Patient NAME	**: Mr Atharva Jadhav**		
DOB/Age/Gender	: 20 Y/Male	Report STATUS	: Final Report
Patient ID / UHID	: 14797104/RCL14561328	Barcode NO	: 28979003
Referred BY	: Self	Sample Type	: Whole blood EDTA
Sample Collected	: Dec 12, 2025, 07:25 AM	Report Date	: Dec 12, 2025, 03:00 PM.

NABL-M(EL)T-03111
MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Fit India Full Body Checkup With Vitamin Screening with Free Heart Test (HsCRP)

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *Cyanide free colorimetric*	13.5	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	4.7	10^6/µl	4.5 - 5.5
PCV *Calculated*	42.5	%	40 - 50
MCV *Calculated*	90.6	fl	83 - 101
MCH *Calculated*	28.9	pg	27 - 32
MCHC *Calculated*	31.8	g/dL	31.5 - 34.5
RDW (CV) * *Calculated*	**11**	%	11.6 - 14.0
RDW-SD * *Calculated*	38.8	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	5.5	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils *Laser based Flow-cytometry*	**38.3**	%	40-80
Lymphocytes *Laser based Flow-cytometry*	**48.2**	%	20-40
Monocytes *Laser based Flow-cytometry*	6	%	2-10
Eosinophils *Laser based Flow-cytometry*	**7.3**	%	1-6
Basophils *Laser based Flow-cytometry*	0.2	%	<2
Absolute Leukocyte Counts *			
Neutrophils. * *Calculated*	2.11	10^3/µl	2 - 7
Lymphocytes. * *Calculated*	2.65	10^3/µl	1 - 3
Monocytes. * *Calculated*	0.33	10^3/µl	0.2 - 1.0
Eosinophils. * *Calculated*	0.4	10^3/µl	0.02 - 0.5

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Sample Collected	: Dec 12, 2025, 07:25 AM	Report Date	: Dec 12, 2025, 03:00 PM.

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Test Description	Value(s)	Unit(s)	Reference Range
Basophils. * *Calculated*	**0.01**	10^3/µl	0.02 - 0.5
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	272	10^3/µl	150 - 410
Mean Platelet Volume (MPV) * *Calculated*	**8.9**	fL	9.3 - 12.1
PCT * *Calculated*	0.2	%	0.17 - 0.32
P-LCR * *Calculated*	32.1	%	18 - 50
P-LCC * *Calculated*	88	10^9/L	44 - 140
Mentzer Index * *Calculated*	19.28	%	> 13

Interpretation:
CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.

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Processing Lab :- Survey No.185, CTS No-4269, Prem Sagar, Near PCMC AUDM Bakinghall, PimpriChinchwad, Pune, Maharashtra, 411033

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Referred BY	: Self	Sample Type	: Whole blood EDTA
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Erythrocyte Sedimentation Rate (ESR)

Test Description	Value(s)	Unit(s)	Reference Range
ESR - Erythrocyte Sedimentation Rate *MODIFIED WESTERGREN*	4	mm/hr	0 - 10

Interpretation:
ESR is also known as Erythrocyte Sedimentation Rate. An ESR test is used to assess inflammation in the body. Many conditions can cause an abnormal ESR, so an ESR test is typically used with other tests to diagnose and monitor different diseases. An elevated ESR may occur in inflammatory conditions including infection, rheumatoid arthritis ,systemic vasculitis, anemia, multiple myeloma , etc. Low levels are typically seen in congestive heart failure, polycythemia ,sickle cell anemia, hypo fibrinogenemia , etc.

Reference- Dacie and lewis practical hematology

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DOB/Age/Gender	: 20 Y/Male	Report STATUS	: Final Report
Patient ID / UHID	: 14797104/RCL14561328	Barcode NO	: 30913595
Referred BY	: Self	Sample Type	: FLUORIDE F
Sample Collected	: Dec 12, 2025, 07:25 AM	Report Date	: Dec 12, 2025, 02:47 PM.

NABL-M(EL)T-03111
MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Test Description	Value(s)	Unit(s)	Reference Range

Glucose Fasting

Glucose Fasting *Hexokinase*	95	mg/dL	70 - 100

Interpretation:

Status	Fasting plasma glucose in mg/dL
Normal	70 - 100
Impaired fasting glucose	101 - 125
Diabetes	≥126

Reference : American Diabetes Association

Comment :
Blood glucose determinations in commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy insulinoma, or various liver diseases.

Note
1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL or a random / 2 hour plasma glucose value of > or = 200 mg/dL with symptoms of diabetes mellitus.
2.Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis.

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Patient ID / UHID	: 14797104/RCL14561328	Barcode NO	: 29352431
Referred BY	: Self	Sample Type	: Serum
Sample Collected	: Dec 12, 2025, 07:25 AM	Report Date	: Dec 12, 2025, 02:47 PM.

NABL-M(EL)T-03111
MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Liver Function Test (LFT)

Test Description	Value(s)	Unit(s)	Reference Range
Bilirubin Total *Photometric*	**1.5**	mg/dL	0.2 - 1.2
Bilirubin Direct *Diazo Reaction*	0.5	mg/dL	0.0 - 0.5
Bilirubin Indirect * *Calculation (T Bil - D Bil)*	1	mg/dL	0.1 - 1.0
SGOT/AST *IFCC without P5P*	27	U/L	11 - 34
SGPT/ALT *IFCC without P5P*	27	U/L	< 45
SGOT/SGPT Ratio *	1	-	-
Alkaline Phosphatase *IFCC*	65	U/L	40 - 150
Total Protein *Biuret*	7.31	g/dL	6.4 - 8.3
Albumin *BCG*	4.84	gm/dL	3.8 - 5.0
Globulin * *Calculation (T.P - Albumin)*	2.47	g/dL	2.3 - 3.5
Albumin :Globulin Ratio * *Calculation (Albumin/Globulin)*	1.96	-	1.0 - 2.1
Gamma Glutamyl Transferase (GGT) * *Photometric*	26	U/L	12 - 64

Interpretation:
The liver filters blood, metabolizes nutrients, detoxifies harmful substances, and produces blood clotting proteins. Liver cells contain enzymes that facilitate these functions. When cells are damaged, enzymes leak into the blood, detectable through blood tests.

Key enzymes tested:

1. AST (SGOT): may indicate tissue injury / damage in muscles or liver.
2. ALT (SGPT): Primarily in the liver. Elevated ALT and AST suggest liver damage.
3. Alkaline Phosphatase & GGT: Linked to bile production and flow. Elevated levels may indicate bile flow issues related to the liver, gallbladder, or bile ducts.

Blood proteins, **albumin and globulin**, are essential for growth, development, and health.

1. Low protein: May indicate bleeding, liver disorders, malnutrition, or agammaglobulinemia.
2. High protein (Hyperproteinemia): Often due to dehydration or increased protein production.
3. Low albumin: Caused by poor diet, kidney, or liver disease.
4. High albumin: Usually due to severe dehydration.

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NABL-M(EL)T-03111
MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Kidney Function Test (KFT)

Test Description	Value(s)	Unit(s)	Reference Range
Blood Urea *Urease*	19	mg/dL	19 - 44.1
Bun * *Calculated*	**8.88**	mg/dL	8.9 - 20.6
Creatinine *Photometric*	**0.64**	mg/dL	0.72 - 1.25
eGFR (CKD-EPI) *	138.98	ml/min/1.73 sq m	Normal Or High: >= 90 Mild Or Decrease: 60-89 Mild To Moderate Decrease: 45-59 Mild To Severe Decrease: 30-44 Severe Decrease: 15-29 Kidney Failure: < 15
Bun/Creatinine Ratio * *Calculated*	13.88		12 - 20
Urea / Creatinine Ratio * *Calculated*	29.69		25.68- 42.8
Uric Acid *Uricase*	4.9	mg/dL	3.5 - 7.2
Calcium Serum *Arsenazo III*	10.2	mg/dL	8.4 - 10.2
Phosphorus *Photometric*	4.3	mg/dL	2.3 - 4.7
Sodium *Potentiometric*	138	mmol/L	136 - 145
Potassium *Potentiometric*	4.7	mmol/L	3.5 - 5.1
Chloride *Potentiometric*	102	mmol/L	98 - 107

Interpretation:
Kidney function tests is a collective term for a variety of individual tests and proceduresthat can be done toevaluate how well the kidneys are functioning. Many conditions can affect the ability of the kidneys to carryout their vital functions. Somelead to a rapid (acute) decline in kidney functionothers lead to a gradual (chronic) declineinfunction. Both result in a buildup of toxic waste subst done on urine samples, as well as on blood samples. A number of symptoms may indicate a problem with your kidneys. These include : high blood pressure,blood in urine frequent urges to urinate,difficulty beginning urination,painful urination,swelling in the hands and feet due to a buildup of fluids in the body. A single symptom may not mean something serious. However, when occurring simultaneously, these symptoms suggest that your kidneys are not working properly. Kidney function tests can help determine the reason. Electrolytes are present in the human body and the balancing act of the electrolytes in our bodies is essential for normal function of our cells and organs. There has to be a balance.Ionized calcium this test if you have signs of kidney or parathyroid disease. The test may also be done to monitor progress and treatment of these diseases.
"eGFR test is applicable for patients aged 18 years or more."

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Test Description	Value(s)	Unit(s)	Reference Range

Lipid Profile

Total Cholesterol *Enzymatic - Cholesterol Oxidase*	142	mg/dL	<200
Triglycerides *Colorimetric - Lip/Glycerol Kinase*	54	mg/dL	<150
HDL Cholesterol *Accelerator Selective Detergent*	57	mg/dL	>40
Non HDL Cholesterol * *Calculated*	85	mg/dL	<130
LDL Cholesterol *Calculated*	74.2	mg/dL	<100
V.L.D.L Cholesterol * *Calculated*	10.8	mg/dL	< 30
Chol/HDL Ratio * *Calculated*	**2.49**	Ratio	3.5 - 5.0
HDL/ LDL Ratio * *Calculated*	0.77	Ratio	0.5 - 3.0
LDL/HDL Ratio * *Calculated*	1.3	Ratio	-

Interpretation:
Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends of 3 different samples to be drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

National Lipid Association Recommendations (NLA-2014)	Total Cholesterol (mg/dL)	Triglyceride (mg/dL)	LDL Cholesterol (mg/dL)	Non HDL Cholesterol (mg/dL)
Optimal	<200	<150	<100	<130
Above Optimal			100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

HDL Cholesterol	
Low	High
<40	>=60

Risk Stratification for ASCVD (Atherosclerotic Cardiovascular Disease) by Lipid Association of India.

Risk Category	A. CAD with > 1 feature of high risk group
Extreme risk group	B. CAD with >1 feature of very high risk group of recurrent ACS (within 1 year) despite LDL-C <or = 50 mg/dl or poly vascular disease
Very High Risk	1.Established ASCVD 2.Diabetes with 2 major risk factors of evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia

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Test Description	Value(s)	Unit(s)	Reference Range

High Risk	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence of end organ damage 3. CHD stage 3B or 4. 4 LDL >190 mg/dl 5. Extreme of a single risk factor 6. Coronary Artery Calcium - CAC > 300 AU 7. Lipoprotein a >/= 50 mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors	
1. Age >/=45 years in Males & >/= 55 years in Females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by Lipid Association of India in 2020.

Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal <OR = 30)	<80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	>OR = 30	>OR = 60	> 30	> 60
Very High Risk	<50	<80	>OR = 50	>OR = 80
High Risk	<70	<100	>OR = 70	>OR = 100
Moderate Risk	<100	<130	>OR = 100	>OR = 130
Low Risk	<100	<130	>OR = 130*	>OR = 160

*** After an adequate non-pharmacological intervention for at least 3 months.**

References : Management of Dyslipidaemia for the Prevention of Stroke : Clinical practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology,2022,20,134-155.

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Iron Studies

Test Description	Value(s)	Unit(s)	Reference Range
Iron *Ferene*	131	µg/dL	65 - 175
TIBC,(Total Iron Binding Capacity) *Calculated*	373	µg/dL	250 - 450
UIBC *Ferene*	**242**	µg/dL	69 - 240
Transferrin Saturation *Method :Derived from IRON and TIBC values*	35.12	%	-

Interpretation:
Increased levels due to iron ingestion or ineffective erythropoiesis.Decreased levels due to infection, inflammation, malignancy, menstruation and Fe deficiency.Needs to be taken into consideration with TIBC. Transferrin Saturation:- Low level Transferrin Saturation can indicate iron deficiency, erythropoiesis, infection, or inflammation. High level Transferrin Saturation can indicate recent ingestion of dietary iron,ineffective erythropoiesis,haemochromatosis or liver disease.High TIBC, UIBC, or transferrin usually indicates iron deficiency, but they are also increased in pregnancy and with the use of oral contraceptives. Low TIBC, UIBC, or transferrin may occur if someone has:Hemochromatosis, Certain types of anemia due to accumulated iron,Malnutrition,kidney disease that causes a loss of protein in urine.

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Test Description	Value(s)	Unit(s)	Reference Range

High Sensitivity C-Reactive Protein (Hs-CRP)

HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) *immunoturbidimetric*	0.4	mg/L	< 1.00

Interpretation:

Cardio CRP In mg/L	Cardiovascular Risk
<1	Low
1-3	Average
3-10	High
>10	Persistent elevation may represent Non cardiovascular inflammation

Note: To assess vascular risk, it is recommended to test hsCRP levels 2 or more weeks apart and calculate the average

Comments:
High sensitivity C Reactive Protein (hsCRP) significantly improves cardiovascular risk assessment as it is a strongest predictor of future coronary events. It reveals the risk of future Myocardial infarction and Stroke among healthy men and women, independent of traditional risk factors. It identifies patients at risk of first Myocardial infarction even with low to moderate lipid levels. The risk of recurrent cardiovascular events also correlates well with hsCRP levels. It is a powerful independent risk determinant in the prediction of incident Diabetes.

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Referred BY	: Self	Sample Type	: Serum
Sample Collected	: Dec 12, 2025, 07:25 AM	Report Date	: Dec 12, 2025, 03:46 PM.

Test Description	Value(s)	Unit(s)	Reference Range

Vitamin B12 / Cyanocobalamin

Vitamin - B12 *CMIA*	202	pg/mL	187 - 883

Interpretation:
Low Values are a sign of a vitamin B12 deficiency. People with this deficiency are likely to have or develop symptoms.
Causes of vitamin B12 deficiency include:Not enough vitamin B12 in diet (rare except with a strict vegetarian diet), Diseases that cause malabsorption (for example, celiac disease and Crohn's disease), Lack of intrinsic factor, Above normal heat production (for example, with hyperthyroidism), Pregnancy. Increased vitamin B12 levels are uncommon. Usually excess vitamin B12 is removed in the urine. Conditions that can increase B12 levels include: Liver disease (such as cirrhosis or hepatitis), Myeloproliferative disorders (for example, polycythemia vera and chronic myelocytic leukemia).

Vitamin B12: Low Levels can cause malabsorption, Lack of intrinsic factor, Above normal heat production (for example, with hyperthyroidism), Pregnancy.High Level Liver disease, Myeloproliferative disorders (for example, polycythemia vera and chronic myelocytic leukemia).

1. Out of 140 healthy indian population, 91% of Vitamin B 12 concentrations was at lower level: 59.00 pg/ml and upper level: 700.00 pg/ml

"Patients on Biotin supplement may have interference in some immunoassays. Ref: Arch Pathol Lab Med—Vol 141, November 2017. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended."

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Test Description	Value(s)	Unit(s)	Reference Range
Vitamin D 25 Hydroxy			
Vitamin D 25 - Hydroxy *CMIA*	**21.6**	ng/mL	Deficient <20 Insufficient 21 - 29 Sufficient 30 - 100

Interpretation:
25-Hydroxy vitamin D represents the main body reservoir and transport form. Mild to moderate deficiency is associated with Osteoporosis / Secondary Hyperparathyroidism while severe deficiency causes Rickets in children and Osteomalacia in adults. Prevalence of Vitamin D deficiency is approximately >50% specially in the elderly. This assay is useful for diagnosis of vitamin D deficiency and Hypervitaminosis D. It is also used for differential diagnosis of causes of Rickets & Osteomalacia and for monitoring Vitamin D replacement therapy.

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Test Description	Value(s)	Unit(s)	Reference Range

Thyroid Profile Total

Triiodothyronine (T3) *CMIA*	99.5	ng/dL	35 - 193
Total Thyroxine (T4) *CMIA*	8.2	µg/dL	4.87 - 11.2
Thyroid Stimulating Hormone (Ultrasensitive) *CMIA*	1.95	mIU/L	0.35 - 4.94

Interpretation:

Pregnancy	Refrence Range TSH
1st Trimester	0 .1 - 2.5
2nd Trimester	0.2 - 3.0
3rd Trimester	0.3 - 3.0

Clinical Use:
1. Diagnose Hypothyroidism & Hyperthyroidism
2. Monitor T4 therapy
3. Measure subnormal TSH levels

Increased TSH: Primary hypothyroidism, Subclinical hypothyroidism, TSH-dependent hyperthyroidism, Thyroid hormone resistance
Decreased TSH: Graves' disease, Autonomous thyroid hormone secretion, TSH deficiency

Thyroid malfunction (hyper or hypo) affects T3 & T4 levels. Pituitary or hypothalamic issues also influence thyroid activity.

1. Primary Hypothyroidism: High TSH levels.
2. Secondary/Tertiary Hypothyroidism: Low TSH levels.
3. Euthyroid Sick Syndrome: Abnormal thyroid test results due to non-thyroidal illnesses (NTI).

TBG levels are stable in healthy individuals but may be altered by pregnancy, estrogens, androgens, steroids, or glucocorticoids, causing inaccurate T3 & T4 readings.

TSH	T4	T3	Interpretation
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low Or Nomral	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High Or Normal	High Or Normal	Hyperthyroidism
Low	Low Or Normal	Low Or Normal	Nonthyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome (a mutation in the thyroid hormone receptor decreases thyroid hormone function)

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Test Description	Value(s)	Unit(s)	Reference Range

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Processing Lab :- Survey No.185, CTS No-4269, Prem Sagar, Near PCMC AUDM Bakinghall, PimpriChinchwad, Pune, Maharashtra, 411033

Patient NAME	**: Mr Atharva Jadhav**		
DOB/Age/Gender	: 20 Y/Male	Report STATUS	: Final Report
Patient ID / UHID	: 14797104/RCL14561328	Barcode NO	: 29793331
Referred BY	: Self	Sample Type	: Spot Urine
Sample Collected	: Dec 12, 2025, 07:24 AM	Report Date	: Dec 12, 2025, 03:17 PM.

NABL-M(EL)T-03111
MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Urine Routine and Microscopic Examination

Test Description	Value(s)	Unit(s)	Reference Range
Physical Examination *			
Volume *	20	mL	-
Colour *	Pale yellow	-	Pale yellow
Transparency *	Clear	-	Clear
Deposit *	Absent	-	Absent
Chemical Examination *			
Reaction (pH) *Double Indicator*	6	-	4.5 - 8.0
Specific Gravity *Ion Exchange*	1.015	-	1.010 - 1.030
Urine Glucose (sugar) *Oxidase / Peroxidase*	Negative	-	Negative
Urine Protein (Albumin) *Acid / Base Colour Excahnge*	Negative	-	Negative
Urine Ketones (Acetone) *Legals Test*	Negative	-	Negative
Blood *Peroxidase Hemoglobin*	Negative	-	Negative
Leucocyte esterase *Enzymatic Reaction*	Negative	-	Negative
Bilirubin Urine *Coupling Reaction*	Negative	-	Negative
Nitrite *Griless Test*	Negative	-	Negative
Urobilinogen * *Ehrlichs Test*	Normal	-	Normal
Microscopic Examination *			
Pus Cells (WBCs) *	1-2	/hpf	0 - 5
Epithelial Cells *	1-2	/hpf	0 - 4
Red blood Cells *	Absent	/hpf	Absent
Crystals *	Absent	-	Absent
Cast *	Absent	-	Absent
Yeast Cells *	Absent	-	Absent
Amorphous deposits *	Absent	-	Absent
Bacteria *	Absent	-	Absent
Protozoa *	Absent	-	Absent

Interpretation:
URINALYSIS- Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders.

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

(*) Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.

Dr.Dayanand J Sonkawade
MD (Pathology)
Consultant Pathologist.

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Test Description	Value(s)	Unit(s)	Reference Range

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of haemolytic anaemia.

*** End Of Report ***

Pending Report To Follow - HbA1C

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Booking Centre :- Home Collection
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