

## LABORATORY REPORT

<b>Name</b>	: MR AMARNATH SINGH	<b>Age</b>	: 44 Yr(s) Sex :Male
<b>Registration No</b>	: MH009942696 RefHosp No. : ghzb-0000170607	<b>Lab No</b>	: 202305003275
<b>Patient Episode</b>	: H18000000589	<b>Collection Date</b>	: 27 May 2023 10:10
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 27 May 2023 12:45
<b>Receiving Date</b>	: 27 May 2023 10:10		

### CLINICAL PATHOLOGY

#### ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

##### MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction [pH]	5.0	(4.6-8.0)
Specific Gravity	1.020	(1.003-1.035)

##### CHEMICAL EXAMINATION

Protein/Albumin	+	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

##### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
OTHERS	NIL	

amarnath singh

ID:

27-May-2023 10:29:31

Manipal Hospitals, Ghaziabad

44years  
Male  
Caucasian

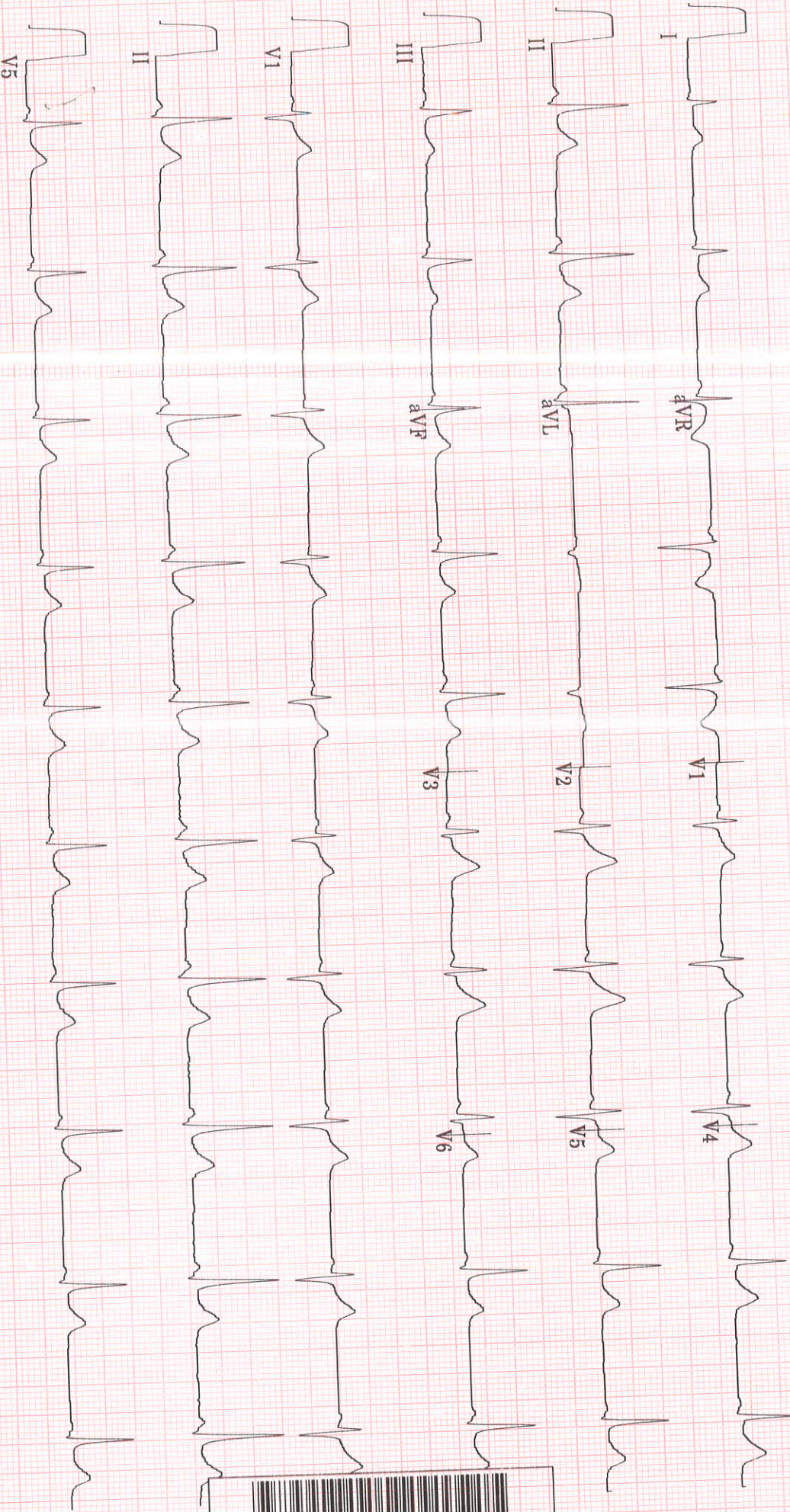
Vent. rate	59 bpm
PR interval	110 ms
QRS duration	84 ms
QT/QTc	388/384 ms
P-R-T axes	60 69 59

Sinus bradycardia with short PR  
Early repolarization  
Otherwise normal ECG

Technician:  
Test ind.

Referred by:

Unconfirmed



4 by 2.5s + 3 rhythm lds

MAC55 009C

12SL™ V239



## TMT INVESTIGATION REPORT

Patient Name : AMARNATH SINGH	Location : Ghaziabad
Age/Sex : 44Year(s)/male	Visit No : V0000000001-GHZZ
MRN No : 9942696	Order Date : 27/05/2023
Ref. Doctor : HCP	Report Date : 27/05/2023

**Protocol** : Bruce **MPHR** : 176BPM  
**Duration of exercise** : 6min 29sec **85% of MPHR** : 157BPM  
**Reason for termination** : THR achieved **Peak HR Achieved** : 188BPM  
**Blood Pressure (mmHg)** : Baseline BP : 112/80mmHg **% Target HR** : 100%  
Peak BP : 136/84mmHg **METS** : 7.7METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	58	112/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	124	120/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	144	128/84	Nil	No ST changes seen	Nil
STAGE 3	0:29	188	136/84	Nil	No ST changes seen	Nil
RECOVERY	3:01	79	118/84	Nil	No ST changes seen	Nil

**COMMENTS:**

- No ST changes in base line ECG.
- No ST changes during test and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Fair effort tolerance.

**IMPRESSION:**

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

**Dr. Bhupendra Singh**  
MD, DM (CARDIOLOGY), FACC  
Sr. Consultant Cardiology

**Dr. Abhishek Singh**  
MD, DNB (CARDIOLOGY), MNAMS  
Sr. Consultant Cardiology

**Dr. Sudhanshu Mishra**  
MD  
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Opp. Bahmeta Village, Ghaziabad, Uttar Pradesh - 201 002

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## LABORATORY REPORT

**Name** : MR AMARNATH SINGH  
**Registration No** : MH009942696 RefHosp No. : ghzb-0000170607  
**Patient Episode** : H18000000589  
**Referred By** : HEALTH CHECK MGD  
**Receiving Date** : 27 May 2023 10:10

**Age** : 44 Yr(s) Sex :Male  
**Lab No** : 202305003275  
**Collection Date** : 27 May 2023 10:10  
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Crystals	NIL	
OTHERS	NIL	

## LABORATORY REPORT

Name : MR AMARNATH SINGH Age : 44 Yr(s) Sex : Male  
Registration No : MH009942696 RefHosp No. : ghzb-0000170607 Lab No : 202305003275  
Patient Episode : H18000000589 Collection Date : 27 May 2023 09:20  
Referred By : HEALTH CHECK MGD Reporting Date : 27 May 2023 12:43  
Receiving Date : 27 May 2023 10:10

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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#### Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)

5.1

%

[0.0-5.6]

Method: HPLC

As per American Diabetes Association (ADA)

HbA1c in %

Non diabetic adults  $\geq 18$  years  $< 5.7$

Prediabetes (At Risk) 5.7-6.4

Diagnosing Diabetes  $\geq 6.5$

Estimated Average Glucose (eAG)

100

mg/dl

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

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



Dr. Alka Dixit Vats  
Consultant Pathologist

## RADIOLOGY REPORT

NAME	MR , AMARNATH SINGH	STUDY DATE	27/05/2023 10:11AM
AGE / SEX	44 y / M	HOSPITAL NO.	MH009942696
ACCESSION NO.	R5592752	MODALITY	US
REPORTED ON	27/05/2023 10:34AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS  
FINDINGS**

LIVER: appears normal in size (measures 141 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 106 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9.2 mm.

COMMON BILE DUCT: Appears normal in size and measures 3 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 101 x 39 mm.

Left Kidney: measures 98 x 38 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 34 x 30 x 28 mm with volume 15 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

**-Diffuse grade I fatty infiltration in liver.**

Recommend clinical correlation.

*Prabhat*

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS (FRCR 2A)

CONSULTANT RADIOLOGIST

\*\*\*\*\*End Of Report\*\*\*\*\*

## RADIOLOGY REPORT

NAME	MR , AMARNATH SINGH	STUDY DATE	27/05/2023 9:45AM
AGE / SEX	44 y / M	HOSPITAL NO.	MH009942696
ACCESSION NO.	R5592751	MODALITY	CR
REPORTED ON	27/05/2023 10:52AM	REFERRED BY	HEALTH CHECK MGD

## X-RAY CHEST PA VIEW

## FINDINGS

LUNGS: Normal  
TRACHEA: Normal  
CARINA: Normal  
RIGHT AND LEFT MAIN BRONCHI: Normal  
PLEURA: Normal  
HEART: Normal  
RIGHT HEART BORDER: Normal  
LEFT HEART BORDER: Normal  
PULMONARY BAY: Normal  
PULMONARY HILA: Normal  
AORTA: Normal  
THORACIC SPINE: Normal  
OTHER VISUALIZED BONES: Normal  
VISUALIZED SOFT TISSUES: Normal  
DIAPHRAGM: Normal  
VISUALIZED ABDOMEN: Normal  
VISUALIZED NECK: Normal

## IMPRESSION

**No significant abnormality seen.**

*Please correlate clinically*



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS (FRCR 2A)  
CONSULTANT RADIOLOGIST

## RADIOLOGY REPORT

NAME	MR , AMARNATH SINGH	STUDY DATE	27/05/2023 9:45AM
AGE / SEX	44 y / M	HOSPITAL NO.	MH009942696
ACCESSION NO.	R5592751	MODALITY	CR
REPORTED ON	27/05/2023 10:52AM	REFERRED BY	HEALTH CHECK MGD

\*\*\*\*\*End Of Report\*\*\*\*\*



## LABORATORY REPORT

**Name** : MR AMARNA... **Age** : 44 Yr(s) Sex : Male  
**Registration No** : MH009942696 RefHosp No. : ghzb-0000170607 **Lab No** : 32220510023  
**Patient Episode** : H18000000589 **Collection Date** : 30 May 2022 13:35  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 30 May 2022 15:41  
**Receiving Date** : 30 May 2022 13:42

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Specimen Type : Serum

#### THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	0.94	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	5.72	µg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	5.570 #	µIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

\* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	0.745	ng/mL	[<2.500]

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

## LABORATORY REPORT

Name : MR AMARNAATH SINGH Age : 44 Yr(s) Sex : Male  
Registration No : MH009942696 Ref/Hosp No. : ghzb-0000170607 Lab No : 32220510023  
Patient Episode : H18000000589 Collection Date : 30 May 2022 13:35  
Referred By : HEALTH CHECK MGD Reporting Date : 30 May 2022 15:41  
Receiving Date : 30 May 2022 13:42

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.			

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



Dr. Neelam Singal  
CONSULTANT BIOCHEMISTRY

## LABORATORY REPORT

Name	: MR AMARNA P SINGH	Age	: 44 Yr(s) Sex :Male
Registration No	: MH009942696 RefHosp No. : ghzb-0000170607	Lab No	: 32220510186
Patient Episode	: H18000000589	Collection Date	: 30 May 2022 20:17
Referred By	: HEALTH CHECK MGD	Reporting Date	: 31 May 2022 09:41
Receiving Date	: 30 May 2022 20:23		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	0.729	ng/mL	[<2.500]

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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

*Neelam Singal*

**Dr. Neelam Singal**  
CONSULTANT BIOCHEMISTRY

LABORATORY REPORT			
Name	: MR AMARNATH SINGH	Age	: 44 Yr(s) Sex :Male
Registration No	: MH009942696 RefHosp No. : ghzb-0000170607	Lab No	: 32230509568
Patient Episode	: H18000000589	Collection Date	: 27 May 2023 13:37
Referred By	: HEALTH CHECK MGD	Reporting Date	: 27 May 2023 15:20
Receiving Date	: 27 May 2023 13:52		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	0.682	ng/mL	[<2.500]

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

## LABORATORY REPORT

Name	: MR AMARNATH SINGH	Age	: 44 Yr(s) Sex : Male
Registration No	: MH009942696 RefHosp No. : ghzb-0000170607	Lab No	: 32230509568
Patient Episode	: H18000000589	Collection Date	: 27 May 2023 13:37
Referred By	: HEALTH CHECK MGD	Reporting Date	: 27 May 2023 15:20
Receiving Date	: 27 May 2023 13:52		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type : Serum			
<b>THYROID PROFILE, Serum</b>			
T3 - Triiodothyronine (ECLIA)	1.10	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	5.59	µg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	4.210	µIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

- \* References ranges recommended by the American Thyroid Association
- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
  - 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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

*Neelam Singal*

Dr. Neelam Singal  
CONSULTANT BIOCHEMISTRY

## LABORATORY REPORT

Name	: MR AMARNA	Age	: 44 Yr(s) Sex : Male
Registration No	: MH009942696 RefHosp No. : ghzb-0000170607	Lab No	: 202305003275
Patient Episode	: H18000000589	Collection Date	: 27 May 2023 09:20
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### HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDEANCE)	4.58	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.5	g/dl	[12.0-16.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	42.9	%	[40.0-50.0]
MCV (DERIVED)	93.7	fL	[83.0-101.0]
MCH (CALCULATED)	31.7	pg	[27.0-32.0]
MCHC (CALCULATED)	33.8	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	12.9	%	[11.6-14.0]
Platelet count	154	x 10 <sup>3</sup> cells/cumm	[150-400]
MPV (DERIVED)	12.5		
WBC COUNT (TC) (IMPEDEANCE)	4.87	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	47.0	%	[40.0-80.0]
Lymphocytes	45.0	%	[17.0-45.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	2.0	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	4.0	mm/1sthour	[0.0-

**LABORATORY REPORT**

Name : MR AMARNA LAL SINGH Age : 44 Yr(s) Sex : Male  
 Registration No : MH009942696 Ref Hosp No : ghzb-0000170607 Lab No : 202305003275  
 Patient Episode : H18000000589 Collection Date : 27 May 2023 10:10  
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**CLINICAL PATHOLOGY**

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**MACROSCOPIC DESCRIPTION**

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.020	(1.003-1.035)

**CHEMICAL EXAMINATION**

Protein/Albumin	+	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

**MICROSCOPIC EXAMINATION (Automated/Manual)**

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
OTHERS	NIL	

LABORATORY REPORT			
Name	: MR AMARNA LINDUN	Age	: 44 Yr(s) Sex : Male
Registration No	: MH009942696 RefHosp No. : ghzb-0000170607	Lab No	: 202305003275
Patient Episode	: H18000000589	Collection Date	: 27 May 2023 09:20
Referred By	: HEALTH CHECK MGD	Reporting Date	: 27 May 2023 12:43
Receiving Date	: 27 May 2023 10:10		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.1	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association (ADA)			
HbA1c in %			
Non diabetic adults $\geq 18$ years $< 5.7$			
Prediabetes (At Risk) 5.7-6.4			
Diagnosing Diabetes $\geq 6.5$			
Estimated Average Glucose (eAG)	100	mg/dl	
Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.			

### Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	176	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	135	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	40.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	27	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	109.0	mg/dl	[<120.0]
Above optimal-100-129			
Near/			
Borderline High:130-159			
High Risk:160-189			



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### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	4.4		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.7		<3 Optimal 3-4 Borderline >6 High Risk

Note:  
Reference ranges based on ATP III Classifications.

### KIDNEY PROFILE

Specimen: Serum

UREA Method: GLDH, Kinatic assay	22.7	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	10.6	mg/dl	[8.0-20.0]
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	1.04	mg/dl	[0.70-1.20]
URIC ACID Method:uricase PAP	6.3	mg/dl	[4.0-8.5]
SODIUM, SERUM	136.00	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.55	mmol/L	[3.60-5.10]
SERUM CHLORIDE Method: ISE Indirect	102.0	mmol/l	[101.0-111.0]
eGFR (calculated) Technical Note	86.9	ml/min/1.73sq.m	[>60.0]

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years.

## LABORATORY REPORT

Name : MR AMARNATH SHUKLA Age : 44 Yr(s) Sex : Male  
Registration No : MH009942696 RefHosp No. : ghzb-0000170607 Lab No : 202305003275  
Patient Episode : H18000000589 Collection Date : 27 May 2023 09:20  
Referred By : HEALTH CHECK MGD Reporting Date : 27 May 2023 11:38  
Receiving Date : 27 May 2023 10:10

### BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL  
eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.

#### LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	1.62 #	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.29	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	1.33 #	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.36	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.90	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.48		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	36.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	62.30	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	79.0	IU/L	[32.0-91.0]

## LABORATORY REPORT

Name	: MR AMARNA	Age	: 44 Yr(s) Sex :Male
Registration No	: MH009942696 RefHosp No. : ghzb-0000170607	Lab No	: 202305003275
Patient Episode	: H18000000589	Collection Date	: 27 May 2023 09:20
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### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GGT	35.0		[7.0-50.0]

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

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*Alka*

Dr. Alka Dixit Vats  
Consultant Pathologist