



Credentials

Rohera Inc



- 1. Patentcopy**
- 2. Brief Write Up**
- 3. Test Reports For Patient Suffering From Leukemia**
- 4. Test Reports (HBA1C Before & After Use Of The Device)**
- 5. Test Reports For Patient Suffering From High Cholesterol (Lipid)**
- 6. Test Reports For Patient Suffering From Diabetes (Type 2)**
- 7. Communications with Test labs and Patients**





The Hypothesis:

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

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

Basic cell functions and the effect of Electromagnetic frequencies:

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

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

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

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

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

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

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

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



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

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

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

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

Can e Medica therapy protect me from future illnesses?

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

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

4/4/2018

Acknowledgement Print

Government of India
Ministry of Commerce & Industry
Department of Industrial Policy & Promotion
Controller General of Patents Design & Trade Marks

Welcome MORE PARAG MANOHAR [Sign out](#)

Online Filing Of Patents



Controller General of Patents, Designs & Trade Marks
S.M.Road,Antop Hill, Mumbai-400037
Tel No. (091)(022) 241377010,24141026 Fax No. 022
24130387
E-mail: mumbai-patent@nic.in
Web Site: www.ipindia.gov.in

Docket No 15938



सत्यमेव जयते

Date/Time 04/04/2018

To MORE PARAG MANOHAR

User Id: Parag

"Intellectual Platform", Ground Floor –
Mayuresh, P. R. More Road, Near S. P. More
College, Podi No. 1, Sector 15, New Panvel,
Navi Mumbai – 410 206, Dist. Raigad,
Maharashtra, India

Sr. No.	Ref. No./Application No.	App. Number	Amount Paid	C.B.R. No.	Form Name	Remarks
1	201821012767	E-34081/2018/MUM	0	—	FORM 3	

Total Amount : ₹ 0
Amount in Words: Rupees Only

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-----Original Message-----
 From: "Dr.bhushan mangaonkar(Medical)" <bhushan.mangaonkar@seruminstitute.com>
 To: "umesh.shaligram" <umesh.shaligram@seruminstitute.com>
 Cc: abhijit1964@yahoo.com
 Date: Tue, 21 Aug 2018 10:16:24 +0530
 Subject: study data shared

Regards
Dr.Bhushan Mangaonkar
HOD- OHC
Serum Institute of India Ltd.
 212/2 Hadapsar , Pune 411028

nilesh +
 Amit Mishra Sent a message
 Yousef Al Makhledi You're late!

Profile Picture

Report from Serum Institute

Before and After the Use of MediMagic

DIABETIS STUDY

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

medication taken
medication taken



GADKARI PATHOLOGY ELISA & MICRO BIOLOGY LABORATORY

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

- Shop No. 26, Upper Ground Floor, Madhu Madhav Towers, Laxmi Bhavan Square, Dharampeth, Nagpur - 10
- Branch : C/o. Dr. Dhondse Hospital, Radke Layout, Balaji Nagar, Hingna Road, MIDC, Nagpur.
- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Dr. Inder Gundecha Age/Sex :- Male

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

SAMPLE NUMBER :- 357 (Pre - Trail)

REPORT ON BIOCHEMISTRY

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

* Done on ion selective Analyzer.

REPORT ON HORMONE ESTIMATION

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

P.Gadkari

Dr. Pravin Gadkari
MD (Path)

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

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

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

Sunday : 9.00 A.M. to 12.00 P.M.



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- Branch : C/o. Dr. Dhondse Hospital, Radke Layout, Balaji Nagar, Hingna Road, MIDC, Nagpur.
- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Dr. Inder Gundecha Age/Sex :- Male

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

SAMPLE NUMBER :- 361 (Post - Trail)

REPORT ON BIOCHEMISTRY

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

* Done on ion selective Analyzer.

REPORT ON HORMONE ESTIMATION

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

P.Gadkari
Dr. Pravin Gadkari
MD (Path)

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

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

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



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ELISA & MICRO BIOLOGY LABORATORY

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

- Shop No. 26, Upper Ground Floor, Madhu Madhav Towers, Laxmi Bhavan Square, Dharampeth, Nagpur - 10
- Branch : C/o. Dr. Dhondse Hospital, Radke Layout, Balaji Nagar, Hingna Road, MIDC, Nagpur.
- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

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

REPORT ON BIOCHEMISTRY

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

* Done on ion selective Analyzer.

REPORT ON HORMONE ESTIMATION

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


 Dr. Pravin Gadkari
MD (Path)

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

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

Timing : MIDC Morning 9.00 A.M. to 2.30 P.M. Eve. : 6.30 P.M. to 8.15 P.M.
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Dr. Pravin Gadkari
M.B.B.S., MD (Path)
Director NRPL &
Ayush Blood Bank

- Shop No. 26, Upper Ground Floor, Madhu Madhav Towers, Laxmi Bhavan Square, Dharampeth, Nagpur - 10
- Branch : C/o. Dr. Dhondse Hospital, Radke Layout, Balaji Nagar, Hingna Road, MIDC, Nagpur.
- Tel. No. : 8237067621, 8087045795 | E-mail : gadkari@pravin@yahoo.co.in

Name :- Mrs. Amisha Gundecha Age/Sex :- Female

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

SAMPLE NUMBER :- 360 (Post - Trail)

REPORT ON BIOCHEMISTRY

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

* Done on ion selective Analyzer.

REPORT ON HORMONE ESTIMATION

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

P. Gadkari
Dr. Pravin Gadkari
MD (Path)

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

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

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

Name :- Mr. Vinay Battalwar

Age/Sex :- Male

Ref. By :- Self

Date :- 20/7/19

SAMPLE NUMBER :- 352 (Pre - Trail)

REPORT ON BIOCHEMISTRY

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

REPORT ON HARMONE ESTIMATION

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

P. Gadkari

Dr. .Pravin Gadkari
MD (Path)

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

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

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

- Shop No. 26, Upper Ground Floor, Madhu Madhav Towers, Laxmi Bhavan Square, Dharampeth, Nagpur - 10
- Branch : C/o. Dr. Dhondse Hospital, Radke Layout, Balaji Nagar, Hingna Road, MIDC, Nagpur.
- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

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

REPORT ON BIOCHEMISTRY

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

REPORT ON HORMONE ESTIMATION

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

P. Gadkari
Dr. Pravin Gadkari
MD (Path)

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

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

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

- Shop No. 26, Upper Ground Floor, Madhu Madhav Towers, Laxmi Bhavan Square, Dharampeth, Nagpur - 10
- Branch : C/o. Dr. Dhondse Hospital, Radke Layout, Balaji Nagar, Hingna Road, MIDC, Nagpur.
- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mr. Gautam Gundecha Age/Sex :- Male

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

SAMPLE NUMBER :- 353 (Pre - Trail)

REPORT ON BIOCHEMISTRY

Post- Trail

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

* Done on ion selective Analyzer.

REPORT ON HORMONE ESTIMATION

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


Dr. Pravin Gadkari
MD (Path).

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

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

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Sunday : 9.00 A.M. to 12.00 P.M.



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M.B.B.S., MD (Path)
Director NRPL &
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- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mr. Gautam Gundecha Age/Sex :- Male

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

SAMPLE NUMBER :- 356 (Post - Trail)

REPORT ON BIOCHEMISTRY

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

* Done on ion selective Analyzer.

REPORT ON HORMONE ESTIMATION

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

P.Gadkari
Dr. Pravin Gadkari
MD (Path)

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

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

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Ayush Blood Bank

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- Branch : C/o. Dr. Dhondse Hospital, Radke Layout, Balaji Nagar, Hingna Road, MIDC, Nagpur.
- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mr. Deepak Moghe Age/Sex :- Male

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

SAMPLE NUMBER :- 348

REPORT ON BIOCHEMISTRY

Pre - Trail

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

* Done on ion selective Analyzer.

REPORT ON HORMONE ESTIMATION

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



Dr. Pravin Gadkari
MD (Path)

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

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

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

Sunday : 9.00 A.M. to 12.00 P.M.



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

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Branch : C/o. Dr. Dhondse Hospital, Radke Layout, Balaji Nagar, Hingna Road, MIDC, Nagpur.
- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mr. Deepak Moghe Age/Sex :- Male

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

SAMPLE NUMBER :- 348 (Post - Trail)

REPORT ON BIOCHEMISTRY

Post- Trail

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

* Done on i-Selective Analyzer.

REPORT ON HORMONE ESTIMATION

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


Dr. Pravin Gadkari
MD (Path)

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

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

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 Branch : C/o. Dr. Dhondse Hospital, Radke Layout, Balaji Nagar, Hingna Road, MIDC, Nagpur.
- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

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

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

SAMPLE NUMBER :- 346

REPORT ON BIOCHEMISTRY

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

REPORT ON HORMONE ESTIMATION

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


Dr. Pravin Gadkari
 MD (Path)

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

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

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 Sunday : 9.00 A.M. to 12.00 P.M.



GADKARI PATHOLOGY

ELISA & MICRO BIOLOGY LABORATORY

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

- Shop No. 26, Upper Ground Floor, Madhu Madhav Towers, Laxmi Bhavan Square, Dharampeth, Nagpur - 10
- Branch : C/o. Dr. Dhondse Hospital, Radke Layout, Balaji Nagar, Hingna Road, MIDC, Nagpur.
- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

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

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

SAMPLE NUMBER :- 349 (Post - Trail)

REPORT ON BIOCHEMISTRY

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

REPORT ON HORMONE ESTIMATION

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



Dr. Pravin Gadkari

MD (Path)

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

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

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

**GADKARI PATHOLOGY**
ELISA & MICRO BIOLOGY LABORATORY

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

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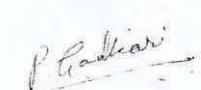
Name :- Mrs. Nandini Paithankar Age/Sex :- Female
Ref. By :- Self Date :- 21/7/19
SAMPLE NUMBER :- 371 (Pre - Trial)

REPORT ON BIOCHEMISTRY

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

REPORT ON HARMONE ESTIMATION

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


Dr. .Pravin Gadkari
MD (Path)

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

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

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

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GADKARI PATHOLOGY

ELISA & MICRO BIOLOGY LABORATORY

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

- Shop No. 26, Upper Ground Floor, Madhu Madhav Towers, Laxmi Bhavan Square, Dharampeth, Nagpur - 10
- Branch : C/o. Dr. Dhondse Hospital, Radke Layout, Balaji Nagar, Hingna Road, MIDC, Nagpur.
- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mrs. Nandini Paithankar Age/Sex :- Female

Ref. By :- Self Date :- 21/7/19

SAMPLE NUMBER :- 374 (Post - Trial)

REPORT ON BIOCHEMISTRY

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

REPORT ON HORMONE ESTIMATION

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

P.Gadkari

Dr. Pravin Gadkari
MD (Path)

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

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

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

**GADKARI PATHOLOGY**
ELISA & MICRO BIOLOGY LABORATORY

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

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- Branch : C/o. Dr. Dhondse Hospital, Radke Layout, Balaji Nagar, Hingna Road, MIDC, Nagpur.
- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mrs. Rachana Jain Age/Sex :- Female

Ref. By :- Self Date :- 21/7/19
SAMPLE NUMBER :- 370 (Pre - Trial)

REPORT ON BIOCHEMISTRY

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

REPORT ON HORMONE ESTIMATION

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


Dr. Pravin Gadkari

MD (Path)

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

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

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

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

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

REPORT ON BIOCHEMISTRY

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

REPORT ON HORMONE ESTIMATION

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

P. Gadkari
Dr. Pravin Gadkari
MD (Path)

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

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

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Sunday : 9.00 A.M. to 12.00 P.M.

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Director NRPL &
Ayush Blood Bank

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

Name :- Mr. Suresh Daware

Age/Sex :- Male

Ref. By :- Self

Date :- 21/7/19

SAMPLE NUMBER :- 369 (Pre - Trial)

REPORT ON BIOCHEMISTRY**INVESTIGATION****RESULTS****NORMAL RANGE**

Blood Glucose Random

304 mg/dl.

Less than 160 mg/dl.

REPORT ON HORMONE ESTIMATION**INVESTIGATION****RESULT****NORML RANGE**

Insulin

24.5 uU/mL

0 -- 24 uU/mL

Dr. .Pravin Gadkari
MD (Path)

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

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

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

Sunday : 9.00 A.M. to 12.00 PM

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GADKARI PATHOLOGY

ELISA & MICRO BIOLOGY LABORATORY

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

- Shop No. 26, Upper Ground Floor, Madhu Madhav Towers, Laxmi Bhavan Square, Dharampeth, Nagpur - 10
- Branch : C/o. Dr. Dhondse Hospital, Radke Layout, Balaji Nagar, Hingna Road, MIDC, Nagpur.
- Tel. No. : 8237067621, 8087045795 | E-mail : gadkarpavin@yahoo.co.in

Name :- Mr. Suresh Daware Age/Sex :- Male

Ref. By :- Self Date :- 21/7/19

SAMPLE NUMBER :- 372 (Post - Trial)

REPORT ON BIOCHEMISTRY

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

REPORT ON HORMONE ESTIMATION

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

P. Gadkari
Dr. Pravin Gadkari
MD (Path)

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

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Sunday : 9.00 A.M. to 12.00 P.M.

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ISO 9001-2008 Certified

Reach Us :

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

24/7 & 365 Days Support Service:

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

Name	Age / Sex	M /	
Ref. By Dr.	Sample ID No.	216	19072016
SELF			
Sample Rec/Coll. Dt 20/07/2019	Type of Sample	EDTA Blood, EDTA BLOOD RAND	
Sample Rec/Coll Time 11:41:51 PM	Recd. From Outside	Yes	

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref. Interval
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HAEMOGLOBIN (SYSMEX XP 100)

HAEMOGLOBIN (Hb)*	11.2	gm/dl	13.0 - 17.0
P.C.V / HAEMATOCRIT*	36.5	%	35 - 52
M C V*	82.4	fL	76 - 96
M C H*	25.3	Picogram	27 - 34
M C H C*	30.7	gm/dl	31 - 36
R B C COUNT*	4.43	Millions/cmm	4.5 - 5.5
RDW*	13.1	%	10.8 - 14.9
PLATELET COUNT*	2.44	Lakh/cmm	1.4 - 4.4
TOTAL LEUCOCYTE COUNT (TLC)*	6,900	/cumm	4000 - 11000

DIFFERENTIAL LEUCOCYTE COUNT (DLC)

NEUTROPHIL	60	%	45 - 65
LYMPHOCYTE	35	%	25 - 45
EOSINOPHIL	03	%	0 - 06
MONOCYTE	02	%	2 - 8

**** End Of Report ****



Dr. Gaval
MBBS, MD.
Pathologist/Microbiologist

Dr. Lubna Seemi
MBBS,DPB
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS,MD
Pathologist/Microbiologist

Reported by : vuy

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

* - Test not in NABL Preview.

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

Additional Director

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

Contd. 2



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Nagpur - 440 012 Tel : 0712- 2455156, 2448769

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Tel : 8237067627, 8087067628, 727607 5693, 8087055164
E-mail : nrplnagpur12@gmail.com

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

BIOCHEMISTRY

Biochemistry done on VITROS 250 Dry Chemistry Analyzer

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

IMMUNOLOGY

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

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

**** End Of Report ****

Dr. Gawal
MBBS, MD.
Pathologist/Microbiologist

Dr. Lubna Seemi
MBBS,DBP
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS,MD
Pathologist/Microbiologist

Reported by : vuy

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

* - Test not in NABL Preview.

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

Additional Director

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



Before

Nagpur Reference Pathology Laboratory
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Reach Us :

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Nagpur - 440 012 Tel : 0712- 2455156, 2448769

24/7 & 365 Days Support Service:

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E-mail : nrplnagpur12@gmail.com

Name		Age / Sex	M /	
Ref. By Dr.	SELF	Sample ID No.	218	190720216
Sample Rec/Coll. Dt	20/07/2019	Type of Sample	EDTA Blood, EDTA BLOOD RAND	
Sample Rec/Coll Time	11:41:51 PM	Recd. From Outside	Yes	

LIPID PROFILE*

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

LIPID PROF INTERPRET

**** End Of Report ****

Dr. Gawal
MBBS, MD.
Pathologist/Microbiologist

Dr. Lubna Seemi
MBBS, DPM
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS, MD
Pathologist/Microbiologist

Reported by: vuy

Checked by: Dr. Sanjay Madankar
M.D. (Path)

Dr. Avinash Sapre
M.D., (Path) DCP (UK)

Dr. Avinash Deshmukh
M.D. (Path)

Dr. Pravin Gadkari
M.D. (Path)

Dr. Rajiv Marawar
M.D. (Path)

* - Test not in NABL Preview.

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

Additional Director

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

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Doc No - F/TR Rev: Issue No.: 00:01 Rev: Issue Date :00: 01/03/12
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NRPL House, Plot No. 22/1, Khare Marg, Dhanoli,
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24/7 & 365 Days Support Service:

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

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

KIDNEY FUNCTION TEST (KFT)

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

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

**** End Of Report ****


Dr. Qawal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seemi
 MBBS,DBB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

Reported by : vuy

Checked by **Dr. Sanjay Madankar**
 M.D. (Path)

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

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 M.D. (Path)

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 M.D. (Path)

Dr. Rajiv Marawar
 M.D. (Path)

Contd...4

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

Additional Director

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

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

Dr. Milind Dharmadhikari
 M.D. (Path)

Dr. Raj Angnani
 M.D.

Doc No - F/TR Rev: Issue No.: 00:01 Rev: Issue Date: 00: 01.03.12
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24/7 & 365 Days Support Service:

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

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

LIVER FUNCTION TEST (LFT)

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

LFT INTERPRET

**** End Of Report ****


Dr. Qawal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seemi
 MBBS,DBP
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

Reported by : vuy

Checked by **Dr. Sanjay Madankar**

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M.D. (Path) DCP (UK)

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M.D. (Path)

Dr. Pravin Gadkari

M.D. (Path)

Dr. Rajiv Marawar

M.D. (Path)

* - Test not in NABL Preview.

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

Additional Director

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M.D. (Path)

Dr. Kailash Agrawal

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

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M.D. (Path)

Dr. Raj Angnani

M.D.

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Nagpur - 440 012 Tel : 0712- 2455156, 2448769

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

Name

Ref. By Dr. SELF

Sample Rec/Coll. Dt 21/07/2019

Sample Rec/Coll Time 1:45:44 AM

Age / Sex

Sample ID No. 4

M /



1907214

Type of Sample EDTA Blood, EDTA BLOOD RA

Recd. Fron Outside Yes

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref. Interval
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HAEMOGLOBIN (SYSMEX XP 100)

HAEMOGLOBIN (Hb) *	11.3	gm/dl	13.0 - 17.0
P.C.V / HAEMATOCRIT *	36.1	%	35 - 52
M C V *	81.5	fL	76 - 96
M C H *	25.5	Picogram	27 - 34
M C H C *	31.3	gm/dl	31 - 36
R B C COUNT *	4.43	Millions/cmm	4.5 - 5.5
RDW *	13.0	%	10.8 - 14.9
PLATELET COUNT *	2.45	Lakh/cmm	1.4 - 4.4
TOTAL LEUCOCYTE COUNT (TLC) *	7,600	/cumm	4000 - 11000

DIFFERENTIAL LEUCOCYTE COUNT (DLC)

NEUTROPHIL	56	%	45 - 65
LYMPHOCYTE	40	%	25 - 45
EOSINOPHIL	02	%	0 - 06
MONOCYTE	02	%	2 - 8

**** End Of Report ****



Dr. Gavval
MBBS, MD.
Pathologist/Microbiologist

Dr. Lubna Seemi
MBBS,DPB
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS,MD
Pathologist/Microbiologist

Reported by: vuy

Checked by: Dr. Sanjay Madankar Dr. Avinash Sapre Dr. Avinash Deshmukh Dr. Pravin Gadkari Dr. Rajiv Marawar

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

* - Test not in NABL Preview.

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

Contd...2

Additional Director

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



After

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24/7 & 365 Days Support Service:

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

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

Recd. From Outside Yes

BIOCHEMISTRY

Biochemistry done on VITROS 250 Dry Chemistry Analyzer

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

**** End Of Report ****

Dr. Gaval
MBBS, MD.
Pathologist/Microbiologist

Dr. Lubna Seemi
MBBS,DPB
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS,MD
Pathologist/Microbiologist

Reported by: vuy

Checked by: **Dr. Sanjay Madankar** **Dr. Avinash Sapre** **Dr. Avinash Deshmukh** **Dr. Pravin Gadkari** **Dr. Rajiv Marawar** Contd...7
M.D. (Path) M.D., (Path) DCP (UK) M.D. (Path) M.D. (Path) M.D. (Path)

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

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



After

Doc No - F/TP Rev: Issue No.: 00-01 Rev: Issue Date: 00-01-03-12 Contd..4
Nagpur Reference Pathology Laboratory & Research Institute Pvt. Ltd., Nagpur. **NRPL**
 ISO 9001-2008 Certified

Reach Us :

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

24/7 & 365 Days Support Service:

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

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

LIPID PROFILE *

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

LIPID PROF INTERPRET

**** End Of Report ****

Dr. Gavval
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seemi
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

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

* - Test not in NABL Preview

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

Additional Director

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

Contd...3



After

Doc No - F/TR_Rev: Issue No.: 00:01, Rev.: Issue Date :00: 01.03.12
Nagpur Reference Pathology Laboratory & Research Institute Pvt. Ltd., Nagpur. **NRPL**
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Tel. : 8237067627, 8087067628, 7276075693, 8087055164
 E-mail : nrplnagpur12@gmail.com

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

KIDNEY FUNCTION TEST (KFT)

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

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

**** End Of Report ****

Dr. Gopal Gawal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seemi
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

Reported by: **Vuy**
 Checked by: **Dr. Sanjay Madankar**

Dr. Avinash Sapre

Dr. Avinash Deshmukh

Dr. Pravin Gadkari

Contd... A

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

M.D. (Path)

M.D. (Path)

M.D. (Path)

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

Additional Director

Dr. Ajay A. Lanjewar

Dr. Kailash Agrawal

Dr. Milind Dharmadhikari

Dr. Raj Angnani

M.D. (Path)

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

M.D. (Path)

M.D.



After

Nagpur Reference Pathology Laboratory & Research Institute Pvt. Ltd., Nagpur.



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

ISO 9001-2008 Certified

Reach Us :

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Nagpur - 440 012 Tel : 0712-2455156, 2448769

24/7 & 365 Days Support Service:

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

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

LIVER FUNCTION TEST (LFT)

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

LFT INTERPRET

**** End Of Report ****

Dr. Girwal
MBBS, MD.
Pathologist/Microbiologist

Dr. Lubna Seemi
MBBS, DPB
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS,MD
Pathologist/Microbiologist

Reported by : vuy

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

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

* - Test not in NABL Preview.

Additional Director

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



After

Nagpur Reference Pathology Laboratory & Research Institute Pvt. Ltd., Nagpur.



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E-mail : nrplnagpur12@gmail.com

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

HAEMATOLOGY

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

* Method - Electromechanical

* Done on Trinity Biotech Coagulometer

**** End Of Report ****


Dr. Gawal
MBBS, MD.
Pathologist/Microbiologist

Dr. Lubna Seemi
MBBS,DBP
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS,MD
Pathologist/Microbiologist

Reported by: vuy

Checked by: **Dr. Sanjay Madankar**
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Dr. Avinash Sapre
M.D., (Path) DCP (UK)

Dr. Avinash Deshmukh
M.D. (Path)

Dr. Pravin Gadkari
M.D. (Path)
Dr. Rajiv Marawar
M.D. (Path) Contd...6

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

Additional Director

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After

Nagpur Reference Pathology Laboratory & Research Institute Pvt. Ltd., Nagpur.



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

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24/7 & 365 Days Support Service:

Tel : 8237067627, 8087067628, 7276075693, 8087055164
E-mail : nrphnagpur12@gmail.com

Name

Ref. By Dr. SELF

Age / Sex

Sample ID No. 4

M /



1907214

Sample Rec/Coll. Dt 21/07/2019

Sample Rec/Coll Time 1:45:44 AM

Type of Sample

EDTA Blood, EDTA BLOOD RAN

Recd. From Outside Yes

IMMUNOLOGY

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

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

**** End Of Report ****

Dr. Gawai
MBBS, MD.
Pathologist/Microbiologist

Dr. Lubna Seemi
MBBS,DPB
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS,MD
Pathologist/Microbiologist

Reported by: vuy

Checked by Dr. Sanjay Madankar Dr. Avinash Sapre Dr. Avinash Deshmukh Dr. Pravin Gadkari Dr. Rajiv Marawar

M.D. (Path)

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

M.D. (Path)

M.D. (Path)

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* - Test not in NABL Preview.

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

Additional Director

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

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

HAEMOGRAM

Specimen : EDTA Whole Blood

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

Smear Study

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

Performed on Beckman Coulter Haematology Analyzer.

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

Patient : Mrs. RUKMINI SHROFF
 Age/Sex : 62 Yrs/Female
 Referred By : Dr. Shashikant Apte
 Location : OPD
 Sponsor : -
 Collected At : Sahyadri Speciality Hospitals
 Lab No. : 0031503118

PRN : 867007 IP No. : -
 Visit No. : OP-2 Date : 31/01/2018
 Sample Collected : 31/01/2018 11:00
 Sample Rcvd. in Lab : 31/01/2018 11:50
 Reported On : 02/02/2018 17:48
 Processed At : SSL Main Lab
 Status : Verified

PCR REPORT

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

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

Reverse Transcriptase PCR

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

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

Real Time Quantitative PCR (RQ-PCR)

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

Limitations

RNA is extremely labile.

Presence of PCR inhibitors may interfere with the test.

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

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


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


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

Sahyadri Speciality Labs

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



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

HAEMOGRAM

Specimen : EDTA Whole Blood

Test Name	Test Value	UOM	Biological Reference Interval
Haemoglobin	10.0	g/dL	12.0 - 15.0
R.B.C. Count	3.24	$\times 10^6/\mu\text{L}$	3.80 - 4.80
Haematocrit	31.3	%	36.0 - 46.0
M.C.V.	96.5	fL	76 - 96
M.C.H	31	pg	27 - 32
M.C.H.C.	32.1	gm/dL	31.5 - 34.5
R.D.W. -CV	16.6	%	11.6 - 14
Total W.B.C. Count	7300	/ μL	4000 - 10000
Differential Count			
Neutrophils	69.7	%	40.0 - 80.0
Lymphocytes	21.5	%	20.0 - 40.0
Monocytes	3.9	%	2.0 - 10.0
Eosinophils	4.5	%	1.0 - 6.0
Basophils	0.4	%	< 1 - 2
Platelet Count	323000	/ μL	150000 - 410000
MPV	8	fL	
Smear Study		Normocytic normochromic RBCs. Platelets adequate on smear.	

Performed on Beckman Coulter Haematology Analyzer.

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



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

Entered By:70000971

Page 1 of 1

Sahyadri Hospitals Ltd. CIN : U85110PN1996PLC099499 Regd. Office : Plot No. 54, S.No.-89-90, Lokmanya Colony, Nr. R K Auto & Jeet. Opp. Vanaz Company, Kothrud, Pune 411038.

Sahyadri Speciality Labs

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

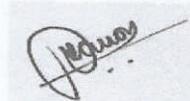


Patient	: Mrs. RUKMINI SHROFF	PRN	: 867007	IP No.	:-
Age/Sex	: 63 Yrs/Female	Visit No.	: OP-8	Date	: 26/10/2018
Referred By	: Dr. Shashikant Apte	Sample Collected	: 26/10/2018 11:59		
Location	: OPD	Sample Recvd. in Lab	: 26/10/2018 12:46		
Sponsor	:-	Reported On	: 26/10/2018 14:17		
Collected At	: Sahyadri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

BIOCHEMISTRY REPORT

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

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



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

Entered By:70000972

Page 1 of 1

Sahyadri Hospitals Ltd. CIN : U85110PN1996PLC099499 Regd. Office : Plot No. 54, S.No.-89-90, Lokmanya Colony, Nr. R K Auto & Jeet. Opp. Vanaz Company, Kothrud, Pune 411038.

		 Certificate No. MC-2779 NABL Accredited	 <i>Expertise. Empowering you.</i>																															
Patient Name : Mr.JAYENDRA SINGH Age/Gender : 38 Y O M O D /M UHID/MR No : DPVP.0000000718 Visit ID : DPVPOPV1096 Ref Doctor : Dr.SELF IP/OP NO :		Collected : 24/Aug/2018 02:26PM Received : 24/Aug/2018 05:14PM Reported : 24/Aug/2018 05:33PM Status : Final Report Client Name : PCC VADGAONSHERI PUNE Client Code : PCC0157																																
DEPARTMENT OF BIOCHEMISTRY																																		
Test Name	Result	Unit	Bio. Ref. Range	Method																														
LIPID PROFILE , SERUM																																		
TOTAL CHOLESTEROL	269	mg/dL	<200	Enzymatic (CHE/CHO/POD)																														
TRIGLYCERIDES	258	mg/dL	<150	Enzymatic(Lipase/GK/GPO/POD)																														
HDL CHOLESTEROL	39	mg/dL	40-60	Direct Measure PEG																														
NON-HDL CHOLESTEROL	230	mg/dL	<130	Calculated																														
LDL CHOLESTEROL	178.4	mg/dL	<100	Calculated																														
VLDL CHOLESTEROL	51.6	mg/dL	<30	Calculated																														
CHOL / HDL RATIO	6.90		0-4.97	Calculated																														
Comment: Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.																																		
<table border="1"> <thead> <tr> <th></th> <th>Desirable</th> <th>Borderline High</th> <th>High</th> <th>Very High</th> </tr> </thead> <tbody> <tr> <td>TOTAL CHOLESTEROL</td> <td>< 200</td> <td>200 - 239</td> <td>≥ 240</td> <td></td> </tr> <tr> <td>TRIGLYCERIDES</td> <td><150</td> <td>150 - 199</td> <td>200 - 499</td> <td>≥ 500</td> </tr> <tr> <td>LDL</td> <td>Optimal < 100 Near Optimal 100-129</td> <td>130 - 159</td> <td>160 - 189</td> <td>≥ 190</td> </tr> <tr> <td>HDL</td> <td>≥ 60</td> <td></td> <td></td> <td></td> </tr> <tr> <td>NON-HDL CHOLESTEROL</td> <td>Optimal <130; Above Optimal 130-159</td> <td>160-189</td> <td>190-219</td> <td>>220</td> </tr> </tbody> </table> <p>Measurements in the same patient can show physiological and analytical variations. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.</p>						Desirable	Borderline High	High	Very High	TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240		TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500	LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190	HDL	≥ 60				NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
	Desirable	Borderline High	High	Very High																														
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240																															
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500																														
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190																														
HDL	≥ 60																																	
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220																														

*** End Of Report ***



DR. SANJAY INGLE
MBBS, MD (PATH)

Page 1 of 1



SIN No: BI01018788

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

Apollo Health and Lifestyle Limited

(CIN - U85110TN2000PLC046089)

Regd. Office: 19 Bishop Gardens, R A Puram, Chennai 600 028, Tamil Nadu, India. Email ID: info@apollohl.com

www.apollodiagnostics.in

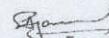
For more information contact us at: customer care@apollodiagnostics.in

PATIENT NAME : Mr. Jayendra Singh	AGE: 38 Yrs / M
REFERRED BY: Dr. Self	DATE: 25-08-2018

BIOCHEMISTRY LIPID PROFILE

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

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



DR.SAMIR AGARWAL
DNB (PATH)
CONSULTANT PATHOLOGIST



Gmail

Compose

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Important

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More

nilesh +

Amit Mishra Sent a message

Yousaf Al Makhiani You've left

Search mail

From: "SINGH, JAYENDRA [AG/6020]" <jayendra.singh@monsanto.com>
Date: 27 August 2018 at 2:02:37 PM IST
To: "bohra@icloud.com" <bohra@icloud.com>
Subject: FW: report of jayendra singh and s n sabole

Hello Hemant,

Please find enclosed my pre and post test results for the lipid profile.

I am delighted to see the extremely positive movement in my lipid profiles after using your device for just one hour. In my personal capacity, I am perfectly ok if you have to use this as testimonials and I personally do not expect any thing in return. Thanks!

Best Regards,
Jayendra Singh

From: FOCUS DIAGNOSTIC CENTRE [mailto:focuskharhao@gmail.com]
Sent: Saturday, August 25, 2018 8:29 PM
To: SINGH, JAYENDRA [AG/6020] <jayendra.singh@monsanto.com>
Subject: Fwd: report of jayendra singh and s n sabole



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

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

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

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

Interpretation :

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

-- End of Report --

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



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

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

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

Interpretation :

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

-- End of Report --

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

Name	Mr. Deepak Moghe	Age / Sex	58 Yrs. M /	
Ref. By Dr.	Mrs. Mardikar MD	Sample ID No.	4	2005254
Sample Rec/Coll. Dt	25/05/2020	Type of Sample	EDTA Blood, EDTA BLOOD FASTING, Seru	
Sample Rec/Coll Time	7:17:00 AM	Recd. From Outside	Yes	

HAEMATOLOGY

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

HbA1C (GLYCOSYLATED HAEMOGLOBIN)

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

Method :- Nephelometry & Turbidometry Done on MISPA -i2

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

BIOCHEMISTRY

Biochemistry done on VITROS 250 Dry Chemistry Analyzer

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

IMMUNOLOGY

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

Contd...2



Before

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

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

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

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

**** End Of Report ****

Dr. Gawal
MBBS, MD.
Pathologist/Microbiologist

Dr.Lubna Seemi
MBBS,DPB
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS,MD
Pathologist/Microbiologist

Reported by : &y
Checked by : -----

* - Test not in NABL Preview.

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

HAEMATOLOGY

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

**** End Of Report ****

Dr. Gaval
MBBS, MD.
Pathologist/Microbiologist

Dr.Lubna Seemi
MBBS,DBP
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS,MD
Pathologist/Microbiologist

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

* - Test not in NABL Preview.

Contd...2

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

KIDNEY FUNCTION TEST (KFT)

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

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

**** End Of Report ****

Dr. Gawal
MBBS, MD.
Pathologist/Microbiologist

Dr.Lubna Seemi
MBBS,DPB
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS,MD
Pathologist/Microbiologist

Reported by: w4G
Checked by: _____

Contd...3

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

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

LIVER FUNCTION TEST (LFT)

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

LFT INTERPRET

HAEMATOLOGY

HbAIC (GLYCOSYLATED HAEMOGLOBIN)

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

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

Contd...4

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

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

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

REPORT ON VITAMIN B12 LEVEL SERUM

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

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

BIOCHEMISTRY

Biochemistry done on VITROS 250 Dry Chemistry Analyzer

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

IMMUNOLOGY

Test Name	Value	Unit	Biological Ref. Interval
INSULIN*			

Contd...5

* - Test not in NABL Preview.



After

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

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

**** End Of Report ****

Dr. Gawal
MBBS, MD.
Pathologist/Microbiologist

Dr.Lubna Seemi
MBBS,DBP
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS,MD
Pathologist/Microbiologist

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

Contd...6



After

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

NRPL SPECIAL TESTS

VITAMIN D*

25 HYDROXY VITAMIN D (Calcidiol)

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

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

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

**** End Of Report ****

Dr. Gawal
MBBS, MD,
Pathologist/Microbiologist

Dr.Lubna Seemi
MBBS,DPB
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS,MD
Pathologist/Microbiologist

Reported by : w4G
Checked by : _____

* - Test not in NABL Preview.



Before



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

DEPARTMENT OF HAEMATOLOGY

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



Page 1 of 4

SIN No:HA01599128

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

Apollo Health and Lifestyle Limited

(CIN- U85110TG2000PLC115819)

Regd. Office: #7-1617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to: Ameerpet Metro Station, Ameerpet, Hyderabad- 500038

www.apollodiagnostics.in

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



Before



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

DEPARTMENT OF COAGULATION

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

Prothrombin Time	16.5	Seconds	11-16	Optomechanical clot detection
Control (MNPT)	14.50	Seconds		Optomechanical clot detection
Ratio	1.14			Calculated
Prothrombin Index	87.88	%		Calculated
International Normalized Ratio (INR)	1.15			Calculated

Comment:

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

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



Page 2 of 4

SIN No:CO00175516

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

www.apollodiagnostics.in

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



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

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

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	>= 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

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



Page 3 of 4

SIN No: BI04633725, BI04633726

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

www.apollodiagnostics.in

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



Before



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

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

*** End Of Report ***

DR. SANJAY INGLE
MBBS, MD (PATH)

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



Page 4 of 4

SIN No:IM01796551

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC15819)

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

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

www.apolldiagnostics.in



After



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

DEPARTMENT OF HAEMATOLOGY

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



Page 1 of 4

SIN No:HA0159808

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

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

www.apolldiagnostics.in



After



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

DEPARTMENT OF COAGULATION

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

PROTHROMBIN TIME (PT/INR), WHOLE BLOOD- NA CITRATE

Prothrombin Time	14.6	Seconds	11-16	Optomechanical clot detection
Control (MNPT)	14.50	Seconds		Optomechanical clot detection
Ratio	1.01			Calculated
Prothrombin Index	99.32	%		Calculated
International Normalized Ratio (INR)	1.01			Calculated

Comment:

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

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



Page 2 of 4

SIN No:CO00175617

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115B19)

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

www.apollodiagnostics.in

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



After



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

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



SIN No:BI04634972

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

Page 3 of 4

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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



After



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

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

*** End Of Report ***

DR. SANJAY INGLE
MBBS, MD (PATH)

DR. SHIRISH POPHALIKAR
MBBS,MD (PATH)

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



Page 4 of 4

SIN No:IM01797612

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

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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Before



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

DEPARTMENT OF HAEMATOLOGY

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



SIN No:HA01599140

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

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Before



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

DEPARTMENT OF COAGULATION

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

Prothrombin Time	13.5	Seconds	11-16	Optomechanical clot detection
Control (MNPT)	14.50	Seconds		Optomechanical clot detection
Ratio	0.93			Calculated
Prothrombin Index	107.41	%		Calculated
International Normalized Ratio (INR)	0.92			Calculated

Comment:

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

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



SIN No:CO00175517

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

Page 2 of 4

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

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

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	>= 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

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



SIN No:BI04633753,BI04633754

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

Page 3 of 4

Apollo Health and Lifestyle Limited

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Before



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

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

*** End Of Report ***

DR. SANJAY INGLE
MBBS, MD (PATH)



SIN No:IM01796583

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

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After



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

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



SIN No:HA01599824

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

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After



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

DEPARTMENT OF COAGULATION

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

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

Comment:

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

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



SIN No:CO00175619

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

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After



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

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



SIN No:BI04634997

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

Page 3 of 4

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After



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

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

*** End Of Report ***

DR. SANJAY INGLE
MBBS, MD (PATH)

DR. SHIRISH POPHALIKAR
MBBS,MD (PATH)

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



SIN No:IM01797653

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

Page 4 of 4

Apollo Health and Lifestyle Limited

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Before
After

REG NO. : OPD / 559

NAME : Mr. Badari Nimakwala

SEX : Male

REF BY :

DATE : 24/09/2020

BLOOD SUGAR (RANDOM)

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

*** End Of Report ***



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



Before
After

REG NO. : OPD / 558

NAME : Mrs. Rajkumari Hemdev

REF BY :

SEX : Female

DATE : 24/09/2020

BLOOD SUGAR (RANDOM)

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

*** End Of Report ***



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



Before
After

REG NO. : OPD / 560

NAME : Mr. Rajkumar Hemdev

REF BY :

SEX : Male

DATE : 24/09/2020

BLOOD SUGAR (RANDOM)

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

*** End Of Report ***



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



Before

Dr Lal PathLabs

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Tel: +91-11-3024-4100, 3988-5050, Fax: +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com
Web: www.lalpathlabs.com, CIN No.: L74899DL1995PLC065388

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

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

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

Note

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

Clinical Utility

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

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

Decreased levels - Untreated Type I Diabetes mellitus



Page 1 of 2

If test results are alarming or unexpected, client is advised to contact the laboratory immediately for possible re-testing.
@ Tests conducted at Referral Lab.



After

Dr Lal PathLabs

Regd. Office/National Reference Lab: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085
Tel: +91-11-3024-4100, 3988-5050, Fax: +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com
Web: www.lalpathlabs.com, CIN No.: L74899DL1995PLC065388

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

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

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

Note

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

Clinical Utility

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

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

Decreased levels - Untreated Type I Diabetes mellitus

Page 1 of 2



If test results are alarming or unexpected, client is advised to contact the laboratory immediately for possible remediation.
@ Tests conducted at Referral Lab.



Before



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Web: www.lalpathlabs.com, CIN No.: L74899DL1995PLC065388

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

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

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

Note

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

Clinical Utility

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

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

Decreased levels - Untreated Type I Diabetes mellitus



Page 1 of 2

If test results are alarming or unexpected, client is advised to contact the laboratory immediately for post @ Tests conducted at Referral Lab.



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 Tel: +91-11-3024-4100, 3988-5050, Fax: +91-11-2788-2134, E-mail: laipathlabs@lalpathlabs.com
 Web: www.lalpathlabs.com, CIN No.: L74899DL1995PLC065388

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

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

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

Note

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

Clinical Utility

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

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

Decreased levels - Untreated Type I Diabetes mellitus





Before



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

Regd. Office/National Reference Lab: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085
Tel: +91-11-3024-4100, 3988-5050, Fax: +91-11-2788-2134, E-mail: laipathlabs@laipathlabs.com
Web: www.laipathlabs.com, CIN No.: L74899DL1995PLC065388

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

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

Note

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

Clinical Utility

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

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

Decreased levels - Untreated Type I Diabetes mellitus



Page 1 of 2

If test results are alarming or unexpected, client is advised to contact the laboratory immediately for possible retesting.
@ Tests conducted at Referral Lab.



After



Regd. Office/National Reference Lab: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085
Tel: +91-11-3024-4100, 3988-5050, Fax: +91-11-2788-2134, E-mail: laipathlabs@laipathlabs.com
Web: www.laipathlabs.com, CIN No.: L74899DL1995PLC065388

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

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

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

Note

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

Clinical Utility

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

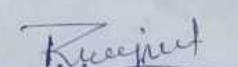
Increased levels - Insulinoma, Some Type II diabetic patients, Infantile hypoglycemia, Hyperinsulinism, Obesity, Cushing's syndrome, Oral contraceptives, Acromegaly, Hyperthyroidism

Decreased levels - Untreated Type I Diabetes mellitus



Page 1 of 2

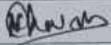
If test results are alarming or unexpected, client is advised to contact the laboratory immediately for possible repeat test.
@ Tests conducted at Referral Lab.

 नाशिक महानगरपालिका, नाशिक सार्वजनिक आरोग्य विभाग	
दुरध्यनी क्रमांक :- ०२५३- २३१७२९२ २२२२५३२ ई-मेल आयडी :- nmcmsmd@gmail.com pub_health@nmc.gov.in PANCHAVATI DIVISION	कार्यालय सार्वजनिक आरोग्य विभाग, ३ रा मजला, राजीव गांधी भवन, शरणपूररोड, नाशिक ४२२ ००२ दिनांक :- ११ / १२ / २०२०
MEDICAL CERTIFICATE (For POSITIVE patient)	
Date: ११ / १२ / २०२०	
<p>I Dr. <u>Priyanka Rajput</u> working CCC Nashik. I have examined Mr./Mrs/Miss <u>Vishal . G. Khairnar</u> Age <u>30 yrs</u> at MERI CCC NASHIK</p> <p>On date <u>09-12-2020</u> and have POSITIVE to the Covid 19 by</p> <p>RTPCR (Swab testing)</p> <p>Sample ID <u>C.H/348200</u></p> <p>SRF ID <u>2748700/548B</u></p> <p>LAB NAME <u>Metroflic, Mumbai</u> <u>Meri ccc</u></p> <p> वैद्यकिय अधिकारी MERI CCC दवाखाना मनपा, नाशिक. Medical officer </p> <p>MERI COVID CARE CENTER</p> <p>Nashik Municipal Corporation, Nashik.</p>	



Nashik Municipal Corporation Rapid Antigen Testing Report

Name	MAYA V KHAIRNAR	
Age	27 YRS	
Gender	FEMALE	
Test Center	MANOHARLAL NALCO TEST CENTRE	
Test Result	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative
Technician / Sister		
Doctor's Name		
Referred Hospital (If Positive) / Home Isolation		

Signature	
Stamp	
Date	18/12/2020



Nashik Municipal Corporation Rapid Antigen Testing Report

Name	VISHAL G KHAIRNAR	
Age	30 YRS	
Gender	MALE	
Test Center	MATHIMATAID NAKA TEST CENTRE	
Test Result	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative
Technician / Sister		
Doctor's Name		
Referred Hospital (If Positive) / Home Isolation		

Signature	<u>Vishav</u>
Stamp	
Date	18/12/2020



Name : Mr. RAJKUMAR HAEMDEV
 MR No : 00001010/PUNE
 Ref by :

Date : 16/Apr/2015
 Age/Sex : /Male

VISIT REPORT

Complaints: FOR RETINAL EVALUATION & MANAGEMENT USING SPECTS

SINCE THE AGE OF 20YRS -

History : DM SINCE 45YRS ON RX
 BORN WITH HERNIA-NOT OPERATED

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

Advice

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

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

Dr VARDHAMAN Kankariya

KSR EYE WEAR

Name Rajkumar Hemdev
Age Date 23/11/20

Wanowrie 9518727553
Undri 9518726086

Spectacle Prescription

	RIGHT			LEFT		
	SPH	CYL	AXIS	SPH	CYL	AXIS
Dist	L	-	+	L	-	6/9
Near	-	Add 1.50	-	1.50	-	16

Remark..... Bifocal.....

Signature

REPORT

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

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

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

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

Please correlate with clinical conditions.

Method : Manual Dipstick Method

Remarks : Alert!!!

Yeast cells are present.

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



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

Page : 1 of 21



Before



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REPORT

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

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMOCYSTEINE	PHOTOMETRY	25.9	μmol/L

Reference Range :-

< 30

CLINICAL SIGNIFICANCE:

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

HIGH VALUES:

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

Please correlate with clinical conditions.

Method:- ENZYMATIC ASSAY

Sample Collected on (SCT)	: 30 Aug 2020 12:00	
Sample Received on (SRT)	: 31 Aug 2020 00:45	
Report Released on (RRT)	: 31 Aug 2020 05:27	
Sample Type	: SERUM	
Labcode	: 3008037375/PP004	Dr.Prachi Sinkar MD(Path)
Barcode	: Q3891620	Dr.Caesar Sengupta MD(Micro)

Page : 2 of 21

REPORT

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

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
CYSTATIN C Reference Range :-	IMMUNOTURBIDIMETRY	1.1	mg/L

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

Clinical significance

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

Reference

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

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

Sample Collected on (SCT)	: 30 Aug 2020 12:00	
Sample Received on (SRT)	: 31 Aug 2020 00:45	
Report Released on (RRT)	: 31 Aug 2020 05:27	
Sample Type	: SERUM	
Labcode	: 3008037375/PP004	Dr.Prachi Sinkar MD(Path)
Barcode	: Q3891620	Dr.Caesar Sengupta MD(Micro)

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Before



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REPORT

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

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

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

Reference Range :-

ADULTS : < 30.0 MG/DL

INTERPRETATION:

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

SPECIFICATIONS:

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

EXTERNAL QUALITY CONTROL PROGRAM PARTICIPATION:

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

KIT VALIDATION REFERENCES:

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

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

Sample Collected on (SCT)	: 30 Aug 2020 12:00	
Sample Received on (SRT)	: 31 Aug 2020 00:45	
Report Released on (RRT)	: 31 Aug 2020 05:27	
Sample Type	: SERUM	
Labcode	: 3008037375/PP004	Dr.Prachi Sinkar MD(Path)
Barcode	: Q3891620	Dr.Caesar Sengupta MD(Micro)

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REPORT

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

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

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

Please correlate with clinical conditions.

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

Dr.Caesar Sengupta MD(Micro)

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REPORT

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

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

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

Reference Range :-

ADULT : <=3.0 MG/L

INTERPRETATION:

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

CLINICAL SIGNIFICANCE:

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

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

REFERENCES:

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

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED LATEX AGGLUTINATION – BECKMAN COULTER

Sample Collected on (SCT)	: 30 Aug 2020 12:00	
Sample Received on (SRT)	: 31 Aug 2020 00:45	
Report Released on (RRT)	: 31 Aug 2020 05:27	
Sample Type	: SERUM	
Labcode	: 3008037375/PP004	Dr.Prachi Sinkar MD(Path)
Barcode	: Q3891620	Dr.Caesar Sengupta MD(Micro)

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REPORT

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

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	C.L.I.A	16.25	ng/ml
Reference Range :			
DEFICIENCY : <20 ng/ml			
INSUFFICIENCY : 20-<30 ng/ml			
SUFFICIENCY : 30-100 ng/ml			
TOXICITY : >100 ng/ml			
Vitamin D Total test is analyzed on Siemens ADVIA Centaur, standardized against ID-LC/MS/MS, as per Vitamin D Standardization Program (VDSP).			
Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY			
VITAMIN B-12	C.L.I.A	254	pg/ml
Reference Range :			
Normal : 211 - 911 pg/ml			

Clinical significance :

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

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

External quality control program participation:

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

Kit validation references:

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

Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

Sample Collected on (SCT)	: 30 Aug 2020 12:00		
Sample Received on (SRT)	: 31 Aug 2020 00:45		
Report Released on (RRT)	: 31 Aug 2020 05:27		
Sample Type	: SERUM		
Labcode	: 3008037375/PP004	Dr.Prachi Sinkar MD(Path)	Dr.Caesar Sengupta MD(Micro)
Barcode	: Q3891620		



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REPORT

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

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

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

Reference Range :-

MALE : 63.5 - 150
FEMALE : 80 - 155

CLINICAL SIGNIFICANCE

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

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

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

Please correlate with clinical conditions.

Method:- 3,5-DIBR-PAESA

Sample Collected on (SCT)	: 30 Aug 2020 12:00	
Sample Received on (SRT)	: 31 Aug 2020 00:45	
Report Released on (RRT)	: 31 Aug 2020 05:27	
Sample Type	: SERUM	
Labcode	: 3008037375/PP004	Dr.Prachi Sinkar MD(Path)
Barcode	: Q3891620	Dr.Caesar Sengupta MD(Micro)

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Before



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REPORT

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

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

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

Reference Range :-

52 - 286

CLINICAL SIGNIFICANCE

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

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

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

Please correlate with clinical conditions.

Method:- NITRO - PAPS

Sample Collected on (SCT)	: 30 Aug 2020 12:00	
Sample Received on (SRT)	: 31 Aug 2020 00:45	
Report Released on (RRT)	: 31 Aug 2020 05:27	
Sample Type	: SERUM	
Labcode	: 3008037375/PP004	Dr.Prachi Sinkar MD(Path)
Barcode	: Q3891620	Dr.Caesar Sengupta MD(Micro)

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Before



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REPORT

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

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

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

Reference Range :-

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

Clinical Significance:

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

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

External quality control program participation:

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

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Sample Collected on (SCT)	: 30 Aug 2020 12:00	
Sample Received on (SRT)	: 31 Aug 2020 00:45	
Report Released on (RRT)	: 31 Aug 2020 05:27	
Sample Type	: SERUM	
Labcode	: 3008037375/PP004	Dr.Prachi Sinkar MD(Path)
Barcode	: Q3891620	Dr.Caesar Sengupta MD(Micro)

Page : 10 of 21



Before



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REPORT

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

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

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

Please correlate with clinical conditions.

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

Dr.Caesar Sengupta MD(Micro)

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REPORT

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

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

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

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
 BILD - Vanadate Oxidation
 BILT - Vanadate Oxidation
 BILI - DERIVED FROM SERUM TOTAL AND DIRECT BILIRUBIN VALUES
 GGT - Modified IFCC method
 SGOT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
 SGPT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
 PROT - BIURET METHOD
 SALB - ALBUMIN BCG¹METHOD (COLORIMETRIC ASSAY ENDPOINT)
 SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
 A/GR - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

Sample Collected on (SCT)	: 30 Aug 2020 12:00		
Sample Received on (SRT)	: 31 Aug 2020 00:45		
Report Released on (RRT)	: 31 Aug 2020 05:27		
Sample Type	: SERUM		
Labcode	: 3008037375/PP004	Dr.Prachi Sinkar MD(Path)	Dr.Caesar Sengupta MD(Micro)
Barcode	: Q3891620		Page : 12 of 21

REPORT

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

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

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

Please correlate with clinical conditions.

Method :

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

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

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

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

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




Dr.Caesar Sengupta MD(Micro)

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Before



REPORT

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

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

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

Comments : SUGGESTING THYRONORMALCY

Please correlate with clinical conditions.

Method :

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

Sample Collected on (SCT)	: 30 Aug 2020 12:00		
Sample Received on (SRT)	: 31 Aug 2020 00:45		
Report Released on (RRT)	: 31 Aug 2020 05:27		
Sample Type	: SERUM		
Labcode	: 3008037375/PP004	Dr.Prachi Sinkar MD(Path)	Dr.Caesar Sengupta MD(Micro)
Barcode	: Q3891620		Page : 14 of 21



Before



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REPORT

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

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

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

Please correlate with clinical conditions.

Method :

BUN - KINETIC UV ASSAY.

SCRE - CREATININE ENZYMATIC METHOD

URIC - Uricase / Peroxidase Method

CALC - ARSENATO III METHOD, END POINT.

B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES

Sample Collected on (SCT)	: 30 Aug 2020 12:00		
Sample Received on (SRT)	: 31 Aug 2020 00:45		
Report Released on (RRT)	: 31 Aug 2020 05:27		
Sample Type	: SERUM		
Labcode	: 3008037375/PP004	Dr.Prachi Sinkar MD(Path)	Dr.Caesar Sengupta MD(Micro)
Barcode	: Q3891620		Page : 15 of 21



Before



REPORT

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

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

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

Reference Range :-

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

Clinical Significance

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

Reference

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

Please correlate with clinical conditions.

Method:- CKD-EPI Creatinine Equation

Sample Collected on (SCT)	: 30 Aug 2020 12:00		
Sample Received on (SRT)	: 31 Aug 2020 00:45		
Report Released on (RRT)	: 31 Aug 2020 05:27		
Sample Type	: SERUM		
Labcode	: 3008037375/PP004	Dr.Prachi Sinkar MD(Path)	Dr.Caesar Sengupta MD(Micro)
Barcode	: Q3891620		Page : 16 of 21



Before



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REPORT

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

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

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

Reference Range :

Reference Range: As per ADA Guidelines

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

Guidance For Known Diabetics

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

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

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

Reference Range :

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

Method : Derived from HbA1c values

Please correlate with clinical conditions.

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

Dr.Prachi Sinkar MD(Path)

Dr.Caesar Sengupta MD(Micro)

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REPORT

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

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

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	11.81	X 10³ / μL	4.0-10.0
NEUTROPHILS	62.3	%	40-80
LYMPHOCYTE PERCENTAGE	30.1	%	20-40
MONOCYTES	3.2	%	0-10
EOSINOPHILS	3.1	%	0.0-6.0
BASOPHILS	1	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	7.36	X 10³ / μL	20-70
LYMPHOCYTES - ABSOLUTE COUNT	3.55	X 10³ / μL	1.0-30
MONOCYTES - ABSOLUTE COUNT	0.38	X 10 ³ / μL	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.12	X 10³ / μL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.37	X 10 ³ / μL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.04	X 10 ³ / μL	0-0.3
TOTAL RBC	5.45	X 10 ⁶ /μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10 ³ / μL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	11.4	g/dL	12.7
HEMATOCRIT(PCV)	42	%	40-50
MEAN CORPUSCULAR VOLUME(MCV)	77.1	fL	81.01
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	20.9	pq	23
MEAN CORP.HEMA.CONC(MCHC)	27.1	g/dL	3.68.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	60.3	fL	84.6
RED CELL DISTRIBUTION WIDTH (RDW-CV)	22.1	%	11.614
PLATELET DISTRIBUTION WIDTH(PDW)	10.3	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	9.4	fL	6.5-12
PLATELET COUNT	518	X 10³ / μL	18-400
PLATELET TO LARGE CELL RATIO(PLCR)	20.4	%	19.7-42.4
PLATELETCRIT(PCT)	0.48	%	0.180.9

Remarks : ALERT !!! Hypochromia,Mild Leucocytosis

Please Correlate with clinical conditions.

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

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

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



 Dr.Caesar Sengupta MD(Micro)

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Before



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REPORT

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

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

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

Please correlate with clinical conditions.

Method :

ICP - MASS SPECTROMETRY

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

Sample Collected on (SCT)	: 30 Aug 2020 12:00		
Sample Received on (SRT)	: 30 Aug 2020 22:57		
Report Released on (RRT)	: 31 Aug 2020 04:59		
Sample Type	: EDTA		
Labcode	: 3008034726/PP004	Dr. Prachi Sinkar MD(Path)	Dr. Caesar Sengupta MD(Micro)
Barcode	: Q7171680		Page : 19 of 21



Before



REPORT

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

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR Reference Range :-	PHOTOMETRY	213.3	mg/dL

70-99

Please correlate with clinical conditions.

Method:- GOD-PAP METHOD

~~ End of report ~~

Sample Collected on (SCT)	: 30 Aug 2020 12:00	
Sample Received on (SRT)	: 30 Aug 2020 23:20	
Report Released on (RRT)	: 31 Aug 2020 01:31	
Sample Type	: FLUORIDE	
Labcode	: 300803769/PP004	Dr.Prachi Sinkar MD(Path)
Barcode	: Q7226877	Dr.Caesar Sengupta MD(Micro)

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Before

These results are for information and interpretation of the referring doctor only.
It is important to understand that the tests performed on the specimen belong to the patient; named or identified.

Test results may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.

- ❖ Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- ❖ Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- ❖ This report is not valid for medico-legal purpose.
- ❖ Neither Thyrocare, nor its employees/representatives assume any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report.
- ❖ Thyrocare Discovery video link : <https://youtu.be/nbdYeRqYyOc>
- ❖ For clinical support please contact @8450950851,8450950852,8450950853,8450950854 between 10:00 to 18:00

EXPLANATIONS

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

SUGGESTIONS

- ❖ Values out of reference range requires reconfirmation before starting any medical treatment.
- ❖ Retesting is needed if you suspect any quality shortcomings.
- ❖ Testing or retesting should be done in accredited laboratories.
- ❖ For suggestions, complaints or feedback, write to us at info@thyrocare.com or call us on **022-3090 0000 / 425215**
- ❖ SMS:<Labcode No.>to **98833**

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Are you chronically tired, feel bloated, have abdominal pain, brain fog or suffer from recurrent cold or sinus problems?

Healthy food does not mean its good for you...

Understand the facts behind your symptoms with Food Intolerance profile

Food Intolerance Profile

9 categories including 217 food items

► Meat (16)	► Dairy (9)	► Vegetables (39)
► Cereals (18)	► Fish (38)	► Spices (31)
► Nuts (11)	► Fruits (38)	► Miscellaneous (17)

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REPORT

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

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

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

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

Please correlate with clinical conditions.

Method : Manual Dipstick Method

Remarks : Alert!!!

Yeast cells are present.

Bacteria present.

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



Dr. Prachi Sinkar MD(Path)



Dr. Caesar Sengupta MD(Micro)

Page : 1 of 21



After



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REPORT

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

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

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

70-99

Please correlate with clinical conditions.

Method:- GOD-PAP METHOD

Sample Collected on (SCT)	: 05 Oct 2020 09:42	
Sample Received on (SRT)	: 06 Oct 2020 00:46	
Report Released on (RRT)	: 06 Oct 2020 02:28	
Sample Type	: FLUORIDE	
Labcode	: 0510058343/A9992	Dr.Prachi Sinkar MD(Path)
Barcode	: Q9429006	Dr.Caesar Sengupta MD(Micro)

Page : 2 of 21

REPORT

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

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

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

< 30

CLINICAL SIGNIFICANCE:

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

HIGH VALUES:

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

Please correlate with clinical conditions.

Method:- ENZYMATIC ASSAY

Sample Collected on (SCT)	: 05 Oct 2020 09:42	
Sample Received on (SRT)	: 06 Oct 2020 00:36	
Report Released on (RRT)	: 06 Oct 2020 07:59	
Sample Type	: SERUM	
Labcode	: 0510057841/A9992	Dr.Prachi Sinkar MD(Path)
Barcode	: Q9429007	Dr.Caesar Sengupta MD(Micro)

REPORT

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

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

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

Reference Range :-
 <= 60 years: <= 1.03 mg/L
 > 60 years : < 1.50 mg/L

Clinical significance

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

Reference

1. Barrett aj, Davies me, Grubb a. the place of human gamma-trace (Cystatin c) among the cysteine proteinase inhibitors. Biochem biophys res common 1984; 120: 631-6.

2. Grubb a. diagnostic value of analysis of Cystatin c and protein HC in biological fluids. Clin Nephrol 1992; 38: S20-7.

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

Sample Collected on (SCT)	: 05 Oct 2020 09:42	
Sample Received on (SRT)	: 06 Oct 2020 00:36	
Report Released on (RRT)	: 06 Oct 2020 07:59	
Sample Type	: SERUM	
Labcode	: 0510057841/A9992	Dr.Prachi Sinkar MD(Path)
Barcode	: Q9429007	Dr.Caesar Sengupta MD(Micro)

REPORT

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

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

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

Reference Range :-

ADULTS : < 30.0 MG/DL

INTERPRETATION:

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

SPECIFICATIONS:

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

EXTERNAL QUALITY CONTROL PROGRAM PARTICIPATION:

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

KIT VALIDATION REFERENCES:

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

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

Sample Collected on (SCT)	: 05 Oct 2020 09:42	
Sample Received on (SRT)	: 06 Oct 2020 00:36	
Report Released on (RRT)	: 06 Oct 2020 07:59	
Sample Type	: SERUM	
Labcode	: 0510057841/A9992	Dr.Prachi Sinkar MD(Path)
Barcode	: Q9429007	Dr.Caesar Sengupta MD(Micro)

REPORT

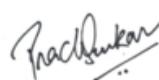
NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

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

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

Please correlate with clinical conditions.

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




Dr.Caesar Sengupta MD(Micro)

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REPORT

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

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

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

Reference Range :-

ADULT : <=3.0 MG/L

INTERPRETATION:

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

CLINICAL SIGNIFICANCE:

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

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

REFERENCES:

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

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED LATEX AGGLUTINATION BECKMAN COULTER

Sample Collected on (SCT)	: 05 Oct 2020 09:42	
Sample Received on (SRT)	: 06 Oct 2020 00:36	
Report Released on (RRT)	: 06 Oct 2020 07:59	
Sample Type	: SERUM	Dr. Caesar Sengupta MD(Micro)
Labcode	: 0510057841/A9992	Dr. Caesar Sengupta MD(Micro)
Barcode	: Q9429007	Page : 7 of 21

REPORT

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

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	C.L.I.A	40.32	ng/ml
Reference Range :			
DEFICIENCY : <20 ng/ml			
INSUFFICIENCY : 20-<30 ng/ml			
SUFFICIENCY : 30-100 ng/ml			
TOXICITY : >100 ng/ml			
Vitamin D Total test is analyzed on Siemens ADVIA Centaur, standardized against ID-LC/MS/MS, as per Vitamin D Standardization Program (VDSP).			
Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY			
VITAMIN B-12	C.L.I.A	672	pg/ml
Reference Range :			
Normal : 211 - 911 pg/ml			

Clinical significance :

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

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

External quality control program participation:

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

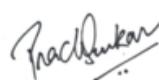
Kit validation references:

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

Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

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




Dr.Caesar Sengupta MD(Micro)

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After

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REPORT

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

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM COPPER	PHOTOMETRY	115.52	µg/dL

Reference Range :-
MALE : 63.5 - 150
FEMALE : 80 - 155

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

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

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

Please correlate with clinical conditions.

Method:- 3,5-DIBR-PAESA

Sample Collected on (SCT)	: 05 Oct 2020 09:42		
Sample Received on (SRT)	: 06 Oct 2020 00:36		
Report Released on (RRT)	: 06 Oct 2020 07:59		
Sample Type	: SERUM		
Labcode	: 0510057841/A9992	Dr.Prachi Sinkar MD(Path)	Dr.Caesar Sengupta MD(Micro)
Barcode	: Q9429007		Page : 9 of 21

REPORT

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

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

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

Reference Range :-

52 - 286

CLINICAL SIGNIFICANCE

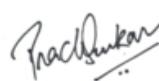
ZINC IS ONE OF THE ESSENTIAL TRACE ELEMENTS IN THE BODY. ITS METALLOENZYMES PLAY A KEY ROLE IN PROTEIN AND NUCLEIC ACID SYNTHESIS, GENE EXPRESSION, WOUND HEALING, AS AN ANTIOXIDANT, ETC.

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

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

Please correlate with clinical conditions.

Method:- NITRO - PAPS

Sample Collected on (SCT)	: 05 Oct 2020 09:42	
Sample Received on (SRT)	: 06 Oct 2020 00:36	
Report Released on (RRT)	: 06 Oct 2020 07:59	
Sample Type	: SERUM	
Labcode	: 0510057841/A9992	Dr.Prachi Sinkar MD(Path)
Barcode	: Q9429007	Dr.Caesar Sengupta MD(Micro)

REPORT

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

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE Reference Range :-	C.L.I.A	354.06	ng/dL

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

Clinical Significance:

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

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

External quality control program participation:

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

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Sample Collected on (SCT)	: 05 Oct 2020 09:42	
Sample Received on (SRT)	: 06 Oct 2020 00:36	
Report Released on (RRT)	: 06 Oct 2020 07:59	
Sample Type	: SERUM	
Labcode	: 0510057841/A9992	Dr.Prachi Sinkar MD(Path)
Barcode	: Q9429007	Dr.Caesar Sengupta MD(Micro)

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REPORT

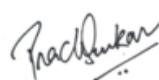
NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

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

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

Please correlate with clinical conditions.

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




Dr.Caesar Sengupta MD(Micro)

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REPORT

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

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

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

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
 BILD - Vanadate Oxidation
 BILT - Vanadate Oxidation
 BILI - DERIVED FROM SERUM TOTAL AND DIRECT BILIRUBIN VALUES
 GGT - Modified IFCC method
 SGOT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
 SGPT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
 PROT - BIURET METHOD
 SALB - ALBUMIN BCG¹METHOD (COLORIMETRIC ASSAY ENDPOINT)
 SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
 A/GR - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

Sample Collected on (SCT)	: 05 Oct 2020 09:42		
Sample Received on (SRT)	: 06 Oct 2020 00:36		
Report Released on (RRT)	: 06 Oct 2020 07:59		
Sample Type	: SERUM		
Labcode	: 0510057841/A9992	Dr.Prachi Sinkar MD(Path)	Dr.Caesar Sengupta MD(Micro)
Barcode	: Q9429007		Page : 13 of 21

REPORT

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

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

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

Please correlate with clinical conditions.

Method :

CHOL - CHOD POD METHOD

HCHO - ENZYME SELECTIVE PROTECTION METHOD

TRIG - ENZYMATIC COLORIMETRIC METHOD (GPO) [HIGHLY INFLUENCED BY LEVEL OF FASTING]

LDL - HOMOGENOUS ENZYMATIC COLORIMETRIC ASSAY

TC/H - DERIVED FROM SERUM CHOLESTEROL AND HDL VALUES

LDL - Derived from serum HDL and LDL Values

VLDL - DERIVED FROM SERUM TRIGLYCERIDE VALUES

NHDL - Derived from serum Cholesterol and HDL values

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

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

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

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




Dr.Prachi Sinkar MD(Path)

Dr.Caesar Sengupta MD(Micro)

Page : 14 of 21



After



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REPORT

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

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

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

Comments : SUGGESTING THYRONORMALCY

Please correlate with clinical conditions.

Method :

T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY

TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

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

Dr.Caesar Sengupta MD(Micro)

Page : 15 of 21

REPORT

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

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

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

Please correlate with clinical conditions.

Method :

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

Sample Collected on (SCT)	: 05 Oct 2020 09:42		
Sample Received on (SRT)	: 06 Oct 2020 00:36		
Report Released on (RRT)	: 06 Oct 2020 07:59		
Sample Type	: SERUM		
Labcode	: 0510057841/A9992	Dr.Prachi Sinkar MD(Path)	Dr.Caesar Sengupta MD(Micro)
Barcode	: Q9429007		Page : 16 of 21

REPORT

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

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	96	mL/min/1.73 m ²

Reference Range :-

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

Clinical Significance

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

Reference

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

Please correlate with clinical conditions.

Method:- CKD-EPI Creatinine Equation

Sample Collected on (SCT)	: 05 Oct 2020 09:42	
Sample Received on (SRT)	: 06 Oct 2020 00:36	
Report Released on (RRT)	: 06 Oct 2020 07:59	
Sample Type	: SERUM	
Labcode	: 0510057841/A9992	Dr. Prachi Sinkar MD(Path)
Barcode	: Q9429007	Dr. Caesar Sengupta MD(Micro)

Page : 17 of 21

REPORT

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

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

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

Reference Range :

Reference Range: As per ADA Guidelines

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

Guidance For Known Diabetics

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

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

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

Reference Range :

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

Method : Derived from HbA1c values

Please correlate with clinical conditions.

Sample Collected on (SCT)	:05 Oct 2020 09:42	
Sample Received on (SRT)	:06 Oct 2020 00:53	
Report Released on (RRT)	:06 Oct 2020 05:42	
Sample Type	: EDTA	
Labcode	:0510058717/A9992	Dr.Prachi Sinkar MD(Path)
Barcode	:Q9429008	Dr.Caesar Sengupta MD(Micro)

Page : 18 of 21

REPORT

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

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

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	10.34	X 10³ / μL	4.0-10.0
NEUTROPHILS	71.7	%	40-80
LYMPHOCYTE PERCENTAGE	22.3	%	20-40
MONOCYTES	2.9	%	0-10
EOSINOPHILS	1.9	%	0.0-6.0
BASOPHILS	0.9	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	7.41	X 10³ / μL	20-70
LYMPHOCYTES - ABSOLUTE COUNT	2.31	X 10 ³ / μL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.3	X 10 ³ / μL	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.09	X 10 ³ / μL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.2	X 10 ³ / μL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.03	X 10 ³ / μL	0-0.3
TOTAL RBC	5.01	X 10 ⁶ /μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10 ³ / μL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	10.7	g/dL	13.7
HEMATOCRIT(PCV)	38.8	%	40-6
MEAN CORPUSCULAR VOLUME(MCV)	77.4	fL	8101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	21.4	pq	28
MEAN CORP.HEMA.CONC(MCHC)	27.6	g/dL	3.65.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	63.2	fL	046
RED CELL DISTRIBUTION WIDTH (RDW-CV)	22.9	%	11.614
PLATELET DISTRIBUTION WIDTH(PDW)	11.6	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	9.8	fL	6.5-12
PLATELET COUNT	482	X 10³ / μL	16-400
PLATELET TO LARGE CELL RATIO(PLCR)	24.4	%	19.7-42.4
PLATELETCRIT(PCT)	0.47	%	0.100.9

Remarks : ALERT !!! Hypochromia

Please Correlate with clinical conditions.

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

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

Sample Collected on (SCT)	: 05 Oct 2020 09:42		
Sample Received on (SRT)	: 06 Oct 2020 00:53		
Report Released on (RRT)	: 06 Oct 2020 05:42		
Sample Type	: EDTA		
Labcode	: 0510058717/A9992	Dr. Prachi Sankar MD(Path)	Dr. Caesar Sengupta MD(Micro)
Barcode	: Q9429008		Page : 19 of 21

REPORT

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

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

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

Please correlate with clinical conditions.

Method :

ICP - MASS SPECTROMETRY

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

~~ End of report ~~

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




Dr.Caesar Sengupta MD(Micro)
 Page : 20 of 21



After

CONDITIONS OF REPORTING

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

EXPLANATIONS

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

SUGGESTIONS

- ❖ Values out of reference range requires reconfirmation before starting any medical treatment.
- ❖ Retesting is needed if you suspect any quality shortcomings.
- ❖ Testing or retesting should be done in accredited laboratories.
- ❖ For suggestions, complaints or feedback, write to us at info@thyrocare.com or call us on **022-3090 0000 / 42525**
- ❖ SMS:<Labcode No.>to **98633**

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Food Intolerance Profile

9 categories including 217 food items

Meat (16)	Dairy (9)	Vegetables (39)
Cereals (18)	Fish (38)	Spices (31)
Nuts (11)	Fruits (38)	Miscellaneous (17)

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Thyrocare The Trust. The Truth.

REPORT

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

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

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

70-99

Please correlate with clinical conditions.

Method:- GOD-PAP METHOD

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



Dr. Prachi Sinkar MD(Path)



Dr. Caesar Sengupta MD(Micro)



After



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REPORT

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

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

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

Reference Range :

Reference Range: As per ADA Guidelines

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

Guidance For Known Diabetics

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

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

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

Reference Range :

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

Method : Derived from HbA1c values

Please correlate with clinical conditions.

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

Dr.Caesar Sengupta MD(Micro)

Page : 2 of 21

REPORT

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

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

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	10.19	X 10³ / μL	4.0-10.0
NEUTROPHILS	63.5	%	40-80
LYMPHOCYTE PERCENTAGE	29.4	%	20-40
MONOCYTES	3	%	0-10
EOSINOPHILS	2.8	%	0.0-6.0
BASOPHILS	1	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	6.47	X 10 ³ / μL	2.0-7.0
LYMPHOCITES - ABSOLUTE COUNT	3	X 10 ³ / μL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.31	X 10 ³ / μL	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.1	X 10 ³ / μL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.29	X 10 ³ / μL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.03	X 10 ³ / μL	0-0.3
TOTAL RBC	5.11	X 10 ⁶ /μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10 ³ / μL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	10.5	g/dL	13.17
HEMATOCRIT(PCV)	38.5	%	40.0
MEAN CORPUSCULAR VOLUME(MCV)	75.3	fL	81.01
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	20.5	pq	22
MEAN CORP. HEMO. CONC(MCHC)	27.3	g/dL	3.63.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	57.4	fL	84.6
RED CELL DISTRIBUTION WIDTH (RDW-CV)	21.5	%	11.614
PLATELET DISTRIBUTION WIDTH(PDW)	10.5	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	9.6	fL	6.5-12
PLATELET COUNT	465	X 10³ / μL	16-400
PLATELET TO LARGE CELL RATIO(PLCR)	21.3	%	19.7-42.4
PLATELET CRIT(PCT)	0.45	%	0.180.9

Remarks : ALERT !!! Hypochromia

Please Correlate with clinical conditions.

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

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

Sample Collected on (SCT)	: 01 Nov 2020 08:58		
Sample Received on (SRT)	: 02 Nov 2020 00:51		
Report Released on (RRT)	: 02 Nov 2020 04:43		
Sample Type	: EDTA		
Labcode	: 0111037594/A1681	Dr.Prachi Sinkar MD(Path)	Dr.Caesar Sengupta MD(Micro)
Barcode	: R7114991		Page : 3 of 21

REPORT

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

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

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

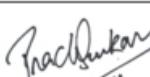
Please correlate with clinical conditions.

Method :

ICP - MASS SPECTROMETRY

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

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




Dr.Prachi Sinkar MD(Path)

Dr.Caesar Sengupta MD(Micro)

Page : 4 of 21

REPORT

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

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMOCYSTEINE Reference Range :-	PHOTOMETRY	41.1	µmol/L

< 30

CLINICAL SIGNIFICANCE:

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

HIGH VALUES:

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

Please correlate with clinical conditions.

Method:- ENZYMATİC ASSAY

Sample Collected on (SCT)	: 01 Nov 2020 08:58	
Sample Received on (SRT)	: 02 Nov 2020 00:42	
Report Released on (RRT)	: 02 Nov 2020 05:58	
Sample Type	: SERUM	
Labcode	: 0111037185/A161	Dr. Prachi Sinkar MD(Path)
Barcode	: R736810	Dr. Caesar Sengupta MD(Micro)

REPORT

NAME	: ASHISH KEJRIWAL(48Y/M)	SAMPLE COLLECTED AT :		
REF. BY	: SELF	L703 PALMCAURT COMPLEX LINK ROAD MALAD		
TEST ASKED	AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS			WEST MUMBAI , - , - ,
<hr/>				
TEST NAME	TECHNOLOGY	VALUE	UNITS	
LIPOPROTEIN (A) [LP(A)]	IMMUNOTURBIDIMETRY	17.1	mg/dl	

Reference Range :-

ADULTS : < 30.0 MG/DL

INTERPRETATION:

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

SPECIFICATIONS:

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

EXTERNAL QUALITY CONTROL PROGRAM PARTICIPATION:

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

KIT VALIDATION REFERENCES:

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

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

Sample Collected on (SCT)	: 01 Nov 2020 08:58	
Sample Received on (SRT)	: 02 Nov 2020 00:42	
Report Released on (RRT)	: 02 Nov 2020 05:58	
Sample Type	: SERUM	
Labcode	: 0111037185/A1681	Dr. Prachi Sinkar MD(Path)
Barcode	: R7364810	Dr. Caesar Sengupta MD(Micro)

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REPORT

NAME	ASHISSH KEJRIWAL(48Y/M)		
REF. BY	SELF		
TEST ASKED	AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS		
SAMPLE COLLECTED AT : L703 PALMCAURT COMPLEX LINK ROAD MALAD WEST MUMBAI , - , - ,			
TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1)	IMMUNOTURBIDIMETRY	134	mg/dL
Reference Range : MALE : 86 - 152 FEMALE : 94 - 162			
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY <input type="checkbox"/> BECKMAN COULTER			
APOLIPOPROTEIN - B (APO-B)	IMMUNOTURBIDIMETRY	87	mg/dL
Reference Range : MALE : 56 - 145 FEMALE : 53 - 138			
Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY <input type="checkbox"/> BECKMAN COULTER			
APO B / APO A1 RATIO (APO B/A1)	CALCULATED	0.6	Ratio
Reference Range : MALE : 0.40 - 1.26 FEMALE : 0.38 - 1.14			
Method : DERIVED FROM SERUM APO A1 AND APO B VALUES			
Please correlate with clinical conditions.			

Sample Collected on (SCT)	:01 Nov 2020 08:58	
Sample Received on (SRT)	:02 Nov 2020 00:42	
Report Released on (RRT)	:02 Nov 2020 05:58	
Sample Type	:SERUM	
Labcode	:0111037185/A1681	Dr.Prachi Sinkar MD(Path)
Barcode	:R7364810	Dr.Caesar Sengupta MD(Micro)

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REPORT

NAME	: ASHISH KEJRIWAL(48Y/M)	SAMPLE COLLECTED AT :
REF. BY	: SELF	L703 PALMCAURT COMPLEX LINK ROAD MALAD
TEST ASKED	: AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS	WEST MUMBAI , - , - ,
<hr/>		
TEST NAME	TECHNOLOGY	VALUE
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	1.6
Reference Range :-		

ADULT : <=3.0 MG/L

INTERPRETATION:

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

CLINICAL SIGNIFICANCE:

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

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

REFERENCES:

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

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED LATEX AGGLUTINATION BECKMAN COULTER

Sample Collected on (SCT)	: 01 Nov 2020 08:58	
Sample Received on (SRT)	: 02 Nov 2020 00:42	
Report Released on (RRT)	: 02 Nov 2020 05:58	
Sample Type	: SERUM	
Labcode	: 0111037185/A1681	Dr. Prachi Sinkar MD(Path)
Barcode	: R7364810	Dr. Caesar Sengupta MD(Micro)

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REPORT

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

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM COPPER	PHOTOMETRY	117.36	µg/dL

Reference Range :-

MALE : 63.5 - 150
 FEMALE : 80 - 155

CLINICAL SIGNIFICANCE

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

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

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

Please correlate with clinical conditions.

Method:- 3,5-DIBR-PAESA

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



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

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REPORT

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

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

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

Reference Range :-

52 - 286

CLINICAL SIGNIFICANCE

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

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

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

Please correlate with clinical conditions.

Method:- NITRO - PAPS

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



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

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REPORT

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

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

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

Reference Range :-

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

Clinical Significance:

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

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

External quality control program participation:

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

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

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



Dr.Caesar Sengupta MD(Micro)

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REPORT

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	C.L.I.A	19.79	ng/ml
Reference Range :			
DEFICIENCY : <20 ng/ml			
INSUFFICIENCY : 20-<30 ng/ml			
SUFFICIENCY : 30-100 ng/ml			
TOXICITY : >100 ng/ml			
Vitamin D Total test is analyzed on Siemens ADVIA Centaur, standardized against ID-LC/MS/MS, as per Vitamin D Standardization Program (VDSP).			
Specifications: Intra assay (%CV):5.3%, Inter assay (%CV):11.9% ; Sensitivity:3.2 ng/ml			
Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY			
VITAMIN B-12	C.L.I.A	502	pg/ml
Reference Range :			
Normal : 211 - 911 pg/ml			

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

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

External quality control program participation:
 College of American pathologists: ligand assay (general) survey; CAP number: 7193855-01

Kit validation references:
 Chen IW,Sperling MI,Heminger IA.Vitamin B12.In:Pesce AJ,Kalpan LA,editors.Methods in clinical chemistry. St.Louis:CV Mosby,1987.P.569-73.
Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

Sample Collected on (SCT)	:01 Nov 2020 08:58		
Sample Received on (SRT)	:02 Nov 2020 00:42		
Report Released on (RRT)	:02 Nov 2020 05:58		
Sample Type	: SERUM		
Labcode	:0111037185/A1681	Dr.Prachi Sinkar MD(Path)	Dr.Caesar Sengupta MD(Micro)
Barcode	:R7364810		

REPORT

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

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

TEST NAME	TECHNOLOGY	VALUE	UNITS
CYSTATIN C Reference Range :-	IMMUNOTURBIDIMETRY	1.06	mg/L

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

Clinical significance

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

Reference

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

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

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

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



Dr.Caesar Sengupta MD(Micro)

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After



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Thyrocare
Think Thyroid. Think Thyrocare.

REPORT

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

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

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

Please correlate with clinical conditions.

Sample Collected on (SCT)	:01 Nov 2020 08:58	
Sample Received on (SRT)	:02 Nov 2020 00:42	
Report Released on (RRT)	:02 Nov 2020 05:58	
Sample Type	:SERUM	
Labcode	:0111037185/A1681	Dr.Prachi Sinkar MD(Path)
Barcode	:R7364810	Dr.Caesar Sengupta MD(Micro)

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REPORT

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

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

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

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
 BILD - Vanadate Oxidation
 BILT - Vanadate Oxidation
 BILI - DERIVED FROM SERUM TOTAL AND DIRECT BILIRUBIN VALUES
 GGT - Modified IFCC method
 SGOT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
 SGPT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
 PROT - BIURET METHOD
 SALB - ALBUMIN BCG¹METHOD (COLORIMETRIC ASSAY ENDPOINT)
 SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
 A/GR - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

Sample Collected on (SCT)	: 01 Nov 2020 08:58		
Sample Received on (SRT)	: 02 Nov 2020 00:42		
Report Released on (RRT)	: 02 Nov 2020 05:58		
Sample Type	: SERUM		
Labcode	: 0111037185/A1681	Dr.Prachi Sinkar MD(Path)	Dr.Caesar Sengupta MD(Micro)
Barcode	: R7364810		Page : 15 of 21

REPORT

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

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

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

Please correlate with clinical conditions.

Method :

CHOL - CHOD POD METHOD

HCHO - ENZYME SELECTIVE PROTECTION METHOD

TRIG - ENZYMATIC COLORIMETRIC METHOD (GPO) [HIGHLY INFLUENCED BY LEVEL OF FASTING]

LDL - HOMOGENOUS ENZYMATIC COLORIMETRIC ASSAY

TC/H - DERIVED FROM SERUM CHOLESTEROL AND HDL VALUES

LDL - Derived from serum HDL and LDL Values

VLDL - DERIVED FROM SERUM TRIGLYCERIDE VALUES

NHDL - Derived from serum Cholesterol and HDL values

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

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

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

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




Dr.Prachi Sinkar MD(Path)

Dr.Caesar Sengupta MD(Micro)

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REPORT

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

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

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

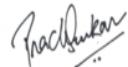
Comments : SUGGESTING THYRONORMALCY

Please correlate with clinical conditions.

Method :

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

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




Dr.Caesar Sengupta MD(Micro)

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REPORT

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

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

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

Please correlate with clinical conditions.

Method :

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

Sample Collected on (SCT)	: 01 Nov 2020 08:58		 NO IMAGE
Sample Received on (SRT)	: 02 Nov 2020 00:42		
Report Released on (RRT)	: 02 Nov 2020 05:58		
Sample Type	: SERUM		
Labcode	: 0111037185/A1681	Dr.Prachi Sinkar MD(Path)	Dr.Caesar Sengupta MD(Micro)
Barcode	: R7364810		Page : 18 of 21

REPORT

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

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

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

Reference Range :-

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

Clinical Significance

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

Reference

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

Please correlate with clinical conditions.

Method:- CKD-EPI Creatinine Equation

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



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

Page : 19 of 21

REPORT

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

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

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

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

Please correlate with clinical conditions.

Method : Manual Dipstick Method

Remarks : Alert!!!
 Yeast cells are present.

~~ End of report ~~

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



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

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After

CONDITIONS OF REPORTING

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

EXPLANATIONS

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

SUGGESTIONS

- ❖ Values out of reference range requires reconfirmation before starting any medical treatment.
- ❖ Retesting is needed if you suspect any quality shortcomings.
- ❖ Testing or retesting should be done in accredited laboratories.
- ❖ For suggestions, complaints or feedback, write to us at info@thyrocare.com or call us on **022-3090 0000 / 42525**
- ❖ SMS: <Labcode No.> to **99633**

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

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HEALTH VITAL DIET EATING WELLNESS SOURCE HEART DOCTOR HEALTHY CLEAN IDEAL NATURE TODAY MEDICAL HUMAN PHYSICAL GOOD ENERGY LIFETIME

ACTIVITY VITAL DIET EATING WELLNESS SOURCE HEART HUMAN LIFETIME

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