MC-2388

ÌRÇyMsÈ3}

Visit Id: R8949833

ANAND DIAGNOSTIC LABORATORY
A Neuberg ASSOCIATE

Sample Source: Walkin

Sample Collected at: No. 1003, 9th Main, HSR Layout7th Sector, Bangalore - 560102

Name:	**MR RAJESH MOHAN**			**Registered:**	14/11/2021 07:45
Age:	40 Year(s)	**Gender:** M	**Contact No.:** 8886990306	**Reported:**	15/11/2021 10:15
Ref. No.			**Referring Dr.:** DR GURU PRASAD	**Report Status:**	Partial

Department	Report Status
CLINICAL SERVICES	Pending
PHYSICIAN CONSULTATION	Pending

BIO-CHEMISTRY

Test Name	Test Result	Biological Reference Range	Sample
FASTING GLUCOSE (SERUM / PLASMA)			
FASTING GLUCOSE LEVELS	86 mg/dL	</=100 : Normal 100-125 : Pre Diabetes >/=126 : Diabetes Cut off for GDM : > 95 (By the ADA Recommendation - Jan 2012) mg/dL	PLAS
HEXOKINASE			
LIPID PROFILE EXTENDED, SERUM (FASTING SAMPLE)			
TOTAL CHOLESTEROL (CHOD-PAP)	296 mg/dl	Less than 200 mg/dL - Desirable 200 - 239 mg/dL - Borderline high More than 240 mg/dL - High mg/dl	SER
ENZYMATIC			
TRIGLYCERIDES (FASTING SAMPLE)	243 mg/dl	Less than 150 mg/dl - Normal 150-199 mg/dl - Borderline high 200-499 mg/dl - High More than 500 mg/dl - Very high mg/dl	SER
GPO, Trinder without serum blank			
HDL CHOLESTEROL	39 mg/dl	Low (undesirable, high risk): < 40 mg/dL High (desirable, low risk): = 60 mg/dL mg/dl	SER
Elimination/catalase			
LDL CHOLESTEROL	211 mg/dl	Optimal: < 100 mg/dL Near optimal / above optimal: 100- 129 mg/dL Borderline high: 130 – 159 mg/dL High: 160 – 189 mg/dL Very high: = 190 mg/dL mg/dl	SER
Elimination/catalase			
Non HDL Cholesterol (Calculated)	257 mg/dL	CHD and CHD risk equivalent(10-year risk for CHD >20%) : : <130 Multiple (2+) risk factors and 10-year risk =20%: < 160 0–1 risk factor: < 190 Note: Ref range are only approximate guide lines. Risk assesment should take both LDLc and other risk factors to derive over all 10yrs risk of CAD mg/dL	SER
TOTAL: HDL RATIO	7.59	LESS THAN 4.5	SER

MC-2388

ÌRÇyMsÈ3}

Visit Id: R8949833

ANAND DIAGNOSTIC LABORATORY
A Neuberg ASSOCIATE

Sample Source: Walkin

Sample Collected at: No. 1003, 9th Main, HSR Layout7th Sector, Bangalore - 560102

Name:	**MR RAJESH MOHAN**			**Registered:**	14/11/2021 07:45
Age:	40 Year(s)	**Gender:** M	**Contact No.:** 8886990306	**Reported:**	15/11/2021 10:15
Ref. No.			**Referring Dr.:** DR GURU PRASAD	**Report Status:**	Partial

Department	Report Status
CLINICAL SERVICES	Pending
PHYSICIAN CONSULTATION	Pending

BIO-CHEMISTRY

Test Name	Test Result	Biological Reference Range	Sample
LDL : HDL RATIO	5.41	LESS THAN 3.5	SER
APOLIPOPROTEIN - A I PEG immunturbidimetric	109 mg/dl	79 - 169 mg/dl	SER
APOLIPOPROTEIN - B PEG immunturbidimetric	158 mg/dl	46 - 174 mg/dl	SER
APO B : APO A RATIO	1.45	Baseline: 1.07 - 1.25 On treatment - 1.10 - 1.43	SER
HIGH SENSITIVE CRP Latex enhanced immunoturbidimetric	0.15 mg/dL	Adults: 0–0.5 For cardiac risk: < 0.1 - Low risk 0.1 - 0.3 - Average 0.31 - 1.0 - High risk Values greater than 1 mg/dL are often seen in Acute inflammatory conditions. CRP assays are used as an aid in the identification and stratification of individuals at risk for cardiovascular disease and to assess activity of inflammatory disease. Wide Range CRP is more sensitive than conventional CRP assay in measuring low grade inflammation. . It is recommended to correlate with reference range. mg/dL	SER
Lipoprotein (a) (Immunoturbidimetry) IMMUNOTURBIDIMETRY	>85.00 mg/dl	> 30 mg/dl (High Risk) NOTE: Persons of asian origin are known to have higher levels of Lp(a) when compared to rest of the world. mg/dl	SER

LIVER PANEL (Extended)

TOTAL CHOLESTEROL (CHOD-PAP) ENZYMATIC	296 mg/dl	Less than 200 mg/dL - Desirable 200 - 239 mg/dL - Borderline high More than 240 mg/dL - High mg/dl	SER

MC-2388

ÌRÇyMsÈ3}

Visit Id: R8949833

ANAND DIAGNOSTIC LABORATORY
A Neuberg ASSOCIATE

Sample Source: Walkin

Sample Collected at: No. 1003, 9th Main, HSR Layout7th Sector, Bangalore - 560102

Name:	**MR RAJESH MOHAN**			**Registered:**	14/11/2021 07:45
Age:	40 Year(s)	**Gender:** M	**Contact No.:** 8886990306	**Reported:**	15/11/2021 10:15
Ref. No.			**Referring Dr.:** DR GURU PRASAD	**Report Status:**	Partial

Department	Report Status
CLINICAL SERVICES	Pending
PHYSICIAN CONSULTATION	Pending

BIO-CHEMISTRY

Test Name	Test Result	Biological Reference Range	Sample
TOTAL BILIRUBIN Colorimetric Vanadate oxidation	0.91 mg/dL	0.3 - 1.2 mg/dL mg/dL	SER
DIRECT BILIRUBIN Colorimetric Vanadate oxidation	0.24 mg/dL	0 - 0.3 mg/dL	SER
INDIRECT BILIRUBIN CALCULATED	0.67 mg/dL	0-0.8 mg/dL	SER
Aspartate Aminotransferase AST (S.G.O.T) MODIFIED IFCC	22 U/L	0 - 34 U/L	SER
Alanine Aminotransferase ALT (S.G.P.T) MODIFIED IFCC	48 U/L	10 - 49 U/L	SER
GAMMA G.T (G-glutamyl-p-nitroanilide -) MODIFIED IFCC	30 U/L	0 - 73 U/L	SER
ALKALINE PHOSPHATASE (Serum) : MODIFIED IFCC	98.0 U/L	45-129 U/L U/L	SER
Exec C.A.R.E (Male)			
BLOOD UREA NITROGEN UREASE	6.0 mg/dL	9 - 23 mg/dL mg/dL	SER
CREATININE (SERUM)			
SERUM CREATININE ENZYMATIC	0.76 mg/dL	0.6 - 1.3 mg/dL	SER
Exec C.A.R.E (Male)			
URIC ACID Uricase/Peroxidase	6.1 mg/dL	3.5 - 7.2 Ref: Tietz 7th edition mg/dL	SER

MC-2388

ÌRÇyMsÈ3}

Visit Id: R8949833

ANAND DIAGNOSTIC LABORATORY
A Neuberg ASSOCIATE

Sample Source: Walkin

Sample Collected at: No. 1003, 9th Main, HSR Layout7th Sector, Bangalore - 560102

Name:	**MR RAJESH MOHAN**			**Registered:**	14/11/2021 07:45
Age:	40 Year(s)	**Gender:** M	**Contact No.:** 8886990306	**Reported:**	15/11/2021 10:15
Ref. No.			**Referring Dr.:** DR GURU PRASAD	**Report Status:**	Partial

Department	Report Status
CLINICAL SERVICES	Pending
PHYSICIAN CONSULTATION	Pending

BIO-CHEMISTRY

Test Name	Test Result	Biological Reference Range	Sample
SERUM ELECTROLYTES			
SODIUM Indirect Potentiometric	135.0 mmol/L	136 - 145 mmol/L	SER
POTASSIUM Indirect Potentiometric	4.27 mmol/L	3.5 - 5.1 mmol/L	SER
CHLORIDES Indirect Potentiometric	100.0 mmol/L	98 - 107 mmol/L	SER
TOTAL CALCIUM :			
TOTAL CALCIUM (Arsenazo) ARSENAZO	10.3 mg/dl	8.3-10.6 mg/dl	SER
ALBUMIN (BCG Dye binding)	4.60 g/dL	3.5 - 5.2 g/dL	SER
ADJUSTED CALCIUM	9.8 mg/dL	mg/dL	SER

For the purpose of calculating adjusted calcium, Albumin measured by BCG dye binding photometric method is being used. Albumin measured by BCG dye binding method and by Capillary Electrophoresis shows some difference.

------ End of BIO-CHEMISTRY Report ------

Reviewed By
Dr Venkatesh D B

Dr. Venkatesh D B
Biochemist
Reported On 14/11/2021 16:08
KMC NO. - 30959

MC-2388

ÌRÇyMsÈ3}

Visit Id: R8949833

ANAND DIAGNOSTIC LABORATORY
A Neuberg ASSOCIATE

Sample Source: Walkin

Sample Collected at: No. 1003, 9th Main, HSR Layout7th Sector, Bangalore - 560102

Name:	**MR RAJESH MOHAN**			**Registered:**	14/11/2021 07:45
Age:	40 Year(s)	**Gender:** M	**Contact No.:** 8886990306	**Reported:**	15/11/2021 10:15
Ref. No.			**Referring Dr.:** DR GURU PRASAD	**Report Status:**	Partial

Department	Report Status
CLINICAL SERVICES	Pending
PHYSICIAN CONSULTATION	Pending

HIGHER CHEMISTRY

Test Name	Test Result	Biological Reference Range	Sample
VITAMIN B12 ASSAY			
ACTIVE VITAMIN B12 HOLO TRANSCOBALAMIN	16.5 pmol/L	25.1 - 165 pmol/L	SER

Active Vitamin B12, also known as Holo Transcobalamin is the fraction of Vitamin B12 which available for the use by tissues and thus represents the fraction of Vit B12 that is biologically more important with respect to availability of this vitamin for cellular functions. Two carrier proteins are involved in the transport of Vitamin B12 and delivery to the tissues:

Transcobalamin (TC) – 6 to 20 % of the Vit B12 circulates in the form bound to TC. The resulting complex is known as Holo Transcobalamin (Holo TC)

Haptocorrin (HC) – Remaining Vit B12 (Fraction not bound to TC) circulate in the form bound to HC. The resulting complex is known as Holo Haptocorrin (Holo HC)

Active B12 test measures the amount of B12 bound to TC whereas the conventional serum Vit B12 measure both the fractions as total Vit B12

Measurement of Active Vit B12 is found to be more sensitive in detecting Vit B12 deficiency

If the serum vitamin B12 level is < 300 pg/mL, the levels of Active Vit B12 alone or in combination with serum total Vit B12 levels is/are useful in unmasking the deficiency state.

Holo Transcobalamin level of < 32 pmol/L has been suggested as cut off to identify the Vit B12 deficiency based on the correlation with increased excretion of methyl malonic acid associated with this condition.

Active Vitamin B12 levels will remain unchanged in pregnancy whereas the Total Vit B12 level can drop by 50% in late pregnancy and hence Active Vit B12 is biomarker of choice for detecting Vitamin B12 deficiency during pregnancy

High titres of Intrinsic factor blocking auto antibodies (IF Ab) in patient samples can lead to spuriously normal or high Vitamin B12 values in cases of pernicious anaemia and Active Vit B12 assay is preferred over total Vitamin B12 assays in this scenario.

References:

Tietz Textbook of Clinical Chemistry and Molecular Diagnostics;6th Edition; P: 669-674

Morkbak A L, Hvas A, Milman N, Nexo E ; Letters to The Editor ; haematologica - the hematology journal 2007; 92(12) ; P1711

Devalia V, Hamilton M S, Molloy A M; Guidelines for the diagnosis and treatment of cobalamin and folate disorders; British Journal of Haematology; 2014; 166; P 496–513

------ End of HIGHER CHEMISTRY Report ------

Reviewed By
Dr Venkatesh D B

Dr. Venkatesh D B

MC-2388

ÌRÇyMsÈ3}

Visit Id: R8949833

ANAND DIAGNOSTIC LABORATORY
A Neuberg ASSOCIATE

Sample Source: Walkin

Sample Collected at: No. 1003, 9th Main, HSR Layout7th Sector, Bangalore - 560102

Name:	**MR RAJESH MOHAN**			**Registered:**	14/11/2021 07:45
Age:	40 Year(s)	**Gender:** M	**Contact No.:** 8886990306	**Reported:**	15/11/2021 10:15
Ref. No.			**Referring Dr.:** DR GURU PRASAD	**Report Status:**	Partial

Department	Report Status
CLINICAL SERVICES	Pending
PHYSICIAN CONSULTATION	Pending

CLINICAL PATHOLOGY

Test Name	Test Result	Biological Reference Range	Sample
PHYSICAL EXAMINATION			
Colour	YELLOW		URI
Clarity	CLEAR		URI
URINE CHEMICAL EXAMINATION (Automated)			
Specific gravity Refractive Index	1002	1003 - 1030	URI
Reaction Indicator method	7.0 pH	4.6 - 8.0 pH	URI
Nitrites Gries Method	NEGATIVE	NEGATIVE	URI
Albumin Protein Error of pH Indicator	NOT PRESENT		URI
Urine ketone bodies Nitroprusside Method	NEGATIVE	NIL	URI
Urobilinogen Azo coupling method	NORMAL		URI
Bile salt Azo coupling method	NOT PRESENT	NIL	URI
Bile pigment Azo coupling method	NOT PRESENT	NIL	URI
Urine Glucose Enzyme Method (GOD POD)	NIL	NIL : Normal Trace : 50 mg/dL + : 100 mg/dL ++ : 250 mg/dL +++ : 500 mg/dL ++++ : 2000 mg/dL	URI
Leukocyte esterase Measurement of Leukocyte Esterase activity	NEGATIVE	NEGATIVE	URI

MC-2388

ÌRÇyMsÈ3}

Visit Id: R8949833

ANAND DIAGNOSTIC LABORATORY
A Neuberg ASSOCIATE

Sample Source: Walkin

Sample Collected at: No. 1003, 9th Main, HSR Layout7th Sector, Bangalore - 560102

Name:	**MR RAJESH MOHAN**			**Registered:**	14/11/2021 07:45
Age:	40 Year(s)	**Gender:** M	**Contact No.:** 8886990306	**Reported:**	15/11/2021 10:15
Ref. No.			**Referring Dr.:** DR GURU PRASAD	**Report Status:**	Partial

Department	Report Status
CLINICAL SERVICES	Pending
PHYSICIAN CONSULTATION	Pending

CLINICAL PATHOLOGY

Test Name	Test Result	Biological Reference Range	Sample
Blood (Hemoglobin) Peroxidase like reaction	NIL	NEGATIVE	URI
MICROSCOPY (Flow cytometry)			
RBCs	NIL RBC's/HPF	0-2 RBC's/HPF	URI
WBC (Pus Cells)	NIL Cells/HPF	0-5 Cells/HPF	URI
Epithelial Cells	NIL /hpf	OCC /hpf	URI
Casts	NIL /HPF	OCC HYALINE CAST /HPF	URI
Bacilli	1 /hpf	</= 200 bacilli in the absence of WBC's /hpf	URI
Crystals	NIL	NIL/hpf	URI
Yeast Cells	NIL /hpf	NIL /hpf	URI
Pathological Cast	NIL /hpf	NIL /hpf	URI
Mucus	NIL	NIL	URI

------ End of CLINICAL PATHOLOGY Report ------

Reviewed By
AUTO

Dr.Jayaram.N
Pathologist
Reported On 14/11/2021 13:11
KMC No. - 70403

HAEMATOLOGY

Test Name	Test Result	Biological Reference Range	Sample
COMPLETE HAEMOGRAM (Automated blood cell counter)			
HAEMOGLOBIN PERCENTAGE SLS METHOD	15.6 g/dl	13.5-18.0 g/dl	BLD

MC-2388

ÌRÇyMsÈ3}

Visit Id: R8949833

ANAND DIAGNOSTIC LABORATORY
A Neuberg ASSOCIATE

Sample Source: Walkin

Sample Collected at: No. 1003, 9th Main, HSR Layout7th Sector, Bangalore - 560102

Name:	**MR RAJESH MOHAN**			**Registered:**	14/11/2021 07:45
Age:	40 Year(s)	**Gender:** M	**Contact No.:** 8886990306	**Reported:**	15/11/2021 10:15
Ref. No.			**Referring Dr.:** DR GURU PRASAD	**Report Status:**	Partial

Department	Report Status
CLINICAL SERVICES	Pending
PHYSICIAN CONSULTATION	Pending

HAEMATOLOGY

Test Name	Test Result	Biological Reference Range	Sample
PACKED CELL VOLUME CALCULATED	47.7 %	39-54 %	BLD
TOTAL WBC COUNT AUTOMATED FLOW CYTOMETRY	7430 /Cmm	4000-11000 /Cmm	BLD
Neutrophils AUTOMATED FLOW CYTOMETRY	58.7 %	40-75 %	BLD
Lymphocytes AUTOMATED FLOW CYTOMETRY	29.9 %	20-45 %	BLD
Eosinophils AUTOMATED FLOW CYTOMETRY	3.2 %	1-6 %	BLD
Monocytes AUTOMATED FLOW CYTOMETRY	7.9 %	1-10 %	BLD
Basophils AUTOMATED FLOW CYTOMETRY	0.3 %	0-1 %	BLD
RED BLOOD CELL COUNT SHEATH FLOW DC DETECTION	4.87 mill/cmm	4.2-6.5 mill/cmm	BLD
MEAN CORPUSCULAR VOLUME CALCULATED	97.9 fl	75-95 fl	BLD
MEAN CORPUSCULAR HEMOGLOBIN CALCULATED	32.0 pg	26-32 pg	BLD
MEAN CORPUSCULAR Hb CONCENTRATION CALCULATED	32.7 g/dl	30-35 g/dl	BLD

MC-2388

ÌRÇyMsÈ3}

Visit Id: R8949833

ANAND DIAGNOSTIC LABORATORY
A Neuberg ASSOCIATE

Sample Source: Walkin

Sample Collected at: No. 1003, 9th Main, HSR Layout7th Sector, Bangalore - 560102

Name:	**MR RAJESH MOHAN**			**Registered:**	14/11/2021 07:45
Age:	40 Year(s)	**Gender:** M	**Contact No.:** 8886990306	**Reported:**	15/11/2021 10:15
Ref. No.			**Referring Dr.:** DR GURU PRASAD	**Report Status:**	Partial

Department	Report Status
CLINICAL SERVICES	Pending
PHYSICIAN CONSULTATION	Pending

HAEMATOLOGY

Test Name	Test Result	Biological Reference Range	Sample
BLOOD PICTURE (PERIPHERAL SMEAR)	RBCs : Predominantly normocytic normochromic. WBCs : Normal in number and morphology. Platelets : Appear adequate on smear. Giant platelets noted. Hemoparasites : Are not seen. IMPRESSION : WITHIN NORMAL LIMITS. -	-	BLD

ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE RED CELL AGGREGATION BY KINETIC PHOTOMETRY	17 mm/hr	Male 0-20 mm/hr	BLD

COMPLETE HAEMOGRAM (Automated blood cell counter)

RED CELL DISTRIBUTION WIDTH CALCULATED	13.1 %	11-16 %	BLD
ABSOLUTE EOSINOPHIL COUNT AUTOMATED FLOW CYTOMETRY	240 cells/cmm	50-450 cells/cmm	BLD
ABSOLUTE NEUTROPHIL COUNT AUTOMATED FLOW CYTOMETRY	4360 cells/cmm	2000-7000 cells/cmm	BLD
ABSOLUTE LYMPHOCYTE COUNT AUTOMATED FLOW CYTOMETRY	2220 cells/cmm	1000-3000 cells/cmm	BLD
ABSOLUTE MONOCYTE COUNT AUTOMATED FLOW CYTOMETRY	590 cells/cmm	200 - 1000 cells/cmm	BLD
ABSOLUTE BASOPHIL COUNT AUTOMATED FLOW CYTOMETRY	20 cells/cmm	20-100 cells/cmm	BLD
PLATELET COUNT SHEATH FLOW DC DETECTION	125000 /Cmm	140000-440000 /Cmm	BLD

MC-2388

ÌRÇyMsÈ3}

Visit Id: R8949833

Sample Source: Walkin

Sample Collected at: No. 1003, 9th Main, HSR Layout7th Sector, Bangalore - 560102

Name:	**MR RAJESH MOHAN**			**Registered:**	14/11/2021 07:45
Age:	40 Year(s)	**Gender:** M	**Contact No.:** 8886990306	**Reported:**	15/11/2021 10:15
Ref. No.			**Referring Dr.:** DR GURU PRASAD	**Report Status:**	Partial

Department	Report Status
CLINICAL SERVICES	Pending
PHYSICIAN CONSULTATION	Pending

HAEMATOLOGY

Test Name	Test Result	Biological Reference Range	Sample
IMMATURE PLATELET FRACTION	26.6 %	IPF (Immature Platelet Fraction) Comments : - IPF is an index of thrombopoiesis. It is raised in patients with peripheral consumption/destruction of platelets. - IPF can be used to predict platelet recovery in Dengue patients having thrombocytopenia and recovery post chemotherapy or stem cell transplant. - A single value of >10% is indicative of patient recovery within 24-48hrs. NOTE: Platelet count done by fluoroscent method. %	BLD

AUTOMATED FLOW CYTOMETRY

PROTHROMBIN TIME (Clot detection)

PATIENT	12.00 Secs	11.1 - 14.4 Secs	CITPLA
Control Value : 12.7			
INTERNATIONAL NORMALIZED RATIO	0.94	Recommended target INR values will depend on the clinical context and the physician's recommendation may be sought.	CITPLA

------ End of HAEMATOLOGY Report ------

Reviewed By
Dr.Swathi Kulkarni

Dr.Swathi Kulkarni
Consultant Pathologist
Reported On 14/11/2021 16:32
KMC NO.-103766

ÌRÇyMsÈ3}

Visit Id: R8945833

Sample Source: Walkin

Sample Collected at: No. 1003, 9th Main, HSR Layout7th Sector, Bangalore - 560102

Name:	**MR RAJESH MOHAN**			**Registered:**	14/11/2021 07:45
Age:	40 Year(s)	**Gender:** M	**Contact No.:** 8886990306	**Reported:**	15/11/2021 10:15
Ref. No.			**Referring Dr.:** DR GURU PRASAD	**Report Status:**	Partial

Department	Report Status
CLINICAL SERVICES	Pending
PHYSICIAN CONSULTATION	Pending

HIGHER CHEMISTRY

Test Name	Test Result	Biological Reference Range	Sample
Exec C.A.R.E (Male)			
THYROID STIMULATING HORMONE CHEMILUMINESCENCE	1.27 mcIU/mL	0.4 - 4.2 mcIU/mL	SER
FREE THYROXINE (FT4) CHEMILUMINESCENCE	1.16 ng/dl	0.89 - 1.76 (Ref Tietz 4th ED) ng/dl	SER
PROTEIN ELECTROPHORESIS			
TOTAL PROTEINS (Biuret) Biuret	7.40 g/dL	5.7 - 8.2 g/dL	SER
ALBUMIN	4.61 g/dL	4.02 - 4.76 g/dL	SER
GLOBULIN (Calculated)	2.79 g/dL	2.0 - 4.0 g/dL	SER
ALBUMIN:GLOBULIN RATIO.	1.65:1	1.5:1 - 2.5:1	SER
ALPHA 1	0.20 g/dL	0.21 - 0.35 g/dL	SER
ALPHA 2	0.47 g/dL	0.51 - 0.85 g/dL	SER
BETA	0.97 g/dL	0.6-0.94 g/dL	SER
GAMMA	1.15 g/dL	0.8 - 1.35 g/dL	SER
PROTEIN ELECTROPHORESIS CAPILLARY ELECTROPHORESIS	1. Reduction in Alpha 2 globulin fraction. Suggests Liver disease/in vivo haemolysis. 2. Elevation in beta 2 globulin fraction. Suggests rise in IgA/C3/B2M. 3. Additional peak adjoining albumin fraction. Suggestive of Hyperlipidemia. Correlate clinically and with serum lipids.		SER

MC - 2784

ÌRÇyMsÈ3}

Visit Id: R8945833

Sample Source: Walkin

Sample Collected at: No. 1003, 9th Main, HSR Layout7th Sector, Bangalore - 560102

Name:	**MR RAJESH MOHAN**			**Registered:**	14/11/2021 07:45
Age:	40 Year(s)	**Gender:** M	**Contact No.:** 8886990306	**Reported:**	15/11/2021 10:15
Ref. No.			**Referring Dr.:** DR GURU PRASAD	**Report Status:**	Partial

Department	Report Status
CLINICAL SERVICES	Pending
PHYSICIAN CONSULTATION	Pending

HIGHER CHEMISTRY

Test Name	Test Result	Biological Reference Range	Sample
FERRITIN			
FERRITIN CHEMILUMINESCENCE	226.8 ng/ml	22 - 322 ng/ml	SER

Note:

- Ferritin is a spherical protein consisting of 24 noncovalently linked subunits, capable of binding between 4,000 and 5,000 atoms of iron, making it the major iron storage protein for the body.
- Its estimation aids in the diagnosis of iron deficiency and iron overload conditions. It also helps with differentiating iron deficiency anaemia and anaemia of chronic disease.
- Low serum ferritin concentrations (approx. one-tenth of normal subjects) are seen in iron deficiency anaemia and elevated levels occur in patients with iron overload (hemochromatosis, hemosiderosis).
- It may provide a sensitive means of detecting iron deficiency at an early stage.
- Serum ferritin concentrations in combination with transferrin may serve as a tool to monitor the effects of iron therapy.
- Hypoferritinemia is associated with increased risk for developing iron deficiency leading to reduced erythropoiesis and haemoglobin levels.
- Latent iron deficiency occurs when serum ferritin is low without low haemoglobin.
- Hyperferritinemia is associated with iron overload conditions (hereditary hemochromatosis) and Non-iron overload conditions (liver disorders, neoplasms, acute or chronic inflammation, and hereditary hyperferritinemia-cataract syndrome)
- Ferritin may be elevated in patients with inflammation, liver disease, chronic infection, autoimmune disorders, and malignancy (as it is an acute phase reactant) and multiple blood transfusions.
- It is important to note race and ethnicity factors play a role in serum ferritin levels.

MC - 2784

ÌRÇyMsÈ3}

Visit Id: R8945833

Sample Source: Walkin

Sample Collected at: No. 1003, 9th Main, HSR Layout7th Sector, Bangalore - 560102

Name:	**MR RAJESH MOHAN**			**Registered:**	14/11/2021 07:45
Age:	40 Year(s)	**Gender:** M	**Contact No.:** 8886990306	**Reported:**	15/11/2021 10:15
Ref. No.			**Referring Dr.:** DR GURU PRASAD	**Report Status:**	Partial

Department	Report Status
CLINICAL SERVICES	Pending
PHYSICIAN CONSULTATION	Pending

HIGHER CHEMISTRY

Test Name	Test Result	Biological Reference Range	Sample
Exec C.A.R.E (Male)			
PROSTATIC SPECIFIC ANTIGEN	0.66 ng/ml	0.0 - 4.0 ng/ml	SER
CHEMILUMINESCENCE			

Note:

- Prostate-specific antigen (PSA) is a glycoprotein that is normally produced at low levels by prostate gland, increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.
- The percentage of measured prostate-specific antigen (PSA) existing in the free form (Free: total PSA ratio) is useful in assessing the risk of prostate cancer in patients with borderline or moderately elevated total PSA (4.0-10.0 ng/mL).
- Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer.
- It is useful in screening for high risk males for follow-up prostate biopsy
- It is important to note values obtained with different assay methods or kits may be different and cannot be used interchangeably and normal results do not eliminate the possibility of prostate cancer
- We recommend testing of both Free PSA and Total PSA simultaneously on a single sample for optimum clinical utility.

------ End of HIGHER CHEMISTRY Report ------

Reviewed By
Dr Venkatesh D B

Dr. Venkatesh D B
Biochemist
Reported On 14/11/2021 17:27
KMC NO. - 30959

MC - 2784

ÌRÇyMsÈ3}

Visit Id: R8945833

Sample Source: Walkin

Sample Collected at: No. 1003, 9th Main, HSR Layout7th Sector, Bangalore - 560102

Name:	**MR RAJESH MOHAN**			**Registered:**	14/11/2021 07:45
Age:	40 Year(s)	**Gender:** M	**Contact No.:** 8886990306	**Reported:**	15/11/2021 10:15
Ref. No.			**Referring Dr.:** DR GURU PRASAD	**Report Status:**	Partial

Department	Report Status
CLINICAL SERVICES	Pending
PHYSICIAN CONSULTATION	Pending

GLYCHO HB

Test Name	Test Result	Biological Reference Range	Sample
HbA1c			
Glycosylated Hb	5.50 %	</= 5.6 % - NORMAL 5.7 - 6.4 % - PREDIABETES >/= 6.5 % - DIABETES (By the ADA Recommendation - Jan 2012) %	BLD
CAPILLARY ELECTROPHORESIS			
ESTIMATED AVERAGE GLUCOSE (Calculated from HbA1c):	111.15 mg/dL	- mg/dL	
CALCULATED			

------ End of GLYCHO HB Report ------

Reviewed By
AUTO

Dr. Venkatesh D B
Biochemist
Reported On 14/11/2021 15:33
KMC NO. - 30959

MASS SPECTROMETRY

Test Name	Test Result	Biological Reference Range	Sample
25OH VITAMIN D,D2,D3 ULTRASENSITIVE by LCMS			
25 (OH) VIT D2 Ergocalciferol	4.01 ng/ml	Specific reference range for Vitamin D2 is not available. ng/ml	SER
LC-MS/MS			
25 (OH) VIT D3 Cholecalciferol	20.53 ng/ml	Specific reference range for Vitamin D3 is not available. ng/ml	SER
LC-MS/MS			

MC - 2784

TEST REPORT

ÌRÇyMsÈ3}

Visit Id: R8945833

Sample Source: Walkin

Sample Collected at: No. 1003, 9th Main, HSR Layout7th Sector, Bangalore - 560102

Name:	**MR RAJESH MOHAN**			**Registered:**	14/11/2021 07:45
Age:	40 Year(s)	**Gender:** M	**Contact No.:** 8886990306	**Reported:**	15/11/2021 10:15
Ref. No.			**Referring Dr.:** DR GURU PRASAD	**Report Status:**	Partial

Department	Report Status
CLINICAL SERVICES	**Pending**
PHYSICIAN CONSULTATION	**Pending**

MASS SPECTROMETRY

Test Name	Test Result	Biological Reference Range	Sample
25 (OH) VIT D TOTAL (Vit D2+Vit D3)	24.54 ng/ml	Below 10 ng/ml : Deficient 10-30 ng/ml : Insufficient 30 - 76 ng/ml : Normal ng/ml	SER

LC-MS/MS

------ End of MASS SPECTROMETRY Report ------

Reviewed By
AUTO

Dr.Sujay Prasad
Pathologist
Reported On 15/11/2021 10:16
KMC No. - 30166

Time of Sample Collected

Department	Specimen	Collected At
BIO-CHEMISTRY	LCMS Serum	14/11/2021 07:48
BIO-CHEMISTRY	Serum Yellow Fasting	14/11/2021 07:48
BIO-CHEMISTRY	Heparin Green Fasting	14/11/2021 07:48
HAEMATOLOGY	EDTA K2 + ESR	14/11/2021 07:48
HAEMATOLOGY	Citrate Blood	14/11/2021 07:48
CLINICAL PATHOLOGY	Urine Routine	14/11/2021 07:48