Report

Patient Name	:	Mr. YS MURALI	Reg. No.	:	PCL531387
Age and Sex	:	52 Yrs / Male	PCC Code	:	PCL-TS-622B
Referring Doctor	:	self	Sample Drawn Date	:	31-Dec-2024 05:45 AM
Referring Customer	:	KYPZUT	Registration Date	:	31-Dec-2024 01:51 PM
Vial ID	:	R4257678	Report Date	:	31-Dec-2024 03:52 PM
Sample Type	:	*WB-EDTA*	Report Status	:	Final Report
Client Address	:				

HEMATOLOGY

HEALTH CHECK AT HOME - 33 TESTS

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
Complete Blood Count (CBC)				
Haemoglobin	15.2	g/dL	13.0-17.0	Colorimetric
RBC Count	4.8	10^12/L	4.5-5.5	Electrical Impedance
Haematocrit (HCT)	41.9	%	40-50	Calculated
MCV	86.7	fl	83-101	RBC Histogram
MCH	31.4	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
RDW-CV	12.2	%	11.6-14.0	RBC Histogram
Platelet Count	254	10^9/L	150-410	Electrical Impedance/Microscopy
WBC count, Total	8.0	10^9/L	4.0-10.0	Impedance
Neutrophils	61.0	%	40-70	Microscopy
Neutrophil-Absolute Count	4.9	10^9/L	2.0-7.0	Calculated
Lymphocytes	31.0	%	20-40	Microscopy
Lymphocytes-Absolute Count	2.5	10^9/L	1.0-3.0	Calculated
Monocytes	5.0	%	2-10	Microscopy
Monocytes-Absolute Count	0.4	10^9/L	0.2-1.0	Calculated
Eosinophils	3.0	%	1-6	Microscopy
Eosinophils-Absolute Count	0.2	10^9/L	0.02-0.5	Calculated
Basophils	0.0	%	0-2	Microscopy
Basophils-Absolute Count	0.0	10^9/L	0.0-0.3	Calculated
Others	0.0	%	00	Microscopy
Remarks	.			

Sample is Processed on Automated CBC Analyzer
Note: *Haematocrit (HCT) is derived from calculated MCV based on RBC Histogram as per Manufacturer's Manual*

Dr. U.Varsha Reddy
MD (Pathology)

Report

Patient Name	:	Mr. YS MURALI	Reg. No.	:	PCL531387
Age and Sex	:	52 Yrs / Male	PCC Code	:	PCL-TS-622B
Referring Doctor	:	self	Sample Drawn Date	:	31-Dec-2024 05:45 AM
Referring Customer	:	KYPZUT	Registration Date	:	31-Dec-2024 01:51 PM
Vial ID	:	R4257678, R4257724, R4257785	Report Date	:	31-Dec-2024 05:05 PM
Sample Type	:	*WB-EDTA , Serum, Plasma-Sodium*	Report Status	:	Final Report
Client Address	:				

CLINICAL BIOCHEMISTRY

DRC56

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
***Glycosylated Hemoglobin(GHb/HbA1c)**	6.0	%	<5.7 Non diabetic, 5.7 – 6.4 Borderline diabetic, ? 6.5 Diabetic	Enzymatic
***Glycosylated Hemoglobin**	42.08	mmol/mol		Calculated
***Mean Blood Glucose**	**125.50**	mg/dL	90 - 120 : Excellent Control 121 - 150 : Good Control 151 - 180 : Average Control 181 - 210 : Action Suggested >211 : Panic Value	Calculated

Comments:

- HbA1c is an indicator of glycemic control. HbA1c represents average Glycemia over the past six to eight weeks. Glycation of Hemoglobin occurs over the entire 120 day life span of the Red Blood Cell, but within this 120 days. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.
- Mean Plasma Glucose mg/dL = 28.7 x A1C - 46.7. Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from HbA1c or vice-versa is not "perfect" but gives a good working ballpark estimate.
- Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime Glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.
- Reference: ADA (American Diabetic Assosciation) Guidelines 2023.

***Blood Urea Nitrogen (BUN)**	13	mg/dL	6.0-20.0	Urease

Comments:

- BUN is the end product of the protein metabolism. It is synthesized in the Liver from the Ammonia produced by the catabolism of Amino Acids.
- It is transported by the Blood to the Kidneys from where it is excreted.
- Increased levels are found in renal diseases, urinary obstructions, shock, congestive Heart failure and burns.
- Decreased levels are found in Liver failure and pregnancy.

***Urea**	26.0	mg/dL	18.0-55.0	Calculated

Comments:

- Urea is the end product of the Protein metabolism. It is systhesised in Liver from the Ammonia produced by the catabolism of amino acids.
- It is transported by the Blood to the Kidneys from where it is excreted.
- Increased levels are found in renal diseases, urinary obstructions, shock, congestive Heart failure and burns.
- Decreased levels are found in Liver failure and pregnancy.

Dr. U.Varsha Reddy
MD (Pathology)

Report

Patient Name	:	Mr. YS MURALI	Reg. No.	:	PCL531387
Age and Sex	:	52 Yrs / Male	PCC Code	:	PCL-TS-622B
Referring Doctor	:	self	Sample Drawn Date	:	31-Dec-2024 05:45 AM
Referring Customer	:	KYPZUT	Registration Date	:	31-Dec-2024 01:51 PM
Vial ID	:	R4257678, R4257724, R4257785	Report Date	:	31-Dec-2024 05:05 PM
Sample Type	:	*WB-EDTA , Serum, Plasma-Sodium*	Report Status	:	Final Report
Client Address	:				

CLINICAL BIOCHEMISTRY

DRC56

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
***Creatinine**	1.1	mg/dL	0.72-1.25	Kinetic Alkaline picrate

Comments:

- Creatinine is the catabolic product of Creatinine Phosphate which is used by the skeletal muscle.
- The daily production depends on muscular mass and it is excreted out of the body entirely by the Kidneys.
- Elevated levels are found in renal dysfunction, reduced renal blood flow (shock, dehydration, congestive Heart failure), Diabetes, Acromegaly.
- Decreased levels are found in Muscular Dystrophy.

***Glucose-Blood-Fasting**	**102.0**	mg/dL	Normal < 100 Pre-diabetic 100-125 Diabetic >= 126	Hexokinase

Comments:

- Glucose is the major carbohydrate present in blood. Its oxidation in the cells is the source of energy for the body. Increased levels of Glucose are found in Diabetes Mellitus, Hyperparathyroidism, Pancreatitis and renal failure.
- Decreased levels are found in Insulinoma, Hypothyroidism, Hypopituitarism and extensive Liver disease

Biological Reference Interval : Source: American Diabetic Association, Diabetes Care 2018:41 (Suppl.1) S13-S27

***Thyroid Stimulating Hormone (TSH)**	2.48	µIU/mL	0.4-4.2	CMIA

Biological Reference Intervals : TSH(µIU/mL)	
Pregnancy (As per American Thyroid Association)	
1 Trimester	0.10-2.50
2 Trimester	0.2-3.00
3 Trimester	0.3-3.00

Interpretation:

- Assay results should be interpreted in context to the clinical condition and associated results of other investigations.
- Previous treatment with Corticosteroid therapy may result in lower TSH levels while Thyroid hormone levels are normal.
- Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test.
- Abnormal Thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved.
- The production, circulation, and disposal of Thyroid hormone are altered throughout the stages of pregnancy.

***Uric Acid**	4.4	mg/dL	3.5-7.2	Uricase

Comments :

- Uric acid is the end product of purine metabolism.
- Uric acid is excreted to a large degree by the Kidneys and to a smaller degree in the intestinal tract by microbial degradation.
- Increased levels are found in Gout, Arthiritis, impaired renal functions and starvation.
- Decreased levels are found in Wilson's Disease, Fanconis Syndrome and Yellow Atrophy of the Liver.

Dr. U.Varsha Reddy
MD (Pathology)

Report

Patient Name	:	Mr. YS MURALI	Reg. No.	:	PCL531387
Age and Sex	:	52 Yrs / Male	PCC Code	:	PCL-TS-622B
Referring Doctor	:	self	Sample Drawn Date	:	31-Dec-2024 05:45 AM
Referring Customer	:	KYPZUT	Registration Date	:	31-Dec-2024 01:51 PM
Vial ID	:	R4257678, R4257724, R4257785	Report Date	:	31-Dec-2024 05:05 PM
Sample Type	:	*WB-EDTA , Serum, Plasma-Sodium*	Report Status	:	Final Report
Client Address	:				

CLINICAL BIOCHEMISTRY

DRC56

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
Albumin/Creatinine Ratio				
Albumin Serum	4.00	g/dL	3.5-5.0	Bromocresol green
Creatinine - Serum	1.14	mg/dL	0.72-1.25	Kinetic Alkaline Picrate
Albumin/Creatinine Ratio	3.51	mg/g	Refer to below table	Calculated

Albuminuria Categories in CKD		
Category	**ACR (mg/g)**	**Terms**
A1	<30	Normal to mildly increased
A2	30-300	Moderately increased*
A3	>300	Severely increased**

Abbreviations: ACR: Albumin-to-Creatinine Ratio; CKD: Chronic Kidney Disease.
**Relative to young adult level.*
***Including Nephrotic Syndrome (Albumin excretion ACR >2220 mg/g)*

Result rechecked and verified for abnormal cases.

*** End Of Report ***

Dr. U.Varsha Reddy
MD (Pathology)

Report

Patient Name	:	Mr. YS MURALI	Reg. No.	:	PCL531387
Age and Sex	:	52 Yrs / Male	PCC Code	:	PCL-TS-622B
Referring Doctor	:	self	Sample Drawn Date	:	31-Dec-2024 05:45 AM
Referring Customer	:	KYPZUT	Registration Date	:	31-Dec-2024 01:51 PM
Vial ID	:	R4257724	Report Date	:	31-Dec-2024 05:05 PM
Sample Type	:	*Serum*	Report Status	:	Final Report
Client Address	:				

CLINICAL BIOCHEMISTRY

DRC56

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
Liver Function Test (LFT)				
Bilirubin Total	0.70	mg/dL	0.2-1.2	Diazotization
Bilirubin Direct	0.30	mg/dL	0.1-0.5	Diazotization
Bilirubin Indirect	0.4	mg/dL	0.2 - 1.0	Calculated
Alkaline Phosphatase (ALP)	51.0	U/L	46-116	Para-Nitrophenyl-phosphate
Aspartate Aminotransferase (SGOT)	16.0	U/L	5-34	NADH w/o P-5'-P
Alanine Transaminase (ALT/SGPT)	16.0	U/L	0.0-55	NADH w/o P-5'-P
Gamma Glutamyl Transferase (GGT)	15	U/L	12-64	L-g-g-3-Carboxy-4-Nitroanilide subs
Protein Total	6.8	g/dL	6.4-8.3	Biuret
Albumin	4.0	g/dL	3.5-5.2	Bromcresol Green
Globulin	2.8	g/dl	2.5 - 3.8	Calculated
Albumin / Globulin Ratio	1.4		1.0 - 2.1	Calculated

*Liver function tests are blood tests used to help diagnose and monitor Liver disease or damage.
*Screen for Liver infections, such as Hepatitis, monitor possible side effects of medications
*Measure the severity of a disease, particularly scarring of the Liver (Cirrhosis)
***Alanine Transaminase (ALT)-** an enzyme found in the Liver that helps your body metabolize protein. When the Liver is damaged, ALT is released into the bloodstream and levels increase.
***Aspartate Transaminase (AST)-** an enzyme that helps metabolize Alanine, an amino acid. Like ALT, AST is normally present in blood at low levels. An increase in AST levels may indicate Liver damage or disease or Muscle damage.
***Alkaline Phosphatase (ALP)**- an enzyme in the Liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease, such as a blocked bile duct, or certain bone diseases.
***Albumin and Total Protein-** Albumin is one of several proteins made in the Liver. Your body needs these proteins to fight infections and to perform other functions. Lower-than-normal levels of albumin and total protein might indicate Liver damage or disease
***Bilirubin-** a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.
***Gamma-Glutamyltransferase (GGT)-** GGT is an enzyme in the blood. Higher-than-normal levels may indicate liver or bile duct damage.

*** End Of Report ***

Dr. U.Varsha Reddy
MD (Pathology)

Report

Patient Name	:	Mr. YS MURALI	Reg. No.	:	PCL531387
Age and Sex	:	52 Yrs / Male	PCC Code	:	PCL-TS-622B
Referring Doctor	:	self	Sample Drawn Date	:	31-Dec-2024 05:45 AM
Referring Customer	:	KYPZUT	Registration Date	:	31-Dec-2024 01:51 PM
Vial ID	:	R4257724	Report Date	:	31-Dec-2024 05:05 PM
Sample Type	:	*Serum*	Report Status	:	Final Report
Client Address	:				

CLINICAL BIOCHEMISTRY

HEALTH CHECK AT HOME - 33 TESTS

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
Lipid Profile				
Cholesterol Total	171	mg/dL	Adult: Desirable<200 mg/dL, Borderline: 200 – 239 mg/dL, High:>240 mg/dL	Enzymatic
Cholesterol HDL	45	mg / dL	40 - 60	Direct Homogenous
Cholesterol - LDL	**104.2**	mg/dL	<100 Optimal	Calculated
Cholesterol VLDL	21.8	mg/dL	7-40	Calculated
Non-HDL cholesterol	126	mg/dL	Optimal < 130	Calculated
Triglycerides	109.0	mg/dL	Normal: <150 Borderline High: 150–199 High: 200–499 Very High: >500	Glycerol Phosphate Oxidase
Cholesterol Total/Cholesterol HDL Ratio	3.8		0 - 4.0	Calculated
Cholesterol LDL/Cholesterol HDL	2.3		0 - 3.5	Calculated

COMMENTS: **Therapeutic target levels of lipids as per NCEP – ATP III recommendations:**

Total Cholesterol (mg/dL)	<200 - Desirable, 200-239 - Borderline High, >240 - High
HDL Cholesterol (mg/dL)	<40 - Low, >60 - High
LDL Cholesterol (mg/dL)	<100 Optimal, [Primary Target of Therapy], 100-129 - Near Optimal/Above Optimal, 130-159 - Borderline High, 160-189 - High, >190 Very High
Serum Triglycerides (mg/dL)	<150 Normal, 150-199 Borderline High, 200-499 High, >500 Very High

NCEP recommends lowering of LDL Cholesterol as the primary therapeutic target with Lipid lowering agents, however, if Triglycerides remain >200 mg/dL after LDL goal is reached, set secondary goal for non-HDL Cholesterol (total minus HDL) 30 mg/dL higher than LDL goal.

When Triglyceride level is > 400 mg/dL, Friedewald Equation is not applicable for calculation of LDL & VLDL. Hence the calculated values are not provided for such samples.

ATP III Guidelines:

Risk Category	LDL Goal	LDL Level at Which to Initiate Therapeutic Lifestyle Changes (TLC)	LDL Level at Which to Consider Drug Therapy
CHD or CHD RiskEquivalents(10-year risk >20%)	<100 mg/dL	>100 mg/dL	>130 mg/dL (100-129 mg/dL: drug optional)*
2+ Risk Factors (10-year risk <20%)	<130 mg/dL	>130 mg/dL	10-year risk 10-20%: >130 mg/dL 10-year risk <10%:>160mg/dL
0-1 Risk Factor	<160 mg/dL	>160 mg/dL	>190 mg/dL (160-189 mg/dL: LDL-lowering drug optional)

Dr. U.Varsha Reddy
MD (Pathology)

Report

Patient Name	:	Mr. YS MURALI	Reg. No.	:	PCL531387
Age and Sex	:	52 Yrs / Male	PCC Code	:	PCL-TS-622B
Referring Doctor	:	self	Sample Drawn Date	:	31-Dec-2024 05:45 AM
Referring Customer	:	KYPZUT	Registration Date	:	31-Dec-2024 01:51 PM
Vial ID	:	R4257724	Report Date	:	31-Dec-2024 05:05 PM
Sample Type	:	*Serum*	Report Status	:	Final Report
Client Address	:				

CLINICAL BIOCHEMISTRY

HEALTH CHECK AT HOME - 33 TESTS

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
***Calcium**	8.50	mg/dl	8.4-10.2	Arsenazo III Complex

Interpretation:

Category	Normal Ref. Range
Premature	6.2 mg/dL to 11.0 mg/dL
0 to 10 days	7.6 mg/dL to 10.4 mg/dL
10 days to 24 months	9.0 mg/dL to 11.0 mg/dL
Child 2 to 12 years	8.8 mg/dL to 10.8 mg/dL
Adult	8.4 mg/dL to 10.2 mg/dL
Male > 60 years	8.8 mg/dL to 10.0 mg/dL

Comments:
* Calcium in the body is found mainly in the bones (approximately 99%). In serum, Calcium exists in a free ionised form and in bound form (with Albumin). Hence, a decrease in Albumin causes lower Calcium levels and vice-versa.
* Calcium levels in serum depend on the Parathyroid Hormone.
* Increased Calcium levels are found in Bone tumors, Hyperparathyroidism. decreased levels are found in Hypoparathyroidism, renal failure, Rickets.

***Aspartate Aminotransferase (SGOT)**	16.0	U/L	5-34	NADH w/o P-5'-P
***Alanine Transaminase (ALT/SGPT)**	16.0	U/L	0.0-55	NADH w/o P-5'-P
***SGOT/SGPT Ratio**	1	U/U	>2.0 suggests alcoholic liver disease.	Calculated
Urea / Creatinine Ratio				
Urea	26.0	mg/dL	18.0-55.0	Calculated
Creatinine	1.1	mg/dL	0.72-1.25	Kinetic Alkaline picrate
Urea / Creatinine Ratio	22.81	mg/mg	Elevated ratio: >100:1 Reduced ratio: <40:1	Calculated

Dr. U.Varsha Reddy
MD (Pathology)

Report

Patient Name	:	Mr. YS MURALI	Reg. No.	:	PCL531387
Age and Sex	:	52 Yrs / Male	PCC Code	:	PCL-TS-622B
Referring Doctor	:	self	Sample Drawn Date	:	31-Dec-2024 05:45 AM
Referring Customer	:	KYPZUT	Registration Date	:	31-Dec-2024 06:10 PM
Vial ID	:	R3626127	Report Date	:	31-Dec-2024 06:52 PM
Sample Type	:	*Urine*	Report Status	:	Final Report
Client Address	:				

CLINICAL PATHOLOGY

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
Complete Urine Analysis (CUE)				
PHYSICAL EXAMINATION				
Colour	Pale Yellow	-	Straw to light amber	Visual Examination
Appearence	Clear	-	Clear	Visual Examination
CHEMICAL EXAMINATION				
Glucose	Negative		Negative	Strip Method(Dip stick Method)
Protein	Negative		Negative	Strip Method(Dip stick Method)
Bilirubin (Bile)	Negative		Negative	Strip Method(Dip stick Method)
Ketone Bodies	Negative		Negative	Strip Method(Dip stick Method)
Specific gravity	1.030		1.001 - 1.035	Strip Method(Dip stick Method)
Blood	Negative		Negative	Strip Method(Dip stick Method)
Reaction (pH)	7.0		4.6 - 8.0	Strip Method(Dip stick Method)
Nitrites	Negative		Negative	Strip Method(Dip stick Method)
Leukocytes	Negative		Negative	Strip Method(Dip stick Method)
MICROSCOPIC EXAMINATION				
PUS(WBC) Cells	4-5	/hpf	00-05	Microscopy
Red Blood Cells	Absent	/hpf	Absent	Microscopy
U.Epithelial Cells	3-4	/hpf	00-05	Microscopy
Casts	Absent	/hpf	Occasional Hyaline cast	Microscopy
Crystals	Absent	/hpf	Absent	Microscopy
Others	Absent	/hpf	Absent	Microscopy

Correlate Clinically.

Result rechecked and verified for abnormal cases.

*** End Of Report ***

Dr. U.Varsha Reddy
MD (Pathology)