





NABL & ISO 9001 : 2008 Certified
Wellness . Diagnostics
A Unit of Gian Life Care Limited



7/216 (6), Swaroop Nagar
(In Front of L.L.R. Hospital), Kanpur
Mob. : 8808051576
E-mail : reportsgpx@gmail.com
arunguptagpx@gmail.com

Gian Pathology and X-Ray

Pathology . Radiology

Gian Life Line - Health Checkup

Lab No.	: 012207230049	Reg No/BarcodeNo	: 424846/01419539
Patient Name	: Mr..SAURABH SRIVASTAVA	Reg. Date	: 23/Jul/2022 12:22PM
Age/Sex	: 33 Y / Male	Sample Taken Date	: 23/Jul/2022 01:10PM
Client Code/Name	: MEDIWHEEL FULL BODY CHECKUP	Report Date	: 23/Jul/2022 01:45PM
Referred By Doctor	: Dr. B O B		

Blood Sugar (Fasting)

Blood Sugar Fasting Haekso kinase 83 mg/dl 70 - 100

Sample Type:Plasma

GAMMA GT/GGT

GAMMA GT / GGT 19 IU/l 15 - 73

Sample Type:Serum

BUN / BLOOD UREA NITROGEN

BLOOD UREA NITROGEN Urease 10 mg/dl 8.4 - 21.0

Sample Type:Plasma

CREATININE SERUM

CREATININE, Serum Aminohydrolaase 1.00 mg/dl 0.66 - 1.25

Sample Type:Serum

URIC ACID

URIC ACID, Serum Uricase Peroxidase 5.6 mg/dl 3.5 - 8.5

Sample Type:Serum



A Gupta

Dr. Arun Kumar Gupta
M.D. Chief Pathologist
(Reg No. 34930)



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LFT/LIVER FUNCTION TESTS

BILIRUBIN TOTAL Reflectance spectrophotometry	1.9	mg/dl	0.20 - 1.30
BILIRUBIN DIRECT Reflectance Spectrophotometry	0.6	mg/dl	0.0 - 0.3
BILIRUBIN INDIRECT Reflectance Spectrophotometry	1.3	mg/dl	0.10 - 1.1
SGOT /AST Mutipoint Rate with P-5-P	19	U/L	15 - 46
SGPT /ALT UV with P5P	16	U/L	12 - 76
Alk. Phosphatase, Serum PNPP AMP BUFFER	52	U/L	38 - 126
PROTEIN TOTAL Biuret	8.4	g/dl	6.4 - 8.3
ALBUMIN BCP	5.2	g/dl	3.5 - 5.0
GLOBULIN Calculated	3.2	g/dl	2.3 - 3.5
A/G RATIO	1.63		

Sample Type:Serum



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Lipid Profile

CHOLESTEROL TOTAL Cholesterol Oxidase	185	mg/dl	Desirable: <200 Boderline High: 200 – 239 High : ≥240
TRIGLYCERIDES Lip/Glucero Kinase	138	mg/dl	Normal <150 Boderline High: 150 – 199 High : 200 – 499 Very High: ≥500
HDL CHOLESTEROL Non HDL Precopitation	47	mg/dl	40 - 60
LDL CHOLESTEROL Calculated	110.4	mg/dl	70 - 130
VLDL CALCULATED Calculated	27.6	mg/dl	13 - 36
CHOL/ HDL RATIO Calculated	3.94	Ratio	Less than 4.0
LDL / HDL RATIO	2.35		

Ratio of LDL to HDL

Risk	Men	Women
Very low (1/2 average)	1	1.5
Average risk	3.6	3.2
Moderate risk (2x average)	6.3	5.0
High risk (3x risk)	8	6.1

HDL levels have an inverse relationship with coronary heart disease. The ability of **HDL** to predict the development of coronary atherosclerosis has been estimated to be four times greater than **LDL** and eight times greater than **TC**. Treatment is recommended for those with a **HDL** level below 40 mg/dL. An **HDL** of 60 mg/dL is considered protection against heart disease.

Preparation:

Blood should be collected after a 12-hour fast (no food or drink, except water). For the most accurate results, wait at least 2 months after a heart attack, surgery, infection, injury or pregnancy to check Lipid Profile.

Sample Type:Serum



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BUN/CREATININE RATIO

BLOOD UREA NITROGEN Urease	10	mg/dl	8.4 - 21.0
CREATININE, Serum Aminohydrolaase Ratio	1.00	mg/dl	0.66 - 1.25
	10.0		

Sample Type:Serum



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MEDIWHEEL MALE BELOW 40

URINE ROUTINE EXAMINATION

Method -Dipstick And Microscopy

PHYSICAL EXAMINATION

COLOUR	STRAW	
SPECIFIC GRAVITY (Based on pka change)	1.020	1.001-1.030
pH (methylred/Bromothymol blue method)	6.0	7.50 - 8.0
TURBIDITY	ABSENT	
Deposit (UR)	ABSENT	

Chemical

PROTEIN Dipstick/Tetra bromophenol blue/ Heat & Acid Test method).	NIL	Nil
GLUCOSE (Oxidase Peroxidase method)	NIL	Nil
KETONE (Nitroprusside Method)	NEGATIVE	Nil
BILL PIGMENT (Diazo Method)	NEGATIVE	Negative
UROBILINOGEN (Ehrlich reaction)	NEGATIVE	Normal
Nitrite (Based on presence of bacteria)	NEGATIVE	Negative
Leucocyte Esterase (Esterase Diazonium Method)	NEGATIVE	Negative

After Centrifugation at 2500 R.P.M. For 5 Minutes

MICROSCOPIC EXAMINATION

RBC (Microscopic)	NIL	/ HPF	
PUS CELLS (Microscopic)	0-1	Per HPF	0 - 5 WBC/hpf
EPITHELIAL CELLS (Microscopic)	NIL	/hpf	Nil
CASTS (Microscopic)	NIL	Per LPF	0-0
CRYSTALS (Microscopic)	NIL		
Amorphous Material (Microscopic)	Nil	Per HPF	Nil
BACTERIA (Microscopic)	NIL	Per HPF	0-0



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MEDIWHEEL MALE BELOW 40

CBC / COMPLETE BLOOD COUNT

HEMOGLOBIN (Hb) Photometry Cyanide Free	14.9	g/dl	13.5-17.5
TLC Impedence	6600	/cumm	4000-11000
<u>DLC (%)</u>			
NEUTROPHIL DHSS/Microscopic	63	%	40-80
LYMPHOCYTE DHSS/Microscopic	29	%	24-44
EOSINOPHIL DHSS/Microscopic	2	%	01-06
MONOCYTE DHSS/Microscopic	6	%	3-6
Platelet Impedance/Microscopic	193	10 ³ /μL	140 - 440
RBC COUNT Impedance	5.2	10 ⁶ /μL	4.5 - 5.5
PCV (HCT) Numeric Integration	47.2	%	41-53
MCV Calculated	90.1	fL	83-91
MCH Calculated	28.5	pg	26-34
MCHC Calculated	31.7	g/dL	31-37
RDW-CV Calculated	13.9	%	11.6 - 14.0
MPV	10.1	fL	8 - 12
ABSOLUTE NEUTROPHIL COUNT DHSS/Calculated	4.1	10 ³ /μL	2.00-7.00
ABSOLUTE LYMPHOCYTE COUNT DHSS/Calculated	1.9	10 ³ /μL	1.0-3.0
ABSOLUTE MONOCYTE COUNT DHSS/Calculated	0.4	10 ³ /μL	0.0.20-1.0
ABSOLUTE EOSINOPHIL COUNT DHSS/Calculated	0.1	10 ³ /μL	0.02 - 0.50
N/L Ratio	2.16	Ratio	Normal:1-3,Mildly High: 4-6,Moderately High:7-9



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Sample Type Whole Blood EDTA

Severly High: >9.0

ESR WESTERGREN (Automated)

ESR WESTERGREN (Automated) 8 m m 0 - 14
WESTERGREN

Sample Type:EDTA Blood

ABO Rh / BLOOD GROUP Tube Agglutination (FORWARD & REVERSE Method)

BLOOD GROUP / ABO-RH

ABO AB
Reverse & Forward
Rh POSITIVE
Reverse & Forward

Sample Type:EDTA Blood



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HbA1C/GLYCATED HEMOGLOBIN/GHB

HBA1C/GLYCATED HEMOGLOBIN 5.5 %
Average of Glucose Level 111 mg/dl

Test is done by HPLC method (Gold Standard) D-10 Analyzer.

Expected Values :-

Test	Normal Range	
HbA1c	Non Diabetic:	4.0% - 6.0%
	Good Control:	6.1% - 8.0%
	Poor Control:	8.1% - 9.0 %
	Unsatisfactory:	> 9 %

To convert an A1c to the new average mean blood glucose, use this formula:
eAG(mg/dl) = (28.7 X HbA1c) - 46.7

Sample Type:EDTA Blood



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T3 / TRIDOTHYRONINE TOTAL

T3 TOTAL 0.94 ng/mL 0.35 - 1.93
CLIA

Increased levels are seen in hyperthyroidism and decreased levels are seen in hypothyroidism.

Sample Type:Serum

T4 / THYROXIN TOTAL

T4 TOTAL 9.17 µg/dl 4.50 - 10.9
CLIA

Increased levels are seen in graves disease cancer of thyroid as symptoms of hyperthyroidism.Low levels are seen in hypothyroidism whose symptoms are myoxyedema hashmito disease and pituitary disorders

TSH (Thyroid Stimulating Hormone)

TSH (ECLIA) 7.14 µIU/ml 0.35 - 5.50
CLIA

NOTE:

Guidelines for interpretation of abnormal thyroid function test.

TSH	T4/FT4	T3/FT3	Interpretation
High	Normal Normal	Mild(subclinical)	Hypothyroidism.
High	Low	Low/Normal	Hypothyroidism
Low	Normal Normal	Mild (subclinical)	Hyperthyroidism.
Low	High/Normal	High/Normal	Hyperthyroidism
Low	Low/Normal	Low/Normal	Rare pituitary(secondary)Hypothyroidism

Sample Type:Serum



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MEDIWHEEL MALE BELOW 40

USG ABDOMEN

Liver :

Normal in size, shape & echo-texture. No focal lesions / IHBR dilatation.

Portal vein is normal.

Gall bladder :

Normal in distension & wall thickness. No sizeable GB Calculus / mass.

C.B.D. :

Normal in course and caliber (measuring 4.0 mm at porta) and clear throughout.

Pancreas :

Normal in size, shape & echo-texture. No focal / diffuse pancreatic lesion seen.

Main pancreatic duct is not dilated.

Spleen :

Normal in size (10.2 cm. in axial length). No focal lesions. Splenic vein is normal at hilum.

B/L Kidneys :

B/L kidneys normal in size, contour, location and cortical echogenicity.

Pelvicalyceal system & bilateral ureters unremarkable.

No sizeable calculus / mass on either side.

Urinary bladder :





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Normal is distension and wall thickness. No sizeable UB calculus / mass.

Post void residual volume is insignificant.

Prostate :

Normal in size, shape and echotexture.

No focal lesion / median lobe prominence / abnormal calcification seen.

No evidence of ascitis / pleural effusion / RP lymphadenopathy seen.

Impression:

Normal study of Whole abdomen.

Advise: Correlate clinically & further investigate.

SONOLOGIST





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MEDIWHEEL MALE BELOW 40

X RAY CHEST PA VIEW

DIAPHRAGMS ARE NORMAL.

COSTOPHRENIC ANGLES ARE CLEAR.

CARDIAC SHADOW IS NORMAL .

HILAR SHADOWS ARE HEAVY.

ACCENTUATED MARKINGS SEEN .

NO PARENCHYMAL LESION IS NOTED .

ACTIVE DISEASE OF LUNGS OR PLEURA IS NOT INDICATED.

DR. S. KHURANA
M.B.B.S.,D.M.R.E.

*** End Of Report ***

