MediBuddy
Your Health Buddy

Name : **MR. MAHESH**

Age/Gender : 26 years / Male	Ref. Doctor : SELF	**MEDID**	: **101846**
Sample Type : SERUM	Collected : Dec 27, 2025, 12:31 p.m.		
Sample ID : 246617464	Received : Dec 27, 2025, 12:32 p.m.		
Client Name : 3APVSK1831	Reported : Dec 27, 2025, 01:31 p.m.		

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
MEDIBUDDY FUTURE HEALTH PACKAGE			
Liver Function Profile			
Protein Total *(Method: Biuret)*	7.2	g/dL	6.6 - 8.7
Albumin *(Method: Bromcresol Green)*	4.1	g/dL	3.5 - 5.2
Globulin *(Method: Calculated)*	3.10	g/dl	2.5 - 3.5
Albumin / Globulin *(Method: Calculated)*	1.32	Ratio	1.0 - 2.1
Bilirubin Total *(Method: Diazo Method)*	0.9	mg/dL	0 - 1.2
Bilirubin Direct *(Method: Diazo method)*	0.2	mg/dL	≤ 0.30
Bilirubin Indirect *(Method: Calculated)*	0.7	mg/dL	up to 1.0
Aspartate Aminotransferase(AST/SGOT) *(Method: IFCC Without Pyridoxal Phosphate)*	25	U/L	Upto 50
Alanine Transaminase (ALT/SGPT) *(Method: UV without pyridoxal -5- phosphate)*	27	U/L	Upto 50
Y- Glutamyl Transferase (GGT) *(Method: glutamyl-carboxynitroanilide)*	25	U/L	<60
Alkaline Phosphatase (ALP) *(Method: PNPP, AMP Buffer)*	84	U/L	40 - 129
AST / ALT *(Method: Calculated)*	0.93	Ratio	

Interpretation:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity(AST & ALT),synthesis and secretion of bile (Bilirubin ,ALP),cholestasis (ALP,GGT),protein synthesis (Albumin).

1. **Hepatocellular injury:**
   - AST-Elevated levels can be seen. However,it is not specific to liver and can be raised in cardiac and skeletal injuries.
   - ALT -Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury.

   Values also correlate well with increasing BMI.
   - Disproportinate increase in AST,ALT compared with ALP. Bilirubin may be elevated. AST: ALT (ratio) - In case of hepatocellular injury AST : ALT >1

   In Alcoholic Liver Disease AST : ALT usually >2

   This ratio is also seen to be increased in NAFLD ,Wilsons's disease, Cirrhosis ,but the increase is usually not >2
2. **Cholestatic pattern:**
   - ALP - Disproportinate increase in ALP compared with AST,ALT. Bilirubin may be elevated. ALP elevation also seen in pregnancy,impacted by age and sex.
   - To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

Dr SATYA VARA PRASAD BUSARLA
MD, PATHOLOGIST

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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
MEDIBUDDY FUTURE HEALTH PACKAGE			
Kidney Function test			
Creatinine *(Method: Jaffe Kinetic)*	0.8	mg/dL	0.70 - 1.20
Urea *(Method: Urease)*	17.82	mg/dL	16.6 - 48.5
Uric Acid *(Method: Uricase)*	6.7	mg/dL	3.4 - 7.0
Blood Urea Nitrogen *(Method: Calculated)*	8.33	mg/dL	8 - 23
BUN/Creatinine *(Method: Calculated)*	10.41	Ratio	6 - 22
Urea/Creatinine *(Method: Calculated)*	22.27	Ratio	20 - 35
Glomerular Filtration Rate(eGFR) *(Method: Calculated)*	125.17	mL/min	> 90 mL/min/1.73 m2

Interpretation:

Creatinine: Muscles produce creatinine, a waste product, from creatine phosphate, a substance that stores a lot of energy. Unlike urea, the amount of creatinine generated is constant and mostly depends on muscle mass. Age, gender, race, muscularity, exercise, pregnancy, and several other physiological characteristics can all have an impact on serum creatinine levels. Decreased serum Creatinine is associated with increasing Age and poor muscle mass, such as muscular atrophy. Both acute and chronic renal disease and blockage are associated with elevated blood creatinine levels. Creatinine is not an appropriate indicator for identifying kidney disease in its early stages since an increase in blood creatinine is only seen when there is significant nephron damage.

High **Urea, Uric Acid, and Blood Urea Nitrogen (BUN)** could indicate poor renal function, in addition to other etiologies

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Sample ID : 246617463	Received : Dec 27, 2025, 12:32 p.m.		
Client Name : 3APVSK1831	Reported : Dec 27, 2025, 03:31 p.m.		

HAEMATOLOGY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
MEDIBUDDY FUTURE HEALTH PACKAGE			
Complete Blood Count (CBC)			
Erythrocytes (EDTA, Whole Blood)			
Hemoglobin (Hb)* *(Method: Photometry)*	15.7	g/dL	13.0 - 17.0
Erythrocyte Count (RBC Count) *(Method: Electronic Impedance)*	5.29	mil/µL	4.7 - 6.0
Packed Cell Volume(Hematocrit) *(Method: Calculated)*	45	%	42 - 52
MCV	85.1	fl	83 – 101
MCH	29.8	pg	27 – 32
MCHC	**35**	g/dL	31.5 – 34.5
RDW-CV	**17.1**	%	11.5 - 14.0
RDW-SD	49.3	fL	40.0 - 55.0
RBC Morphology			
Remarks	Normocytic Normochromic		
Leucocytes			
Total Leucocyte Count (WBC)	8690	cells/Cumm	4000 - 10000
Neutrophils	47.3	%	40 - 80
Lymphocytes	**41.5**	%	20 – 40
Eosinophils	3.9	%	1 – 6
Monocytes	7.1	%	2 - 10
Basophils	0.20	%	0 – 1
Absolute Count			
Absolute Neutrophil Count *(Method: Calculated)*	4.12	* 10^9/L	2.0 - 7.0
Absolute Lymphocyte Count *(Method: Calculated)*	**3.6**	* 10^9/L	1 - 3
Absolute Monocyte Count *(Method: Calculated)*	0.62	* 10^9/L	0.2 - 1.0
Absolute Eosinophil Count *(Method: Calculated)*	0.34	* 10^9/L	0.0-0.5
Absolute Basophils Count *(Method: Calculated)*	0.01	* 10^9/L	0.02-0.10
WBC Morphology	Within Normal Limits		

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Client Name : 3APVSK1831	Reported : Dec 27, 2025, 03:31 p.m.		

HAEMATOLOGY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
Platelets			
Platelet Count *(Method: Electronic Impedance)*	226	10^3/uL	150 - 450
Mean Platelet Volume (MPV)	9.3	fL	7.2 - 11.7
Platelet Morphology	Adequate on smear		
PDW	11.2	%	9 - 17
PCT *(Method: Calculated)*	0.21	%	0.2 - 0.5
Platelet large cell ratio (P-LCR)	28.8	%	15 - 35

Tests done on Automated Five Part Cell Counter. (WBC, RBC,Platelet count by impedance method, colorimetric method for Hemoglobin, WBC differential by flow cytometry using laser technology other parameters are calculated). All Abnormal Haemograms are reviewed confirmed microscopically.

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Client Name : 3APVSK1831	Reported : Dec 27, 2025, 01:28 p.m.		

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
MEDIBUDDY FUTURE HEALTH PACKAGE			
Lipid Profile			
Cholesterol - Total *(Method: Cholesterol Oxidase, Esterase, peroxidase)*	**214**	mg/dL	<200 : Desirable 200-239 : Borderline risk >240 : High risk
Triglycerides *(Method: Lipase / Glycerol Kinase)*	**185**	mg/dL	< 150 :Normal 150–199 :Borderline-High 200–499 :High > 500 :Very High
Cholesterol - HDL *(Method: Enzymatic Colorimetric)*	42	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
Cholesterol - LDL *(Method: Enzymatic Colorimetric / Calculated)*	**135**	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 – 159 : Borderline-High 160 – 189 : High > 190 : Very High
Cholesterol VLDL *(Method: Calculated)*	37	mg/dL	7 - 40
Cholesterol - Non-HDL *(Method: Calculated)*	**172**	mg/dL	< 130 Desirable
Total cholesterol / HDL *(Method: Calculated)*	**5.10**	Ratio	0 - 5.0
LDL / HDL *(Method: Calculated)*	3.21	Ratio	0 - 3.5
HDL / LDL *(Method: Calculated)*	0.31	Ratio	0 - 3.5

Interpretation:

- **For non-fasting samples,** the biological reference interval remains the same for all parameters, except for triglyceride as cholesterol (HDL, LDL, total), which changes only by a small amount in the non-fasting state; **the recommended desired value for triglycerides is <175 mg/dl.** In the non-fasting state, **individuals with a non-fasting triglyceride level >200 mg/dl, are recommended to perform a follow-up fasting lipid panel in 2 to 4 weeks.**
- As per the consensus of the Lipid Association of India, Non-HDL cholesterol and LDL cholesterol can be used as targets to monitor the effectiveness of lipid-lowering therapy.

Associated tests: Apolipoproteins A1, Apolipoproteins B, Apolipoprotein B/A1 Ratio, Lipoprotein(a)

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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
MEDIBUDDY FUTURE HEALTH PACKAGE			
IRON PROFILE			
Iron *(Method: Ferrozine – without Deproteinization)*	113.9	µg/dL	33 - 193
UIBC *(Method: Nitroso-PSAP)*	257	µg/dL	155 - 355
Iron Binding Capacity - Total (TIBC) *(Method: Calculated)*	370.90	µg/dL	240 - 450
Transferrin % *(Method: Calculated)*	30.71	%	20 - 50

Interpretation:

Disease	Iron	TIBC	UIBC	%Transferrin Saturation	Ferritin
Iron Deficiency	Low	High	High	Low	Low
Hemochromatosis	High	Low	Low	High	High
Chronic Illness	Low	Low	Low/Normal	Low	Normal/High
Hemolytic Anemia	High	Normal/Low	Low/Normal	High	High
Sideroblastic Anemia	Normal/High	Normal/Low	Low/Normal	High	High
Iron Poisoning	High	Normal	Low	High	Normal

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Client Name : 3APVSK1831	Reported : Dec 27, 2025, 01:21 p.m.		

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
MEDIBUDDY FUTURE HEALTH PACKAGE			
Thyroid Profile-I			
Triiodothyronine Total (TT3) *(Method: CLIA)*	131.5	ng/dL	80 – 253: 1 Yr – 10 Yr 76 – 199: 11 Yr – 15 Yr 69 – 201: 16 Yr – 18 Yr 60 – 181 : > 18 years
Thyroxine - Total (TT4) *(Method: CLIA)*	5.08	ug/dL	4.6 - 12.5
Thyroid Stimulating Hormone (TSH) *(Method: CLIA)*	3.47	uIU/mL	0.52-16.0: 1 Day - 30 Days 0.55–7.10: 1 Mon – 5 Yrs 0.37–6.00: 6 Yrs – 18 Yrs 0.35–5.50: 18 Yrs – 55 Yrs 0.50–8.90 : > 55 yrs

Interpretation

Condition	TSH	TT4	TT3
Primary Hypothyroidism	Increased	Low	Normal /Low
Subclinical Hypothyroidism	Increased	Normal	Normal
Primary Hyperthyroidism	Decreased	Increased	Increased
T3 Toxicosis	Decreased	Normal	Increased
Subclinical Hyperthyroidism	Decreased	Normal	Normal
Central Hyperthyroidism/ Thyroid Hormone Resistance	Increased /Normal	Increased	Increased
Central Hypothyroidism / Non Thyroidal Illness	Decreased /Normal	Decreased	Decreased

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Sample ID : 246617463	Received : Dec 27, 2025, 12:32 p.m.		
Client Name : 3APVSK1831	Reported : Dec 27, 2025, 02:10 p.m.		

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
MEDIBUDDY FUTURE HEALTH PACKAGE			
Glycosylated Hemoglobin (GHb/HBA1c)			
HbA1c *(Method: HPLC)*	5.35	%	< 6.0 : Non Diabetic 6.1 – 6.5 : Prediabetic 6.6 – 7.0 : Good Control 7.1-8.0 : POOR Control >8.1 : ALERT
Estimated Average Glucose (eAG)	106.84	mg/dL	70 - 136

Interpretation:

Excellent Control: 6 to 7 %

Fair to Good Control: 7 to 8 %

Unsatisfactory Control: 8 to 10 %

and Poor Control: More than 10%.

Factors Influencing HbA1c Results: Increased levels: Elevated fetal hemoglobin, chronic renal failure, iron deficiency anemia, splenectomy, heightened serum triglycerides, alcohol consumption, poisoning (Lead, Opiate), and salicylate therapy. **Decreased levels:** are often associated with systemic inflammatory diseases and reduced RBC life span, severe iron deficiency & haemolytic anaemia, chronic renal failure, and liver diseases. Clinical correlation reduced red blood cell lifespan (such as in hemolytic anemia or blood loss), following blood transfusions, during pregnancy, excessive intake of Vitamin E or Vitamin C, and hemoglobinopathies, For HbF > 25% and homozygous hemoglobinopathy, an alternate platform (Fructosamine) is recommended for testing of HbA1c.

- HbA1c, also known as glycosylated hemoglobin or glycated hemoglobin, refers to hemoglobin that has glucose molecules attached. It gives an average of glucose levels in the bloodstream for the preceding 2 to 3 months.
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines for the diagnosis of diabetes using a cut-off point of 6.5%.
- For diabetic patients achieving treatment objectives, the HbA1c test should be conducted at least biannually. If treatment objectives are not met or if a new regimen is initiated, testing once every 3 months is recommended.
- The HbA1c target for non-pregnant adults is generally set at below 7% to prevent microvascular complications.
- In known diabetic patients, the following values can be considered as a tool for monitoring glycemic control.

Associated tests: HOMA IR index, insulin, C-peptide levels.

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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
MEDIBUDDY FUTURE HEALTH PACKAGE			
25-Hydroxy Vitamin D Total (D2 & D3)			
25-Hydroxy Vitamin D Total (D2 & D3) *(Method: CLIA)*	**13.65**	ng/mL	20 - 51

NOTE: The above Given Risk Level Interpretation is not age specific and is an information resource only and is not to be used or relied on for any diagnostic or treatment purposes and should not be used as a substitute for professional diagnosis and treatment.

METHOD: Electrochemiluminescence binding assay Equipment: Roche Cobas.

VALUE	CONDITION	INFERENCE
< 10	SEVERE DEFICIENCY	Could be associated with osteomalacia or rickets
10 - 19	MILD DEFICIENCY	May be associated with increased risk of osteoporosis or secondary hyperparathyroidism
20 - 50	OPTIMUM LEVELS	Optimum levels in the healthy population; patients with bone disease may benefit from higher levels within this range
51 - 80	INCREASED Risk of hypercalciuria	Sustained levels >50 ng/mL25OH-VitD along with prolonged calcium supplementationmay lead to hypercalciuria and decreased renal function

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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
>80	TOXICITY POSSIBLE		80 ng/mL is the lowest reported level associated with toxicity in patients without primary hyperparathyroidism who have normal renal function. Most patients with toxicity have levels > 150 ng/mL. Patients with renal failure can have very high 25-OH-VitD levels without any signs of toxicity, as renal conversion to the active hormone 1, 25-OH-VitD is impaired or absent.

These reference ranges represent clinical decision values, based on the 2011 Institute of Medicine report, that apply to males and females of all ages, rather than population-based reference values. Population reference ranges for 25-OH-VitD vary widely depending on ethnic background, age, geographic location of the studied populations, and the sampling season.

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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
MEDIBUDDY FUTURE HEALTH PACKAGE			
Calcium - Serum			
Calcium *(Method: NM-Bapta complex)*	9.29	mg/dL	8.6 - 10.3

Interpretation

Useful for The diagnosis and monitoring of a wide range of disorders including diseases of bone, kidney, parathyroid gland, or gastrointestinal tract Calcium levels may also reflect abnormal vitamin D or protein levels. Calcium ions affect the contractility of the heart and the skeletal musculature, and are essential for the function of the nervous system. In addition, calcium ions play an important role in blood clotting and bone mineralization.

Dr NEMANI RAMYA
MD BIOCHEMISTRY

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Client Name : 3APVSK1831	Reported : Dec 27, 2025, 03:42 p.m.		

HAEMATOLOGY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
MEDIBUDDY FUTURE HEALTH PACKAGE			
Peripheral Smear Examination			
RBC Morphology	Normocytic Normochromic		
WBC Morphology	Within Normal Limits		
Platelet morphology	Adequate on smear		
Haemoparasites	Not-Detected		
Impression *(Method: Microscopy)*	Normal Peripheral Smear		
Advise	Kindly correlate clinically		

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