SPARSH PATH LAB Phn no. 7678500245

Patient Name	**: Mr. NAGESHWAR**	Specimen Drawn ON	: 18/Jun/2024 01:15PM
Age/Gender	: 65 YRS /M	Specimen Received ON	: 18/Jun/2024 03:27PM
UHID/MR No	: ADEL.0000506407	Report Date	: 18/Jun/2024 04:12PM
Visit ID	**: MDEL506611**	Client Code	: DL1551
Ref Doctor	: Dr.SELF	Barcode No	: B5444748
Client Name	: SPARSH PATH LAB	Ref Customer	: SELF

DEPARTMENT OF HAEMATOLOGY

HEALTH PACKAGE - DL

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Sample Type : WHOLE BLOOD EDTA				
HbA1c (ngsp)	5.5	%	Non diabetic adults >=18 years <5.7~At risk (Prediabetes) 5.7 - 6.4~Diagnosing Diabetes >= 6.5	HPLC
HbA1c (IFCC)	36.52	mmol/mol		HPLC
Estimated Average Glucose	111.2	mg/dl		Calculated

Interpretation:

As per American Diabetes Association (ADA)	
Reference Group	**HbA1c in %**
Non diabetic adults >=18 years	**<5.7**
At risk (Prediabetes)	**5.7 – 6.4**
Diagnosing Diabetes	**>=6.5**

Note:

1, Since HbA1c reflects long term fluctuation in the blood glucose concentration , a diabetic patient who is recently under good control may still have a high concentration of HbA1c . Converse is true for a diabetic previously under good control but now proply controlled.

2, Target goals of <7.0% may be beneficial in patients with short duration of diabetes , long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes ,limit life expectancy or extensive co-morbid conditions, targeting a goal of <7.0 % may not be appropriate.

Comment :

HBA1c provides an index of average blood glucose levels over the past 8 – 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

This report has been validated by:

DR. ANIL GUPTA
M.B.B.S , M.D. (PATH)
SR. CONSULTANT PATHOLOGIST
REGD. NO. 5015

DR. NEERU AGARWAL
M.B.B.S , M.D. (PATH)
DEPUTY LAB DIRECTOR
DMC NO. 21087

DR. UMA SHANKAR
M.B.B.S , M.D. (PATH)
CONSULTANT PATHOLOGIST
DMC NO. 68471

DR. SNIGDHA GOEL
M.B.B.S , M.D. (PATH)
CONSULTANT PATHOLOGIST
REGD. NO. DMC/R/12009

QR CODE

Patient Name	**: Mr. NAGESHWAR**	Specimen Drawn ON	: 18/Jun/2024 01:15PM
Age/Gender	: 65 YRS /M	Specimen Received ON	: 18/Jun/2024 03:27PM
UHID/MR No	: ADEL.0000506407	Report Date	: 18/Jun/2024 04:12PM
Visit ID	**: MDEL506611**	Client Code	: DL1551
Ref Doctor	: Dr.SELF	Barcode No	: B5444748
Client Name	: SPARSH PATH LAB	Ref Customer	: SELF

DEPARTMENT OF HAEMATOLOGY

HEALTH PACKAGE - DL

Test Name	Result	Unit	Bio. Ref. Range	Method

Chromatogram Report

G-2(3611) 2024-06-18 16:11:56

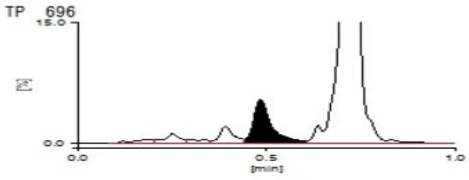
ID B5444748
Sample No. 2024061816090151 SL 0001 - 10
Patient ID
Name
Comment

CALIB(N) Y =1.1398X + 0.5283

Name	%	Time	Area
FP	0.1	0.12	1.60
A1A	0.4	0.19	4.84
A1B	0.8	0.25	11.34
F	0.4	0.34	5.36
LA1C+	1.3	0.39	17.61
SA1C	5.5	0.48	59.86
A0	93.2	0.71	1282.97
H-VAR			
		Total Area	1381.99

HbA1c 5.5 %

HbF 0.4 %



18-06-2024 16:11:56 CRL 1 / 1

CRL
Paschim Vihar, Delhi

This report has been validated by:

DR. ANIL GUPTA
M.B.B.S , M.D. (PATH)
SR. CONSULTANT PATHOLOGIST
REGD. NO. 5015

DR. NEERU AGARWAL
M.B.B.S , M.D. (PATH)
DEPUTY LAB DIRECTOR
DMC NO. 21087

DR. UMA SHANKAR
M.B.B.S , M.D. (PATH)
CONSULTANT PATHOLOGIST
DMC NO. 68471

DR. SNIGDHA GOEL
M.B.B.S , M.D. (PATH)
CONSULTANT PATHOLOGIST
REGD. NO. DMC/R/12009

QR CODE

Patient Name	**: Mr. NAGESHWAR**	Specimen Drawn ON	: 18/Jun/2024 01:15PM
Age/Gender	: 65 YRS /M	Specimen Received ON	: 18/Jun/2024 03:27PM
UHID/MR No	: ADEL.0000506407	Report Date	: 18/Jun/2024 07:07PM
Visit ID	**: MDEL506611**	Client Code	: DL1551
Ref Doctor	: Dr.SELF	Barcode No	: B5444748
Client Name	: SPARSH PATH LAB	Ref Customer	: SELF

DEPARTMENT OF HAEMATOLOGY

HEALTH PACKAGE - DL

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT(CBC)23				
R.B.C	**5.99**	Millions/cumm	4.5-5.5	Impedance variation
Haemoglobin	**18.9**	g/dl	13-17	Spectrophotometry
Packed Cell Volume	**55.80**	%	40.0-50.0	Analogical Integration
MCV	93.16	fL	80-100	
MCH	31.55	pg	27.0-32.0	Calculated
MCHC	33.87	g/dL	27.0-48.0	Calculated
RDW-CV	**15.2**	%	11.5-14.0	Calculated
Platelet Count	154	x1000/uL	150-450	Impedance Variation
Total WBC Count	**11500**	/cumm	4000-10000	Impedance Variation
TNC	12.20			
MPV	11.50	%	9.1-11.9	Calculated
PCT	**0.15**	%	0.18-0.39	Calculated
PDW	**24.90**	%	9.0-15.0	Calculated
Differential Leucocyte Count				
Neutrophil	52	%	40.0-80.0	flow cytometry/manual
Lymphocyte	36	%	20.0-40.0	flow cytometry/manual
Monocytes	08	%	2-10	flow cytometry/manual
Eosinophils	04	%	01-06	Flow cytometry/manual
Basophils	00	%	0-1	Flow cytometry/manual
Absolute Neutrophils	5.98	1000/µL	2.00-7.00	
Absolute Lymphocytes	**4.14**	1000/µL	1.00-3.00	
Absolute Monocytes	0.92	1000/µL	0.20-1.00	
Absolute Eosinophils	0.46	1000/µL	0.02-0.50	
Neutrophil-Lymphocyte Ratio	1.44			Calculated
Lymphocyte-Monocyte Ratio	4			Calculated
Platelet-Lymphocyte Ratio	4			Calculated

This report has been validated by:

DR. ANIL GUPTA
M.B.B.S , M.D. (PATH)
SR. CONSULTANT PATHOLOGIST
REGD. NO. 5015

DR. NEERU AGARWAL
M.B.B.S , M.D. (PATH)
DEPUTY LAB DIRECTOR
DMC NO. 21087

DR. UMA SHANKAR
M.B.B.S , M.D. (PATH)
CONSULTANT PATHOLOGIST
DMC NO. 68471

DR. SNIGDHA GOEL
M.B.B.S , M.D. (PATH)
CONSULTANT PATHOLOGIST
REGD. NO. DMC/R/12009

QR CODE

Patient Name	**: Mr. NAGESHWAR**	Specimen Drawn ON	: 18/Jun/2024 01:15PM
Age/Gender	: 65 YRS /M	Specimen Received ON	: 18/Jun/2024 03:50PM
UHID/MR No	: ADEL.0000506407	Report Date	: 18/Jun/2024 04:33PM
Visit ID	**: MDEL506611**	Client Code	: DL1551
Ref Doctor	: Dr.SELF	Barcode No	: B5444749
Client Name	: SPARSH PATH LAB	Ref Customer	: SELF

DEPARTMENT OF BIOCHEMISTRY

HEALTH PACKAGE - DL

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE FASTING				
Sample Type : Sod.Fluoride - F				
Glucose Fasting	85.3	mg/dl	70.0 - 110.0	GOD-POD

Interpretation (In accordance with the American diabetes association guidelines):

· A fasting plasma glucose level below 110 mg/dL is considered normal.

· A fasting plasma glucose level between 100-126 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.

· A fasting plasma glucose level of above 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

This report has been validated by:

DR. ANIL GUPTA
M.B.B.S , M.D. (PATH)
SR. CONSULTANT PATHOLOGIST
REGD. NO. 5015

DR. PAWAN KUMAR
Phd. BIOCHEMISTRY
CONSULTANT BIOCHEMIST

DR. NEERU AGARWAL
M.B.B.S , M.D. (PATH)
DEPUTY LAB DIRECTOR
DMC NO. 21087

DR. UMA SHANKAR
M.B.B.S , M.D. (PATH)
CONSULTANT PATHOLOGIST
DMC NO. 68471

QR CODE

Patient Name	**: Mr. NAGESHWAR**	Specimen Drawn ON	: 18/Jun/2024 01:15PM
Age/Gender	: 65 YRS /M	Specimen Received ON	: 18/Jun/2024 03:50PM
UHID/MR No	: ADEL.0000506407	Report Date	: 18/Jun/2024 04:17PM
Visit ID	**: MDEL506611**	Client Code	: DL1551
Ref Doctor	: Dr.SELF	Barcode No	: B5444747
Client Name	: SPARSH PATH LAB	Ref Customer	: SELF

DEPARTMENT OF BIOCHEMISTRY

HEALTH PACKAGE - DL

Test Name	Result	Unit	Bio. Ref. Range	Method
KIDNEY FUNCTION TEST (KFT)				
Sample Type : SERUM				
Urea	**64.2**	mg/dl	13.0-43.0	Spectro-photometry
Creatinine	**2.18**	mg/dL	0.70-1.40	Spectro-photometry
Uric Acid	**9.63**	mg/dl	4.40-7.60	Spectro-photometry
Sodium (NA+)	139.20	mmol/L	135.0-145.0	Ion Selective Electrode
Potassium (K+)	5.40	mmol/L	3.50-5.50	Ion Selective Electrode
Chloride	**90.00**	mmol/L	98-109	Ion Selective Electrode

Interpretation:- Kidney blood tests, or Kidney function tests, are used to detect and diagnose disease of the Kidney.

The higher the blood levels of urea and creatinine, the less well the kidneys are working.
The level of creatinine is usually used as a marker as to the severity of kidney failure. (Creatinine in itself is not harmful, but a high level indicates that the kidneys are not working properly. So, many other waste products will not be cleared out of the bloodstream.) You normally need treatment with dialysis if the level of creatinine goes higher than a certain value.
Dehydration can also be a come for increases in urea level.
Before and after starting treatment with certain medicines. Some medicines occasionally cause kidney damage (Nephrotoxic Drug) as a side-effect. Therefore, kidney function is often checked before and after starting treatment with certain medicines.

This report has been validated by:

DR. ANIL GUPTA
M.B.B.S , M.D. (PATH)
SR. CONSULTANT PATHOLOGIST
REGD. NO. 5015

DR. PAWAN KUMAR
Phd. BIOCHEMISTRY
CONSULTANT BIOCHEMIST

DR. NEERU AGARWAL
M.B.B.S , M.D. (PATH)
DEPUTY LAB DIRECTOR
DMC NO. 21087

DR. UMA SHANKAR
M.B.B.S , M.D. (PATH)
CONSULTANT PATHOLOGIST
DMC NO. 68471

QR CODE

Patient Name	**: Mr. NAGESHWAR**	Specimen Drawn ON	: 18/Jun/2024 01:15PM
Age/Gender	: 65 YRS /M	Specimen Received ON	: 18/Jun/2024 03:50PM
UHID/MR No	: ADEL.0000506407	Report Date	: 18/Jun/2024 04:17PM
Visit ID	**: MDEL506611**	Client Code	: DL1551
Ref Doctor	: Dr.SELF	Barcode No	: B5444747
Client Name	: SPARSH PATH LAB	Ref Customer	: SELF

DEPARTMENT OF BIOCHEMISTRY

HEALTH PACKAGE - DL

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT)				
Bilirubin Total	**3.62**	mg/dl	0.2-1.2	Diazotized Sulfanilic
Bilirubin Direct	**0.49**	mg/dl	0-0.3	Diazotized Sulfanilic
Bilirubin Indirect	**3.13**	mg/dl	0.30-1.00	Calculated
SGOT (AST)	**60.5**	U/L	<31.0	IFCC without pyridoxal phosphate
SGPT (ALT)	**60.4**	U/L	<33.0	IFCC without pyridoxal phosphate
Alkaline Phosphatase (ALP)	96.6	U/L	40-129	Spectrophotometry
Calcium	**10.79**	mg/dL	8.6-10.2	NM-BAPTA
Protein Total	8.34	g/dL	6.6-8.7	Biuret
Albumin (Serum)	**5.49**	g/dL	3.97-4.95	Bromo Cresol Green (BCG)
Globulin	2.85	g/dL	2.50-3.50	Calculated
ALB/GLO Ratio	1.93	Ratio	1.20-2.10	Calculated

Interpretation:- Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels.: Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes.There are less common conditions and diseases that also cause elevated liver enzyme levels.

This report has been validated by:

DR. ANIL GUPTA
M.B.B.S , M.D. (PATH)
SR. CONSULTANT PATHOLOGIST
REGD. NO. 5015

DR. PAWAN KUMAR
Phd. BIOCHEMISTRY
CONSULTANT BIOCHEMIST

DR. NEERU AGARWAL
M.B.B.S , M.D. (PATH)
DEPUTY LAB DIRECTOR
DMC NO. 21087

DR. UMA SHANKAR
M.B.B.S , M.D. (PATH)
CONSULTANT PATHOLOGIST
DMC NO. 68471

QR CODE

Patient Name	**: Mr. NAGESHWAR**	Specimen Drawn ON	: 18/Jun/2024 01:15PM
Age/Gender	: 65 YRS /M	Specimen Received ON	: 18/Jun/2024 03:50PM
UHID/MR No	: ADEL.0000506407	Report Date	: 18/Jun/2024 04:17PM
Visit ID	**: MDEL506611**	Client Code	: DL1551
Ref Doctor	: Dr.SELF	Barcode No	: B5444747
Client Name	: SPARSH PATH LAB	Ref Customer	: SELF

DEPARTMENT OF BIOCHEMISTRY

HEALTH PACKAGE - DL

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE BASIC				
Sample Type : SERUM				
Total Cholesterol	**214.7**	mg/dL	<200.00 mg/dL	Enzymatic Colorimetric
Triglyceride	**156.6**	mg/dL	0.0-150 :Normal 151-199:Border Line >=200 :High 200.0-499.0 High ~> 500 Very High	Enzymatic Colorimetric
HDL Cholesterol	49.5	mg/dL	40-60	Direct (PVS/PEGME precipitation & Trinder reaction)
Non HDL Cholesterol	165.20	mg/dL	< 130 mg/dL	Calculated
VLDL Cholesterol	**31.3**	mg/dL	2.00-30.00	Calculated
LDL Cholesterol	133.88	mg/dL	0-130 :Normal~131-155:Borderline~>=160 :High	Direct (PVS/PEGME precipitation & Trinder reaction)
Cholesterol/HDL Ratio	**4.34**	Ratio	<4.00	Calculated
LDL / HDL Cholestrol Ratio	2.70	Ratio	<3.50	Calculated
HDL/LDL Cholesterol Ratio	0.37	Ratio	<3.50	Calculated

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, seti secondary goal for non-HDL cholesterol (total minus HDL) 30 mg/dL higher than LDL goal.

Risk Category	LDL Goal (mg/dL)	Non-HDL Goal (mg/dL)
CHD and CHD Risk Equivalent	<100	<130
(10-year risk for CHD>20%)		
Multiple (2+) Risk Factors and	<130	<160
10-year risk <20%		
0-1 Risk Factor	<160	<190

This report has been validated by:

DR. ANIL GUPTA
M.B.B.S , M.D. (PATH)
SR. CONSULTANT PATHOLOGIST
REGD. NO. 5015

DR. PAWAN KUMAR
Phd. BIOCHEMISTRY
CONSULTANT BIOCHEMIST

DR. NEERU AGARWAL
M.B.B.S , M.D. (PATH)
DEPUTY LAB DIRECTOR
DMC NO. 21087

DR. UMA SHANKAR
M.B.B.S , M.D. (PATH)
CONSULTANT PATHOLOGIST
DMC NO. 68471

QR CODE

Patient Name	**: Mr. NAGESHWAR**	Specimen Drawn ON	: 18/Jun/2024 01:15PM
Age/Gender	: 65 YRS /M	Specimen Received ON	: 18/Jun/2024 03:50PM
UHID/MR No	: ADEL.0000506407	Report Date	: 18/Jun/2024 04:17PM
Visit ID	**: MDEL506611**	Client Code	: DL1551
Ref Doctor	: Dr.SELF	Barcode No	: B5444747
Client Name	: SPARSH PATH LAB	Ref Customer	: SELF

DEPARTMENT OF BIOCHEMISTRY

HEALTH PACKAGE - DL

Test Name	Result	Unit	Bio. Ref. Range	Method
IRON PROFILE BASIC				
Iron, Serum	**199.6**	ug/dL	59-158	Colorimetric
Total Iron Binding Capacity-(TIBC)	361	ug/dL	250-400	Spectro-photometry
UIBC-SERUM	161.40	ug/dL	110-370	Direct Determination with Ferrozinc
Transferrin Saturation	**55.29**	%	16-50	Calculated

Total iron-binding capacity

The test measures the extent to which iron-binding sites in the serum can be saturated. Because the iron-binding sites in the serum are almost entirely dependent on circulating transferrin, this is really an indirect measurement of the amount of transferrin in the blood.

Taken together with serum iron and percent transferrin saturation clinicians usually perform this test when they are concerned about anemia, iron deficiency or iron deficiency anemia. However, because the liver produces transferrin, liver function must be considered when performing this test. It can also be an indirect test of liver function, but is rarely used for this purpose

Transferrin Saturation

1g of transferrin can carry 1.43g of iron. Normally, iron saturation of transferrin (transferrin saturation) is between 10% and 50%. Because of its short half-life, transferrin values decrease more quickly in protein malnutrition states and should be taken into consideration while evaluating iron-deficiency states

This report has been validated by:

DR. ANIL GUPTA
M.B.B.S , M.D. (PATH)
SR. CONSULTANT PATHOLOGIST
REGD. NO. 5015

DR. PAWAN KUMAR
Phd. BIOCHEMISTRY
CONSULTANT BIOCHEMIST

DR. NEERU AGARWAL
M.B.B.S , M.D. (PATH)
DEPUTY LAB DIRECTOR
DMC NO. 21087

DR. UMA SHANKAR
M.B.B.S , M.D. (PATH)
CONSULTANT PATHOLOGIST
DMC NO. 68471

QR CODE

Patient Name	**: Mr. NAGESHWAR**	Specimen Drawn ON	: 18/Jun/2024 01:15PM
Age/Gender	: 65 YRS /M	Specimen Received ON	: 18/Jun/2024 03:50PM
UHID/MR No	: ADEL.0000506407	Report Date	: 18/Jun/2024 04:55PM
Visit ID	**: MDEL506611**	Client Code	: DL1551
Ref Doctor	: Dr.SELF	Barcode No	: B5444747
Client Name	: SPARSH PATH LAB	Ref Customer	: SELF

DEPARTMENT OF IMMUNOASSAY

HEALTH PACKAGE - DL

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE				
Sample Type : SERUM				
Triiodothyronine Total (T3)	1.34	ng/mL	0.81-1.81	Chemiluminescence Immunoassay (CLIA)
Thyroxine Total (T4)	10.26	ug/dL	5.0-10.7	Chemiluminescence Immunoassay (CLIA)
TSH (4th Generation)	**6.381**	uIU/mL	0.40-5.50	Chemiluminescence Immunoassay (CLIA)

PREGNANCY	REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association.)
1st Trimester	0.10-2.50 uIU/mL
2nd Trimester	0.20-3.00 uIU/mL
3rd Trimester	0.30-3.00 uIU/mL

INTERPRETATION-

1. Primary hyperthyroidism is accompanied by elevated serum T3 & T4 values along with depressed TSH level.
2 .Primary hypothyroidism is accompanied by depressed serum T3 and T4 values & elevated serum TSH levels.
3. Normal T4 levels accompanied by high T3 levels and low TSH are seen in patients with T3 thyrotoxicosis.
4. Normal or low T3 & high T4 levels indicate T4 thyrotoxicosis (problem is conversion of T4 to T3)
5. Normal T3 & T4 along with low TSH indicate mild / subclinical HYPERTHYROIDISM .
6. Normal T3 & low T4 along with high TSH is seen in HYPOTHYROIDISM .
7. Normal T3 & T4 levels with high TSH indicate Mild / Subclinical HYPOTHYROIDISM .
8. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness , malnutrition , renal failure and during therapy with drugs like propanolol.
9. Although elevated TSH levels are nearly always indicative of primary hypothroidism . rarely they can result from TSH secreting pituitary tumours (seconday hyperthyroidism)

**TSH IS DONE BY ULTRASENSITIVE 4th GENERATION CHEMIFLEX ASSAY*

COMMENTS:

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 disintegration of thyroid hormones are altered throughout the stages of pregnancy.

NOTE-TSH levels are subject to circardian variation,reaching peak levels between 2-4AM and ninimum between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration.Dose and time of drug intake also influence the test result. Reference ranges are from Teitz fundamental of clinical chemistry 7th ed.

This report has been validated by:

DR. ANIL GUPTA
M.B.B.S , M.D. (PATH)
SR. CONSULTANT PATHOLOGIST
REGD. NO. 5015

DR. PAWAN KUMAR
Phd. BIOCHEMISTRY
CONSULTANT BIOCHEMIST

DR. NEERU AGARWAL
M.B.B.S , M.D. (PATH)
DEPUTY LAB DIRECTOR
DMC NO. 21087

DR. UMA SHANKAR
M.B.B.S , M.D. (PATH)
CONSULTANT PATHOLOGIST
DMC NO. 68471

QR CODE

Patient Name	**: Mr. NAGESHWAR**	Specimen Drawn ON	: 18/Jun/2024 01:15PM
Age/Gender	: 65 YRS /M	Specimen Received ON	: 18/Jun/2024 03:50PM
UHID/MR No	: ADEL.0000506407	Report Date	: 18/Jun/2024 04:55PM
Visit ID	**: MDEL506611**	Client Code	: DL1551
Ref Doctor	: Dr.SELF	Barcode No	: B5444747
Client Name	: SPARSH PATH LAB	Ref Customer	: SELF

DEPARTMENT OF IMMUNOASSAY

HEALTH PACKAGE - DL

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
Sample Type : SERUM				
Vitamin B12 Level	340.9	pg/mL	220-914	Chemiluminescence Immunoassay(CLIA)

Comments

Vitamin B_{12} along with folate is essential for DNA synthesis and myelin formation. Vitamin B_{12} deficiency can be because of nutritional deficiency, malabsorption and other gastrointestinal causes. The test is ordered primarily to help diagnose the cause of macrocytic/ megaloblastic anemia.

Decreased levels are seen in:	Increased levels are seen in:
anaemia, normal near term pregnancy, vegetarianism, partial gastrectomy/ ileal damage, celiac disease, with oral contraceptive use, parasitic competition, pancreatic deficiency, treated epilepsy, smoking, hemodialysis and advancing age	renal failure, hepatocelluar disorders, myeloproliferative disorders and at times with excess supplementation of vitamins pills

This report has been validated by:

DR. ANIL GUPTA
M.B.B.S , M.D. (PATH)
SR. CONSULTANT PATHOLOGIST
REGD. NO. 5015

DR. PAWAN KUMAR
Phd. BIOCHEMISTRY
CONSULTANT BIOCHEMIST

DR. NEERU AGARWAL
M.B.B.S , M.D. (PATH)
DEPUTY LAB DIRECTOR
DMC NO. 21087

DR. UMA SHANKAR
M.B.B.S , M.D. (PATH)
CONSULTANT PATHOLOGIST
DMC NO. 68471

QR CODE

Patient Name	**: Mr. NAGESHWAR**	Specimen Drawn ON	: 18/Jun/2024 01:15PM
Age/Gender	: 65 YRS /M	Specimen Received ON	: 18/Jun/2024 03:50PM
UHID/MR No	: ADEL.0000506407	Report Date	: 18/Jun/2024 04:55PM
Visit ID	**: MDEL506611**	Client Code	: DL1551
Ref Doctor	: Dr.SELF	Barcode No	: B5444747
Client Name	: SPARSH PATH LAB	Ref Customer	: SELF

DEPARTMENT OF IMMUNOASSAY

HEALTH PACKAGE - DL

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D3 25-HYDROXY				
Sample Type : SERUM				
Vitamin D, 25 Hydroxy	33.89	ng/mL	Deficiency<20 Sufficiency:20-65 Intoxication:>70	Enhanced Chemiluminescence (Ultre Sensitive 4th Generation Chemiflex)

Lower-than-normal levels suggest a vitamin D deficiency. This condition can result from Lack of exposure to sunlight,Lack of adequate vitamin D in the diet, Liver and kidney diseases and Malabsorption. A vitamin D deficiency may lead to: *Low blood calcium levels (hypocalcaemia) *Thin or weak bones (rickets, osteoporosis and osteomalacia) *High levels of parathyroid hormone (secondary hyperparathyroidism) Total 25-hydroxyvitamin D (D2 + D3) is the correct measure of Vitamin D status.Higher-than-normal levels suggest excess vitamin D, a condition called hypervitaminosis D. It is usually caused by vitamin D in the form of doctor-prescribed dietary supplements. 95% of serum vitamin D is Vit D3. D2 is only received from supplements.

This report has been validated by:

DR. ANIL GUPTA
M.B.B.S , M.D. (PATH)
SR. CONSULTANT PATHOLOGIST
REGD. NO. 5015

DR. PAWAN KUMAR
Phd. BIOCHEMISTRY
CONSULTANT BIOCHEMIST

DR. NEERU AGARWAL
M.B.B.S , M.D. (PATH)
DEPUTY LAB DIRECTOR
DMC NO. 21087

DR. UMA SHANKAR
M.B.B.S , M.D. (PATH)
CONSULTANT PATHOLOGIST
DMC NO. 68471

QR CODE

Patient Name	**: Mr. NAGESHWAR**	Specimen Drawn ON	: 18/Jun/2024 01:15PM
Age/Gender	: 65 YRS /M	Specimen Received ON	: 18/Jun/2024 03:43PM
UHID/MR No	: ADEL.0000506407	Report Date	: 18/Jun/2024 05:22PM
Visit ID	**: MDEL506611**	Client Code	: DL1551
Ref Doctor	: Dr.SELF	Barcode No	: B5444750
Client Name	: SPARSH PATH LAB	Ref Customer	: SELF

DEPARTMENT OF CLINICAL PATHOLOGY

HEALTH PACKAGE - DL

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION ROUTINE				
Gross Examination(Physical Examination)				
Volume	3.0	ml		
Colour	YELLOW		Colourless	
Appearance	**SLIGHTLY TURBID**		Clear	
Chemical Examination				
Ph	5.0		4.6-8.0	Double Indicators Test
Specific Gravity	1.030		1.005-1.030	Refractometric
Urine Protein.	NEGATIVE		NEGATIVE	Protein Error of Indicator
Urine Glucose.	NEGATIVE		NEGATIVE	Oxidase Peroxidase Reaction
Ketone	NEGATIVE		NEGATIVE	Sodium Nitropruside
Nitrite	NEGATIVE		NEGATIVE	Diazotisation Reaction
Blood	NEGATIVE		NEGATIVE	Peroxidase Reaction
Urobilinogen	NORMAL		NORMAL	Modified Ehrlich Reaction
Urine Bilirubin	+		NEGATIVE	Diazotisation
Leukocyte	NEGATIVE		NEGATIVE	Diazonization Reaction
Microscopic Examination(Light Microscopy)				
R.B.C.	NIL	/HPF	NIL	Light Microscopy
Pus Cells	3-4	/HPF	0-3	
Epithelial Cells	1-2	/HPF	0-3	
Casts	NIL		NIL	
Crystals	NIL		NIL	
Bacteria	NIL		NIL	
Budding yeast Cells	NIL		NIL	

Note: Urine Culture and Sensitivity is advised in case Pus cells are 10 or above with Nitrite positive.

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

This report has been validated by:

DR. ANIL GUPTA
M.B.B.S , M.D. (PATH)
SR. CONSULTANT PATHOLOGIST
REGD. NO. 5015

DR. NEERU AGARWAL
M.B.B.S , M.D. (PATH)
DEPUTY LAB DIRECTOR
DMC NO. 21087

DR. UMA SHANKAR
M.B.B.S , M.D. (PATH)
CONSULTANT PATHOLOGIST
DMC NO. 68471

DR. SNIGDHA GOEL
M.B.B.S , M.D. (PATH)
CONSULTANT PATHOLOGIST
REGD. NO. DMC/R/12009

QR CODE