



Self attested for SSDBC for health
check up.

Vivek Yadav



IRH

Dr. R K JAIN
MBBS, Physician
RMC No. : 7039



SSDBC SHYAM DIAGNOSTIC LLP

PARTICIPATING IN BIO-RAD "EQUAS" INTERNAL AND EXTERNAL QUALITY CONTROL PROGRAM (NABL CRITERIA)

Associated With **ENDOCRINE AND ALLERGY LABORATORY PVT. LTD.**

NABL ACCREDITED IN PROCESS



General Physical Examination

Date of Examination: 23/10/2024

Name: Vivek Yadav Age: 33 DOB: 15/06/1991 Sex: M

Referred By: Bank of Baroda

Photo ID: ADHAR CARD ID #: 4297

Ht: 167 (cm)

Wt: 77 (Kg)

Chest (Expiration): 99 (cm)

Abdomen Circumference: 91 (cm)

Blood Pressure: 125/82 mm Hg PR: 79 / min RR: 17 / min Temp: Afebrile

BMI 27

Eye Examination: RIE] G/C I N/G : NCB
LIE] G/C . N/G :

Other: N/A

On examination he/she appears physically and mentally fit: Yes / No

Signature of Examinee: [Signature] Name of Examinee: VIVEK YADAV

Signature Medical Examiner: [Signature] Name Medical Examiner: Dr R. K. JAIN

Dr. R K JAIN
MBBS Physician



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ENDOCRINE AND ALLERGY LABORATORY PVT. LTD.



PATIENT TEST REPORT

Patient Name **Mr. VIVEK YADAV**
 Patient ID **1724610**
 Gender / Age **Male 33 Yrs 4 Mon 11 Days**
 Ref. Doctor **BANK OF BARODA**
 Client Name **MEDIWHEEL ARCOFEMI HEALTHCARE**



Registered On **23/10/2024 08:55:54**
 Collected On **23/10/2024 09:45:30**
 Authorized On **23/10/2024 16:24:29**
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 Barcode 
 LIS Number **1724610-01**

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Test Name	Value	Unit	Biological Ref Interval
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FULL BODY HEALTH ANNUAL PLUS TMT

COMPLETE BLOOD COUNT

Haemoglobin (HB)	15.4	g/dL	13.0 - 17.0
Total Leucocyte Count(TLC)	5.60	ths/ul	4.00 - 11.00
Differential Leucocyte Count (DLC)			
Neutrophil	50	%	45 - 75
Lymphocyte	46.00	%	20.00 - 45.00
Eosinophil	3.00	%	1.00 - 6.00
Monocyte	1.00	%	1.00 - 10.00
Basophil	00	%	00 - 01
Total Red Blood Cell Count (RBC)	5.19	x10 ⁶ /ul	4.50 - 5.50
Hematocrit (HCT)	47.3	%	36.0 - 50.0
Mean Corp. Volume (MCV)	91.1	fL	80.0 - 101.0
Mean Corp. Hb (MCH)	29.7	pg	27.0 - 32.0
Mean Corp. Hb Con. (MCHC)	32.6	g/dL	31.0 - 37.0
Total Platelet Count	97.00	x10 ³ /uL	150.00 - 450.00

A complete blood count (CBC) is a blood test. It's used to look at overall health and find a wide range of conditions, including anemia, infection and leukemia.

A complete blood count test measures the following:

Red blood cells, which carry oxygen

White blood cells, which fight infection

Hemoglobin, the oxygen-carrying protein in red blood cells

Hematocrit, the amount of red blood cells in the blood

Platelets, which help blood to clot Blood

Technologist

Dr. Maryem Ansari

M.D. Pathologist
Reg. No. 26558 / 43507

Dr. Menka Kapil

Consultant Pathologist
Reg. No. 22180/009021

Abbreviations Meaning : H - High, L-Low, HH -Critically High, LL- Critically Low, @ -Repeat



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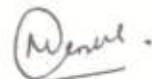
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Test Name	Value	Unit	Biological Ref Interval
ESR-ERYTHROCYTE SEDIMENTATION RATE	12	mm/1st hr.	00 - 20


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HAEMOGLOBIN GLYCOSYLATED BLOOD (HBA1C)

HAEMOGLOBIN GLYCOSYLATED BLOOD 5.8 %
 Method : HPLC

<4.5 - 6.5 % Non-Diabetic
 6.50 - 7.00 Very Good Control
 7.10 - 8.00 Adequate Control
 8.10 - 9.00 Suboptimal Control
 9.10 - 10.00 Diabetic Poor
 > 10.00 Very Poor Control

AVERAGE BLOOD GLUCOSE 120

90 - 120 Very Good Control
 121 - 150 Adequate Control
 151 - 180 Suboptimal Control
 181 - 210 Poor Control
 > 211 Very Poor Control

Methodology : Ion exchange H.P.L.using
 Instrument :ARKRAY-HB A1C - HPLC ANALYZER

Clinical Information:

Glycated hemoglobin testing is recommended for both (a) checking blood sugar control in people who might be pre-diabetic and (b) monitoring blood sugar control in patients with more elevated levels, termed diabetes mellitus. The American Diabetes Association guidelines suggest that the glycosylated hemoglobin test be performed at least two times a year in patients with diabetes that are meeting treatment goals (and that have stable glycemic control) and quarterly in patients with diabetes whose therapy has changed or that are not meeting glycemic goals.

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy) such as sickle-cell disease and other conditions, as well as those that have donated blood recently, are not suitable for this test.

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BLOOD GROUPING A.B.O. AND Rh TYPE	'O' POSITIVE		A/B/O/AB Rh Negative/Positive
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BLOOD GLUCOSE (FASTING)
 Method : GOD-POD WITH PLASMA

88.8

mg/dl

70.0 - 110.0

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THYROID PROFILE

THYROID-TRIIODOTHYRONINE (T3) Method : Chemiluminescence	1.05	ng/dl	0.60 - 1.81
THYROID - THYROXINE (T4) Method : Chemiluminescence	8.50	ug/dl	4.50 - 10.90
TSH (ULTRA) Method : CHEMILUMINESCENCE WITH SERUM SampleType (HARMONS)	2.11	mIU/L	(1-24 months) 0.87-6.15 (2-12 years) 0.67-4.16 (13-20 years) 0.48-4.17 Euthyroid Adults 0.55-4.78

Reference Range (T3)

Premature Infants 26-30 Weeks ,3-4 days	0.24 - 1.32 ng/ml
Full-Term Infants 1-3 days	0.89 - 4.05 ng/ml
1 Week	0.91 - 3.00 ng/ml
1- 11 Months	0.85 - 2.50 ng/ml
Prepubertal Children	1.19 - 2.18 ng/ml

Reference Ranges (T4) :

Premature Infants 26-30 weeks ,3-4 days	2.60 - 14.0 ug/dl
Full -Term Infants 1-3 days	8.20 - 19.9 ug/dl
1 weeks	6.0 - 15.9 ug/dl
1-11 Months	6.1 - 14.9 ug/dl
Prepubertal children 12 months-2yrs	6.8 - 13.5 ug/dl
prepubertal children 3-9 yrs	5.5 - 12.8 ug/dl

Reference Ranges (TSH)

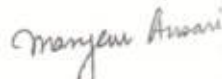
Premature Infants 26-32 weeks ,3-4 Days	0.8 - 6.9 uIU/ml
Full Term Infants 4 Days	1.36 - 16 uIU/ml

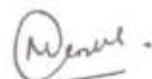
Newborns : TSH surges within the first 15-60 Minutes of life reaching peak levels between 25- 60 uIU/ml at about 30 minutes. Values then deline rapidly and after one week are within the adult normal range.

1 - 11 Months	0.90 - 7.70 uIU/ml
Prepubertal children	0.60 - 5.50 uIU/ml

Primary malfunction of the thyroid gland may result in excessive(hyper) or low(hypo) release of T3 or T4. In additional, as TSH directly affect thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level 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 Euthyroid sick Syndrom, multiple alterations in serum thyroid function test findings have been recognized.


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LIPID PROFILE

CHOLESTEROL TOTAL

Method : CHOD -PAP with serum

197 mg/dl

Desirable level <200
 Borderline 200-239
 High >240

TRIGLYCERIDES

Method : GPO - Trinder with serum

151 mg/dl

Children :-
 Desirable level <170
 Borderline 170-199
 High >199
 Normal < : 150
 Borderline line High: 150-199
 Hypertriglycerdemic: 200-499
 Very high > 499

CHOLESTEROL HDL

Method : PEG-CHOL with serum

52 mg/dl

30 - 70

LDL CHOLESTROL

Method : Tech:Enzymatic with serum

115 mg/dl

80 - 130

VLDL Cholesterol

30 mg/dl

0 - 35

TOTAL LIPID

Method : Calculated

696 mg/100 ml

400 - 1000

Cholesterol Total / HDL Ratio

3.79

0.00 - 4.90

Cholesterol LDL / HDL Ratio

2.21

0.00 - 3.50

Interpretation:

The National Cholesterol Education Program (NCEP) has set the following guidelines for lipids (total cholesterol, triglycerides, HDL, and LDL cholesterol) in adults ages 18 and up: (Units in : mg/dL)

TOTAL CHOLESTEROL	TRIGLYCERIDES	HDL CHOLESTEROL	LDL CHOLESTEROL
Desirable:<200	Normal:<150	Low(removed HDL):<40	Optimal: <100
Bdr-line high:200-239	Bdr-line high:150-199	Normal:40-60	Near Optimal:100-129
High: > or =240	High:200-499	High: >60	Bdr-line high:130-159
	Very high: > or =500		High: 160-189
			Very high: > or =190

The National Cholesterol Education Program (NCEP) and National Health and Nutrition Examination Survey (NHANES) has set the following guidelines for lipids (total cholesterol, triglycerides, HDL, and LDL cholesterol) in children ages 2 - 17 : (Units in : mg/dL)

TOTAL CHOLESTEROL	TRIGLYCERIDES	HDL CHOLESTEROL	LDL CHOLESTEROL
Desirable: <170	Normal: <90	Low HDL: <40	Desirable: <110
Bdr-line high:170-199	Bdr-line high:90-129	Bdr-line low:40-59	Bdr-line high:110-129

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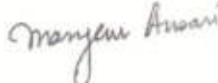
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Test Name	Value	Unit	Biological Ref Interval
High: > or =200	High: > or =130	Normal: > or =60	High: > or =130


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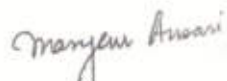


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Test Name	Value	Unit	Biological Ref Interval
LIVER FUNCTION TEST (LFT) GGT			
Bilirubin-Total Method : Diazo with serum	0.35	mg/dl	Adults 0.3-1.2 Cord < 2 0-1 day premature: <8.0 0-1 day full term: 1.4-8.7 1-2 days Premature 1-2 days Full term 3.4-11.5 3-5 days Premature < 16 3-5 days Full term 1.5-12
Bilirubin-Direct Method : Diazo with serum	0.12	mg/dl	Adults < 0.4
Bilirubin-Indirect Method : Calculated	0.23	mg/dl	0.12 - 1.00
Aspartate Amino Transferase (SGOT) Method : IFCC with PDP serum	36.0	U/L	5.0 - 37.0
Alanine Amino Transferase (SGPT) Method : IFCC with PDP serum	41.2	U/L	5.0 - 41.0


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GAMMA GT Method : Glupa C with serum	29.00	U/L	
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Interpretation:-

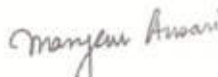
Normal Range :-

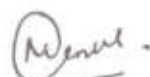
MAN:-	11-61 U/L
WOMEN:-	09-39 U/L

CLINICAL SUMMARY

A gamma-glutamyl transferase (GGT) test measures the level of GGT in your blood and can help indicate liver damage or disease. Here are some things to consider when interpreting GGT test results


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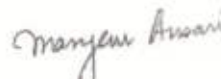


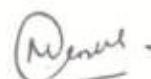
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Alkaline Phosphatase Method : AMP with serum	119	IU/L	Child (4 -20 yr) :54 -369 Adult(20 -60 yr) :53 - 128
Protien-Total Method : Biuret with serum	7.59	gm/dl	Children (3 Years) - Adults 6.0 – 8.3 Children (1-3 Years) 5.5 – 7.5 Children (7 days-1 Years) 4.4 – 7.5 Infant (0-7 days) 4.6 – 7.0
Albumin Method : Tech.BCG with serum	4.48	gm/dl	0-4 days:2.8-4.4 4d-14yrs: 3.8-5.4 14y-18y : 3.2-4.5 20-60 yrs: 3.5-5.2 > 60 yrs: 3.2-4.6
Globulin Method : Calculation	3.11	gm/dl	2.0 to 3.50
A/G Ratio Method : Calculated	1.44		1.50 to 2.50


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Test Name	Value	Unit	Biological Ref Interval
CREATININE Method : Enzymatic with serum	0.99	mg/dl	Males (Adult) : 0.7 - 1.3 mg/dL Females (Adult) : 0.6 - 1.1 mg/dL Newborn : 0.3 - 1.0 mg/dL Infant : 0.2 - 0.4 mg/dL child : 0.3 - 0.7 mg/dL Adolescent : 0.5 - 1.0 mg/dL
URIC ACID Method : Uricase - Trinder with serum	5.09	mg/dl	Adults male: 3.5-7.2 Adults female: 2.6-6.0
BLOOD UREA NITROGEN BUN BUN / CREATININE Ratio	11.20 3.79	mg/dl	Serum/Plasma - 6-20 0.00 - 4.90

Technologist

Dr Maryem Ansari
 M.D. Pathologist
 Reg. No. 26558 / 43507

Dr. Menka Kapil
 Consultant Pathologist
 Reg No. 22180/009021

Abbreviations Meaning : H - High, L-Low, HH -Critically High, LL- Critically Low, (R) -Repeat



SSDBC SHYAM DIAGNOSTIC LLP

PARTICIPATING IN BIO-RAD "EQUAS" INTERNAL AND EXTERNAL QUALITY CONTROL PROGRAM (NABL CRITERIA)

Auth.



ENDOCRINE AND ALLERGY LABORATORY PVT. LTD.



PATIENT TEST REPORT

Patient Name **Mr. VIVEK YADAV**
 Patient ID **1724610**
 Gender / Age **Male 33 Yrs 4 Mon 11 Days**
 Ref. Doctor **BANK OF BARODA**
 Client Name **MEDIWHEEL ARCOFEMI HEALTHCARE**



Registered On **23/10/2024 08:55:54**
 Collected On **23/10/2024 09:45:30**
 Authorized On **23/10/2024 16:24:29**
 Printed On **23/10/2024 16:24:37**
 Barcode 
 LIS Number **1724610-07**

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Test Name	Value	Unit	Biological Ref Interval
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URINE GLUCOSE (FASTING)	ABSANT		
URINE R/E ROUTINE EXAMINATION URINE			
URE PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
QUANTITY	10	ML	
URE CHEMICAL EXAMINATION			
SPECIFIC GRAVITY	1.010		
PH	6.0		
PROTEIN	NIL		
GLUCOSE	NIL		
URE MICROSCOPY EXAMINATION			
PUS CELLS	0 - 2	/HPF	
EPITHELIAL CELLS	1-2	/HPF	
RBC'S	NIL	/HPF	
CASTS	ABSENT		
CRYSTALS	ABSENT		
OTHERS	NIL		

[Methodology :strip Method. Microscopy with urin]

Interpretation of Urine Sugar:

Normal	< 100	mg/dL
Trace	100 - 250	mg/dL
1+	250 - 500	mg/dL
2+	500 - 1000	mg/dL
3+	1000 - 2000	mg/dL
4+	> 2000	mg/dL

*** End of Report ***

Technologist

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D-6 BANI PARK JAIPUR

Abdomen Report



