TATA 1mg | Labs
Tata 1mg Technologies Private Limited
Registered office: 2nd Floor, Plot No. B-225, Okhla Industrial Area, Phase-I, South Delhi, New Delhi-110020, Delhi
www.1mg.com/labs care@1mg.com CIN: U74140DL2015PTC279229
ISO 9001:2015

PO No :PO2200904675-101

Customer Name	: Mr.TAPAN GUPTA ROY	Collected Via	: TATA 1MG KOLKATA
Age/Gender	: 69/Male	Referred By	: Dr.
Lab Visit ID	: KOL756355	Collection Date	: 10/Dec/2025 01:33PM
Barcode ID/Order ID	: D26822109 / 15113992	Report Date	: 10/Dec/2025 06:37PM
Sample Type	: Serum	Report Status	: Final Report

BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Kidney Function Test.				
Blood Urea Nitrogen	**68**	mg/dL	9.0 - 23.0	Urease with GLDH
Urea	**145.52**	mg/dL	19.26 - 49.22	Calculated
Creatinine	**8.64**	mg/dL	0.7-1.3	Alkaline picrate-kinetic
Uric Acid	5.4	mg/dL	3.5-7.2	Uricase/Peroxidase
Sodium	**135**	mmol/L	136-145	Indirect ISE
Potassium	4.46	mmol/L	3.5-5.1	Indirect ISE
Chloride	100.0	mmol/L	98-107	Indirect ISE
BUN/Creatinine Ratio	7.9	Ratio	12:1 - 20:1	Calculated

Critical Result-(Creatinine) . Please consult your doctor immediately.
Advice -Kindly correlate clinically.Repeat testing may be done on a fresh sample, if clinically indicated.

Comment:

BUN is directly related to protein intake and nitrogen metabolism and inversely related to the rate of excretion of urea.Blood urea nitrogen (BUN) levels reflect the balance between the production and excretion of urea. Increased levels are seen in renal failure (acute or chronic), urinary tract obstruction, dehydration, shock, burns, CHF, GI bleeding, nephrotoxic drugs. Decreased levels are seen in hepatic failure, nephrotic syndrome, cachexia (low-protein and high-carbohydrate diets).
Urea is a non-proteinous nitrogen compound formed in the liver from ammonia as an end product of protein metabolism. Urea diffuses freely into extracellular and intracellular fluid and is ultimately excreted by the kidneys. Increased levels are found in acute renal failure, chronic glomerulonephritis, congestive heart failure, decreased renal perfusion, diabetes, excessive protein ingestion, gastrointestinal (GI) bleeding, hyperalimentation, hypovolemia, ketoacidosis, muscle wasting from starvation, neoplasms, pyelonephritis, shock, urinary tract obstruction, nephrotoxic drugs. Decreased levels are seen in inadequate dietary protein, low-protein/high-carbohydrate diet, malabsorption syndromes, pregnancy, severe liver disease, certain drugs.
Creatinine is catabolic product of creatinine phosphate, which is excreted by filtration through the glomerulus and by tubular secretion. Creatinine clearance is an acceptable clinical measure of glomerular filtration rate (GFR). Increased levels are seen in acute/chronic renal failure, urinary tract obstruction, hypothyroidism, nephrotoxic drugs, shock, dehydration, congestive heart failure, diabetes. Decreased levels are found in muscular dystrophy.
BUN/Creatinine ratio (normally 12:1–20:1) is decreased in acute tubular necrosis, advanced liver disease, low protein intake, and following hemodialysis. BUN/Creatinine ratio is increased in dehydration, GI bleeding, and increased catabolism.
Uric acid levels show diurnal variation. The level is usually higher in the morning and lower in the evening. Increased levels are seen in starvation, strenuous exercise, malnutrition, or lead poisoning, gout, renal disorders, increased breakdown of body cells in some cancers (including leukemia, lymphoma, and multiple myeloma) or cancer treatments, hemolytic anemia, sickle cell anemia, or heart failure, pre-eclampsia, liver disease (cirrhosis), obesity, psoriasis, hypothyroidism, low blood levels of parathyroid hormone (PTH), certain drugs, foods that are very high in purines - such as organ meats, red meats, some seafood and beer. Decreased levels are seen in liver disease, Wilson's disease, Syndrome of inappropriate antidiuretic hormone (SIADH), certain drugs.

Calcium

Calcium	9.7	mg/dL	8.7-10.4	Arsenazo III

NABL certificate and scope

This test has been performed at
TATA 1MG KOLKATA
Address: Plot No. Y-17, Block - EP, Electronic Complex, Bidhannagar, Kolkata - 700091

Dr Sulagna Ray Pal
M.Sc, PhD (Biochemistry)
Consultant Biochemist

Scan for digital copy

PO No :PO2200904675-101

Customer Name	: Mr.TAPAN GUPTA ROY	Collected Via	: TATA 1MG KOLKATA
Age/Gender	: 69/Male	Referred By	: Dr.
Lab Visit ID	: KOL756355	Collection Date	: 10/Dec/2025 01:33PM
Barcode ID/Order ID	: D26822109 / 15113992	Report Date	: 10/Dec/2025 06:37PM
Sample Type	: Serum	Report Status	: Final Report

BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method

Comment:

Increased in: Hyperparathyroidism primary and secondary, Acute and chronic renal failure, Following renal transplantation, Osteomalacia with malabsorption, Acute osteoprosis, Malignant tumours (specially of breast, lung and kidney), Drugs: Vit. D and A intoxication, Diuretics, estrogen, androgen, tamoxifen, lithium

Decreased in: Hypoparathyroidism, Surgical and Idiopathic, Pseudohypoparathyroidism, Chronic renal disease with uremia and phophate retention, Malabsorption of Calcium and Vit.D, obstructive jaundice, Bone Disease (Osteomalacia and rickets), Drugs: Cancer chemotherapy drugs, calcitonin, loop-actives diuretics, Hypomagnesemia,Hypoalbuminemia

Phosphorus, Serum

Phosphorus	5.00	mg/dl	2.4 - 5.1	Phosphomolybdate

Comment:

Phosphate metabolism is under the regulation of PTH, Vitamin D metabolites, and Fibroblast growth factor-23.
Serum phosphate concentrations are about 50% higher in infants than in adults and decline throughout childhood as a consequence of the ability of growth hormone to increase the renal phosphate threshold.

Increased in:

Decreased Renal filtraton (Acute or chronic renal failure) or increased reabsorption (e.g., hypoparathyroidism)
Increased Phosphate load (e.g., Oral or iv administration, Phosphate-containing laxatives or enemas, Vitamin D intoxication)
Cell Lysis (e.g., hemolysis, leukemias, chemotherapy, rhabdomyolysis)
Bone disease (e.g., healing fractures, multiple myeloma, Paget disease, osteolytic tumors)
Genetic (e.g., Hypoparathyroidism, Tumoral calcinosis)

Decreased in:

Intracellular Shift (e.g., Oral or intravenous Glucose, Insulin, Diabetic ketoacidosis, Respiratory alkalosis, Alcoholism, Severe burns)
Lowered Renal Phosphate Threshold (e.g., Primary or secondary hyperparathyroidism, Renal tubular defects)
Decreased Intestinal Absorption (Malabsorption syndrome, Vitamin D deficiency) or increased loss (Vomiting, Diarrhea)
Drugs (e.g., Salicylate, Paracetamol, Estrogens, Diuretics, Bisphosphonates, Anticonvulsants, Phosphate binding antacids, Antiviral drugs etc)

Note:

Because a significant diurnal variation in plasma phosphate has been reported, fasting morning specimens are recommended. Levels are influenced by dietary intake, meals, and exercise.

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

NABL certificate and scope

This test has been performed at
TATA 1MG KOLKATA
Address: Plot No. Y-17, Block - EP, Electronic Complex, Bidhannagar, Kolkata - 700091

Dr Sulagna Ray Pal
M.Sc, PhD (Biochemistry)
Consultant Biochemist

Scan for digital copy

PO No :PO2200904675-101

Customer Name	: Mr.TAPAN GUPTA ROY	Collected Via	: TATA 1MG KOLKATA
Age/Gender	: 69/Male	Referred By	: Dr.
Lab Visit ID	: KOL756355	Collection Date	: 10/Dec/2025 01:33PM
Barcode ID/Order ID	: D26822109 / 15113992	Report Date	: 10/Dec/2025 06:37PM
Sample Type	: Serum	Report Status	: Final Report

BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method

3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient's details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.
7. Pregnant women should seek guidance from a qualified obstetrician as test parameters may vary during pregnancy

NABL certificate and scope

This test has been performed at
TATA 1MG KOLKATA
Address: Plot No. Y-17, Block - EP, Electronic Complex, Bidhannagar, Kolkata - 700091

Dr Sulagna Ray Pal
M.Sc, PhD (Biochemistry)
Consultant Biochemist

Scan for digital copy

TATA 1mg | Labs

TATA

ENSURING ACCURACY IN EVERY SINGLE REPORT

Following a 3-step review process:

Advanced systems & cutting-edge technology analyze results with precision

Experienced lab experts and technicians conduct comprehensive reviews

Each report undergoes rigorous medical scrutiny & is signed off by a doctor

Have concerns regarding the report?

Reach out to our care team at **care@1mg.com** or **chat with us**

CONNECT NOW >

Accurate Testing, Assured Quality: Diagnostics Precision

Stringent quality control
Measures meeting international norms of safety guidelines

Cutting-edge technology
Robust healthcare systems equipped with calibrated & well-maintained machinery

Experienced lab staff
30+ medical professionals with a collective experience of 200+ years

Verified test procedures
Highly standardized test procedures following CLSI* guidelines

External assessments
Thorough third-party assessment by authorized experts

Trained phlebotomists
Ensuring smooth sample collection experience & pre-analytical precision

Claim FREE doctor consultation

Consult top doctors from the comfort of your home

SCHEDULE NOW>

Watch how we take care of your sample

TATA 1mg CANCER care
Making Strides in Compassionate Care

Get Second Opinion
Order Medicines
Book Lab Tests
Explore Financial Support & more

EXPLORE NOW >

Need Help?
1800-102-1618

*Clinical & Laboratory Standards Institute

T&C Apply