


**Patient Name :** MR. ALEX  
**Age / Gender :** 43 years / Male  
**Patient ID :** 304491  
**Referral :** Dr. SELF  
**Sample Type :** Serum

**Source :** Doctor C HYD  
**Collection Time :** Mar 06, 2025, 10:04 a.m.  
**Receiving Time :** Mar 06, 2025, 01:54 p.m.  
**Reporting Time :** Mar 06, 2025, 03:48 p.m.  
**Sample ID :**   
2622408

**VITAMIN CHECK  
BIOCHEMISTRY**

Test Description	Value(s)	Biological Reference Range	Unit(s)	Methodology
<b><u>25-Hydroxy Vitamin D</u></b>				
Vitamin D (25 - Hydroxy)*	16.63	Deficiency: < 20.0 Insufficiency: 20.0 - <30.0 Sufficiency: 30.0 - 100.0 Upper Safety : >100.0	ng/mL	CLIA

**Interpretation:**

Useful for :

Diagnosis of vitamin D deficiency .

Differential diagnosis of causes of rickets and Osteomalacia . Monitoring vitamin D replacement therapy . Diagnosis of hypervitaminosis D .

Vitamin D levels may vary according to factors such as geography, season, or the patient's health, diet, age, ethnic origin, use of vitamin D supplementation or environment.

Some potential interfering substances like rheumatoid factor, endogenous alkaline phosphatase, fibrin, and proteins capable of binding to alkaline phosphatase in the patient sample may cause erroneous results in immunoassays. Carefully evaluate the results of patients suspected of having these types of interferences.

Reference: Beckman Coulter DXI800 Kit Insert


\*\*END OF REPORT\*\*



Dr Nalla Pavan  
Consultant Biochemist  
Regd No : APMC/FMR/84382

**Processing Location: Previa Health Pvt Ltd Central Lab Hyderabad-500081**

**Patient Name :** MR. ALEX  
**Age / Gender :** 43 years / Male  
**Patient ID :** 304491  
**Referral :** Dr. SELF  
**Sample Type :** Serum

**Source :** Doctor C HYD  
**Collection Time :** Mar 06, 2025, 10:04 a.m.  
**Receiving Time :** Mar 06, 2025, 01:54 p.m.  
**Reporting Time :** Mar 06, 2025, 03:43 p.m.  
**Sample ID :**   
2622408

**VITAMIN CHECK  
BIOCHEMISTRY**

Test Description	Value(s)	Biological Reference Range	Unit(s)	Methodology
<b><u>Vitamin - B12</u></b>				
<b>Vitamin B12-Cyanocobalamin*</b>	142	120 - 914	pg/ml	CLIA

**Interpretation:**

Vitamin B12, also known as cyanocobalamin, is a water soluble vitamin that is required for the maturation of erythrocytes and coenzyme form for more than 12 different enzyme systems. Groups at risk for vitamin B12 deficiency include those

(1) older than 65 years of age (2) with malabsorption (3) who are vegetarians (4) with autoimmune disorders (5) taking prescribed medication known to interfere with vitamin absorption or metabolism, including nitrous oxide, phenytoin, dihydrofolate reductase inhibitors, metformin, and proton pump inhibitors (6) infants with suspected metabolic disorders.

The most common cause of Vitamin B12 deficiency is pernicious anemia. Deficiency of Vitamin B12 is associated with megaloblastic anemia and neuropathy. Excess Vitamin B12 is excreted in urine. No adverse effects have been associated with excess vitamin B12 intake from food or supplements in healthy people.

Reference: Beckman Coulter DXI800 Kit Insert


\*\*END OF REPORT\*\*



Dr Nalla Pavan  
Consultant Biochemist  
Regd No : APMC/FMR/84382

Processing Location: Previa Health Pvt Ltd Central Lab Hyderabad-500081

**Patient Name :** MR. ALEX  
**Age / Gender :** 43 years / Male  
**Patient ID :** 304491  
**Referral :** Dr. SELF  
**Sample Type :** Serum

**Source :** Doctor C HYD  
**Collection Time :** Mar 06, 2025, 10:04 a.m.  
**Receiving Time :** Mar 06, 2025, 01:54 p.m.  
**Reporting Time :** Mar 06, 2025, 03:41 p.m.  
**Sample ID :**   
2622408

**HEALTH PACKAGE - 60 TESTS**  
**BIOCHEMISTRY**

Test Description	Value(s)	Biological Reference Range	Unit(s)	Methodology
<b><u>Thyroid Profile Test</u></b>				
<b>T3(TRI-iodothyronine)</b>	1.26	0.87 - 1.78	ng/ml	CLIA
<b>T4(Thyroxine)</b>	10.02	Adults : 4.82 - 15.65 Birth - 14 days : 11.8 - 22.6 14 days - 5 yrs : 7.2 - 16.6 5 - 15 yrs : 6.4 - 13.3	µg/dL	CLIA
<b>TSH(Thyroid Stimulating Hormone)</b>	1.898	Adult Male : 0.38 - 5.33	µIU/mL	CLIA

**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. Hyperthyroidism (overactive thyroid): Hyperthyroidism (overactive Thyroid) occurs when your thyroid gland produces too much of the hormone Thyroxine.
- Hyperthyroidism can accelerate your body's metabolism, causing unintentional weight loss and a rapid or irregular heartbeat.
- Hypothyroidism (underactive thyroid): Hypothyroidism (underactive thyroid) is a condition in which your Thyroid gland doesn't produce enough of certain crucial hormones.
- Hypothyroidism may not cause noticeable symptoms in the early stages.
- Over time, untreated Hypothyroidism can cause a number of health problems, such as obesity, joint pain, infertility and heart disease.

Reference: Beckman Coulter DXI800 Kit Insert


**\*\*END OF REPORT\*\***



Dr Nalla Pavan  
Consultant Biochemist  
Regd No : APMC/FMR/84382

**Processing Location: Previa Health Pvt Ltd Central Lab Hyderabad-500081**

**Patient Name :** MR. ALEX  
**Age / Gender :** 43 years / Male  
**Patient ID :** 304491  
**Referral :** Dr. SELF  
**Sample Type :** Serum

**Source :** Doctor C HYD  
**Collection Time :** Mar 06, 2025, 10:04 a.m.  
**Receiving Time :** Mar 06, 2025, 01:54 p.m.  
**Reporting Time :** Mar 06, 2025, 05:27 p.m.  
**Sample ID :**   
2622408

**HEALTH PACKAGE - 60 TESTS**  
**BIOCHEMISTRY**

Test Description	Value(s)	Biological Reference Range	Unit(s)	Methodology
<b><u>Lipid Profile</u></b>				
Cholesterol-Total	163	Desirable: $\leq 200$ Borderline High: 201-239 High: $> 239$	mg/dL	CHOD-POD
Cholesterol-HDL Direct	42	High Risk: $< 40$ Optimal: 40 - 60 Low Risk: $> 60$	mg/dL	Direct
LDL Cholesterol	97.80	Optimal: $< 100$ Near / Above optimal: 100 - 129 Borderline high: 130 - 159 High: 160 - 189 Very High: $\geq 190$	mg/dL	Calculated
Triglycerides	116	Normal: $< 150$ Borderline High: 150 - 199 High: 200 - 499 Very High: $\geq 500$	mg/dL	GPO-POD
Non - HDL Cholesterol	121	Desirable: $< 130$ Borderline High: 130 - 159 High: 160 - 189 Very High: $\geq 190$	mg/dL	calculated
VLDL Cholesterol	23.20	10 - 30	mg/dL	calculated
CHOL/HDL RATIO	3.88	3.5 - 5.0	ratio	calculated
LDL/HDL RATIO	2.33	Desirable / low risk: 0.5 - 3.0 Low/ Moderate risk: 3.0 - 6.0 Elevated / High risk: $> 6.0$	ratio	calculated
HDL/LDL RATIO	0.43	Desirable / low risk: 0.5 - 3.0 Low/ Moderate risk: 3.0 - 6.0 Elevated / High risk: $> 6.0$	ratio	calculated

**Interpretation**


Interpretation:



Dr Nalla Pavan  
Consultant Biochemist  
Regd No : APMC/FMR/84382

**Processing Location:** Previa Health Pvt Ltd Central Lab Hyderabad-500081

**Patient Name :** MR. ALEX  
**Age / Gender :** 43 years / Male  
**Patient ID :** 304491  
**Referral :** Dr. SELF  
**Sample Type :** Serum

**Source :** Doctor C HYD  
**Collection Time :** Mar 06, 2025, 10:04 a.m.  
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**Reporting Time :** Mar 06, 2025, 05:27 p.m.  
**Sample ID :**   
2622408

**HEALTH PACKAGE - 60 TESTS**  
**BIOCHEMISTRY**

Test Description	Value(s)	Biological Reference Range	Unit(s)	Methodology
<ul style="list-style-type: none"><li>For non-fasting samples, the biological reference interval remains the same for all parameters, except for triglyceride as cholesterol (HDL, LDL, total), which changes only by a small amount in the non-fasting state; the recommended desired value for triglycerides is 200 mg/dl, are recommended to perform a follow-up fasting lipid panel in 2 to 4 weeks.</li><li>As per the consensus of the Lipid Association of India, Non-HDL cholesterol and LDL cholesterol can be used as targets to monitor the effectiveness of lipid-lowering therapy.</li></ul>				

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

**Reference :**

Tietz textbook of Clinical Chemistry, Third Edition. Carl A. Burtis and Edward R. Ashwood, eds. Philadelphia, PA: WB Saunders.  
Mindray BS Series Kit insert


\*\*END OF REPORT\*\*



Dr Nalla Pavan  
Consultant Biochemist  
Regd No : APMC/FMR/84382

**Processing Location:** Previa Health Pvt Ltd Central Lab Hyderabad-500081

**Patient Name :** MR. ALEX  
**Age / Gender :** 43 years / Male  
**Patient ID :** 304491  
**Referral :** Dr. SELF  
**Sample Type :** Fluoride - F

**Source :** Doctor C HYD  
**Collection Time :** Mar 06, 2025, 10:04 a.m.  
**Receiving Time :** Mar 06, 2025, 02:10 p.m.  
**Reporting Time :** Mar 06, 2025, 05:01 p.m.  
**Sample ID :**   
2622405

**HEALTH PACKAGE - 60 TESTS**  
**BIOCHEMISTRY**

Test Description	Value(s)	Biological Reference Range	Unit(s)	Methodology
<b><u>Glucose - Fasting</u></b>				
Glucose fasting	83	Normal: 70 - 100 Impaired Tolerance: 101-125 Diabetes mellitus: $\geq 126$	mg/dL	Glucose Oxidase/Peroxidase

**Interpretation**

A fasting blood glucose test is clinically significant because it is the most common method to screen for prediabetes and diabetes, as it measures blood sugar levels after a period of fasting, providing a reliable indicator of how well your body regulates glucose when not actively consuming food; high fasting blood glucose levels can indicate an increased risk of developing diabetes or related complications, even if symptoms aren't present.

**Reference:**

Tietz textbook of Clinical Chemistry, Third Edition. Carl A. Burtis and Edward R. Ashwood, eds. Philadelphia, PA: WB Saunders, 1998.

Mindray BS Series Kit insert


\*\*END OF REPORT\*\*



Dr Nalla Pavan  
Consultant Biochemist  
Regd No : APMC/FMR/84382

**Processing Location:** Previa Health Pvt Ltd Central Lab Hyderabad-500081

**Patient Name :** MR. ALEX  
**Age / Gender :** 43 years / Male  
**Patient ID :** 304491  
**Referral :** Dr. SELF  
**Sample Type :** Edta Wb

**Source :** Doctor C HYD  
**Collection Time :** Mar 06, 2025, 10:04 a.m.  
**Receiving Time :** Mar 06, 2025, 02:06 p.m.  
**Reporting Time :** Mar 06, 2025, 05:29 p.m.  
**Sample ID :**   
2622406

**HEALTH PACKAGE - 60 TESTS**  
**HAEMATOLOGY**

Test Description	Value(s)	Biological Reference Range	Unit(s)	Methodology
<b><u>Glycosylated Hemoglobin (GHb/HbA1c)</u></b>				
Glyco Hb (HbA1C)	5.9	Non-Diabetic: <=5.6 Pre Diabetic: 5.7-6.4 Diabetic: >=6.5	%	High-Performance Liquid Chromatography (HPLC)
Estimated Average Glucose :	122.63		mg/dL	

**Interpretations:**

- HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
- Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.  
Excellent control-6-7 %  
Fair to Good control – 7-8 %  
Unsatisfactory control – 8 to 10 %  
Poor Control – More than 10 %

**Reference : Biorad Variant Turbo II Kit Insert**


**\*\*END OF REPORT\*\***



Dr Nalla Pavan  
Consultant Biochemist  
Regd No : APMC/FMR/84382

**Processing Location: Previa Health Pvt Ltd Central Lab Hyderabad-500081**

**Patient Name :** MR. ALEX  
**Age / Gender :** 43 years / Male  
**Patient ID :** 304491  
**Referral :** Dr. SELF  
**Sample Type :** Serum

**Source :** Doctor C HYD  
**Collection Time :** Mar 06, 2025, 10:04 a.m.  
**Receiving Time :** Mar 06, 2025, 01:54 p.m.  
**Reporting Time :** Mar 06, 2025, 05:04 p.m.  
**Sample ID :**   
2622408

**HEALTH PACKAGE - 60 TESTS**  
**BIOCHEMISTRY**

Test Description	Value(s)	Biological Reference Range	Unit(s)	Methodology
<b><u>Iron Profile/Studies- Basic</u></b>				
Iron	97.6	40 - 120	µg/dL	Colorimetric Assay
UIBC	216.8	120 - 470	µg/dL	Ferene
TIBC	314.40	240 - 450	µg/dL	Calculated
Transferrin	220.08	176 - 280	ug/dL	Calculated
Transferrin Saturation *	31.04	20 - 50	%	calculated

**Interpretation:**

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

**Reference :**

Tietz textbook of Clinical Chemistry, Third Edition. Carl A. Burtis and Edward R. Ashwood, eds. Philadelphia, PA: WB Saunders.

Mindray BS Series Kit insert

**\*\*END OF REPORT\*\***




Dr Nalla Pavan  
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Regd No : APMC/FMR/84382

**Processing Location:** Previa Health Pvt Ltd Central Lab Hyderabad-500081



**Patient Name :** MR. ALEX  
**Age / Gender :** 43 years / Male  
**Patient ID :** 304491  
**Referral :** Dr. SELF  
**Sample Type :** Serum

**Source :** Doctor C HYD  
**Collection Time :** Mar 06, 2025, 10:04 a.m.  
**Receiving Time :** Mar 06, 2025, 01:54 p.m.  
**Reporting Time :** Mar 06, 2025, 05:07 p.m.  
**Sample ID :**   
2622408

**HEALTH PACKAGE - 60 TESTS**  
**BIOCHEMISTRY**

Test Description	Value(s)	Biological Reference Range	Unit(s)	Methodology
<b>Liver Function Test / LFT / Hepatic Panel</b>				
Bilirubin - Total	0.9	0.3 - 1.2	mg/dL	DSA Method
Bilirubin - Direct	0.3	<0.4	mg/dL	DSA Method
Bilirubin - Indirect	0.60	0.1 - 1.0	mg/dL	Serum, Calculated
Aspartate Aminotransferase (AST/SGOT)	20.8	< 35	U/L	UV without P5P (IFCC)
Alanine Transaminase (ALT/SGPT)	23.3	<45	U/L	UV without P5P (IFCC)
SGOT/SGPT	0.89	0.7 - 1.4	ratio	calculated
GGT-Gamma-glutamyl transpeptidase	24.3	< 55.0	U/L	G-glutamyl-carboxy-Nitroanil
Alkaline Phosphatase-ALPI	<b>135.6</b>	30 - 120	U/L	AMP Buffer IFCC Modified
Total Protein	7.49	6.6-8.3	g/dL	Biuret
Albumin	4.8	Adult 3.5-5.3 > 60 years 3.4-4.8	g/dL	Bromocresol Green
Globulin	2.69	2.0 - 3.5	g/dL	Calculated
A/G Ratio	1.78	1.2 - 2.2	ratio	Calculated

**Interpretation**

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

**1. Hepatocellular injury:**

- AST-Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT-Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) - In case of hepatocellular injury AST : ALT >1 In Alcoholic Liver Disease AST : ALT usually >2 This ratio is also seen to be increased in NAFLD, Wilson's disease, Cirrhosis, but the increase is usually not >2.
- Cholestatic pattern:** ALP - Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthesis function impairment:**

- Albumin** - Liver disease reduces albumin levels. Correlation with PT (Prothrombin Time)

**Reference**


Tietz textbook of Clinical Chemistry, Third Edition. Carl A. Burtis and Edward R. Ashwood, eds. Philadelphia, PA: WB Saunders.  
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Dr Nalla Pavan  
Consultant Biochemist  
Regd No : APMC/FMR/84382

**Processing Location:** Previa Health Pvt Ltd Central Lab Hyderabad-500081

**Patient Name :** MR. ALEX  
**Age / Gender :** 43 years / Male  
**Patient ID :** 304491  
**Referral :** Dr. SELF  
**Sample Type :** Serum

**Source :** Doctor C HYD  
**Collection Time :** Mar 06, 2025, 10:04 a.m.  
**Receiving Time :** Mar 06, 2025, 01:54 p.m.  
**Reporting Time :** Mar 06, 2025, 05:07 p.m.  
**Sample ID :**   
2622408

**HEALTH PACKAGE - 60 TESTS**  
**BIOCHEMISTRY**

Test Description	Value(s)	Biological Reference Range	Unit(s)	Methodology
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\*\*END OF REPORT\*\*



Dr Nalla Pavan  
Consultant Biochemist  
Regd No : APMC/FMR/84382

**Processing Location:** Previa Health Pvt Ltd Central Lab Hyderabad-500081

**Patient Name :** MR. ALEX  
**Age / Gender :** 43 years / Male  
**Patient ID :** 304491  
**Referral :** Dr. SELF  
**Sample Type :** Edta Wb

**Source :** Doctor C HYD  
**Collection Time :** Mar 06, 2025, 10:04 a.m.  
**Receiving Time :** Mar 06, 2025, 02:06 p.m.  
**Reporting Time :** Mar 06, 2025, 05:25 p.m.  
**Sample ID :**   
2622406

**HEALTH PACKAGE - 60 TESTS**  
**HAEMATOLOGY**

Test Description	Value(s)	Biological Reference Range	Unit(s)	Methodology
<b><u>Complete Blood Picture (CBP/CBC)</u></b>				
Haemoglobin	14.8	13.5 - 17.0	gm/dL	Cynmeth Photometric Measurement
Total RBC Count	5.34	4.5 - 5.5	mil/cu.mm	Electrical Impedence
Total WBC Count	7800	4000-10000	cell/cu.mm	Electrical Impedence
Platelet Count	224	150 - 410	10 <sup>3</sup> /ul	Electrical Impedence
Red Cell Distribution Width	12.5	11.6 - 14.0	%	Calculated
Hematocrit	47.1	40 - 50	%	Calculated
Mean Cell Volume (MCV)	88.1	83 - 101	fL	Calculated
Mean Cell Haemoglobin (MCH)	27.8	27 - 32	pg	Calculated
Mean Corpuscular Hb Conc. (MCHC)	31.5	31.5 - 34.5	gm/dL	Calculated
Neutrophils	58	40 - 80	%	VCSn / Microscopy
Lymphocytes	32	20 - 40	%	VCSn / Microscopy
Monocytes	05	2 - 10	%	VCSn / Microscopy
Eosinophils	05	1 - 6	%	VCSn / Microscopy
Basophils	00	1-2	%	VCSn / Microscopy
Absolute Neutrophil Count	4.52	2.0 - 7.0	* 10 <sup>9</sup> /L	Calculated
Absolute Lymphocyte Count	2.50	1-3	* 10 <sup>9</sup> /L	Calculated
Absolute Monocyte Count	0.39	0.2-1.0	* 10 <sup>9</sup> /L	Calculated
Absolute Eosinophil Count	0.39	0.0-0.5	* 10 <sup>9</sup> /L	Calculated
Absolute Basophils Count	0	1-2	* 10 <sup>9</sup> /L	Calculated
RBC	Normocytic Normochromic			
WBC	Normal in Total Count and Differential			
Platelets	Adequate			

**Reference**

Fully automated haematology analyzer (Mindray BC-5380) (Colorimetry, Electrical Impedance, VCS Technology, Leishman's Stain and Microscopy). **Reference :** Dacie and Lewis Practical Hematology, 12th Edition


\*\*END OF REPORT\*\*



**Dr. D. Vaishnavi**  
Consultant Pathologist  
Regd no: APMC/FMR/78761

**Processing Location:** Previa Health Pvt Ltd Central Lab Hyderabad-500081

**Patient Name :** MR. ALEX  
**Age / Gender :** 43 years / Male  
**Patient ID :** 304491  
**Referral :** Dr. SELF  
**Sample Type :** Serum

**Source :** Doctor C HYD  
**Collection Time :** Mar 06, 2025, 10:04 a.m.  
**Receiving Time :** Mar 06, 2025, 01:54 p.m.  
**Reporting Time :** Mar 06, 2025, 04:50 p.m.  
**Sample ID :**   
2622408

**HEALTH PACKAGE - 60 TESTS**  
**BIOCHEMISTRY**

Test Description	Value(s)	Biological Reference Range	Unit(s)	Methodology
<b><u>Calcium - Serum</u></b>				
<b>Calcium*</b>	9.98	8.6 - 10.6	mg/dL	Arsenazo III

**Interpretation**

A calcium blood test measures the amount of calcium in your blood. Too much or too little calcium in your blood may be a sign of a wide range of medical conditions, such as bone disease, thyroid disease, parathyroid disorders, kidney disease, and other conditions.

**Reference:**

Tietz textbook of Clinical Chemistry, Third Edition. Carl A. Burtis and Edward R. Ashwood, eds. Philadelphia, PA: WB Saunders.

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\*\*END OF REPORT\*\*



Dr Nalla Pavan  
Consultant Biochemist  
Regd No : APMC/FMR/84382

**Processing Location:** Previa Health Pvt Ltd Central Lab Hyderabad-500081

**Patient Name :** MR. ALEX  
**Age / Gender :** 43 years / Male  
**Patient ID :** 304491  
**Referral :** Dr. SELF  
**Sample Type :** Blood

**Source :** Doctor C HYD  
**Collection Time :** Mar 06, 2025, 10:04 a.m.  
**Receiving Time :** Mar 06, 2025, 01:54 p.m.  
**Reporting Time :** Mar 06, 2025, 05:44 p.m.  
**Sample ID :**   
2622408

**HEALTH PACKAGE - 60 TESTS**  
**BIOCHEMISTRY**

Test Description	Value(s)	Biological Reference Range	Unit(s)	Methodology
<b>Kidney Profile</b>				
Blood Urea Nitrogen	12.3	5-18 :Infant/Child 6-20: Adult 8-23: >60.0 Years	mg/dL	Urease
Urea	26.32	14 - 45	mg/dL	Calculated
Uric Acid*	6.17	3.6 - 8.2	mg/dL	Uricase-Peroxidase Method
Creatinine*	0.93	Adults: 0.5 - 1.4 Children: 0.30 - 0.70	mg/dL	Picrate Method
Urea Creatinine Ratio-S	28.30	Elevated ratio : >100.1 Reduced ratio : <40.1	mg/mg	Calculated
Sodium*	146	135 - 150	mmol/L	ISE Direct
Potassium*	4.55	3.5 - 5.1	mmol/L	ISE Direct
Chloride*	102	94 - 110	mmol/L	ISE Direct
Serum Albumin	4.8	3.5 - 5.2	g/dL	Bromocresol Green
Albumin / Creatinine Ratio	5.16	-	Ratio	Calculated

**Reference**

Tietz textbook of Clinical Chemistry, Third Edition. Carl A. Burtis and Edward R. Ashwood, eds. Philadelphia, PA: WB Saunders.

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**Interpretation**


- Creatinine: Muscles produce creatinine, a waste product, from creatine phosphate, a substance that stores a lot of energy. Unlike urea, the amount of creatinine generated is constant and mostly depends on muscle mass. Age, gender, race, muscularity, exercise, pregnancy, and several other physiological characteristics can all have an impact on serum creatinine levels.
- Decreased serum Creatinine is associated with increasing Age and poor muscle mass, such as muscular atrophy.
- Both acute and chronic renal disease and blockage are associated with elevated blood creatinine levels.
- Creatinine is not an appropriate indicator for identifying kidney disease in its early stages since an increase in blood creatinine is only seen when there is significant nephron damage. High Urea, Uric Acid, and Blood Urea Nitrogen (BUN) could indicate poor renal function, in addition to other etiologies
- Sodium: Low levels: prolonged vomiting or diarrhea, diminished reabsorption in the kidney, and excessive fluid retention. Pseudo-hyponatremia is a laboratory artifact. It is usually caused by hypertriglyceridemia, cholestasis (lipoprotein X), and hyperproteinemia (monoclonal gammopathy, intravenous immunoglobulin [IVIG]). Diluted sampling should also be suspected in such cases and confirmed on a repeat fresh sample if indicated clinically.



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**Patient Name :** MR. ALEX  
**Age / Gender :** 43 years / Male  
**Patient ID :** 304491  
**Referral :** Dr. SELF  
**Sample Type :** Blood

**Source :** Doctor C HYD  
**Collection Time :** Mar 06, 2025, 10:04 a.m.  
**Receiving Time :** Mar 06, 2025, 01:54 p.m.  
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**Sample ID :**   
2622408

**HEALTH PACKAGE - 60 TESTS**  
**BIOCHEMISTRY**

Test Description	Value(s)	Biological Reference Range	Unit(s)	Methodology
<ul style="list-style-type: none"><li>High levels: excessive fluid loss, high salt intake, and increased kidney reabsorption.</li><li>Potassium: • Low levels: reduced intake of dietary potassium or excessive loss of potassium from the body due to diarrhea, prolonged vomiting, or increased renal excretion.</li><li>High levels: dehydration or shock, severe burns, hemolysis, diabetic ketoacidosis, and retention of potassium by the kidney. Pseudohyperkalemia, which may result from a hemolyzed or aged sample, should always be ruled out by doing a repeat electrolyte estimation on a fresh sample, as clinically indicated.</li><li>Chloride: Low levels are noted in reduced dietary intake, prolonged vomiting, and reduced renal reabsorption, as well as some forms of acidosis and alkalosis</li></ul>				

\*\*END OF REPORT\*\*



Dr Nalla Pavan  
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