LABORATORY REPORT

Redcliffe labs

Patient Name	**: Mr SAHIL JAIN**		
DOB/Age/Gender	: 38 Y/Male	Bill Date	: Jun 28, 2023, 06:29 PM
Patient ID / UHID	: 4559742/RCL4014879	Sample Collected	: Jun 29, 2023, 08:10 AM
Referred By	: Dr.	Sample Received	: Jun 29, 2023, 01:35 PM
Sample Type	: Whole blood EDTA	Report Date	: Jun 29, 2023, 02:47 PM
Barcode No	: HT728031	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range

HEMATOLOGY REPORT

MediWheel Basic Plus Health Checkup Package 3

HbA1C (Glycosylated Haemoglobin)

GLYCOSYLATED HEMOGLOBIN (HbA1c) Method : HPLC	5.2	%	< 5.7
ESTIMATED AVERAGE GLUCOSE	102.54	mg/dL	

Interpretation:
Interpretation For HbA1c% As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Age < 19 years Goal of therapy: <7.5

Note:
1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

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 as compared to blood and urinary glucose determinations ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)	HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126	12	298
8	183	14	355
10	240	16	413

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M.D. Pathology

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BIOCHEMISTRY REPORT

MediWheel Basic Plus Health Checkup Package 3

TSH 3rd Generation

THYROID STIMULATING HORMONE (Ultrasensitive)	1.2	µIU/mL	0.35 - 4.94

Method : CMIA

Interpretation:

Pregnancy	Reference ranges TSH
1 st Trimester	0.1 - 2.5
2 ed Trimester	0.2 - 3.0
3 rd Trimester	0.3 - 3.0

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pitutary-hypothala- mus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalami c-pitutary diseases.

Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen, androgen, antibiotics, steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

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NABL M(EL)T LABS NABL-M(EL)T-00362

Test Description	Value(s)	Unit(s)	Reference Range
HEMATOLOGY REPORT			
MediWheel Basic Plus Health Checkup Package 3			
Complete Blood Count (CBC)			
RBC PARAMETERS			
Hemoglobin Method : colorimetric	14.7	g/dL	13.0 - 17.0
RBC Count Method : Electrical impedance	4.9	10^6/µl	4.5 - 5.5
PCV Method : Calculated	43	%	40 - 50
MCV Method : Calculated	88	fl	83 - 101
MCH Method : Calculated	30.1	pg	27 - 32
MCHC Method : Calculated	34.1	g/dL	31.5 - 34.5
RDW (CV) Method : Calculated	12.6	%	11.6 - 14.0
RDW-SD Method : Calculated	**50.4**	fl	35.1 - 43.9
WBC PARAMETERS			
TLC Method : Electrical impedance and microscopy	6.1	10^3/µl	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	56.4	%	40-80
Lymphocytes	33.4	%	20-40
Monocytes	5.7	%	2-10
Eosinophils	3.2	%	1-6
Basophils	1.3	%	<2
Absolute leukocyte counts **Method : Calculated**			
Neutrophils*	3.44	10^3/µl	2 - 7
Lymphocytes*	2.04	10^3/µl	1 - 3
Monocytes*	0.35	10^3/µl	0.2 - 1.0
Eosinophils*	0.2	10^3/µl	0.02 - 0.5
Basophils*	0.08	10^3/µl	0.02 - 0.5
PLATELET PARAMETERS			
Platelet Count Method : Electrical impedance and microscopy	218	10^3/µl	150 - 410
Mean Platelet Volume (MPV)	10.2	fL	9.3 - 12.1

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Test Description	Value(s)	Unit(s)	Reference Range
Method : Calculated			
PCT	0.2	%	0.17 - 0.32
Method : Calculated			
PDW	18.1	fL	8.3 - 25.0
Method : Calculated			
P-LCR	36.5	%	18 - 50
Method : Calculated			
P-LCC	80	%	44 - 140
Method : Calculated			
Mentzer Index	17.96	%	
Method : Calculated			

Interpretation:
CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.

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NABL M(EL)T LABS
NABL-M(EL)T-00362

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
MediWheel Basic Plus Health Checkup Package 3			
Liver Function Test (LFT)			
BILIRUBIN TOTAL Method : Photometric	0.6	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT Method : Diazo Reaction	0.2	mg/dL	0.0 - 0.5
BILIRUBIN INDIRECT Method : Calculation (T Bil - D Bil)	0.4	mg/dL	0.1 - 1.0
SGOT/AST Method : IFCC without P5P	**36**	U/L	5 - 34
SGPT/ALT Method : IFCC without P5P	**76**	U/L	0 to 55
SGOT/SGPT Ratio	0.47	-	-
ALKALINE PHOSPHATASE Method : IFCC	100	U/L	40 - 150
TOTAL PROTEIN Method : Biuret	7.4	g/dL	6.4 - 8.3
ALBUMIN Method : BCG	4.4	gm/dL	3.8 - 5.0
GLOBULIN Method : Calculation (T.P - Albumin)	3	g/dL	2.3 - 3.5
ALBUMIN : GLOBULIN RATIO Method : Calculation (Albumin/Globulin)	1.47	-	1.0 - 2.1
GAMMA GLUTAMYL TRANSFERASE (GGT) Method : Photometric	22	U/L	12 - 64

Result Rechecked As Per Protocol,Please Correlate Clinically

Interpretation:

The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests Liver tests check the blood for two main liver enzymes. Aspartate aminotransferase (AST),SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver. Alanine aminotransferase (ALT), SGPT: ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present. Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise: Alkaline phosphatase Gamma-utamyl transpeptidase (GGT) Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them. Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system. Low total protein may indicate: 1.bleeding 2.liver disorder 3.malnutrition 4.agammaglobulinemia High Protein levels 'Hyperproteinemia: May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins Low albumin levels may be caused by: 1.A poor diet (malnutrition). 2.Kidney disease. 3.Liver disease. High albumin levels may be caused by: Severe dehydration.

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
MediWheel Basic Plus Health Checkup Package 3			
Kidney Function Test (KFT)			
BLOOD UREA Method : Urease	23	mg/dL	19 - 44.1
CREATININE Method : Photometric	0.8	mg/dL	0.72 - 1.25
BUN * Method : Urease	10.75	mg/dL	8.9 - 20.6
BUN/CREATININE RATIO *	13.44		
UREA / CREATININE RATIO *	28.75		
URIC ACID Method : Uricase	6.6	mg/dL	3.5 - 7.2
CALCIUM Serum Method : Arsenazo III	9.0	mg/dL	8.4 - 10.2
PHOSPHORUS * Method : Photometric	3.9	mg/dL	2.3 - 4.7
SODIUM Method : Potentiometric	138	mmol/L	136 - 145
POTASSIUM Method : Potentiometric	3.9	mmol/L	3.5 - 5.1
CHLORIDE Method : Potentiometric	102	mmol/L	98 - 107

Interpretation:

Kidney function tests is a collective term for a variety of individual tests and proceduresthat can be done toevaluate how well the kidneys are functioning. Many conditions can affect the ability of the kidneys to carryout their vital functions. Somelead to a rapid (acute) decline in kidney functionothers lead to a gradual (chronic) declineinfunction. Both result in a buildup of toxic waste subst done on urine samples, as well as on blood samples. A number of symptoms may indicate a problem with your kidneys. These include : high blood pressure,blood in urine frequent urges to urinate,difficulty beginning urination,painful urination,swelling in the hands and feet due to a buildup of fluids in the body. A single symptom may not mean something serious. However, when occurring simultaneously, these symptoms suggest that your kidneys are not working properly. Kidney function tests can help determine the reason. Electrolytes (sodium,potassium,and chloride) are present in the human body and the balancing act of the electrolytes in our bodies is essential for normal function of our cells and organs. There has to be a balance.Ionized calcium this test if you have signs of kidney or parathyroid disease. The test may also be done to monitor progress and treatment of these diseases.

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BIOCHEMISTRY REPORT

MediWheel Basic Plus Health Checkup Package 3

Lipid Profile

TOTAL CHOLESTEROL Method : Enzymatic - Cholesterol Oxidase	196	mg/dL	Desirable : <200 Borderline : 200-239 High : >240
TRIGLYCERIDES Method : Colorimetric - Lip/Glycerol Kinase	**194**	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very high : >500
HDL CHOLESTEROL Method : Accelerator Selective Detergent	36	mg/dL	>40
NON HDL CHOLESTEROL Method : Calculated	**160**	mg/dL	<130
LDL CHOLESTEROL Method : Calculated	121.2	mg/dL	Optimal <100 Near optimal/above optimal 100-129 Borderline high 130-159 High 160-189 Very high >190
V.L.D.L CHOLESTEROL Method : Calculated	**38.8**	mg/dL	< 30
CHOL/HDL Ratio Method : Calculated	**5.44**	-	3.5 - 5.0
HDL/ LDL RATIO Method : Calculated	0.3	-	Desirable : 0.5 - 3.0 Borderline : 3.1 - 6.0 High : > 6.0
LDL/HDL Ratio Method : Calculated	3.37	-	

Interpretation:

Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends of 3 different samples to be drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal			100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

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Sample Type	: Spot Urine	Report Date	: Jun 29, 2023, 04:01 PM
Barcode No	: CI385967	Report Status	: Final Report

NABL M(EL)T LABS NABL-M(EL)T-00362

Test Description	Value(s)	Unit(s)	Reference Range

CLINICAL PATHOLOGY REPORT

MediWheel Basic Plus Health Checkup Package 3

Urine Routine and Microscopic Examination

PHYSICAL EXAMINATON *			
Volume *	20	ml	
Colour *	Pale yellow		Pale yellow
Transparency *	Clear		Clear
Deposit *	Absent		Absent
CHEMICAL EXAMINATION *			
Reaction (pH) Method : Double Indicator	5.0		4.5 - 8.0
Specific Gravity Method : Ion Exchange	1.030		1.010 - 1.030
Urine Glucose (sugar) * Method : Oxidase / Peroxidase	Negative		Negative
Urine Protein (Albumin) Method : Acid / Base Colour Exchange	Negative		Negative
Urine Ketones (Acetone) Method : Legals Test	Negative		Negative
Blood Method : Peroxidase Hemoglobin	Negative		Negative
Leucocyte esterase Method : Enzymatic Reaction	Negative		Negative
Bilirubin Urine Method : Coupling reaction	Negative		Negative
Nitrite Method : Griless Test	Negative		Negative
Urobilinogen Method : Ehrlichs Test	Normal		Normal
MICROSCOPIC EXAMINATION * **Method : Microscopy**			
Pus Cells (WBCs) *	3-4	/hpf	0 - 5
Epithelial Cells *	1-2	/hpf	0 - 4
Red blood Cells *	Absent	/hpf	Absent
Crystals *	Absent		Absent
Cast *	Absent		Absent
Yeast Cells *	Absent		Absent
Amorphous deposits *	Absent		Absent
Bacteria *	Absent		Absent
Protozoa *	Absent		Absent

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