TATA 1mg Labs

TATA 1mg Technologies Private Limited
Mail Id : care@1mglabs.com
Phone No. : 0124-4006767
CIN: U74140DL2015PTC279229

Laboratory :
1mg Labs 82/A, Second floor,
Udhyog Vihar Phase-IV,
Sector-18, Gurgaon - 122015

Registered Office:
Level 3, Vasant Square Mall,
Pocket V, Sector B,
Vasant Kunj New Delhi 110070 IN

Name	: Mr.OM PRAKASH GOYAL	Order ID	: 3509681
Age/Gender	: 85/Male	Registration Date	: 14-Oct-21 02:35 PM
Patient ID	: 1MG3445	Collection Date	: 14/Oct/2021 06:33AM
Barcode ID	: A4297019	Sample Receive Date	: 15/Oct/2021 08:44AM
Referred By	: SELF	Report Status	: Final Report
Sample Type	: WHOLE BLOOD-EDTA	Report Date	: 15/Oct/2021 11:51AM

HAEMATOLOGY

GOOD HEALTH PACKAGE

Test Name	Result	Unit	Bio. Ref. Range	Method
Hemogram				
Hemoglobin	**11.9**	g/dL	13.0-17.0	Cyanide-free SLS-Hemoglobin
RBC	**3.82**	mili/cu.mm	4.5 - 5.5	DC Impedence Method
HCT	**39.2**	%	40 - 50	RBC pulse height detection
MCV	**102.6**	fl	83 - 101	Calculated
MCH	31.2	pg	27 - 32	Calculated
MCHC	**30.4**	g/dL	31.5 - 34.5	Calculated
RDW-SD	**54.0**	fl	39-46	Calculated
RDW-CV	**14.1**	%	11.5-14	Calculated
Total Leucocyte Count	7.0	10^3/µl	4 - 10	Flowcytometery/Microscopy
Differential Leucocyte Count				
Neutrophils	69.6	%	40-80	Flowcytometery/Microscopy
Lymphocytes	**18.1**	%	20-40	Flowcytometery/Microscopy
Monocytes	7.8	%	2-10	Flowcytometery/Microscopy
Eosinophils	2.8	%	1-6	Flowcytometery/Microscopy
Basophils	1.7	%	0-2	Flowcytometery/Microscopy
Absolute Leucocyte Count				
Absolute Neutrophil Count	4.89	10^3/µl	2-7	Calculated
Absolute Lymphocyte Count	1.27	10^3/µl	1-3	Calculated
Absolute Monocyte Count	0.55	10^3/µl	0.2-1	Calculated
Absolute Eosinophil Count	0.2	10^3/µl	0.02-0.5	Calculated
Absolute Basophil Count	**0.12**	10^3/µl	0.02-0.1	Calculated
Platelet Count	274	10^3/µl	150-410	Electrical Impedence/Microscopy
MPV	10.3	fl	6.5 - 12	Calculated
PDW	12	fL		Calculated

Kindly correlate clinically
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BIOCHEMISTRY

GOOD HEALTH PACKAGE

Test Name	Result	Unit	Bio. Ref. Range	Method
Glycosylated Hemoglobin				
Glycosylated Hemoglobin (HbA1c)	**8.1**	%	4 - 5.6	HPLC
Estimated average glucose (eAG)	185.77	mg/dL		Calculated

Comment:
Interpretation:
HbA1c%

≤5.6	Normal
5.7-6.4	At Risk For Diabetes
≥6.5	Diabetes

Adapted from American Diabetes Association.

Comments:-
A 3 to 6 monthly monitoring is recommended in diabetics. People with diabetes should get the test done more often if their blood sugar stays too high or if their healthcare provider makes any change in the treatment plan. HbA1c concentration represent the integrated values for blood glucose over the preceding 8-12 weeks and is not affected by daily glucose fluctuation, exercise & recent food intake.
Please note, Glycemic goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations.

Factors that interfere with HbA1c Measurement: Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements.

Factors that affect interpretation of HbA1c Measurement: Any condition that shortens erythrocyte survival or decrease mean erythrocyte age (e. g., recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c.

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1c result does not correlate with the patient's blood glucose levels.

- HPLC - High performance liquid chromatography

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BIOCHEMISTRY

GOOD HEALTH PACKAGE

Test Name	Result	Unit	Bio. Ref. Range	Method
Iron Studies, Basic				
Iron Serum	**57**	µg/dL	65-175	Ferene
Total Iron Binding Capacity (TIBC)	264.75	ug/dL	134 - 415	Calculated
Transferrin Saturation	21.53	%	16-50	Calculated
Unsaturated Iron Binding Capacity	207.75	ug/dl	69 - 240	Ferene

Comment:

Iron is an essential trace mineral element which forms an important component of hemoglobin, metallocompounds and Vitamin A. Deficiency of iron is seen in iron deficiency and anaemia of chronic disorders.
Increased iron concentration are seen in hemolytic anaemias, hemochromatosis and acute liver disease. Serum Iron alone is unreliable due to considerable physiologic diurnal variation in the results with highest values in the morning and lowest values in the evening as well as variation in response to iron therapy .

Total Iron Binding capacity (TIBC) is a direct measure of the protein Transferrin which transports iron from the gut to storage sites in the bone marrow. Increased levels of TIBC suggest that total iron body stores are low, increased concentration may be the sign of Iron deficiency anaemia, polycythemia vera ,and may occur during the third trimester of pregnancy. Decreased levels may be seen in hemolytic anaemia, hemochromatosis, chronic liver disease, hypoproteinemia ,malnutrition.

Unsaturated Iron Binding Capacity (UIBC) is increased in low iron state and decreased in high iron concentration such as hemochromatosis. In case of anaemia of chronic disease the patient may be anaemic but has adequate iron reserve and a low uIBC.

Transferrin Saturation occurs in Idiopathic hemochromatosis and Transfusional hemosiderosis where no unsaturated iron binding capacity is available for iron mobilization. Similar condition is seen in congenital deficiency of Transferrin.

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BIOCHEMISTRY

GOOD HEALTH PACKAGE

Test Name	Result	Unit	Bio. Ref. Range	Method
Lipid Profile				
Cholesterol	136	mg/dL	Desirable <200, Borderline High 200 - 239, High >=240	Enzymatic
Triglycerides	121	mg/dL	Normal: < 150, Borderline: 150 - 199, High:200 - 499, Very High >=500	Glycerol Phosphate Oxidase
HDL Cholesterol	**38**	mg/dL	40 - 60	Accelerator Selective Detergent
LDL Cholesterol	73.89	mg/dl	Desirable: <100 Above desirable: 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very high : >=190	Calculated
VLDL Cholesterol	24	mg/dl	10.0-30.0	Calculated
Cholesterol : HDL Cholesterol	3.6	Ratio		Calculated
HDL/LDL Ratio	0.52	Ratio		Calculated
LDL/HDL Ratio	1.94	Ratio		Calculated
Non-HDL Cholesterol	98.12	mg/dl	Desirable:< 130, Above Desirable:130 - 159, Borderline High:160 - 189, High:190 - 219, Very High: >= 220	Calculated

Comment:
In all adults (>=20 years of age), a fasting lipoprotein profile should be obtained at least every 5 years. The measurement and monitoring of atherogenic cholesterol levels remain an important part of a comprehensive ASCVD prevention strategy. An elevated level of cholesterol

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Test Name	Result	Unit	Bio. Ref. Range	Method

carried by circulating apolipoprotein B-containing lipoproteins (non–high-density lipoprotein cholesterol and low-density lipoprotein cholesterol [LDL-C], termed atherogenic cholesterol) is a root cause of atherosclerosis, the key underlying process contributing to most clinical atherosclerotic cardiovascular disease (ASCVD) events.

Reducing elevated levels of atherogenic cholesterol will lower ASCVD risk in proportion to the extent that atherogenic cholesterol is reduced. This benefit is presumed to result from atherogenic cholesterol lowering through multiple modalities, including lifestyle and drug therapies.

Atherosclerosis is a process that often begins early in life and progresses for decades before resulting a clinical ASCVD event. Therefore, both intermediate-term and long-term or lifetime risk should be considered when assessing the potential benefits and hazards of risk-reduction therapies.

Nonlipid ASCVD risk factors should also be managed appropriately, particularly high blood pressure, cigarette smoking, and diabetes mellitus.

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Test Name	Result	Unit	Bio. Ref. Range	Method
Liver Function Test				
Bilirubin-Total	0.4	mg/dL	0.2-1.2	Diazo
Bilirubin-Direct	0.2	mg/dL	0-0.5	Colorimetric, Diazo Dye
Bilirubin-Indirect	0.2	mg/dL	0.1-1	Calculated
Protein, Total	6.4	g/dL	6.0-8.1	Biuret
Albumin	3.72	g/dL	3.2-4.6	Bromcresol Green
Globulin	2.7	g/dl	1.8 - 3.6	Calculated
A/G Ratio	1.4	Ratio		Calculated
Aspartate Aminotransferase (SGOT)	18	U/L	5-34	NADH w/o P-5'-P
Alanine Transaminase (SGPT)	19	U/L	5-55	NADH w/o P-5'-P
SGOT/SGPT	0.95	Ratio		Calculated
Alkaline Phosphatase	74	U/L		Para-nitrophenyl phosphate
Gamma Glutamyltransferase (GGT)	15	U/L	12-64	L-gamma-glutamyl-3-Carboxy-4-Nitroanilide

Comment:

LFTS are based upon measurements of substances released from damaged hepatic cells into the blood that gives idea of the Existence, Extent and Type of Liver damage.

- Acute Hepatocellular damage: ALT & AST levels are sensitive index of hepatocellular damage
- Obstruction to the biliary tract,Cholestasis and blockage of bile flow:

1) Serum Total Bilirubin concentration 2) Serum Alkaline Phosphatase (ALP) activity 3) Gamma Glutamyl Transpeptidase (GGTP) 4) 5`-Nucleotidase

- Chronic liver disease: Serum Albumin concentration

Bilirubin results from the enzymatic breakdown of heme. Jaundice is a yellowish discoloration of the skin and mucous membranes caused by hyperbilirubinemia.

Pre-hepatic or hemolytic jaundice - Abnormal red cells, antibodies,drugs and toxins,Hemoglobinopathies, Gilbert's syndrome, Crigler-Najjar syndrome

Hepatic or Hepatocellular jaundice-Viral hepatitis,toxic hepatitis, intrahepatic cholestasis

Post-hepatic jaundice -Extrahepatic cholestasis, gallstones, tumors of the bile duct, carcinoma of pancreas

In viral hepatitis and other forms of liver disease associated with acute hepatic necrosis, serum AST and ALT concentrations are elevated even before the clinical signs and symptoms of disease appear. ALT is the more liver-specific enzyme and elevations of ALT activity persist longer than AST activity. Peak values of aminotransferase activity occur between the seventh and twelfth days. Activities then

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GOOD HEALTH PACKAGE

Test Name	Result	Unit	Bio. Ref. Range	Method

gradually decrease, reaching normal activities by the third to fifth week. Peak activities bear no relationship to prognosis and may fall with worsening of the patient's condition.

Aminotransferase activities observed in cirrhosis vary with the status of the cirrhotic process and range from the upper reference limit to four to five times higher, with an AST/ALT ratio greater than 1. The ratio's elevation can reflect the grade of fibrosis in these patients. Slight or moderate elevations of both AST and ALT activities have been observed after administration of various medications and chronic hepatic injury such as (1) hemochromatosis, (2) Wilson disease, (3) autoimmune hepatitis, (4) primary biliary cirrhosis, (5) sclerosing cholangitis, and (6) a1-antitrypsin deficiency. AST activity also is increased in acute myocardial infarction, progressive muscular dystrophy and dermatomyositis, reaching concentrations up to eight times the upper reference limit.Slight to moderate AST elevations are noted in hemolytic disease.

GGT is a sensitive indicator of the presence of hepatobiliary disease, being elevated in most subjects with liver disease regardless of cause. Increased concentrations of the enzyme are also found in serum of subjects receiving anticonvulsant drugs, such as phenytoin and phenobarbital.

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GOOD HEALTH PACKAGE

Test Name	Result	Unit	Bio. Ref. Range	Method
Kidney Panel with GFR				
Blood Urea Nitrogen	23.90	mg/dL	8.4 - 25.7	Urease
Urea	51.15	mg/dL	17.97-54.99	Calculated
Creatinine	**1.83**	mg/dL	0.72 - 1.25	Jaffe mod./Picrate
BUN/Creatinine Ratio	13.1	Ratio		Calculated
Calcium	**8.5**	mg/dL	8.8-10.0	Arsenazo III complex
Uric Acid	5.8	mg/dL	3.5-7.2	Uricase
Glomerular Filtration Rate	37.58	mL/min/1.73m2		Calculated

Interpretation:-

Age in years	GFR in mL/min/1.73m2
20 - 29	116
30 - 39	107
40 - 49	99
50 - 59	93
60 - 69	85
>=70	75

NOTE:-

* National Kidney Disease Education program recommends the use of MDRD equation to estimate or predict GFR in adults (>=20 years) with chronic Kidney Disease (CKD).
* MDRD equation is most accurate for GFR <=60 mL/min/1.73m2
* Recalculation of estimated GFR is required for African American race.

CKD Stage	Description	GFR (mL/min/1.73m2	Associated Findings
0	Normal Kidney Function	>90	No proteinuria
1	Kidney damage with normal or high GFR	>90	Presence Protein, Albumin, cells or casts seen in urine
2	Mild decrease in GFR	60 - 89 -	
3	Moderate decrease in GFR	30 - 59 -	
4	Severe decrease in GFR	15 - 29 -	
5	Kidney Failure	<15 -	

Comments :-

Modification of diet in renal disease (MDRD) equation is most thoroughly validated an superior to all the other method for estimation of GFR. It does not require weight as a variable and yields an estimated GFR normalized to 1.73m2 body surface area. Using serum creatinine alone gives a poor inference of GFR because

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they are inversely related and effects of age, sex and race on creatinine production complicate interpretation. For African races a modified formula is used for calculation of GFR.

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Immunology

GOOD HEALTH PACKAGE

Test Name	Result	Unit	Bio. Ref. Range	Method
Thyroid profile Total				
Thyroid Profile				
T3, Total	0.57	ng/mL	0.35-1.93	CMIA
T4, Total	9.0	µg/dL	4.87-11.72	CMIA
Thyroid Stimulating Hormone - Ultra Sensitive	0.63	µIU/mL	0.35-4.94	CMIA

Comment:

Thyroid dysfunction is common in the general population and Laboratory tests are essential for the accurate diagnosis and cost-effective monitoring of thyroid dysfunction. TSH is now firmly established as the first-line thyroid function test to assess thyroid status for most clinical conditions. Interpretation of the results of thyroid function tests is facilitated by an understanding of thyroid hormone physiology, especially the normal inverse relationship between free $T_4$and TSH concentrations.Changes in thyroid status are normally associated with concordant changes in T3,T4 and TSH concentrations (e.g. raised T4 and T3 with suppressed TSH in thyrotoxicosis; low T4 and T3 with elevated TSH in hypothyroidism). An abnormal TSH requires further investigation, including measurement of free T_4. In most clinical situations involving discordant FT4 and TSH results, the TSH test usually yields the most diagnostically reliable result, provided that the patient is not receiving medications that directly inhibit TSH secretion, and there are no conditions affecting the pituitary-thyroid axis.. Using TSH as a single criterion has been shown to accurately classify the thyroid state of a patient in over 95% of cases. Non-thyroidal illness (NTI), pituitary disease and various drugs can all affect the axis and cause discrepancies between TSH levels, thyroid hormone levels and the clinical state. Measurement of the TSH level is indicated for patients with symptoms suggestive of thyroid dysfunction, reduced bone mineral density, dyslipidaemia, depression, or atrial fibrillation.

Total T4 measures the total amount of thyroxine circulating in the bloodstream. Indications:Used to make diagnosis of underactive or overactive thyroid when TSH is abnormal • Used with TSH for monitoring patients with Graves' disease • Newborn screening test for hypothyroidism • Fairly accurate in patients with no protein abnormalities and not pregnant Free T4 measures the available, unbound amount of thyroxine in the bloodstream.

Free T4 is critical for evaluating patients with hypothalamic-pituitary disease. It is also useful for evaluating the response to levothyroxine in cases of poor compliance and in the first months of treating patients with chronic, severe hypothyroidism.

The total T3 test measures the total amount of triiodothyronine circulating in the bloodstream. Free T3 measures the free, unbound levels of the hormone triiodothyronine available for use by the body.Total T3 measurements, however, should be performedIn patients suspected of having T3 thyrotoxicosis and in patients taking drugs that inhibit the peripheral conversion of T4 to T3 (such as dexamethasone, propranolol, propylthiouracil, amiodarone, and iodine-containing contrast media)

Maternal hypothyroidism causes adverse effects on fetal psychomotor development, highlighting the significance of evaluating thyroid function during pregnancy.Tests should be performed pre-pregnancy or in the first trimester with TSH tests that can detect mild thyroid failure. During pregnancy, the total levels of T3 and T4 are high because of increased TBG, and free T4 levels may slightly increase during the first trimester but will subsequently decline in the second and third trimesters.

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In addition to the pre-analytical factors, potential analytical factors that interfere with the thyroid function tests assays such as heterophilic antibodies and autoantibodies, may lead to discordant thyroid function test results. The optimal use of thyroid function tests should be patient-specific and depends on the patient's specific thyroid disease, the stage of the disease and co-existing medical conditions. Results should be interpreted in the appropriate clinical context of the individual patient with good communication between clinicians and the requesting test laboratory.

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

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ISO 9001:2015

Conditions of Laboratory Testing & Reporting:

- Test result released pertain to the sample, as received
- Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the interpreting clinician.
- Result delays may happen because of unforeseen or uncontrollable circumstances.
- Test report may vary depending on the assay method used
- Test results may show inter-laboratory variations
- Test results are not valid for medico-legal purposes
- Please mail your queries related to test results to Customer Care mail id cs.labs@1mg.com .

Why Do Preventive Test?

Reality Check

60% deaths are due to preventable diseases

50% are at risk of heart disease

59 The mean age of heart failure patients in India

68% Urban Indians do not practice preventive healthcare

20% Population suffers from one of the preventable diseases

50 million people in India suffer from diabetes, making it the Diabetes Capital of the World.

Average cost per case of hospitalisation in urban India is **`26,455**

How much does it cost you to avoid getting sick?

`1 spent on prevention saves `133 on absenteeism cost and `6.62 in healthcare costs.

Prevent illness instead of treating them!

Comprehensive Full Body Check-up	Women Wellness Package
(105 tests)	**(35 tests)**
Contains tests of Liver, Kidney, Heart, Vitamins, Diabetes, etc.	Contains tests of thyroid, hormones, Iron studies etc.