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Patient Name	: Ms.BIMLA JANDWANI	Barcode	: E00517271
Age/Gender	: 63 Y O M 1 D/F	Sample Collected On	: 19/Nov/2020 08: 30AM
Order Id	: 6596760	Sample Received On	: 19/Nov/2020 02: 40PM
Referred By	:	Report Generated On	: 19/Nov/2020 04: 35PM
Sample Type	: WHOLE BLOOD EDTA	Sample Temperature	: Maintained

**DEPARTMENT OF HEMATOLOGY**  
**ADVANCED FULL BODY CHECKUP**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	<b>11.6</b>	g/dL	12.0-15.0	Spectrophotometer
RBC COUNT	4.06	Million/cu.mm	3.8-4.8	Electrical Impedance
PCV	<b>33.70</b>	%	36-46	Electronic pulse & Calculation
MCV	83	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W-CV	14.0	%	11.6-14	Calculated
R.D.W-SD	42.00	fl	37.0 - 54.0	Calculated
TOTAL WBC COUNT	8,700	Cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS %	79.5	%	40-80	Electrical Impedance
LYMPHOCYTES %	<b>14.9</b>	%	20-40	Electrical Impedance
EOSINOPHILS %	<b>0.8</b>	%	1-6	Electrical Impedance
MONOCYTES %	4.3	%	2-10	Electrical Impedance
BASOPHILS %	0.5	%	0-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	6916.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1296.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	69.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	374.1	Cells/cu.mm	200-1000	Calculated
BASOPHILS	43.5	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	186000	Cells/cu.mm	150000-410000	Electrical impedance

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MD PATHOLOGY  
CONSULTANT PATHOLOGIST



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Referred By	:	Report Generated On	: 19/Nov/2020 03: 40PM
Sample Type	: NAF PLASMA	Sample Temperature	: Maintained

**DEPARTMENT OF BIOCHEMISTRY**  
**ADVANCED FULL BODY CHECKUP**

Test Name	Result	Unit	Bio. Ref. Interval	Method
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**GLUCOSE, FASTING , *NAF PLASMA***

GLUCOSE, FASTING	97	mg/dL	70 - 100	GOD - POD
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Americal Diabetes Association (ADA) guideliness Blood Sugar Levels for diagnosing Diabetes and Prediabetes

Condition	Fasting Blood Glucose
Normal	<100
Pre-Diabetes	100-125
Diabetes	More than 126*

\* A confirmatory test of either a fasting blood sugar, OGTT or random blood sugar with symptoms must be done on another day (Except in the case of unequivocal hyperglycemia with metabloic decompensation)

\*Atleast 8-10 hours fasting is mandatory for Fasting Blood Glucose/Sugar. If not, values might fluctuate.

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Referred By	:	Report Generated On	: 19/Nov/2020 03: 40PM
Sample Type	: SERUM	Sample Temperature	: Maintained

**DEPARTMENT OF BIOCHEMISTRY**  
**ADVANCED FULL BODY CHECKUP**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE (7 PARAMETERS) , SERUM</b>				
TOTAL CHOLESTEROL	161	mg/dL	Desirable:<200 Borderline High:200-239 High:>240	CHE/CHO/POD
TRIGLYCERIDES	103	mg/dL	Normal:<150 Borderline High:151-199 High:200-499 Very High:>500	Enzymatic
HDL CHOLESTEROL	52	mg/dL	High (Desirable):>60 Acceptable:40-59 Low:<39	CHE/CHO/POD
NON-HDL CHOLESTEROL	109.00	mg/dl	Optimal:<130 Near&Above optimal: 131-159 Borderline High:160-189 High: 190-219 Very high: >220	Calculated
LDL CHOLESTEROL	88.4	mg/dL	Optimal:<100 Near Optimal:101-129 Borderline High:130-159 High:160-189 Very High:>190	Calculated
VLDL CHOLESTEROL	20.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.10	Ratio	0-4.97	Calculated

**General Information's:** LDL & VLDL are calculated values by using Friedewald's equation. The value of LDL and VLDL will not be reported in the following circumstances as the value should not be considered/used in such cases as per the limitation of Friedewald's equation. A) When chylomicrons are present, B) When plasma/serum triglyceride (TGL) concentration exceeds 400 mg/dl, C) In patients with dysbetalipoproteinemia (type III lipoproteinemia) Also, If TGL value exceeds 400 mg/dl it is suggested to go for Direct LDL method for getting an actual value and for further evaluation. \*REFERENCE RANGES AS PER NCEP ATP III GUIDELINES: \*10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

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**DEPARTMENT OF BIOCHEMISTRY**  
**ADVANCED FULL BODY CHECKUP**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE (6 PARAMETERS) , <i>SERUM</i></b>				
UREA	21.00	mg/dL	19.0-43.0	Urease
BLOOD UREA NITROGEN	9.8	mg/dL	7.0 - 17.0	Calculated
CREATININE	0.60	mg/dL	0.52 - 1.04	Amidohydrolase
UREA/CREATININE RATIO	35.00	Ratio		Calculated
BUN / CREATININE RATIO	16.33	Ratio		Calculated
URIC ACID	3.60	mg/dL	2.5-6.2	Uricase

**General Information:**

Preanalytical issues such as high-protein intake and increased muscle bulk may lead to elevated creatinine levels not representative of actual renal function in an individual. Likewise, serum creatinine as a marker of renal function is often unreliable in the those with decreased muscle bulk such as the elderly, amputees and is individuals affected by muscular dystrophy.

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**DEPARTMENT OF BIOCHEMISTRY**  
**ADVANCED FULL BODY CHECKUP**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (11 PARAMETERS) , <i>SERUM</i></b>				
BILIRUBIN-TOTAL	0.30	mg/dL	0.20 - 1.20	Diazonium salt
BILIRUBIN-DIRECT	0.20	mg/dL	0.0-0.3	Spectrophotometric
BILIRUBIN-INDIRECT	0.10	mg/dL	0.0-1.10	Direct measure
ALKALINE PHOSPHATASE	<b>181.00</b>	U/L	38-126	PNP
AST/SGOT	<b>66.0</b>	U/L	17-59	UV with P-5-P
ALT/SGPT	<b>38.0</b>	U/L	<35.0	UV with P-5-P
AST:ALT RATIO	<b>1.74</b>	Ratio	Upto 1.3	Calculated
PROTEIN, TOTAL	6.80	g/dL	6.3-8.2	Biuret
ALBUMIN	3.80	g/dL	3.5 - 5.0	Bromocresol Green
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>1.27</b>		0.8-1.2	Calculated

**Genral Information:**

High coffee consumption and heavy smoking were both associated with low total protein and albumin levels. High coffee consumption lowered serum AST levels, independently. Because smoking, coffee and alcohol drinking habits showed strong interactions among each other, the association of those habits and LFTs should be carefully analyzed and interpreted.

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Referred By	:	Report Generated On	: 19/Nov/2020 03: 40PM
Sample Type	: SERUM	Sample Temperature	: Maintained

**DEPARTMENT OF BIOCHEMISTRY**  
**ADVANCED FULL BODY CHECKUP**

Test Name	Result	Unit	Bio. Ref. Interval	Method
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**EGFR - ESTIMATED GLOMERULAR FILTRATION RATE , *SERUM***

CREATININE	0.60	mg/dL	0.52 - 1.04	Amidohydrolase
EGFR - CREATININE AND GLOMERULAR FILTRATION RATE	96.98	mL/min/1.73m <sup>2</sup>		CKD-EPI FORMULA

Stage	e-GFR	Description
1	90+	Normal kidney function but urine findings or structural abnormalities or genetic trait point to kidney disease
2	60 to 89	Mildly reduced kidney function and other findings (as for stage 1) point to kidney disease
3A	45 to 59	Moderate reduced kidney function
3B	30 to 44	Moderate reduced kidney function
4	15 to 29	Severely reduced kidney function
5	<15 or on dialysis	Very severe or end stage kidney failure

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Age/Gender	: 63 Y O M 1 D/F	Sample Collected On	: 19/Nov/2020 08:30AM
Order Id	: 6596760	Sample Received On	: 19/Nov/2020 02:40PM
Referred By	:	Report Generated On	: 19/Nov/2020 04:07PM
Sample Type	: SERUM	Sample Temperature	: Maintained

**DEPARTMENT OF IMMUNOLOGY**  
**ADVANCED FULL BODY CHECKUP**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.44	ng/mL	0.97-1.80	ECLIA
Thyroxine (T4, TOTAL)	13.00	µg/dL	5.53-14.00	ECLIA
TSH	2.560	µIU/mL	0.46-4.68	ECLIA

TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH is a labile hormone & is secreted in a pulsatile manner throughout the day and is subject to several non-thyroidal pituitary influences. TSH levels are influenced by circadian rhythm, reaches peak level between 2 to 4 am and at its minimum between 6 to 10pm. hence time of the day significantly affects serum TSH concentrations.

**Important note for the people with borderline TSH levels (4.0 to 10 mIU/L).**

People with borderline TSH level while have no or mild to moderate sign & symptoms of thyroid issues, are considered to have **Sub-Clinical Hypothyroidism (SCH)**. Some time it could be a temporary fluctuation due to many reasons like age factor, circadian rhythm, hormonal status, stress, sleep deprivation, caloric intake, medication & circulating antibodies, and a retest (after 3 or 4 weeks) may be needed along with the test **Free T4** for further evaluation and confirmation.

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

**References:**

American Thyroid Association (ATA) & European Thyroid Association (ETA)

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Patient Name	: Ms.BIMLA JANDWANI	Barcode	: X0127461
Age/Gender	: 63 Y O M 1 D/F	Sample Collected On	: 19/Nov/2020 08: 30AM
Order Id	: 6596760	Sample Received On	: 19/Nov/2020 02: 40PM
Referred By	:	Report Generated On	: 19/Nov/2020 04: 25PM
Sample Type	: URINE	Sample Temperature	: Maintained

**DEPARTMENT OF CLINICAL PATHOLOGY**  
**ADVANCED FULL BODY CHECKUP**

Test Name	Result	Unit	Bio. Ref. Interval	Method
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**COMPLETE URINE EXAMINATION , URINE**

**PHYSICAL EXAMINATION**

VOLUME	35.00	mL		
COLOUR	Pale Yellow		PALE YELLOW	Visual
TRANSPARENCY	Clear		CLEAR	Visual
pH	5.0		5-7.5	Dipstick
SP. GRAVITY	1.025		1.002-1.030	Dipstick

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	Negative		NEGATIVE	Dipstick/Heat test
GLUCOSE	Negative		NEGATIVE	Dipstick/Benedicts Test
URINE BILIRUBIN	Negative		NEGATIVE	Dipstick/Fouchet Test
KETONES	Negative		NEGATIVE	Dipstick/Rotheras Test
UROBILINOGEN	Normal		NORMAL	Dipstick/Ehrlichs Test
BLOOD	Negative		NEGATIVE	Dipstick
NITRITE	Negative		NEGATIVE	Dipstick

**MICROSCOPIC EXAMINATION**

PUS CELLS	2-3	/hpf	0-5
EPITHELIAL CELLS	3-4	/hpf	<10
RBC	Absent	/hpf	ABSENT
CASTS	Absent		ABSENT
CRYSTALS	Absent		ABSENT
BACTERIA	Absent		
YEAST	Absent		
PARASITES	Absent		
OTHERS	Nil		

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

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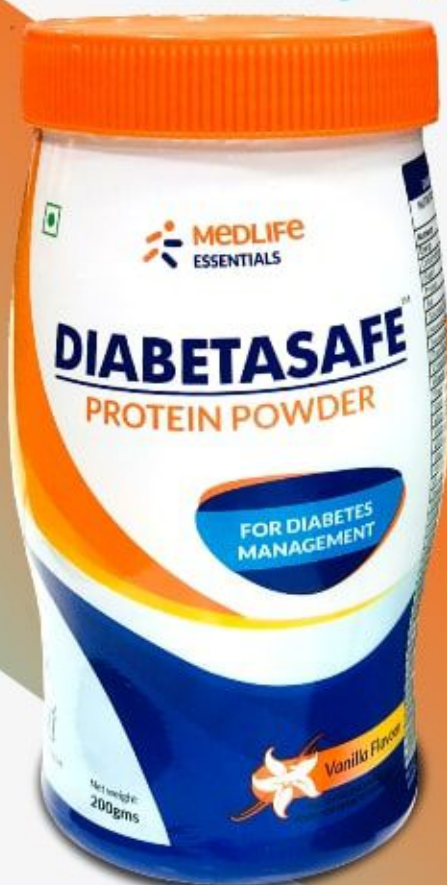


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- Contains Vegetable protein, which helps in reducing serum cholesterol and managing diabetes related complication like nephropathy.

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