TATA 1mg | Labs

PERSONAL HEALTH SMART REPORT

A comprehensive analysis of your health using Blood, Physicals, and Health Questionnaire data

Prepared for

WASHIM AKRAM

Basic Info

Male /27 Yrs

Patient ID

MGB1022889

Report released on

13/12/2024

Date of Test

13/12/2024

Table of contents

Your smart report includes the following sections.

Disclaimer

- This is an electronically generated report and is not a substitute for medical advice.
- While following the recommendations, please be careful of any allergies or intolerances.
- If you are pregnant or lactating, some of the recommendations and analyzed information in the Smart Report may not directly apply to you. Please consult a doctor regarding your test results and recommendations.
- Analysis uses the attached blood test report and Well Being Index Questionnaire data, if present, and urine analysis report, if present.
- Tata 1mg is not liable for any direct, indirect, special, consequential, or other damages. This report cannot be used for any medico-legal purposes. Partial reproduction of the test results is not permitted. Also, TATA 1mg Labs is not responsible for any misinterpretation or misuse of the information.

Doctor Summary For

Comprehensive Gold Full Body Checkup with Smart Report

For
Washim Akram
Male /27 Yrs

Note This is an electronically generated summary of the attached report. It is advised to read this summary in conjunction with the attached report and to correlate it clinically. For the trends section, the out of range values are highlighted with respect to the bio reference range of respective reports.

Test Name	Result, 13/12/24	Bio. Ref. Interval
Complete Blood Count		
Hemoglobin	15.5 g/dL	13.0 - 17.0
RBC	5.38 mili/cu.mm	4.5 - 5.5
HCT	46.8 %	40 - 50
Total Leucocyte Count	7.61 10^3/ÂµL	4 - 10
Neutrophils	50.8 %	40 - 80
Lymphocytes	▲ **40.7** %	20 - 40
Monocytes	6.2 %	2 - 10
Eosinophils	2.1 %	1 - 6
Basophils	0.2 %	0 - 2
Absolute Lymphocyte Count	▲ **3.1** 10^3/ÂµL	1 - 3
Platelet Count	206 10^3/ÂµL	150 - 410
PDW	▲ **23** f L	9 - 17
Inflammatory markers		
Erythrocyte Sedimentation Rate	1 mm/hour	<= 10
C-Reactive Protein (Quantitative)	< 1.0 mg/L	0 - 5.0
Iron Studies		
Iron Serum	78 Âµg/dL	65 - 175
Total Iron Binding Capacity (TIBC)	299.75 Âµg/dL	250 - 460
Diabetes Profile		
Glucose - Fasting	73 mg/dL	70 - 99
Glycosylated Hemoglobin (HbA1c)	5.1 %	4.0 - 5.6
Microalbumin-Albumin	11.90 mg/L	0 - 29.99

Trends (For last three tests)

Date 1	Date 2	Date 3

We don't have any of your previous lab results for these tests in our records

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Comprehensive Gold Full Body Checkup with Smart Report

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Test Name	Result, 13/12/24	Bio. Ref. Interval
Diabetes Profile		
Microalbumin-Albumin/Creatinine Ratio	3.73 mg/g Creatinine	0 - 29.99
Kidney Function Test		
Creatinine	0.92 mg/dL	0.6 - 1.2
Uric Acid	7.0 mg/dL	3.7 - 7.7
Sodium	138 mmol/L	136 - 145
Potassium	4.00 mmol/L	3.5 - 5.1
Lipid Profile		
Cholesterol - Total	▲ **200** mg/dL	0 - 199.9
Triglycerides	▲ **191** mg/dL	<= 149.9
Cholesterol - HDL	40 mg/dL	>= 39.9
Cholesterol - LDL	▲ **122** mg/dL	0 - 99.9
Cholesterol- VLDL	▲ **38** mg/dL	<= 29.9
Non HDL Cholesterol	▲ **160** mg/dl	0 - 129.9
Liver Function Test		
Bilirubin - Total	0.70 mg/dL	0.3 - 1.2
Protein, Total	7.40 g/dL	6.4 - 8.3
Albumin	4.80 g/dL	3.5 - 5.0
Aspartate Transaminase (SGOT)	19 U/L	11 - 34
Alanine Transaminase (SGPT)	35 U/L	0 - 45
Alkaline Phosphatase	104 U/L	40 - 150
Gamma Glutamyltransferase (GGT)	32 U/L	12 - 55

Trends (For last three tests)

Date 1	Date 2	Date 3

We don't have any of your previous lab results for these tests in our records

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Test Name	Result, 13/12/24	Bio. Ref. Interval
Urine Routine & Microscopy		
Colour	**YELLOW**	PALE YELLOW
Specific gravity	1.030	1.003 - 1.035
pH	6.0	4.6 - 8
Glucose	Negative	NEGATIVE
Protein	Negative	NEGATIVE
Ketones	Negative	NEGATIVE
Pus cells	3-4 /hpf	0 - 5
Red blood cell	Nil /hpf	0 - 2
Epithelial cells	**1-2** /hpf	FEW
Casts	Nil /lpf	NIL
Crystals	Nil	NIL
Calcium and Bone Health		
Vitamin D (25-OH)	▼ **11.6** ng/mL	30 - 100
Calcium	9.2 mg/dL	8.4 - 10.2
Vitamin Profile		
Vitamin B12	278.0 pg/mL	187 - 833
Vitamin B9	▼ **3.41** ng/mL	>= 5.38
Thyroid Function Test		
T3, Total	1.20 ng/mL	0.60 - 1.81
T4, Total	9.2 Âµg/dl	4.5 - 12.6
Thyroid Stimulating Hormone - Ultra Sensitive	1.666 uIU/ml	0.55 - 4.78
Arthritis Screening		
Rheumatoid Factor - Quantitative	< 20.0 IU/mL	0 - 29

Trends (For last three tests)

Date 1	Date 2	Date 3

We don't have any of your previous lab results for these tests in our records

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Test Name	Result, 13/12/24	Bio. Ref. Interval	Trends (For last three tests) Date 1	Date 2	Date 3
Hepatitis Screening					
Hepatitis Bs (Surface) Antigen	NON REACTIVE	NON-REACTIVE			

We don't have any of your previous lab results for these tests in our records

Wellbeing Index

Important Findings from your Wellbeing Index

For
Washim Akram
Male /27 Yrs

Physicals

Height	Weight	Waist	BMI
Data not available	*Data not available*	*Data not available*	*Data not available*

Heart Age	BP
Data not available	*Data not available*

Disease Risks

Diabetes	Hypertension	Stroke	CVD
Survey not taken yet	Survey not taken yet	Survey not taken yet	Survey not taken yet

Depression	Anxiety	Stress
Survey not taken yet	Survey not taken yet	Survey not taken yet

* Embark on a better you by completing the wellbeing index. Here

Lifestyle Data

Habits	Family History
Data not available	*Data not available*

Important Parameters

From your Comprehensive Gold Full Body Checkup with Smart Report

For
Washim Akram
Male /27 Yrs

Complete Blood Count

Gives an insight into the health of blood and blood cells which are essential to carry out various bodily functions like transporting oxygen, fighting infections, and clotting blood after an injury.

Hemoglobin	RBC	HCT	Total Leucocyte Count
15.5 g/dL	5.38 mili/cu.mm	46.8 %	7.61 10^3/ÂµL
Range: 13.0 - 17.0	Range: 4.5 - 5.5	Range: 40 - 50	Range: 4 - 10

Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils
50.8 %	▲ 40.7 %	6.2 %	2.1 %	0.2 %
Range: 40 - 80	Range: 20 - 40	Range: 2 - 10	Range: 1 - 6	Range: 0 - 2

Absolute Lymphocyte Count	Platelet Count	PDW
▲ 3.1 10^3/ÂµL	206 10^3/ÂµL	▲ 23 f L
Range: 1 - 3	Range: 150 - 410	Range: 9 - 17

Inflammatory markers

Helps to understand presence of an inflammation in the body. Inflammation is bodies defence against infection or injury.

Erythrocyte Sedimentation Rate	C-Reactive Protein (Quantitative)
1 mm/hour	< 1.0 mg/L
Range: <= 10	Range: 0 - 5.0

Important Parameters

From your Comprehensive Gold Full Body Checkup with Smart Report

For
Washim Akram
Male /27 Yrs

Iron Studies

Iron is a vital mineral. It helps our blood cells to transport oxygen. Iron studies are used to assess level of iron in blood and blood's ability to attach itself to iron.

Iron Serum	Total Iron Binding Capacity (TIBC)
78 Âµg/dL	299.75 Âµg/dL
Range: 65 - 175	Range: 250 - 460

Diabetes Profile

Measures the level of glucose in the body and helps identify the body's ability to process glucose. It can be used for screnning as well as monitoring the treatment of diabetes.

Glucose - Fasting	Glycosylated Hemoglobin (HbA1c)
73 mg/dL	5.1 %
Range: 70 - 99	Range: 4.0 - 5.6

Microalbumin-Albumin	Microalbumin-Albumin/Creatinine Ratio
11.90 mg/L	3.73 mg/g Creatinine
Range: 0 - 29.99	Range: 0 - 29.99

Kidney Function Test

Performed to determine how well the kidneys are working. Kidneys regulate elimination of waste from our body and maintain electrolyte balance.

Creatinine	Uric Acid	Sodium	Potassium
0.92 mg/dL	7.0 mg/dL	138 mmol/L	4.00 mmol/L
Range: 0.6 - 1.2	Range: 3.7 - 7.7	Range: 136 - 145	Range: 3.5 - 5.1

Important Parameters

From your Comprehensive Gold Full Body Checkup with Smart Report

For
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Male /27 Yrs

Lipid Profile

Measures the amount of Cholesterol and Triglycerides in your blood. This gives an insight into the health of heart and blood vessels.

Cholesterol - Total	Triglycerides	Cholesterol - HDL	Cholesterol - LDL
▲ 200 mg/dL	▲ 191 mg/dL	40 mg/dL	▲ 122 mg/dL
Range: 0 - 199.9	Range: <= 149.9	Range: >= 39.9	Range: 0 - 99.9

Cholesterol- VLDL	Non HDL Cholesterol
▲ 38 mg/dL	▲ 160 mg/dl
Range: <= 29.9	Range: 0 - 129.9

Liver Function Test

Group of blood tests commonly performed to evaluate the function of the liver which is essential to digest food and removing toxins from the body.

Bilirubin - Total	Protein, Total	Albumin
0.70 mg/dL	7.40 g/dL	4.80 g/dL
Range: 0.3 - 1.2	Range: 6.4 - 8.3	Range: 3.5 - 5.0

Aspartate Transaminase (SGOT)	Alanine Transaminase (SGPT)
19 U/L	35 U/L
Range: 11 - 34	Range: 0 - 45

Alkaline Phosphatase	Gamma Glutamyltransferase (GGT)
104 U/L	32 U/L
Range: 40 - 150	Range: 12 - 55

Important Parameters

From your Comprehensive Gold Full Body Checkup with Smart Report

For
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Male /27 Yrs

Urine Routine & Microscopy

Microscopic examination of urine sample to check for the presence of blood cells, crystals, bacteria, parasites, and cells from tumors in it.

Colour	Specific gravity	pH	Glucose
YELLOW	1.030	6.0	Negative
Range: PALE YELLOW	Range: 1.003 - 1.035	Range: 4.6 - 8	Range: NEGATIVE

Protein	Ketones	Pus cells	Red blood cell
Negative	Negative	3-4 /hpf	Nil /hpf
Range: NEGATIVE	Range: NEGATIVE	Range: 0 - 5	Range: 0 - 2

Epithelial cells	Casts	Crystals
1-2 /hpf	Nil /lpf	Nil
Range: FEW	Range: NIL	Range: NIL

Calcium and Bone Health

Measures the levels of calcium and vitamin D in the blood which are responsible for keeping bones, teeth, and muscles healthy.

Vitamin D (25-OH)	Calcium
▼ 11.6 ng/mL	9.2 mg/dL
Range: 30 - 100	Range: 8.4 - 10.2

Important Parameters

From your Comprehensive Gold Full Body Checkup with Smart Report

For
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Male /27 Yrs

Vitamin Profile

Vitamins are the essential nutrients for human life. This profile offers tests to check level of different types of vitamin B, vitamin D, vitamin E and vitamin K.

Vitamin B12	Vitamin B9
278.0 pg/mL	▼ 3.41 ng/mL
Range: 187 - 833	Range: >= 5.38

Thyroid Function Test

Window to the health of the butterfly shaped gland - Thyroid, which detemines how the body uses energy.

T3, Total	T4, Total
1.20 ng/mL	9.2 Âµg/dl
Range: 0.60 - 1.81	Range: 4.5 - 12.6

Thyroid Stimulating Hormone - Ultra Sensitive

1.666 uIU/ml

Range: 0.55 - 4.78

Arthritis Screening

Measures the amount of rheumatoid factor (RF) and Anti-CCP Antibody in the blood, which helps diagnose or monitor rheumatoid arthritis (RA) and differentiates it from other types of arthritis.

Rheumatoid Factor - Quantitative

< 20.0 IU/mL

Range: 0 - 29

Important Parameters

From your Comprehensive Gold Full Body Checkup with Smart Report

For
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Male /27 Yrs

Hepatitis Screening

This test identifies the surface antigen of the hepatitis B virus in the blood which may indicate current hepatitis B infection.

Hepatitis Bs (Surface) Antigen

NON REACTIVE

Range: NON-REACTIVE

Recommendations

Care for better health and wellbeing

For
Washim Akram
Male /27 Yrs

Lifestyle

Healthy eating

Do's

Don't Go Back For Seconds.

Skip seconds. Wait 15 minutes after the first serving to avoid overeating.

Cook At Home More Often

Cook more often to control ingredients and use healthier methods like steaming, grilling, or baking.

Sleep hygiene

Do's

Avoid A Large Meal Close To Bedtime

Eat a healthy dinner early and avoid late-night snacks to promote better sleep.

Dont's

Bedroom Clock

Avoid checking the time during the night, including on alarm clocks and other devices. This can increase mental activity and make it harder to fall back asleep.

Exercise

Do's

Exercise Regularly

exercise regularly to improve metabolism, heart health, and maintain a healthy weight.

Don't Stay Stationary For Long

Get up and move around every 20-30 minutes.

References

From trusted sources

For
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Male /27 Yrs

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End of Smart Report

TATA 1mg | Labs
Tata 1mg Technologies Private Limited
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ISO 9001-2015
MC - 4291

PO No :PO4256159715-223

Name	: Mr.WASHIM AKRAM	Client Name	: TATA 1MG BANGALORE
Age/Gender	: 27/Male	Registration Date	: 13/Dec/2024 01:16PM
Patient ID	: MGB1022889	Collection Date	: 13/Dec/2024 12:47PM
Barcode ID/Order ID	: D15043703 / 11433990	Report Date	: 13/Dec/2024 05:03PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: EDTA		

HAEMATOLOGY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Complete Blood Count				
Hemoglobin	15.5	g/dL	13.0-17.0	Cyanide-free SLS-Hemoglobin
RBC	5.38	mili/cu.mm	4.5 - 5.5	DC Impedence Method
HCT	46.8	%	40 - 50	Pulse height average
MCV	87.1	fL	83 - 101	Calculated
MCH	28.9	pg	27 - 32	Calculated
MCHC	33.2	g/dL	31.5 - 34.5	Calculated
RDW-CV	12.7	%	11.6-14.0	Calculated
Total Leucocyte Count	7.61	10^3/µL	4 - 10	Impedence / Microscopy
Differential Leucocyte Count				
Neutrophils	50.8	%	40-80	DHSS/Microscopy
Lymphocytes	**40.7**	%	20-40	DHSS/Microscopy
Monocytes	6.2	%	2-10	DHSS/Microscopy
Eosinophils	2.1	%	1-6	DHSS/Microscopy
Basophils	0.2	%	0-2	DHSS/Microscopy
Absolute Leucocyte Count				
Absolute Neutrophil Count	3.87	10^3/µL	2-7	Calculated
Absolute Lymphocyte Count	**3.1**	10^3/µL	1-3	Calculated
Absolute Monocyte Count	0.47	10^3/µL	0.2-1	Calculated
Absolute Eosinophil Count	0.16	10^3/µL	0.02-0.5	Calculated
Absolute Basophil Count	0.02	10^3/µL	0.02-0.1	Calculated
Platelet Count	206	10^3/µL	150-410	Impedence Variation /Microscopy
MPV	11.9	fL	6.5 - 12	Calculated
PDW	**23**	fL	9-17	Calculated

Comment:

As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.

DHSS : Double Hydrodynamic Sequential System

NABL certificate and scope

This test has been performed at
TATA 1MG BANGALORE
Address: No 607, Ground, 1st & 2nd Floor, 80 Feet Road, 6th Block, Koramangala, Bengaluru, 560095

Dr. Madhutej TH
MD Pathology
Consultanat Pathologist
Reg No 90913

Scan for digital copy

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Sample Type	: EDTA		

HAEMATOLOGY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Erythrocyte Sedimentation Rate				
Erythrocyte Sedimentation Rate	1	mm/hour	<=10	Modified Westergren at 18C

Comment:

- ESR provides an index of progress of the disease and is widely used as an indicator of inflammation, infection, trauma, or malignant diseases. Changes are more significant than a single abnormal test
- It is specifically indicated to monitor the course or response to the treatment of diseases like rheumatoid arthritis, tuberculosis bacterial endocarditis ,acute rheumatic fever ,Hodgkins disease,temporal arthritis , and systemic lupus erythematosis; and to diagnose and monitor giant cell arteritis and polymyalgia rheumatica.
- An elevated ESR may also be associated with many other conditions, including autoimmune disease, anemia, infection,malignancy,pregnancy, multiple myeloma, menstruation, and hypothyroidism.
- Although a normal ESR cannot be taken to exclude the presence of organic disease, its rate is dependent on various physiologic and pathologic factors.
- The most important component influencing ESR is the composition of plasma. High level of C-Reactive Protein, fibrinogen, haptoglobin, alpha-1antitrypsin, ceruloplasmin and immunoglobulins causes the elevation of Erythrocyte Sedimentation Rate.
- Drugs that may cause increase ESR levels include: dextran, methyldopa, oral contraceptives, penicillamine, procainamide, theophylline, and Vitamin A. Drugs that may cause decrease levels include: aspirin, cortisone, and quinine

NABL certificate and scope

This test has been performed at
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Patient ID	: MGB1022889	Collection Date	: 13/Dec/2024 12:47PM
Barcode ID/Order ID	: D15043703 / 11433990	Report Date	: 13/Dec/2024 06:54PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: WHOLE BLOOD-EDTA		

HAEMATOLOGY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Peripheral Smear Examination

RBCs: are normocytic normochromic.

WBCs: are normal in total number with mild increase in lymphocytes.

Platelets: are adequate.

Parasites:No parasites are seen.

IMP:Normocytic Normochromic Blood Picture with relative lymphocytosis.

NABL certificate and scope

This test has been performed at
TATA 1MG BANGALORE
Address: No 607, Ground, 1st & 2nd Floor, 80 Feet Road, 6th Block, Koramangala, Bengaluru, 560095

Dr. Suman Roy
MBBS DCP (Pathology)
Consultant Pathologist
Reg No: 35064

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Barcode ID/Order ID	: D15043703 / 11433990	Report Date	: 13/Dec/2024 04:47PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: WHOLE BLOOD-EDTA		

HAEMATOLOGY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glycosylated Hemoglobin (HbA1c)	5.1	%	4-5.6	HPLC (NGSP certified)
Estimated average glucose (eAG)	99.67	mg/dL		Calculated

Comment:

Interpretation: HbA1c%

≤5.6	Normal
5.7-6.4	At Risk For Diabetes
≥6.5	Diabetes

Adapted from American Diabetes Association.

Comments:

A 3 to 6 monthly monitoring is recommended in diabetics. People with diabetes should get the test done more often if their blood sugar stays too high or if their healthcare provider makes any change in the treatment plan. HbA1c concentration represent the integrated values for blood glucose over the preceding 8-12 weeks and is not affected by daily glucose fluctuation, exercise & recent food intake.
Please note, Glycemic goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations.

Factors that interfere with HbA1c Measurement: Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements.

Factors that affect interpretation of HbA1c Measurement: Any condition that shortens erythrocyte survival or decrease mean erythrocyte age (e. g., recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c.

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1c result does not correlate with the patient's blood glucose levels.

- HPLC - High performance liquid chromatography

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Age/Gender	: 27/Male	Registration Date	: 13/Dec/2024 01:16PM
Patient ID	: MGB1022889	Collection Date	: 13/Dec/2024 12:47PM
Barcode ID/Order ID	: D15043706 / 11433990	Report Date	: 13/Dec/2024 05:23PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Fluoride Plasma F		

BIOCHEMISTRY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose - Fasting				
Glucose - Fasting	73	mg/dL	70-99	Hexokinase/G-6-PDH

Fasting Plasma Glucose (mg/dL)	2 hr plasma Glucose (mg/dL)	Diagnosis
99 or below	139 or below	Normal
100 to 125	140 to 199	Pre-Diabetes (IGT)
126 or above	200 or above	Diabetes

Reference : American Diabetes Association

Comment:

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes. IGT (2 hrs Post meal), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes

Plasma Glucose Goals	For people with Diabetes
Before meal	70-130 mg/dL
2 Hours after meal	Less than 180 mg/dL
HbA1c	Less than 7%

NABL certificate and scope

This test has been performed at
TATA 1MG BANGALORE
Address: No 607, Ground, 1st & 2nd Floor, 80 Feet Road, 6th Block, Koramangala, Bengaluru, 560095

Dr. Madhutej TH
MD Pathology
Consultanat Pathologist
Reg No 90913

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PO No :PO4256159715-223

Name	: Mr.WASHIM AKRAM	Client Name	: TATA 1MG BANGALORE
Age/Gender	: 27/Male	Registration Date	: 13/Dec/2024 01:16PM
Patient ID	: MGB1022889	Collection Date	: 13/Dec/2024 12:47PM
Barcode ID/Order ID	: D15043704 / 11433990	Report Date	: 13/Dec/2024 06:34PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum		

BIOCHEMISTRY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Lipid Profile				
Cholesterol - Total	**200**	mg/dL	Desirable <200, Borderline High 200-239, High >=240	Enzymatic
Triglycerides	**191**	mg/dL	Normal: <150, Borderline: 150 - 199, High:200-499, Very High>=500	Glycerol Phosphate Oxidase
Cholesterol - HDL	40	mg/dL	Undesirable/high risk <40mg/dL Desirable/low risk>=60mg/dl	Accelerator Selective Detergent
Cholesterol - LDL	**122**	mg/dL	Desirable: <100 Above desirable: 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very high : >=190	Calculated
Cholesterol- VLDL	**38**	mg/dL	<30	Calculated
Cholesterol : HDL Cholesterol	5.0	Ratio	Desirable : 3.5-4.5 High Risk : >5	Calculated
LDL : HDL Cholesterol	3.05	Ratio	Desirable : 2.5-3.0 High risk : >3.5	calculated
Non HDL Cholesterol	**160**	mg/dl	Desirable:< 130, Above Desirable:130 - 159, Borderline High:160 - 189, High:190 - 219, Very High: >= 220	Calculated

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Test Name **Result** **Unit** **Bio. Ref. Interval** **Method**

Comment:

●Lipid profile measurements in the same patient can show physiological & analytical variations. It is recommended that 3 serial samples 1 week apart may be tested.
●Indians are at a high risk of developing atherosclerotic cardiovascular disease (ASCVD); at a much earlier age and more severe with high mortality. Dyslipidemia (abnormal lipid profile) is the major risk factor and found in almost 80% Indians.
●**Total cholesterol** is the total amount of cholesterol in blood comprising of HDL, LDL-C, and VLDL.
●**LDL Cholesterol (LDL-C)** or "bad"cholesterol contributes most significantly to atherosclerosis leading to heart disease or stroke and is the primary target for reducing risk for cardiovascular disease.
●**High-density lipoprotein (HDL)** or "good" cholesterol can lower risk of heart disease and stroke.
●**Triglyceride (TG)** level also plays a major role in CVD. Indians are more prone to Atherogenic dyslipidemia, a condition associated with high TG, low HDL-C and high LDL-C; this is associated with diabetes, metabolic syndrome and insulin resistance. Hence high triglyceride levels also need to be treated.
●**Non-HDL-Cholesterol (Non-HDLC)** measures all plaque forming lipoproteins (e.g. remnants, LDL-C, VLDL, Lp(a), Apo-B). Monitoring of Non-HDLC is important in patients with high TG (e.g. diabetics, obese persons) and those already on statin therapy.
●**Lipid Association of India (LAI-2020) recommends:-**

- Screening of all Indians above the age of 20 years for CVD risk factors, esp. lipid profile.
- Identification of Risk factors: Age (male ≥45 years, female ≥55 years); Family h/o heart disease at younger age (<55 yrs in males, <65 yrs in female), Smoking/tobacco use, High blood pressure, Low HDL (males <40 mg/dl and females <50mg/dl).
- Fasting lipid profile is not mandatory for screening. Both fasting and non-fasting lipid profiles are equally important for managing Indian patients.
- Non-HDLC should be calculated in every subject. LAI recommends LDL-C as the primary target and Non-HDLC as the co-primary target for initiating drug therapy.
- Lifestyle modifications are of first and foremost importance for management and prevention of dyslipidemia. Among low risk groups, treatment is started only after 3 months of lifestyle changes.
- Testing for Apolipoprotein B, hsCRP, Lp(a) should be considered for patients in moderate risk group.
- Newer treatment goals based on Risk Groups and values of LDL-C and Non-HDLC

New treatment goals by Lipid Association of India (2020)

	CONSIDER THERAPY (cut-off level)		TREATMENT GOALS	
Risk groups	**LDL-C (mg/dL)**	**Non-HDLC (mg/dL)**	**LDL-C (mg/dL)**	**Non-HDLC (mg/dL)**
Extreme Risk Gp Cat. A	≥50	≥80	<50 (Optional ≤30)	<80 (Optional ≤60)
Extreme Risk Gp Cat. B	>30	>60	≤30	≤60
Very High Risk	≥50	≥80	<50	<80
High Risk	≥70	≥100	<70	<100
Moderate Risk	≥100	≥130	<100	<130
Low risk	≥130*	≥160*	<100	<130
*After an adequate non-pharmacological intervention for at least 3 months				

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●**As per NCEP Expert Panel (2011) guidelines**, universal screening for dyslipidemia is recommended for children between 9 - 11 yrs (repeat at 17-21 yrs). Screening is not recommended before the age of 2yrs. Above the age of 2 yrs, selective screening is done in children with family history of premature CVD or risk factors like obesity, diabetes, and hypertension.

Note: Reference Interval as per National Cholesterol Education Program (NCEP) Report.
*Please note the change in BRI

LIVER FUNCTION TEST

Liver Function Test

Bilirubin-Total	0.70	mg/dL	0.3-1.2	Diazonium Salt
Bilirubin-Direct	0.21	mg/dL	0-0.5	Diazo
Bilirubin-Indirect	0.49	mg/dL	0 - 1.8	Calculated
Protein, Total	7.40	g/dL	6.4-8.3	Biuret
Albumin	4.80	g/dL	3.5-5.0	Bromocresol Green
Globulin	2.6	g/dl	1.8 - 3.6	Calculated
A/G Ratio	1.85	Ratio	0.8 - 2.1	Calculated
Aspartate Transaminase (SGOT)	19	U/L	11-34	NADH w/o P-5'-P
Alanine Transaminase (SGPT)	35	U/L	0-45	NADH w/o P-5'-P
SGOT/SGPT	0.54	Ratio		Calculated
Alkaline Phosphatase	104	U/L	40-150	Para-Nitrophenyl Phosphate
Gamma Glutamyltransferase (GGT)	32	U/L	12-55	L-gamma-glutamyl-3-Carboxy-4-Nitroanilide

Comment:

- Raised ALT and AST indicate hepatocellular damage (e.g. viral or drugs etc). ALT is more liver-specific while AST is also found in heart, skeletal muscle, and kidney. Mild elevation (less than twice normal) often resolves on its own. Fatty liver disease (especially with metabolic syndrome) is a common cause in asymptomatic cases. Certain drugs (paracetamol, statins), herbal supplements, energy drinks, and antibiotics may also affect liver function.
- SGOT/SGPT Ratio: Typically <1 in healthy individuals (vary between 0.7-1.4; higher in women than men). High SGPT (ratio <1) seen in acute or chronic hepatitis, autoimmune disorders, medications, toxins while ratio >1 indicates alcoholic hepatitis, cirrhosis, metastasis or non-hepatic issues (hemolytic diseases, CVS disorders).
- Elevated Alkaline Phosphatase and GGT: Suggest cholestatic diseases (e.g. bile duct obstruction, primary biliary

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BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method

cirrhosis etc.) and can also be due to bone disease, pregnancy, chronic renal failure, malignancy, and congestive heart failure.

- High Bilirubin: Indicates jaundice due to increased RBC breakdown, liver damage (e.g., infections, toxins), or cholestasis (e.g., gallstones, tumors).
- High Protein Levels: Seen in dehydration (e.g., severe vomiting, diarrhea) or increased production (e.g., inflammation, hematopoietic neoplasms). Low protein and albumin: Result from impaired synthesis (liver disease), decreased intake, tissue damage, malabsorption, or increased renal excretion.

Kidney Function Test.

Blood Urea Nitrogen	13	mg/dL	8.9-20.6	Urease
Urea	27.82	mg/dL	19.0 - 44.0	Calculated
Creatinine	0.92	mg/dL	0.6-1.2	Kinetic Alkaline Picrate
Uric Acid	7.0	mg/dL	3.7-7.7	Uricase
Sodium	138	mmol/L	136-145	INDIRECT ISE
Potassium	4.00	mmol/L	3.5-5.1	INDIRECT ISE
Chloride	105.0	mmol/L	98-107	INDIRECT ISE
BUN/Creatinine Ratio	14.1	Ratio	12:1 - 20:1	Calculated

Comment:

BUN is directly related to protein intake and nitrogen metabolism and inversely related to the rate of excretion of urea.Blood urea nitrogen (BUN) levels reflect the balance between the production and excretion of urea. Increased levels are seen in renal failure (acute or chronic), urinary tract obstruction, dehydration, shock, burns, CHF, GI bleeding, nephrotoxic drugs. Decreased levels are seen in hepatic failure, nephrotic syndrome, cachexia (low-protein and high-carbohydrate diets).
Urea is a non-proteinous nitrogen compound formed in the liver from ammonia as an end product of protein metabolism. Urea diffuses freely into extracellular and intracellular fluid and is ultimately excreted by the kidneys. Increased levels are found in acute renal failure, chronic glomerulonephritis, congestive heart failure, decreased renal perfusion, diabetes, excessive protein ingestion, gastrointestinal (GI) bleeding, hyperalimentation, hypovolemia, ketoacidosis, muscle wasting from starvation, neoplasms, pyelonephritis, shock, urinary tract obstruction, nephrotoxic drugs. Decreased levels are seen in inadequate dietary protein, low-protein/high-carbohydrate diet, malabsorption syndromes, pregnancy, severe liver disease, certain drugs.
Creatinine is catabolic product of creatinine phosphate, which is excreted by filtration through the glomerulus and by tubular secretion. Creatinine clearance is an acceptable clinical measure of glomerular filtration rate (GFR). Increased levels are seen in acute/chronic renal failure, urinary tract obstruction, hypothyroidism, nephrotoxic drugs, shock, dehydration, congestive heart failure, diabetes. Decreased levels are found in muscular dystrophy.
BUN/Creatinine ratio (normally 12:1–20:1) is decreased in acute tubular necrosis, advanced liver disease, low protein intake, and following hemodialysis. BUN/Creatinine ratio is increased in dehydration, GI bleeding, and increased catabolism.
Uric acid levels show diurnal variation. The level is usually higher in the morning and lower in the evening. Increased levels are seen in starvation, strenuous exercise, malnutrition, or lead poisoning, gout, renal disorders, increased breakdown of body cells

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COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method

in some cancers (including leukemia, lymphoma, and multiple myeloma) or cancer treatments, hemolytic anemia, sickle cell anemia, or heart failure, pre-eclampsia, liver disease (cirrhosis), obesity, psoriasis, hypothyroidism, low blood levels of parathyroid hormone (PTH), certain drugs, foods that are very high in purines - such as organ meats, red meats, some seafood and beer. Decreased levels are seen in liver disease, Wilson's disease, Syndrome of inappropriate antidiuretic hormone (SIADH), certain drugs.

Calcium

Calcium	9.2	mg/dL	8.4-10.2	Arsenazo III

Comment:

Increased in: Hyperparathyroidism primary and secondary, Acute and chronic renal failure, Following renal transplantation, Osteomalacia with malabsorption, Acute osteoprosis, Malignant tumours (specially of breast, lung and kidney), Drugs: Vit. D and A intoxication, Diuretics, estrogen, androgen, tamoxifen, lithium

Decreased in: Hypoparathyroidism, Surgical and Idiopathic, Pseudohypoparathyroidism, Chronic renal disease with uremia and phophate retention, Malabsorption of Calcium and Vit.D, obstructive jaundice, Bone Disease (Osteomalacia and rickets), Drugs: Cancer chemotherapy drugs, calcitonin, loop-actives diuretics, Hypomagnesemia,Hypoalbuminemia

Iron Studies, Basic

Iron Serum	78	µg/dL	65 - 175	Ferene
Unsaturated Iron Binding Capacity	222	µg/dL	69 - 240	Ferrozine
Total Iron Binding Capacity (TIBC)	299.75	µg/dL	250-460	Calculated
Transferrin Saturation	26.02	%	20-50	Calculated

Comment:

Iron is an essential trace mineral element which forms an important component of hemoglobin, metallocompounds and Vitamin A. Deficiency of iron is seen in iron deficiency and anaemia of chronic disorders.
Increased iron concentration are seen in hemolytic anaemias, hemochromatosis and acute liver disease. Serum Iron alone is unreliable due to considerable physiologic diurnal variation in the results with highest values in the morning and lowest values in the evening as well as variation in response to iron therapy .

Total Iron Binding capacity (TIBC) is a direct measure of the protein Transferrin which transports iron from the gut to storage sites in the bone marrow. Increased levels of TIBC suggest that total iron body stores are low, increased concentration may be the sign of Iron deficiency anaemia, polycythemia vera ,and may occur during the third trimester of pregnancy. Decreased levels may be seen in hemolytic anaemia, hemochromatosis, chronic liver disease, hypoproteinemia ,malnutrition.

Unsaturated Iron Binding Capacity (UIBC) is increased in low iron state and decreased in high iron concentration such as hemochromatosis. In case of anaemia of chronic disease the patient may be anaemic but has adequate iron reserve and a low

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BIOCHEMISTRY

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uIBC.				

Transferrin Saturation occurs in Idiopathic hemochromatosis and Transfusional hemosiderosis where no unsaturated iron binding capacity is available for iron mobilization. Similar condition is seen in congenital deficiency of Transferrin.

*Please note change in BRI.
*Please note test values may vary depending on the assay method used.

C-Reactive Protein Quantitative

C-Reactive Protein (Quantitative)	< 1.0	mg/L	<5.0	Turbidimetry

Comment:

•C-Reactive Protein [CRP] is an acute phase reactant ,hepatic secretion of which is stimulated in response to inflammatory cytokines.
•CRP is a very sensitive but nonspecific marker of inflammation and infection.
•The CRP test is useful in patient with Inflammatory bowel disease, arthritis, Autoimmune diseases, Pelvic inflammatory disease (PID), tissue injury or necrosis and infections.
•CRP levels can be elevated in the later stages of pregnancy as well as with use of birth control pills or hormone replacement therapy i.e. estrogen. Higher levels of CRP have also been observed in the obese.
•As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, he intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia.

Rheumatoid Factor - Quantitative

Rheumatoid Factor - Quantitative	< 20.0	IU/mL	<30 Normal 30-50 Weakly Positive >50 Reactive	Immunoturbidimetric

Comment:

- The detection of Rheumatoid factor (RF) is one of the criteria of the American Rheumatism Association (ARA) for the diagnosis of Rheumatoid Arthritis (RA).
- RF are heterogeneous group of auto antibodies directed against Fc- region of IgG molecules.
- They are useful in diagnosis of Rheumatoid Arthritis, but can also be found in other inflammatory diseases and in various non-rheumatic diseases.
- These occur in all the immunoglobulin classes, although the usual analytical methods are limited to the detection of

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Rheumatoid Factors of the IgM type.Healthy individuals >65 years of age may also show positive RF results.

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Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Urine		

BIOCHEMISTRY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Microalbumin Creatinine Ratio, Urine				
Microalbumin-Albumin	11.90	mg/L	<30	Immunoturbidimetry
Urinary Creatinine	318.90	mg/dL	24-392	Kinetic Alkaline Picrate
Microalbumin-Albumin/Creatinine Ratio	3.73	mg/g Creatinine	<30	Calculated

Comment:

Microalbumin/Albumin-to-Creatinine Ratio (UACR) Categories

ACR Category	UACR (mg/g creatinine)	Terms
A1	<30	Normal
A2	30 - 299	Microalbuminuria
A3	>=300	Clinical Albuminuria

Note: ACR categories: A1 - normal to mildly increased; A2 - moderately increased; A3 - severely increased.
(Source- American Diabetes Association (ADA):Standards of Care in Diabetes-2024)

- As per ADA, due to high biological variability (>20%) between measurements of urinary albumin excretion; two out of three specimens collected within a 3-to 6-month period should be abnormal before considering albuminuria (after excluding non-renal causes).
- Certain factors may raise UACR even without kidney damage - **physiological** like exercise within 24 hours, menstruation, pregnancy, benign postural proteinuria or **pathological** like infection (UTI), hematuria, fever, marked hyperglycemia, congestive heart failure, marked hypertension & poor metabolic control. A high albumin-to-creatinine ratio can be due to low urinary creatinine seen in females, low muscle mass, low protein intake or acute kidney injury.
- A random spot urine sample can be used, but due to high variability, it is recommended that abnormal UACR (>= 30 mg/g) should be confirmed with subsequent first morning midstream sample or 24 hr urine collection.
- Due to inherent day to day variability in albumin excretion, UACR is a better indicator than urine albumin alone. Microalbuminuria is defined as the small but abnormal increase in the excretion of urinary albumin (30-300 mg/g creatinine), but it is recommended to use the term albuminuria for ACR >= 30 mg/g creatinine.
- Persistent albuminuria present for a minimum of 3 months is one of the diagnostic markers of kidney damage and used for classification of chronic kidney disease (CKD).

Clinical Utility: Useful in early screening of diabetic nephropathy, as a risk marker for stroke & heart disease and also for classification and progression of CKD.

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IMMUNOLOGY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Thyroid Profile				
T3, Total	1.20	ng/mL	0.60-1.81	CLIA
T4, Total	9.2	µg/dl	4.5-12.6	CLIA
Thyroid Stimulating Hormone - Ultra Sensitive	1.666	uIU/ml	0.55-4.78	CLIA

Comment:

- Below mentioned are the guidelines for pregnancy related reference ranges for TSH, total T3 & Total T4.

Pregnancy			
	TSH (µIU/mL) (as per American Thyroid Association)	Total T3 (ng/mL)	Total T4(µg/dL)
1st trimester	0.1-2.5	0.81-1.90	7.33-14.8
2nd trimester	0.2-3.0	1.00-2.60	7.93-16.1
3rd trimester	0.3-3.0	1.00-2.60	6.95-15.7

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm .
- The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- TSH is secreted in a dual fashion: Intermittent pulses constitute 60-70% of total amount, background continuous secretion is 30-40%.These pulses occur regularly every 1-3 hrs.
- Total T3 & T4 concentrations are altered by physiological or pathological changes in thyroxine binding globulin (TBG) capacity .
- The determination of free T3 & free T4 has the advantage of being independent of changes in the concentrations and binding properties of the binding proteins.
- Changes in thyroid status are typically associated with concordant changes in T3, T4 and TSH levels.
- Unexpectedly abnormal or discordant thyroid test values may be seen with some rare, but clinically significant conditions such as central hypothyroidism, TSH-secreting pituitary tumors, thyroid hormone resistance, or the presence of heterophilic antibodies (HAMA) or thyroid hormone autoantibodies.
- For diagnostic purposes, results should be used in conjunction with other data.

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IMMUNOLOGY

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Test Name			Result	Unit	Bio. Ref. Interval	Method
TSH	T3	T4	Interpretation			
High	Normal	Normal	Subclinical Hypothyroidism			
Low	Normal	Normal	Subclinical Hyperthyroidism			
High	High	High	Secondary Hyperthyroidism			
Low	High/Normal	High/Normal	Hyperthyroidism			
Low	Low	Low	Non thyroidal illness / Secondary Hypothyroidism			

Vitamin D (25-OH)

Vitamin D (25-OH)	**11.6**	ng/mL	Deficiency:< 20, Insufficiency:20-29, Sufficiency:30 - 100, Toxicity possible:> 100	CLIA

Comment:

- Vitamin D is a fat-soluble steroid prohormone involved in the intestinal absorption of calcium and the regulation of calcium homeostasis.
- Two forms of vitamin D are biologically relevant - vitamin D3 (Cholecalciferol) and vitamin D2 (Ergocalciferol).
- Both vitamins D3 and D2 can be absorbed from food but only an estimated 10-20perc. of vitamin D is supplied through nutritional intake.
- Vitamin D is converted to the active hormone 1,25-(OH)2-vitamin D (Calcitriol) through two hydroxylation reactions. The first hydroxylation converts vitamin D into 25-OH vitamin D and occurs in the liver. The second hydroxylation converts 25-OH vitamin D into the biologically active 1,25-(OH)2-vitamin D and occurs in the kidneys as well as in many other cells of the body.
- Most cells express the vitamin D receptor and about 3perc. of the human genome is directly or indirectly regulated by the vitamin D endocrine system.
- The major storage form of vitamin D is 25-OH vitamin D and is present in the blood at up to 1,000 fold higher concentration compared to the active 1,25-(OH)2-vitamin D. 25-OH vitamin D has a half-life of 2-3 weeks vs. 4 hours for 1,25-(OH)2-vitamin D. Therefore, 25-OH vitamin D is the analyte of choice for determination of the vitamin D status.
- Risk factors for vitamin D deficiency include low sun exposure, inadequate intake, decreased absorption, abnormal metabolism, vitamin D resistance and and liver or kidney diseases.
- Vitamin D deficiency is a cause of secondary hyperparathyroidism and diseases resulting in impaired bone metabolism (like

PO No :PO4256159715-223

Name	: Mr.WASHIM AKRAM	Client Name	: TATA 1MG BANGALORE
Age/Gender	: 27/Male	Registration Date	: 13/Dec/2024 01:16PM
Patient ID	: MGB1022889	Collection Date	: 13/Dec/2024 12:47PM
Barcode ID/Order ID	: D15043704 / 11433990	Report Date	: 13/Dec/2024 06:13PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum		

IMMUNOLOGY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method

rickets, osteomalacia).

- Recently, many chronic diseases such as cancer, high blood pressure, osteoporosis and several autoimmune diseases have been linked to vitamin D deficiency.
- The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D

Utility Quantitative determination of 25-hydroxyvitamin D (25-OH vitamin D).

Vitamin B12

Vitamin B12	278.0	pg/mL	187-833	CMIA

Comment:

- **Vitamin B12** along with **folate** is essential for DNA synthesis and myelin formation.
- **Decreased levels** are seen in anaemia, term pregnancy, vegetarian diet, intrinsic factor deficiency, partial gastrectomy/ileal damage, celiac disease, oral contraceptive use, parasitic infestation, pancreatic deficiency, treated epilepsy, smoking, hemodialysis and advanced age.
- **Increased levels** are seen in renal failure, hepatocelluar disorders, myeloproliferative disorders and at times with excess supplementation of vitamins pills.

Vitamin B9 (Folic Acid)

Vitamin B9 (Folic Acid)	**3.41**	ng/mL	0.35-3.37 Deficient 3.38-5.38 Indeterminate >5.38 Normal	CLIA

Comment:

Folate plays an important role in the synthesis of purine & pyrimidines in the body and is important for the maturation of erythrocytes. It is widely available from plants and to a lesser extent organ meats, but more than half the folate content of food is lost during cooking. Folate deficiency is commonly prevalent in alcoholic liver disease, pregnancy, and the elderly. It may result from poor intestinal absorption, nutrition deficiency, excessive demand as in pregnancy or in malignancy, and in response to certain drugs like Methotrexate & anticonvulsants. It is now routine practice to recommend dietary folate supplements from conception to the 12th week of pregnancy; such supplementation has been proven to reduce the incidence of neural tube defects.

NABL certificate and scope

This test has been performed at
TATA 1MG BANGALORE
Address: No 607, Ground, 1st & 2nd Floor, 80 Feet Road, 6th Block, Koramangala, Bengaluru, 560095

Dr. Madhutej TH
MD Pathology
Consultanat Pathologist
Reg No 90913

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IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Interval	Method

Decreased Levels: Megaloblastic anemia, Infantile hyperthyroidism, Alcoholism, Malnutrition, Scurvy, Liver disease, B12 deficiency, dietary amino acid excess, adult Celiac disease, Tropical Sprue, Crohn's disease, Hemolytic anemias, Carcinomas, Myelofibrosis, vitamin B6 deficiency, pregnancy, Whipple's disease, extensive intestinal resection, and severe exfoliative dermatitis.

Note:
Certain drugs like Pyrimethamine, methotrexate, and trimethoprim are all folate antagonists i.e. they stop the action of the folic acid; phenytoin can decrease the intestinal absorption of folates, and ethanol both decreases absorption and increases excretion of folic acid.

To differentiate vitamin B12 & folate deficiency, measurement of Methylmalonic acid in urine & serum Homocysteine level is suggested.

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Barcode ID/Order ID	: D15043704 / 11433990	Report Date	: 13/Dec/2024 07:09PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum		

SEROLOGY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Hepatitis B Surface Antigen (HBsAg), Rapid Screening Test				
Hepatitis Bs (Surface) Antigen	NON REACTIVE		Non-Reactive	Immunochromatography

Comment:

- This is a Rapid Initial Screening Test for Qualitative detection of HBsAg.
- All Reactive cases to be confirmed using a confirmatory method, such as HBV DNA PCR, to rule out false positives caused by interfering factors. For accurate diagnosis of HBsAg infection, additional specific diagnostic tests should be conducted.

Limitations:

- False Positive HBsAg can occur due to autoimmune diseases (such as lupus nephritis), recent Hepatitis B vaccinations (which are typically transient but may persist longer in individuals undergoing hemodialysis), elevated biotin levels and presence of Rheumatoid factor. Interference can also occur due to hemolytic, lipemic or icteric samples and high titers of antibodies (e.g., anti-HBs antibodies).
- Non-Reactive results in presence of persisting clinical symptoms, should be followed up by additional testing with different method.
- Results should be interpreted in conjunction with patient history and other hepatitis B serological markers for diagnosis of acute and chronic infection.

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Barcode ID/Order ID	: D15043705 / 11433990	Report Date	: 13/Dec/2024 07:07PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Urine		

CLINICAL PATHOLOGY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Urine Routine & Microscopy				
Colour	YELLOW		Pale Yellow	
Appearance	Clear		Clear	Visual
Specific gravity	1.030		1.003 - 1.035	pKa change
pH	6.0		4.6 - 8.0	Double Indicator
Glucose	Negative		Negative	GOD-POD
Protein	Negative		Negative	Protein Error Principle
Ketones	Negative		Negative	Nitroprusside
Blood	Negative		Negative	Peroxidase
Bilirubin	Negative		Negative	Diazonium
Urobilinogen	Normal		Normal	Ehrlich
Leucocyte Esterase	Negative		Negative	Pyrrole
Nitrite	Negative		Negative	Diazonium Compound
Pus cells	3-4	/hpf	0-5	Microscopy
Red Blood Cells	Nil	/hpf	0-2	Microscopy
Epithelial cells	1-2	/hpf	Few	Microscopy
Casts	Nil	/lpf	Nil	Microscopy
Crystals	Nil		Nil	Microscopy
Yeast	Nil		Nil	Microscopy
Bacteria	Nil		Nil	Microscopy

Comment:

•Note: Pre-test condition to be observed while submitting the sample-first void, mid stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, Avoid prolonged transit time & undue exposure to sunlight.

•During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections. Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes, ascorbic acid and certain drugs.• Urine microscopy is done in centrifuged urine specimens

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

NABL certificate and scope

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CLINICAL PATHOLOGY

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Conditions of Laboratory Testing & Reporting:
Test results released pertain to the sample, as received. Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the interpreting clinician. Result delays may happen because of unforeseen or uncontrollable circumstances. Test report may vary depending on the assay method used. Test results may show inter-laboratory variations. Test results are not valid for medico-legal purposes. Please mail your queries related to test results to Customer Care mall ID care@1mg.com

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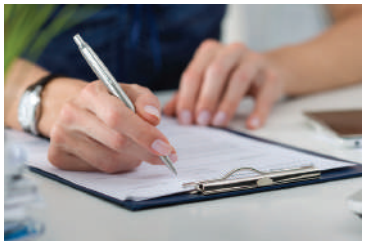

Each report undergoes rigorous medical scrutiny & is signed off by a doctor

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