



LAB REPORT

NAME : Mr.SATYA SAI KIRAN PITHANI	UHID NO/Visit ID : TND011.00054896/TND011.59874
Age/Gender : 24 Y 7 M 7 D/M	Collected : 04/Jan/2025 07:46AM
Ref Doctor : SELF	Received : 04/Jan/2025 11:34AM
Ref. Cust : PHLB_1260418	Reported : 04/Jan/2025 11:58AM
Client Code : TND011	Barcode : MB1377826

MEDIBUDDY YOUNG MALE HEALTH CHECKUP

Test Name	Result	Unit	Bio. Ref. Range	Method
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ELECTROLYTE SERUM , SERUM

Sodium	138.6	mmol/L	135 - 150	ISE
Potassium	3.6	mmol/L	3.5 - 5.0	ISE
Chloride	99.6	mmol/L	94 - 110	ISE

Interpretation Notes:-

Too much or too little sodium can cause cells to malfunction. Lethargy, confusion, weakness, swelling, seizures, and coma are some symptoms that can occur with hyper - or hyponatremia.

Hypokalemia is most often seen when the body loses too much potassium from causes like vomiting, diarrhea, sweating, and medications like diuretics or laxatives. It is often seen in diabetic ketoacidosis, where potassium is excessively lost in the urine.

Hyperkalemia is a potentially life-threatening situation because it causes abnormal electrical conduction in the heart and potentially life-threatening heart rhythm problems. High potassium levels are most often associated with kidney failure, in which potassium levels build up and cannot be excreted in the urine.

Hypochloremia is an electrolyte imbalance and is indicated by a low level of chloride in the blood. Dehydration, fluid loss, or high levels of blood sodium may be noted and also experiencing other forms of fluid loss, such as diarrhea, or vomiting.

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Consultant Pathologist



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Test Name	Result	Unit	Bio. Ref. Range	Method
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VITAMIN - B12 , SERUM

Vitamin - B12	410	pg/mL	<1 year: 293 - 1210 2-3 year: 264 - 1215 4 - 6 year: 245 - 1075 7 - 9 year: 271 - 1170 10 - 12 year: 183 - 1090 13 - 18 year: 214 - 864 Adults: 191 - 663	ECLIA
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Interpretation Notes:-

Vitamin B12 and folate are critical to normal DNA synthesis, which in turn affects erythrocyte maturation. Vitamin B12 is also necessary for myelin sheath formation and maintenance. The body uses its B12 stores very economically, reabsorbing vitamin B12 from the ileum and returning it to the liver so that very little is excreted. Clinical and laboratory findings for B12 deficiency include neurological abnormalities, decreased serum B12 levels, and increased excretion of methylmalonic acid. The impaired DNA synthesis associated with vitamin B12 deficiency causes macrocytic anemias. These anemias are characterized by abnormal maturation of erythrocyte precursors in the bone marrow, which results in the presence of megaloblasts and in decreased erythrocyte survival. Pernicious anemia is a macrocytic anemia caused by vitamin B12 deficiency that is due to lack of intrinsic factor. Low vitamin B12 intake, gastrectomy, diseases of the small intestine, malabsorption, and trans-cobalamin deficiency can also cause vitamin B12 deficiency.

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25 (OH) VITAMIN-D , SERUM

25 (OH) Vitamin-D	56.40	ng/mL	Deficient: ≤ 20 Insufficiency: 21-29 Desirable: $\geq 30-100$	ECLIA
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Interpretation Notes:-

Vitamin D deficiency (not enough vitamin D). These symptoms include

- Bone weakness & Softness
- Bone malformation (in children)
- Fractures

Higher risk for a vitamin D deficiency.

- Osteoporosis or other bone disorder
- Previous gastric bypass surgery
- Age; vitamin D deficiency is more common in older adults.
- Obesity
- Lack of exposure to sunlight
- Having a darker complexion
- Difficulty absorbing fat in your diet

In addition, breastfed babies may be at a higher risk if they aren't taking vitamin D supplements.

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CALCIUM , SERUM

Calcium	9.1	mg/dL	8.6 - 10.0	BAPTA
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Interpretation Notes:-

Calcium is one of the most important minerals in your body. You need calcium for healthy bones and teeth. Calcium is also essential for proper functioning of your nerves, muscles, and heart.

Symptoms of high calcium levels include: Nausea and vomiting, More frequent urination, Increased thirst, Constipation, Abdominal pain and Loss of appetite. Symptoms of low calcium levels include: Tingling in the lips, tongue, fingers, and feet, Muscle cramps, Muscle spasms and Irregular heartbeat. Some people have pre-existing condition that may affect the calcium levels. These include: Kidney disease, Thyroid disease, Malnutrition and Certain types of cancer.

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MEDIBUDDY YOUNG MALE HEALTH CHECKUP

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GLUCOSE - FASTING (FBS) , NAF PLASMA

Fasting Glucose	90.0	mg/dL	70 - 110	Hexokinase
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Ref.for Biological Reference Intervals: American Diabetic Association.

Interpretation Notes:-

A blood glucose test measures the glucose levels in your blood. Glucose is a type of sugar. It is your body's main source of energy. Symptoms of high blood glucose levels include increased thirst, more frequent urination, Blurred vision, Fatigue, Wounds that are slow to heal. Symptoms of low blood glucose levels include Anxiety, Sweating, Trembling, Hunger and Confusion. Blood glucose test is required to check certain risk factors for diabetes. These include Being overweight, Lack of exercise, Family member with diabetes, High blood pressure, Heart disease.

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GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , WHOLE BLOOD EDTA

Glycosylated Haemoglobin HbA1c	5.5	%	Normal: < 5.9 Pre-Diabetes: 5.9 - 6.4 Diabetes: > 6.5	HPLC
Approximate Mean Plasma Glucose	111.15			Calculated

Ref.for Biological Reference Intervals: American Diabetes Association.

Interpretation Notes:-

The A1C test measures your average blood glucose for the past 2 to 3 months. Diabetes is diagnosed at an A1C of greater than or equal to 6.5%.

Therapeutic goals for glycemic control (ADA):

-Adults:

- ♦ Goal of therapy: < 7.0% HbA1c
- ♦ Action suggested: > 8.0% HbA1c

-Pediatric patients:

- ♦ Toddlers and preschoolers: < 8.5% (but > 7.5%)
- ♦ School age (6-12 years): < 8%
- ♦ Adolescents and young adults (13-19 years): < 7.5%

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LIPID PROFILE , SERUM

Total Cholesterol	172	mg/dL	Desirable : < 200 Borderline High : 200 - 239 High : ≥ 240	Enzymatic colorimetric
HDL Cholesterol	40	mg/dL	Low: < 40, High: > 60	Enzymatic colorimetric
Total Triglycerides	87	mg/dL	Desirable Level : 150 Borderline : 150-199 High : 200-499 Very High : 500	Enzymatic colorimetric
VLDL Cholesterol	17.4	mg/dL	≤ 30	Calculated
LDL Cholesterol	114.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: ≥ 190	Calculation
Non - HDL Cholesterol	132.1	mg/dL	≤ 130	Calculated
Chol / HDL Ratio	4.3		Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk : > 11.0	Calculated
TGL / HDL Ratio	2.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0	Calculated
HDL / LDL Ratio	0.4			Calculated
LDL / HDL Ratio	2.9		Desirable: 0.5 - 3.0 Borderline Risk: 3.0 - 6.0 High Risk: > 6.0	Calculated

Interpretation Notes:-

Lipid profile measures the amount of cholesterol and fats called triglycerides in the blood. These measurements give the doctor a quick snapshot of what's going on in blood. Cholesterol and triglycerides in the blood can clog arteries, making you more likely to develop heart disease.

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LIVER FUNCTION TEST (LFT) , SERUM

Total Bilirubin	1.30	mg/dL	< 1.2	Diazo
Direct Bilirubin	0.20	mg/dL	0 - 0.3	Diazo
Indirect Bilirubin	1.10	mg/dL	0.3 - 1.0	Calculated
SGOT / AST	26.3	U/L	< 40.0	IFCC
SGPT / ALT	32.0	U/L	< 42.0	IFCC
SGOT (AST) : SGPT (ALT) Ratio	0.82	Ratio	Refer Interpretation Notes	Calculated
Alkaline Phosphatase	108	U/L	40 - 129	IFCC
Total Protein	6.89	g/dL	6.6 - 8.7	Biuret
Albumin	4.44	g/dL	3.5 - 5.2	Bromocresol green
Globulin	2.45	g/dL	2.5 - 4.5	Calculated
A/G Ratio	1.81	Ratio	1.0 - 2.1	Calculated
Gamma Glutamyl Transferase (GGT)	43.20	U/L	Men: 8 - 61 Women : 5 - 36	Enzymatic colorimetric

Interpretation Notes:-

The most common liver tests include:

Liver enzymes test: Your liver enzymes include alkaline phosphatase (ALP), alanine transaminase (ALT), aspartate aminotransferase (AST) and gamma-glutamyl transferase (GGT). These are elevated when there's liver injury.

Total protein test: A total protein test measures levels of protein in your blood. Your liver makes protein, and low protein levels may indicate that your liver isn't functioning optimally.

Bilirubin test: Bilirubin is a waste product that liver deposits in bile. Possible diagnoses may include: Fatty liver disease, Toxic hepatitis, Autoimmune hepatitis, Viral hepatitis (A, B or C), Hemochromatosis, Wilson's disease, Alpha-1 antitrypsin deficiency, Primary biliary cholangitis (PBC), Cirrhosis. Liver cancer.

SGOT (AST) : SGPT (ALT) Ratio: A normal AST:ALT ratio should be <1. In patients with alcoholic liver disease, the AST:ALT ratio is >1 in 92% of patients, and >2 in 70%. AST:ALT scores >2 are, therefore, strongly suggestive of alcoholic liver disease and scores <1 more suggestive of NAFLD/NASH.

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COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD EDTA

Haemoglobin	15.1	gm%	13 - 17	Spectrophotometry
RBC Count	7.19	Millions/cumm	4.5 - 5.9	Electrical Impedance
Total WBC Count	7020	Cells/cumm	4000 - 11000	Electrical Impedance
Platelet Count	328	10 ³ /μL	150 - 450	Electrical Impedance
Packed Cell Volume (PCV)	45.9	%	40 - 50	Calculated
Mean Corpuscular Volume (MCV)	63.8	fL	80 - 100	Calculated
Mean Corpuscular Hb. (MCH)	21.0	pg	30 - 36	Calculated
MCHC	32.9	g/dL	32 - 36	Calculated
RDW CV	23.1	%	11.6 - 14.0	Calculated
RDW SD	36.1	fL	29 - 46	Calculated
PDW	14.5	fL	11 - 22	Calculated
MPV	9.6	fL	7 - 11	Calculated

Differential Count by Flowcytometry/Microscopy

Neutrophils	50.7	%	45 - 75	Impedance/microscopy
Lymphocytes	42.0	%	20 - 40	Impedance/microscopy
Eosinophils	2.3	%	1 - 6	Impedance/microscopy
Monocytes	4.0	%	2 - 10	Impedance/microscopy
Basophils	1.0	%	0 - 2	Impedance/microscopy

Interpretation Notes:-

A complete blood count gives information regarding the cell types in person's blood and concentration of haemoglobin. Cells that circulate in the blood are generally divided into three types: RBC, WBC and platelets. Abnormally high or low counts may occur in physiological conditions and in diseased states and requires clinical correlation. Differential counts and RBC indices help in further understanding of the likely aetiology.

NOTE: This report has been generated by a fully automated analyser after counting thousands of cells and hence differential count may appear as decimalized numbers.



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CUE - COMPLETE URINE ANALYSIS (AUTOMATED REAGENT STRIP METHOD AND MICROSCOPY) , URINE

Physical Examination

Volume	NA	mL		
Colour	Pale Yellow		Pearly white	
Appearance	Clear		Clear	
pH	6.5		5.0 - 8.5	Dipstix-Double indicator
Specific Gravity	1.010		1.005 - 1.030	Dipstix-Ion exchange

Chemical Examination

Albumin Urine/ Protein Urine	Negative		Negative	Dipstix-Bromophenol blue
Glucose	Negative		Negative	Dipstix-Oxidase peroxidase
Ketone Bodies	Negative		Negative	Dipstix-Sodium nitroprusside
Bilirubin	Negative		Negative	Dipstix-Coupling/Fouchet
Urobilinogen	Negative		Negative	Dipstix-Ehrlich's reaction
Blood	Negative		Negative	Dipstix-Peroxidase
Nitrite	Negative		Negative	Dipstix-Greiss
Leukocyte esterase	Negative		Negative	Dipstix-Esterase

Microscopic Examination

Pus Cells (Leucocytes)	2-3	/hpf	0 - 5	Microscopy
Epithelial Cells	2-3	/hpf	0 - 5	Microscopy
RBCs	Nil		Nil	Microscopy
Casts	Nil		Nil	Microscopy
Crystals	Nil		Nil	Microscopy
Bacteria	None seen		None seen	Microscopy
Budding Yeast Cells	None seen		None seen	Microscopy
Others	Nil		Nil	Microscopy

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IRON STUDIES , SERUM

Iron	105	µg/dL	33 - 193	Colorimetric
Total Iron Binding Capacity	359	µg/dL	250 - 450	Chromogen Ferene
Transferrin	287	mg/dL	200 - 360	Calculation
Transferrin Saturation%	29.25		12 - 50	Calculation
Unsaturated Iron binding capacity	254	ug/dL	110-310	Calculated

Interpretation Notes:-

If one or more iron test results show your iron levels are too low, it may mean you have:

- Iron deficiency anemia, a common type of anemia. Anemia is a disorder in which your body doesn't make enough red blood cells.

Another type of anemia:

- Thalassemia, an inherited blood disorder that causes the body to make fewer than normal healthy red blood cells

If one or more iron test results show your iron levels are too high, it may mean you have:

- Hemochromatosis, a disorder that causes too much iron to build up in the body
- Lead poisoning
- Liver disease

Most conditions that cause too little or too much iron can be successfully treated with iron supplements, diet, medicines, and/or other therapies.

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ALKALINE PHOSPHATASE (ALP) , SERUM

Alkaline Phosphatase	108	U/L	40 - 129	IFCC
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Interpretation Notes:-

High levels

Higher-than-normal levels of ALP in your blood may indicate a health concern with your liver or gallbladder. This could include a blockage in your bile ducts, gallstones, cirrhosis, liver cancer, and some forms of hepatitis.

High levels may also indicate a concern related to the bones such as rickets, Paget's disease, bone cancer, or an overactive parathyroid gland. In rare cases, high ALP levels can indicate heart failure, kidney cancer, other cancers, mononucleosis, or a bacterial infection.

Low levels

Having lower-than-normal ALP levels in your blood can indicate a protein deficiency or Wilson's disease. It may also signal malnutrition, which could be caused by celiac disease or an insufficient amount of certain vitamins and minerals.

Low ALP can also indicate a rare condition called hypophosphatasia. This causes fragile bones that can easily fracture and are slow to heal.

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LUTEINIZING HORMONE (LH) , SERUM

Luteinizing Hormone	3.68	mIU/mL	Male: 1.7 - 8.6	ECLIA
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Interpretation Notes:-

Abnormal LH levels with corresponding increased or decreased levels of FSH, estrogens, progesterone, and testosterone are associated with a number of pathological conditions. Increased LH levels are associated with menopause, primary ovarian hypofunction, and polycystic ovary disease in females and primary hypogonadism in males. Decreased LH levels are associated with primary ovarian hyperfunction in females and primary hypergonadism in males.

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FOLLICLE STIMULATING HORMONE (FSH) , SERUM

Follicle Stimulating Hormone	2.66	mIU/mL	Male: 1.5 - 12.4	ECLIA
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Interpretation Notes:-

Low FSH levels in women may be present due to:

- Being very underweight or having had recent rapid weight loss, Not producing eggs (not ovulating), Parts of the brain (the pituitary gland or hypothalamus) not producing normal amounts of some or all of its hormones, Pregnancy.
- Low FSH levels in men may mean parts of the brain (the pituitary gland or hypothalamus) do not produce normal amounts of some or all of its hormones.

High FSH levels in boys or girls may mean that puberty is about to start.

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FOLATE SERUM (FOLIC ACID) , SERUM

Folic Acid (Vitamin B9/ Folate)	4.16	ng/mL	3.1 - 17.5	ECLIA
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Interpretation Notes:-

Low folic acid levels may indicate:

- Poor diet.
- Malabsorption syndrome (for example, celiac sprue).
- Malnutrition.

The test may also be done in cases of:

- Anemia due to folate deficiency
- Megaloblastic anemia

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THYROID STIMULATING HORMONE (TSH) , SERUM

Thyroid Stimulating Hormone (TSH)	1.76	μIU/mL	0.27 - 4.2	ECLIA
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Interpretation Notes:-

TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4. The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low. TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism. Historically, TRH stimulation has been used to confirm primary hyperthyroidism, indicated by elevated T3 and T4 levels and low or undetectable TSH levels. TSH assays with increased sensitivity and specificity provide a primary diagnostic tool to differentiate hyperthyroid from euthyroid patients.

Dr. Impana B D
Consultant Pathologist





LAB REPORT

NAME : Mr.SATYA SAI KIRAN PITHANI	UHID NO/Visit ID : TND011.00054896/TND011.59874
Age/Gender : 24 Y 7 M 7 D/M	Collected : 04/Jan/2025 11:30AM
Ref Doctor : SELF	Received : 04/Jan/2025 11:34AM
Ref. Cust : PHLB_1260418	Reported : 04/Jan/2025 01:29PM
Client Code : TND011	Barcode : MB1377826

MEDIBUDDY YOUNG MALE HEALTH CHECKUP

Test Name	Result	Unit	Bio. Ref. Range	Method
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TESTOSTERONE - TOTAL , SERUM

Testosterone - Total	488.69	ng/dL	164.9 - 753.38	CLIA
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Interpretation Notes:-

Testosterone is the main sex hormone in males. During a boy's puberty, testosterone causes the growth of body hair, muscle development, and deepening of the voice. In adult men, it controls sex drive, maintains muscle mass, and helps make sperm. Women also have testosterone in their bodies, but in much smaller amounts.

Testosterone levels that are too low or too high can cause health problems in both men and women. This test is used to diagnose several conditions, including

- Decreased sex drive in men and women
- Infertility in men and women
- Erectile dysfunction in men
- Tumors of testicles in men
- Early or delayed puberty in boys
- Excess body hair growth and development of masculine features in women
- Irregular menstrual periods in women

Dr. Impana B D

Dr. Impana B D
Consultant Pathologist





LAB REPORT

NAME : Mr.SATYA SAI KIRAN PITHANI	UHID NO/Visit ID : TND011.00054896/TND011.59874
Age/Gender : 24 Y 7 M 7 D/M	Collected : 04/Jan/2025 07:46AM
Ref Doctor : SELF	Received : 04/Jan/2025 11:34AM
Ref. Cust : PHLB_1260418	Reported : 04/Jan/2025 12:12PM
Client Code : TND011	Barcode : MB1377826

MEDIBUDDY YOUNG MALE HEALTH CHECKUP

Test Name	Result	Unit	Bio. Ref. Range	Method
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PHOSPHOROUS , SERUM

Phosphorus	3.8	mg/dL	2.6 - 4.5	Molybdate
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Interpretation Notes:-

Excess phosphorus will likely build up in your bloodstream if you have impaired kidney function.

Besides reduced kidney function, high phosphorus levels may be due to:

- certain medications, such as laxatives that contain phosphates
- dietary problems, such as consuming too much phosphate or vitamin D
- diabetic ketoacidosis, which occurs when your body runs out of insulin and begins to burn fatty acids instead
- hypocalcemia, or low serum calcium levels
- hypoparathyroidism, or impaired parathyroid gland function, which leads to low levels of parathyroid hormone
- liver disease

Low phosphorus levels may be due to a range of nutritional problems and medical conditions, including:

- chronic use of antacids
- lack of vitamin D
- not getting enough phosphorus in your diet
- malnutrition
- alcoholism
- hypercalcemia, or high serum calcium levels
- hyperparathyroidism, or overactive parathyroid glands, which leads to high levels of parathyroid hormone
- severe burns

Dr. Impana B D

Dr. Impana B D
Consultant Pathologist



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LAB REPORT

NAME : Mr.SATYA SAI KIRAN PITHANI
Age/Gender : 24 Y 7 M 7 D/M
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MEDIBUDDY YOUNG MALE HEALTH CHECKUP

Test Name	Result	Unit	Bio. Ref. Range	Method
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KIDNEY FUNCTION TEST (BASIC) - 6 TESTS

Urea	31.5	mg/dL	16.6 - 48.5	Urease
BUN	14.7	mg/dL	7 - 18	Calculated
Creatinine	0.87	mg/dL	Males: 0.70 - 1.20	Modified Jaffe Kinetic
Urea/Creatinine Ratio	36.17			
BUN/Cr Ratio	16.9		.-.	Calculated
Uric Acid	5.77	mg/dL	Male: 3.4 - 7.0 Female: 2.4 - 5.7	Uricase

Interpretation Notes:-

Kidney/Renal function tests (KFT/RFT) are usually ordered when a patient has risk factors for kidney dysfunction such as hypertension, diabetes, cardiovascular disease, obesity, elevated cholesterol or a family history of kidney disease. It may also be ordered when someone has signs and symptoms of kidney disease, though in early stage often no noticeable symptoms are observed. Kidney panel is useful for general health screening; screening patients at risk of developing kidney disease; management of patients with known kidney disease.

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*** End Of Report ***

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