DIAGNOSTIC REPORT

agilus diagnostics

PATIENT NAME : 592/RAJESH RAMAMURTHY **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000131335 TRUWORTH HEALTH TECHNOLOGIES PRIVATE 3RD AND 4TH FLOOR, BIG BAZAR BUILDING, 306-309, GOMES DEFENCE COLONY,VAISHALI JAIPUR 302021 00	ACCESSION NO : **0075XK001308** PATIENT ID : 592RM10119675 CLIENT PATIENT ID: 532321 ABHA NO :	AGE/SEX :28 Years Male DRAWN :10/11/2024 11:26:56 RECEIVED : 10/11/2024 11:28:30 REPORTED :11/11/2024 18:47:50

Test Report Status **Final**	Results	Biological Reference Interval	Units

TRUWORTH ANNUAL PACKAGE MALES

ELECTROCARDIOGRAM

ECG	WITHIN NORMAL LIMITS		

PULMONARY FUNCTION TEST

PULMONARY FUNCTION TEST	MILD		

BMI

HEIGHT IN METERS	1.79		METRES
WEIGHT IN KGS.	89.5		Kgs
BMI	27.9		

BLOOD PRESSURE

BLOOD PRESSURE	132/90 MMHG		

Dr. Anamika Pal
Lab Head

View Details View Report

PERFORMED AT :
Agilus Diagnostics Ltd
7/3, Srinarayani Arcade 1st Floor, Above Bata Showroom Brookefield Main Road,
Kundalahalli
Bangalore, 560037
Karnataka, India
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : wellness.itpl@agilus.in

ULR No.775000010013025-0075

PATIENT NAME : 592/RAJESH RAMAMURTHY **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000131335 TRUWORTH HEALTH TECHNOLOGIES PRIVATE 3RD AND 4TH FLOOR, BIG BAZAR BUILDING, 306-309, GOMES DEFENCE COLONY,VAISHALI JAIPUR 302021 00	ACCESSION NO : **0075XK001308** PATIENT ID : 592RM10119675 CLIENT PATIENT ID: 532321 ABHA NO :	AGE/SEX :28 Years Male DRAWN :10/11/2024 11:26:56 RECEIVED : 10/11/2024 11:28:30 REPORTED :11/11/2024 18:47:50

Test Report Status **Final**	Results	Units

TRUWORTH ANNUAL PACKAGE MALES

CHEST X-RAY

CHEST X-RAY

NORMAL

BMD [CAMP]

CLINICAL PROFILE

-1.34

Interpretation(s)

ELECTROCARDIOGRAM-'Wellness consultation for the above reports will be provided on select dates at your office location. In case you miss your onsite check up, you may visit any of Agilus diagnostic wellness centres in your city at a subsequent date by appointment.'

BMI-Normal BMI Range- 18-22.9 Overweight 23-24.9 Obese > 25 Underweight < 18kg/m2

Dr. Anamika Pal
Lab Head

View Details View Report

PERFORMED AT :

Agilus Diagnostics Ltd
7/3, Srinarayani Arcade 1st Floor, Above Bata Showroom Brookefield Main Road,
Kundalahalli
Bangalore, 560037
Karnataka, India
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : wellness.itpl@agilus.in

ULR No.775000010013025-0075

DIAGNOSTIC REPORT

agilus diagnostics

PATIENT NAME : 592/RAJESH RAMAMURTHY **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000131335 TRUWORTH HEALTH TECHNOLOGIES PRIVATE 3RD AND 4TH FLOOR, BIG BAZAR BUILDING, 306-309, GOMES DEFENCE COLONY,VAISHALI JAIPUR 302021 00	ACCESSION NO : **0075XK001308** PATIENT ID : 592RM10119675 CLIENT PATIENT ID: 532321 ABHA NO :	AGE/SEX :28 Years Male DRAWN :10/11/2024 11:26:56 RECEIVED : 10/11/2024 11:28:30 REPORTED :11/11/2024 18:47:50

Test Report Status **Final**	Results	Biological Reference Interval	Units

BIOCHEMISTRY

TRUWORTH ANNUAL PACKAGE MALES

GLUCOSE, FASTING, PLASMA

GLUCOSE, FASTING, PLASMA	92	(Normal <100,Impaired fasting glucose:100 to 125,Diabetes mellitus:>=126(on more than 1 occasion)(ADA guidelines 2024)	mg/dL

Interpretation(s)
GLUCOSE, FASTING, PLASMA-**TEST DESCRIPTION**
Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and sothat no glucose is excreted in the urine.
Increased in:Diabetes mellitus, Cushing' s syndrome (10 – 15%), chronic pancreatitis (30%). Drugs:corticosteroids,phenytoin, estrogen, thiazides.
Decreased in :Pancreatic islet cell disease with increased insulin,insulinoma,adrenocortical insufficiency,hypopituitarism,diffuse liver disease, malignancy(adrenocortical,stomach,fibrosarcoma),infant of a diabetic mother,enzyme deficiency diseases(e.g.galactosemia),Drugs-insulin,ethanol,propranolol sulfonylureas,tolbutamide,and other oral hypoglycemic agents.
NOTE: While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values),there is wide fluctuation within individuals.Thus, glycosylated hemoglobin(HbA1c) levels are favored to monitor glycemic control.
High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment,Renal Glyosuria,Glycaemic index & response to food consumed,Alimentary Hypoglycemia,Increased insulin response & sensitivity etc.

Dr. Anamika Pal
Lab Head

View Details View Report

PERFORMED AT :
Agilus Diagnostics Ltd
7/3, Srinarayani Arcade 1st Floor, Above Bata Showroom Brookefield Main Road,
Kundalahalli
Bangalore, 560037
Karnataka, India
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : wellness.itpl@agilus.in

ULR No.775000010013025-0075

PATIENT NAME : 592/RAJESH RAMAMURTHY **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000131335 TRUWORTH HEALTH TECHNOLOGIES PRIVATE 3RD AND 4TH FLOOR, BIG BAZAR BUILDING, 306-309, GOMES DEFENCE COLONY,VAISHALI JAIPUR 302021 00	ACCESSION NO : **0075XK001308** PATIENT ID : 592RM10119675 CLIENT PATIENT ID: 532321 ABHA NO :	AGE/SEX :28 Years Male DRAWN :10/11/2024 11:26:56 RECEIVED : 10/11/2024 11:28:30 REPORTED :11/11/2024 18:47:50

Test Report Status **Final**	Results	Biological Reference Interval	Units

CONDITIONS OF LABORATORY TESTING & REPORTING

1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
2. All tests are performed and reported as per the turnaround time stated in the AGILUS Directory of Services.
3. Result delays could occur due to unforeseen circumstances such as non-availability of kits / equipment breakdown / natural calamities / technical downtime or any other unforeseen event.
4. A requested test might not be performed if:
   i. Specimen received is insufficient or inappropriate
   ii. Specimen quality is unsatisfactory
   iii. Incorrect specimen type
   iv. Discrepancy between identification on specimen container label and test requisition form
5. AGILUS Diagnostics confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
6. Laboratory results should not be interpreted in isolation; it must be correlated with clinical information and be interpreted by registered medical practitioners only to determine final diagnosis.
7. Test results may vary based on time of collection, physiological condition of the patient, current medication or nutritional and dietary changes. Please consult your doctor or call us for any clarification.
8. Test results cannot be used for Medico legal purposes.
9. In case of queries please call customer care (91115 91115) within 48 hours of the report.

.

Agilus Diagnostics Ltd
Fortis Hospital, Sector 62, Phase VIII,
Mohali 160062

Dr. Anamika Pal
Lab Head

View Details View Report

PERFORMED AT :
Agilus Diagnostics Ltd
7/3, Srinarayani Arcade 1st Floor, Above Bata Showroom Brookefield Main Road,
Kundalahalli
Bangalore, 560037
Karnataka, India
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : wellness.itpl@agilus.in

ULR No.775000010013025-0075

DIAGNOSTIC REPORT

MC-6515

agilus diagnostics

PATIENT NAME : 592/RAJESH RAMAMURTHY **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000131335 TRUWORTH HEALTH TECHNOLOGIES PRIVATE 3RD AND 4TH FLOOR, BIG BAZAR BUILDING, 306-309, GOMES DEFENCE COLONY,VAISHALI JAIPUR 302021 00	ACCESSION NO : **0075XK001308** PATIENT ID : 592RM10119675 CLIENT PATIENT ID: 532321 ABHA NO :	AGE/SEX :28 Years Male DRAWN :10/11/2024 11:26:56 RECEIVED : 10/11/2024 11:28:30 REPORTED :11/11/2024 18:47:50

Test Report Status **Final**	Results	Biological Reference Interval	Units

HAEMATOLOGY

TRUWORTH ANNUAL PACKAGE MALES

BLOOD COUNTS

HEMOGLOBIN (HB)	15.5	13.0 - 17.0	g/dL
RED BLOOD CELL (RBC) COUNT	**5.52 High**	4.5 - 5.5	mil/µL
WHITE BLOOD CELL (WBC) COUNT	6.6	4.0 - 10.0	thou/µL
PLATELET COUNT	278	150 - 410	thou/µL

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	**51.9 High**	40 - 50	%
MEAN CORPUSCULAR VOLUME (MCV)	94.0	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	28.1	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	**29.9 Low**	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW)	**14.5 High**	11.6 - 14.0	%
MEAN PLATELET VOLUME	10.4	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

SEGMENTED NEUTROPHILS	44	40 - 80	%
LYMPHOCYTES	**43 High**	20 - 40	%
MONOCYTES	10	2 - 10	%
EOSINOPHILS	3	1 - 6	%
BASOPHILS	0	< 1 - 2	%
ABSOLUTE NEUTROPHIL COUNT	2.90	2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT	2.84	1.0 - 3.0	thou/µL
ABSOLUTE MONOCYTE COUNT	0.66	0.2 - 1.0	thou/µL
ABSOLUTE EOSINOPHIL COUNT	0.20	0.02 - 0.50	thou/µL
ABSOLUTE BASOPHIL COUNT	**0.00 Low**	0.02 - 0.10	thou/µL

Dr.Suneet Kaur Hora
LAB HEAD & Sr. CONSULTANT PATHOLOGIST

View Details View Report

PERFORMED AT :
Agilus Diagnostics Ltd
154/9, Bannerghatta Road, Opp. Iim-B,
Bangalore, 560076
Karnataka, India
Tel : 80-66214444, Fax :
CIN - U74899PB1995PLC045956

ULR No.775000010013025-0081

MC-6515

agilus diagnostics

PATIENT NAME : 592/RAJESH RAMAMURTHY **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000131335 TRUWORTH HEALTH TECHNOLOGIES PRIVATE 3RD AND 4TH FLOOR, BIG BAZAR BUILDING, 306-309, GOMES DEFENCE COLONY,VAISHALI JAIPUR 302021 00	ACCESSION NO : **0075XK001308** PATIENT ID : 592RM10119675 CLIENT PATIENT ID: 532321 ABHA NO :	AGE/SEX :28 Years Male DRAWN :10/11/2024 11:26:56 RECEIVED : 10/11/2024 11:28:30 REPORTED :11/11/2024 18:47:50

Test Report Status **Final**	Results	Biological Reference Interval	Units

PERIPHERAL SMEAR EXAM, EDTA WHOLE BLOOD

RBC	Normocytic normochromic RBCs are noted. No hemoparasites seen on present smear.
WBC	Total leucocyte count within normal limits with normal morphology and distribution.
PLATELETS	Adequate on smear.
IMPRESSION	NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

E.S.R	**17 High**	0 - 14	mm at 1 hr

Interpretation(s)
BLOOD COUNTS-The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

TEST METHOD: Spectrophotometric/ Electronic Impedence/ Calculation
RBC AND PLATELET INDICES-The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.TEST METHOD: Spectrophotometric/ Electronic Impedence/ Calculation
WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients A.-P. Yang, et al. International Immunopharmacology 84 (2020) 106504
This ratio element is a calculated parameter and out of NABL scope.
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD-Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0 -1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Dr.Suneet Kaur Hora
LAB HEAD & Sr. CONSULTANT PATHOLOGIST

View Details View Report

PERFORMED AT :
Agilus Diagnostics Ltd
154/9, Bannerghatta Road, Opp. Iim-B,
Bangalore, 560076
Karnataka, India
Tel : 80-66214444, Fax :
CIN - U74899PB1995PLC045956

ULR No.775000010013025-0081

MC-6515

agilus diagnostics

PATIENT NAME : 592/RAJESH RAMAMURTHY **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000131335 TRUWORTH HEALTH TECHNOLOGIES PRIVATE 3RD AND 4TH FLOOR, BIG BAZAR BUILDING, 306-309, GOMES DEFENCE COLONY,VAISHALI JAIPUR 302021 00	ACCESSION NO : **0075XK001308** PATIENT ID : 592RM10119675 CLIENT PATIENT ID: 532321 ABHA NO :	AGE/SEX :28 Years Male DRAWN :10/11/2024 11:26:56 RECEIVED :10/11/2024 11:28:30 REPORTED :11/11/2024 18:47:50

Test Report Status **Final**	Results	Biological Reference Interval	Units

BIOCHEMISTRY

TRUWORTH ANNUAL PACKAGE MALES

GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.4	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 ADA Target: 7.0 Action suggested: > 8.0	%
MEAN PLASMA GLUCOSE	108.3	< 116	mg/dL

LIPID PROFILE WITH CALCULATED LDL

CHOLESTEROL, TOTAL	**232 High**	Desirable cholesterol level : < 200 Borderline high cholesterol : 200 - 239 High cholesterol : >/= 240	mg/dL
TRIGLYCERIDES	**222 High**	Normal : < 150 Borderline high : 150 - 199 High : 200 - 499 Very High : > /= 500	mg/dL
HDL CHOLESTEROL	**39 Low**	Low HDL cholesterol < 40 High HDL cholesterol > or = 60	mg/dL
CHOLESTEROL LDL	**149 High**	Adult Optimal : < 100 Near optimal : 100-129 Borderline high : 130-159 High : 160-189 Very high : > OR = 190	mg/dL
METHOD : CALCULATED PARAMETER			
VERY LOW DENSITY LIPOPROTEIN	**44.4 High**	</= 30.0	mg/dL
CHOL/HDL RATIO	**6.0 High**	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0	
METHOD : CALCULATED PARAMETER			

Dr.Suneet Kaur Hora
LAB HEAD & Sr. CONSULTANT PATHOLOGIST

Dr. Prajwal A, MD
CONSULTANT BIOCHEMIST (SECTION HEAD)

View Details View Report

PERFORMED AT :
Agilus Diagnostics Ltd
154/9, Bannerghatta Road, Opp. Iim-B,
Bangalore, 560076
Karnataka, India
Tel : 80-66214444, Fax :
CIN - U74899PB1995PLC045956

ULR No.775000010013025-0081

MC-6515

agilus diagnostics

PATIENT NAME : 592/RAJESH RAMAMURTHY **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000131335 TRUWORTH HEALTH TECHNOLOGIES PRIVATE 3RD AND 4TH FLOOR, BIG BAZAR BUILDING, 306-309, GOMES DEFENCE COLONY,VAISHALI JAIPUR 302021 00	ACCESSION NO : **0075XK001308** PATIENT ID : 592RM10119675 CLIENT PATIENT ID: 532321 ABHA NO :	AGE/SEX :28 Years Male DRAWN :10/11/2024 11:26:56 RECEIVED :10/11/2024 11:28:30 REPORTED :11/11/2024 18:47:50

Test Report Status **Final**	Results	Biological Reference Interval	Units
LDL/HDL RATIO	**3.8 High**	Desirable/Low Risk : 0.5 - 3.0 Borderline/Moderate Risk : 3.1 - 6.0 High Risk : >6.0	
METHOD : CALCULATED PARAMETER			
LIVER FUNCTION PROFILE, SERUM			
TOTAL BILIRUBIN	0.60	0.0 - 1.2	mg/dL
BILIRUBIN, DIRECT	0.25	< 0.30	mg/dL
TOTAL PROTEIN	**8.4 High**	6.0 - 8.0	g/dL
ALBUMIN	4.7	3.97 - 4.94	g/dL
GLOBULIN	**3.7 High**	2.0 - 3.5	g/dL
METHOD : CALCULATED PARAMETER			
ALBUMIN/GLOBULIN RATIO	1.3	1.0 - 2.1	RATIO
METHOD : CALCULATED PARAMETER			
ASPARTATE AMINOTRANSFERASE(SGOT)	42	< OR = 50	U/L
ALANINE AMINOTRANSFERASE (SGPT)	42	< OR = 50	U/L
ALKALINE PHOSPHATASE	52	40 - 129	U/L
G-GLUTAMYL TRANSFERASE	**78 High**	0.0 - 60.0	U/L
LACTATE DEHYDROGENASE	215	125 - 220	U/L
KIDNEY FUNCTION TEST, SERUM			
BLOOD UREA NITROGEN	9	6.0 - 20	mg/dL
METHOD : KINETIC TEST WITH UREASE AND GLUTAMATE DEHYDROGENASE			
CREATININE	0.96	0.7 - 1.2	mg/dL
BUN/CREAT RATIO	9.38	8 - 15	
METHOD : CALCULATED PARAMETER			
URIC ACID	**7.3 High**	3.4 - 7.0	mg/dL
METHOD : URICASE			
TOTAL PROTEIN	**8.4 High**	6.0 - 8.0	g/dL
ALBUMIN	4.7	3.97 - 4.94	g/dL
GLOBULIN	**3.7 High**	2.0 - 3.5	g/dL
CALCIUM	9.4	8.7 - 10.7	mg/dL

Dr.Suneet Kaur Hora
LAB HEAD & Sr. CONSULTANT PATHOLOGIST

Dr. Prajwal A, MD
CONSULTANT BIOCHEMIST (SECTION HEAD)

View Details View Report

PERFORMED AT :
Agilus Diagnostics Ltd
154/9, Bannerghatta Road, Opp. Iim-B,
Bangalore, 560076
Karnataka, India
Tel : 80-66214444, Fax :
CIN - U74899PB1995PLC045956

ULR No.775000010013025-0081

PATIENT NAME : 592/RAJESH RAMAMURTHY **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000131335 TRUWORTH HEALTH TECHNOLOGIES PRIVATE 3RD AND 4TH FLOOR, BIG BAZAR BUILDING, 306-309, GOMES DEFENCE COLONY,VAISHALI JAIPUR 302021 00	ACCESSION NO : **0075XK001308** PATIENT ID : 592RM10119675 CLIENT PATIENT ID: 532321 ABHA NO :	AGE/SEX :28 Years Male DRAWN :10/11/2024 11:26:56 RECEIVED : 10/11/2024 11:28:30 REPORTED :11/11/2024 18:47:50

Test Report Status **Final**	Results	Biological Reference Interval	Units
METHOD : NM-BAPTA			
SODIUM, SERUM	143	133 - 145	mmol/L
POTASSIUM, SERUM	3.92	3.5 - 5.3	mmol/L
CHLORIDE, SERUM	102	98 - 107	mmol/L
TOTAL IRON BINDING CAPACITY, SERUM			
IRON	82	59 - 158	µg/dL
TOTAL IRON BINDING CAPACITY	326	250 - 400	µg/dL
% SATURATION	25	20 - 50	%
METHOD : CALCULATED PARAMETER			

Interpretation(s)
GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD-**Used For**:

1. Evaluating the long-term control of blood glucose concentrations in diabetic patients.
2. Diagnosing diabetes.
3. Identifying patients at increased risk for diabetes (prediabetes).
The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patients metabolic control has remained continuously within the target range.
1. eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as eAG (mg/dl) = 28.7 * HbA1c - 46.7

HbA1c Estimation can get affected due to :
1. Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
2.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
3. Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates addiction are reported to interfere with some assay methods,falsely increasing results.
4. Interference of hemoglobinopathies in HbA1c estimation is seen in

a) Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
b) Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
c) HbF > 25% on alternate paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy
LIVER FUNCTION PROFILE, SERUM-**Bilirubin** is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice.**Elevated levels** results from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in Viral hepatitis, Drug reactions, Alcoholic liver disease Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors &Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.
AST is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver,liver cancer,kidney failure,hemolytic anemia,pancreatitis,hemochromatosis. AST levels may also increase after a heart attack or strenuous activity.ALT test measures the amount of this enzyme in the blood.ALT is found mainly in the liver, but also in smaller amounts in the kidneys,heart,muscles, and pancreas.It is commonly measured as a part of a diagnostic evaluation of

Dr.Suneet Kaur Hora
LAB HEAD & Sr. CONSULTANT PATHOLOGIST

Dr. Prajwal A, MD
CONSULTANT BIOCHEMIST (SECTION HEAD)

View Details View Report

PERFORMED AT :
Agilus Diagnostics Ltd
154/9, Bannerghatta Road, Opp. Iim-B,
Bangalore, 560076
Karnataka, India
Tel : 80-66214444, Fax :
CIN - U74899PB1995PLC045956

ULR No.775000010013025-0081

PATIENT NAME : 592/RAJESH RAMAMURTHY **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000131335 TRUWORTH HEALTH TECHNOLOGIES PRIVATE 3RD AND 4TH FLOOR, BIG BAZAR BUILDING, 306-309, GOMES DEFENCE COLONY,VAISHALI JAIPUR 302021 00	ACCESSION NO : **0075XK001308** PATIENT ID : 592RM10119675 CLIENT PATIENT ID: 532321 ABHA NO :	AGE/SEX :28 Years Male DRAWN :10/11/2024 11:26:56 RECEIVED : 10/11/2024 11:28:30 REPORTED :11/11/2024 18:47:50

Test Report Status **Final**	Results	Biological Reference Interval	Units

hepatocellular injury, to determine liver health.AST levels increase during acute hepatitis,sometimes due to a viral infection,ischemia to the liver,chronic hepatitis,obstruction of bile ducts,cirrhosis.
ALP is a protein found in almost all body tissues.Tissues with higher amounts of ALP include the liver,bile ducts and bone.Elevated ALP levels are seen in Biliary obstruction, Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Pagets disease,Rickets,Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia,Malnutrition,Protein deficiency,Wilsons disease.
GGT is an enzyme found in cell membranes of many tissues mainly in the liver,kidney and pancreas.It is also found in other tissues including intestine,spleen,heart, brain and seminal vesicles.The highest concentration is in the kidney,but the liver is considered the source of normal enzyme activity.Serum GGT has been widely used as an index of liver dysfunction.Elevated serum GGT activity can be found in diseases of the liver,biliary system and pancreas.Conditions that increase serum GGT are obstructive liver disease,high alcohol consumption and use of enzyme-inducing drugs etc.
Total Protein also known as total protein,is a biochemical test for measuring the total amount of protein in serum.Protein in the plasma is made up of albumin and globulin.Higher-than-normal levels may be due to:Chronic inflammation or infection,including HIV and hepatitis B or C,Multiple myeloma,Waldenstroms disease.Lower-than-normal levels may be due to: Agammaglobulinemia,Bleeding (hemorrhage),Burns,Glomerulonephritis,Liver disease, Malabsorption,Malnutrition,Nephrotic syndrome,Protein-losing enteropathy etc.

Albumin is the most abundant protein in human blood plasma.It is produced in the liver.Albumin constitutes about half of the blood serum protein.Low blood albumin levels (hypoalbuminemia) can be caused by:Liver disease like cirrhosis of the liver, nephrotic syndrome,protein-losing enteropathy,Burns,hemodilution,increased vascular permeability or decreased lymphatic clearance,malnutrition and wasting etc
TOTAL IRON BINDING CAPACITY, SERUM-TOTAL IRON BINDING CAPACITY, SERUM
Total iron binding capacity (TIBC) measures the blood's capacity to bind iron with transferrin and thus is an indirect way of assessing transferrin level.
Taken together with serum iron and percent transferrin saturation this test is performed when they is a concern about anemia, iron deficiency or iron deficiency anemia. However, because the liver produces transferrin, alterations in liver function (such as cirrhosis, hepatitis, or liver failure) must be considered when performing this test.
Increased in:
- iron deficiency
- acute and chronic blood loss
- acute liver damage
- progesterone birth control pills

Decreased in:
- hemochromatosis
- cirrhosis of the liver
- thalassemia
- anemias of infection and chronic diseases
- nephrosis
- hyperthyroidism

The percent Transferrin saturation = Serum Iron/TIBC x 100
Unsaturated Binding Capacity (UIBC)=TIBC - Serum Iron.
Limitations: Estrogens and oral contraceptives increase TIBC and Asparaginase, chloramphenicol, corticotropin, cortisone and testosterone decrease the TIBC level.

Reference:
1.Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R.Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 563, 1314-1315.
2. Wallach's Interpretation of Diagnostic tests, 9th Edition, Ed Mary A Williamson and L Michael Snyder. Pub Lippincott Williams and Wilkins, 2011, 234-235.

Dr.Suneet Kaur Hora
LAB HEAD & Sr. CONSULTANT PATHOLOGIST

Dr. Prajwal A, MD
CONSULTANT BIOCHEMIST (SECTION HEAD)

View Details View Report

PERFORMED AT :
Agilus Diagnostics Ltd
154/9, Bannerghatta Road, Opp. Iim-B,
Bangalore, 560076
Karnataka, India
Tel : 80-66214444, Fax :
CIN - U74899PB1995PLC045956

ULR No.775000010013025-0081

MC-6515

agilus diagnostics

PATIENT NAME : 592/RAJESH RAMAMURTHY **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000131335 TRUWORTH HEALTH TECHNOLOGIES PRIVATE 3RD AND 4TH FLOOR, BIG BAZAR BUILDING, 306-309, GOMES DEFENCE COLONY,VAISHALI JAIPUR 302021 00	ACCESSION NO : **0075XK001308** PATIENT ID : 592RM10119675 CLIENT PATIENT ID: 532321 ABHA NO :	AGE/SEX :28 Years Male DRAWN :10/11/2024 11:26:56 RECEIVED : 10/11/2024 11:28:30 REPORTED :11/11/2024 18:47:50

Test Report Status **Final**	Results	Biological Reference Interval	Units

NEPHELOMETRY

TRUWORTH ANNUAL PACKAGE MALES

HIGH SENSITIVITY C-REACTIVE PROTEIN

HIGH SENSITIVITY CRP	**5.32 High**	Low risk for CAD: <1.0 Average risk for CAD: 1.00 - 3.00 High risk for CAD: > 3.00	mg/L

Dr. Uma Ramesh, MD
Section Head - Microbiology

Dr. Prajwal A, MD
CONSULTANT BIOCHEMIST (SECTION HEAD)

View Details View Report

PERFORMED AT :
Agilus Diagnostics Ltd
154/9, Bannerghatta Road, Opp. Iim-B,
Bangalore, 560076
Karnataka, India
Tel : 80-66214444, Fax :
CIN - U74899PB1995PLC045956

ULR No.775000010013025-0081

MC-6515

agilus diagnostics

PATIENT NAME : 592/RAJESH RAMAMURTHY **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000131335 TRUWORTH HEALTH TECHNOLOGIES PRIVATE 3RD AND 4TH FLOOR, BIG BAZAR BUILDING, 306-309, GOMES DEFENCE COLONY,VAISHALI JAIPUR 302021 00	ACCESSION NO : **0075XK001308** PATIENT ID : 592RM10119675 CLIENT PATIENT ID: 532321 ABHA NO :	AGE/SEX :28 Years Male DRAWN :10/11/2024 11:26:56 RECEIVED :10/11/2024 11:28:30 REPORTED :11/11/2024 18:47:50

Test Report Status **Final**	Results	Biological Reference Interval	Units

ENDOCRINOLOGY

TRUWORTH ANNUAL PACKAGE MALES

25 - HYDROXYVITAMIN D, SERUM

25 - HYDROXYVITAMIN D	**16.8 Low**	Deficieny < 20 Insufficiency: 20- 30 Sufficiency: 30 - 100 Toxicity > 100	ng/mL

Dr. Prajwal A, MD
CONSULTANT BIOCHEMIST
(SECTION HEAD)

View Details View Report

PERFORMED AT :
Agilus Diagnostics Ltd
154/9, Bannerghatta Road, Opp. Iim-B,
Bangalore, 560076
Karnataka, India
Tel : 80-66214444, Fax :
CIN - U74899PB1995PLC045956

ULR No.775000010013025-0081

MC-6515

agilus diagnostics

PATIENT NAME : 592/RAJESH RAMAMURTHY **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000131335 TRUWORTH HEALTH TECHNOLOGIES PRIVATE 3RD AND 4TH FLOOR, BIG BAZAR BUILDING, 306-309, GOMES DEFENCE COLONY,VAISHALI JAIPUR 302021 00	ACCESSION NO : **0075XK001308** PATIENT ID : 592RM10119675 CLIENT PATIENT ID: 532321 ABHA NO :	AGE/SEX :28 Years Male DRAWN :10/11/2024 11:26:56 RECEIVED : 10/11/2024 11:28:30 REPORTED :11/11/2024 18:47:50

Test Report Status **Final**	Results	Biological Reference Interval	Units

CLINICAL PATH - URINALYSIS

TRUWORTH ANNUAL PACKAGE MALES

PHYSICAL EXAMINATION

COLOR	Paleyellow		
APPEARANCE	CLEAR		

CHEMICAL EXAMINATION

PH	6.5	4.6 - 8.0	
SPECIFIC GRAVITY	1.020	1.003 - 1.035	
GLUCOSE	NOTDETECTED		
PROTEIN	NOTDETECTED		
KETONES	NOTDETECTED		
BLOOD	NOTDETECTED		
BILIRUBIN	NOTDETECTED		
UROBILINOGEN	NOTDETECTED		
NITRITE	NOTDETECTED		
LEUKOCYTE ESTERASE	NOTDETECTED		

MICROSCOPIC EXAMINATION

RED BLOOD CELLS	NOTDETECTED		/HPF
PUS CELL (WBC'S)	0-1	0-5	/HPF
EPITHELIAL CELLS	2-3	0-5	/HPF
CASTS	NOTDETECTED		
CRYSTALS	NOTDETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
YEAST	NOT DETECTED	NOT DETECTED	

Interpretation(s)

Dr.Suneet Kaur Hora
LAB HEAD & Sr. CONSULTANT PATHOLOGIST

View Details View Report

PERFORMED AT :
Agilus Diagnostics Ltd
154/9, Bannerghatta Road, Opp. Iim-B,
Bangalore, 560076
Karnataka, India
Tel : 80-66214444, Fax :
CIN - U74899PB1995PLC045956

ULR No.775000010013025-0081

PATIENT NAME : 592/RAJESH RAMAMURTHY **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000131335 TRUWORTH HEALTH TECHNOLOGIES PRIVATE 3RD AND 4TH FLOOR, BIG BAZAR BUILDING, 306-309, GOMES DEFENCE COLONY,VAISHALI JAIPUR 302021 00	ACCESSION NO : **0075XK001308** PATIENT ID : 592RM10119675 CLIENT PATIENT ID: 532321 ABHA NO :	AGE/SEX :28 Years Male DRAWN :10/11/2024 11:26:56 RECEIVED : 10/11/2024 11:28:30 REPORTED :11/11/2024 18:47:50

Test Report Status **Final**	Results	Biological Reference Interval	Units

The following table describes the probable conditions, in which the analytes are present in urine

Presence of	**Conditions**
Proteins	Inflammation or immune illnesses
Pus (White Blood Cells)	Urinary tract infection, urinary tract or kidney stone, tumors or any kind of kidney impairment
Glucose	Diabetes or kidney disease
Ketones	Diabetic ketoacidosis (DKA), starvation or thirst
Urobilinogen	Liver disease such as hepatitis or cirrhosis
Blood	Renal or genital disorders/trauma
Bilirubin	Liver disease
Erythrocytes	Urological diseases (e.g. kidney and bladder cancer, urolithiasis), urinary tract infection and glomerular diseases
Leukocytes	Urinary tract infection, glomerulonephritis, interstitial nephritis either acute or chronic, polycystic kidney disease, urolithiasis, contamination by genital secretions
Epithelial cells	Urolithiasis, bladder carcinoma or hydronephrosis, ureteric stents or bladder catheters for prolonged periods of time
Granular Casts	Low intratubular pH, high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration, acute congestive heart failure, renal diseases
Calcium oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of vitamin C, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (Averrhoa carambola) or its juice
Uric acid	arthritis
Bacteria	Urinary infectionwhen present in significant numbers & with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

Dr.Suneet Kaur Hora
LAB HEAD & Sr. CONSULTANT PATHOLOGIST

View Details View Report

PERFORMED AT :
Agilus Diagnostics Ltd
154/9, Bannerghatta Road, Opp. Iim-B,
Bangalore, 560076
Karnataka, India
Tel : 80-66214444, Fax :
CIN - U74899PB1995PLC045956

ULR No.775000010013025-0081

PATIENT NAME : 592/RAJESH RAMAMURTHY **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000131335 TRUWORTH HEALTH TECHNOLOGIES PRIVATE 3RD AND 4TH FLOOR, BIG BAZAR BUILDING, 306-309, GOMES DEFENCE COLONY,VAISHALI JAIPUR 302021 00	ACCESSION NO : **0075XK001308** PATIENT ID : 592RM10119675 CLIENT PATIENT ID: 532321 ABHA NO :	AGE/SEX :28 Years Male DRAWN :10/11/2024 11:26:56 RECEIVED : 10/11/2024 11:28:30 REPORTED :11/11/2024 18:47:50

Test Report Status **Final**	Results	Biological Reference Interval	Units

SPECIALISED CHEMISTRY - HORMONE

TRUWORTH ANNUAL PACKAGE MALES

THYROID PANEL, SERUM

T3	157.0	80 - 200	ng/dl
T4	12.10	5.1 - 14.1	µg/dl
TSH (ULTRASENSITIVE)	2.510	0.27 - 4.20	µIU/mL

Interpretation(s)

Triiodothyronine T3 , **Thyroxine T4,** and **Thyroid Stimulating Hormone TSH** are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate.
Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.
Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism.
In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low.
owidctlparowidctlparBelow mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3.Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism.Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	1. Primary Hypothyroidism 2. Chronic autoimmune Thyroiditis 3. Post Thyroidectomy 4.Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	1. Subclinical Hypothyroidism 2. Patient with insufficient thyroid hormone replacement therapy 3. In cases of Autoimmune/Hashimoto thyroiditis 4. Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.

Dr. Prajwal A, MD
CONSULTANT BIOCHEMIST
(SECTION HEAD)

View Details View Report

PERFORMED AT :
Agilus Diagnostics Ltd
154/9, Bannerghatta Road, Opp. Iim-B,
Bangalore, 560076
Karnataka, India
Tel : 80-66214444, Fax :
CIN - U74899PB1995PLC045956

ULR No.775000010013025-0081

PATIENT NAME : 592/RAJESH RAMAMURTHY **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000131335 TRUWORTH HEALTH TECHNOLOGIES PRIVATE 3RD AND 4TH FLOOR, BIG BAZAR BUILDING, 306-309, GOMES DEFENCE COLONY,VAISHALI JAIPUR 302021 00	ACCESSION NO : **0075XK001308** PATIENT ID : 592RM10119675 CLIENT PATIENT ID: 532321 ABHA NO :	AGE/SEX :28 Years Male DRAWN :10/11/2024 11:26:56 RECEIVED : 10/11/2024 11:28:30 REPORTED :11/11/2024 18:47:50

Test Report Status **Final** **Results** **Biological Reference Interval** **Units**

3	Normal/Low	Low	Low	Low	1. Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	1. Primary Hyperthyroidism (Graves Disease) 2. Multinodular Goitre 3. Toxic Nodular Goitre 4. Thyroiditis 5. Over treatment of thyroid hormone 6. Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy 7. First trimester of Pregnancy
5	Low	Normal	Normal	Normal	1. Subclinical Hyperthyroidism
6	High	High	High	High	1. TSH secreting pituitary adenoma 2. TRH secreting tumor
7	Low	Low	Low	Low	1. Central Hypothyroidism 2. Euthyroid sick syndrome 3.Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	1. T3 thyrotoxicosis 2. Non-Thyroidal illness
9	Low	High	High	Normal	1. T4 Ingestion 2. Thyroiditis 3. Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of Clinical chemistry 2.Guidlines of the American Thyroid association duriing pregnancy and Postpartum, 2011.

TSH in pregnancy

There's reduction in both the lower and the upper limit of maternal TSH relative to the non-pregnant TSH reference range. This is because of elevated levels of serum hCG that directly stimulates the TSH receptor, thereby increasing thyroid hormone production. The largest decrease in serum TSH is observed during the first trimester. Thereafter, serum TSH and its reference range gradually increases in the second and third trimesters, but nonetheless remains lower than in non-pregnant women.

NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

Dr. Prajwal A, MD
CONSULTANT BIOCHEMIST
(SECTION HEAD)

View Details View Report

PERFORMED AT :
Agilus Diagnostics Ltd
154/9, Bannerghatta Road, Opp. Iim-B,
Bangalore, 560076
Karnataka, India
Tel : 80-66214444, Fax :
CIN - U74899PB1995PLC045956

ULR No.775000010013025-0081

MC-6515

agilus diagnostics

PATIENT NAME : 592/RAJESH RAMAMURTHY **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000131335 TRUWORTH HEALTH TECHNOLOGIES PRIVATE 3RD AND 4TH FLOOR, BIG BAZAR BUILDING, 306-309, GOMES DEFENCE COLONY,VAISHALI JAIPUR 302021 00	ACCESSION NO : **0075XK001308** PATIENT ID : 592RM10119675 CLIENT PATIENT ID: 532321 ABHA NO :	AGE/SEX :28 Years Male DRAWN :10/11/2024 11:26:56 RECEIVED : 10/11/2024 11:28:30 REPORTED :11/11/2024 18:47:50

Test Report Status **Final**	Results	Biological Reference Interval	Units

SPECIALISED CHEMISTRY - TUMOR MARKER

TRUWORTH ANNUAL PACKAGE MALES

PROSTATE SPECIFIC ANTIGEN, SERUM

PROSTATE SPECIFIC ANTIGEN	0.530	< OR = 4.1	ng/mL

Interpretation(s)
PROSTATE SPECIFIC ANTIGEN, SERUM-- PSA is detected in the male patients with normal, benign hyperplastic and malignant prostate tissue and in patients with prostatitis.
- PSA is not detected (or detected at very low levels) in the patients without prostate tissue (because of radical prostatectomy or cystoprostatectomy) and also in the female patients.
- It a suitable marker for monitoring of patients with Prostate Cancer and it is better to be used in conjunction with other diagnostic procedures.
- Serial PSA levels can help determine the success of prostatectomy and the need for further treatment, such as radiation, endocrine or chemotherapy and useful in detecting residual disease and early recurrence of tumor.
- Elevated levels of PSA can be also observed in the patients with non-malignant diseases like Prostatitis and Benign Prostatic Hyperplasia.
- Specimens for total PSA assay should be obtained before biopsy, prostatectomy or prostatic massage, since manipulation of the prostate gland may lead to elevated PSA (false positive) levels persisting up to 3 weeks.
- As per American urological guidelines, PSA screening is recommended for early detection of Prostate cancer above the age of 40 years. Following Age specific reference range can be used as a guide lines.
- Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-10 ng/mL.
- Total PSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. Recommended follow up on same platform as patient result can vary due to differences in assay method and reagent specificity.

References-
1. Burtis CA, Ashwood ER, Bruns DE. Teitz textbook of clinical chemistry and Molecular Diagnostics. 4th edition.
2. Williamson MA, Snyder LM. Wallach's interpretation of diagnostic tests. 9th edition.

Dr. Prajwal A, MD
CONSULTANT BIOCHEMIST
(SECTION HEAD)

View Details View Report

PERFORMED AT :
Agilus Diagnostics Ltd
154/9, Bannerghatta Road, Opp. Iim-B,
Bangalore, 560076
Karnataka, India
Tel : 80-66214444, Fax :
CIN - U74899PB1995PLC045956

ULR No.775000010013025-0081

DIAGNOSTIC REPORT

MC-6515

agilus diagnostics

PATIENT NAME : 592/RAJESH RAMAMURTHY **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000131335 TRUWORTH HEALTH TECHNOLOGIES PRIVATE 3RD AND 4TH FLOOR, BIG BAZAR BUILDING, 306-309, GOMES DEFENCE COLONY,VAISHALI JAIPUR 302021 00	ACCESSION NO : **0075XK001308** PATIENT ID : 592RM10119675 CLIENT PATIENT ID: 532321 ABHA NO :	AGE/SEX :28 Years Male DRAWN :10/11/2024 11:26:56 RECEIVED : 10/11/2024 11:28:30 REPORTED :11/11/2024 18:47:50

Test Report Status **Final**	Results	Biological Reference Interval	Units

SPECIALISED CHEMISTRY - VITAMIN

TRUWORTH ANNUAL PACKAGE MALES

VITAMIN B12 LEVEL, SERUM

VITAMIN B12	**145 Low**	197 - 771	pg/mL

****End Of Report****
Please visit www.agilusdiagnostics.com for related Test Information for this accession

Dr. Prajwal A, MD
CONSULTANT BIOCHEMIST
(SECTION HEAD)

View Details View Report

PERFORMED AT :
Agilus Diagnostics Ltd
154/9, Bannerghatta Road, Opp. Iim-B,
Bangalore, 560076
Karnataka, India
Tel : 80-66214444, Fax :
CIN - U74899PB1995PLC045956

ULR No.775000010013025-0081