

## FINAL REPORT

Bill No.	: APHHC240000522	Bill Date	: 22-03-2024 08:38
Patient Name	: MR. RAJESH KUMAR	UHID	: APH000021745
Age / Gender	: 38 Yrs 1 Mth / MALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH24010834	Current Ward / Bed	: /
		Receiving Date & Time	: 22-03-2024 15:57
		Reporting Date & Time	: 22-03-2024 17:25

### BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood, Plasma, Serum

#### MEDIWHEEL FULL BODY HEALTH CHECKUP\_MALE(BELOW-40)@2400

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		17	mg/dL	15 - 45
BUN <small>(CALCULATED)</small>		7.9	mg/dL	7 - 21

CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	<b>L</b>	<b>0.8</b>	mg/dL	0.9 - 1.3
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GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		86.0	mg/dL	70 - 100
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Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.  
(As per American Diabetes Association recommendation)

GLUCOSE-PLASMA (POST PRANDIAL) <small>(UV Hexokinase)</small>		140.0	mg/dL	70 - 140
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Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.  
(As per American Diabetes Association recommendation)

#### LIPID PROFILE

CHOLESTROL-TOTAL <small>(CHO-POD)</small>	<b>H</b>	<b>181</b>	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>	<b>L</b>	<b>35</b>	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	<b>H</b>	<b>129</b>	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>		115	mg/dL	0 - 160
NON-HDL CHOLESTROL	<b>H</b>	<b>146.0</b>	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		5.2		½Average Risk <3.3 Average Risk 3.3-4.4 2 Times Average Risk 4.5-7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		3.7		½Average Risk <1.0 Average Risk 1.0-3.6 2 Times Average Risk 3.7-6.3 3 Times Average Risk 6.4-8.0
CHOLESTROL-VLDL		23	mg/dL	10 - 35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
  1. Cigarette smoking.
  2. Hypertension.
  3. Family history of premature coronary heart disease.
  4. Pre-existing coronary heart disease.

#### LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL <small>(DPD)</small>		0.60	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.10	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.50	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		7.4	g/dL	6 - 8.1

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ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.3	g/dL	
S.GLOBULIN		3.1	g/dL	2.8-3.8
A/G RATIO	<b>L</b>	<b>1.39</b>		1.5 - 2.5
ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>		124.8	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>		29.8	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>		29.3	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>		27.4	IU/L	11 - 50
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>		196.5	IU/L	0 - 248

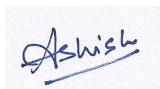
S.PROTEIN-TOTAL <small>(Biuret)</small>		7.4	g/dL	6 - 8.1
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URIC ACID <small>Uricase - Trinder</small>		5.6	mg/dL	2.6 - 7.2
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**\*\* End of Report \*\***

### **IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low



**DR. ASHISH RANJAN SINGH**

MBBS,MD

CONSULTANT

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### MEDIWHEEL FULL BODY HEALTH CHECKUP\_MALE(BELOW-40)@2400

HBA1C (Turbidimetric Immuno-inhibition)

5.7

%

4.0 - 6.2

#### INTERPRETATION:

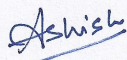
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- Note:
- 1.A three monthly monitoring is recommended in diabetics.
  2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

**\*\* End of Report \*\***

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