Address : 138/2 NGO B COLONY, TIRUNELVELI, TAMILNADU-627007

SID No : **82011759**
Branch : **THIRUNELVELI**
Mr. EASVER
Age / Sex : 19 Y / Male
Ref. By : **Self**

Patient ID : 8200070995
Collected Date : 01/08/2025 / 10:07
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Final Test Report

Test Name / Specimen	Result	Units	Reference Range / Method
BIOCHEMISTRY			
COMPREHENSIVE - HEALTH CHECKUP (MEN)			
Cardiac panel			
APOLIPOPROTEIN A1 Serum	120.0	mg/dL	104.0 - 202.0 Immunoturbidimetric
APOLIPOPROTEIN B Serum	**64.0** ↓	mg/dL	66.0 - 144.0 Immunoturbidimetric
LIPOPROTEIN (a) Serum	55.0	nmol/L	Less than 75.0 Particle enhanced immunoturbidimetric assay
Note: Lipoprotein (a) is a cholesterol-rich lipoprotein which is synthesized in the liver independently of triglycerides and is not subject to the influence of age or diet. Lp(a) levels are largely influenced by hereditary factors and vary with ethnic populations. NHLBI recommends use nmol/L units which consider the number of Lp(a) particles. High lipoprotein (a) concentrations in serum correlate with premature manifestation of atherosclerosis and strokes. When lipoprotein (a) concentrations exceed 75 nmol/L, the coronary risk is approximately doubled. Lipoprotein (a) should be determined together with total cholesterol, HDL-cholesterol and LDL-cholesterol as well as triglycerides when assessing the total arteriosclerotic risk			
hs- CRP Serum	0.13	mg/L	Low : <1 Average:1 - 3 High :>3-10 Noncardiovascular inflammation : >10 (CDC/AHA hsCRP cut-off points) Particle enhanced immunoturbidimetric assay
Notes: Noncardiovascular causes should be confirmed by repeat testing and examined for sources of infection or inflammation.			
Apo b/Apo A1 Serum	0.5	Ratio	0.3 - 1.0 Calculated
Pancreas Profile			
Amylase Serum	81.2	U/L	30.0 - 100.0 Enzymatic IFCC : Ethylidene-G7PNP
Lipase Serum	37.4	U/L	13.0 - 60.0 Enzymatic-Colorimetric

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Test Name / Specimen	Result	Units	Reference Range / Method
Transferrin Saturation			
IRON Serum	120.0	ug/dl	65.0 - 175.0 Colorimetric: FerroZine
UIBC Serum	239.0	ug/dl	125.0 - 345.0 FerroZine
TIBC Serum	359.00	ug/dl	250.00 - 425.00 Calculation
TRANSFERRIN SATURATION Serum	33.4	%	20.0 - 50.0 Calculation

J. FathimaN

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IMMUNOLOGY			
COMPREHENSIVE - HEALTH CHECKUP (MEN)			
PSA Serum	0.445	ng/ml	<1.4 ECLIA

This assay, a quantitative in vitro diagnostic test for total (free + complexed) prostate-specific antigen (tPSA) in human serum and plasma, is indicated for the measurement of total PSA in conjunction with digital rectal examination (DRE) as an aid in the detection of prostate cancer in men aged 50 years or older. Prostate biopsy is required for diagnosis of prostate cancer. The test is further indicated for serial measurement of tPSA to aid in the management of cancer patients.

The PSA test may give false-positive or false-negative results due to various factors. Rigorous physical activity affecting the prostate, such as bicycle riding, may cause a temporary rise in PSA level. Ejaculation within 24 hours of testing can be associated with elevated PSA levels and should be avoided. Large doses of some chemotherapeutic drugs, such as cyclophosphamide and methotrexate, may increase or decrease PSA levels. An inflammation or trauma of the prostate (e.g. in cases of urinary retention or following rectal examination, cystoscopy, coloscopy, transurethral biopsy, laser treatment or ergometry) can lead to PSA elevations of varying duration and magnitude.

Vitamins			
25 Hydroxyvitamin D Serum	**25.6** ⬇	ng/ml	Deficiency : <= 20 Insufficiency: 21 - 29 Sufficiency : >= 30 ECLIA

Comments : Vitamin D is a fat-soluble steroid hormone precursor that is mainly produced in the skin by exposure to sunlight. Vitamin D is biologically inert and must undergo two successive hydroxylations in the liver and kidney to become the biologically active 1,25 - dihydroxyvitamin D. It is commonly agreed that 25-hydroxyvitamin D is the metabolite to determine the overall vitamin D status as it is the major storage form of vitamin D in the human body. This primary circulating form of vitamin D is present human body with levels approximately 1000 fold greater than the circulating 1,25-dihydroxyvitamin D. The half-life of circulating 25-hydroxyvitamin D is 2-3 weeks.
Vitamin D is essential for : Bone health. In children, severe deficiency leads to bone-malformation, known as rickets. Milder degrees of insufficiency are believed to cause reduced efficiency in the utilization of dietary calcium.
Vitamin D deficiency causes : Muscle weakness in elderly, the risk of falling has been attributed to the effect of vitamin D on muscle function. Vitamin D deficiency is a common cause of secondary hyperparathyroidism. Elevations of PTH levels, especially in elderly vitamin D deficient adults can result in osteomalacia, increased bone turnover, reduced bone mass and risk of bone fractures. Low vitamin D (25-OH) concentrations are also associated with lower bone mineral density.
The results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

VITAMIN B 12 Serum	202	pg/ml	197 - 771 ECLIA

Note: 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. The test results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

J. FathimaN

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Test Name / Specimen	Result	Units	Reference Range / Method
IMMUNOLOGY			
Free Testosterone Serum	16.19	pg/ml	Upto 22.3 ELISA

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HAEMATOLOGY			
COMPREHENSIVE - HEALTH CHECKUP (MEN)			
Complete Hemogram			
Haemoglobin EDTA BLOOD	13.9	g/dL	13 - 17 Colorimetric
Total WBC count EDTA BLOOD	4700	cells/cumm	4000 - 10000 Electrical Impedance
Differential Count			
NEUTROPHILS EDTA BLOOD	**36.80** ↓	%	40 - 70 DHSS
LYMPHOCYTES EDTA BLOOD	**54.50** ↑	%	20 - 45 DHSS
EOSINOPHILS EDTA BLOOD	3.80	%	1 - 7 DHSS
MONOCYTES EDTA BLOOD	4.90	%	2 - 7 DHSS
BASOPHILS EDTA BLOOD	0.00	%	0 - 1 DHSS
Red Blood Cell (RBC) Count EDTA BLOOD	**4.45** ↓	million/cumm	4.5 - 5.5 Electrical Impedance
PCV EDTA BLOOD	**39.0** ↓	%	40 - 54 Calculated
MCV EDTA BLOOD	87.6	fl	83 - 101 Electrical Impedance
MCH EDTA BLOOD	31.2	%	27 - 32 Calculated
MCHC EDTA BLOOD	**35.6** ↑	%	31.5 - 34.5 Calculated
Platelet count EDTA BLOOD	370000	cells/cumm	150000 - 410000 Electrical Impedance

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Absolute Neutrophils EDTA BLOOD	**1730** ↓	cells/cumm	2000 - 7000 Calculated
Absolute Lymphocytes EDTA BLOOD	2560	cells/cumm	1000 - 3000 Calculated
Absolute Eosinophils EDTA BLOOD	180	cells/cumm	20 - 500 Calculated
Absolute Monocytes EDTA BLOOD	230	cells/cumm	200 - 1000 Calculated
Absolute Basophils EDTA BLOOD	**0** ↓	cells/cumm	20 - 100 Calculated
RDW - CV EDTA BLOOD	14.6	%	11 - 16 Calculated
RDW - SD EDTA BLOOD	**29.4** ↓	fl	37 - 54 Automated
MPV EDTA BLOOD	**7.3** ↓	fl	9 - 13 Electrical Impedance
PCT EDTA BLOOD	0.27	%	0.17 - 0.38 Automated
PDW EDTA BLOOD	9.2	fl	9 - 17 Automated

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BIOCHEMISTRY			
COMPREHENSIVE - HEALTH CHECKUP (MEN)			
Diabetic Screening			
Glucose, Fasting Fluoride	93.9	mg/dL	Healthy Adult or children : less than 100 Pre diabetic : 100 – 125 Diabetic : 126 or above (ADA 2019) Enzymatic : hexokinase
HbA1c			
Glycosylated Haemoglobin (HbA1c) EDTA BLOOD	5.1	%	Adult Normal : < 5.7% Prediabetic : 5.7-6.4% Diabetic : >= 6.5% A1C Goals Reasonable Goal : <7% More stringent goal : <6.5% Less stringent goal : <8.0% Immunoturbidimetry
Estimated Average Glucose (eAG) EDTA BLOOD	100	mg/dL	
Kidney function tests			
Urea Serum	19.73	mg/dL	12.84 - 42.8 Enzymatic-Kinetic
Creatinine. Serum	1.20	mg/dL	0.9 - 1.3 Colorimetric : Alkaline picrate
Uric Acid. Serum	**7.50** ↑ (Rechecked)	mg/dL	3.5 - 7.2 Uricase/peroxidase
Blood Urea Nitrogen (BUN) Serum	9.2	mg/dL	6.0-20.0 Kinetic Urease/GLDH
Bun Creatinine Ratio Serum	7.67	Ratio	Calculated
Urea Creatinine Ratio Serum	16.4	Ratio	Calculation
Est. Glomerular Filtration Rate Serum	78.0		>=18 years : >=60 ml/min/1.73m^2 MDRD calculation

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Estimated Glomerular Filtration Rate (eGFR) test is useful

- Diagnosing and monitoring treatment of acute and chronic kidney diseases (CKD)
- Adjusting dosage of renally excreted medications
- Monitoring kidney transplant recipients
- Estimating glomerular filtration rate for people with chronic kidney disease (CKD) and those with risk factors for CKD (diabetes, hypertension, cardiovascular disease, and family history of kidney disease)

eGFR calculated using the Modification of Diet in Renal Disease (MDRD) Study equation provides a more clinically useful measure of kidney function than serum creatinine alone. This equation takes into account several factors that impact creatinine production, including age, gender, race and Cr method traceable to IDMS. In general, quantification of eGFR values below 60 mL/min/1.73 m^2 has more clinical implications for classification of kidney function than values above this level (NIDDK).

Limitations:

Creatinine-based estimating equations are not recommended for use with:

- The equation has been validated only for above the age of 18 years with impaired kidney function.
- Individuals with unstable creatinine concentrations like pregnant women; patients with serious co-morbid conditions; and hospitalized patients, particularly those with acute renal failure. Creatinine-based estimating equations should be used only for patients with stable creatinine concentrations.
- Persons with extremes in muscle mass and diet including but is not limited to, individuals who are amputees, paraplegics, or bodybuilders, or have obesity; patients who have a muscle-wasting disease or a neuromuscular disorder; and those suffering from malnutrition, eating a vegetarian or low-meat diet, or taking creatine dietary supplements.

Interpretation:

According to the Kidney Disease: Improving Global Outcomes (KDIGO) CKD work group, chronic kidney disease (CKD) is defined as the abnormalities of kidney structure or function, present for more than 3 months, with implications for health. KDIGO guidelines provide the following GFR categories:

Stage	Terms	eGFR mL/min/1.73 m^2
G1*	Normal or high	90
G2*	Mildly decreased	60 to 89
G3a	Mildly to moderately decreased	45 to 59
G3b	Moderately to severely decreased	30-44
G4	Severely decreased	15-29
G5	Kidney failure	<15

*In the absence of evidence of kidney damage, neither G1 nor G2 fulfill criteria for CKD.

Lipid Profile

Cholesterol, Total Serum	122.7	mg/dL	Desirable : <200 Borderline high : 200 - 239 High : >239 Enzymatic : CHOD-PAP
Note: Above Biological interval is based on 9 to 12 hours fasting.			
Triglycerides Serum	49.16	mg/dL	Normal : <150 High : 150 - 199 Hypertriclyceridemic: 200 - 499 Very High : >499 Glycerol-3-phosphate oxidase-PAP
Note: Above Biological interval is based on 9 to 12 hours fasting			
Cholesterol, HDL Serum	48.1	mg/dL	Adult (NCEP ATP-III) Low : < 40 High : >=60 Direct

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Cholesterol, LDL Serum	64.8	mg/dL	Optimal : <100 Near or above optimal : 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very high : >190. Calculation
Cholesterol, VLDL Serum	9.8	mg/dL	Less than 30 (NCEP ATP-III) Calculation
Cholesterol/HDL Ratio Serum	2.5		Castelli's Risk Index -I Ideal : <3.5 Good: 3.5-5.0 High: >=5 Calculation
LDL/HDL Ratio Serum	1.3	Ratio	Castelli's Risk Index -II Ideal : <2.0 Good: 2.0-5.0 High: >=5 Calculation
Non - HDL Cholesterol Serum	74.6	mg/dL	Adult (NCEP ATP-III) Optimal : <130 Near or above optimal : 130-159 Borderline high : 160-189 High : 190-219 Very high : >220 Calculation
HDL/LDL Ratio Serum	0.7	Ratio	Optimal : >0.4 Moderate: 0.3-0.4 High : <0.3 Calculation
Liver Function, Profile			
Bilirubin, Total Serum	0.50	mg/dL	0.3 - 1.2 Sulphanilic Acid Diazotized/Caffeine Benzoate
Bilirubin, Direct Serum	0.20	mg/dL	0.0 - 0.2 Colorimetric : Diazo
Bilirubin, Indirect Serum	0.30	mg/dL	0.1 - 1.0 Calculated
Aspartate aminotransferase (AST/SGOT) Serum	**44.60** ⬆	U/L	Less than 35 UV without pyridoxal phosphate

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Alanine aminotransferase (ALT/SGPT) Serum	22.30	U/L	Male : <45 Female: <34 UV without pyridoxal phosphate
Alkaline phosphatase Serum	134.2	U/L	Children : 47 - 406 (Age and gender dependent) Adults : 30 - 120 Colorimetric : p-Nitrophenyl Phosphate-AMP Buffer
Gamma Glutamyl-Transferase (GGT) Serum	18.7	U/L	10 - 71 Colorimetric : Glutamyl-3-carboxy-4-nitroanilide
Total Protein. Serum	7.10	g/dL	6.4 - 8.3 Colorimetric-Biuret
Albumin. Serum	4.39	g/dL	Adult - 3.5 - 5.2 Colorimetric: Bromocresol Green
Globulin. Serum	2.71	g/dL	2.0-3.9 Calculated
Albumin/Globulin Serum	1.6	Ratio	Calculated
SGOT/SGPT Serum	**2.0** ⬆	Ratio	Upto 1.3 Calculation
Electrolytes			
Sodium. Serum	141	mmol/L	136 - 145 Ion Selective Electrode
Potassium. Serum	3.9	mmol/L	3.5 - 5.1 Ion Selective Electrode
Chloride. Serum	102	mmol/L	98 - 107 Ion Selective Electrode
Bone Health			
Calcium Serum	9.6	mg/dL	Adults : 8.6 - 10.3 End point : Arsenazo III
Phosphorous Serum	4.01	mg/dL	2.5 - 4.5 Phosphomolybdate complex

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IMMUNOLOGY			
COMPREHENSIVE - HEALTH CHECKUP (MEN)			
Thyroid function tests			
T3 Serum	1.01	ng/ml	0.58 - 1.59 CMIA
T4 Serum	7.12	ug/dl	4.87 - 11.72 CMIA
TSH Serum	1.846	uIU/ml	0.35 - 4.94 CMIA

Note: TSH has a diurnal rhythm, peaks at 2.00-4.00 am and has lowest level at 5.00-6.00 pm with ultradian variation. Hence thyroid test is only a snapshot of what is occurring within a dynamic system and for treatment purpose, the results should be accessed in conjugation with patient medical history, clinical examination & other tests/finding for confirmation. Many multivitamins (such as Vit B7), supplements (especially hair, skin, and nail) and over-the-counter and prescription medications may affect thyroid test results, and their use should be discussed with the healthcare practitioner prior to testing.
When a high serum TSH concentration and normal free T4 is found, repeat measurement 3-6 months later along with thyroid antibodies after excluding nonthyroidal illness and drug interference is recommended.

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CLINICAL PATHOLOGY			
COMPREHENSIVE - HEALTH CHECKUP (MEN)			
Urine Routine Analysis			
Colour URINE	Yellow		Pale yellow (Naked Eye Examination)
Clarity URINE	Slightly cloudy		
Sp.Gravity URINE	**1.030** ↑		1.016 - 1.022 (Automated strip - Ion concentration)
pH URINE	5.5		4.8 - 7.4 (Automated strip – pH indicator)
Protein URINE	Not Present		Not Present (Automated strip – protein error of a pH indicator/ Manual – Sulphosalicylic acid method
Glucose URINE	Not Present		Not Present (Automated strip –GOD/POD/Manual – Benedicts test)
Bilirubin URINE	Not Present		Not Present (Automated strip –Diazonium salt/Manual – Fouchet's test)
Urobilinogen URINE	Within normal limits		Within normal limits (Automated strip –Diazonium salt/Manual – Ehrlich's aldehyde method)
Ketone URINE	Not Present		Not Present (Automated strip –Legal's test/Manual – Rothera's method)
Nitrates URINE	Negative		Negative (Automated strip –Griess test)
Erythrocytes URINE	Negative		Negative (Pseudoperoxidation)
Pus cells URINE	2 - 4	/hpf	3 – 5 (Manual - Light Microscopy)

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RBCs URINE	Not Present	/hpf	Occasional (Manual - Light Microscopy)
Epithelial cells URINE	1 - 2	/hpf	Few (Manual - Light Microscopy)
Cast URINE	Not Present	/hpf	Not present (Manual - Light Microscopy)
Crystals URINE	Not Present	/hpf	Not present (Manual - Light Microscopy)
Bacteria URINE	Not Present	/hpf	Not present (Manual - Light Microscopy)
Yeast URINE	Not Present	/hpf	Not present (Manual - Light Microscopy)
Others URINE	-		None (Manual - Light Microscopy)

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IMMUNOLOGY			
Testosterone, Total Serum	4.740	ng/ml	2.49 - 8.36 CMIA

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END OF THE REPORT