31 PM

0623240 12

RENAL FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
RFT (RENAL FUNCTION TEST)			
BLOOD UREA LEVEL	26.3	mg/dL	15-45
S. CREATININE	0.75	mg/dL	0.5-1.5
URIC ACID	6.1	mg/dL	2.5-7.5
ELECTROLYTES			
SODIUM, SERUM	138	mmol/L	136-146
POTASSIUM, SERUM	3.7	mmol/L	3.40-5.10
CHLORIDE, SERUM	101	mmol/L	98.0-106.0
CALCIUM	8.9	mg/dL	8.6 - 10.3

Interpretation :
Renal function tests (RFT) are performed for evaluation of kidney function. The blood urea nitrogen or BUN test is primarily used, along with the creatinine test, to evaluate kidney function in a wide range of circumstances, to help diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. 1. Blood Urea Nitrogen (BUN) - Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. 2. Creatinine - Creatinine is a waste product produced by muscles from the breakdown of a compound called creatine. Almost all creatinine is filtered from the blood by the kidneys and released into the urine, so blood levels are usually a good indicator of how well the kidneys are working. 3. Uric acid - The uric acid blood test is used to detect high levels of this compound in the blood in order to help diagnose recurrent kidney stones and gout. The test is also used to monitor uric acid levels in people undergoing chemotherapy or radiation treatment for cancer.

Comment : Please correlate with clinical condition
Technology : Spectrophotometry
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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

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