



Credentials

Rohera Inc



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The Hypothesis:

The universe is all about energy. No matter whether you call the energy chi, prana, electrons, or some other name. the universe is about the interactions of energy.

In general it is observed that frequencies can repair damaged tissues and cells within body. This is the primary basis for the therapeutic use of this technology, stimulating tissues at a cellular level. Electrical pulse and frequencies passing through our whole body will have a positive charge to our trillions of cells.

Basic cell functions and the effect of Electromagnetic frequencies:

Our skins, bones, and organs are composed of tiny cells. The membrane of a healthy cell has both positive and negative charges that are required for the exchange of potassium, sodium, and calcium ions. When cells become distressed from disease, trauma or toxins, they lose their ability to function efficiently. Medi Magic restores the positive and negative charges in the cell, enabling it to perform its natural function while speeding tissue recovery.

Everyone's body responds differently to electro pulse waves and different frequencies target specific tissue types. Medi Magic emits a unique series of Pulsed Electro Fields at precise frequencies targeted on four key tissue types resulting in increased circulation, reduced inflammation, improved mobility, and relieved pain.

All cells need energy to function through the increased motion of ions and electrolytes magnetic cells help cells increase their energy or "charge".

Electro field also affects the charge of the cell membrane, which allows membrane channels to open up.

Resting cells are negatively charged on the inside, while the outside of the cell is more positively charged. The flow of charges across the cell membrane is what generates electrical currents.

When a cell is stimulated, it allows positive charges to enter the cell through open ion channels. The inside of the cell then becomes more positively charged, which triggers further electrical currents that can turn into electrical pulses, called action potentials. Our bodies use certain patterns of action potentials to initiate the correct movements, thoughts and behaviours.

A disruption in electrical currents can lead to illness. e Medica Electro Field therapy can restore the disruption of the electrical current to its normal state, therefore, helping restore the cell. (Source)

Electric and magnetic fields (EMFs) are invisible areas of energy, often referred to as radiation, that are associated with the use of electrical power and various forms of natural

and man-made lighting. EMFs are typically characterized by wavelength or frequency into one of two radioactive categories:

- Non-ionizing: low-level radiation which is generally perceived as harmless to humans
- Ionizing: high-level radiation which has the potential for cellular and DNA damage




Along with the increased **voltage**, the **body** also needs the raw materials (proper nutrition) to **heal**. If your **body** does not have the energy storehouse necessary to produce **healing**, the **voltage in the** cells lessens, and when that happens, the **body** will become diseased

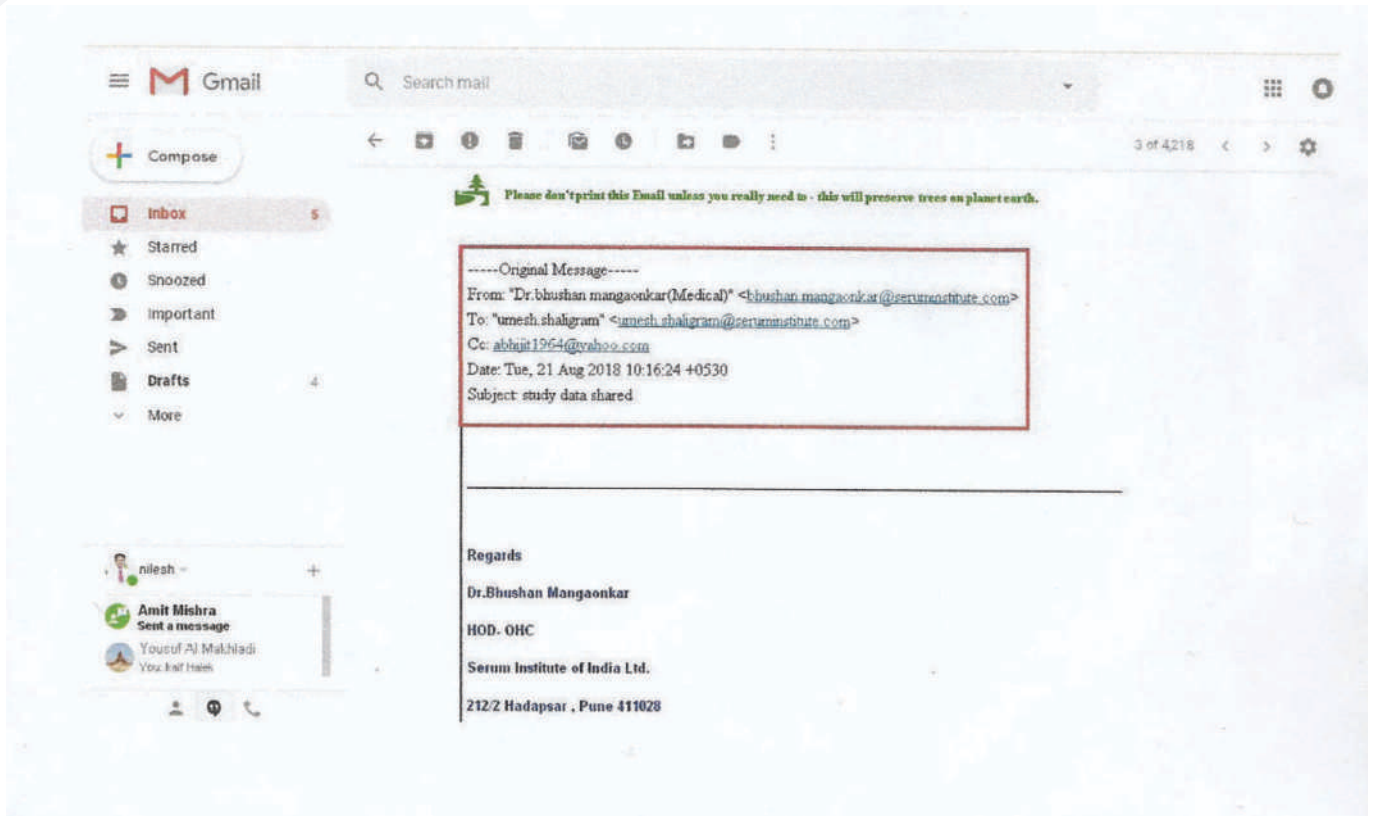
These channels are like doors and windows of a house. By opening cell channels, nutrients are better able to enter the cell and waste is more easily eliminated from the cell. This helps to rebalance and restore optimum cell function. If you restore enough cells, they will all work efficiently. Cells of the same type come together to make tissues and those tissues come together to make organs. So, by restoring or maintaining cellular function, allowing the entire body to function better. We all know that body ages over time. Maintaining the function of every individual cell at an optimal level every day is an important part of slowing aging.

Can e Medica therapy protect me from future illnesses?

Magnetic fields protect against cell injury by improving circulation, energy and repair process. Magnetic fields balance cells, tissues and bodily functions at very fundamental levels. A key to understanding Energetic Medicine is to understand that each cell is designed to run at a specific voltage and a specific frequency. Generally speaking, disease is caused when cells have too little voltage and are running at too low a frequency.

To operate correctly, cells must have both the proper voltage and the proper frequency. Chronic illness is almost always characterized by low voltage and a decrease in the frequency of the affected organ. Restoration of health must involve correcting both the voltage and the frequency of each cell and providing the nutrition necessary to make good new cells.

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Online Filing Of Patents		 INTELLECTUAL PROPERTY INDIA				
Controller General of Patents, Designs & Trade Marks S.M.Road, Antop Hill, Mumbai-400037 Tel No. (091)(022) 241377010, 24141026 Fax No. 022 24130287 E-mail: mumbai-patent@ipc.in Web Site: www.ipindia.gov.in		 सत्यमेव जयते				
Docket No 15938		Date/Time 04/04/2018				
To MORE PARAG MANOHAR		User id: Parag				
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Sr. No.	Ref. No./Application No.	App. Number	Amount Paid	C.B.R. No.	Form Name	Remarks
1	201821012767	E-3/4081/2018/MUM	0	—	FORM 3	
Total Amount : ₹ 0 Amount in Words: Rupees Only						
Print						



Report from Serum Institute
 Before and After the Use of MediMagic

DIABETIS STUDY

Sr. No	Name	Age	Date	BSL (Glucometer) / mgdl			BSL -Random		Serum Insulin	
				Pre	Post	After 2hrs	I	II	I	II
1	Mr. Prakash D Kothawale	56	17/08/2018	123	94	92	126	96	5.9	3
2	Mr. Sameer Joshi	45	17/08/2018	207	195	153	242	182	12.7	9.3
3	Mr. Jaysing G Misal	61	17/08/2018	194	164	118	234	116	17.2	7.9
4	Mr. Sunil Gaikwad	40	17/08/2018	240	179	134	264	162	16.4	6.6
5	Mr. Aniket K. Tapkir	30	17/08/2018	214	210	188	238	220	5.4	6.1
6	Mr. Milind Dhattrak	46	17/08/2018	243	177	106	88	102		41
7	Mr. Abhijit Pawar	34	17/08/2018	102	100	83	243	86.3	12.2	7.8

medication taken
 medication taken



GADKARI PATHOLOGY
ELISA & MICRO BIOLOGY LABORATORY

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- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Dr. Inder Gundecha Age/Sex :- Male
Ref. By :- Self Date :- 20/7/19
SAMPLE NUMBER :- 357 (Pre - Trail)

REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	87 mg/dl.	Less than 160 mg/dl.
<u>LIPID PROFILE</u>		
Cholesterol Total	360 mg/dl.	130-250 mg/dl.
HDL	48 mg/dl.	30-70 mg/dl.
L.DL	288 mg/dl.	Upto 155 mg/dl.
VLDL	27 mg/dl.	Upto 35 mg/dl.
Şr. Triglycerides	135 mg/dl.	Upto 170 mg/dl.
Chol./HDL Ratio	7.5	Upto 4.5

* Done on ion selective Analyzer.

REPORT ON HARMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
insulin	16.1 uU/mL	0 -- 24 uU/mL.



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Timing : MIDC Morning 9.00 A.M. to 2.30 P.M. Eve. : 6.30 P.M. to 8.15 P.M.
Sunday : 9.00 A.M. to 12.00 P.M.



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Name :- Dr. Inder Gundecha Age/Sex :- Male
Ref. By :- Self Date :- 20/7/19
SAMPLE NUMBER :- 361 (Post – Trail)


REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	<u>74</u> mg/dl.	Less than 160 mg/dl.
<u>LIPID PROFILE</u>		
Cholesterol Total	<u>195</u> mg/dl.	130-250 mg/dl.
HDL	<u>52</u> mg/dl.	30-70 mg/dl.
LDL	<u>125</u> mg/dl.	Upto 155 mg/dl.
VLDL	<u>18</u> mg/dl.	Upto 35 mg/dl.
Sr. Triglycerides	<u>92</u> mg/dl.	Upto 170 mg/dl.
Chol./HDL Ratio	<u>3.75</u>	Upto 4.5

* Done on ion selective Analyzer.

REPORT ON HORMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin	7.5 uU/mL	0 -- 24 uU/mL


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Name :- Mrs. Amisha Gundecha Age/Sex :- Female
Ref. By :- Self Date :- 20/7/19
SAMPLE NUMBER :- 358 (Pre - Trail)


REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	101 mg/dl.	Less than 160 mg/dl.
<u>LIPID PROFILE</u>		
Cholesterol Total	<u>281</u> mg/dl.	130-250 mg/dl.
HDL	<u>40</u> mg/dl.	30-70 mg/dl.
LDL	<u>196</u> mg/dl.	Upto 155 mg/dl.
VLDL	<u>45</u> mg/dl.	Upto 35 mg/dl.
Sr. Triglycerides	<u>223</u> mg/dl.	Upto 170 mg/dl.
Chol./HDL Ratio	<u>7.0</u>	Upto 4.5

* Done on ion selective Analyzer.

REPORT ON HORMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin	43.3 uU/mL	0 -- 24 uU/mL


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Name :- Mrs. Amisha Gundecha Age/Sex :- Female
Ref. By :- Self Date :- 20/7/19
SAMPLE NUMBER :- 360 (Post – Trail)


REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	91 mg/dl.	Less than 160 mg/dl.
<u>LIPID PROFILE</u>		
Cholesterol Total	<u>234</u> mg/dl.	130-250 mg/dl.
HDL	<u>48</u> mg/dl.	30-70 mg/dl.
LDL	<u>156</u> mg/dl.	Upto 155 mg/dl.
VLDL	<u>30</u> mg/dl.	Upto 35 mg/dl.
Sr. Triglycerides	<u>151</u> mg/dl.	Upto 170 mg/dl.
Chol./HDL Ratio	<u>4.87</u>	Upto 4.5

* Done on ion selective Analyzer.

REPORT ON HORMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin	22.8 uU/mL	0 -- 24 uU/mL


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Name :- Mr. Vinay Battalwar Age/Sex :- Male
Ref. By :- Self Date :- 20/7/19
SAMPLE NUMBER :- 352 (Pre – Trail)

REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	<u>99 mg/dl.</u>	Less than 160 mg/dl.

REPORT ON HARMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin	<u>9.0 uU/mL</u>	0 -- 24 uU/mL

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Name :- Mr. Vinay Battalwar Age/Sex :- Male
Ref. By :- Self Date :- 20/7/19
SAMPLE NUMBER :- 354 (Post – Trail)

REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	<u>80 mg/dl.</u>	Less than 160 mg/dl.

REPORT ON HARMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin	<u>8.6 uU/mL</u>	0 -- 24 uU/mL

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Sunday : 8.00 A.M. to 1.00 P.M.

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Name :- Mr. Gautam Gundecha Age/Sex :- Male
Ref. By :- Self Date :- 20/7/19
SAMPLE NUMBER :- 353 (Pre - Trail)

REPORT ON BIOCHEMISTRY
Post- Trail

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	123 mg/dl.	Less than 160 mg/dl.
<u>LIPID PROFILE</u>		
Cholesterol Total	157 mg/dl.	130-250 mg/dl.
HDL	48 mg/dl.	30-70 mg/dl.
LDL	89 mg/dl.	Upto 155 mg/dl.
VLDL	20 mg/dl.	Upto 35 mg/dl.
Sr. Triglycerides	100 mg/dl.	Upto 170 mg/dl.
Chol./HDL Ratio	3.27	Upto 4.5

* Done on ion selective Analyzer.

REPORT ON HORMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin (Pre- Trail)	22.3 uU/mL	0 -- 24 uU/mL

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Name :- Mr. Gautam Gundecha Age/Sex :- Male
Ref. By :- Self Date :- 20/7/19
SAMPLE NUMBER :- 356 (Post - Trail)

REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	101 mg/dl.	Less than 160 mg/dl.
<u>LIPID PROFILE</u>		
Cholesterol Total	183 mg/dl.	130-250 mg/dl.
HDL	49 mg/dl.	30-70 mg/dl.
LDL	102 mg/dl.	Upto 155 mg/dl.
VLDL	32 mg/dl.	Upto 35 mg/dl.
Sr. Triglycerides	158 mg/dl.	Upto 170 mg/dl.
Chol./HDL Ratio	3.73	Upto 4.5

* Done on ion selective Analyzer.

REPORT ON HORMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin	11.5 uU/mL	0 -- 24 uU/mL

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Name :- Mr. Deepak Moghe Age/Sex :- Male
Ref. By :- Self Date :- 20/7/19
SAMPLE NUMBER :- 348

REPORT ON BIOCHEMISTRY

Pre - Trail

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	178 mg/dl.	Less than 160 mg/dl.
<u>LIPID PROFILE</u>		
Cholesterol Total	183 mg/dl.	130-250 mg/dl.
HDL	41 mg/dl.	30-70 mg/dl.
LDL	124 mg/dl.	Upto 155 mg/dl.
VLDL	18 mg/dl.	Upto 35 mg/dl.
Sr. Triglycerides	90 mg/dl.	Upto 170 mg/dl.
Chol./HDL Ratio	4.4	Upto 4.5

* Done on ion selective Analyzer.

REPORT ON HORMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin (Pre- Trail)	32.9 uU/mL	0 -- 24 uU/mL

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Sunday : 8.00 A.M. to 1.00 P.M.

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Name :- Mr. Deepak Moghe Age/Sex :- Male
Ref. By :- Self Date :- 20/7/19
SAMPLE NUMBER :- 348 (Post - Trail)

REPORT ON BIOCHEMISTRY
Post- Trail

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	123 mg/dl.	Less than 160 mg/dl.
<u>LIPID PROFILE</u>		
Cholesterol Total	195 mg/dl.	130-250 mg/dl.
-HDL	43 mg/dl.	30-70 mg/dl.
LDL	130 mg/dl.	Upto 155 mg/dl.
VLDL	22 mg/dl.	Upto 35 mg/dl.
Sr. Triglycerides	110 mg/dl.	Upto 170 mg/dl.
Chol./HDL Ratio	4.5	Upto 4.5

* Done on to selective Analyzer.

REPORT ON HARMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin (Post- Trail)	17 uU/mL	0 -- 24 uU/mL

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Name :- Mrs. Vaidehi Tannirwar Age/Sex :- Female

Ref. By :- Self Date :- 20/7/19


• SAMPLE NUMBER :- 346

REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random (Pre- Trail)	152 mg/dl.	Less than 160 mg/dl.

REPORT ON HORMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin (Pre- Trail)	26.7 uU/mL	0 -- 24 uU/mL


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- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mrs. Vaidehi Tannirwar Age/Sex :- Female
Ref. By :- Self Date :- 20/7/19
SAMPLE NUMBER :- 349 (Post – Trail)

REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random (Post- Trail)	107 mg/dl.	Less than 160 mg/dl.

REPORT ON HORMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin (Post - Trail)	14.7 uU/mL	0 -- 24 uU/mL

P. Gadkari
Dr. Pravin Gadkari
MD (Path)

Timing : 8.00 A.M. to 9.00 P.M.

Sunday : 8.00 A.M. to 1.00 P.M.

Timing : MIDC Morning 9.00 A.M. to 2.30 P.M. Eve. : 6.30 P.M. to 8.15 P.M.
Sunday : 9.00 A.M. to 12.00 P.M.



GADKARI PATHOLOGY
ELISA & MICRO BIOLOGY LABORATORY

Dr. Pravin Gadkari
M.B.B.S., MD (Path)
Director NRPL &
Ayush Blood Bank

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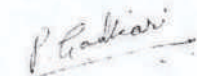
Name :- Mrs. Nandini Paithankar Age/Sex :- Female
Ref. By :- Self Date :- 21/7/19
SAMPLE NUMBER :- 371 (Pre - Trial)

REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	227 mg/dl.	Less than 160 mg/dl.

REPORT ON HORMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin	47.8 uU/mL	0 -- 24 uU/mL



Dr. Pravin Gadkari
MD (Path)

Timing : 8.00 A.M. to 9.00 P.M.

Sunday : 8.00 A.M. to 1.00 P.M.

Timing : MIDC Morning 9.00 A.M. to 2.30 P.M. Eve. : 6.30 P.M. to 8.15 P.M.
Sunday : 9.00 A.M. to 12.00 P.M.

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• Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mrs. Nandini Paithankar Age/Sex :- Female
Ref. By :- Self Date :- 21/7/19
SAMPLE NUMBER :- 374 (Post – Trial)

REPORT ON BIOCHEMISTRY

INVESTIGATION	RESULTS	NORMAL RANGE
Blood Glucose Random	<u>173 mg/dl.</u>	Less than 160 mg/dl.

REPORT ON HARMONE ESTIMATION

INVESTIGATION	RESULT	NORML RANGE
Insulin	24.4 uU/mL	0 -- 24 uU/mL



Dr. Pravin Gadkari
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Sunday : 9.00 A.M. to 12.00 P.M.

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• Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mrs. Rachana Jain Age/Sex :- Female
Ref. By :- Self Date :- 21/7/19
SAMPLE NUMBER :- 370 (Pre - Trial)

REPORT ON BIOCHEMISTRY

INVESTIGATION	RESULTS	NORMAL RANGE
Blood Glucose Random	167 mg/dl.	Less than 160 mg/dl.

REPORT ON HORMONE ESTIMATION

INVESTIGATION	RESULT	NORML RANGE
Insulin	20.7 uU/mL	0 -- 24 uU/mL

P. Gadkari
Dr. Pravin Gadkari
MD (Path)

Timing : 8.00 A.M. to 9.00 P.M.

Sunday : 8.00 A.M. to 1.00 P.M.

Timing : MIDC Morning 9.00 A.M. to 2.30 P.M. Eve. : 6.30 P.M. to 8.15 P.M.
Sunday : 9.00 A.M. to 12.00 P.M.

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• Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mrs. Rachana Jain Age/Sex :- Female
Ref. By :- Self Date :- 21/7/19
SAMPLE NUMBER :- 373 (Post - Trial)

REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	146 mg/dl.	Less than 160 mg/dl.

REPORT ON HORMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin	18.6 uU/mL	0 -- 24 uU/mL



Dr. Pravin Gadkari
MD (Path)

Timing : 8.00 A.M. to 9.00 P.M.

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ELISA & MICRO BIOLOGY LABORATORY

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• Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mr. Suresh Daware Age/Sex :- Male
Ref. By :- Self Date :- 21/7/19
SAMPLE NUMBER :- 372 (Post - Trial)

REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	252 mg/dl.	Less than 160 mg/dl.

REPORT ON HORMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin	19.7 uU/mL	0 -- 24 uU/mL

P. Gadkari
Dr. Pravin Gadkari
MD (Path)

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24/7 & 365 Days Support Service:

Tel. : 8237067627, 8087067628, 7276075693, 8087055164
 E-mail : nrplnagpur12@gmail.com

Name _____ Age / Sex _____ M / _____
 Ref. By Dr. SELF Sample ID No. 216 190720216
 Sample Rec/Coll. Dt 20/07/2019
 Sample Rec/Coll Time 11:41:51 PM Type of Sample EDTA Blood, EDTA BLOOD RAND
 Recd. From Outside Yes

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref. Interval
HAEMOGRAM (SYSMEX XP 100)			
HAEMOGLOBIN (Hb)*	11.2	gm/dl	13.0 - 17.0
P.C.V / HAEMATOCRIT*	36.5	%	35 - 52
M.C.V*	82.4	fl.	76 - 96
M.C.H*	25.3	Picogram	27 - 34
M.C.H.C*	30.7	gm/dl	31 - 36
R.B.C COUNT*	4.43	Millions/cmm	4.5 - 5.5
RDW*	13.1	%	10.8 - 14.9
PLATELET COUNT*	2.44	Lakh/cmm	1.4 - 4.4
TOTAL LEUCOCYTE COUNT (TLC)*	6,900	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	60	%	45 - 65
LYMPHOCYTE	35	%	25 - 45
EOSINOPHIL	03	%	0 - 06
MONOCYTE	02	%	2 - 8

**** End Of Report ****


Dr. Gawal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seemi
 MBBS, DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS, MD
 Pathologist/Microbiologist

Reported by: vuy

Checked by **Dr. Sanjay Madankar** **Dr. Avinash Sapre** **Dr. Avinash Deshmukh** **Dr. Pravin Gadkari** **Dr. Rajiv Marwar**
 M.D. (Path) M.D., (Path) DCP (UK) M.D. (Path) M.D. (Path) M.D. (Path)

* - Test not in NAEL Preview

Director
Dr. Dinkar Kumbhalkar
 M.D. (Path)

Additional Director
Dr. Ajay A. Lanjewar **Dr. Kailash Agrawal** **Dr. Milind Dharmadhikari** **Dr. Raj Anagnani**
 M.D. (Path) M.D. (Bombay) D.P.B. M.D. (Path) M.D.

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Name: _____ Age / Sex: _____ M / _____
 Ref. By Dr. SELF Sample ID No. 216
 Sample Rec/Coll. Dt 20/07/2019
 Sample Rec/Coll Time 11:41:51 PM Type of Sample EDTA Blood, EDTA BLOOD RAN
 Recd. From Outside Yes

BIOCHEMISTRY

Biochemistry done on VITROS 250 Dry Chemistry Analyzer

Test Name	Value	Unit	Biological Ref. Interval
BLOOD SUGAR RANDOM	324	mg/dl	70 - 140

IMMUNOLOGY

Test Name	Value	Unit	Biological Ref. Interval
INSULIN *			
Test	Results	Normal Range	
Insulin	25.6 μ U/mL	2 - 24 μ U/mL	

Method :- Done by CMIA (chemiluminescent microparticle Immunoassay) on ARCHITECT.

**** End Of Report ****


Dr. Gawal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Secmi
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

Reported by : vuy
 Checked by **Dr. Sanjay Madankar** **Dr. Avinash Sapre** **Dr. Avinash Deshmukh** **Dr. Pravin Gadkari** **Dr. Rajiv Marwar**
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 M.D. (Path)

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Name _____ Age / Sex _____ M / _____
 Ref. By Dr. SELF Sample ID No. 216 190720216
 Sample Rec/Coll. Dt 20/07/2019
 Sample Rec/Coll Time 11:41:51 PM Type of Sample EDTA Blood, EDTA BLOOD RAND
 Recd. From Outside Yes

LIPID PROFILE*

Test Name	Value	Unit	Biological Ref. Interval
VITROS 250 Dry Chem. Analyzer			
TRIGLYCERIDES	132	mg/dL	100 - 150
TOTAL CHOLESTEROL	125	mg/dL	100 - 200
H D L CHOLESTEROL DIRECT	45	mg/dL	30 - 60
V L D L*	26.4	mg/dL	20 - 35
L D L CHOLESTEROL	53.6	mg/dL	60 - 130
TOTAL CHOLESTEROL/HDL RATIO*	2.8		3.0 - 5.0
LDL / HDL CHOLESTEROL RATIO*	1.2		0.00 - 3.55

LIPID PROF INTERPRET

**** End Of Report ****


Dr. Gaur
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seeni
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

Reported by: vuy
 Checked by: **Dr. Sanjay Madankar** M.D.(Path) **Dr. Avinash Sapre** M.D., (Path) DCP (UK) **Dr. Avinash Deshmukh** M.D. (Path) **Dr. Pravin Gadkari** M.D. (Path) **Dr. Rajiv Marwar** M.D. (Path)

* - Test not in NABL Preview.

Director
Dr. Dinkar Kumbhaikar
 M.D. (Path)

Additional Director

Dr. Ajay A. Lanjewar M.D. (Path) **Dr. Kailash Agrawal** M.D. (Bombay) D.P.B. **Dr. Milind Dharmadhikari** M.D. (Path) **Dr. Raj Angnani** M.D.

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 E-mail : nrplnagpur12@gmail.com


Name _____ Age / Sex _____ M / _____
 Ref. By Dr. SELF Sample ID No. 216 190720216
 Sample Rec/Coll. Dt 20/07/2019
 Sample Rec/Coll Time 11:41:51 PM Type of Sample EDTA Blood, EDTA BLOOD RAN
 Recd. From Outside Yes

KIDNEY FUNCTION TEST (KFT)

Test Name	Value	Unit	Biological Ref. Interval
VITROS 250 Dry Chem. Analyzer			
BLOOD UREA	28.1	mg /dl	19 - 43
SERUM CREATININE	0.8	mg/dl	0.6 - 1.4
SERUM SODIUM & POTASSIUM			
Serum Sodium*	137 mmol/lit.	135 - 148 mmol/lit	
Serum Potassium*	4.38 mmol/lit.	3.5 - 5.3 mmol/lit	

* Done on **XD 685** ion selective electrode analyzer .

**** End Of Report ****


Dr. Qawal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seemi
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

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Checked by **Dr. Sanjay Madankar** **Dr. Avinash Sapre** **Dr. Avinash Deshmukh** **Dr. Pravin Gadkari** **Dr. Rajiv Marwar**
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Director
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Additional Director

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
Name _____ Age / Sex _____ M / _____
Ref. By Dr. SELF Sample ID No. 216 
Sample Rec/Coll. Dt 20/07/2019 Type of Sample EDTA Blood, EDTA BLOOD RAN
Sample Rec/Coll Time 11:41:51 PM Recd. From Outside Yes

LIVER FUNCTION TEST (LFT)

Test Name	Value	Unit	Biological Ref. Interval
VITROS 250 Dry Chem. Analyzer			
TOTAL PROTEIN	5.79	gm/dl	6.3 - 8.2
ALBUMIN	3.07	gm/dl	3.5 - 5.0
GLOBULIN *	2.72	gm/dl	2.0 - 4.0
SGOT	28	U/L	17 - 59
SGPT	31	U/L	21 - 72
ALKALINE PHOSPHATASE	44	U/L	38 - 126
BILIRUBIN TOTAL	0.7	mg/dl	0.2 - 1.3
DIRECT BILIRUBIN (BC)	0.5	mg/dl	0.0 - 0.30
INDIRECT BILIRUBIN (BU)	0.20	mg/dl	0.1 - 1.1

LFT INTERPRET

**** End Of Report ****


Dr. Gawal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seemi
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

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 M.D. (Path) M.D., (Path) DCP (UK) M.D. (Path) M.D. (Path) M.D. (Path)

* - Test not in NABL Preview.

Director
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M.D. (Path)

Additional Director

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M.D. (Bombay) D.P.B.

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M.D.

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Name _____ Age / Sex _____ M / _____
 Ref. By Dr. SELF Sample ID No. - 4 1907214
 Sample Rec/Coll. Dt 21/07/2019
 Sample Rec/Coll Time 1:45:44 AM Type of Sample EDTA Blood, EDTA BLOOD RA
 Recd. From Outside Yes

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref. Interval
HAEMOGRAM (SYSMEX XP 100)			
HAEMOGLOBIN (Hb) *	11.3	gm/dl	13.0 - 17.0
P.C.V / HAEMATOCRIT *	36.1	%	35 - 52
M C V *	81.5	fl.	76 - 96
M C H *	25.5	Picogram	27 - 34
M C H C *	31.3	gm/dl	31 - 36
R B C COUNT *	4.43	Millions/cmm	4.5 - 5.5
RDW *	13.0	%	10.8 - 14.9
PLATELET COUNT *	2.45	Lakhs/cmm	1.4 - 4.4
TOTAL LEUCOCYTE COUNT (TLC) *	7,600	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	56	%	45 - 65
LYMPHOCYTE	40	%	25 - 45
EOSINOPHIL	02	%	0 - 06
MONOCYTE	02	%	2 - 8

**** End Of Report ****


Dr. Gawal
 MBBS, MD.
 Pathologist/Microbiologist

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 Ref. By Dr. SELF Sample ID No. 4 1907214
 Sample Rec/Coll. Dt 21/07/2019
 Sample Rec/Coll Time 1:45:44 AM Type of Sample EDTA Blood, EDTA BLOOD RA**
 Recd. From Outside Yes

BIOCHEMISTRY

Biochemistry done on VITROS 250 Dry Chemistry Analyzer

Test Name	Value	Unit	Biological Ref. Interval
BLOOD SUGAR RANDOM	210	mg/dl	70 - 140

**** End Of Report ****

Dr. Gawal
 MBBS, MD.
 Pathologist/Microbiologist

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 Pathologist/Microbiologist

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Director
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 M.D. (Path)

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 Sample Rec/Coll. Dt 21/07/2019
 Sample Rec/Coll Time 1:45:44 AM Type of Sample EDTA Blood, EDTA BLOOD RAN:
 Recd. From Outside Yes

LIPID PROFILE*

Test Name	Value	Unit	Biological Ref. Interval
VITROS 250 Dry Chem. Analyzer			
TRIGLYCERIDES	<u>94</u>	mg/dL	100 - 150
TOTAL CHOLESTEROL	<u>87</u>	mg/dL	100 - 200
H D L CHOLESTEROL DIRECT	<u>53</u>	mg/dL	30 - 60
V L D L*	<u>18.8</u>	mg/dL	20 - 35
L D L CHOLESTEROL	<u>15.2</u>	mg/dL	60 - 130
TOTAL CHOLESTEROL/HDL RATIO*	<u>1.6</u>		3.0 - 5.0

LIPID PROF INTERPRET

**** End Of Report ****


Dr. Gavval
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seemi
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

Reported by: vuy
 Checked by: **Dr. Sanjay Madankar** M.D. (Path) **Dr. Avinash Sapre** M.D., (Path) DCP (UK) **Dr. Avinash Deshmukh** M.D. (Path) **Dr. Pravin Gadkari** M.D. (Path) **Dr. Rajiv Marawar** M.D. (Path)

* - Test not in NABL Preview

Director
Dr. Dinkar Kumbhalkar
 M.D. (Path)

Contd...3

Additional Director
Dr. Ajay A. Lanjewar M.D. (Path) **Dr. Kailash Agrawal** M.D. (Bombay) D.P.B. **Dr. Milind Dharmadhikari** M.D. (Path) **Dr. Raj Angnani** M.D.

Doc No - F/TR - Rev: Issue No : 00-01 Rev : Issue Date : 00: 01.03.12
Nagpur Reference Pathology Laboratory & Research Institute Pvt. Ltd., Nagpur.
 ISO 9001-2008 Certified



Reach Us :

NRPL House, Plot No. 22/1, Khare Marg, Dhantoli,
 Nagpur - 440 012 Tel : 0712- 2455156, 2448769

24/7 & 365 Days Support Service:

Tel. : 8237067627, 8087067628, 7276075693, 8087055164
 E-mail : nrplnagpur12@gmail.com

Name _____ Age / Sex _____ M / _____
 Ref. By Dr. SELF Sample ID No. 4 1907214
 Sample Rec/Coll. Dt 21/07/2019
 Sample Rec/Coll Time 1:45:44 AM Type of Sample EDTA Blood, EDTA BLOOD RAN:
 Recd. From Outside Yes

KIDNEY FUNCTION TEST (KFT)

Test Name	Value	Unit	Biological Ref. Interval
VITROS 250 Dry Chem. Analyzer			
BLOOD UREA	17.0	mg /dl	19 - 43
SERUM CREATININE	0.7	mg/dl	0.6 - 1.4
SERUM SODIUM & POTASSIUM			
Serum Sodium*	138 mmol/lit.	135 - 148 mmol/lit	
Serum Potassium*	4.31 mmol/lit.	3.5 - 5.3 mmol/lit	

* Done on **XD 685** ion selective electrode analyzer .

**** End Of Report ****


Dr. Ga wal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Scemi
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

Reported by : vuy
 Checked by : **Dr. Sanjay Madankar** M.D. (Path) **Dr. Avinash Sapre** M.D., (Path) DCP (UK) **Dr. Avinash Deshmukh** M.D. (Path) **Dr. Pravin Gadkari** M.D. (Path) **Dr. Rajiv Marawar** M.D. (Path)

Director
Dr. Dinkar Kumbhalkar
 M.D. (Path)

Additional Director

Dr. Ajay A. Lanjewar M.D. (Path) **Dr. Kailash Agrawal** M.D. (Bombay) D.P.B. **Dr. Milind Dharmadhikari** M.D. (Path) **Dr. Raj Angnani** M.D.

Contd... 4

Doc No - F/TR, Rev. Issue No. : 00.01, Rev : Issue Date : 00.01.03.12
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 Tel. : 8237067627, 8087067628, 7276075693, 8087055164
 E-mail : nrplnagpur12@gmail.com

Name: _____ Age / Sex: _____ M / _____
 Ref. By Dr. SELF Sample ID No. 4
 Sample Rec/Coll. Dt 21/07/2019
 Sample Rec/Coll Time 1:45:44 AM Type of Sample EDTA Blood, EDTA BLOOD RAN
 Recd. From Outside Yes

LIVER FUNCTION TEST (LFT)

Test Name	Value	Unit	Biological Ref. Interval
VITROS 250 Dry Chem. Analyzer			
TOTAL PROTEIN	6.0	gm/dl	6.3 - 8.2
ALBUMIN	3.20	gm/dl	3.5 - 5.0
GLOBULIN*	2.80	gm/dl	2.0 - 4.0
SGOT	27	U/L	17 - 59
SGPT	30	U/L	21 - 72
ALKALINE PHOSPHATASE	43	U/L	38 - 126
BILIRUBIN TOTAL	0.8	mg/dl	0.2 - 1.3
DIRECT BILIRUBIN (BC)	0.5	mg/dl	0.0 - 0.30
INDIRECT BILIRUBIN (BU)	0.30	mg/dl	0.1 - 1.1

LFT INTERPRET

**** End Of Report ****


Dr. G. Wal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seemi
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

Reported by : vuy
 Checked by: **Dr. Sanjay Madankar** M.D. (Path) **Dr. Avinash Sapre** M.D., (Path) DCP (UK) **Dr. Avinash Deshmukh** M.D. (Path) **Dr. Pravin Gadkari** M.D. (Path) **Dr. Rajiv Marawar** M.D. (Path) Contd...5

* - Test not in NABL Preview.
 Director **Dr. Dinkar Kumbhalkar** M.D. (Path)

Additional Director
Dr. Ajay A. Lanjewar M.D. (Path) **Dr. Kailash Agrawal** M.D. (Bombay) D.P.B. **Dr. Milind Dharmadhikari** M.D. (Path) **Dr. Raj Angnani** M.D.

Doc No - F/TR_Rev: Issue No. : 00.01_Rev : Issue Date : 00: 01.03.12
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 Nagpur - 440 012 Tel : 0712- 2455156, 2448769

24/7 & 365 Days Support Service:
 Tel. : 8237067627, 8087067628, 7276075693, 8087055164
 E-mail : nrplnagpur12@gmail.com

Name _____ Age / Sex _____ M / _____
 Ref. By Dr. SELF Sample ID No. 4 1907214
 Sample Rec/Coll. Dt 21/07/2019
 Sample Rec/Coll Time 1:45:44 AM Type of Sample EDTA Blood, EDTA BLOOD RAN
 Recd. From Outside Yes

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref. Interval
PROTHROMBIN TIME			
Mean Normal Prothrombin Time	=	11.5 Sec	
On Patients Blood	=	12.8 Sec	
International Normalized Ratio (INR)	=	1.11	
Prothrombin Ratio	=	89 %	

* Method - Electromechanical
 * Done on Trinity Biotech Coagulometer

**** End Of Report ****


Dr. Galwal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seemi
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist


Reported by: vuy
 Checked by: **Dr. Sanjay Madankar** M.D. (Path) **Dr. Avinash Sapre** M.D., (Path) DCP (JK) **Dr. Avinash Deshmukh** M.D. (Path) **Dr. Pravin Gadkari** M.D. (Path) **Dr. Rajiv Marwar** M.D. (Path) Contd...6

Director
Dr. Dinkar Kumbhalkar
 M.D. (Path)

Additional Director
Dr. Ajay A. Lanjewar M.D. (Path) **Dr. Kailash Agrawal** M.D. (Bombay) D.P.B. **Dr. Milind Dharmadhikari** M.D. (Path) **Dr. Raj Angnani** M.D.


Doc No - F/TR, Rev Issue No : 00/01, Rev : Issue Date : 00: 01.03.12

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24/7 & 365 Days Support Service:
Tel. : 8237067627, 8087067628, 7276075693, 8087055164
E-mail : nrplnagpur12@gmail.com


Name: _____ Age / Sex: _____ M / _____
 Ref. By Dr. SELF Sample ID No. 4  1907214
 Sample Rec/Coll. Dt 21/07/2019
 Sample Rec/Coll Time 1:45:44 AM Type of Sample EDTA Blood, EDTA BLOOD RAN'
 Recd. From Outside Yes

IMMUNOLOGY

Test Name	Value	Unit	Biological Ref. Interval
INSULIN*			
Test	Results	Normal Range	
Insulin	22.4	µU/mL	2 - 24 µU/mL

Method :- Done by CMIA (chemiluminescent microparticle Immunoassay) on ARCHITECT.

**** End Of Report ****


Dr. Gawal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seemi
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

Reported by : vuy

Checked by **Dr. Sanjay Madankar** M.D. (Path) **Dr. Avinash Sapre** M.D., (Path) DCP (UK) **Dr. Avinash Deshmukh** M.D. (Path) **Dr. Pravin Gadkari** M.D. (Path) **Dr. Rajiv Marwar** M.D. (Path)

* - Test not in NABL Preview

Director
Dr. Dinkar Kumbhalkar
M.D. (Path)

Additional Director

Dr. Ajay A. Lanjewar
M.D. (Path)

Dr. Kailash Agrawal
M.D. (Bombay) D.P.B.

Dr. Milind Dharmadhikari
M.D. (Path)

Dr. Raj Anagnani
M.D.

Patient : Mrs. RUKMINI SHROFF	PRN : 867007	IP No. : -
Age/Sex : 62 Yrs/Female	Visit No. : OP-2	Date : 31/01/2018
Referred By : Dr. Shashikant Apte	Sample Collected : 31/01/2018 11:00	
Location : OPD	Sample Rcvd. in Lab : 31/01/2018 11:53	
Sponsor :-	Reported On : 31/01/2018 15:56	
Collected At : Sahyadri Speciality Hospitals	Processed At : SSL Main Lab	
Lab No. : 0031503118	Status : Verified	

HAEMOGRAM

Specimen : EDTA Whole Blood

Test Name	Test Value	UOM	Biological Reference Interval
Haemoglobin	10.9	g/dL	12.0 - 15.0
R.B.C. Count	3.26	x 10 ⁶ /ul	3.80 - 4.80
Haematocrit	31.6	%	36.0 - 46.0
M.C.V.	96.9	fl	76 - 96
M.C.H	33.6	pg	27 - 32
M.C.H.C.	34.7	gm/dl	31.5 - 34.5
R.D.W. -CV	18.7	%	11.6 - 14
Total W.B.C. Count	175600	/uL	4000 - 10000
Differential Count			
Blast	5	%	
Myelocytes	8	%	
Meta+Band	9	%	
Neutrophils	63.0	%	40.0 - 80.0
Lymphocytes	6.0	%	20.0 - 40.0
Monocytes	2.0	%	2.0 - 10.0
Eosinophils	4.0	%	1.0 - 6.0
Basophils	3.0	%	< 1 - 2
Platelet Count	198000	/uL	150000 - 410000
MPV	10.3	fl	

Smear Study Marked neutrophilic leucocytosis with shift to left upto blasts (5%).
Normocytic normochromic anemia, anisocytosis +.
Platelets adequate on smear.

Performed on Beckman Coulter Haematology Analyzer.

-----End Of Report-----

Patient : Mrs. RUKMINI SHROFF	PRN : 867007	IP No. : :-
Age/Sex : 62 Yrs/Female	Visit No. : OP-2	Date : 31/01/2018
Referred By : Dr. Shashikant Apte	Sample Collected : 31/01/2018 11:00	
Location : OPD	Sample Rcvd. in Lab : 31/01/2018 11:50	
Sponsor : :-	Reported On : 02/02/2018 17:48	
Collected At : Sahyadri Speciality Hospitals	Processed At : SSL Main Lab	
Lab No. : 0031503118	Status : Verified	

PCR REPORT

Test Name	Test Value	UOM	Range
Specimen :	Peripheral blood		
RT PCR for BCR ABL Screening			
ABL Copies	406179.97	Copies/μL	
BCR-ABL (p210) mRNA	Detected		
BCR - ABL1 (P210) Copies	317851.91	Copies/μL	
BCR-ABL/ABL (p210) Normalised ratio	78.25	%	
IS	42.46	%	

Quantity of housekeeping gene (ABL) is within acceptable limit.

Reverse Transcriptase PCR

RNA is converted to cDNA by Reverse Transcription, followed by specific PCRs. In case of haematological malignancies fusion gene transcripts for various translocations are tested.

Qualitative mRNA detection. Reverse Transcription-PCR (RT-PCR), is designed to screen for all reported BCR/ABL fusion variants. Real Time Quantitative PCR (RQ-PCR)

BCR-ABL of PCR is performed using Real Time PCR method. p190 and p210 BCR-ABL RQ-PCR is performed to monitor minimal residual disease in ALL or CML respectively.

Limitations


RNA is extremely labile.


Presence of PCR inhibitors may interfere with the test.

The importance of International scale (IS) is that it standardizes quantitative BCR-ABL 1 measurement across tests and laboratories, facilitating inter laboratory studies, patient portability and a harmonized definition of treatment response. The IS is anchored to the baseline BCR-ABL 1 expression level from IRIS trial (100% IS) with a major molecular response (MMR) corresponding to 0.1% IS. The IRIS trial and follow up studies have demonstrated that achieving MMR, or a 3-log reduction in BCR-ABL 1 expression from the standardized baseline level, is a key clinical outcome. Percent ratio on the IS is obtained by using following formula.

$$IS \% = \frac{BCR-ABL\ 1}{ABL} \times 100 \times \text{Conversion factor.}$$

-----End Of Report-----


Dr. Dolly Joshi
 Ph.D (Biotechnology)
 Entered By:10006492


Dr. Rajesh Phatale
 M.B.B.S., M.D. (Pathology)

Sahyadri Speciality Labs

e-mail : labinfo@sahyadrihospitals.com www.sahyadrihospital.com



Patient : Mrs. RUKMINI SHROFF	PRN : 867007	IP No. :-
Age/Sex : 63 Yrs/Female	Visit No. : OP-8	Date : 26/10/2018
Referred By : Dr. Shashikant Apte	Sample Collected : 26/10/2018 11:59	
Location : OPD	Sample Rcvd. in Lab : 26/10/2018 12:46	
Sponsor :-	Reported On : 26/10/2018 14:35	
Collected At : Sahyadri Speciality Labs	Processed At : SSL Main Lab	
Lab No. : 0057229918	Status : Verified	

HAEMOGRAM

Specimen : EDTA Whole Blood

Test Name	Test Value	UOM	Biological Reference Interval
Haemoglobin	10.0	g/dL	12.0 - 15.0
R.B.C. Count	3.24	x 10 ⁶ /ul	3.80 - 4.80
Haematocrit	31.3	%	36.0 - 46.0
M.C.V.	96.5	fl	76 - 96
M.C.H	31	pg	27 - 32
M.C.H.C.	32.1	gm/dl	31.5 - 34.5
R.D.W. -CV	16.6	%	11.5 - 14
Total W.B.C. Count	7300	/μL	4000 - 10000
Differential Count			
Neutrophils	69.7	%	40.0 - 80.0
Lymphocytes	21.5	%	20.0 - 40.0
Monocytes	3.9	%	2.0 - 10.0
Eosinophils	4.5	%	1.0 - 6.0
Basophils	0.4	%	< 1 - 2
Platelet Count	323000	/μL	150000 - 410000
MPV	8	fl	

Smear Study Normocytic normochromic RBCs.
Platelets adequate on smear.

Performed on Beckman Coulter Haematology Analyzer.

-----End Of Report-----



Dr. Rajesh Phatale
M.B.B.S., M.D. (Pathology)
Reg. No: 67843

Entered By:70000971

Sahyadri Speciality Labs

e-mail : labinfo@sahyadrihospitals.com www.sahyadrihospital.com



Patient	: Mrs. RUKMINI SHROFF	PRN	: 867007	IP No.	: :-
Age/Sex	: 63 Yrs/Female	Visit No.	: OP-8	Date	: 26/10/2018
Referred By	: Dr. Shashikant Apte	Sample Collected	: 26/10/2018 11:59		
Location	: OPD	Sample Rcvd. in Lab	: 26/10/2018 12:46		
Sponsor	: -	Reported On	: 26/10/2018 14:17		
Collected At	: Sahyadri Speciality Labs	Processed At	: SSL Main Lab		
Lab No.	: 0057229918	Status	: Verified		

BIOCHEMISTRY REPORT

Test Name	Test Value	Unit	Biological Reference Interval	Method
Serum Bilirubin Total	0.34	mg/dl	Adult : 0.1 to 1.2 Cord Blood : < 2.0 Full Term : 0 - 1 Day : 2 to 6 1 - 2 Days : 6 to 10 3 - 5 Days : 4 to 8	Diazo
Serum Bilirubin Direct	0.19	mg/dl	0.00 - 0.30	Diazo
Serum Bilirubin Indirect	0.15	mg/dl	0.20 - 1.20	
Serum SGPT	17	IU/L	1 - 34	IFCC without PSP

-----End Of Report-----

Sahyadri
Hospitals



Dr. Priya Pawar
M.B.B.S., DNB Pathology
Reg. No. : MCI/ 11-40484

Entered By:70000972



Patient Name : Mr.JAYENDRA SINGH Age/Gender : 38 Y 0 M 0 D /M UHID/MR No : DPVP.000000718 Visit ID : DPVPOPV1096 Ref Doctor : Dr.SELF IP/OP NO :	Collected : 24/Aug/2018 02:26PM Received : 24/Aug/2018 05:14PM Reported : 24/Aug/2018 05:33PM Status : Final Report Client Name : PCC VADGAONSHERI PUNE Client Code : PCC0157
---	--

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	269	mg/dL	<200	Enzymatic (CHE/CHO/POD)
TRIGLYCERIDES	258	mg/dL	<150	Enzymatic(Lipase/GK/GPO/POD)
HDL CHOLESTEROL	39	mg/dL	40-60	Direct Measure PEG
NON-HDL CHOLESTEROL	230	mg/dL	<130	Calculated
LDL CHOLESTEROL	178.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	51.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.90		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

*** End Of Report ***



DR. SANJAY INGLE
MBBS, MD (PATH)



SIN No: B101018788

This test has been performed at Apollo Health and Lifestyle Ltd Reference Regional Lab. Pune

Apollo Health and Lifestyle Limited

(CIN - U05110TH2000PLC046089)

Regd. Office: 19 Bishop Garden, R A Puram, Chennai 600 020, Tamil Nadu, India. Email ID: info@apolloh.com

For more information contact us at: customercare@apolloediagnostics.in

www.apolloediagnostics.in

PATIENT NAME : Mr. Jayendra Singh

AGE: 38 Yrs / M

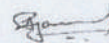
REFERRED BY: Dr. Self

DATE: 25-08-2018

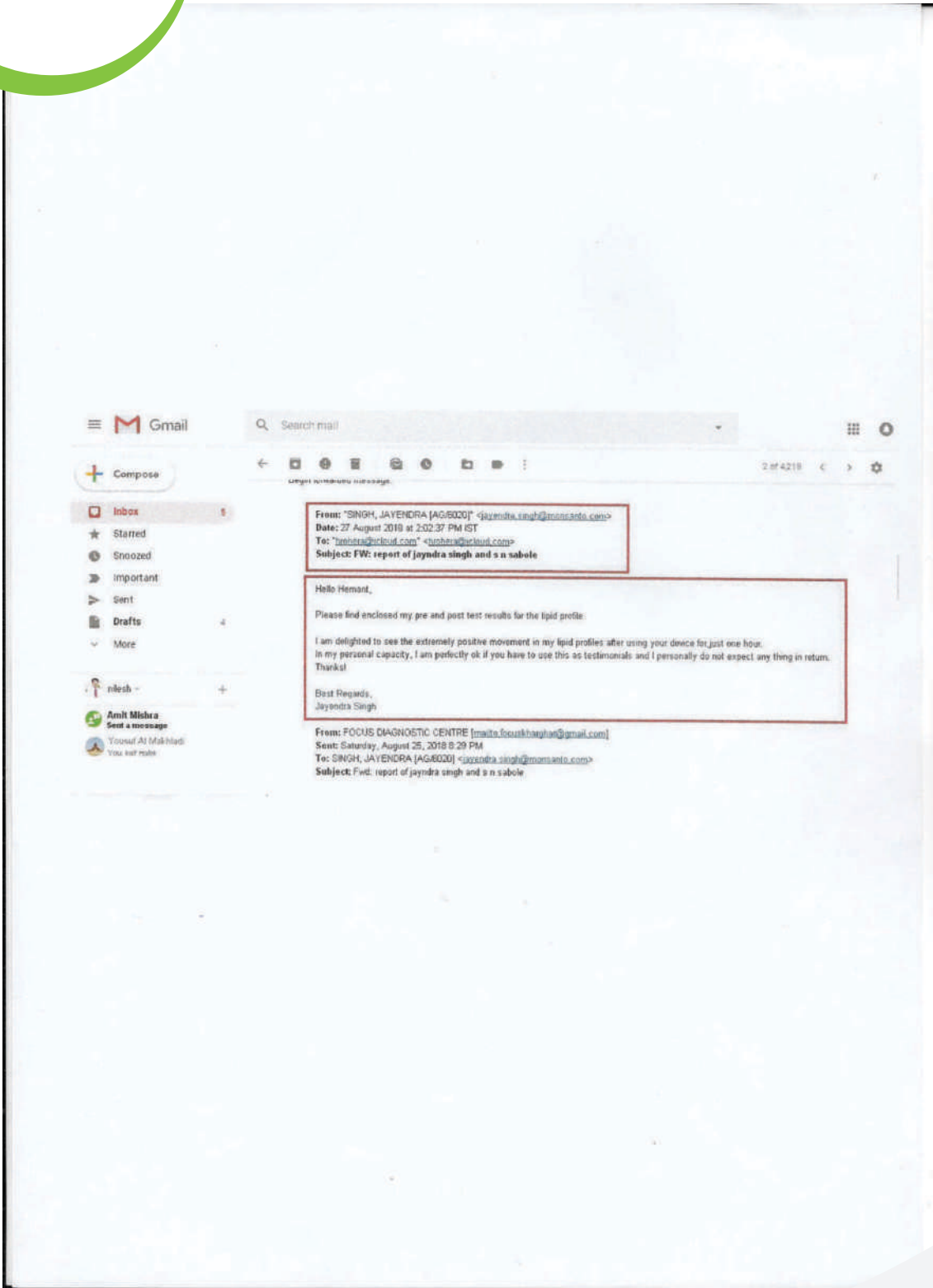
BIOCHEMISTRY
LIPID PROFILE

Test Name	Value	Unit	Reference Range
T.CHOLESTEROL	206	mg/dl	Upto 200
S.TRIGLYCERIDES	146	mg/dl	25-200
HDL CHOLESTEROL	41	mg/dl	M:30-70; F:35-90
VLDL	29.2	mg/dl	5-40
LDL CHOLESTEROL	135.8	mg/dl	85-130
T.CHOLESTEROL/HDL	5.02	Ratio	3.0-5.0
LDL/HDL	3.31	Ratio	1.5-3.5
NHDL CHOLESTEROL	165	mg/dl	<160

This is only a professional opinion & not a diagnosis. Please Correlate with clinical conditions.
Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.



DR.SAMIR AGARWAL
DNB (PATH)
CONSULTANT PATHOLOGIST





HEMANT ROHERA
 wanori pune pune
 Tel No : 8669114143
 PID NO: P116190015907
 Age: 43.5 Year(s) Sex: Male

Reference:
 Sample Collected At:
 MUKUND NAGAR COLLECTION
 CENTER
 Construction House, Ground Floor,
 796/189-B, Bhandarkar Institute Road,
 Pune
 411004

VID: 116193004972
 Registered On:
 17/04/2019 01:17 PM
 Collected On:
 17/04/2019 1:17PM
 Reported On:
 17/04/2019 08:34 PM

Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Random (Plasma-R, Hexokinase)	139	mg/dL	Normal: 70-140 Diabetes mellitus: \geq 200 (on more than one occasion) (American diabetes association guidelines 2018)
Insulin (Random) (Serum, CMA)	29.9	μ IU/mL	Post glucose samples after: 30 minutes: 18-172 60 minutes: 12-134 90 minutes: 12-107 120 minutes: 12-82 180 minutes: 2-23 Please Note change in Method

Interpretation :

1. Levels are increased in insulinomas, factitious hypoglycemia, insulin autoimmune syndrome, acromegaly (after ingestion of glucose), Cushings syndrome, corticosteroid administration and levodopa usage.
2. Levels are depressed to absent in diabetes mellitus, pituitary tumors and chronic pancreatic diseases i.e. cystic fibrosis.
3. Insulin/ C-peptide ratio is used for differentiating between factitious hypoglycemia and insulinomas where a ratio < 1.0 indicates insulinoma; but results may vary in renal failure.
4. Antibodies to insulin form in longstanding diabetes mellitus treated with insulin hence in these patients monitoring insulin levels gives better prognosis.

-- End of Report --



HEMANT ROHERA
 wanori pune pune
 Tel No : 8669114143
 PID NO: P116190015907
 Age: 43.5 Year(s) Sex: Male

Reference:
 Sample Collected At:
 MUKUND NAGAR COLLECTION
 CENTER
 Construction House, Ground Floor,
 796/189-B, Bhandarkar Institute Road,
 Pune
 411004


VID: 116193005010
 Registered On:
 17/04/2019 04:50 PM
 Collected On:
 17/04/2019 4:50PM
 Reported On:
 17/04/2019 09:35 PM

Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Random (Plasma-R, Hexokinase)	105	mg/dL	Normal: 70-140 Diabetes mellitus: >= 200 (on more than one occasion) (American diabetes association guidelines 2018)
Insulin (Random) (Serum, CMLA)	20.7	µU/mL	Post glucose samples after: 30 minutes: 18-172 60 minutes: 12-134 90 minutes: 12-107 120 minutes: 12-82 180 minutes: 2-23 Please Note change in Method

Interpretation :

1. Levels are increased in insulinomas, factitious hypoglycemia, insulin autoimmune syndrome, acromegaly (after ingestion of glucose), Cushings syndrome, corticosteroid administration and levodopa usage.
2. Levels are depressed to absent in diabetes mellitus, pituitary tumors and chronic pancreatic diseases i.e. cystic fibrosis.
3. Insulin/ C-peptide ratio is used for differentiating between factitious hypoglycemia and insulinomas where a ratio < 1.0 indicates insulinoma; but results may vary in renal failure.
4. Antibodies to insulin form in longstanding diabetes mellitus treated with insulin hence in these patients monitoring insulin levels gives better prognosis.

-- End of Report --

Name	Mr. Deepak Moghe	Age / Sex	58 Yrs. M /	
Ref. By Dr.	Mrs. Mardikar MD	Sample ID No.	4	
Sample Rec/Coll. Dt	25/05/2020	Type of Sample	EDTA Blood, EDTA BLOOD FASTING, Seru	
Sample Rec/Coll Time	7:17:00 AM	Recd. From Outside	Yes	

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref. Interval
-----------	-------	------	--------------------------

HbA1c (GLYCOSYLATED HAEMOGLOBIN)

Investigation	Results	Interpretation
HbA1c % :-	11.45 %	Non diabetic : 4.3 - 5.7 % Prediabetic : 5.7-6.3 % Good diabetic control : 6.3 - 7.3 % Fair control : 7.3 - 8.3 % Poor control : 8.3 % & above

Method :- Nephelometry & Turbidometry Done on MISPA -i₂

Note :- * HbA1c (Or GlycoHb) is made by post synthetic modification of Haemoglobin A at a slow rate directly dependant on blood glucose concentration during the 120 day life span of RBC.HbA1c levels may double or even triple in diabetics, depending on level of hyperglycemia, and correlate well with control of diabetes.

BIOCHEMISTRY


Biochemistry done on VITROS 250 Dry Chemistry Analyzer

Test Name	Value	Unit	Biological Ref. Interval
BLOOD SUGAR FASTING	173	mg/dl	74 - 106
BLOOD SUGAR FASTING	160	mg/dl	74 - 106

IMMUNOLOGY

Test Name	Value	Unit	Biological Ref. Interval
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Contd...2

Name	Mr. Deepak Moghe	Age / Sex	58 Yrs. M /	 2005254
Ref. By Dr.	Mrs. Mardikar MD	Sample ID No.	4	
Sample Rec/Coll. Dt	25/05/2020	Type of Sample	EDTA Blood, EDTA BLOOD FASTING, Seru	
Sample Rec/Coll Time	7:17:00 AM	Recd. From Outside	Yes	
INSULIN*				
Test	Results	Normal Range		
Insulin (F)	8.0 µU/mL	2 - 24 µU/mL		

Method :- Done by CMIA (chemiluminescent microparticle Immunoassay) on ARCHITECT.

INSULIN*				
Test	Results	Normal Range		
Insulin (F)	6.2 µU/mL	2 - 24 µU/mL		

Method :- Done by CMIA (chemiluminescent microparticle Immunoassay) on ARCHITECT.

**** End Of Report ****


Dr. Gawal
MBBS, MD.
Pathologist/Microbiologist

Dr. Lubna Seemi
MBBS,DPB
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS,MD
Pathologist/Microbiologist

Reported by : &y
Checked by : _____

* - Test not in NABL Preview.

Name	Mr. Deepak Moghe	Age / Sex	M /	
Ref. By Dr.	SELF	Sample ID No.	19	20061419
Sample Rec/Coll. Dt	14/06/2020	Type of Sample	EDTA Blood, EDTA BLOOD RANDOM, f	
Sample Rec/Coll Time	12:50:07	Recd. From Outside	Yes	

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref. Interval
HAEMOGRAM (SYSMEX XP 100)			
HAEMOGLOBIN (Hb) *	12.8	gm/dl	13.0 - 17.0
P.C.V / HAEMATOCRIT *	38.4	%	35 - 52
M C V *	88.9	fl.	76 - 96
M C H *	29.6	Picogram	27 - 34
M C H C *	33.3	gm/dl	31 - 36
R B C COUNT *	4.32	Millions/cmm	4.5 - 5.5
RDW *	13.2	%	10.8 - 14.9
PLATELET COUNT *	3.24	Lakh/cmm	1.4 - 4.4
TOTAL LEUCOCYTE COUNT (TLC) *	6,500	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	53	%	45 - 65
LYMPHOCYTE	43	%	25 - 45
EOSINOPHIL	03	%	0 - 06
MONOCYTE	01	%	2 - 8

**** End Of Report ****

Dr. Gawal
MBBS, MD.
Pathologist/Microbiologist


Dr.Lubna Scemi
MBBS,DPB
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS,MD
Pathologist/Microbiologist

Reported by : w4G
Checked by : _____

* - Test not in NABL Preview.

Contd...2

Name	Mr. Deepak Moghe	Age / Sex	M /	
Ref. By Dr.	SELF	Sample ID No.	19	20061419
Sample Rec/Coll. Dt	14/06/2020	Type of Sample	EDTA Blood, EDTA BLOOD, RANDAM, I	
Sample Rec/Coll Time	12:50:07	Recd. From Outside	Yes	

KIDNEY FUNCTION TEST (KFT)

Test Name	Value	Unit	Biological Ref. Interval
VITROS 250 Dry Chem. Analyzer			
BLOOD UREA	27.9	mg/dl	19 - 43
SERUM CREATININE	1.2	mg/dl	0.6 - 1.4
SERUM SODIUM & POTASSIUM			
Serum Sodium*	134	mmol/lit.	135 - 148 mmol/lit
Serum Potassium*	4.1	mmol/lit.	3.5 - 5.3 mmol/lit

* Done on **XD 685** ion selective electrode analyzer .

**** End Of Report ****


Dr. Gawal
MBBS, MD,
Pathologist/Microbiologist

Dr. Lubna Scemi
MBBS,DPB
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS,MD
Pathologist/Microbiologist

Reported by : w4G
Checked by : _____

Contd...3

Name	Mr. Deepak Moghe	Age / Sex	M /	
Ref. By Dr.	SELF	Sample ID No.	19	20061419
Sample Rec/Coll. Dt	14/06/2020	Type of Sample	EDTA Blood, EDTA BLOOD RANDOM, f	
Sample Rec/Coll Time	12:50:07	Recd. From Outside	Yes	

LIVER FUNCTION TEST (LFT)

Test Name	Value	Unit	Biological Ref. Interval
VITROS 250 Dry Chem. Analyzer			
TOTAL PROTEIN	8.6	gm/dl	6.3 - 8.2
ALBUMIN	4.70	gm/dl	3.5 - 5.0
GLOBULIN *	3.90	gm/dl	2.0 - 4.0
SGOT	26	U/L	17 - 59
SGPT	34	U/L	21 - 72
ALKALINE PHOSPHATASE	83	U/L	38 - 126
BILIRUBIN TOTAL	0.7	mg/dl	0.2 - 1.3
DIRECT BILIRUBIN (BC)	0.4	mg/dl	0.0 - 0.30
INDIRECT BILIRUBIN (BU)	0.30	mg/dl	0.1 - 1.1

LFT INTERPRET

HAEMATOLOGY

HbA1c (GLYCOSYLATED HAEMOGLOBIN)

Investigation	Results	Interpretation
HbA1c % :-	9.0 %	Non diabetic : 4.3 - 5.7 % Prediabetic : 5.7-6.3 % Good diabetic control : 6.3 - 7.3 %
%		Fair control : 7.3 - 8.3 % Poor control : 8.3 % & above

Method : HPLC (Done By HB-VARIO from ERBA)

Contd...4

Name	Mr. Deepak Moghe	Age / Sex	M /
Ref. By Dr.	SELF	Sample ID No.	19
Sample Rec/Coll. Dt	14/06/2020		
Sample Rec/Coll Time	12:50:07	Type of Sample	EDTA Blood, EDTA BLOOD RANDOM, I

Note :- * HbA1c (Or GlycoHb) is made by post synthetic modification of Haemoglobin A at a slow rate directly dependant on blood glucose concentration during the 120 day life span of RBC.HbA1c levels may double or even triple in diabetics, depending on level of hyperglycemia, and correlate well with control of diabetes.

REPORT ON VITAMIN B12 LEVEL SERUM

<u>TEST</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
VITAMIN B12	161 pg/ml	187 - 883 pg/ml

Method :- Done by CMIA (chemiluminescent microparticle Immunoassay) on ARCHITECT.

BIOCHEMISTRY

Biochemistry done on VITROS 250 Dry Chemistry Analyzer

Test Name	Value	Unit	Biological Ref. Interval
BLOOD SUGAR RANDOM	141	mg/dl	70 - 140

IMMUNOLOGY

Test Name	Value	Unit	Biological Ref. Interval
INSULIN*			


Contd...5

* - Test not in NABL Preview.



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Doc No - F/TR, Rev: Issue No. : 00:01, Rev : Issue Date :00: 01.03.12

Name	Mr. Deepak Moghe	Age / Sex	M /	
Ref. By Dr.	SELF	Sample ID No.	19	20061419
Sample Rec/Coll. Dt	14/06/2020	Type of Sample	EDTA Blood, EDTA BLOOD RANDOM, F	
Sample Rec/Coll Time	12:50:07			
Test	Results	Normal Range		
Insulin (F)	39.8 µU/mL	2 - 24 µU/mL		

Method :- Done by CMIA (chemiluminescent microparticle Immunoassay) on ARCHITECT.

**** End Of Report ****

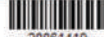
Dr. Gawal
MBBS, MD.
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Dr. Lubna Seemi
MBBS,DPB
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS,MD
Pathologist/Microbiologist

Reported by : w4G
Checked by :

Contd...6

Name	Mr. Deepak Moghe	Age / Sex	M /	
Ref. By Dr.	SELF	Sample ID No.	19	20081419
Sample Rec/Coll. Dt	14/06/2020	Type of Sample	EDTA Blood, EDTA BLOOD RANDOM, F	
Sample Rec/Coll Time	12:50:07	Recd. From Outside	Yes	

SEROLOGY SPECIAL TEST

NRPL SPECIAL TESTS

VITAMIN D*

25 HYDROXY VITAMIN D (Calcidiol)

Test	Result	Expected Values
25 HYDROXY VITAMIN D	6.7 ng/ml	Deficiency 0-10 ng/ml Insufficiency - 10-30 ng/ml sufficiency - 30-150 ng/ml Toxicity - >150 ng/ml

Method :- Done by CMIA (chemiluminescent microparticle Immunoassay) on ARCHITECT.

Note :- Vit D3 serum sample to be separated the earliest
 - Transportation - wrapped in paper (to protect from sunlight)

**** End Of Report ****

Dr. Gawal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seemi
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

Reported by: w4G
 Checked by: -----

* - Test not in NABL Preview.



Patient Name : Mr.AMARJEET SINGH	Collected : 07/Sep/2020 01:59PM
Age/Gender : 47 Y 0 M 0 D /M	Received : 07/Sep/2020 06:02PM
UHID/MR No : DWKA.0000000014	Reported : 07/Sep/2020 06:46PM
Visit ID : DWKAOPV22	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD-EDTA				
HAEMOGLOBIN	13.7	g/dL	13-17	Spectrophotometer
PCV	42.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.53	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	77	fL	83-101	Calculated
MCH	24.8	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54.4	%	40-80	Electrical Impedance
LYMPHOCYTES	34.6	%	20-40	Electrical Impedance
EOSINOPHILS	3.2	%	1-6	Electrical Impedance
MONOCYTES	7.8	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5331.2	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	3390.8	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	313.6	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	764.4	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	245000	cells/cu.mm	150000-410000	Electrical impedance



SIN No:HA01599128

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - U05110TG2000PLC115819)

Regd. Office: #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to: Ameerpet Metro Station, Ameerpet, Hyderabad- 500038

For more information contact us at : customer.care@apolloediagnostics.in

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Patient Name : Mr.AMARJEET SINGH	Collected : 07/Sep/2020 01:59PM
Age/Gender : 47 Y 0 M 0 D /M	Received : 07/Sep/2020 06:01PM
UHID/MR No : DWKA.0000000014	Reported : 07/Sep/2020 07:55PM
Visit ID : DWKAOPV22	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF COAGULATION

Test Name	Result	Unit	Bio. Ref. Range	Method
PROTHROMBIN TIME (PT/INR) , WHOLE BLOOD- NA CITRATE				
Prothrombin Time	16.5	Seconds	11-16	Optomechanical clot detection
Control (MNPT)	14.50	Seconds		Optomechanical clot detection
Ratio	1.14			Calculated
Prothrombin Index	87.88	%		Calculated
International Normalized Ratio (INR)	1.15			Calculated

Comment:

REFERENCE GROUP	INTERNATIONAL NORMALIZED RATIO (INR)
NORMAL POPULATION	0.9 – 1.1
PATIENTS ON ANTICOAGULANT THERAPY	
- STANDARD DOSE THERAPY	2.0 – 3.0
- HIGH DOSE THERAPY	2.5 – 3.5

INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Marked elevation of INR in patients receiving oral anticoagulant therapy is a marker of excessive anticoagulation and requires prompt action; an INR below 2.0 reflects insufficient anticoagulation.



SIN No:CO00175516

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115B19)

Regd. Office: #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to Ameepet Metro Station, Ameepet, Hyderabad- 500038

For more information contact us at : customer.care@apolloediagnostics.in



Patient Name : Mr.AMARJEET SINGH	Collected : 07/Sep/2020 01:59PM
Age/Gender : 47 Y 0 M 0 D /M	Received : 07/Sep/2020 06:02PM
UHID/MR No : DWKA.0000000014	Reported : 07/Sep/2020 06:48PM
Visit ID : DWKAOPV22	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, RANDOM , SODIUM FLUORIDE PLASMA	449	mg/dL	70 - 140	Glucose oxidase
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	11.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	280	mg/dL		Calculated

Comment:

Reference Range 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
DIABETICS	
- EXCELLENT CONTROL	6 – 7
- FAIR TO GOOD CONTROL	7 – 8
- UNSATISFACTORY CONTROL	8 – 10
- POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



SIN No:BI04633725, BI04633726

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to: Ameerpet Metro Station, Ameerpet, Hyderabad- 500038

For more information contact us at : customer.care@apolloediagnostics.in



Patient Name : Mr.AMARJEET SINGH	Collected : 07/Sep/2020 01:59PM
Age/Gender : 47 Y 0 M 0 D /M	Received : 07/Sep/2020 06:00PM
UHID/MR No : DWKA.0000000014	Reported : 07/Sep/2020 07:34PM
Visit ID : DWKAOPV22	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
INSULIN - RANDOM , SERUM	24.5	mIU/mL		CMIA

*** End Of Report ***



DR. SANJAY INGLE
MBBS, MD (PATH)



Dr. Keerthi Prakash
M,B.B.S., MD (Path)
Consultant Pathologist



SIN No:IM01796551

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune



Patient Name : Mr.AMARJEET SINGH	Collected : 07/Sep/2020 05:16PM
Age/Gender : 47 Y 0 M 0 D /M	Received : 07/Sep/2020 08:32PM
UHID/MR No : DWKA.0000000014	Reported : 07/Sep/2020 08:54PM
Visit ID : DWKAOPV26	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD-EDTA				
HAEMOGLOBIN	13.9	g/dL	13-17	Spectrophotometer
PCV	43.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.62	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	77	fL	83-101	Calculated
MCH	24.7	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	49.2	%	40-80	Electrical Impedance
LYMPHOCYTES	39.9	%	20-40	Electrical Impedance
EOSINOPHILS	2.9	%	1-6	Electrical Impedance
MONOCYTES	8	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4821.6	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	3910.2	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	284.2	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	784	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	247000	cells/cu.mm	150000-410000	Electrical impedance



SIN No:HA01599808

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - UR5110TG2000PLC115819)

Regd. Office: #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to Amrampet Metro Station, Amrampet, Hyderabad- 500038

For more information contact us at : customer.care@apolliodiagnostics.in

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Patient Name : Mr.AMARJEET SINGH	Collected : 07/Sep/2020 05:16PM
Age/Gender : 47 Y 0 M 0 D /M	Received : 07/Sep/2020 08:35PM
UHID/MR No : DWKA.0000000014	Reported : 07/Sep/2020 09:11PM
Visit ID : DWKAOPV26	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF COAGULATION

Test Name	Result	Unit	Bio. Ref. Range	Method
PROTHROMBIN TIME (PT/INR) , WHOLE BLOOD- NA CITRATE				
Prothrombin Time	14.6	Seconds	11-16	Optomechanical clot detection
Control (MNPT)	14.50	Seconds		Optomechanical clot detection
Ratio	1.01			Calculated
Prothrombin Index	99.32	%		Calculated
International Normalized Ratio (INR)	1.01			Calculated

Comment:

REFERENCE GROUP	INTERNATIONAL NORMALIZED RATIO (INR)
NORMAL POPULATION	0.9 – 1.1
PATIENTS ON ANTICOAGULANT THERAPY	
- STANDARD DOSE THERAPY	2.0 – 3.0
- HIGH DOSE THERAPY	2.5 – 3.5

INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Marked elevation of INR in patients receiving oral anticoagulant therapy is a marker of excessive anticoagulation and requires prompt action; an INR below 2.0 reflects insufficient anticoagulation.



SIN No:CO00175617

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune



Patient Name : Mr.AMARJEET SINGH	Collected : 07/Sep/2020 05:16PM
Age/Gender : 47 Y 0 M 0 D /M	Received : 07/Sep/2020 08:36PM
UHID/MR No : DWKA.0000000014	Reported : 07/Sep/2020 08:52PM
Visit ID : DWKAOPV26	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, RANDOM , SODIUM FLUORIDE PLASMA	308	mg/dL	70-140	HEXOKINASE



SIN No:BI04634972

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to Ameerpet Metro Station, Ameerpet, Hyderabad- 500038

For more information contact us at : customer.care@apollo diagnostics.in

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Patient Name : Mr.AMARJEET SINGH	Collected : 07/Sep/2020 05:16PM
Age/Gender : 47 Y 0 M 0 D /M	Received : 07/Sep/2020 08:36PM
UHID/MR No : DWKA.0000000014	Reported : 07/Sep/2020 09:15PM
Visit ID : DWKAOPV26	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
INSULIN - RANDOM , SERUM	12.6	mIU/mL		CMIA

*** End Of Report ***


DR. SANJAY INGLE
MBBS, MD (PATH)


DR. SHIRISH POPHALIKAR
MBBS,MD (PATH)


Dr. Keerthi Prakash
M,B.B.S., MD (Path)
Consultant Pathologist



SIN No:IM01797612

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to Ameerpet Metro Station, Ameerpet, Hyderabad- 500038

For more information contact us at : customer.care@apolloediagnostics.in

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Patient Name : Mrs.JYOTI KALSI	Collected : 07/Sep/2020 02:03PM
Age/Gender : 47 Y 0 M 0 D /F	Received : 07/Sep/2020 06:02PM
UHID/MR No : DWKA.0000000015	Reported : 08/Sep/2020 02:58PM
Visit ID : DWKAOPV23	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD-EDTA				
HAEMOGLOBIN	12.4	g/dL	12-15	Spectrophotometer
PCV	37.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.48	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTC COUNT (DLC)				
NEUTROPHILS	64.1	%	40-80	Electrical Impedance
LYMPHOCYTES	28.4	%	20-40	Electrical Impedance
EOSINOPHILS	2.6	%	1-6	Electrical Impedance
MONOCYTES	4.9	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5833.1	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2584.4	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	236.6	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	445.9	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	370000	cells/cu.mm	150000-410000	Electrical impedance



SIN No:HA01599140

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to Ameerpet Metro Station, Ameerpet, Hyderabad- 500038

For more information contact us at : customer.care@apolloediagnostics.in

www.apolloediagnostics.in



Patient Name : Mrs.JYOTI KALSI	Collected : 07/Sep/2020 02:03PM
Age/Gender : 47 Y 0 M 0 D /F	Received : 07/Sep/2020 06:01PM
UHID/MR No : DWKA.0000000015	Reported : 08/Sep/2020 02:57PM
Visit ID : DWKAOPV23	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF COAGULATION

Test Name	Result	Unit	Bio. Ref. Range	Method
PROTHROMBIN TIME (PT/INR) , WHOLE BLOOD- NA CITRATE				
Prothrombin Time	13.5	Seconds	11-16	Optomechanical clot detection
Control (MNPT)	14.50	Seconds		Optomechanical clot detection
Ratio	0.93			Calculated
Prothrombin Index	107.41	%		Calculated
International Normalized Ratio (INR)	0.92			Calculated

Comment:

REFERENCE GROUP	INTERNATIONAL NORMALIZED RATIO (INR)
NORMAL POPULATION	0.9 – 1.1
PATIENTS ON ANTICOAGULANT THERAPY	
- STANDARD DOSE THERAPY	2.0 – 3.0
- HIGH DOSE THERAPY	2.5 – 3.5

INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Marked elevation of INR in patients receiving oral anticoagulant therapy is a marker of excessive anticoagulation and requires prompt action; an INR below 2.0 reflects insufficient anticoagulation.



SIN No:CO00175517

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune



Patient Name : Mrs.JYOTI KALSI	Collected : 07/Sep/2020 02:03PM
Age/Gender : 47 Y 0 M 0 D /F	Received : 07/Sep/2020 06:02PM
UHID/MR No : DWKA.0000000015	Reported : 08/Sep/2020 02:58PM
Visit ID : DWKAOPV23	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, RANDOM , SODIUM FLUORIDE PLASMA	329	mg/dL	70-140	HEXOKINASE
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	9.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	229	mg/dL		Calculated

Comment:

Reference Range 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
DIABETICS	
- EXCELLENT CONTROL	6 – 7
- FAIR TO GOOD CONTROL	7 – 8
- UNSATISFACTORY CONTROL	8 – 10
- POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



SIN No:BI04633753,BI04633754

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune



Patient Name : Mrs.JYOTI KALSI	Collected : 07/Sep/2020 02:03PM
Age/Gender : 47 Y 0 M 0 D /F	Received : 07/Sep/2020 06:01PM
UHID/MR No : DWKA.0000000015	Reported : 08/Sep/2020 02:57PM
Visit ID : DWKAOPV23	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF IMMUNOLOGY				
Test Name	Result	Unit	Bio. Ref. Range	Method
INSULIN - RANDOM , SERUM	57	mIU/mL		CMIA

*** End Of Report ***



DR. SANJAY INGLE
MBBS, MD (PATH)



SIN No:IM01796583

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to Ameerpet Metro Station, Ameerpet, Hyderabad- 500038

For more information contact us at : customer.care@apolloediagnostics.in

www.apolloediagnostics.in



Patient Name : Mrs.JYOTI KALSI	Collected : 07/Sep/2020 05:27PM
Age/Gender : 47 Y 0 M 0 D /F	Received : 07/Sep/2020 08:32PM
UHID/MR No : DWKA.0000000016	Reported : 07/Sep/2020 08:54PM
Visit ID : DWKAOPV27	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD-EDTA				
HAEMOGLOBIN	12.3	g/dL	12-15	Spectrophotometer
PCV	37.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.46	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	27.7	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTC COUNT (DLC)				
NEUTROPHILS	58.2	%	40-80	Electrical Impedance
LYMPHOCYTES	33.5	%	20-40	Electrical Impedance
EOSINOPHILS	2.5	%	1-6	Electrical Impedance
MONOCYTES	5.8	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5703.6	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	3283	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	245	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	568.4	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	359000	cells/cu.mm	150000-410000	Electrical impedance



SIN No:HA01599824

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to Ameerpet Metro Station, Ameerpet, Hyderabad- 500038

For more information contact us at : customer.care@apolloediagnostics.in

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Patient Name : Mrs.JYOTI KALSI	Collected : 07/Sep/2020 05:27PM
Age/Gender : 47 Y 0 M 0 D /F	Received : 07/Sep/2020 08:35PM
UHID/MR No : DWKA.0000000016	Reported : 07/Sep/2020 09:06PM
Visit ID : DWKAOPV27	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF COAGULATION

Test Name	Result	Unit	Bio. Ref. Range	Method
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PROTHROMBIN TIME (PT/INR) , WHOLE BLOOD- NA CITRATE

Prothrombin Time	12.4	Seconds	11-16	Optomechanical clot detection
Control (MNPT)	14.50	Seconds		Optomechanical clot detection
Ratio	0.86			Calculated
Prothrombin Index	116.94	%		Calculated
International Normalized Ratio (INR)	0.84			Calculated

Comment:

REFERENCE GROUP	INTERNATIONAL NORMALIZED RATIO (INR)
NORMAL POPULATION	0.9 – 1.1
PATIENTS ON ANTICOAGULANT THERAPY	
- STANDARD DOSE THERAPY	2.0 – 3.0
- HIGH DOSE THERAPY	2.5 – 3.5

INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Marked elevation of INR in patients receiving oral anticoagulant therapy is a marker of excessive anticoagulation and requires prompt action; an INR below 2.0 reflects insufficient anticoagulation.



SIN No:CO00175619

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - URS110TG2000PLC115B19)

Regd. Office: #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to Ameerpet Metro Station, Ameerpet, Hyderabad- 500038

For more information contact us at : customer.care@apolloediagnostics.in

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Patient Name : Mrs.JYOTI KALSI	Collected : 07/Sep/2020 05:27PM
Age/Gender : 47 Y 0 M 0 D /F	Received : 07/Sep/2020 08:36PM
UHID/MR No : DWKA.0000000016	Reported : 07/Sep/2020 08:52PM
Visit ID : DWKAOPV27	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, RANDOM , SODIUM FLUORIDE PLASMA	207	mg/dL	70-140	HEXOKINASE



SIN No:BI04634997

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to Ameerpet Metro Station, Ameerpet, Hyderabad- 500038

For more information contact us at : customer.care@apolloediagnostics.in

www.apolloediagnostics.in



Patient Name : Mrs.JYOTI KALSI	Collected : 07/Sep/2020 05:27PM
Age/Gender : 47 Y 0 M 0 D /F	Received : 07/Sep/2020 08:37PM
UHID/MR No : DWKA.0000000016	Reported : 07/Sep/2020 09:15PM
Visit ID : DWKAOPV27	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
INSULIN - RANDOM , SERUM	16.8	mIU/mL		CMIA

*** End Of Report ***



DR. SANJAY INGLE
MBBS, MD (PATH)



DR. SHIRISH POPHALIKAR
MBBS,MD (PATH)



Dr. Keerthi Prakash
M,B.B.S., MD (Path)
Consultant Pathologist



SIN No:IM01797653

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to Ameerpet Metro Station, Ameerpet, Hyderabad- 500038

For more information contact us at : customer.care@apolloediagnostics.in

www.apolloediagnostics.in

REG NO. : OPD / 559

NAME : Mr. Badari Nimakwala

REF BY :

SEX : Male

DATE : 24/09/2020

BLOOD SUGAR (RANDOM)

<u>TESTS</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
BSL(Random I)	: 157	mg/dl	65 - 150
BSL (Random II)	: 110	mg/dl	65 - 150

*** End Of Report ***



Dr. Manish Beri (MD Path)
Consulting Pathologist
Reg No. 74978

REG NO. : OPD / 558
NAME : Mrs. Rajkumari Hemdev
REF BY :

SEX : Female
DATE : 24/09/2020

BLOOD SUGAR (RANDOM)

<u>TESTS</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
BSL(Random I)	: 89	mg/dl	65 - 150
BSL (Random II)	: 75	mg/dl	65 - 150

*** End Of Report ***



Dr. Manish Beri (MD Path)
Consulting Pathologist
Reg No. 74978

REG NO. : OPD / 560

NAME : Mr. Rajkumar Hemdev

REF BY :

SEX : Male

DATE : 24/09/2020

BLOOD SUGAR (RANDOM)

<u>TESTS</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
BSL(Random I)	: 196	mg/dl	65 - 150
BSL (Random II)	: 160	mg/dl	65 - 150

*** End Of Report ***



Dr. Manish Beri (MD Path)
Consulting Pathologist
Reg No. 74978

A48 - NANDINI LABORATORY
S/O SHAMRAO RAJARAM DALVI, PLOT NO17
507/ B OPP SAMRATNAGAR GARDEN GATE
SAMRATH
Kolhapur

Name	: Mr. NARAYAN BHOSALE	Collected	: 25/11/2020 12:27:00PM
Lab No.	: 277228141	Age: 54 Years	Gender: Male
A/c Status	: P	Ref By: SELF	Report Status: Final
		Received	: 25/11/2020 2:35:57PM
		Reported	: 25/11/2020 5:48:58PM

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, RANDOM (R), PLASMA (Hexokinase)	293.00	mg/dL	70.00 - 140.00
INSULIN, RANDOM, SERUM	50.80	µU/mL	Not Established

Note

1. A single random blood sample for insulin may provide insufficient information due to wide variation in the time responses of insulin levels and blood glucose.
2. Stimulation of insulin secretion may be caused by many factors like hyperglycemia, glucagon, amino acids, growth hormone and catecholamines.
3. Interference in insulin assay is seen due to insulin antibodies which develop in patients treated with bovine or porcine insulin.

Clinical Utility

- Evaluation of fasting hypoglycemia
- Evaluation of Polycystic Ovary syndrome
- Classification of Diabetes mellitus
- Predict Diabetes mellitus
- Assessment of Beta cell activity
- Select optimal therapy for Diabetes
- Investigation of insulin resistance
- Predict the development of Coronary Artery Disease

Increased levels - Insulinoma, Some Type II diabetic patients, Infantile hypoglycemia, Hyperinsulinism, Obesity, Cushing's syndrome, Oral contraceptives, Acromegaly, Hyperthyroidism

Decreased levels - Untreated Type I Diabetes mellitus



A48 - NANDINI LABORATORY
 S/O SHAMRAO RAJARAM DALVI, PLOT NO17
 507/ B OPP SAMRATNAGAR GARDEN GATE
 SAMRATH
 Kolhapur

Name	: NARAYAN BHOSALE	Collected	: 25/11/2020 2:53:00PM
Lab No.	: 277228136	Received	: 25/11/2020 4:46:36PM
Age	: 54 Years	Reported	: 25/11/2020 6:43:29PM
Gender	: Male	Report Status	: Final
A/c Status	: P	Ref By	: SELF

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, RANDOM (R), PLASMA (Hexokinase)	205.00	mg/dL	70.00 - 140.00
INSULIN, RANDOM, SERUM	37.32	µU/mL	Not Established

Note

1. A single random blood sample for insulin may provide insufficient information due to wide variation in the time responses of insulin levels and blood glucose.
2. Stimulation of insulin secretion may be caused by many factors like hyperglycemia, glucagon, amino acids, growth hormone and catecholamines.
3. Interference in insulin assay is seen due to insulin antibodies which develop in patients treated with bovine or porcine insulin.

Clinical Utility

- Evaluation of fasting hypoglycemia
- Evaluation of Polycystic Ovary syndrome
- Classification of Diabetes mellitus
- Predict Diabetes mellitus
- Assessment of Beta cell activity
- Select optimal therapy for Diabetes
- Investigation of insulin resistance
- Predict the development of Coronary Artery Disease

Increased levels - Insulinoma, Some Type II diabetic patients, Infantile hypoglycemia, Hyperinsulinism, Obesity, Cushing's syndrome, Oral contraceptives, Acromegaly, Hyperthyroidism

Decreased levels - Untreated Type I Diabetes mellitus



A48 - NANDINI LABORATORY
 S/O SHAMRAO RAJARAM DALVI, PLOT NO17
 507/ B OPP SAMRATNAGAR GARDEN GATE
 SAMRATH
 Kolhapur

Name	: Mrs. PRABHA SHINGTE	Collected	: 25/11/2020 12:22:00PM
Lab No.	: 277228143	Age: 78 Years	Gender: Female
A/c Status	: P	Ref By: SELF	Report Status: Final
		Received	: 25/11/2020 2:34:40PM
		Reported	: 25/11/2020 5:48:39PM

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, RANDOM (R), PLASMA (Hexokinase)	322.00	mg/dL	70.00 - 140.00
INSULIN, RANDOM, SERUM	129.00	µU/mL	Not Established

Note

1. A single random blood sample for insulin may provide insufficient information due to wide variation in the time responses of insulin levels and blood glucose.
2. Stimulation of insulin secretion may be caused by many factors like hyperglycemia, glucagon, amino acids, growth hormone and catecholamines.
3. Interference in insulin assay is seen due to insulin antibodies which develop in patients treated with bovine or porcine insulin.

Clinical Utility

- Evaluation of fasting hypoglycemia
- Evaluation of Polycystic Ovary syndrome
- Classification of Diabetes mellitus
- Predict Diabetes mellitus
- Assessment of Beta cell activity
- Select optimal therapy for Diabetes
- Investigation of insulin resistance
- Predict the development of Coronary Artery Disease

Increased levels - Insulinoma, Some Type II diabetic patients, Infantile hypoglycemia, Hyperinsulinism, Obesity, Cushing's syndrome, Oral contraceptives, Acromegaly, Hyperthyroidism

Decreased levels - Untreated Type I Diabetes mellitus



A48 - NANDINI LABORATORY
 S/O SHAMRAO RAJARAM DALVI, PLOT NO17
 507/ B OPP SAMRATNAGAR GARDEN GATE
 SAMRATH
 Kolhapur

Name	: Mrs. PRABHA SHINGTE	Collected	: 25/11/2020 2:25:00PM
Lab No.	: 277228137	Age: 78 Years	Gender: Female
A/c Status	: P	Ref By : SELF	Report Status : Final
		Received	: 25/11/2020 4:42:47PM
		Reported	: 25/11/2020 6:56:42PM

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, RANDOM (R), PLASMA (Hexokinase)	151.00	mg/dL	70.00 - 140.00
INSULIN, RANDOM, SERUM	63.81	µU/mL	Not Established

Note

1. A single random blood sample for insulin may provide insufficient information due to wide variation in the time responses of insulin levels and blood glucose.
2. Stimulation of insulin secretion may be caused by many factors like hyperglycemia, glucagon, amino acids, growth hormone and catecholamines.
3. Interference in insulin assay is seen due to insulin antibodies which develop in patients treated with bovine or porcine insulin.

Clinical Utility

- Evaluation of fasting hypoglycemia
- Evaluation of Polycystic Ovary syndrome
- Classification of Diabetes mellitus
- Predict Diabetes mellitus
- Assessment of Beta cell activity
- Select optimal therapy for Diabetes
- Investigation of insulin resistance
- Predict the development of Coronary Artery Disease

Increased levels - Insulinoma, Some Type II diabetic patients, Infantile hypoglycemia, Hyperinsulinism, Obesity, Cushing's syndrome, Oral contraceptives, Acromegaly, Hyperthyroidism

Decreased levels - Untreated Type I Diabetes mellitus



A48 - NANDINI LABORATORY
 S/O SHAMRAO RAJARAM DALVI, PLOT NO17
 507/ B OPP SAMRATNAGAR GARDEN GATE
 SAMRATH
 Kolhapur

Name	: Mrs. PRITI MANTRI	Collected	: 25/11/2020 12:17:00PM
Lab No.	: 277228140	Received	: 25/11/2020 2:32:20PM
Age	: 44 Years	Reported	: 25/11/2020 5:47:31PM
Gender	: Female	Report Status	: Final
A/c Status	: P	Ref By	: SELF

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, RANDOM (R), PLASMA (Hexokinase)	132.00	mg/dL	70.00 - 140.00
INSULIN, RANDOM, SERUM	12.04	µU/mL	Not Established

Note

1. A single random blood sample for insulin may provide insufficient information due to wide variation in the time responses of insulin levels and blood glucose.
2. Stimulation of insulin secretion may be caused by many factors like hyperglycemia, glucagon, amino acids, growth hormone and catecholamines.
3. Interference in insulin assay is seen due to insulin antibodies which develop in patients treated with bovine or porcine insulin.

Clinical Utility

- Evaluation of fasting hypoglycemia
- Evaluation of Polycystic Ovary syndrome
- Classification of Diabetes mellitus
- Predict Diabetes mellitus
- Assessment of Beta cell activity
- Select optimal therapy for Diabetes
- Investigation of insulin resistance
- Predict the development of Coronary Artery Disease

Increased levels - Insulinoma, Some Type II diabetic patients, Infantile hypoglycemia, Hyperinsulinism, Obesity, Cushing's syndrome, Oral contraceptives, Acromegaly, Hyperthyroidism

Decreased levels - Untreated Type I Diabetes mellitus



A48 - NANDINI LABORATORY
 S/O SHAMRAO RAJARAM DALVI, PLOT NO17
 507/ B OPP SAMRATNAGAR GARDEN GATE
 SAMRATH
 Kolhapur

Name	: PRITI MANTRI	Collected	: 25/11/2020 2:19:00PM
Lab No.	: 277228138	Received	: 25/11/2020 4:49:09PM
Age	: 44 Years	Reported	: 25/11/2020 6:52:40PM
Gender	: Female	Report Status	: Final
A/c Status	: P	Ref By	: SELF

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, RANDOM (R), PLASMA (Hexokinase)	94.00	mg/dL	70.00 - 140.00
INSULIN, RANDOM, SERUM	7.05	µU/mL	Not Established

Note

1. A single random blood sample for insulin may provide insufficient information due to wide variation in the time responses of insulin levels and blood glucose.
2. Stimulation of insulin secretion may be caused by many factors like hyperglycemia, glucagon, amino acids, growth hormone and catecholamines.
3. Interference in insulin assay is seen due to insulin antibodies which develop in patients treated with bovine or porcine insulin.

Clinical Utility

- Evaluation of fasting hypoglycemia
- Evaluation of Polycystic Ovary syndrome
- Classification of Diabetes mellitus
- Predict Diabetes mellitus
- Assessment of Beta cell activity
- Select optimal therapy for Diabetes
- Investigation of insulin resistance
- Predict the development of Coronary Artery Disease

Increased levels - Insulinoma, Some Type II diabetic patients, Infantile hypoglycemia, Hyperinsulinism, Obesity, Cushing's syndrome, Oral contraceptives, Acromegaly, Hyperthyroidism

Decreased levels - Untreated Type I Diabetes mellitus



नाशिक महानगरपालिका, नाशिक सार्वजनिक आरोग्य विभाग	
दुरध्वनी क्रमांक :- ०२५३- २३१७२९२ २२२२५३२	कार्यालय सार्वजनिक आरोग्य विभाग, ३ रा मजला, राजीव गांधी भवन, शरणपूररोड, नाशिक ४२२ ००२
ई-मेल आयडी :- nmcmsmd@gmail.com pub_health@nmc.gov.in	दिनांक :- 11 / 12 / 2020
PANCHAVATI DIVISION	

MEDICAL CERTIFICATE

(For POSITIVE patient)

Date:- 11 / 12 / 2020

I Dr. Priyanka Rajput working CCC Nashik. I have examined
Mr./Mrs/Miss Nishal . G. Khairnar Age 30yr at MERI CCC NASHIK

On date 09-12-2020 and have **POSITIVE** to the Covid 19 by

RTPCR (Swab testing)

Sample ID C.H/348200

LAB NAME Metrofolis, Mumbai
MERICCC

SRF ID 2748700/54813

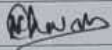
P. Rajput
वैद्यकिय अधिकारी
MERI CCC दवाखाना
मनपा, नाशिक.
Medical officer

MERI COVID CARE CENTER

Nashik Municipal Corporation, Nashik.



Nashik Municipal Corporation Rapid Antigen Testing Report

Name	MAYA V KHAIRNAR
Age	27 YRS
Gender	FEMALE
Test Center	MACHMALABAD NMC TEST CENTRE
Test Result	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
Technician / Sister	
Doctor's Name	
Referred Hospital (If Positive) / Home Isolation	
Signature	
Stamp	
Date	18/12/2020



Nashik Municipal Corporation Rapid Antigen Testing Report

Name	VISHAL G KHAI RNAR
Age	30 YRS
Gender	MALE
Test Center	MUKHAMA LADHD NAKA TEST CENTRE
Test Result	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
Technician / Sister	
Doctor's Name	
Referred Hospital (If Positive) / Home Isolation	
Signature	<i>Whaver</i>
Stamp	
Date	18/12/2020



Name : Mr. RAJKUMAR HAEMDEV
 MR No : 00001010/PUNE
 Ref by :
 Date : 16/Apr/2015
 Age/Sex : /Male

VISIT REPORT

Complaints : FOR RETINAL EVALUATION & MANAGEMENT USING SPECTS SINCE THE AGE OF 20YRS -
History : DM SINCE 45YRS ON RX. BORN WITH HERNIA-NOT OPERATED

<u>On Examination</u>	<u>Right Eye</u>	<u>Left Eye</u>
BCVA	6/9 N/6	6/6 N/6
K'metry (AutoK)	KH : 41.25/8.20X1 KV : 40.75/8.26X91	KH : 41.00/8.22X4 KV : 41.25/8.17X94
Autoref	+0.25/-0.50X70	-0.25/-1.00X13
IOP	17mmHg	15mmHg
Slit Lamp Exam.	NS 1	NS 1
Fundus	MODERATE NPDR	MODERATE NPDR

Advice :
 TAB MACUGOLD ONCE A DAY FOR 3 MONTH
 EYE DROPS REFRESH TEARS 3 TIMES A DAY A MONTH

	Right Eye				Left Eye			
	Sph	Cyl	Axis	VA	Sph	Cyl	Axis	VA
Dist	-0.50	-0.75	70	6/9	0.00	-1.00	10	6/6
Neer Add	+2.50			N/6	+2.50			N/6

Dr VARDHAMAN Kankariya

KSR EYE WEAR

Wanowrie 9518727553

Undri 9518726086

Name

Lajkumar Hemden

Age

Date

23/11/20

Spectacle Prescription

	RIGHT			LEFT		
	SPH	CYL	AXIS	SPH	CYL	AXIS
Dist	<i>L</i>	<i>—</i>		<i>L</i>	<i>—</i>	
Near		<i>Add</i>	<i>+1.50</i>			

Remark.....

BROWN

Signature

6/9
1/6

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	OBSERVATION	UNITS	REFERENCE RANGE
COMPLETE URINOGRAM			
URINARY GLUCOSE	100	mg/dl	Negative
URINARY BILIRUBIN	NEGATIVE	mg/dl	Negative
URINE KETONE	NEGATIVE	mg/dl	Negative
SPECIFIC GRAVITY	1.02	-	1.003-1.030
URINE BLOOD	NEGATIVE	Cells/ul*	Negative
PH	5.5	-	5 - 8
URINARY PROTEIN	NEGATIVE	mg/dl	Negative
UROBILINOGEN	0.2	mg/dl	<=0.2
NITRITE	NEGATIVE	-	Negative
URINARY LEUCOCYTES	NEGATIVE	Cells/ul*	Negative
COLOUR	PALE YELLOW	-	Pale Yellow
APPEARANCE	CLEAR	-	Clear
BILE SALT	NEGATIVE	-	Negative
BILE PIGMENT	NEGATIVE	-	Negative
EPITHELIAL CELLS	1-2	-	2-3
CASTS	ABSENT	-	Absent
CRYSTALS	ABSENT	-	Absent
BACTERIA	ABSENT	-	Absent

* To Obtain Counts in Cells / HPF Divide the Cells / ul by 5

Please correlate with clinical conditions.

Method : Manual Dipstick Method

Remarks :Alert!!!
Yeast cells are present.

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 30 Aug 2020 23:31
Report Released on (RRT) : 31 Aug 2020 01:26
Sample Type : URINE
Labcode : 3008006545/PP004
Barcode : Q3810426




Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMOCYSTEINE	PHOTOMETRY	25.9	µmol/L

Reference Range :-

< 30

CLINICAL SIGNIFICANCE:

HOMOCYSTEINE IS LINKED TO INCREASED RISK OF PREMATURE CORONARY ARTERY DISEASE, STROKE AND THROMBOEMBOLISM. MOREOVER, ALZHEIMER'S DISEASE, OSTEOPOROSIS, VENOUS THROMBOSIS, SCHIZOPHRENIA, COGNITIVE DEFICIENCY AND PREGNANCY COMPLICATIONS ALSO ELEVATES HOMOCYSTEINE LEVELS.

HIGH VALUES:

ELEVATED HOMOCYSTEINE LEVELS MIGHT BE DUE TO INCREASING AGE, GENETIC TRAITS, DRUGS, RENAL DYSFUNCTION AND DIETARY DEFICIENCY OF VITAMINS OR SMOKING. TO LOWER YOUR HOMOCYSTEINE, EAT MORE GREEN VEGETABLES, STOP SMOKING, ALCOHOL. FOLIC ACID HELPS LOWERING ELEVATED LEVELS.

Please correlate with clinical conditions.

Method:- ENZYMATIC ASSAY

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
CYSTATIN C	IMMUNOTURBIDIMETRY	1.1	mg/L

Reference Range :-

<= 60 years: <= 1.03 mg/L
> 60 years : < 1.50 mg/L

Clinical significance

Cystatin c, is a small 13-kda protein and is a member of the cysteine proteinase inhibitor family, it is produced at a constant rate by all nucleated cells. Due to its small size it is freely filtered by the glomerulus and is not secreted but is fully reabsorbed and broken down by the renal tubules. This means that the primary determinate of blood Cystatin c levels is the rate at which it is filtered at the glomerulus making it an excellent gfr marker. Cystatin c is also a marker of inflammation and like many other markers of inflammation; its serum concentration may be higher in patients with decreased renal clearance. There is mounting evidence, however, that Cystatin c may be a predictor of adverse outcomes independent of renal function with its higher sensitivity to detect a reduced GFR than Creatinine determination, also in the so-called "Creatinine-blind" range. Thus, Cystatin c is suggested to be a better marker for GFR than the ubiquitous serum Creatinine.

Reference

1. Barrett aj, Davies me, Grubb a. the place of human gamma-trace (Cystatin c) among the cysteine proteinase inhibitors. Biochem biophys res common 1984; 120: 631-6.
2. Grubb a. diagnostic value of analysis of Cystatin c and protein HC in biological fluids. Clin Nephrol 1992; 38: S20-7.

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	IMMUNOTURBIDIMETRY	21.7	mg/dl

Reference Range :-

ADULTS : < 30.0 MG/DL

INTERPRETATION:

DETERMINATION OF LPA MAY BE USEFUL TO GUIDE MANAGEMENT OF INDIVIDUALS WITH A FAMILY HISTORY OF CHD OR WITH EXISTING DISEASE, THE LEVELS OF LPA IN THE BLOOD DEPENDS ON GENETIC FACTORS; THE RANGE OF VARIATION IN A POPULATION IS RELATIVELY LARGE AND HENCE FOR DIAGNOSTIC PURPOSE, RESULTS SHOULD ALWAYS BE ASSESSED IN CONJUNCTION WITH THE PATIENT'S MEDICAL HISTORY, CLINICAL EXAMINATION AND OTHER FINDINGS.

SPECIFICATIONS:

PRECISION: INTRA ASSAY (%CV): 3.4 %, INTER ASSAY (%CV): 2.0 %; SENSITIVITY: 0.002 GM/L

EXTERNAL QUALITY CONTROL PROGRAM PARTICIPATION:

COLLEGE OF AMERICAN PATHOLOGISTS: GENERAL CHEMISTRY AND TDM; CAP NUMBER: 7193855-01

KIT VALIDATION REFERENCES:

KOSCHINSKY ML, MARCOVINA SM. LIPOPROTEIN A: STRUCTURAL IMPLICATION FOR PATHOPHYSIOLOGY. INT J CLIN LAB RES, 1997; 27: 14-23.

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1) Reference Range : MALE : 86 - 152 FEMALE : 94 - 162 Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY - BECKMAN COULTER	IMMUNOTURBIDIMETRY	138	mg/dL
APOLIPOPROTEIN - B (APO-B) Reference Range : MALE : 56 - 145 FEMALE : 53 - 138 Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY - BECKMAN COULTER	IMMUNOTURBIDIMETRY	81	mg/dL
APO B / APO A1 RATIO (APO B/A1) Reference Range : MALE : 0.40 - 1.26 FEMALE : 0.38 - 1.14 Method : DERIVED FROM SERUM APO A1 AND APO B VALUES	CALCULATED	0.6	Ratio

Please correlate with clinical conditions.

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	2.1	mg/L

Reference Range :-

ADULT : <=3.0 MG/L

INTERPRETATION:

HIGH SENSITIVITY C-REACTIVE PROTEIN, WHEN USED IN CONJUNCTION WITH OTHER CLINICAL LABORATORY EVALUATION OF ACUTE CORONARY SYNDROMES, MAY BE USEFUL AS AN INDEPENDENT MARKER OF PROGNOSIS FOR RECURRENT EVENTS, IN PATIENTS WITH STABLE CORONARY DISEASE OR ACUTE CORONARY SYNDROMES. HSCRP LEVELS SHOULD NOT BE SUBSTITUTED FOR ASSESSMENT OF TRADITIONAL CARDIOVASCULAR RISK FACTORS. PATIENTS WITH PERSISTENTLY UNEXPLAINED, MARKED EVALUATION OF HSCRP AFTER REPEATED TESTING SHOULD BE EVALUATED FOR NON - CARDIOVASCULAR ETIOLOGIES

CLINICAL SIGNIFICANCE:

HSCRP MEASUREMENTS MAY BE USED AS AN INDEPENDENT RISK MARKER FOR THE IDENTIFICATION OF INDIVIDUALS AT RISK FOR FUTURE CARDIOVASCULAR DISEASE. ELEVATED CRP VALUES MAY BE INDICATIVE OF PROGNOSIS OF INDIVIDUALS WITH ACUTE CORONARY SYNDROMES, AND MAY BE USEFUL IN THE MANAGEMENT OF SUCH INDIVIDUALS.

SPECIFICATIONS: PRECISION: WITHIN RUN %CV HAS BEEN RECORDED <=5%.

REFERENCES:

1. CHENILLOT O, HENNY J, STEINMEZ J, ET AL. HIGH SENSITIVITY C-REACTIVE PROTEIN: BIOLOGICAL VARIATIONS AND REFERENCE LIMITS. CLIN CHEM LAB MED 2000;38:1003-11.
2. HIND CRH, PEPYS MB. THE ROLE OF SERUM C-REACTIVE PROTEIN MEASUREMENTS IN CLINICAL PRACTICE. INT MED 1984;5:112-51.

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED LATEX AGGLUTINATION - BECKMAN COULTER

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL) Reference Range : DEFICIENCY : <20 ng/ml INSUFFICIENCY : 20-<30 ng/ml SUFFICIENCY : 30-100 ng/ml TOXICITY : >100 ng/ml	C.L.I.A	16.25	ng/ml

Vitamin D Total test is analyzed on Siemens ADVIA Centaur, standardized against ID-LC/MS/MS, as per Vitamin D Standardization Program (VDSP).

Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

VITAMIN B-12 Reference Range : Normal : 211 - 911 pg/ml	C.L.I.A	254	pg/ml
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Clinical significance :

Vitamin B12 or cyanocobalamin, is a complex corrinoid compound found exclusively from animal dietary sources, such as meat, eggs and milk. It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin-B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemias. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Intra assay (%CV):4.0%, Inter assay (%CV):4.4 %;Sensitivity:45 pg/ml

External quality control program participation:

College of American pathologists: ligand assay (general) survey; CAP number: 7193855-01

Kit validation references:

Chen IW,Sperling MI,Heminger IA.Vitamin B12.In:Pesce AJ,Kalpan LA,editors.Methods in clinical chemistry. St.Louis:CV Mosby,1987.P.569-73.

Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM COPPER	PHOTOMETRY	93.8	µg/dL

Reference Range :-

MALE : 63.5 - 150
FEMALE : 80 - 155

CLINICAL SIGNIFICANCE

COPPER IS AN IMPORTANT TRACE ELEMENT AND A COMPONENT OF NUMEROUS ENZYMES AND PROTEINS INVOLVED IN ENERGY PRODUCTION, CONNECTIVE TISSUE FORMATION, MELANIN SYNTHESIS, IRON METABOLISM, DEVELOPMENT OF CENTRAL NERVOUS SYSTEM, ANGIOGENESIS AS WELL AS AN ANTIOXIDANT.

DEFICIENCY CAN CAUSE - MALNOURISHMENT, CARDIOVASCULAR DISEASE, ANEMIA & NEUROPATHY. TOXICITY MAY BE MANIFESTED AS ACUTE RENAL FAILURE, GASTROENTERITIS & CHRONIC LIVER DISEASE.

REFERENCE: CARL A. BURTIS, EDWARD R. ASHWOOD, DAVID E. BRUNS. TIETZ TEXTBOOK OF CLINICAL CHEMISTRY AND MOLECULAR DIAGNOSTICS. CHAPTER 31.VITAMINS AND TRACE ELEMENTS. PAGE: 948-952.

Please correlate with clinical conditions.

Method:- 3,5-DIBR-PAESA

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM ZINC	PHOTOMETRY	102.37	µg/dL

Reference Range :-

52 - 286

CLINICAL SIGNIFICANCE

ZINC IS ONE OF THE ESSENTIAL TRACE ELEMENTS IN THE BODY, ITS METALLOENZYMES PLAY A KEY ROLE IN PROTEIN AND NUCLEIC ACID SYNTHESIS, GENE EXPRESSION, WOUND HEALING, AS AN ANTIOXIDANT, ETC.

DEFICIENCY CAN CAUSE - POOR WOUND HEALING, GASTROENTERITIS, IMPAIRED SPERMATOGENESIS, ALZHEIMER'S DISEASE, ETC. TOXICITY MAY BE MANIFESTED AS PANCREATITIS, GASTRIC ULCER, ANEMIA, PULMONARY FIBROSIS.

REFERENCE: CARL A. BURTIS, EDWARD R. ASHWOOD, DAVID E. BRUNS. TIETZ TEXTBOOK OF CLINICAL CHEMISTRY AND MOLECULAR DIAGNOSTICS. CHAPTER 31.VITAMINS AND TRACE ELEMENTS. PAGE:960-965.

Please correlate with clinical conditions.

Method:- NITRO - PAPS

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	301.21	ng/dL

Reference Range :-

Adult Male
21 - 49 Yrs : 164.94 - 753.38
50 - 89 Yrs : 86.49 - 788.22
Adult Female
Pre-Menopause : 12.09 - 59.46
Post-Menopause: < 7.00 - 48.93
Boys
2-10 Years : < 7.00 - 25.91
11 Years : < 7.00 - 341.53
12 Years : < 7.00 - 562.59
13 Years : 9.34 - 562.93
14 Years : 23.28 - 742.46
15 Years : 144.15 - 841.44
16-21 Years : 118.22 - 948.56
Girls
2-10 Years : < 7.00 - 108.30
11-15 Years : < 7.00 - 48.40
16-21 Years : 17.55 - 50.41

Clinical Significance:

Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males. Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinemia, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 8.5 %, Inter assay (%CV): 12.6%; Sensitivity: 7 ng/dL.

External quality control program participation:

College of American pathologists: Ligand assay (special) survey; cap number: 7193855-01

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Sample Collected on (SCT) : 30 Aug 2020 12:00

Sample Received on (SRT) : 31 Aug 2020 00:45

Report Released on (RRT) : 31 Aug 2020 05:27

Sample Type : SERUM

Labcode : 3008037375/PP004

Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

Page : 10 of 21

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON Reference Range : Male : 65 - 175 Female : 50 - 170 Method : FERROZINE METHOD WITHOUT DEPROTEINIZATION	PHOTOMETRY	21.5	µg/dl
TOTAL IRON BINDING CAPACITY (TIBC) Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl Method : SPECTROPHOTOMETRIC ASSAY	PHOTOMETRY	562	µg/dl
% TRANSFERRIN SATURATION Reference Range : 13 - 45 Method : DERIVED FROM IRON AND TIBC VALUES	CALCULATED	3.83	%

Please correlate with clinical conditions.

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q389620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK ROAD
MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	86.1	U/L	45 - 129
BILIRUBIN -DIRECT	PHOTOMETRY	0.08	mg/dl	< 0.3
BILIRUBIN - TOTAL	PHOTOMETRY	0.37	mg/dl	0.3-1.2
BILIRUBIN (INDIRECT)	CALCULATED	0.29	mg/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	56.4	U/l	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	39.52	U/l	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	34.1	U/l	< 45
PROTEIN - TOTAL	PHOTOMETRY	7.49	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.24	gm/dl	3.2-4.8
SERUM GLOBULIN	PHOTOMETRY	3.25	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.3	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
BILD - Vanadate Oxidation
BILT - Vanadate Oxidation
BILI - DERIVED FROM SERUM TOTAL AND DIRECT BILIRUBIN VALUES
GGT - Modified IFCC method
SGOT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
SGPT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
PROT - BIURET METHOD
SALB - ALBUMIN BCG³METHOD (COLORIMETRIC ASSAY ENDPOINT)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK ROAD
MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	163	mg/dl	125-200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	57	mg/dl	35-80
TRIGLYCERIDES	PHOTOMETRY	150	mg/dl	25-200
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	93	mg/dl	85-130
TC/ HDL CHOLESTEROL RATIO	CALCULATED	2.9	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	1.6	Ratio	1.5-3.5
VLDL CHOLESTEROL	CALCULATED	30.06	mg/dl	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	106.7	mg/dl	< 160

Please correlate with clinical conditions.

Method :

CHOL - CHOD POD METHOD
HCHO - ENZYME SELECTIVE PROTECTION METHOD
TRIG - ENZYMATIC COLORIMETRIC METHOD (GPO) [HIGHLY INFLUENCED BY LEVEL OF FASTING]
LDL - HOMOGENOUS ENZYMATIC COLORIMETRIC ASSAY
TC/H - DERIVED FROM SERUM CHOLESTEROL AND HDL VALUES
LDL/ - Derived from serum HDL and LDL Values
VLDL - DERIVED FROM SERUM TRIGLYCERIDE VALUES
NHDL - Derived from serum Cholesterol and HDL values

***REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:**

TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
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Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
 ADDRESS IS L703 PALM COURT COMPLEX LINK ROAD
 MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	96	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	10.7	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	1.17	µIU/ml	0.3-5.5

Comments : SUGGESTING THYRONORMALCY

Please correlate with clinical conditions.

Method :

T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
 T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
 TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK ROAD
MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	10.17	mg/dl	7 - 25
CREATININE - SERUM	PHOTOMETRY	0.76	mg/dl	0.6-1.1
URIC ACID	PHOTOMETRY	4.34	mg/dl	4.2 - 7.3
CALCIUM	PHOTOMETRY	9.56	mg/dl	8.8-10.6
BUN / SR.CREATININE RATIO	CALCULATED	13.38	Ratio	9:1-23:1

Please correlate with clinical conditions.

Method :

BUN - KINETIC UV ASSAY.
SCRE - CREATININE ENZYMATIC METHOD
URIC - Uricase / Peroxidase Method
CALC - ARSENAZO III METHOD, END POINT.
B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
 ADDRESS IS L703 PALM COURT COMPLEX LINK
 ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	109	mL/min/1.73 m ²

Reference Range :-

- > = 90 : Normal
- 60 - 89 : Mild Decrease
- 45 - 59 : Mild to Moderate Decrease
- 30 - 44 : Moderate to Severe Decrease
- 15 - 29 : Severe Decrease

Clinical Significance

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a "gold standard" measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

Reference

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. *Ann Intern Med.* 2009;150(9):604-12.

Please correlate with clinical conditions.

Method:- CKD-EPI Creatinine Equation

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC - NGSP Certified)	H.P.L.C	8.2	%

Reference Range :

Reference Range: As per ADA Guidelines

Below 5.7% : Normal
5.7% - 6.4% : Prediabetic
>=6.5% : Diabetic

Guidance For Known Diabetics

Below 6.5% : Good Control
6.5% - 7% : Fair Control
7.0% - 8% : Unsatisfactory Control
>8% : Poor Control

Method : Fully Automated H.P.L.C. using Biorad Variant II Turbo, NGSP Certified.

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	189	mg/dl
-----------------------------	------------	-----	-------

Reference Range :

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HBA1c values

Please correlate with clinical conditions.

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 30 Aug 2020 22:57
Report Released on (RRT) : 31 Aug 2020 04:59
Sample Type : EDTA
Labcode : 3008034726/PP004
Barcode : Q7171680



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	11.81	X 10³ / μL	4.0-10.0
NEUTROPHILS	62.3	%	40-80
LYMPHOCYTE PERCENTAGE	30.1	%	20-40
MONOCYTES	3.2	%	0-10
EOSINOPHILS	3.1	%	0.0-6.0
BASOPHILS	1	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	7.36	X 10³ / μL	2-7
LYMPHOCYTES - ABSOLUTE COUNT	3.55	X 10³ / μL	1.0-3
MONOCYTES - ABSOLUTE COUNT	0.38	X 10 ³ / μL	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.12	X 10³ / μL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.37	X 10 ³ / μL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.04	X 10 ³ / μL	0-0.3
TOTAL RBC	5.45	X 10 ⁶ /μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10 ³ / μL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	11.4	g/dL	12-17
HEMATOCRIT(PCV)	42	%	40-50
MEAN CORPUSCULAR VOLUME(MCV)	77.1	fL	81-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	20.9	pg	22
MEAN CORP.HEMO.CONC(MCHC)	27.1	g/dL	32.5-36.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	60.3	fL	46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	22.1	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	10.3	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	9.4	fL	6.5-12
PLATELET COUNT	518	X 10³ / μL	16-400
PLATELET TO LARGE CELL RATIO(PLCR)	20.4	%	19.7-42.4
PLATELETCRIT(PCT)	0.48	%	0.18-0.9

Remarks : ALERT !!! Hypochromia, Mild Leucocytosis

Please Correlate with clinical conditions.

Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)

Sample Collected on (SCT) : 30 Aug 2020 12:00

Sample Received on (SRT) : 30 Aug 2020 22:57

Report Released on (RRT) : 31 Aug 2020 04:59

Sample Type : EDTA

Labcode : 3008034726/PP004

Barcode : Q7171680



Dr. Prachi Sinkar MD(Path)



Dr. Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK ROAD
MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ARSENIC	ICP-MS	0.62	µg/l	< 5
CADMIUM	ICP-MS	0.22	µg/l	< 1.5
MERCURY	ICP-MS	0.82	µg/l	< 5
LEAD	ICP-MS	56.97	µg/l	< 150
CHROMIUM	ICP-MS	0.79	µg/l	< 30
BARIUM	ICP-MS	0.89	µg/l	< 30
COBALT	ICP-MS	0.31	µg/l	0.10 - 1.50
CAESIUM	ICP-MS	1.95	µg/l	< 5
THALLIUM	ICP-MS	0.03	µg/l	< 1
URANIUM	ICP-MS	0.05	µg/l	< 1
STRONTIUM	ICP-MS	16.91	µg/l	8 - 38
ANTIMONY	ICP-MS	4.8	µg/l	0.10 - 18
TIN	ICP-MS	0.21	µg/l	< 2
MOLYBDENUM	ICP-MS	0.58	µg/l	0.70 - 4.0
SILVER	ICP-MS	0.12	µg/l	< 4
VANADIUM	ICP-MS	0.72	µg/l	< 0.8
BERYLLIUM	ICP-MS	0.03	µg/l	0.10 - 0.80
BISMUTH	ICP-MS	0.21	µg/l	0.10 - 0.80
SELENIUM	ICP-MS	237.08	µg/l	60 - 340
ALUMINIUM	ICP-MS	4.79	µg/l	< 30
NICKEL	ICP-MS	1.9	µg/l	< 15
MANGANESE	ICP-MS	20.04	µg/l	7.10 - 20

Please correlate with clinical conditions.

Method :

ICP - MASS SPECTROMETRY

Note:Reference range has been obtained after considering 95% population as cutoff.

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 30 Aug 2020 22:57
Report Released on (RRT) : 31 Aug 2020 04:59
Sample Type : EDTA
Labcode : 3008034726/PP004
Barcode : Q7171680



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)



REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

Table with 4 columns: TEST NAME, TECHNOLOGY, VALUE, UNITS. Row 1: FASTING BLOOD SUGAR, PHOTOMETRY, 213.3, mg/dL. Reference Range :- 70-99

Please correlate with clinical conditions.
Method:- GOD-PAP METHOD

~ End of report ~

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 30 Aug 2020 23:20
Report Released on (RRT) : 31 Aug 2020 01:31
Sample Type : FLUORIDE
Labcode : 300803569/PP004
Barcode : Q7226877



Handwritten signature of Dr. Prachi Sinkar

Dr.Prachi Sinkar MD(Path)

Handwritten signature of Dr. Caesar Sengupta

Dr.Caesar Sengupta MD(Micro)

Results are for information and interpretation of the referring doctor only.
 That the tests performed on the specimen belong to the patient; named or identified.
 Tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.

- ❖ Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- ❖ Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- ❖ This report is not valid for medico-legal purpose.
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- ❖ For clinical support please contact @8450950851,8450950852,8450950853,8450950854 between 10:00 to 18:00


EXPLANATIONS


- ❖ Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- ❖ **Name** - The name is as declared by the client and recored by the personnel who collected the specimen.
- ❖ **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
- ❖ **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- ❖ **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- ❖ **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- ❖ **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- ❖ **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- ❖ **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- ❖ **Reference Range** - Means the range of values in which 95% of the normal population would fall.


SUGGESTIONS

- ❖ Values out of reference range requires reconfirmation before starting any medical treatment.
- ❖ Retesting is needed if you suspect any quality shortcomings.
- ❖ Testing or retesting should be done in accredited laboratories.
- ❖ For suggestions, complaints or feedback, write to us at info@thyrocare.com or call us on **022-3090 0000 / 425235**
- ❖ SMS: <Labcode No. >to **90833**


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REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
L703 TAMCOLD COMPLEX LINK ROAD MALAD
WEST MUMBAI , - ,

TEST NAME	OBSERVATION	UNITS	REFERENCE RANGE
COMPLETE URINOGRAM			
URINARY GLUCOSE	NEGATIVE	mg/dl	Negative
URINARY BILIRUBIN	NEGATIVE	mg/dl	Negative
URINE KETONE	NEGATIVE	mg/dl	Negative
SPECIFIC GRAVITY	1.02	-	1.003-1.030
URINE BLOOD	NEGATIVE	Cells/ul*	Negative
PH	5.5	-	5 - 8
URINARY PROTEIN	NEGATIVE	mg/dl	Negative
UROBILINOGEN	0.2	mg/dl	<=0.2
NITRITE	NEGATIVE	-	Negative
URINARY LEUCOCYTES	NEGATIVE	Cells/ul*	Negative
COLOUR	PALE YELLOW	-	Pale Yellow
APPEARANCE	CLEAR	-	Clear
BILE SALT	NEGATIVE	-	Negative
BILE PIGMENT	NEGATIVE	-	Negative
EPITHELIAL CELLS	1-2	-	2-3
CASTS	ABSENT	-	Absent
CRYSTALS	ABSENT	-	Absent
BACTERIA	PRESENT	-	Absent

* To Obtain Counts in Cells / HPF Divide the Cells / ul by 5

Please correlate with clinical conditions.

Method : Manual Dipstick Method

Remarks :Alert!!!
Yeast cells are present.
Bacteria present.

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 01:03
Report Released on (RRT) : 06 Oct 2020 02:26
Sample Type : URINE
Labcode : 0510005271/A9992
Barcode : Q5237108




Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)



REPORT

NAME : ASHISSH KEJRIWAL(47Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 TAMCOLD COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - ,
ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR	PHOTOMETRY	182.3	mg/dL

Reference Range :-

70-99

Please correlate with clinical conditions.

Method:- GOD-PAP METHOD

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:46
Report Released on (RRT) : 06 Oct 2020 02:28
Sample Type : FLUORIDE
Labcode : 0510058343/A9992
Barcode : Q9429006

Dr.Prachi Sinkar MD(Path)

Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISHH KEJRIWAL(47Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 TAMCOLD COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMOCYSTEINE	PHOTOMETRY	32.3	µmol/L
Reference Range :-			

< 30

CLINICAL SIGNIFICANCE:

HOMOCYSTEINE IS LINKED TO INCREASED RISK OF PREMATURE CORONARY ARTERY DISEASE, STROKE AND THROMBOEMBOLISM. MOREOVER, ALZHEIMER'S DISEASE, OSTEOPOROSIS, VENOUS THROMBOSIS, SCHIZOPHRENIA, COGNITIVE DEFICIENCY AND PREGNANCY COMPLICATIONS ALSO ELEVATES HOMOCYSTEINE LEVELS.

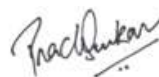
HIGH VALUES:

ELEVATED HOMOCYSTEINE LEVELS MIGHT BE DUE TO INCREASING AGE, GENETIC TRAITS, DRUGS, RENAL DYSFUNCTION AND DIETARY DEFICIENCY OF VITAMINS OR SMOKING. TO LOWER YOUR HOMOCYSTEINE, EAT MORE GREEN VEGETABLES, STOP SMOKING, ALCOHOL. FOLIC ACID HELPS LOWERING ELEVATED LEVELS.

Please correlate with clinical conditions.

Method:- ENZYMATIC ASSAY

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007


 Dr.Prachi Sinkar MD(Path)


 Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
L703 TAMCOLD COMPLEX LINK ROAD MALAD
WEST MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
CYSTATIN C	IMMUNOTURBIDIMETRY	1.22	mg/L

Reference Range :-

<= 60 years: <= 1.03 mg/L
> 60 years : < 1.50 mg/L

Clinical significance

Cystatin c, is a small 13-kda protein and is a member of the cysteine proteinase inhibitor family, it is produced at a constant rate by all nucleated cells. Due to its small size it is freely filtered by the glomerulus and is not secreted but is fully reabsorbed and broken down by the renal tubules. This means that the primary determinate of blood Cystatin c levels is the rate at which it is filtered at the glomerulus making it an excellent gfr marker. Cystatin c is also a marker of inflammation and like many other markers of inflammation; its serum concentration may be higher in patients with decreased renal clearance. There is mounting evidence, however, that Cystatin c may be a predictor of adverse outcomes independent of renal function with its higher sensitivity to detect a reduced GFR than Creatinine determination, also in the so-called Creatinine-blind range. Thus, Cystatin c is suggested to be a better marker for GFR than the ubiquitous serum Creatinine.

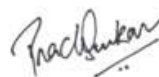
Reference

1. Barrett aj, Davies me, Grubb a. the place of human gamma-trace (Cystatin c) among the cysteine proteinase inhibitors. Biochem biophys res common 1984; 120: 631-6.
2. Grubb a. diagnostic value of analysis of Cystatin c and protein HC in biological fluids. Clin Nephrol 1992; 38: S20-7.

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007


Dr.Prachi Sinkar MD(Path)


Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
L703 TAMCOLD COMPLEX LINK ROAD MALAD
WEST MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	IMMUNOTURBIDIMETRY	16.4	mg/dl

Reference Range :-

ADULTS : < 30.0 MG/DL

INTERPRETATION:

DETERMINATION OF LPA MAY BE USEFUL TO GUIDE MANAGEMENT OF INDIVIDUALS WITH A FAMILY HISTORY OF CHD OR WITH EXISTING DISEASE. THE LEVELS OF LPA IN THE BLOOD DEPENDS ON GENETIC FACTORS; THE RANGE OF VARIATION IN A POPULATION IS RELATIVELY LARGE AND HENCE FOR DIAGNOSTIC PURPOSE, RESULTS SHOULD ALWAYS BE ASSESSED IN CONJUNCTION WITH THE PATIENT'S MEDICAL HISTORY, CLINICAL EXAMINATION AND OTHER FINDINGS.

SPECIFICATIONS:

PRECISION: INTRA ASSAY (%CV): 3.4 %, INTER ASSAY (%CV): 2.0 %; SENSITIVITY: 0.002 GM/L

EXTERNAL QUALITY CONTROL PROGRAM PARTICIPATION:

COLLEGE OF AMERICAN PATHOLOGISTS: GENERAL CHEMISTRY AND TDM; CAP NUMBER: 7193855-01

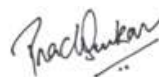
KIT VALIDATION REFERENCES:

KOSCHINSKY ML, MARCOVINA SM. LIPOPROTEIN A: STRUCTURAL IMPLICATION FOR PATHOPHYSIOLOGY. INT J CLIN LAB RES, 1997; 27: 14-23.

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007


Dr.Prachi Sinkar MD(Path)


Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISHH KEJRIWAL(47Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 TAMCOLD COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1) Reference Range : MALE : 86 - 152 FEMALE : 94 - 162 Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY <input type="checkbox"/> BECKMAN COULTER	IMMUNOTURBIDIMETRY	151	mg/dL
APOLIPOPROTEIN - B (APO-B) Reference Range : MALE : 56 - 145 FEMALE : 53 - 138 Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY <input type="checkbox"/> BECKMAN COULTER	IMMUNOTURBIDIMETRY	88	mg/dL
APO B / APO A1 RATIO (APO B/A1) Reference Range : MALE : 0.40 - 1.26 FEMALE : 0.38 - 1.14 Method : DERIVED FROM SERUM APO A1 AND APO B VALUES	CALCULATED	0.6	Ratio

Please correlate with clinical conditions.

Sample Collected on (SCT) :05 Oct 2020 09:42
Sample Received on (SRT) :06 Oct 2020 00:36
Report Released on (RRT) :06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISHH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
L703 TAMCOLD COMPLEX LINK ROAD MALAD
WEST MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	2.1	mg/L

Reference Range :-

ADULT : <=3.0 MG/L

INTERPRETATION:

HIGH SENSITIVITY C-REACTIVE PROTEIN, WHEN USED IN CONJUNCTION WITH OTHER CLINICAL LABORATORY EVALUATION OF ACUTE CORONARY SYNDROMES, MAY BE USEFUL AS AN INDEPENDENT MARKER OF PROGNOSIS FOR RECURRENT EVENTS, IN PATIENTS WITH STABLE CORONARY DISEASE OR ACUTE CORONARY SYNDROMES. HSCRP LEVELS SHOULD NOT BE SUBSTITUTED FOR ASSESSMENT OF TRADITIONAL CARDIOVASCULAR RISK FACTORS. PATIENTS WITH PERSISTENTLY UNEXPLAINED, MARKED EVALUATION OF HSCRP AFTER REPEATED TESTING SHOULD BE EVALUATED FOR NON - CARDIOVASCULAR ETIOLOGIES

CLINICAL SIGNIFICANCE:

HSCRP MEASUREMENTS MAY BE USED AS AN INDEPENDENT RISK MARKER FOR THE IDENTIFICATION OF INDIVIDUALS AT RISK FOR FUTURE CARDIOVASCULAR DISEASE. ELEVATED CRP VALUES MAY BE INDICATIVE OF PROGNOSIS OF INDIVIDUALS WITH ACUTE CORONARY SYNDROMES, AND MAY BE USEFUL IN THE MANAGEMENT OF SUCH INDIVIDUALS.

SPECIFICATIONS: PRECISION: WITHIN RUN %CV HAS BEEN RECORDED <=5%.

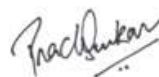
REFERENCES:

1. CHENILLOT O, HENNY J, STEINMEZ J, ET AL. HIGH SENSITIVITY C-REACTIVE PROTEIN: BIOLOGICAL VARIATIONS AND REFERENCE LIMITS. CLIN CHEM LAB MED 2000;38:1003-11.
2. HIND CRH, PEPYS MB. THE ROLE OF SERUM C-REACTIVE PROTEIN MEASUREMENTS IN CLINICAL PRACTICE. INT MED 1984;5:112-51.

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED LATEX AGGLUTINATION BECKMAN COULTER

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007


Dr.Prachi Sinkar MD(Path)


Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISHH KEJRIWAL(47Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 TAMCOLD COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL) Reference Range : DEFICIENCY : <20 ng/ml INSUFFICIENCY : 20-<30 ng/ml SUFFICIENCY : 30-100 ng/ml TOXICITY : >100 ng/ml	C.L.I.A	40.32	ng/ml

Vitamin D Total test is analyzed on Siemens ADVIA Centaur, standardized against ID-LC/MS/MS, as per Vitamin D Standardization Program (VDSP).

Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

VITAMIN B-12 Reference Range : Normal : 211 - 911 pg/ml	C.L.I.A	672	pg/ml
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Clinical significance :

Vitamin B12 or cyanocobalamin, is a complex corrinoid compound found exclusively from animal dietary sources, such as meat, eggs and milk. It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin-B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemias. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Intra assay (%CV):4.0%, Inter assay (%CV):4.4 %;Sensitivity:45 pg/ml

External quality control program participation:

College of American pathologists: ligand assay (general) survey; CAP number: 7193855-01

Kit validation references:

Chen IW,Sperling MI,Heminger IA.Vitamin B12.In:Pesce AJ,Kalpan LA,editors.Methods in clinical chemistry. St.Louis:CV Mosby,1987.P.569-73.

Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

Sample Collected on (SCT) :05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
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Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISHH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
L703 TAMCOLD COMPLEX LINK ROAD MALAD
WEST MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM COPPER	PHOTOMETRY	115.52	µg/dL
Reference Range :-			

MALE : 63.5 - 150
FEMALE : 80 - 155

CLINICAL SIGNIFICANCE

COPPER IS AN IMPORTANT TRACE ELEMENT AND A COMPONENT OF NUMEROUS ENZYMES AND PROTEINS INVOLVED IN ENERGY PRODUCTION, CONNECTIVE TISSUE FORMATION, MELANIN SYNTHESIS, IRON METABOLISM, DEVELOPMENT OF CENTRAL NERVOUS SYSTEM, ANGIOGENESIS AS WELL AS AN ANTIOXIDANT.

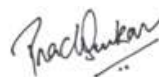
DEFICIENCY CAN CAUSE - MALNOURISHMENT, CARDIOVASCULAR DISEASE, ANEMIA & NEUROPATHY. TOXICITY MAY BE MANIFESTED AS ACUTE RENAL FAILURE, GASTROENTERITIS & CHRONIC LIVER DISEASE.

REFERENCE: CARL A. BURTIS, EDWARD R. ASHWOOD, DAVID E. BRUNS. TIETZ TEXTBOOK OF CLINICAL CHEMISTRY AND MOLECULAR DIAGNOSTICS. CHAPTER 31.VITAMINS AND TRACE ELEMENTS. PAGE: 948-952.

Please correlate with clinical conditions.

Method:- 3,5-DIBR-PAESA

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007


Dr.Prachi Sinkar MD(Path)


Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 TAMCOLD COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM ZINC	PHOTOMETRY	64.73	µg/dL

Reference Range :-

52 - 286

CLINICAL SIGNIFICANCE

ZINC IS ONE OF THE ESSENTIAL TRACE ELEMENTS IN THE BODY. ITS METALLOENZYMES PLAY A KEY ROLE IN PROTEIN AND NUCLEIC ACID SYNTHESIS, GENE EXPRESSION, WOUND HEALING, AS AN ANTIOXIDANT, ETC.

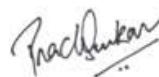
DEFICIENCY CAN CAUSE - POOR WOUND HEALING, GASTROENTERITIS, IMPAIRED SPERMATOGENESIS, ALZHEIMER'S DISEASE, ETC. TOXICITY MAY BE MANIFESTED AS PANCREATITIS, GASTRIC ULCER, ANEMIA, PULMONARY FIBROSIS.

REFERENCE: CARL A. BURTIS, EDWARD R. ASHWOOD, DAVID E. BRUNS. TIETZ TEXTBOOK OF CLINICAL CHEMISTRY AND MOLECULAR DIAGNOSTICS. CHAPTER 31.VITAMINS AND TRACE ELEMENTS. PAGE:960-965.

Please correlate with clinical conditions.

Method:- NITRO - PAPS

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007


 Dr.Prachi Sinkar MD(Path)


 Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
 L703 TAMCOLD COMPLEX LINK ROAD MALAD
 WEST MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	354.06	ng/dL

Reference Range :-

Adult Male
 21 - 49 Yrs : 164.94 - 753.38
 50 - 89 Yrs : 86.49 - 788.22
 Adult Female
 Pre-Menopause : 12.09 - 59.46
 Post-Menopause: < 7.00 - 48.93
 Boys
 2-10 Years : < 7.00 - 25.91
 11 Years : < 7.00 - 341.53
 12 Years : < 7.00 - 562.59
 13 Years : 9.34 - 562.93
 14 Years : 23.28 - 742.46
 15 Years : 144.15 - 841.44
 16-21 Years : 118.22 - 948.56
 Girls
 2-10 Years : < 7.00 - 108.30
 11-15 Years : < 7.00 - 48.40
 16-21 Years : 17.55 - 50.41

Clinical Significance:

Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males. Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinemia, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 8.5 %, Inter assay (%CV): 12.6%; Sensitivity: 7 ng/dL.

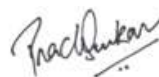
External quality control program participation:

College of American pathologists: Ligand assay (special) survey; cap number: 7193855-01

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Sample Collected on (SCT) : 05 Oct 2020 09:42
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Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007


 Dr.Prachi Sinkar MD(Path)


 Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
 L703 TAMCOLD COMPLEX LINK ROAD MALAD
 WEST MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON Reference Range : Male : 65 - 175 Female : 50 - 170 Method : FERROZINE METHOD WITHOUT DEPROTEINIZATION	PHOTOMETRY	24.3	µg/dl
TOTAL IRON BINDING CAPACITY (TIBC) Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl Method : SPECTROPHOTOMETRIC ASSAY	PHOTOMETRY	565	µg/dl
% TRANSFERRIN SATURATION Reference Range : 13 - 45 Method : DERIVED FROM IRON AND TIBC VALUES	CALCULATED	4.3	%

Please correlate with clinical conditions.

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
 L703 TAMCOLD COMPLEX LINK ROAD MALAD WEST
 MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	74.9	U/L	45 - 129
BILIRUBIN -DIRECT	PHOTOMETRY	0.14	mg/dl	< 0.3
BILIRUBIN - TOTAL	PHOTOMETRY	0.45	mg/dl	0.3-1.2
BILIRUBIN (INDIRECT)	CALCULATED	0.31	mg/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	47.6	U/l	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	44.35	U/l	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	39	U/l	< 45
PROTEIN - TOTAL	PHOTOMETRY	8.07	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.09	gm/dl	3.2-4.8
SERUM GLOBULIN	PHOTOMETRY	3.98	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.03	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
 BILD - Vanadate Oxidation
 BILT - Vanadate Oxidation
 BILI - DERIVED FROM SERUM TOTAL AND DIRECT BILIRUBIN VALUES
 GGT - Modified IFCC method
 SGOT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
 SGPT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
 PROT - BIURET METHOD
 SALB - ALBUMIN BCG³METHOD (COLORIMETRIC ASSAY ENDPOINT)
 SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
 A/GR - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

Sample Collected on (SCT) : 05 Oct 2020 09:42
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Labcode : 0510057841/A9992
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Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT : L703 TAMCOLD COMPLEX LINK ROAD MALAD WEST MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	177	mg/dl	125-200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	53	mg/dl	35-80
TRIGLYCERIDES	PHOTOMETRY	185	mg/dl	25-200
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	102	mg/dl	85-130
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.4	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	1.9	Ratio	1.5-3.5
VLDL CHOLESTEROL	CALCULATED	36.9	mg/dl	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	124.1	mg/dl	< 160

Please correlate with clinical conditions.

Method :

CHOL - CHOD POD METHOD
HCHO - ENZYME SELECTIVE PROTECTION METHOD
TRIG - ENZYMATIC COLORIMETRIC METHOD (GPO) [HIGHLY INFLUENCED BY LEVEL OF FASTING]
LDL - HOMOGENOUS ENZYMATIC COLORIMETRIC ASSAY
TC/H - DERIVED FROM SERUM CHOLESTEROL AND HDL VALUES
LDL/ - Derived from serum HDL and LDL Values
VLDL - DERIVED FROM SERUM TRIGLYCERIDE VALUES
NHDL - Derived from serum Cholesterol and HDL values

***REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:**

TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

Sample Collected on (SCT) : 05 Oct 2020 09:42
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Sample Type : SERUM
Labcode : 0510057841/A9992
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Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISHH KEJRIWAL(47Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 TAMCOLD COMPLEX LINK ROAD MALAD WEST
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE MUMBAI , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	97	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	9.7	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	1.94	µIU/ml	0.3-5.5

Comments : SUGGESTING THYRONORMALCY

Please correlate with clinical conditions.

Method :

T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
 T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
 TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Sample Collected on (SCT) : 05 Oct 2020 09:42
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Labcode : 0510057841/A9992
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Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
 L703 TAMCOLD COMPLEX LINK ROAD MALAD WEST
 MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	10.92	mg/dl	7 - 25
CREATININE - SERUM	PHOTOMETRY	0.94	mg/dl	0.6-1.1
URIC ACID	PHOTOMETRY	4.86	mg/dl	4.2 - 7.3
CALCIUM	PHOTOMETRY	10.47	mg/dl	8.8-10.6
BUN / SR.CREATININE RATIO	CALCULATED	11.62	Ratio	9:1-23:1

Please correlate with clinical conditions.

Method :

BUN - KINETIC UV ASSAY.
 SCRE - CREATININE ENZYMATIC METHOD
 URIC - Uricase / Peroxidase Method
 CALC - ARSENAZO III METHOD, END POINT.
 B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES

Sample Collected on (SCT) : 05 Oct 2020 09:42
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Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)

REF. BY : SELF

TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :

L703 TAMCOLD COMPLEX LINK ROAD MALAD
WEST MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	96	mL/min/1.73 m2

Reference Range :-

> = 90 : Normal
60 - 89 : Mild Decrease
45 - 59 : Mild to Moderate Decrease
30 - 44 : Moderate to Severe Decrease
15 - 29 : Severe Decrease

Clinical Significance

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a gold standard measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

Reference

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. *Ann Intern Med.* 2009;150(9):604-12.

Please correlate with clinical conditions.

Method:- CKD-EPI Creatinine Equation

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,COMPLETE URINE ANALYSIS,FBS

SAMPLE COLLECTED AT :
L703 TAMCOLD COMPLEX LINK ROAD MALAD
WEST MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC - NGSP Certified)	H.P.L.C	8.2	%

Reference Range :

Reference Range: As per ADA Guidelines

Below 5.7% : Normal
5.7% - 6.4% : Prediabetic
>=6.5% : Diabetic

Guidance For Known Diabetics

Below 6.5% : Good Control
6.5% - 7% : Fair Control
7.0% - 8% : Unsatisfactory Control
>8% : Poor Control

Method : Fully Automated H.P.L.C. using Biorad Variant II Turbo, NGSP Certified.

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	189	mg/dl
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Reference Range :

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HBA1c values

Please correlate with clinical conditions.

Sample Collected on (SCT) :05 Oct 2020 09:42
Sample Received on (SRT) :06 Oct 2020 00:53
Report Released on (RRT) :06 Oct 2020 05:42
Sample Type : EDTA
Labcode : 0510058717/A9992
Barcode : Q9429008



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

Page : 18 of 21

REPORT

NAME : ASHISHH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,COMPLETE URINE ANALYSIS,FBS

SAMPLE COLLECTED AT :
L703 TAMCOLD COMPLEX LINK ROAD MALAD
WEST MUMBAI , - ,

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	10.34	X 10³ / μL	4.0-10.0
NEUTROPHILS	71.7	%	40-80
LYMPHOCYTE PERCENTAGE	22.3	%	20-40
MONOCYTES	2.9	%	0-10
EOSINOPHILS	1.9	%	0.0-6.0
BASOPHILS	0.9	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	7.41	X 10³ / μL	20-70
LYMPHOCYTES - ABSOLUTE COUNT	2.31	X 10 ³ / μL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.3	X 10 ³ / μL	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.09	X 10 ³ / μL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.2	X 10 ³ / μL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.03	X 10 ³ / μL	0-0.3
TOTAL RBC	5.01	X 10 ⁶ /μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10 ³ / μL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	10.7	g/dL	12-17
HEMATOCRIT(PCV)	38.8	%	40-60
MEAN CORPUSCULAR VOLUME(MCV)	77.4	fL	80-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	21.4	pg	27
MEAN CORP.HEMO.CONC(MCHC)	27.6	g/dL	32-36.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	63.2	fL	46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	22.9	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	11.6	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	9.8	fL	6.5-12
PLATELET COUNT	482	X 10³ / μL	16-400
PLATELET TO LARGE CELL RATIO(PLCR)	24.4	%	19.7-42.4
PLATELETCRIT(PCT)	0.47	%	0.18-0.9

Remarks : ALERT !!! Hypochromia

Please Correlate with clinical conditions.

Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:53
Report Released on (RRT) : 06 Oct 2020 05:42
Sample Type : EDTA
Labcode : 0510058717/A9992
Barcode : Q9429008



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

Page : 19 of 21

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3, COMPLETE URINE ANALYSIS, FBS

SAMPLE COLLECTED AT :
 L703 TAMCOLD COMPLEX LINK ROAD MALAD WEST
 MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ARSENIC	ICP-MS	0.5	µg/l	< 5
CADMIUM	ICP-MS	0.32	µg/l	< 1.5
MERCURY	ICP-MS	0.85	µg/l	< 5
LEAD	ICP-MS	62.72	µg/l	< 150
CHROMIUM	ICP-MS	0.29	µg/l	< 30
BARIUM	ICP-MS	0.99	µg/l	< 30
COBALT	ICP-MS	0.38	µg/l	0.10 - 1.50
CAESIUM	ICP-MS	1.66	µg/l	< 5
THALLIUM	ICP-MS	0.02	µg/l	< 1
URANIUM	ICP-MS	0.05	µg/l	< 1
STRONTIUM	ICP-MS	22.56	µg/l	8 - 38
ANTIMONY	ICP-MS	4.53	µg/l	0.10 - 18
TIN	ICP-MS	0.23	µg/l	< 2
MOLYBDENUM	ICP-MS	0.47	µg/l	0.70 - 4.0
SILVER	ICP-MS	1.19	µg/l	< 4
VANADIUM	ICP-MS	0.19	µg/l	< 0.8
BERYLLIUM	ICP-MS	0.09	µg/l	0.10 - 0.80
BISMUTH	ICP-MS	0.18	µg/l	0.10 - 0.80
SELENIUM	ICP-MS	172.33	µg/l	60 - 340
ALUMINIUM	ICP-MS	10.42	µg/l	< 30
NICKEL	ICP-MS	1.69	µg/l	< 15
MANGANESE	ICP-MS	18.12	µg/l	7.10 - 20

Please correlate with clinical conditions.

Method :

ICP - MASS SPECTROMETRY

Note: Reference range has been obtained after considering 95% population as cutoff.

~~ End of report ~~

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:53
Report Released on (RRT) : 06 Oct 2020 05:42
Sample Type : EDTA
Labcode : 0510058717/A9992
Barcode : Q9429008




Dr. Prachi Sinkar MD(Path)



Dr. Caesar Sengupta MD(Micro)

CONDITIONS OF REPORTING

- ❖ The reported results are for information and interpretation of the referring doctor only.
- ❖ It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- ❖ Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- ❖ Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- ❖ Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- ❖ This report is not valid for medico-legal purpose.
- ❖ Neither Thyrocare, nor its employees/representatives assume any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report.
- ❖ Thyrocare Discovery video link :- <https://youtu.be/nbdYeRgYyQc>
- ❖ For clinical support please contact @8450950851,8450950852,8450950853,8450950854 between 10:00 to 18:00

EXPLANATIONS

- ❖ Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- ❖ **Name** - The name is as declared by the client and recored by the personnel who collected the specimen.
- ❖ **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
- ❖ **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- ❖ **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- ❖ **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- ❖ **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- ❖ **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- ❖ **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- ❖ **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- ❖ Values out of reference range requires reconfirmation before starting any medical treatment.
- ❖ Retesting is needed if you suspect any quality shortcomings.
- ❖ Testing or retesting should be done in accredited laboratories.
- ❖ For suggestions, complaints or feedback, write to us at info@thyrocare.com or call us on **022-3090 0000 / 425235**
- ❖ SMS: <Labcode No.> **90833**

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▶ Nuts (11)	▶ Fruits (38)	▶ Miscellaneous (17)

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REPORT

NAME : ASHISSH KEJRIWAL(48Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
 L703 PALMCAURT COMPLEX LINK ROAD MALAD
 WEST MUMBAI , - , - ,


TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR	PHOTOMETRY	151	mg/dL
Reference Range :-			

70-99

Please correlate with clinical conditions.
 Method:- GOD-PAP METHOD

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02 Nov 2020 00:41
Report Released on (RRT) : 02 Nov 2020 01:52
Sample Type : FLUORIDE
Labcode : 0111037154/A1681
Barcode : Q5717593




 Dr.Prachi Sinkar MD(Path)


 Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISHH KEJRIWAL(48Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,COMPLETE URINE ANALYSIS,FBS

SAMPLE COLLECTED AT :
L703 PALMCAURT COMPLEX LINK ROAD MALAD
WEST MUMBAI , - , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	8.6	%

Reference Range :

Reference Range: As per ADA Guidelines

Below 5.7% : Normal
5.7% - 6.4% : Prediabetic
>=6.5% : Diabetic

Guidance For Known Diabetics

Below 6.5% : Good Control
6.5% - 7% : Fair Control
7.0% - 8% : Unsatisfactory Control
>8% : Poor Control

Method : Fully Automated H.P.L.C. using Biorad Variant II Turbo

AVERAGE BLOOD GLUCOSE (ABG) **CALCULATED** **200** **mg/dl**

Reference Range :

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HBA1c values

Please correlate with clinical conditions.

Sample Collected on (SCT) :01 Nov 2020 08:58
Sample Received on (SRT) :02 Nov 2020 00:51
Report Released on (RRT) :02 Nov 2020 04:43
Sample Type : EDTA
Labcode : 0111037594/A1681
Barcode : R7114991



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3, COMPLETE URINE ANALYSIS, FBS

SAMPLE COLLECTED AT :
L703 PALMCAURT COMPLEX LINK ROAD MALAD
WEST MUMBAI , - , -

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	10.19	X 10³ / μL	4.0-10.0
NEUTROPHILS	63.5	%	40-80
LYMPHOCYTE PERCENTAGE	29.4	%	20-40
MONOCYTES	3	%	0-10
EOSINOPHILS	2.8	%	0.0-6.0
BASOPHILS	1	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	6.47	X 10 ³ / μL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	3	X 10 ³ / μL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.31	X 10 ³ / μL	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.1	X 10 ³ / μL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.29	X 10 ³ / μL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.03	X 10 ³ / μL	0-0.3
TOTAL RBC	5.11	X 10 ⁶ /μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10 ³ / μL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	10.5	g/dL	1317
HEMATOCRIT(PCV)	38.5	%	40-6
MEAN CORPUSCULAR VOLUME(MCV)	75.3	fL	8101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	20.5	pg	22
MEAN CORP. HEMO. CONC(MCHC)	27.3	g/dL	3.88.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	57.4	fL	846
RED CELL DISTRIBUTION WIDTH (RDW-CV)	21.5	%	11.814
PLATELET DISTRIBUTION WIDTH(PDW)	10.5	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	9.6	fL	6.5-12
PLATELET COUNT	465	X 10³ / μL	18-400
PLATELET TO LARGE CELL RATIO(PLCR)	21.3	%	19.7-42.4
PLATELETCRIT(PCT)	0.45	%	0.180.9

Remarks : ALERT !!! Hypochromia

Please Correlate with clinical conditions.

Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02 Nov 2020 00:51
Report Released on (RRT) : 02 Nov 2020 04:43
Sample Type : EDTA
Labcode : 0111037594/A1681
Barcode : R7114991



Dr. Prachi Sinkar MD(Path)



Dr. Caesar Sengupta MD(Micro)

Page : 3 of 21

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3, COMPLETE URINE ANALYSIS, FBS

SAMPLE COLLECTED AT :
L703 PALMCAURT COMPLEX LINK ROAD MALAD WEST
MUMBAI , - , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ARSENIC	ICP-MS	0.43	µg/l	< 5
CADMIUM	ICP-MS	0.15	µg/l	< 1.5
MERCURY	ICP-MS	0.73	µg/l	< 5
LEAD	ICP-MS	55.25	µg/l	< 150
CHROMIUM	ICP-MS	0.39	µg/l	< 30
BARIUM	ICP-MS	0.93	µg/l	< 30
COBALT	ICP-MS	0.47	µg/l	0.10 - 1.50
CAESIUM	ICP-MS	1.96	µg/l	< 5
THALLIUM	ICP-MS	0.03	µg/l	< 1
URANIUM	ICP-MS	0.02	µg/l	< 1
STRONTIUM	ICP-MS	18.25	µg/l	8 - 38
ANTIMONY	ICP-MS	10.18	µg/l	0.10 - 18
TIN	ICP-MS	0.14	µg/l	< 2
MOLYBDENUM	ICP-MS	0.72	µg/l	0.70 - 4.0
SILVER	ICP-MS	0.33	µg/l	< 4
VANADIUM	ICP-MS	0.51	µg/l	< 0.8
BERYLLIUM	ICP-MS	0.09	µg/l	0.10 - 0.80
BISMUTH	ICP-MS	0.17	µg/l	0.10 - 0.80
SELENIUM	ICP-MS	166.97	µg/l	60 - 340
ALUMINIUM	ICP-MS	2.31	µg/l	< 30
NICKEL	ICP-MS	1.38	µg/l	< 15
MANGANESE	ICP-MS	18.04	µg/l	7.10 - 20

Please correlate with clinical conditions.

Method :

ICP - MASS SPECTROMETRY

Note: Reference range has been obtained after considering 95% population as cutoff.

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02 Nov 2020 00:51
Report Released on (RRT) : 02 Nov 2020 04:43
Sample Type : EDTA
Labcode : 0111037594/A1681
Barcode : R7114991



Dr. Prachi Sinkar MD(Path)



Dr. Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 PALMCAURT COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMOCYSTEINE	PHOTOMETRY	41.1	µmol/L

Reference Range :-

< 30

CLINICAL SIGNIFICANCE:

HOMOCYSTEINE IS LINKED TO INCREASED RISK OF PREMATURE CORONARY ARTERY DISEASE, STROKE AND THROMBOEMBOLISM. MOREOVER, ALZHEIMER'S DISEASE, OSTEOPOROSIS, VENOUS THROMBOSIS, SCHIZOPHRENIA, COGNITIVE DEFICIENCY AND PREGNANCY COMPLICATIONS ALSO ELEVATES HOMOCYSTEINE LEVELS.

HIGH VALUES:

ELEVATED HOMOCYSTEINE LEVELS MIGHT BE DUE TO INCREASING AGE, GENETIC TRAITS, DRUGS, RENAL DYSFUNCTION AND DIETARY DEFICIENCY OF VITAMINS OR SMOKING. TO LOWER YOUR HOMOCYSTEINE, EAT MORE GREEN VEGETABLES, STOP SMOKING, ALCOHOL. FOLIC ACID HELPS LOWERING ELEVATED LEVELS.

Please correlate with clinical conditions.

Method:- ENZYMATIC ASSAY

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02 Nov 2020 00:42
Report Released on (RRT) : 02 Nov 2020 05:58
Sample Type : SERUM
Labcode : 0111037185/A161
Barcode : R736810



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 PALMCAURT COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	IMMUNOTURBIDIMETRY	17.1	mg/dl

Reference Range :-

ADULTS : < 30.0 MG/DL

INTERPRETATION:

DETERMINATION OF LPA MAY BE USEFUL TO GUIDE MANAGEMENT OF INDIVIDUALS WITH A FAMILY HISTORY OF CHD OR WITH EXISTING DISEASE. THE LEVELS OF LPA IN THE BLOOD DEPENDS ON GENETIC FACTORS; THE RANGE OF VARIATION IN A POPULATION IS RELATIVELY LARGE AND HENCE FOR DIAGNOSTIC PURPOSE, RESULTS SHOULD ALWAYS BE ASSESSED IN CONJUNCTION WITH THE PATIENT'S MEDICAL HISTORY, CLINICAL EXAMINATION AND OTHER FINDINGS.

SPECIFICATIONS:

PRECISION: INTRA ASSAY (%CV): 3.4 %, INTER ASSAY (%CV): 2.0 %; SENSITIVITY: 0.002 GM/L

EXTERNAL QUALITY CONTROL PROGRAM PARTICIPATION:

COLLEGE OF AMERICAN PATHOLOGISTS: GENERAL CHEMISTRY AND TDM; CAP NUMBER: 7193855-01

KIT VALIDATION REFERENCES:

KOSCHINSKY ML, MARCOVINA SM. LIPOPROTEIN A: STRUCTURAL IMPLICATION FOR PATHOPHYSIOLOGY. INT J CLIN LAB RES, 1997; 27: 14-23.

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02 Nov 2020 00:42
Report Released on (RRT) : 02 Nov 2020 05:58
Sample Type : SERUM
Labcode : 0111037185/A1681
Barcode : R7364810



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISHH KEJRIWAL(48Y/M)

REF. BY : SELF

TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :

L703 PALMCAURT COMPLEX LINK ROAD MALAD
WEST MUMBAI , - , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1) Reference Range : MALE : 86 - 152 FEMALE : 94 - 162 Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY <input type="checkbox"/> BECKMAN COULTER	IMMUNOTURBIDIMETRY	134	mg/dL
APOLIPOPROTEIN - B (APO-B) Reference Range : MALE : 56 - 145 FEMALE : 53 - 138 Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY <input type="checkbox"/> BECKMAN COULTER	IMMUNOTURBIDIMETRY	87	mg/dL
APO B / APO A1 RATIO (APO B/A1) Reference Range : MALE : 0.40 - 1.26 FEMALE : 0.38 - 1.14 Method : DERIVED FROM SERUM APO A1 AND APO B VALUES	CALCULATED	0.6	Ratio

Please correlate with clinical conditions.

Sample Collected on (SCT) :01 Nov 2020 08:58

Sample Received on (SRT) :02 Nov 2020 00:42

Report Released on (RRT) :02 Nov 2020 05:58

Sample Type :SERUM

Labcode :0111037185/A1681

Barcode :R7364810



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M) **SAMPLE COLLECTED AT :**
REF. BY : SELF L703 PALMCAURT COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	1.6	mg/L

Reference Range :-

ADULT : <=3.0 MG/L

INTERPRETATION:

HIGH SENSITIVITY C-REACTIVE PROTEIN, WHEN USED IN CONJUNCTION WITH OTHER CLINICAL LABORATORY EVALUATION OF ACUTE CORONARY SYNDROMES, MAY BE USEFUL AS AN INDEPENDENT MARKER OF PROGNOSIS FOR RECURRENT EVENTS, IN PATIENTS WITH STABLE CORONARY DISEASE OR ACUTE CORONARY SYNDROMES. HSCRP LEVELS SHOULD NOT BE SUBSTITUTED FOR ASSESSMENT OF TRADITIONAL CARDIOVASCULAR RISK FACTORS. PATIENTS WITH PERSISTENTLY UNEXPLAINED, MARKED EVALUATION OF HSCRP AFTER REPEATED TESTING SHOULD BE EVALUATED FOR NON - CARDIOVASCULAR ETIOLOGIES

CLINICAL SIGNIFICANCE:

HSCRP MEASUREMENTS MAY BE USED AS AN INDEPENDENT RISK MARKER FOR THE IDENTIFICATION OF INDIVIDUALS AT RISK FOR FUTURE CARDIOVASCULAR DISEASE. ELEVATED CRP VALUES MAY BE INDICATIVE OF PROGNOSIS OF INDIVIDUALS WITH ACUTE CORONARY SYNDROMES, AND MAY BE USEFUL IN THE MANAGEMENT OF SUCH INDIVIDUALS.

SPECIFICATIONS: PRECISION: WITHIN RUN %CV HAS BEEN RECORDED <=5%.

REFERENCES:

1. CHENILLOT O, HENNY J, STEINMEZ J, ET AL. HIGH SENSITIVITY C-REACTIVE PROTEIN: BIOLOGICAL VARIATIONS AND REFERENCE LIMITS. CLIN CHEM LAB MED 2000;38:1003-11.
2. HIND CRH, PEPYS MB. THE ROLE OF SERUM C-REACTIVE PROTEIN MEASUREMENTS IN CLINICAL PRACTICE. INT MED 1984;5:112-51.

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED LATEX AGGLUTINATION BECKMAN COULTER

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02 Nov 2020 00:42
Report Released on (RRT) : 02 Nov 2020 05:58
Sample Type : SERUM
Labcode : 0111037185/A1681
Barcode : R7364810



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M) **SAMPLE COLLECTED AT :**
REF. BY : SELF L703 PALMCAURT COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM COPPER	PHOTOMETRY	117.36	µg/dL
Reference Range :-			

MALE : 63.5 - 150
 FEMALE : 80 - 155

CLINICAL SIGNIFICANCE

COPPER IS AN IMPORTANT TRACE ELEMENT AND A COMPONENT OF NUMEROUS ENZYMES AND PROTEINS INVOLVED IN ENERGY PRODUCTION, CONNECTIVE TISSUE FORMATION, MELANIN SYNTHESIS, IRON METABOLISM, DEVELOPMENT OF CENTRAL NERVOUS SYSTEM, ANGIOGENESIS AS WELL AS AN ANTIOXIDANT.

DEFICIENCY CAN CAUSE - MALNOURISHMENT, CARDIOVASCULAR DISEASE, ANEMIA & NEUROPATHY. TOXICITY MAY BE MANIFESTED AS ACUTE RENAL FAILURE, GASTROENTERITIS & CHRONIC LIVER DISEASE.

REFERENCE: CARL A. BURTIS, EDWARD R. ASHWOOD, DAVID E. BRUNS. TIETZ TEXTBOOK OF CLINICAL CHEMISTRY AND MOLECULAR DIAGNOSTICS. CHAPTER 31.VITAMINS AND TRACE ELEMENTS. PAGE: 948-952.

Please correlate with clinical conditions.

Method:- 3,5-DIBR-PAESA

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02 Nov 2020 00:42
Report Released on (RRT) : 02 Nov 2020 05:58
Sample Type : SERUM
Labcode : 0111037185/A1681
Barcode : R7364810



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 PALMCAURT COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM ZINC	PHOTOMETRY	235.49	µg/dL

Reference Range :-

52 - 286

CLINICAL SIGNIFICANCE

ZINC IS ONE OF THE ESSENTIAL TRACE ELEMENTS IN THE BODY. ITS METALLOENZYMES PLAY A KEY ROLE IN PROTEIN AND NUCLEIC ACID SYNTHESIS, GENE EXPRESSION, WOUND HEALING, AS AN ANTIOXIDANT, ETC.

DEFICIENCY CAN CAUSE - POOR WOUND HEALING, GASTROENTERITIS, IMPAIRED SPERMATOGENESIS, ALZHEIMER'S DISEASE, ETC. TOXICITY MAY BE MANIFESTED AS PANCREATITIS, GASTRIC ULCER, ANEMIA, PULMONARY FIBROSIS.

REFERENCE: CARL A. BURTIS, EDWARD R. ASHWOOD, DAVID E. BRUNS. TIETZ TEXTBOOK OF CLINICAL CHEMISTRY AND MOLECULAR DIAGNOSTICS. CHAPTER 31.VITAMINS AND TRACE ELEMENTS. PAGE:960-965.

Please correlate with clinical conditions.

Method:- NITRO - PAPS

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02 Nov 2020 00:42
Report Released on (RRT) : 02 Nov 2020 05:58
Sample Type : SERUM
Labcode : 0111037185/A1681
Barcode : R7364810



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 PALMCAURT COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	278.24	ng/dL

Reference Range :-

Adult Male
 21 - 49 Yrs : 164.94 - 753.38
 50 - 89 Yrs : 86.49 - 788.22
 Adult Female
 Pre-Menopause : 12.09 - 59.46
 Post-Menopause: < 7.00 - 48.93
 Boys
 2-10 Years : < 7.00 - 25.91
 11 Years : < 7.00 - 341.53
 12 Years : < 7.00 - 562.59
 13 Years : 9.34 - 562.93
 14 Years : 23.28 - 742.46
 15 Years : 144.15 - 841.44
 16-21 Years : 118.22 - 948.56
 Girls
 2-10 Years : < 7.00 - 108.30
 11-15 Years : < 7.00 - 48.40
 16-21 Years : 17.55 - 50.41

Clinical Significance:

Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males. Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinemia, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 8.5 %, Inter assay (%CV): 12.6%; Sensitivity: 7 ng/dL.

External quality control program participation:

College of American pathologists: Ligand assay (special) survey; cap numbr: 7193855-01

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02 Nov 2020 00:42
Report Released on (RRT) : 02 Nov 2020 05:58
Sample Type : SERUM
Labcode : 0111037185/A1681
Barcode : R7364810



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M)

REF. BY : SELF

TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :

L703 PALMCAURT COMPLEX LINK ROAD MALAD
WEST MUMBAI , - , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	C.L.I.A	19.79	ng/ml
Reference Range :			
DEFICIENCY : <20 ng/ml			
INSUFFICIENCY : 20-<30 ng/ml			
SUFFICIENCY : 30-100 ng/ml			
TOXICITY : >100 ng/ml			

Vitamin D Total test is analyzed on Siemens ADVIA Centaur, standardized against ID-LC/MS/MS, as per Vitamin D Standardization Program (VDSP).

Specifications: Intra assay (%CV):5.3%, Inter assay (%CV):11.9% ; Sensitivity:3.2 ng/ml

Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

VITAMIN B-12	C.L.I.A	502	pg/ml
---------------------	----------------	------------	--------------

Reference Range :
Normal : 211 - 911 pg/ml

Clinical significance :

Vitamin B12 or cyanocobalamin, is a complex corrinoid compound found exclusively from animal dietary sources, such as meat, eggs and milk. It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin-B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemias. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Intra assay (%CV):5.0%, Inter assay (%CV):9.2 %;Sensitivity:45 pg/ml

External quality control program participation:

College of American pathologists: ligand assay (general) survey; CAP number: 7193855-01

Kit validation references:

Chen IW,Sperling MI,Heminger IA.Vitamin B12.In:Pesce AJ,Kalpan LA,editors.Methods in clinical chemistry. St.Louis:CV Mosby,1987.P.569-73.

Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

Sample Collected on (SCT) :01 Nov 2020 08:58

Sample Received on (SRT) : 02 Nov 2020 00:42

Report Released on (RRT) : 02 Nov 2020 05:58

Sample Type : SERUM

Labcode : 0111037185/A1681

Barcode : R7364810



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

Page : 12 of 21

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M) **SAMPLE COLLECTED AT :**
REF. BY : SELF L703 PALMCAURT COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
CYSTATIN C	IMMUNOTURBIDIMETRY	1.06	mg/L

Reference Range :-

<= 60 years: <= 1.03 mg/L
 > 60 years : < 1.50 mg/L

Clinical significance

Cystatin c, is a small 13-kda protein and is a member of the cysteine proteinase inhibitor family, it is produced at a constant rate by all nucleated cells. Due to its small size it is freely filtered by the glomerulus and is not secreted but is fully reabsorbed and broken down by the renal tubules. This means that the primary determinate of blood Cystatin c levels is the rate at which it is filtered at the glomerulus making it an excellent gfr marker. Cystatin c is also a marker of inflammation and like many other markers of inflammation; its serum concentration may be higher in patients with decreased renal clearance. There is mounting evidence, however, that Cystatin c may be a predictor of adverse outcomes independent of renal function with its higher sensitivity to detect a reduced GFR than Creatinine determination, also in the so-called "Creatinine-blind" range. Thus, Cystatin c is suggested to be a better marker for GFR than the ubiquitous serum Creatinine.

Reference


1. Barrett aj, Davies me, Grubb a. the place of human gamma-trace (Cystatin c) among the cysteine proteinase inhibitors. Biochem biophys res common 1984; 10: 631-6.

2.Grubb a. diagnostic value of analysis of Cystatin c and protein HC in biological fluids. Clin Nephrol 1992 38: S0-7.

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02Nov 2020 00:42
Report Released on (RRT) : 02Nov 2020 05:58
Sample Type : SERUM
Labcode : 0111037185/A1681
Barcode : R7364810


 Dr.Prachi Sinkar MD(Path)


 Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M)

REF. BY : SELF

TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :

L703 PALMCAURT COMPLEX LINK ROAD MALAD
WEST MUMBAI , - , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON Reference Range : Male : 65 - 175 Female : 50 - 170 Method : FERROZINE METHOD WITHOUT DEPROTEINIZATION	PHOTOMETRY	23.1	µg/dl
TOTAL IRON BINDING CAPACITY (TIBC) Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl Method : SPECTROPHOTOMETRIC ASSAY	PHOTOMETRY	517	µg/dl
% TRANSFERRIN SATURATION Reference Range : 13 - 45 Method : DERIVED FROM IRON AND TIBC VALUES	CALCULATED	4.47	%

Please correlate with clinical conditions.

Sample Collected on (SCT) :01 Nov 2020 08:58

Sample Received on (SRT) :02 Nov 2020 00:42

Report Released on (RRT) :02 Nov 2020 05:58

Sample Type : SERUM

Labcode : 0111037185/A1681

Barcode : R7364810



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
L703 PALMCAURT COMPLEX LINK ROAD MALAD WEST
MUMBAI , - , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	61.3	U/L	45 - 129
BILIRUBIN -DIRECT	PHOTOMETRY	0.11	mq/dl	< 0.3
BILIRUBIN - TOTAL	PHOTOMETRY	0.34	mq/dl	0.3-1.2
BILIRUBIN (INDIRECT)	CALCULATED	0.24	mq/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	43.9	U/l	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	22.79	U/l	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	21.62	U/l	< 45
PROTEIN - TOTAL	PHOTOMETRY	7.18	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	3.78	gm/dl	3.2-4.8
SERUM GLOBULIN	PHOTOMETRY	3.4	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.11	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
BILD - Vanadate Oxidation
BILT - Vanadate Oxidation
BILI - DERIVED FROM SERUM TOTAL AND DIRECT BILIRUBIN VALUES
GGT - Modified IFCC method
SGOT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
SGPT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
PROT - BIURET METHOD
SALB - ALBUMIN BCG³METHOD (COLORIMETRIC ASSAY ENDPOINT)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02 Nov 2020 00:42
Report Released on (RRT) : 02 Nov 2020 05:58
Sample Type : SERUM
Labcode : 0111037185/A1681
Barcode : R7364810



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
 L703 PALMCAURT COMPLEX LINK ROAD MALAD WEST
 MUMBAI , - , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	178	mg/dl	125-200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	51	mg/dl	35-80
TRIGLYCERIDES	PHOTOMETRY	143	mg/dl	25-200
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	114	mg/dl	85-130
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.5	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	2.3	Ratio	1.5-3.5
VLDL CHOLESTEROL	CALCULATED	28.51	mg/dl	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	127.5	mg/dl	< 160

Please correlate with clinical conditions.

Method :

CHOL - CHOD POD METHOD
 HCHO - ENZYME SELECTIVE PROTECTION METHOD
 TRIG - ENZYMATIC COLORIMETRIC METHOD (GPO) [HIGHLY INFLUENCED BY LEVEL OF FASTING]
 LDL - HOMOGENOUS ENZYMATIC COLORIMETRIC ASSAY
 TC/H - DERIVED FROM SERUM CHOLESTEROL AND HDL VALUES
 LDL/ - Derived from serum HDL and LDL Values
 VLDL - DERIVED FROM SERUM TRIGLYCERIDE VALUES
 NHDL - Derived from serum Cholesterol and HDL values

***REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:**

TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

Sample Collected on (SCT) : 01 Nov 2020 08:58
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Sample Type : SERUM
Labcode : 0111037185/A1681
Barcode : R7364810



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M) **SAMPLE COLLECTED AT** : L703 PALMCAURT COMPLEX LINK ROAD MALAD WEST MUMBAI , - , - ,

REF. BY : SELF

TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	86	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	10.3	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	1.56	µIU/ml	0.3-5.5

Comments : SUGGESTING THYRONORMALCY

Please correlate with clinical conditions.

Method :

T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02 Nov 2020 00:42
Report Released on (RRT) : 02 Nov 2020 05:58
Sample Type : SERUM
Labcode : 0111037185/A1681
Barcode : R7364810



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
 L703 PALMCAURT COMPLEX LINK ROAD MALAD WEST
 MUMBAI , - , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	7.88	mg/dl	7 - 25
CREATININE - SERUM	PHOTOMETRY	0.77	mg/dl	0.6-1.1
URIC ACID	PHOTOMETRY	4.69	mg/dl	4.2 - 7.3
CALCIUM	PHOTOMETRY	9.23	mg/dl	8.8-10.6
BUN / SR.CREATININE RATIO	CALCULATED	10.23	Ratio	9:1-23:1

Please correlate with clinical conditions.

Method :

BUN - KINETIC UV ASSAY.
 SCRE - CREATININE ENZYMATIC METHOD
 URIC - Uricase / Peroxidase Method
 CALC - ARSENAZO III METHOD, END POINT.
 B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02 Nov 2020 00:42
Report Released on (RRT) : 02 Nov 2020 05:58
Sample Type : SERUM
Labcode : 0111037185/A1681
Barcode : R7364810



Dr.Prachi Sinkar MD(Path)

 NO IMAGE

Dr.Caesar Sengupta MD(Micro)

Page : 18 of 21

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 PALMCAURT COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	107	mL/min/1.73 m ²

Reference Range :-

> = 90 : Normal
 60 - 89 : Mild Decrease
 45 - 59 : Mild to Moderate Decrease
 30 - 44 : Moderate to Severe Decrease
 15 - 29 : Severe Decrease

Clinical Significance

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a gold standard measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

Reference

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. *Ann Intern Med.* 2009;150(9):604-12.

Please correlate with clinical conditions.

Method:- CKD-EPI Creatinine Equation

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02 Nov 2020 00:42
Report Released on (RRT) : 02 Nov 2020 05:58
Sample Type : SERUM
Labcode : 0111037185/A1681
Barcode : R7364810



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
L703 PALMCAURT COMPLEX LINK ROAD MALAD
WEST MUMBAI , - , - ,

TEST NAME	OBSERVATION	UNITS	REFERENCE RANGE
COMPLETE URINOGRAM			
URINARY GLUCOSE	NEGATIVE	mg/dl	Negative
URINARY BILIRUBIN	NEGATIVE	mg/dl	Negative
URINE KETONE	NEGATIVE	mg/dl	Negative
SPECIFIC GRAVITY	1.01	-	1.003-1.030
URINE BLOOD	NEGATIVE	Cells/ul*	Negative
PH	5.5	-	5 - 8
URINARY PROTEIN	NEGATIVE	mg/dl	Negative
UROBILINOGEN	0.2	mg/dl	<=0.2
NITRITE	NEGATIVE	-	Negative
URINARY LEUCOCYTES	NEGATIVE	Cells/ul*	Negative
COLOUR	PALE YELLOW	-	Pale Yellow
APPEARANCE	CLEAR	-	Clear
BILE SALT	NEGATIVE	-	Negative
BILE PIGMENT	NEGATIVE	-	Negative
EPITHELIAL CELLS	1-2	-	2-3
CASTS	ABSENT	-	Absent
CRYSTALS	ABSENT	-	Absent
BACTERIA	ABSENT	-	Absent

* To Obtain Counts in Cells / HPF Divide the Cells / ul by 5

Please correlate with clinical conditions.

Method : Manual Dipstick Method

Remarks :Alert!!!
Yeast cells are present.

~~ End of report ~~

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02 Nov 2020 00:53
Report Released on (RRT) : 02 Nov 2020 03:33
Sample Type : URINE
Labcode : 0111037701/A1681
Barcode : R8374821




Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

CONDITIONS OF REPORTING

- ❖ The reported results are for information and interpretation of the referring doctor only.
- ❖ It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- ❖ Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- ❖ Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- ❖ Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- ❖ This report is not valid for medico-legal purpose.
- ❖ Neither Thyrocare, nor its employees/representatives assume any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report.
- ❖ Thyrocare Discovery video link :- <https://youtu.be/nbdYeRgYyQc>
- ❖ For clinical support please contact @8450950851,8450950852,8450950853,8450950854 between 10:00 to 18:00

EXPLANATIONS

- ❖ Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- ❖ **Name** - The name is as declared by the client and recored by the personnel who collected the specimen.
- ❖ **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
- ❖ **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- ❖ **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- ❖ **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- ❖ **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- ❖ **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- ❖ **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- ❖ **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- ❖ Values out of reference range requires reconfirmation before starting any medical treatment.
- ❖ Retesting is needed if you suspect any quality shortcomings.
- ❖ Testing or retesting should be done in accredited laboratories.
- ❖ For suggestions, complaints or feedback, write to us at info@thyrocare.com or call us on **022-3090 0000 / 425235**
- ❖ SMS: <Labcode No.> **90833**

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▶ Nuts (11)	▶ Fruits (38)	▶ Miscellaneous (17)

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APPLE DIAGNOSTIC
 PATHOLOGY, X-RAY, SONOGRAPHY, E.C.G. AND STRESS TEST
 Prabhu Krupa, 2Nd Floor, Tilak Road, Near Lions Garden Ghatkopar (E)
 Mumbai- 400077 Phone - 7208066884, 7208066885, 7208066886, 9819151819



PATIENT NAME : **MRS BALWINDER KAUR**
 REFERRED BY DR. : AXELIA
 SEX / AGE: FEMALE / 64 Y
 VISIT CODE : 10211920210

REGISTRATION : 12/07/2021 6:28 PM
 COLLECTED ON : 12/07/2021 6:28 PM
 REPORTED ON : 12/07/2021 8:52 PM

Test	Result	Units	Biological Reference Interval
HB A1C (GLYCO HB)	9.4	%	Non-diabetic : 4.0 - 6.0 Objective : 6.0 - 6.5 Good Control : 6.5 - 8.0 Poor Control : > 8.0
MEAN BLOOD GLUCOSE	227	mg/dl.	
(Mean Blood Glucose is a calculated value.)			
Method : HPLC done on Bio-Rad D10.			



DR. AMRISH K. MEHTA
 M.D., D.P.B.

DR. AMRISH MEHTA'S,
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REGISTRATION : 12/07/2021 6:28 PM
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LIPID PROFILE

Test	Result	Units	Biological Reference Interval
SERUM TRIGLYCERIDES	*1778.7	mg/dl.	DESIRABLE : 10 - 150 BORDERLINE : 150 - 190
Enzymatic method			
SERUM CHOLESTROL(TOTAL)	*467	mg/dl.	DESIRABLE CHOL : < 200 BORDERLINE CHOL: 200-239 HIGH CHOL : > 240
Enzymatic method			
SERUM HDL CHOLESTROL	47.7	mg/dl.	< 40 - Major Risk 40-60 - Normal > 60 - Negative Risk
Enzymatic method			
TOTAL CHOL./HDL RATIO	9.8		LOW RISK : 3.3 TO 4.4 AVERAGE RISK : 4.4 TO 7.1 MODERATE RISK : 7.1 TO 11.0 HIGH RISK : >11.0
NON - HDL CHOLESTEROL	419.3	mg/dl	Optimal : <130 Desirable : 130-159 Borderline high: 159-189 High : 189-220 Very High : >=220

Remark : *RECHECKED SAMPLE IS GROSSLY LIPAEMIC KINDLY CORRELATE WITH CLINICAL CONDITIONS

Tests done on Fully Automated AU680 Biochemistry Analyzer.

Note:- Reference Interval as per National Cholesterol Education Program(NCEP) Adult Treatment Panel III Report.VLDL, CHOL/HDL Ratio, LDL/HDL Ratio, LDL Cholesterol, Non HDL Cholesterol are calculated parameters.



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PATIENT NAME : **MRS BALWINDER KAUR**
 REFERRED BY DR. : AXELIA
 SEX / AGE: FEMALE / 64 Y
 VISIT CODE : 10211920210

REGISTRATION : 12/07/2021 6:28 PM
 COLLECTED ON : 12/07/2021 6:28 PM
 REPORTED ON : 12/07/2021 8:52 PM

Test	Result	Units	Biological Reference Interval
<i>FASTING BLOOD SUGAR(PLASMA)</i>	*214.2	mg/dl	Normal : < 100 Impaired fasting glucose : 100 - 125 Diabetes mellitus : > 126 (On more than one occasion) (American diabetes association guidelines 2016)

GOD/POD method

All Biochemical tests done on Fully Automated Beckman Coulter Au 680 Biochemistry Analyzer.

<i>S. CREATININE</i>	0.5	mg/dl	0.5-1.3
----------------------	-----	-------	---------

Jaffe-s Kinetic method

All Biochemical tests done on Fully Automated Beckman Coulter Au 680 Biochemistry Analyzer.

Amrisha
DR. AMRISH K. MEHTA
 M.D., D.P.B.

DR. AMRISH MEHTA'S,
APPLE DIAGNOSTIC
 PATHOLOGY, X-RAY, SONOGRAPHY, E.C.G. AND STRESS TEST
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PATIENT NAME : **MRS BALWINDER KAUR**
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REGISTRATION : 12/07/2021 6:28 PM
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 REPORTED ON : 12/07/2021 8:52 PM

EXAMINATION OF URINE

Test	Result	Units	Biological Reference Interval
PHYSICAL EXAMINATION			
QUANTITY	30	ml	
DEPOSIT	ABSENT		ABSENT
COLOUR	PALE YELLOW		Pale Yellow
SP.GRAVITY	1.010		1.000 - 1.030
APPEARANCE	SLIGHTLY HAZY		CLEAR
CHEMICAL EXAMINATION			
ALBUMIN	TRACE		ABSENT
SUGAR	PRESENT(++)		ABSENT
REACTION	ACIDIC		ACIDIC/ALKALIN
OCCULT BLOOD	NEGATIVE		NEGATIVE
BILE PIGMENTS	ABSENT		
ACETONE	ABSENT		
MICROSCOPIC EXAMINATION			
RED BLOOD CELLS	ABSENT		Absent
PUS CELLS	PRESENT (35-40/hpf)		0 - 5
EPITHELIAL CELLS	PRESENT (6-8/hpf)		0 - 5
AMORPHOUS DEPOSITS	ABSENT		ABSENT
CASTS	ABSENT		ABSENT
YEAST CELLS	ABSENT		ABSENT
CRYSTALS	ABSENT		ABSENT

Test Method: DIPSTICK / MICROSCOPY



DR. AMRISH K. MEHTA
 M.D., D.P.B.

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REPORT

NAME : BALWINDER KAUR MADAN (64Y/F)
REF. BY : SELF
TEST ASKED : BLOOD SUGAR (F)

SAMPLE COLLECTED AT :
(4001028782),GENERAL
DIAGNOSTIC,G-12,SECTOR 4,BMC COLONY,ANAND
NAGAR,OPP.MEGA MALL,OSHIWARA,JOGESHWARI
WEST,400102

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR	PHOTOMETRY	295.2	mg/dL


Reference Range :-

70-99

Please correlate with clinical conditions.

Method:- GOD-PAP METHOD

Sample Collected on (SCT) : 12 Aug 2021 11:15
Sample Received on (SRT) : 12 Aug 2021 20:09
Report Released on (RRT) : 12 Aug 2021 22:33
Sample Type : FLUORIDE
Labcode : 1208089343/PU137
Barcode : V2905917

Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

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REPORT

NAME : BALWINDER KAUR MADAN (64Y/F)
REF. BY : SELF
TEST ASKED : LIPID PROFILE

SAMPLE COLLECTED AT :
 (4001028782),GENERAL DIAGNOSTIC,G-12,SECTOR
 4,BMC COLONY,ANAND NAGAR,OPP.MEGA
 MALL,OSHIWARA,JOGESHWARI WEST,400102

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	269	mg/dl	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	42	mg/dl	40-60
TRIGLYCERIDES	PHOTOMETRY	542	mg/dl	< 150
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	147	mg/dl	< 100
VLDL CHOLESTEROL	CALCULATED	108.4	mg/dl	5 - 40
TC/ HDL CHOLESTEROL RATIO	CALCULATED	6.5	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	3.5	Ratio	1.5-3.5
NON-HDL CHOLESTEROL	CALCULATED	227.5	mg/dl	< 160

Please correlate with clinical conditions.

Method :


CHOL - Cholesterol Oxidase, Esterase, Peroxidase
 HCHO - Direct Enzymatic Colorimetric
 TRIG - Enzymatic, End Point
 LDL - Direct Measure
 VLDL - Derived from serum Triglyceride values
 TC/H - Derived from serum Cholesterol and Hdl values
 LDL/ - Derived from serum HDL and LDL Values
 NHDL - Derived from serum Cholesterol and HDL values

***REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:**

TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

Sample Collected on (SCT) : 12 Aug 2021 11:15
Sample Received on (SRT) : 12 Aug 2021 19:55
Report Released on (RRT) : 12 Aug 2021 21:47
Sample Type : SERUM
Labcode : 1208088912/PU137
Barcode : V3106364



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

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REPORT

NAME : BALWINDER KAUR MADAN (64Y/F)
REF. BY : SELF
TEST ASKED : HbA1c

SAMPLE COLLECTED AT :
 (4001028782),GENERAL
 DIAGNOSTIC,G-12,SECTOR 4,BMC
 COLONY,ANAND NAGAR,OPP.MEGA
 MALL,OSHIWARA,JOGESHWARI WEST,400102

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	8.9	%

Reference Range :
Reference Range: As per ADA Guidelines

Below 5.7% : Normal
 5.7% - 6.4% : Prediabetic
 >=6.5% : Diabetic

Guidance For Known Diabetics

Below 6.5% : Good Control
 6.5% - 7% : Fair Control
 7.0% - 8% : Unsatisfactory Control
 >8% : Poor Control

Method : Fully Automated H.P.L.C. using Biorad Variant II Turbo

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	209	mg/dl
-----------------------------	------------	-----	-------

Reference Range :

90 - 120 mg/dl : Good Control
 121 - 150 mg/dl : Fair Control
 151 - 180 mg/dl : Unsatisfactory Control
 > 180 mg/dl : Poor Control

Method : Derived from HbA1c values

Please correlate with clinical conditions.

~~ End of report ~~

Sample Collected on (SCT) :12 Aug 2021 11:15
Sample Received on (SRT) : 12 Aug 2021 20:04
Report Released on (RRT) : 12 Aug 2021 21:14
Sample Type : EDTA
Labcode : 1208089161/PU137
Barcode : V3106365




Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

CONDITIONS OF REPORTING

- ✓ The reported results are for information and interpretation of the referring doctor only.
- ✓ It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- ✓ Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- ✓ Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- ✓ Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- ✓ This report is not valid for medico-legal purpose.
- ✓ Neither Thyrocare, nor its employees/representatives assume any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report.
- ✓ Thyrocare Discovery video link :- <https://youtu.be/nbdYeRgYyQc>
- ✓ For clinical support please contact @8450950851,8450950852,8450950853,8450950854 between 10:00 to 18:00

EXPLANATIONS

- ✓ Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- ✓ **Name** - The name is as declared by the client and recored by the personnel who collected the specimen.
- ✓ **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
- ✓ **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- ✓ **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- ✓ **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- ✓ **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- ✓ **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- ✓ **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- ✓ **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- ✓ Values out of reference range requires reconfirmation before starting any medical treatment.
- ✓ Retesting is needed if you suspect any quality shortcomings.
- ✓ Testing or retesting should be done in accredited laboratories.
- ✓ For suggestions, complaints or feedback, write to us at info@thyrocare.com or call us on **022-3090 0000 / 6712 3400**
- ✓ SMS: <Labcode No.> to **9870666333**

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38210460014

Bill No. : 63232	PID : 31137
Patient Name : MRS. MONIKA S. DESARDA	Registration : 15/02/21, 08:14 AM
Age/Sex : 40 / Female	Reported : 15/02/21, 02:32 PM
Center : DIAGNOPEIN, BIBWEWADI	Status : Final Report
Referred By. : SELF	

Investigation	Result	Units	Bio.Ref. Interval
IMMUNOASSAY			
TFT - THYROID FUNCTION TEST			
Tri-iodothyronine, Total (T3)	1.139	ng/ml	0.60 - 2.15
Thyroxine, Total (T4)	85.59	ng/ml	52 - 127
Method : (Serum, CLIA)			
Ultra TSH	10.05	uIU/mL	0.3 - 4.5
Method : (Serum, CLIA)			

Note:
 Reference ranges are age dependent and somewhat method dependent, the above values are approximate expected values. Reference range for Pregnant women are as per American Thyroid Association guidelines. T3 & T4 levels may be abnormal in euthyroid sick syndrome. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy. TSH may be the only parameter abnormal in subclinical hypothyroidism. Many drugs and intercurrent illnesses are associated with alterations in serum TSH. Hence all results should be clinically correlated and if required repeated when patient is clinically stable.



38211050006

Bill No.	: 87471	PID	: 31137
Patient Name	: MRS. MONIKA S. DESARDA	Registration	: 15/04/21, 09:01 AM
Age/Sex	: 40 / Female	Reported	: 15/04/21, 01:44 PM
Center	: DIAGNOPEIN,BIBWEWADI	Status	: Final Report
Referred By.	: SELF		

Investigation	Result	Units	Bio.Ref. Interval
IMMUNOASSAY			

TFT - THYROID FUNCTION TEST

Tri-iodothyronine, Total (T3)	1.173	ng/ml	0.60 - 2.15
Thyroxine, Total (T4)	93.59	ng/ml	52 - 127
Method : (Serum, CLIA)			
Ultra TSH	3.824	uIU/mL	0.3 - 4.5
Method : (Serum, CLIA)			

Note:

Reference ranges are age dependent and somewhat method dependent, the above values are approximate expected values. Reference range for Pregnant women are as per American Thyroid Association guidelines. T3 & T4 levels may be abnormal in euthyroid sick syndrome. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy. TSH may be the only parameter abnormal in subclinical hypothyroidism. Many drugs and intercurrent illnesses are associated with alterations in serum TSH. Hence all results should be clinically correlated and if required repeated when patient is clinically stable.

END OF REPORT

Checked by - Prasad



Dr. Payal Kalwar
M.D. Pathologist



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DEPARTMENT OF CARDIOLOGY

10th FEB, 2021

MRS.BHUTADA SHOBHA.

CORONARY ANGIOGRAPHY REPORT.

LEFT MAIN : Distal 60 % stenosis.

LEFT ANTERIOR
DESCENDING CORONARY : Mid LAD 85-90 % stenosis.
diffuse disease poor target.

LEFT CIRCUMFLEX
CORONARY ARTERY. : OM,90 % calcific stenosis.
Moderately calcified.

RIGHT CORONARY : Proximal 60 % stenosis.
Mid RCA diffuse disease
RPDA 90 % stenosis.

RECOMMENDATION : **Surgical opinion.**


Dr. RAHUL SAWANT
MD MRCP (UK)
CCT (Cardiology) UK,
Interventional Fellow, New York, USA.
Consultant Interventional Cardiologist.

2998 : Mrs.Bhutada Shobha (60y, Female)

Date: 03-Feb-2021

BP 159 / 119^{*} mmHg Pulse 88 bpm Height 158 cm Weight 64.9 kg Temperature 97.2 F SPO2 98 % BMI 26.00 Kg/m²

Complaints: SOB ON EXERTION CLASS 3, PND

Diagnosis: DM , HTN

Sys.Exam: CVS: ECG: SR. T wave inversion in lateral leads.

2DECHO:
AO 20 LA 36 IVS 14 PW 14 LV D42 LV S 28
E/A 1.49

RVSP 32 +10 mm of Hg

Normal size LV with moderate to severely impaired LV function.
Anterior wall, lateral wall, apex and distal septum are severely hypokinetic.

EF 30%

Rheumatic involvement of mitral valve. AML mildly thickened and PML movement is restricted.

moderate to severe MR

Aortic valve is normal

Mild TR. Mild PH.; General: F 203 PP 336

Lipid Profile: TC-173, TRG-115, HDL-19, LDL-130, NonHDL-153, TC/HDL Ratio:9.0, BSL-183mg.;

Dr Rahoul D Sawant

MD (Medicine)

CCT, Cardiology (UK), MRCP (UK), FACC (USA)

Interventional Fellow, New York, USA

Consultant Interventional Cardiologist

MMC Reg. No. : 85360

Asst. Professor, Cardiology, BVMCH, Pune

2998 : Mrs.Bhutada Shobha (61y, Female)
Date: 01-May-2021
BP 160 / 84⁺ mmHg Pulse 67 bpm Height 160 cm Weight 58.7 kg Temperature 97.2 F SPO2 98 % BMI 22.93 Kg/m²
Complaints: FLUCTUATING BSL, NO CHEST PAIN OR SOB

Diagnosis: DM , HTN , EF 30% , CAG 10.02.20201 TVD FOR SURGICAL OPINION , CREAT 1.28

Sys.Exam: CVS: ECG: SR. ST T changes in lateral leads.

2DECHO:

Ao 20 LA 37 IVS 12 PW 12 LV D 41 LV S 29

Normal LV size and mildly impaired LV systolic function.

EF 45%. EF has improved significantly.

Rheumatic involvement of mitral valve. AML thickened. PML movement restricted.

moderate MR

Normal aortic valve.

Mild TR. RVSP 15 + 10 mm of Hg.

