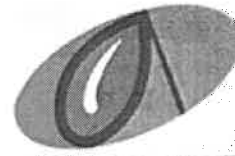


**TEST REPORT**

IRÇA2AÈ00İ

Visit Id: R9718330

**ANAND**
DIAGNOSTIC
LABORATORY

A Neuberg ASSOCIATE

Sample Source: RAGHAVENDRA PEOPLE TREE HOSPITALS

Received At: RPTH DASARAHALLI

Name: MR AJAY KUMARAN

Age: 23 Year(s)

Gender: M

Contact No.: 8883402846

Ref. No. RPTHIP68787

Referring Dr.:

Registered: 29/05/2022 12:39

Reported: 30/05/2022 10:56

Report Status: Final

HAEMATOLOGY

Test Name	Test Result	Biological Reference Range	Sample
COMPLETE BLOOD COUNT (Automated blood cell count)			
HAEMOGLOBIN PERCENTAGE	15.9 g/dl	Birth :18.0 +/-4.0, Day 3:18.0+/-3.0, 1 month:14.0+/-2.5, 2 months 11.2+/- 1.8, 3 months - 6 years 12.6 +/- 1.5, 6 -12 years:13.5+/-2.0, Adults :Male:13.5 -18; Female:11.5-16 g/dl	
SLS METHOD			
PACKED CELL VOLUME CALCULATED	47.1 %	39-54 %	
TOTAL WBC COUNT	9390 /Cmm	Adults:4,000-11,000, Birth: 18000+/-8000, Day 3: 15000+/- 8000, 1 month: 12000+/-7000, 2 months:10000+/-5000, 3-6 months:12000+/-6000, 1 year: 11000+/-5000, 2-6 years: 10000+/-5000, 6-12 years9000+/- 4000 /Cmm	
Neutrophils	49.6 %	Adults: 40-75% New born: 30-60% Child <4yrs: 25-45% Child 4-10yrs: 30-60 %	
AUTOMATED FLOW CYTOMETRY			
Lymphocytes	44.0 %	Adults:20-45% New born: 25-35% Child <4yrs:35-65% Child 4-10yrs: 30-50 %	
Eosinophils	1.1 %	1-6 %	
AUTOMATED FLOW CYTOMETRY			
Monocytes	4.5 %	1-10 %	
AUTOMATED FLOW CYTOMETRY			
Basophils	0.8 %	0-1 %	
AUTOMATED FLOW CYTOMETRY			

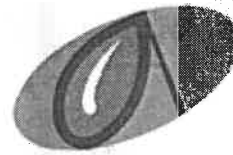


PEOPLE TREE
HOSPITALS
@ RAGHAVENDRA

TEST REPORT

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Visit Id: R9718330



ANAND
DIAGNOSTIC
LABORATORY

A Neuberg ASSOCIATE

Sample Source: RAGHAVENDRA PEOPLE TREE HOSPITALS

Received At: RPTH DASARAHALLI

Name: MR AJAY KUMARAN

Age: 23 Year(s)

Gender: M

Contact No.: 8883402846

Ref. No. RPTHIP68787

Referring Dr.:

Registered: 29/05/2022 12:39

Reported: 30/05/2022 10:56

Report Status: Final

HAEMATOLOGY

Test Name	Test Result	Biological Reference Range	Sample
RED BLOOD CELL COUNT	5.76 mill/cmm	Birth: 6.0 +/- 1.0, Day 3 : 5.3 +/-1.3, 1 month: 4.2+/- 1.2, 2 months: 3.7+/- 0.6, 2-6 years:4.6+/- 0.6, 6-12 years 4.6+/-0.6 Male:4.2-6.5 ,Female : 3.7-5.6 mill/cmm mill/cmm	
SHEATH FLOW DC DETECTION			
MEAN CORPUSCULAR VOLUME	81.8 fl	Adults:75-95, Birth: 110+/- 10, Day3: 105+/-13, 1 month:104+/-12, 2 months:95+/-8, 3-6 months:76+/-8, 1year: 78+/-6, 2-6 years: 81+/-6, 6-12 years: 86+/-9. fl	
PARTICLE CELL COUNTER			
MEAN CORPUSCULAR HEMOGLOBIN	27.6 pg	Adults:26-32, Upto 1 month :34+/-3, 2 months:30+/-3, 3 months - 6 years:27+/-3, 6-12 years:29+/-4 pg	
CALCULATED			
MEAN CORPUSCULAR Hb CONCENTRATION	33.7 g/dl	Adults:32.5+/- 2.5, Birth to 12 years 33+/-4 g/dl	
CALCULATED			
PLATELET COUNT	280000 /Cmm	1,40,000-4,40,000 /Cmm	
SHEATH FLOW DC DETECTION			
MEAN PLATELET VOLUME	9.50 fl	9 -12 fl	
RED CELL DISTRIBUTION WIDTH	13.7 %	11 - 16 % %	

----- End of HAEMATOLOGY Report -----

Reviewed By

Dr. Glen Sheldon Vaz

Dr. Glen Sheldon Vaz

Consultant Pathologist

Reported On 29/05/2022 15:57

KMC NO.: 107022

**TEST REPORT**

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Visit Id: R9718330



Sample Source: RAGHAVENDRA PEOPLE TREE HOSPITALS
Received At: RPTH DASARAHALLI

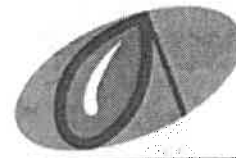
Name: MR AJAY KUMARAN**Age:** 23 Year(s)**Gender:** M**Contact No.:** 8883402846**Ref. No.** RPTHIP68787**Referring Dr.:****Registered:** 29/05/2022 12:39**Reported:** 30/05/2022 10:56**Report Status:** Final**BIO-CHEMISTRY**

Test Name	Test Result	Biological Reference Range	Sample
S.G.O.T (AST) Aspartate Aminotransferase AST (S.G.O.T) MODIFIED IFCC	29 U/L	0 - 34 U/L	SER
S.G.P.T (ALT) Alanine Aminotransferase ALT (S.G.P.T) MODIFIED IFCC	42 U/L	10 - 49 U/L	SER
LIPID PROFILE STANDARD TOTAL CHOLESTEROL (CHOD-PAP) ENZYMATIC	181 mg/dL	Less than 200 mg/dL - Desirable 200 - 239 mg/dL - Borderline high More than 240 mg/dL - High mg/dL	SER
TRIGLYCERIDES (FASTING SAMPLE) GPO, Trinder without serum blank	140 mg/dl	Less than 150 mg/dl - Normal 150-199 mg/dl - Borderline high 200-499 mg/dl - High More than 500 mg/dl - Very high mg/dl	SER
HDL CHOLESTEROL Elimination/catalase	34 mg/dl	Low (undesirable, high risk): < 40 mg/dL High (desirable, low risk): = 60 mg/dL mg/dl	SER
LDL CHOLESTEROL Elimination/catalase	112 mg/dl	Optimal: < 100 mg/dL Near optimal / above optimal: 100- 129 mg/dL Borderline high: 130 – 159 mg/dL High: 160 – 189 mg/dL Very high: = 190 mg/dL mg/dl	SER
Non HDL Cholesterol (Calculated)	142 mg/dL	CHD and CHD risk equivalent(10-year risk for CHD >20%) : : <130 Multiple (2+) risk factors and 10-year risk =20%: < 160 0-1 risk factor: < 190 Note: Ref range are only approximate guide lines. Risk assesment should take both LDLc and other risk factors to derive over all 10yrs risk of CAD mg/dL	SER
TOTAL: HDL RATIO	5.22	LESS THAN 4.5	SER

**TEST REPORT**

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Visit Id: R9718330

**ANAND**
DIAGNOSTIC
LABORATORY

A Neuberg ASSOCIATE

Sample Source: RAGHAVENDRA PEOPLE TREE HOSPITALS

Received At: RPTH DASARAHALLI

Name: MR AJAY KUMARAN

Age: 23 Year(s)

Gender: M

Contact No.: 8883402846

Ref. No. RPTHIP68787

Referring Dr.:

Registered: 29/05/2022 12:39

Reported: 30/05/2022 10:56

Report Status: Final

BIO-CHEMISTRY

Test Name	Test Result	Biological Reference Range	Sample
LDL : HDL RATIO	3.33	LESS THAN 3.5	SER
FASTING GLUCOSE (SERUM / PLASMA)			
FASTING GLUCOSE LEVELS	78 mg/dL	< /=100 : Normal 100-125 : Pre Diabetes > /=126 : Diabetes Cut off for GDM : > 95 (By the ADA Recommendation - Jan 2012) mg/dL	SER
HEXOKINASE			
URIC ACID	8.9 mg/dL	3.5 - 7.2 Ref: Tietz 7th edition mg/dL	SER
Uricase/Peroxidase			

----- End of BIO-CHEMISTRY Report -----

Reviewed By
MS.MamathasDr.Rachana L Y
Pathologist
Reported On 30/05/2022 10:57
KMC NO.: 105128**CLINICAL PATHOLOGY**

Test Name	Test Result	Biological Reference Range	Sample
PHYSICAL EXAMINATION			
Colour	YELLOW		
Clarity	CLEAR		
URINE CHEMICAL EXAMINATION (Automated)			
Specific gravity	1020	1003 - 1030	
Refractive Index			
Reaction	6.0 pH	4.6 - 8.0 pH	
Indicator method			

**TEST REPORT****ANAND**
DIAGNOSTIC
LABORATORY

A Neuberg ASSOCIATE

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Visit Id: R9718330

Sample Source: RAGHAVENDRA PEOPLE TREE HOSPITALS

Received At: RPTH DASARAHALLI

Name: MR AJAY KUMARAN

Age: 23 Year(s)

Gender: M

Contact No.: 8883402846

Ref. No. RPTHIP68787

Referring Dr.:

Registered: 29/05/2022 12:39

Reported: 30/05/2022 10:56

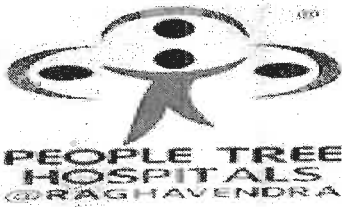
Report Status: Final

CLINICAL PATHOLOGY

Test Name	Test Result	Biological Reference Range	Sample
Nitrites Gries Method	NEGATIVE	NEGATIVE	
Albumin Protein Error of pH Indicator	NOT PRESENT		
Urine ketone bodies Nitroprusside Method	NOT PRESENT	NIL	
Urobilinogen Azo coupling method	NORMAL		
Bile salt Azo coupling method	NOT PRESENT	NIL	
Bile pigment Azo coupling method	NOT PRESENT	NIL	
Urine Glucose Enzyme Method (GOD POD)	NIL	NIL : Normal Trace : 50 mg/dL + : 100 mg/dL ++ : 250 mg/dL +++ : 500 mg/dL ++++ : 2000 mg/dL	
Leukocyte esterase Measurement of Leukocyte Esterase activity	NEGATIVE	NEGATIVE	
Blood (Hemoglobin) Peroxidase like reaction	NOT SEEN	NEGATIVE	

URINE MICROSCOPY (Manual)

RBCs	NIL RBC's/HPF	0-2 RBC's/HPF
WBC (Pus Cells)	1-2 Cells/HPF	0-5 Cells/HPF
Epithelial Cells	1-2 /hpf	OCC /hpf
Casts	NIL /HPF	OCC HYALINE CAST /HPF



TEST REPORT

IRÇA2AÈ00İ

Visit Id: R9718330



Sample Source: RAGHAVENDRA PEOPLE TREE HOSPITALS
Received At: RPTH DASARAHALLI

Name: MR AJAY KUMARAN

Age: 23 Year(s)

Gender: M

Contact No.: 8883402846

Ref. No. RPTHIP68787

Referring Dr.:

Registered: 29/05/2022 12:39

Reported: 30/05/2022 10:56

Report Status: Final

CLINICAL PATHOLOGY

Test Name	Test Result	Biological Reference Range	Sample
Bacilli	NIL /hpf	</= 200 bacilli in the absence of WBC's /hpf	
Crystals	NIL	NIL/hpf	
Yeast Cells	NIL /hpf	NIL /hpf	
Small Round Cells	NIL /hpf	OCC CELLS /hpf	
Pathological Cast	NIL /hpf	NIL /hpf	
Mucus	NIL	NIL	

----- End of CLINICAL PATHOLOGY Report -----

Reviewed By
MS.Mamathas

Dr.Rachana L.Y
Pathologist
Reported On 30/05/2022 10:57
KMC NO.: 105128



TEST REPORT

Neuberg Anand
REFERENCE LABORATORIES

IRÇÀ2AÈ00Î

Visit Id: R9718330

Sample Source: RAGHAVENDRA PEOPLE TREE HOSPITALS

Received At: RPTH DASARAHALLI

Name: MR AJAY KUMARAN

Age: 23 Year(s)

Gender: M

Contact No.: 8883402846

Ref. No. RPTHIP68787

Referring Dr.:

Registered: 29/05/2022 12:39

Reported: 30/05/2022 10:56

Report Status: Final

HIGHER CHEMISTRY

Test Name	Test Result	Biological Reference Range	Sample
THYROID STIMULATING HORMONE CHEMILUMINESCENCE	2.02 mcIU/mL	0.4 - 4.2 mcIU/mL	SER

----- End of HIGHER CHEMISTRY Report -----

Reviewed By
AUTO

Dr. Venkatesh D B
Biochemist
Reported On 29/05/2022 18:05
KMC NO. - 30959

Department
BIO-CHEMISTRY
HAEMATOLOGY
CLINICAL PATHOLOGY

Time of Sample Received
Specimen
Serum Yellow Fasting
EDTA K2 Blood
Urine Routine

Received At
29/05/2022 12:40:
29/05/2022 12:40:
29/05/2022 12:40:



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 Bengaluru 560 022, India
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 appointments@peopletreehospitals.com
 +91 9660991001 / 9660991000
 13/4, T.DASARAHALLI, BANGALORE - 560 057



**GENERAL
 OUT PATIENT
 CASE SHEET**

BANGALORE - 560 057
 Ph : 9900511146 / 080 46699700

Mr. AJAY KUMARAN
 Age/Sex: 23 Y/M
 PTID:RPTH20220068787

PTID _____ Date 30/5/22

Name _____ Age / Sex _____

Address _____ Birth Date: 18-01-1999 Reg Date: 30-05-22 15:56 Phone No. _____

Consultant Dr. Raghavendra Type of Consultation: New / Follow Up / Revisit

Department _____ Referring Dr/Centre Self

Background History
 HT / DM / IHD / Others

Regular Medications

Wt	Ht	BMI
HR	RR	Sats

Nutritional Assessment

Cachectic / Thin built / Obese / Normal

Current Problems

Examination

Provisional Diagnosis

Plan

Follow up

One free consultation with the same doctor within the next 6 days

Touch • Move • Inspire

India's largest Health Test @Home Service

India's Most Awarded Healthcare Brand



Booking ID : 5480957215

Ajit Nikam

Male, 31 Years

A Comprehensive Health Analysis Report

AI Based Personalized Report for You



INDIA'S FIRST & ONLY CREDIBILITY CHECK FOR YOUR LAB REPORT

Check the authenticity of your lab report with machine data

Scan the QR using any QR code scanner or alternatively follow below steps :



Go to bit.ly/verifyqr on your mobile



Scan the QR Code

Ajit Nikam | Booking ID : 5480957215

Healthians Smart Report

A Self explanatory Health Diagnostics Report

Healthians Smart report is **India's most innovative** and easy to understand report that describes all information in an intuitive way required for **better health & lifestyle** of customers

Below are the sections which depict what you can expect from this report , how you can read this report and use it for your well-being.

1. Health Analysis

This section summarizes your test results, your critical health parameters and on basis of them where you should draw your attention to. This has been determined by lab results & health karma questions which you answered regarding your lifestyle.



2. Historical Charts

These charts are a way to measure and keep a track of how your health has progressed over time. We depict important parameters here and depending on your test history, the charts describe rise and fall of your health metrics.



3. Lab Test Results

Comprehensive test results generated through use of latest technology and quality checks by health experts. This section provides an exhaustive view of which tests you have taken, ideal result and your actual result with highlighted focus points.



4. Health Advisory

An Advisory section suggesting what modifications to bring in your nutrition & lifestyle, recommendations on your BMI along with regular tests and further consultations to pursue for a healthier future.



5. General Recommendations

Brief view of general preventive test recommendations categorized by age groups. Refer this section to know at what age, which tests are necessary and at what frequency they should be booked.



Disclaimer:

- This report is not intended to replace but to lead by providing comprehensive information. It is recommended that you consult your doctor/physician for interpretation of results.
- All reports might not be applicable for individuals less than 18, pregnant women or individuals suffering from diseases for which health test has not been performed or symptoms not diagnosed.
- This report is based on preventive health test screening and is meant for a healthy lifestyle. It does not provide any recommendation for life threatening situations.
- It is strongly recommended to take required precautions for allergic reactions or sensitivities.

HEALTH ANALYSIS

Personalized Summary & Vital Parameters

Ajit Nikam

Booking ID : 5480957215

Ajit Nikam,

Congratulations, We have successfully completed your health diagnosis. This is a big step towards staying on top of your health and identify potential to improve!

10 Vital Health Parameters of a Human Body Ecosystem

Below are the health parameters which require routine checkups for primary healthcare. The view also includes *personalised information* depending on the tests you have taken.

Comorbidities: Yes

* Adults of any age with Comorbidities are at increased risk of severe illness from the virus that causes COVID-19.



Your Health Score



* Calculated from test reports



Thyroid Function

Thyroid Stimulating Hormone (TSH)-Ultrasensit : 2.0980 μ IU/ml

● Everything looks good



Cholesterol Total

179 mg/dl

● Everything looks good



Kidney Function

Serum Creatinine : 0.81 mg/dl

● Concern



Vitamin D

13.21 ng/ml

● Concern



HbA1c

4.80 %

● Everything looks good



Vitamin B12

203 pg/ml

● Concern



Liver Function

Alanine Aminotransferase (ALT/SGPT) : 24.00 U/L

● Everything looks good



Calcium Total

8.8 mg/dl

● Everything looks good



Iron studies

Serum Iron : 134.0 ug/dl

● Everything looks good



Complete Hemogram

Haemoglobin (HB) : 15.0 g/dl

● Everything looks good

HEALTH ANALYSIS

Critical Parameters

Ajit Nikam

Booking ID : 5480957215

We have observed that the below given critical parameters have shown out of range results, which can have negative impact on your health.

Creatinine, Serum

Creatinine is a chemical waste in your blood, produced from muscle metabolism and excess meat consumption. It is normally removed from your blood by your kidneys, but when kidney function slows down, the creatinine level rises. The Creatinine Serum test is hence required to monitor kidney functions.

Impact on overall health?

This test assess your kidney function, determines your risk of kidney damage and renal complications of high blood pressure or diabetes.

How to improve health conditions?

In case of high creatinine levels, consult a doctor for clinical evaluation and discuss further tests. It is often advisable to reduce protein intake and avoid strenuous exercises.

Your Result Value

↓ **0.81** mg/dl

Concern

Normal Value

● **0.9-1.3 mg/dl**

Urea, Serum

Serum urea is the normal waste product, which is produced in the liver after breaking down of proteins and is removed by kidneys. If the kidneys or liver are not functioning well, the urea levels in blood rise. This test helps measure the urea levels in blood and assess kidney functioning.

Impact on overall health?

This test assesses your risk of kidney damage, liver damage, circulatory problems or dehydration. You may also be advised this test to check for renal complications in diabetes.

How to improve health conditions?

If your serum urea levels are high, consult your physician for treatment. If the fluctuations in urea levels are due to dietary changes or medications, avoid those changes.

Your Result Value

↓ **13** mg/dl

Concern

Normal Value

● **17-43 mg/dl**

HEALTH ANALYSIS

HISTORICAL CHARTS

Ajit Nikam

Booking ID : 5480957215

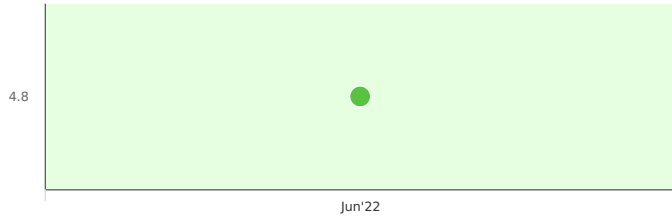
Glycated Hemoglobin (HbA1c)

Everything looks good

Your Latest result

4.80 %

3rd Jun 2022



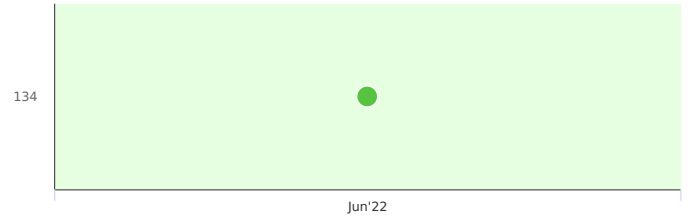
Iron, Serum

Everything looks good

Your Latest result

134.0 ug/dl

3rd Jun 2022



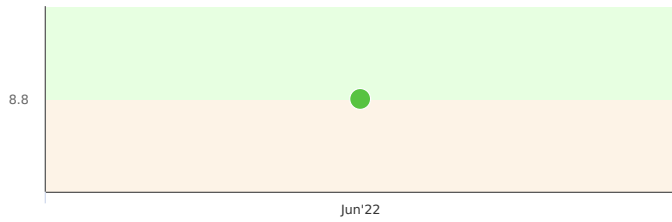
Calcium Total, Serum

Everything looks good

Your Latest result

8.8 mg/dl

3rd Jun 2022



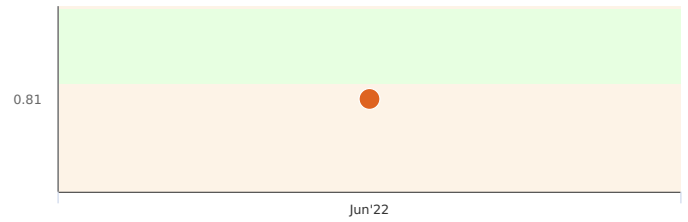
Creatinine, Serum

Borderline Result

Your Latest result

0.81 mg/dl

3rd Jun 2022



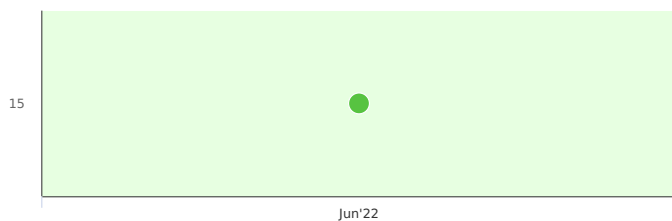
Hemoglobin Hb

Everything looks good

Your Latest result

15.0 g/dl

3rd Jun 2022



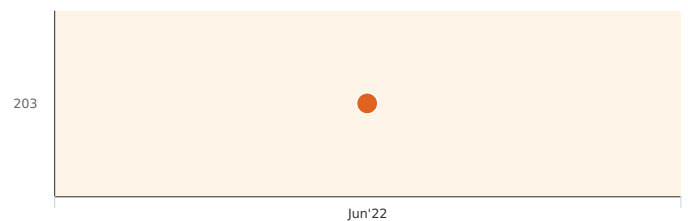
Vitamin B12 Cyanocobalamin

Borderline Result

Your Latest result

203 pg/ml

3rd Jun 2022



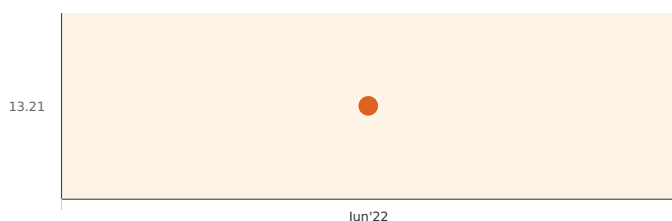
Vitamin D Total-25 Hydroxy

Concern

Your Latest result

13.21 ng/ml

3rd Jun 2022



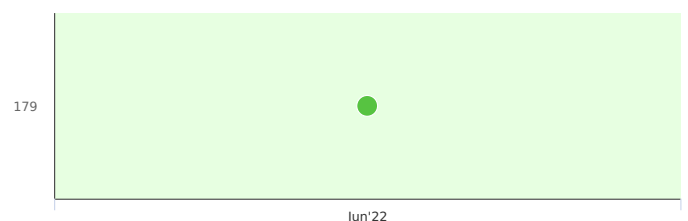
Cholesterol-Total, Serum


Everything looks good

Your Latest result

179 mg/dl

3rd Jun 2022



Patient Name	: Ajit Nikam 5480957215	Barcode	: H5945022	
Age/Gender	: 31/Male	Sample Collected On	: 03/Jun/2022 11:30AM	
Order Id	: 5480957215	Sample Received On	: 03/Jun/2022 09:46PM	
Referred By	: Self	Report Generated On	: 03/Jun/2022 10:36PM	
Customer Since	: 03/Jun/2022	Sample Temperature	: Maintained ✓	
Sample Type	: Whole Blood EDTA	Report Status	: Final Report	

DEPARTMENT OF BIOCHEMISTRY HBA1C

Test Name	Value	Unit	Bio. Ref Interval
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HbA1c - Glycated Hemoglobin

Hba1c (Glycosylated Hemoglobin)	4.80	%	4.2 - 5.7
Method: HPLC			
Average Estimated Glucose - plasma	91.06		
Method: Calculated			

INTERPRETATION:

AS PER AMERICAN DIABETES ASSOCIATION (ADA):

REFERENCE GROUP

Non diabetic
At Risk (Prediabetes)
Diagnosing Diabetes

GLYCOSYLATED HEMOGLOBIN (HBA1c) in %

<5.7
5.7 – 6.4
≥ 6.5

Age > 19 Years

Goals of Therapy: < 7.0
Actions Suggested: >8.0

Age < 19 Years

Goal of therapy: <7.5

Therapeutic goals for glycemic control


REMARKS :

- HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months
 - HbA1c may be falsely low in diabetics with hemolytic disease. In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.
 - Inappropriately low HbA1c values may be reported due to hemolysis, recent blood transfusion, acute blood loss, hypertriglyceridemia, chronic liver disease. Drugs like dapsone, ribavirin, antiretroviral drugs, trimethoprim, may also cause interference with estimation of HbA1c, causing falsely low values.
 - HbA1c may be increased in patients with polycythemia or post-splenectomy.
 - Inappropriately higher values of HbA1c may be caused due to iron deficiency, vitamin B12 deficiency, alcohol intake, uremia, hyperbilirubinemia and large doses of aspirin.
 - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 - Any sample with >15% HbA1c should be suspected of having a hemoglobin variant, especially in a non-diabetic patient. Similarly, below 4% should prompt additional studies to determine the possible presence of variant hemoglobin.
 - HbA1c target in pregnancy is to attain level <6 % .
 - HbA1c target in paediatric age group is to attain level < 7.5 % .
- Method : Ion-exchange high-performance liquid chromatography (HPLC).
Reference : American Diabetes Associations. Standards of Medical Care in Diabetes 2015


Dr. Rajeev S Ramachandran
MBBS, MD PATHOLOGY
CONSULTANT PATHOLOGIST



SIN No:H5945022

Patient Name	: Ajit Nikam 5480957215	Barcode	: H5945022 
Age/Gender	: 31/Male	Sample Collected On	: 03/Jun/2022 11:30AM
Order Id	: 5480957215	Sample Received On	: 03/Jun/2022 08:39PM
Referred By	: Self	Report Generated On	: 03/Jun/2022 09:31PM
Customer Since	: 03/Jun/2022	Sample Temperature	: Maintained ✓
Sample Type	: Flouride Plasma	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
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Fasting Blood Sugar

Glucose, Fasting	88.37	mg/dl	70 - 100
Method: Hexokinase			

American Diabetes Association Reference Range :

Normal : < 100 mg/dl
Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl
Diabetes : >= 126 mg/dl


Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis

A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.



DR. KAVITA RAMANATHAN
MD(PATHOLOGY),M.B.A.
CONSULTANT PATHOLOGIST



Patient Name	: Ajit Nikam 5480957215	Barcode	: H5945022 
Age/Gender	: 31/Male	Sample Collected On	: 03/Jun/2022 11: 30AM
Order Id	: 5480957215	Sample Received On	: 03/Jun/2022 08: 44PM
Referred By	: Self	Report Generated On	: 03/Jun/2022 09: 51PM
Customer Since	: 03/Jun/2022	Sample Temperature	: Maintained ✓
Sample Type	: SERUM	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Lipid Profile			
Total Cholesterol Method: Enzymatic	179	mg/dl	Desirable : <200 Borderline: 200-239 High : >=240
Serum Triglycerides Method: Enzymatic	164	mg/dl	Desirable : <150 Borderline high : 150-199 High : 200-499 Very high : > 500
Serum HDL Cholesterol Method: Enzymatic immuno inhibition	31.9	mg/dl	40 - 60
Serum LDL Cholesterol Method: Enzymatic	123.7	mg/dl	Optimal : <100 near /above Optimal:100 - 129 Borderline High:130 - 159 High : 160 - 189 Very High :>=190
Serum VLDL Cholesterol Method: Calculated	32.7	mg/dl	06 - 30
Total CHOL / HDL Cholesterol Ratio Method: Calculated	5.62	Ratio	3.30 - 4.40
LDL / HDL Cholesterol Ratio Method: Calculated	3.88	Ratio	Desirable/Low Risk: 0.5-3.0 Line/Moderate Risk: 3.0-6.0 Elevated/High Risk: >6.0
HDL / LDL Cholesterol Ratio	0.26	Ratio	Desirable/Low Risk : 0.5 - 3.0 Border Line/Moderate Risk : 3.0 - 6.0 Elevated/High Risk: > 6.0
Non-HDL Cholesterol Method: Calculated	147.3	mg/dl	0.0 - 160.0


Dyslipidemia is a disorder of fat or lipoprotein metabolism in the body and includes lipoprotein overproduction or deficiency. Dyslipidemias means increase in the level of one or more of the following:

Total Cholesterol


The "bad" cholesterol or low density lipoprotein (LDL) and/or triglyceride concentrations. Dyslipidemia also includes a decrease in the "good" cholesterol or high-density lipoprotein (HDL) concentration in the blood.

Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation.

Healthians labs report biological reference intervals (normal ranges) in accordance to the recommendations of The National Cholesterol Education Program (NCEP) &


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DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
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Adult Treatment Panel IV (ATP IV) Guidelines providing the most desirable targets of various circulating lipid fractions in the blood. NCEP recommends that all adults above 20 years of age must be screened for abnormal lipid levels.

*NCEP recommends the assessment of 3 different samples drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays. Hence a single result of Lipid Profile may not be adequate for clinical decision making. Healthians' counselling team will reach you shortly to explain implications of your report. You may reach out to customer support helpline as well.

*NCEP recommends lowering of LDL Cholesterol as the primary therapeutic target with lipid lowering agents, however, if triglycerides remain >200 mg/dL after LDL goal is reached, set secondary goal for non-HDL cholesterol (total minus HDL) 30 mg/dL higher than LDL goal.

*High Triglyceride and low HDL levels are independent risk factors for Coronary Heart disease and requires further clinical consultation.


*Healthians lab performs direct LDL measurement which is more appropriate and may vary from other lab reports which provide calculated LDL values.



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Order Id	: 5480957215	Sample Received On	: 03/Jun/2022 08: 44PM
Referred By	: Self	Report Generated On	: 03/Jun/2022 09: 47PM
Customer Since	: 03/Jun/2022	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Liver Function Test (LFT)			
Serum Bilirubin, (Total) Method: Diazo	0.82	mg/dl	0.3 - 1.2
Serum Bilirubin, (Direct) Method: Diazo	0.14	mg/dl	0 - 0.2
Serum Bilirubin, (Indirect) Method: Calculated	0.68	mg/dl	0.0 - 0.8
Aspartate Aminotransferase (AST/SGOT) Method: IFCC	24.00	U/L	3- 50
Alanine Aminotransferase (ALT/SGPT) Method: IFCC	24.00	U/L	3 - 50
Alkaline Phosphatase (ALP) Method: IFCC AMP Buffer	73.50	U/L	43 - 115
Gamma Glutamyl Transferase (GGT) Method: IFCC	27.2	U/L	5 -55
Serum Total Protein Method: Biuret	7.00	g/dl	6.6 - 8.3
Serum Albumin Method: Bromo Cresol Green(BCG)	4.19	g/dl	3.5 - 5.2
Serum Globulin Method: Calculated	2.81	gm/dl	3.0 - 4.2
Albumin/Globulin Ratio Method: Calculated	1.49	Ratio	1.2 - 2.5
SGOT/SGPT Ratio Method: Calculated	1.00	Ratio	0.7 - 1.4

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Elevated levels results from increased bilirubin production (eg hemolysis and ineffective erythropoiesis); decreased bilirubin excretion (eg; obstruction and hepatitis); and abnormal bilirubin metabolism (eg; hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis; drug reactions, alcoholic liver disease conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia, transfusion reaction & a common metabolic condition termed Gilbert syndrome.


AST levels increase in viral hepatitis, blockage of the bile duct ,cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. Ast levels may also increase after a heart attck or strenuous activity. ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, paget` s disease, Rickets, Sarcoidosis etc.

Elevated serum GGT activity can be found in diseases of the liver, Biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-including drugs etc.



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Referred By	: Self	Report Generated On	: 03/Jun/2022 09:47PM	
Customer Since	: 03/Jun/2022	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	Report Status	: Final Report	

DEPARTMENT OF BIOCHEMISTRY


Test Name	Value	Unit	Bio. Ref Interval
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Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma,Waldenstrom's disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic - Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver.Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.



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DEPARTMENT OF BIOCHEMISTRY

IRON STUDY

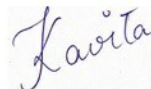
Test Name	Value	Unit	Bio. Ref Interval
Iron study			
Serum Iron Method: TPTZ	134.0	ug/dl	70 - 180
UIBC Method: Nitroso-PSAP	325.90	ug/dl	155 - 355
Serum Total Iron Binding Capacity (TIBC) Method: FE+UIBC (saturation with iron)	459.9	µg/dl	250 - 400
Transferrin Saturation % Method: Calculated	29.14	%	10 - 50

Iron participates in a variety of vital processes in the body varying from cellular oxidative mechanisms to the transport and delivery of oxygen to body cells. It is a constituent of the oxygen-carrying chromoproteins, haemoglobin and myoglobin, as well as various enzymes, such as cytochrome oxidase and peroxidases. Serum iron may be increased in hemolytic, megaloblastic and aplastic anemias, and in hemochromatosis acute leukemia, lead poisoning, pyridoxine deficiency, thalassemia, excessive iron therapy, and after repeated transfusions. Drugs causing increased serum iron include chloramphenicol, cisplatin, estrogens (including oral contraceptives), ethanol, iron dextran, and methotrexate. Iron can be decreased in iron-deficiency anemia, acute and chronic infections, carcinoma, nephrotic syndrome hypothyroidism, in protein- calorie malnutrition, and after surgery.

Transferrin is the primary plasma iron transport protein, which binds iron strongly at physiological pH. Transferrin is generally only 25% to 30% saturated with iron. The additional amount of iron that can be bound is the unsaturated iron-binding capacity (UIBC). Diurnal variation is seen in serum iron levels-normal values in midmorning, low values in midafternoon, very low values (approximately 10 µg/dL) near midnight.


TIBC measures the blood's capacity to bind iron with transferrin (TRF). Estrogens and oral contraceptives increase TIBC levels. Asparaginase, chloramphenicol, corticotropin, cortisone, and testosterone decrease the TIBC levels.

% saturation represents the amount of iron-binding sites that are occupied. Iron saturation is a better index of iron stores than serum iron alone. % saturation is decreased in iron deficiency anemia (usually <10% in established deficiency).




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Sample Type	: SERUM	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY


Test Name	Value	Unit	Bio. Ref Interval
Kidney Function Test1 (KFT1)			
Serum Creatinine Method: Jaffes Kinetic	0.81	mg/dl	0.9-1.3
Serum Uric Acid Method: Uricase	5.6	mg/dl	3.5-7.2
Serum Calcium Method: Arsenazo	8.8	mg/dl	8.8 - 10.6
Serum Phosphorus Method: Phosphomolybdate complex	2.9	mg/dl	2.5 - 4.5
Serum Sodium Method: ISE (Indirect)	138	mmol/L	136 - 146
Serum Chloride Method: ISE (Indirect)	105	mmol/L	101 - 109
Blood Urea Method: Urease	13	mg/dl	17 - 43
Blood Urea Nitrogen (BUN) Method: Calculated	6.0	mg/dl	8-20
Bun/Creatinine Ratio Method: Calculated	7.36	Ratio	
Urea/Creatinine Ratio Method: Calculated	15.74	Ratio	



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Age/Gender	: 31/Male	Sample Collected On	: 03/Jun/2022 11:30AM	
Order Id	: 5480957215	Sample Received On	: 03/Jun/2022 08:39PM	
Referred By	: Self	Report Generated On	: 03/Jun/2022 09:57PM	
Customer Since	: 03/Jun/2022	Sample Temperature	: Maintained ✓	
Sample Type	: URINE	Report Status	: Final Report	

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Value	Unit	Bio. Ref Interval
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Urine Routine & Microscopy Extended

PHYSICAL EXAMINATION

Colour Method: Visual	Pale Yellow		Pale Yellow
Volume Method: Visual	15.00	mL	
Appearance Method: Visual	Clear		Clear

CHEMICAL EXAMINATION


Specific Gravity Method: Dipstick-Ion exchange	1.025		1.001 - 1.035
pH Method: Dipstick-Double indicator	6.0		4.5 - 7.5
Glucose Method: Dipstick-oxidase peroxidase	Negative		Negative
Urine Protein Method: Dipstick-Bromophenol blue	Negative		Negative
Ketones Method: Sodium nitroprusside	Negative		Negative
Urobilinogen Method: Dipstick-Ehrlichs Test	Normal		Normal
Bilirubin Method: Dipstick-Ehrlichs Test	Negative		Negative
Nitrite Method: Dipstick-Griess test	Negative		Negative
Blood Method: Dipstick-Peroxidase	Negative		Negative
Leucocyte Esterase Method: Dipstick- Esterase	Negative		Negative

MICROSCOPIC EXAMINATION

Pus Cells Method: Microscopic Examination	2-3	/HPF	0 - 5
Epithelial cells Method: Microscopic Examination	1-2	/HPF	0 - 5
RBCs Method: Microscopic Examination	Nil	/HPF	Nil


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DEPARTMENT OF CLINICAL PATHOLOGY


Test Name	Value	Unit	Bio. Ref Interval
Casts Method: Microscopic Examination	Nil		Nil
Crystals Method: Microscopic Examination	Nil		Nil
Bacteria Method: Microscopic Examination	Absent		Absent
Yeast Cell	Nil		Absent
Others (Non Specific)	Nil		NIL



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Age/Gender	: 31/Male	Sample Collected On	: 03/Jun/2022 11:30AM	
Order Id	: 5480957215	Sample Received On	: 03/Jun/2022 08:42PM	
Referred By	: Self	Report Generated On	: 03/Jun/2022 10:08PM	
Customer Since	: 03/Jun/2022	Sample Temperature	: Maintained ✓	
Sample Type	: Whole Blood EDTA	Report Status	: Final Report	

DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
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Complete Haemogram

Haemoglobin (HB)	15.0	g/dl	13.0-17.0
Method: Photometric Measurement			
Total Leucocyte Count (TLC)	7.6	10 ³ /uL	4.0-10.0
Method: Coulter Principle			
Hematocrit (PCV)	43.2	%	40.0-50.0
Method: Calculated			
Red Blood Cell Count (RBC)	4.40	millions/cumm	4.50-5.50
Method: Coulter Principle			
Mean Corp Volume (MCV)	98.4	FL	83.0-101.0
Method: Derived from RBC Histogram			
Mean Corp Hb (MCH)	34.1	pg	27.0-33.0
Method: Calculated			
Mean Corp Hb Conc (MCHC)	34.7	gm%	31.5-34.5
Method: Calculated			
RDW - CV	13.7	%	12.1-13.6
Method: Derived from RBC Histogram			
RDW - SD	47.70	FL	39.0-46.0
Method: Derived from RBC Histogram			
Mentzer Index	22.36	Ratio	
Method: Calculated			
RDWI	306.38	Ratio	
Method: Calculated			
Green and king index	88	Ratio	
Method: Calculated			

Differential Leucocyte Count


Neutrophils	56.9	%	40 - 75
Method: VCSn Technology			
Lymphocytes	33.2	%	20 - 45
Method: VCSn Technology			
Monocytes	6.6	%	01 - 10
Method: VCSn Technology			
Eosinophils	2.9	%	01 - 06
Method: VCSn Technology			
Basophils	0.4	%	00 - 02
Method: VCSn Technology			



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Sample Type	: Whole Blood EDTA	Report Status	: Final Report	

DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Absolute Leucocyte Count			
Absolute Neutrophil Count (ANC) Method: Calculated	4.32	10 ³ /uL	2.0-7.0
Absolute Lymphocyte Count (ALC) Method: Calculated	2.52	10 ³ /uL	1.0-3.0
Absolute Monocyte Count Method: Calculated	0.50	10 ³ /uL	0.2-1.0
Absolute Eosinophil Count (AEC) Method: Calculated	0.22	10 ³ /uL	0.02-0.5
Absolute Basophil Count Method: Calculated	0.03	10 ³ /uL	0.0 - 0.10
Platelet Count(PLT) Method: Coulter Principle	313	10 ³ /μl	150-410
MPV Method: Derived from PLT Histogram	7.6	FL	7.4-11.4
ESR Method: Modified Westergren	2	mm/1st hr.	0 - 10

The International Council for Standardization in Haematology (ICSH) recommends reporting of absolute counts of various WBC subsets for clinical decision making. This test has been performed on a fully automated 5 part differential cell counter which counts over 10,000 WBCs to derive differential counts. A complete blood count is a blood panel that gives information about the cells in a patient's blood, such as the cell count for each cell type and the concentrations of Hemoglobin and platelets. The cells that circulate in the bloodstream are generally divided into three types: white blood cells (leukocytes), red blood cells (erythrocytes), and platelets (thrombocytes). Abnormally high or low counts may be physiological or may indicate disease conditions, and hence need to be interpreted clinically.

The Mentzer index is used to differentiate iron deficiency anaemia beta thalassemia trait. If a CBC indicates microcytic anaemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is then 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anaemia is more likely. Green and King Index used to differentiate IDA from thalassemia trait value >65 is likely to be Iron Deficiency Anemia and value <65 Beta Thalassemia Trait. For RDWI Value >220 more likely to be Iron Deficiency Anemia and value <220 more likely to be Beta Thalassemia Trait.

ESR is a non-specific phenomenon, its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins. It provides an index of progress of the disease in rheumatoid arthritis or tuberculosis, and it is of considerable value in diagnosis of temporal arteritis and polymyalgia rheumatica. It is often used if multiple myeloma is suspected, but when the myeloma is non-secretory or light chain, a normal ESR does not exclude this diagnosis.

An elevated ESR occurs as an early feature in myocardial infarction. Although a normal ESR cannot be taken to exclude the presence of organic disease, the vast majority of acute or chronic infections and most neoplastic and degenerative diseases are associated with changes in the plasma proteins that increased ESR values.


An increased ESR in subjects who are HIV seropositive seems to be an early predictive marker of progression toward acquired immune deficiency syndrome (AIDS).

The ESR is influenced by age, stage of the menstrual cycle and medications taken (corticosteroids, contraceptive pills). It is especially low (0–1 mm) in polycythaemia, hypofibrinogenaemia and congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis, or sickle cells.

In cases of performance enhancing drug intake by athletes the ESR values are generally lower than the usual value for the individual and as a result of the increase in haemoglobin (i.e. the effect of secondary polycythaemia).


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Referred By	: Self	Report Generated On	: 03/Jun/2022 09: 27PM	
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Sample Type	: Serum	Report Status	: Final Report	

DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
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Vitamin B12

VITAMIN B12	203	pg/ml	211 - 912
Method: CLIA			

Vitamin B12 is a coenzyme that is involved in two very important metabolic functions vital to normal cell growth and DNA synthesis: 1) the synthesis of methionine, and 2) the conversion of methylmalonyl CoA to succinyl CoA. Deficiency of this vitamin can lead to megaloblastic anemia and ultimately to severe neurological problems. Also causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency. Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Vitamin D, 25-Hydroxy


VITAMIN D (25 - OH VITAMIN D)	13.21	ng/ml	30 - 100
Method: CLIA			

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

Vitamin D is a lipid-soluble steroid hormone that is produced in the skin through the action of sunlight or is obtained from dietary sources. The role of vitamin D in maintaining homeostasis of calcium and phosphorus is well established. The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs). The reference ranges discussed in the preceding are related to total 25-OHD; as long as the combined total is 30 ng/mL or more, the patient has sufficient vitamin D. Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels (20–30 ng/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL.


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DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Thyroid Profile (Total T3,T4, TSH)			
Tri-Iodothyronine (T3, Total) Method: CLIA	1.21	ng/ml	0.60-1.81
Thyroxine (T4, Total) Method: CLIA	11.00	ug/dl	3.2-12.6
Thyroid Stimulating Hormone (TSH)-Ultrasensitive Method: CLIA	2.0980	μIU/ml	0.55-4.78

Pregnancy interval	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

Healthians recommends that the following potential sources of variation should be considered while interpreting thyroid hormone results:

1. Thyroid hormones undergo rhythmic variation within the body this is called circadian variation in TSH secretion: Peak levels are seen between 2-4 am. Minimum levels seen between 6-10 am. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.
2. Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding Pre-Albumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.
3. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment.
4. T4 may be normal the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, during intake of certain drugs (eg Phenytoin, Salicylates etc)
5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.
7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetectable by conventional methods.
8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones
9. Various drugs can lead to interference in test results.
10. Healthians recommends evaluation of unbound fractions, that is free T3 (fT3) and free T4 (fT4) for clinic-pathologic correlation, as these are the metabolically active forms.

*** End Of Report ***


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









- 1) Machine Data is available for last 7 days only. In case of manual testing & outsourced testing, machine data will not be available.
- 2) CBC parameters may vary when it is manually reviewed by the Pathologists.
- 3) **For Thyroid tests** - Circulating TSH shows a normal circadian rhythm with a peak between 11pm-5am and a nadir between 5pm-8pm. TSH values are also lowered after food when compared to fasting in a statistically significant manner. This variation is of the order of $\pm 50\%$, hence time of day and fasting status have influence on the reported TSH level.
- 4) **For Lipid profile** - Lipid and Lipoprotein concentrations vary during the normal course of daily activity. Also, certain drugs, diet and alcohol can have lasting effects on Triglyceride levels. To obtain best results for Lipid testing, a strict fasting of 10-12 hours with a light meal on the previous night is recommended.
- 5) Test results released pertain to the specimen submitted.
- 6) Test results are dependent on the quality of the sample received by the Lab.
- 7) The tests are carried out in the lab with the presumption that the specimen belongs to the patient named or identified in the bill/test request form/booking ID.
- 8) The reported results are for information and are subject to confirmation and interpretation by the referring doctor to co-relate clinically.
- 9) Test results may show interlaboratory variations.
- 10) Liability of Healthians for deficiency of services or other errors and omissions shall be limited to the fee paid by the patient for the relevant laboratory services.
- 11) This report is not subject to use for any medico-legal purposes.
- 12) Few of the tests might be outsourced to partner labs as and when required.

ADVISORY

Health Advisory

Ajit Nikam

Booking ID : 5480957215

 <p>Body Mass Index</p> <p>No Data</p>	 <p>Physical Activity</p> <ul style="list-style-type: none"> No Data 	 <p>Smoke</p> <p>No Data</p>	 <p>Food Preference</p> <p>No Data</p>	 <p>Blood Pressure</p> <p>No Data</p>
 <p>Height</p> <p>No Data</p>	 <p>Medication</p> <ul style="list-style-type: none"> No Data Found 	 <p>Alcohol</p> <p>No Data</p>	 <p>Family History</p> <p>No Data</p>	 <p>Sugar Levels</p> <p>No Data</p>
 <p>Weight</p> <p>No Data</p>				

SUGGESTED NUTRITION

SUGGESTED NUTRITION

Do's

- Have a balanced diet that includes whole grains, pulses, dairy, fruits, vegetables, nuts and healthy fats
- Have dates and figs
- Take vitamin C rich foods like citrus fruits, strawberries and green, leafy vegetables
- Include calcium rich foods like milk, yoghurt, cheese and green, leafy vegetables
- Include Brazil nuts, sesame seeds, sunflower seeds
- Include fruits like apples, berries and melons in your diet
- Include whole grains in your diet like whole wheat bread and other products, brown rice or hand pounded rice, oats

Dont's

- Avoid refined carbs, processed foods
- Decrease intake of colas and sugary drinks
- Avoid the use of oil and avoid sauces and dressings
- Limit sugar intake
- Reduce caffeine intake
- Avoid flavoured and seasoned foods
- Avoid saturated fats, trans fats, oily and greasy foods like cakes, creamy or fried foods
- Avoid red meat and organ meats
- Limit the use of oil and avoid sauces and dressings

SUGGESTED LIFESTYLE

SUGGESTED LIFESTYLE

Do's

- Maintain ideal weight
- Have regular exposure to sunlight
- Lose weight gradually and stay active

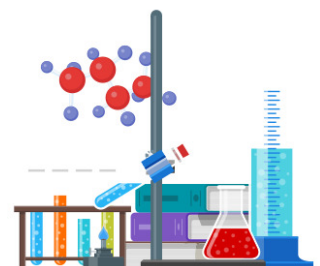
Dont's

- Avoid overexertion without having food or drink
- Avoid strenuous exercises
- Avoid smoking and alcohol
- Don't ignore your body signals and don't skip your regular health check-ups
- Avoid long periods of inactivity
- Avoid overeating or calorie rich food

SUGGESTED FUTURE TESTS

SUGGESTED FUTURE TESTS

- Complete Hemogram - **Every 1 Month**
- Iron Studies With Ferritin - **Every 1 Month**
- Occult blood, Stool - **Every 1 Month**
- Reticulocyte count - **Every 1 Month**
- Abnormal Haemoglobin Studies (Hb Variants), Blood - **Every 1 Month**
- Vitamin D Total-25 Hydroxy - **Every 2 Month**
- Calcium Total, Serum - **Every 2 Month**



HEALTH ADVISORY

Suggestions for Health & Well-being

Ajit Nikam

Booking ID : 5480957215

PHYSICAL ACTIVITY

PHYSICAL ACTIVITY

Physical activities can vary from Regular walks (Brisk or normal), Jogging , Sports, Stretching, Yoga to light weight lifting etc. It is recommended to partake in physical activity at least 30 minutes a day for 3-4 days a week. If regular workout is difficult, then we can adapt changes such as using stairs instead of lift/escalators and doing household work!



BALANCED DIET

BALANCED DIET

A balanced diet is the key to healthy lifestyle. Include Whole grains, vegetables, whole fruits, nuts, seeds, beans, plant oils in your diet. It is recommended to always have a high protein breakfast and a light dinner. Avoid items such as processed foods, potatoes and high calorie/sugar products. Don't forget to drink water regularly!

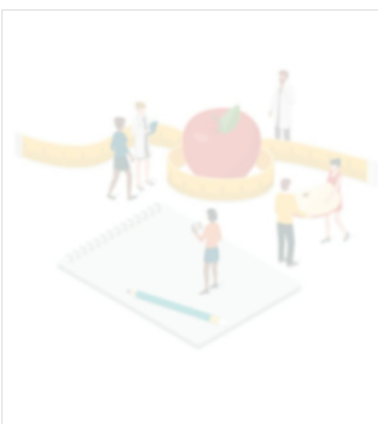


BALANCED DIET

STRESS MANAGEMENT

STRESS MANAGEMENT

Managing stress is an essential part of well-being. Some day to day changes can help such as having sufficient sleep (6-8 hours), indulging yourself in meditation, positive attitude towards lifestyle, using humor, traveling, talking to people whom you feel comfortable with and making time for hobbies by doing what you love to do.



BMI

BMI recommended range is 18.5 to 24.9. Your BMI is **29.35**, which is on a high side. Please fill your Health Karma to know your BMI results. BMI for your body helps prevent many untimely diseases and goes a long way.

BMI CHART



BMI

Your test report has indicated that you have certain deficiencies in your body which may hamper your health & wellbeing in the longer run.

In order to fulfill the gaps in nutrition and promote a healthier body we suggest you the following supplements mentioned below:

Deficiency/Out of Range Parameter(s)	Suggested Supplement
LDL Cholesterol -Direct	HEARTUP
Vitamin B12 Cyanocobalamin	VITAMIN B12

To order, call 1800-572-000-4

Suggestions for Improving Deficiencies



HEARTUP

Improve your heart health, the natural way!

Lower your blood pressure and give your heart a healthy beat with HEART-UP, an all-natural supplement developed especially to promote good heart health. Harnessing the remedial properties of garlic, peepal, and cinnamon, this clinically proven natural supplement lowers your blood pressure, thus ensuring a healthy heart, which in turn means a healthy you.

If left unchecked, hypertension can lead to:

- Heart Failure
- Kidney Diseases
- Heart Attack
- Stroke
- Vascular Dementia

Infused with the ages-proven goodness of all-natural ingredients, HEART-UP is the perfect supplement to help you control hypertension or high blood pressure without having to worry about side effects. Sourced from nature's own pharmacy of herbs, the ingredients in HEART-UP present the following benefits:

Arjun Tree Extract

Reduces the risk of heart diseases with anti-hypertensive properties

Garlic

Helps manage blood pressure and lowers cholesterol

Peepal

Purifies the blood and boosts cardiac health

Jatamansi

Helps in alleviating anxiety, thus reducing the risk of high blood pressure

Cinnamon

Has anti-viral properties, reduces blood pressure, and lowers the risk of Type 2 diabetes



VITAMIN B12

Make healthier blood the foundation of a healthier life!

Keep your blood clean and your nerve cells healthy with Vitamin B12. This essential supplement also protects against anemia, which causes persistent fatigue. Extracted from natural food sources, such as amla and beetroot, daily intake of Vitamin B12 can help in the formation of red blood cells.

A lack of vitamin B12 can cause dangerous health complications, such as:

- Memory Loss
- Vision Loss
- Ataxia or Loss of Physical Coordination
- Irreversible Neurological Problems
- Heart Diseases

Prevents Osteoporosis & Promotes Bone Health

Prevents Anemia & Promotes Red Blood Cell (RBC) Production

Alleviates Symptoms of Depression

Boosts Heart Health

Prevents Major Birth Defects

Deficiency/Out of Range Parameter(s)	Suggested Supplement
Vitamin D Total-25 Hydroxy	VITAMIN D3

To order, call 1800-572-000-4

Suggestions for Improving Deficiencies



VITAMIN D3

Improve bone health with enhanced calcium absorption, the natural way

Make your muscles and bones stronger with VITAMIN D3. Sourced from natural substances, it helps in regulating the absorption of calcium and phosphorus, which help keep your bones strong and enhancing the normal immune system functioning. Vitamin D3 is an essential nutrient that's critical for normal growth and development of bones and teeth, as well as improved resistance against certain diseases.

Remember, a lack of vitamin D3 can cause dangerous health situations.

- Rickets (in children) | • Brittle Bones | • Osteoporosis | • Weakened Bones (in adults)

Strengthens Bones & Muscles

Protects Against Pneumonia & Acute Respiratory Infections

Helps in Reducing Depression

Boosts Heart Health

Aids in Kidney Disease Treatment



IMMUNO-PLUS

Give your immunity a boost the all-natural way.

IMMUNO-PLUS is the perfect all-natural herbal supplement to boost your immune system and strengthens your body's defenses against diseases and infections. IMMUNO-PLUS provides your immune system the necessary reinforcement to keep you safe and healthy.

A weakened immune system opens you to a host of illnesses, such as:

- Recurring Infections | • Heightened Risk of Cancer | • Autoimmune Disorders | • Slow Growth Rate | • Serious Damage to the Heart, Lungs, Digestive Tract & the Nervous System

Infused with the ages-proven goodness of all-natural ingredients, IMMUNO-PLUS is the perfect supplement to strengthen your immune system without having to worry about side effects. Sourced from nature's own pharmacy of herbs, the ingredients in IMMUNO-PLUS present the following benefits:

Amla

Boosts immunity & Stores antioxidants

Jetwatika

Antioxidant properties strengthen the immune system

Aloe Vera

Fights against oxygenated rogue molecules in the blood

Ashwagandha

Reinforces the immune system to increase its fighting ability

Ginger

Anti-inflammatory & antioxidant effects reinforce the immune system

RECOMMENDATION

Ajit Nikam

General Recommendation on Preventive Screening

Booking ID : 5480957215

Risks Factors	Recommended Tests	Age Group (18-29 Yrs.)	Age Group (30-39 Yrs.)	Age Group (40-55 Yrs.)	Age Group (Above 55 Yrs.)
Diabetes	HbA1c Blood Glucose fasting	<ul style="list-style-type: none"> Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3-6 months 	<ul style="list-style-type: none"> Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3-6 months 	<ul style="list-style-type: none"> Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3-6 months 	<ul style="list-style-type: none"> Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat Every 3 months
Thyroid Disorder	Thyroid Profile-Total (T3, T4 & TSH Ultra-sensitive)	<ul style="list-style-type: none"> Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months 	<ul style="list-style-type: none"> Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 2-3 months 	<ul style="list-style-type: none"> Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment - Repeat every 2-3 months 	<ul style="list-style-type: none"> Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 2-3 months
Vitamin-D Deficiency	Vitamin D Total 25-Hydroxy	<ul style="list-style-type: none"> Recommended Screen annually Repeat earlier in case of symptoms Under treatment - Repeat every 3 months 	<ul style="list-style-type: none"> Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3-6 months 	<ul style="list-style-type: none"> Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3-6 months 	<ul style="list-style-type: none"> Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat Every 3 months
Vitamin B12 Deficiency	Vitamin B12 Cyanocobalamin	<ul style="list-style-type: none"> Recommended Screen annually Repeat earlier in case of symptoms Under treatment - Repeat every 3 months 	<ul style="list-style-type: none"> Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3-6 months 	<ul style="list-style-type: none"> Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3-6 months 	<ul style="list-style-type: none"> Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat Every 3 months
High Cholesterol /Dyslipidemia	Lipid Profile Cholesterol-Total, Serum	<ul style="list-style-type: none"> Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months 	<ul style="list-style-type: none"> Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months 	<ul style="list-style-type: none"> Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months 	<ul style="list-style-type: none"> Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months
Kidney Disorder	Kidney function test Urine Routine & Microscopy Urea Serum	<ul style="list-style-type: none"> Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months 	<ul style="list-style-type: none"> Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months 	<ul style="list-style-type: none"> Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months 	<ul style="list-style-type: none"> Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months
Liver Disorder	Liver function test SGOT/AST SGPT/ALT	<ul style="list-style-type: none"> Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months 	<ul style="list-style-type: none"> Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months 	<ul style="list-style-type: none"> Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months 	<ul style="list-style-type: none"> Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months

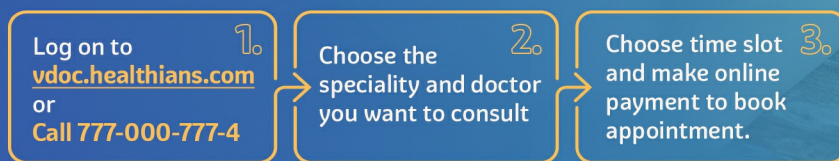


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About Healthians Labs

How we control Report Accuracy at Healthians



Quality Control

We follow Quality control to ensure both **precision & accuracy** of patient results.



Machine Data

We save patient's result values **directly from machines** ensuring no manipulations & no fake values.



QR Code

QR Code based authenticity check on all its reports



Calibration

We make use of calibrators to evaluate the **precision & accuracy** of measurement equipment.



Equipment

Our Labs are equipped with state-of-the-art instruments with **cutting edge technology** to provide faster & reliable results.



EQA

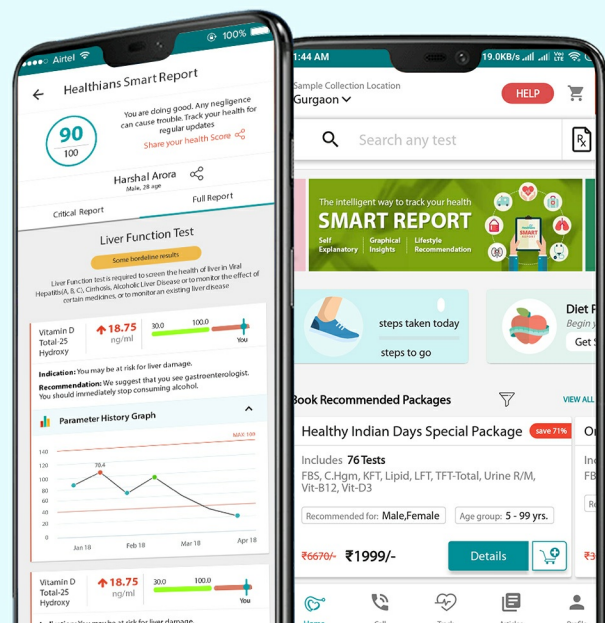
Our Labs participate in EQA & show proven accuracy by checking **laboratory performance** through external agency or facility.

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SREE AYYAPPAN TEMPLE MEDICAL CENTRE

Managed by Sree Ayyappa Educational & Charitable Trust
Prashanth Nagar, T. Dasarahalli, Bangalore - 560 057.

Ph. : 080-23721006, 9606024754. e-mail:ayyappaedutrust@gmail.com



LABORATORY REPORT

Name	Mr.AKHIL GEORGE	Reported on	10/05/2022
Age/Sex	26Y / Male	Hosp. No	2223/03313
Ref. Dr:		Lab. No	2223/03495

TEST DESCRIPTION

RESULTS

Normal Range

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

HAEMOGLOBIN	: 15.0 gm%	12-16 gm%
WBC- TOTAL COUNT	: 7,500 Cells/cumm	4,000-11,000 Cells/cumm
DIFFERENTIAL COUNT	:	
NEUTROPHILS	: 55 %	40-75 %
LYMPHOCYTES	: 37 %	20-45 %
EOSINOPHILS	: 05 %	1-6 %
MONOCYTES	: 03 %	1-10 %
BASOPHILS	: 00 %	00-01 %
PACKED CELL VOLUME(PCV)	: 50.2 %	35-55 %
MCV	: 89.9 fl	75-95 fl
MCH	: 26.8 Pg	26-32 Pg
MCHC	: 34.0 g/dl	31-35 g/dl
RBC COUNT	: 5.5 Cells/cumm	4.0-5.5 Cells/cumm
PLATELET COUNT	: 2.81 lakhs/cumm	1.5-4.5 Lakhs/cumm
AEC	: 380.0 Cells/cumm	40-450 Cells/cumm
ESR	: 5 mm / Hour	0-10 mm / Hour

***** End Of Report ***** :

Lab Technician 

Consultant Pathologist



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Age/Sex	26Y / Male	Hosp. No	2223/03313
Ref. Dr:		Lab. No	2223/03495

TEST DESCRIPTION

RESULTS

Normal Range

BIO CHEMISTRY

FASTING BLOOD SUGAR

FASTING BLOOD SUGAR : 84.0 mg/dl 60-110 mg/dl

BIO CHEMISTRY

SERUM URIC ACID : 4.9 mg/dl 3.4 - 7.0 mg/dl

SERUM CREATININE : 0.8 mg/dl 0.6-1.4 mg/dl

BIO CHEMISTRY

LIPID PROFILE

TOTAL CHOLESTEROL : 156.1 mg/dl 130-200 mg/dl

SERUM TRIGLYCERIDES : 190.7 mg/dl 60-165 mg/dl

HDL CHOLESTEROL : 46.0 mg/dl 30-65 mg/dl

LDL CHOLESTEROL : 72.0 mg/dl 0-150 mg/dl

VLDL : 38.0 mg/dl 5-40 mg/dl

TC/HDL RATIO : 3.3:1 3.0-5.5

LDL/HDL RATIO : 1.5:1 2.0-3.5

BIO CHEMISTRY

LIVER FUNCTION TEST(LFT)

TOTAL BILIRUBIN(TB) : 0.9 mg/dl 0.3-1.2 mg/dl

DIRECT BILIRUBIN (DB) : 0.1 mg/dl 0.0-0.25 mg/dl

TOTAL PROTEIN : 7.0 g/dl 6-8.5 g/dl

SERUM ALBUMIN : 4.5 g/dl 3.5-5.0 g/dl

SERUM GLOBULIN : 2.5 g/dl 2.3-3.5 g/dl

A/G RATIO : 1.8:1 1.1-2.2

SGOT : 22.6 IU/L 8-40 IU/L

SGPT : 20.5 IU/L 5-40 IU/L

ALKALINE PHOSPHATASE : 100.0 IU/L 25-140 IU/L

GAMMA GT(GGT) : 42.0 IU/L 8-61 IU/L

Lab Technician

Consultant Pathologist



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Age/Sex	26Y / Male	Hosp. No	2223/03313
Ref. Dr:		Lab. No	2223/03495

TEST DESCRIPTION

RESULTS

Normal Range

CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

VOLUME : 20 ML

COLOUR : PALE YELLOW

APPEARANCE : CLEAR

CHEMICAL EXAMINATION

URINE ALBUMIN : NIL

SUGAR : NIL

MICROSCOPIC EXAMINATION

PUSCELLS : 1-2/hpf

EPITHELIAL CELLS : NIL

RBC'S : NIL

CASTS : NIL

CRYSTALS : NIL

BACTERIA : NIL

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

Lab Technician

Consultant Pathologist



1 HEALTH MEDICAL CENTER

+91 9562090606 1healthmedicalcenter@gmail.com


#68, Prashanth Nagar, Pipeline Road, T-Dasarahalli, Bengaluru - 560057

MEDICAL FITNESS CERTIFICATE

It is certified that **Mr. AKHIL JOSEPH**, 21 years old male has been carefully examined by me on date **30-05-2022**, based on the medical examination conducted, He is found free from any infection or communicable diseases and the person is fit to work.




NAME AND SIGNATURE WITH SEAL
Registered Medical Practitioner

 **Dr. Rakesh Mohan .R**
MBBS, MS - KMC-88313
General Practitioner
1 Health Medical Center



1 HEALTH MEDICAL CENTER


+91 9562090606 1healthmedicalcenter@gmail.com

#68, Prashanth Nagar, Pipeline Road, T-Dasarahalli, Bengaluru - 560057

1 HEALTH MEDICAL CENTER MEDICAL SURVEILLANCE PERFORMA				
NAME: Mr. AKHIL JOSEPH		AGE: 21 YRS	SEX: MALE	
REF BY:		UHID NO: AD2122/001803	DATE: 30/05/2022	
PERSONAL HISTORY				
Diet : Mixed Diet Allergy : Nil				
PRESENTING COMPLAINTS		No Complaints		
PAST HISTORY		Not Significant		
FAMILY HISTORY		Not Present.		
GENERAL PHYSICAL EXAMINATION				
DEFECTS/DISABILITY: No Epilepsy, No knock knee, No flat foot, No Disc Prolapse, No club foot, No Hernia and Varicose veins.				
Height : 171 cm		BP :130/80 mm of HG		
Weight : 61.2 Kg		Pulse : 80 bpm		
EYES	DISTANT VISION	NEAR VISION	COLOUR VISION	CORRECTIONS
RIGHT	6/6	N/6	Normal	
LEFT	6/6	N/6	Normal	

SYSTEMIC EXAMINATION	
RESPIRATORY SYSTEM	Normal vascular breath sounds heard, No Crepitations.
CARDIO VASCULAR SYSTEM	Apical beat Normal, S1+S2 heard Normal in Apical, Pulmonary, Aortic and Tricuspid areas, No Thrills/Murmurs
CENTRAL NERVOUS SYSTEM	Cranial nerves are Normal, No abnormality detected.
ABDOMEN	Soft, No Hepatosplenomegaly.
SKIN	Normal.
LUNG FUNCTIONS TEST	Not Applicable.
ELECTRO CARDIOGRAM	Enclosed
CHEST X-RAY IMPRESSION	Normal Chest radiography.
LAB INVESTIGATIONS	
BLOOD AND URINE REPORTS	Enclosed




Dr. Rakesh Mohan .R
MBBS, MS - KMC-88313
General Practitioner
1 Health Medical Center



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LABORATORY INVESTIGATION REPORT



Name : Mr. AKHIL
Age / Sex : 21 years / Male
Sample collection time : 30-05-2022 10:17 AM
Referred by : Dr. SELF

Patient No : AD2122/001803
Bill No : OP2122/002991
Reported Time :
Org Name :

Investigation Name	Methodology	Values	Units	Ref Range
--------------------	-------------	--------	-------	-----------

CLINICAL PATHOLOGY

COMPLETE URINE ROUTINE EXAMINATION - CUE

PHYSICAL EXAMINATION

Volume : 10 ml
COLOUR : PALE
APPEARANCE : YELLOW
CLEAR

CHEMICAL EXAMINATION

PH		6.5		4.5-8.0
SPECIFIC GRAVITY	Density	1.025		1.005-1.025
LEUCOCYTES		NEGATIVE		Negative
NITRATE		NEGATIVE		Negative
GLUCOSE	GOD-POD	NEGATIVE		Negative.
ALBUMIN	Protein Error of pH indicator	NEGATIVE		Negative
KETONE BODIES	Legal's Test	NEGATIVE		Negative
UROBILINOGEN		NEGATIVE	mg/dl	Negative
BILE SALT		NEGATIVE		Negative
BILE PIGMENT		NEGATIVE		Negative
BLOOD		NEGATIVE		

MICROSCOPIC EXAMINATION

PUS CELLS		2-3	Cells/hpf	0-2/hpf
EPITHELIAL CELLS		1-2	Cells/hpf	<15 cells/hpf
RBC's		NIL	cells/hpf	0-2 cells/hpf
CASTS		NEGATIVE		<4
CRYSTALS		NEGATIVE		Occasional

GIRI PRASAD

SENIOR LAB TECHNICIAN



Page No : 2



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Investigation Name	Methodology	Values	Units	Ref Range
--------------------	-------------	--------	-------	-----------

BIOCHEMISTRY

FASTING BLOOD SUGAR	GOD-POD	83	mg/dl	60-100 mg/dl - Normal
TOTAL CHOLESTEROL	CHOD-PAP	118	mg/dl	<200

INTERPRETATION: Factors such as type and time of food intake, infection, physical or psychological stress, exercise and drugs can influence the blo


GIRISH PRASAD

SENIOR LAB TECHNICIAN





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Investigation Name	Methodology	Values	Units	Ref Range
--------------------	-------------	--------	-------	-----------

HAEMATOLOGY

BLOOD GROUP & RH TYPE

BLOOD GROUP

" O "

RH TYPING

POSITIVE

CBC-COMplete BLOOD COUNT

HEMOGLOBIN (HB)	Cyanmethhemoglobin	14.0	Gms%	14 -17.4
LEUCOCYTES				
TOTAL COUNT (WBC)	Electrical impedance	6270	cells/cumm	4000-11000
DIFFERENTIAL COUNT				
NEUTROPHILS	Electrical impedance	60.7	%	40-75
LYMPHOCYTES	Automated	30.7	%	20-40
MID		8.6		
ERYTHROCYTES.				
RBC COUNT	Electrical impedance	4.68	mill/cu.mm	4.5-6.5
PACKED CELL VOLUME(PCV)	Electrical impedance	38.24	%	40-54
MCV	Electrical impedance	82	fl	80-100
MCH	Calculated	30.0	pg	26-34
MCHC	Calculated	36.7	%	31.5-34.5
RDW	Electrical impedance	14.5	%	11.6-14.0
PLATELET COUNT	Electrical impedance	3.58	lakhs/cumm	1.5-4.5
ERYTHROCYTE	Westergren	11	MM/HOUR	2-15

SEDIMENTATION RATE - ESR

Note : Results pertained to sample tested.

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

GIRI PRASAD

SENIOR LAB TECHNICIAN



ID: 93

akhil

Male 21Years

30-05-2022 11:41:23 AM

HR : 63 bpm

P : 116 ms

PR : 164 ms

QRS : 102 ms

QT/QTc : 400/410 ms

P-QRS/T : 56/56/26 °

R V5/SV1 : 1.167/0.274 mV

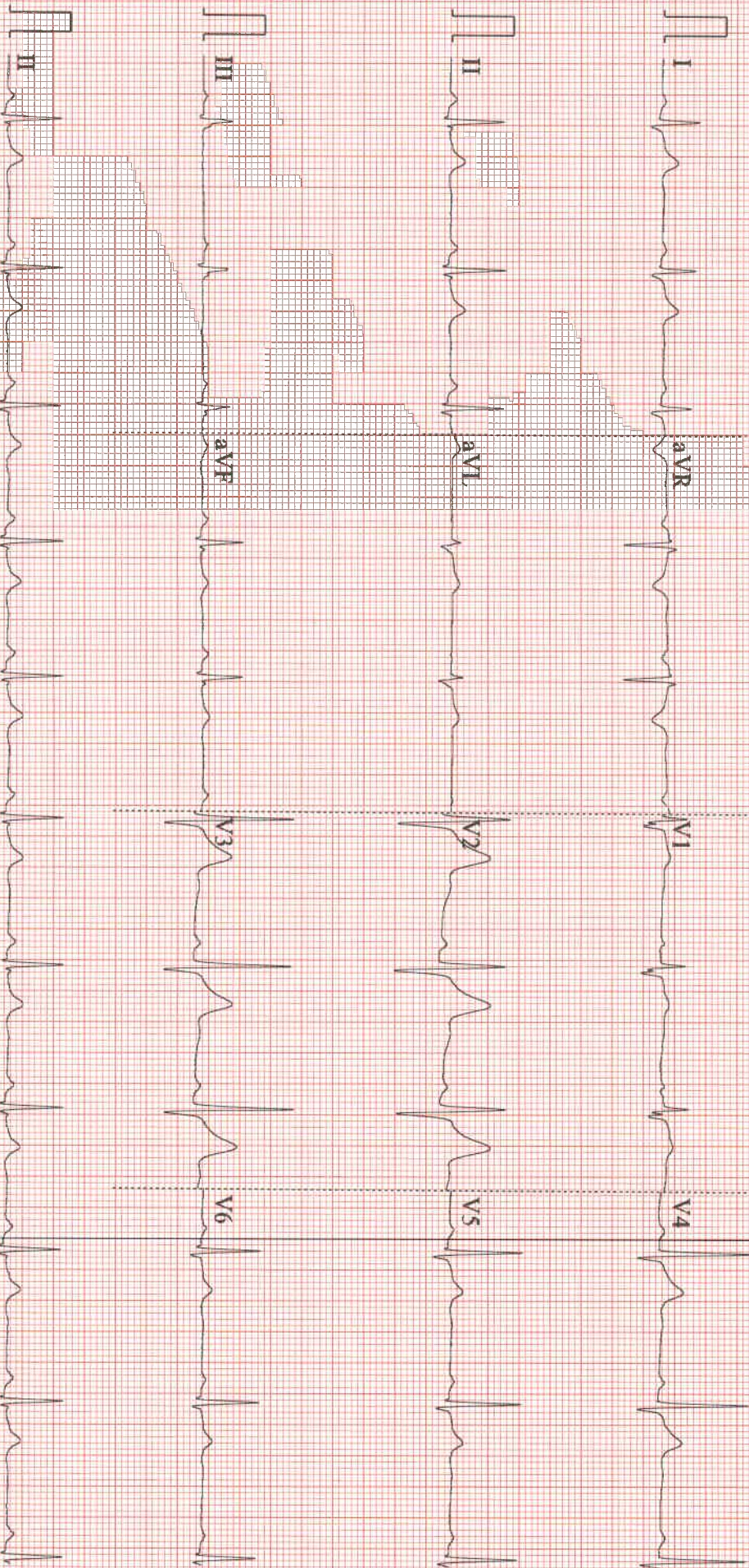
Diagnosis Information:

Sinus rhythm

Normal ECG

Ref-Phys. :

Report Confirmed by:



Patient ID No. : 122209610

Card ID : 202217807



Patient's Name : Mr. Akshay Joshi.

Age/Sex : 31 / M

Client Name : Nucleus Pathology

Doctor Name. : Dr.Self

SampleColl.Dt : 01/06/2022 8:03:37AM

Report.Dt: 01/06/2022 11:05:59AM

Print.Dt: 01/06/2022 05:57:24PM

BIOCHEMISTRY

Investigation

Result

Units

Bio. Ref. Interval

Blood Sugar Fasting

: 106.1

mg/dl

70 - 110

(Method: GOD-POD) Sample Type : - Plasma

Normal - 70 to 100 mg/dl

Impaired fasting - 100 to 125 mg/dl

Diabetes Mellitus - \geq 126 mg/dl

(On more than one occasion)

According to American diabetes association guidelines 2018.

All Biochemistry Done on Fully Automated "EM 200 Erba Mannheim" Chemistry Analyzer.

--End Of Report--

Printed By : AUTOMAIL

Print Date : 01/06/2022 17:57

Dr. Prachi Jadhav
MBBS, MD (Pathology)

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Chowk, Warje. Pune-52
Ph. 020-2435-1100 / 20251651

Kothrud

Vasantika Apartment, Opp. Hero Showroom,
Paud Phata, Kothrud, Pune-38
Ph. 020-6523-1133

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LIPID PROFILE

<u>Investigation</u>	<u>Result</u>	<u>Units</u>	<u>Bio. Ref. Interval</u>
Total Cholesterol	: 207	mg/dl	Primary Prevention : Up to 200 mg/dl Secondary Prevention : Up to 150 mg/dl Borderline High : 200 - 239 mg/dl High : > 240 mg/dl
(Method - CHOD-PAP) Sample type - Serum			
Triglycerides	: 262.7	mg/dl	Normal < 150 mg/dl Borderline High : 150 - 199 mg/dl High : 200 - 499 mg/dl Very High : > 500 mg/dl
(Method - GPO) Sample Type : - Serum			
HDL Cholesterol	: 34.6	mg/dl	Low(Undesirable) : < 40 mg/dl High(desirable) : > 60 mg/dl
Sample Type : - Serum			
VLDL Cholesterol	: 52.54	mg/dl	0 - 35
Sample Type : - Serum			
LDL Cholesterol	: 119.86	mg/dl	Optimal : < 100 mg/dl Above Optimal : 100 - 129 mg/dl Borderline High : 130 - 150 mg/dl High : 160 - 189 mg/dl Very High : > 190 mg/dl
Cholesterol / HDL Ratio	: 5.98		2 - 5
LDL / HDL Ratio	: 3.46		0 - 3.5

All Biochemistry Done on Fully Automated "EM 200 Erba Mannheim" Chemistry Analyzer.

--End Of Report--

Printed By : AUTOMAIL
Print Date : 01/06/2022 17:57

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Patient ID No. : 122209610

Card ID : 202217807



Patient's Name : Mr. Akshay Joshi.

Age/Sex : 31 / M

Client Name : Nucleus Pathology

Doctor Name. : Dr.Self

SampleColl.Dt : 01/06/2022 8:03:37AM

Report.Dt: 01/06/2022 11:05:59AM

Print.Dt: 01/06/2022 05:57:24PM

URINE ANALYSIS REPORT

<u>Investigation</u>	<u>Result</u>	<u>Bio. Ref. Interval</u>
PHYSICAL EXAMINATION		
Colour	: Yellow	-
Appearance	: Clear	-
Specific gravity	: 1.025	1.010-1.030
Reaction(pH)	: Acidic	-
CHEMICAL EXAMINATION		
Albumin	: Absent	Absent
Bile salts	: Absent	Absent
Bile Pigments	: Absent	Absent
Glucose	: Absent	Absent
Acetone Urine	: Absent	Absent
MICROSCOPIC EXAMINATION		
RBC	: Absent /hpf	0-2/hpf
Pus cells	: Occasional /hpf	0-2/hpf
Epithelial cells	: Occasional /hpf	0-5/hpf
Casts	: Absent	-
Crystals	: Absent	-
Amorphous material	: Absent	-

METHODS: Physical:- Colour, Appearance: Visual Examination.

Chemical Examination:- Urobilinogen: Urobilinogen and diazonium in strong acid Medium and Ehrlich's Test.

Bilirubin: Dichloroaniline Diazonium salt in a strongly acid medium and Fouchet's Test.

Ketone: Nitroprusside Reagent and Rothera's Test.

Blood: Peroxidase Indicator Reaction.

Protein: Protein-error-of-indicator principle and Sulphosalicylic acid.

Nitrites: Nitrite Indicator Reaction, Leucocytes: Esterase -Indicator Reaction.

Glucose: GOD - POD Method, Benedict's Test.

Specific Gravity: Ion Exchange method.

pH: pH Indicator.

Microscopic:- RBCs, Pus Cells, Epithelial Cells, Casts & Crystals.

--End Of Report--

Printed By : AUTOMAIL

Print Date : 01/06/2022 17:57

Dr. Prachi Jadhav
MBBS, MD (Pathology)

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Paud Phata, Kothrud, Pune-38
Ph. 020-6523-1133



Patient ID No. : 122209610
Patient's Name : Akshay Joshi. - 31 Year / Male
Ref. By : Dr.Self
SampleColl.Dt :
Report.Dt: 01/06/2022 05:47:03PM Print.Dt: 01/06/2022 05:57:26PM



Unit of P. P. Diagnostics Pvt. Ltd.

ECG

Report :

SINUS RHYTHM.
NO SIGNIFICANT ST-T CHANGES.
CORRELATE CLINICALLY.

--End Of Report--

Print Date : 01/06/2022 17:57



DR. NIKHIL RAUT
MBBS, MD, DM (Cardiology)
CARDIOLOGIST

*** (X-ray, ECG and Pathology Home visit services available) ***

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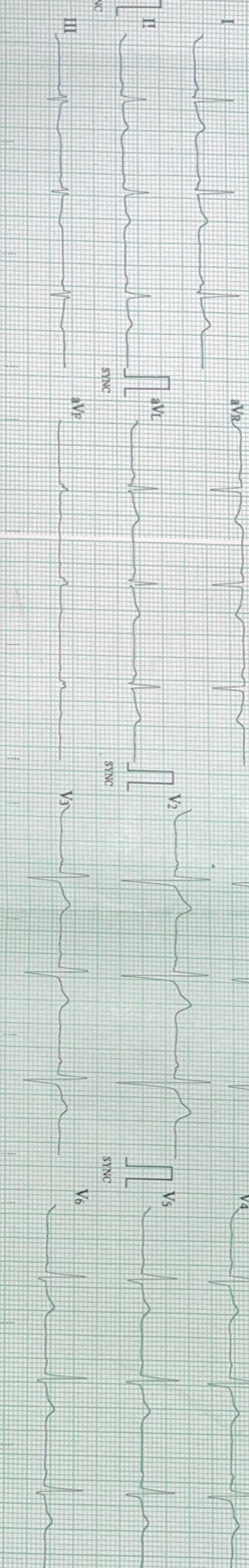
Kothrud
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Ph. 020-6523-1133

mm/s 0.5-25Hz
10mm/mV

10mm/mV

10mm/mV

10mm/mV



ID : 1128

Name: *Akshay Sohi*

Sex : *M*

Age : *31 yr*

HR : 68 bpm

R-R : 876 ms

P-R : 147 ms

QRS : 101 ms

QT/QTc : 374/399 ms

P/QRS/T : 22/30/1 °

RV5/SV1 : 0.790/0.710 mV

RV5+SV1 : 1.500 mV

_____ Sinus Rhythm

_____ T Abnormality (Flat T)

Unconfirmed report Verified by: *[Signature]*

PROCESSED AT :**Thyrocare**

2nd Floor, Saluja Tower,
Plot No.1789, PP compound,
Police Station Chubia,
Main Road, Ranchi-834001

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 ☎ 022-3090 9000 / 6712 3400 ☎ 9870666333 ✉ wellness@thyrocare.com 🌐 www.thyrocare.com

REPORT

NAME : AMARNATH KUMAR (23Y/M)
REF. BY : SELF
TEST ASKED : HEMOGRAM

SAMPLE COLLECTED AT :
 (8291224752),WELLNESS LAB,NEAR OLD BAJAJ
 SHOWROOM, THANA CHOWK, RAMGARH CANTT,
 DIST.-RAMGARH JHARKHAND,829122

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT (WBC)	5.63	X 10 ³ / μ L	4.0-10.0
NEUTROPHILS	56.5	%	40-80
LYMPHOCYTE PERCENTAGE	37.3	%	20-40
MONOCYTES	4.3	%	0-10
EOSINOPHILS	0.7	%	0.0-6.0
BASOPHILS	0.9	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	3.12	X 10 ³ / μ L	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.1	X 10 ³ / μ L	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.24	X 10 ³ / μ L	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.05	X 10 ³ / μ L	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.04	X 10 ³ / μ L	0-0.5
IMMATURE GRANULOCYTES(IG)	0.08	X 10 ³ / μ L	0-0.3
TOTAL RBC	5.61	X 10⁶ / μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10 ³ / μ L	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	15.6	g/dL	13-17
HEMATOCRIT(PCV)	43.68	%	40-50
MEAN CORPUSCULAR VOLUME(MCV)	97	fL	83-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	27.8	pg	27-32
MEAN CORP.HEMO.CONC(MCHC)	28.7	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	56.2	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	16.3	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	11	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	10.6	fL	6.5-12
PLATELET COUNT	290	X 10 ³ / μ L	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	28.3	%	19.7-42.4
PLATELETCRIT(PCT)	0.31	%	0.19-0.39

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 May 2022 10:00
Sample Received on (SRT) : 30 May 2022 18:14
Report Released on (RRT) : 30 May 2022 19:08
Sample Type : EDTA
Labcode : 3005090001/JRD65
Barcode : Q8649439



Prachi Sinkar
 Dr.Prachi Sinkar MD(Path)

Caesar
 Dr.Caesar Sengupta MD(Micro)