Result of tests performed in Lifecare Health.

Patient MRN:	52486	Patient ID:	0012010090006
Name:	**Mr. BHANU**	Sample Drawn Date:	09/Oct/2020 05:30PM
Age/Gender:	20 Y/Male	Lab Accession Date:	
Order ID:	52486091020175811	Report Date & Time:	10/Oct/2020 03:25PM
Referred By:	Dr. AADITYA JHA	Sample Type:	
Booked By:	Standard	Bacode ID:	10241768

Lifcare Advance Health Package

Test Name	Results	Units	Bio. Ref. Interval	Test Method
Lipid (Heart Risk) Profile				
Cholesterol - Total	148.50	mg/dL	Desirable <200 Moderate Risk 200-239 High >240	CHOD - PAP
Triglycerides	**214.40**	mg/dL	Optimal <150 Border line 150-199 High 200-499 Very High >500	GK/GPO/POD
Cholesterol - HDL	**45.00**	mg/dL	No Risk >55 Moderate Risk 35-55 High Risk <35	Homogeneous Direct/CHOD-PAP
Non HDL Cholesterol	103.50	mg/dL	Low Risk <100 Moderate Risk <135 High Risk >160	Calculated
Cholesterol - LDL	60.62	mg/dL	Optimum <100 Near/Above Optimum 100-129 Borderline High 130-159 High 160-189 Very High >190	Calculated
VLDL -Very Low Density Lipoprotein	**42.88**	mg/dL	Less than 33.0 mg/dL	Calculated
Cholesterol/HDL Ratio	3.30	mg/dL	Less than 4.0 mg/dL	Calculated
LDL / HDL Cholesterol Ratio	1.35	mg/dL	Less than 3.5 mg/dL	Calculated
HDL / LDL Cholesterol Ratio	0.74	mg/dl	0.0-3.50	Calculated

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 drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

Therapeutic target levels of lipids as per NCEP - ATP III recommendations:

Total Cholesterol (mg/dL)	**< 200 Desirable**	**< 200 Desirable**	**< 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**
Primary Target of Therapy	**100-129 Near optimal / above optimal**	**130-159 Borderline high**	**160-189 High**	**> 190 Very high**
Non HDL Cholesterol	**below 130 mg/dL ideal for people at risk of heart disease**	**130 - 159 mg/dL near ideal**	**190 - 219 mg/dL high**	**above 220 mg/dL very high**

Dr. **BHAWANA JAISWAL**
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CONSULTANT PATHOLOGIST

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Result of tests performed in Lifecare Health.

Patient MRN:	52486	Patient ID:	0012010090006
Name:	**Mr. BHANU**	Sample Drawn Date:	09/Oct/2020 05:30PM
Age/Gender:	20 Y/Male	Lab Accession Date:	
Order ID:	52486091020175811	Report Date & Time:	10/Oct/2020 03:29PM
Referred By:	Dr. AADITYA JHA	Sample Type:	
Booked By:	Standard	Bacode ID:	10241768

Lifcare Advance Health Package

Test Name	Results	Units	Bio. Ref. Interval	Test Method
Liver Function Test (LFT)				
Bilirubin Total	0.80	mg/dL	0.30-1.20	DPD Surfactant
Bilirubin Direct	0.20	mg/dL	0.00-0.20	DPD
Bilirubin Indirect	0.60	mg/dL	0.00-1.10	Calculated
Aspartate Aminotransferase (AST/SGOT)	36.00	U/L	Male: <40 Female: <32	IFCC with pyridoxal phosphate
Alanine amino Transferase - (ALT / SGPT)	**70.00**	U/L	Male: ≤ 41 Female: ≤ 33	IFCC with Pyridoxal Phosphate
Alkaline Phosphatase (ALP)	**161.00**	U/L	30.0-120.0	IFCC/PNPP
Gamma Glutamyl Transferase (GGT)	35.90	U/L	Male: < 60	IFCC/γGT
Protein Total	8.30	g/dL	6.6-8.7	Biuret
ALBUMIN	**5.30**	g/dL	3.97 - 4.94	Bromocresol Green
Globulin	3.00	g/dL	2.5-3.8	Calculated
Albumin / Globulin Ratio (A/G)	1.77	g/dL	1.30-2.10	Calculated

Comments and Interpretation : The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests Liver tests check the blood for two main liver enzymes.
Aspartate aminotransferase (AST),SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver.
Alanine aminotransferase (ALT), SGPT: ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present.
Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise:
Alkaline phosphatase Gamma-utamyl transpeptidase (GGT) Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them.
Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system.
Low total protein may indicate: 1.bleeding 2.liver disorder 3.malnutrition 4.agammaglobulinemia
High Protein levels 'Hyperproteinemia: May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins
Low albumin levels may be caused by: 1.A poor diet (malnutrition). 2.Kidney disease. 3.Liver disease.
High albumin levels may be caused by: Severe dehydration.

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Patient MRN:	52486	Patient ID:	0012010090006
Name:	**Mr. BHANU**	Sample Drawn Date:	09/Oct/2020 05:30PM
Age/Gender:	20 Y/Male	Lab Accession Date:	09/Oct/2020 06:11PM
Order ID:	52486091020175811	Report Date & Time:	09/Oct/2020 06:58PM
Referred By:	Dr. AADITYA JHA	Sample Type:	Glucose
Booked By:	Standard	Bacode ID:	10241768

Lifcare Advance Health Package

Test Name	Results	Units	Bio. Ref. Interval	Test Method
Blood Glucose - Fasting				
Glucose - Fasting	71.7	mg/dl	70-110	Hexokinase

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Patient MRN:	52486	Patient ID:	0012010090006
Name:	**Mr. BHANU**	Sample Drawn Date:	09/Oct/2020 05:30PM
Age/Gender:	20 Y/Male	Lab Accession Date:	
Order ID:	52486091020175811	Report Date & Time:	10/Oct/2020 03:27PM
Referred By:	Dr. AADITYA JHA	Sample Type:	
Booked By:	Standard	Bacode ID:	10241768

Lifcare Advance Health Package

Test Name	Results	Units	Bio. Ref. Interval	Test Method
Kidney Function Test Extended - KFT				
Urea	25.44	mg/dL	16.6-48.5	Urease & GD
Creatinine	1.20	mg/dL	0.70-1.20	Jaffes
Uric Acid	3.96	mg/dL	3.4-7.0	Uricase
Blood Urea Nitrogen (BUN)	11.89	mg/dL	6.0-20.0	Urease & GD/jaffe
BUN / Creatinine Ratio	9.91	mg/dL	0.0-23.0	Calculated
Urea/Creatinine Ratio	21.20	mg/dL	0.0-45.0	Calculated
Sodium	136.0	mmol/L	135-150	ISE Indirect
Potassium	4.5	mmol/L	3.5-5.0	ISE Indirect
Chloride-Serum	96.0	mmol/L	94-110	ISE Indirect
Calcium- Total	9.56	mg/dl	8.2-9.6	ARSENZO III
Phosphorus	3.60	mg/dL	2.5-4.5	Molybdate UV
Protein Total	8.30	g/dL	6.6-8.7	Biuret
ALBUMIN	**5.30**	g/dL	3.97 - 4.94	Bromocresol Green
Globulin	3.00	g/dL	2.5-3.8	Calculated
Albumin / Globulin Ratio (A/G)	1.77	g/dL	1.30-2.10	Calculated

SUMMARY:-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 (sodium,potassium,and chloride) 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

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Patient MRN:	52486	Patient ID:	0012010090006
Name:	**Mr. BHANU**	Sample Drawn Date:	09/Oct/2020 05:30PM
Age/Gender:	20 Y/Male	Lab Accession Date:	
Order ID:	52486091020175811	Report Date & Time:	10/Oct/2020 12:53PM
Referred By:	Dr. AADITYA JHA	Sample Type:	
Booked By:	Standard	Bacode ID:	10241768

Lifcare Advance Health Package

Test Name	Results	Units	Bio. Ref. Interval	Test Method
Thyroid Panel (T3,T4 & TSH)				
Tri-Iodothyronine Total (TT3)	1.16	ng/mL	0.87-1.78	ECLIA
Thyroxine - Total (TT4)	8.36	ug/dL	6.09-12.23	ECLIA
Thyroid Stimulating Hormone (TSH)	5.20	uIU/mL	0.34-5.60	

Note: 1. 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.

If the feedback system involving the thyroid gland is not functioning properly due to one of a variety of disorders, then increased or decreased amounts of thyroid hormones may result. When TSH concentrations are increased, the thyroid will make and release inappropriate amounts of T4 and T3 and the person may experience symptoms associated with hyperthyroidism. If there is decreased production of thyroid hormones, the person may experience symptoms of hypothyroidism.

The following table summarizes some examples of typical test results and their potential meaning.

TSH	T4	T3	INTERPRETATION
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or normal	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)

The above test results alone are not diagnostic but will prompt a health practitioner to perform additional testing to investigate the cause of the excess or deficiency and thyroid disorder.

Normal changes in thyroid function tests during pregnancy,total T4 and T3 steadily increase during pregnancy. The thyroid gland is normally regulated by thyroid-stimulating hormone (TSH), also called thyrotropin, which is secreted by the pituitary. TSH stimulates the thyroid gland to produce and release the thyroid hormones thyroxine (T4) and triiodothyronine (T3) . T4 and T3 are released from the thyroid into the bloodstream,Increased levels of free thyroid hormones (T4 and T3) inhibit TSH secretion from the pituitary, whereas decreased levels of T4 and T3 cause an increase in TSH release from the pituitary.

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Result of tests performed in Lifecare Health.

Patient MRN:	52486	Patient ID:	0012010090006
Name:	**Mr. BHANU**	Sample Drawn Date:	09/Oct/2020 05:30PM
Age/Gender:	20 Y/Male	Lab Accession Date:	09/Oct/2020 06:11PM
Order ID:	52486091020175811	Report Date & Time:	09/Oct/2020 06:19PM
Referred By:	Dr. AADITYA JHA	Sample Type:	EDTA Whole Blood
Booked By:	Standard	Bacode ID:	10241769

Lifcare Advance Health Package

Test Name	Results	Units	Bio. Ref. Interval	Test Method
Complete Blood Count (CBC)				
Hemoglobin	16.0	g/dL	13.0-17.0	Non Cyanide - SLS
Total Leucocyte Count (TLC / WBC)	8.94	10^3/uL	4.5-13.0	Flocytometry
Erythrocyte Count	**5.58**	10^6/uL	4.5-5.5	DC Detection
Packed Cell Volume (PCV / HCT)	49.4	%	40.0-50.0	Cumulative Pulse Height Detection
Mean Corpuscular Volume (MCV)	88.6	fL	83.0-101.0	Calculated
Mean Corpuscular Hemoglobin (MCH)	28.8	pg	27.0-32.0	Calculated
Mean Copuscular Hb Conc (MCHC)	32.5	g/dL	31.5-34.5	Calculated
Platelet count	152	10^3/uL	150-450	DC Detection
RDW-SD	**52.9**	fL	35.1-43.9	Calculated
RDW-CV	**15.1**	%	11.6-14.4	Calculated
PDW	**31.1**	%	10.0-16.0	Electric Impedence
Mean Platelet Volume (MPV)	**12.6**	%	9.3-12.1	Electric Impedence
P-LCR	**60.3**	%	17.5-42.3	Electric Inpedence
PCT	0.19	%	0.17-0.32	Electric Inpedence
Differential Leucocyte Count (DLC)				
Neutrophils	55.00	%	40-80	Semiconductor Laser Flocytometry/ Light Microscopy
Lymphocytes	37.00	%	20-40	Semiconductor Laser Flocytometry/ Light Microscopy
Monocytes	4.00	%	02-10	Semiconductor Laser Flocytometry/ Light Microscopy
Eosinophils	4.00	%	01-06	Semiconductor Laser Flocytometry/ Light Microscopy
Basophils	0.00	%	00-01	Semiconductor Laser Flocytometry/ Light Microscopy
Absolute Neutrophils	4.92	10^3/uL	2.00-8.00	Calculated
Absolute Lymphocytes	**3.31**	10^3/uL	1.00-3.00	Calculated
Absolute Monocytes	0.36	10^3/uL	0.20-1.00	Calculated
Absolute Eosinophils	0.36	10^3/uL	0.04-0.44	Calculated
Absolute Basophils	**0.00**	10^3/uL	0.02-0.10	Calculated
Mixed Cell	0.0	%	0.0-1.0	SLF / Light Microscopy

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Name:	**Mr. BHANU**	Sample Drawn Date:	09/Oct/2020 05:30PM
Age/Gender:	20 Y/Male	Lab Accession Date:	09/Oct/2020 06:11PM
Order ID:	52486091020175811	Report Date & Time:	09/Oct/2020 08:26PM
Referred By:	Dr. AADITYA JHA	Sample Type:	Urine
Booked By:	Standard	Bacode ID:	10241767

Lifcare Advance Health Package

Test Name	Results	Units	Bio. Ref. Interval	Test Method
Complete Urine Analysis (CUE)				
Colour	PaleYellow		PALEYellow	
PH	6.0		5.0-8.5	Double Indicator
Specific Gravity	1.020		1.005-1.030	pKa Change
Protein	Negative		Negative	Acid Base Indicator
Urinary ketone	Negative		Negative	Acetoacetic Acid
Urine Sugar	Negative		Negative	Benedict test
Blood	Negative		Absent	
Bilirubin	Negative		Negative	Azo Dye
Nitrate	Negative		Negative	Sulbhanilamide Diazo
Leukocyte Esterase	Negative		Negative	Enzymatic Reaction
Appearance	Clear		Turbid	Manual
R.B.C	Nil	/HPF	Nil	Microscopy
Pus Cells	1-2	/HPF	Nil	Microscopy
Epithelial Cells	2-4	/HPF	Normally Present	Microscopy
Casts	Nil	/HPF	Nil	Microscopy
Crystals	Nil	/HPF	Nil	Microscopy
Bacteria	Nil	/HPF	Nil	Microscopy
Budding Yeast cells	Nil	/HPF	Nil	Microscopy
Others	Nil	/HPF	Nil	Microscopy

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Patient MRN:	52486	Patient ID:	0012010090006
Name:	**Mr. BHANU**	Sample Drawn Date:	09/Oct/2020 05:30PM
Age/Gender:	20 Y/Male	Lab Accession Date:	09/Oct/2020 06:11PM
Order ID:	52486091020175811	Report Date & Time:	09/Oct/2020 06:58PM
Referred By:	Dr. AADITYA JHA	Sample Type:	SERUM (SST or Pla
Booked By:	Standard	Bacode ID:	10241770

Test Name	Results	Units	Bio. Ref. Interval	Test Method
Vitamin - B12				
Vitamin - B12	450.00	pg/mL	191.0-663.0	ECLIA

SUMMARY:-**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).**

- **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**
- **The IFU reference range value is 180-914 pg/ml and deficient range is < 145 pg/ml based on US population.**
- **Non-parametric estimate at the 95% confidence level yields the following ranges for our Indian population; 74.95 to 807.3 pg/ml.**
- **Rounding of the values to 191 to 663 pg/ml.**

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Order ID:	52486091020175811	Report Date & Time:	09/Oct/2020 06:58PM
Referred By:	Dr. AADITYA JHA	Sample Type:	SERUM (SST or Pla
Booked By:	Standard	Bacode ID:	10241770

Test Name	Results	Units	Bio. Ref. Interval	Test Method
Testosterone Total				
Testosterone Total	4.37	ng/ml	2.59-8.16	ECLIA

Testosterone is a hormone produced by the adrenal glands, testes and ovaries. The hormone is responsible for many male characteristics, such as hair growth, muscles, sex drive and a deeper voice. In females, it is essential for the proper functioning of the ovaries and libido and is necessary for bone strength.Testosterone circulates almost entirely bound to transport proteins: Normally less than 1-2% is free. The principal transport protein for testosterone is known as Sex Hormone Binding Globulin (SHBG) or Testosterone-Estradiol Binding Globulin (TEBG). Testosterone measurements are used to assess erectile dysfunction, infertility, gynecomastia, and osteoporosis and to assess hormone replacement therapy.

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LifeCare Health

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Ahinsa Circle, C Scheme, Jaipur, Rajasthan-302001
CIN: U52190RJ2015PTC048068

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Order ID:	52486091020175811	Report Date & Time:	09/Oct/2020 06:58PM
Referred By:	Dr. AADITYA JHA	Sample Type:	SERUM (SST or Pla
Booked By:	Standard	Bacode ID:	10241770

Test Name	Results	Units	Bio. Ref. Interval	Test Method
Vitamin D Total (25-hydroxy)				
Vitamin D Total (25-hydroxy)	**21.50**	ng/mL	30.0-100.0 Deficiency <20 Insufficiency 21-29 Sufficient 30-100 Toxicity >150	ECLIA

Summary:-This test is done to determine if you have too much or too little vitamin D in your blood.Lower-than-normal levels can be due to a vitamin D deficiency, which can result from: Lack of exposure to sunlight Lack of enough vitamin D in the diet Liver and kidney diseases Poor food absorption Use of certain medicines, including phenytoin, phenobarbital, and rifampin.

*** End Of Report ***

* Pending Test{None}

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