

Name MR.MRIDUL AGARWAL	Accession No MGB612345	Basic Info M 20	Date of Test Dec 01, 2023, 09:33 AM
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Your Health Summary



Blood Counts

Please Watchout	
Test Name	Result
RBC	5.78
MCV	82.9



Lipid Profile

Please Watchout	
Test Name	Result
Cholesterol - HDL	36.3



Kidney Profile

All parameters within normal limit



Electrolyte Profile

All parameters within normal limit



Vitamin Profile

Please Watchout	
Test Name	Result
Vitamin B12	< 148



Thyroid Profile

All parameters within normal limit



Diabetes Monitoring

All parameters within normal limit



Liver Profile

All parameters within normal limit



Iron Studies

Please Watchout	
Test Name	Result
Iron Serum	64



Arthritis Screening

All parameters within normal limit

Name	Accession No	Basic Info	Date of Test
MR.MRIDUL AGARWAL	MGB612345	M 20	Dec 01, 2023, 09:33 AM

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Hepatitis



Hepatitis means inflammation of the liver. When the liver is inflamed or damaged, its function can be affected. Heavy alcohol use, toxins, some medications, certain medical conditions and liver infections, such as, caused by hepatitis B virus (HBV), can all cause hepatitis

● Normal (N)
● Low (L)
● Borderline (BL)
● High (H)

Test Name	Result	Range
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Hepatitis Bs (Surface) Antigen	NON REACTIVE	
<small>Immunochromatographic</small>		

Diet and Lifestyle Tips



Fruits and vegetables, whole grains such as oats, brown rice, barley, and quinoa, fish, skinless chicken, egg whites, and beans



Low-fat dairy products, nuts, avocados, and olive oil



Drinking less alcohol can prevent hepatitis and liver damage

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MR.MRIDUL AGARWAL	MGB612345	M 20	Dec 01, 2023, 09:33 AM

Arthritis Screening



Joints are places in your body where your bones connect, such as wrists, knees, hips. Arthritis is the inflammation (swelling) of joints. Symptoms include pain in joints, along with stiffness. In order to confirm the diagnosis of Arthritis, your doctor would recommend additional tests like - ANA, Uric acid, TSH (thyroid), Vitamin D, vitamin B12, ESR, CRP and anti CCP.

☒ Normal (N)
 ☐ Low (L)
 ☐ Borderline (BL)
 ☐ High (H)

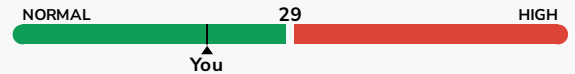
Test Name

Result

Range

Rheumatoid Factor - Quantitative
Immunoturbidimetric

< 20.0
IU/mL



Risk Factors



Maintain a healthy weight. Weight loss may help reduce pressure on joints and ease pain.



Cigarette smoking increases a person's risk of developing rheumatoid arthritis (RA) and other medical problems, like difficulty in staying physically active

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Inflammation



Inflammation is the body's immune system's response to an injury, surgery, or irritation. This natural defense process acts by removing injurious stimuli and initiating the healing process. Inflammation can be chronic (such as arthritis) or acute (like in case of trauma).

☒ Normal (N)
 ☐ Low (L)
 ☐ Borderline (BL)
 ☐ High (H)

Test Name

Result

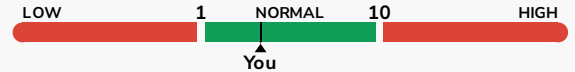
Range

Erythrocyte Sedimentation Rate

Modified Westergren at 18C

4

mm/hour

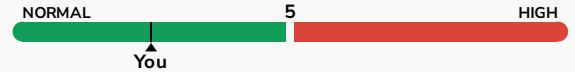


C-Reactive Protein (Quantitative)

Turbidimetry

2.4

mg/L



Name	Accession No	Basic Info	Date of Test
MR.MRIDUL AGARWAL	MGB612345	M 20	Dec 01, 2023, 09:33 AM

Thyroid Profile



Thyroid profile consist of thyroid hormone & TSH. Thyroid is released from thyroid gland and TSH is released from hypothalamus. Thyroid gland regulates your body's temperature, muscle weight, body weight, energy levels and even your mood. Abnormal thyroid function may even affect your cardiac health and sleep cycle.

● Normal (N) ● Low (L) ● Borderline (BL) ● High (H)

Test Name	Result	Range
Thyroid Stimulating Hormone - Ultra Sensitive CMIA	1.0097 μIU/mL	<div> <div>LOW</div> <div>0.35</div> <div>NORMAL</div> <div>4.94</div> <div>HIGH</div> </div> <div>You</div>
T4, Total CMIA	7.85 μg/dL	<div> <div>LOW</div> <div>4.87</div> <div>NORMAL</div> <div>11.72</div> <div>HIGH</div> </div> <div>You</div>
T3, Total CMIA	1.23 ng/mL	<div> <div>LOW</div> <div>0.35</div> <div>NORMAL</div> <div>1.93</div> <div>HIGH</div> </div> <div>You</div>

Risk Factors



If your family has thyroid disease, you are also at risk



Women are more prone to thyroid diseases as compared to men

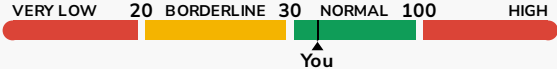


Name MR.MRIDUL AGARWAL	Accession No MGB612345	Basic Info M 20	Date of Test Dec 01, 2023, 09:33 AM
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Vitamin Profile



Vitamins perform many essential roles in your body and maintain your overall health.

● Normal (N) ● Low (L) ● Borderline (BL) ● High (H)

Test Name	Result	Range
Vitamin D (25-OH) <small>CMIA</small>	44.8 <small>ng/mL</small>	VERY LOW 20 BORDERLINE 30 NORMAL 100 HIGH 
Vitamin B12 <small>CMIA</small>	< 148 <small>pg/mL</small>	LOW 187 NORMAL 833 HIGH 
Vitamin B9 (Folic Acid) <small>CMIA</small>	3.4 <small>ng/mL</small>	LOW 3.1 NORMAL 20.5 HIGH 

Tips



A balanced diet can take care of all the vitamins needed by your body



Consult your doctor before taking any vitamin supplements


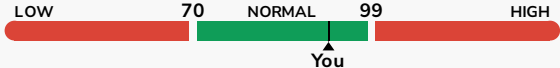
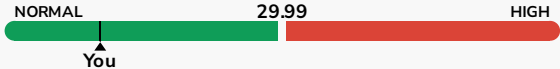
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Diabetes Monitoring



Diabetes is a condition where your blood glucose or sugar is too high. Untreated diabetes (high blood sugar) can silently (without any observable symptoms) damage your blood vessels, heart, kidney, eyes etc. These tests help diagnose diabetes and give some estimation of your future risk of developing diabetes.

☒ Normal (N)
 ☐ Low (L)
 ☐ Borderline (BL)
 ☐ High (H)

Test Name	Result	Range
Glycosylated Hemoglobin (HbA1c) <small>HPLC - Cation Exchange</small>	5.4 %	
Glucose - Fasting <small>Hexokinase/ G-6-PDH</small>	92 mg/dL	
Microalbumin-Albumin <small>Immunoturbidimetry</small>	9.6 mg/L	
Estimated average glucose (eAG) <small>Calculated</small>	108.28 mg/dL	

Diabetes Facts



Carbohydrates affect blood glucose level, eat healthier carbs like whole grains and fruits



Staying active with walking, jogging or yoga, helps keep diabetes under control

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Electrolyte Profile

Electrolytes are electrically charged minerals in your blood, body fluids and urine. Electrolytes are important because they help:



1. Regulate the amount of water in your body.
2. Regulate the pH of your blood.
3. Move nutrients into your cells.
4. Move wastes out of your cells.
5. Make sure that your nerves, muscles, the heart, and the brain work the way they should.

Your body needs a balanced level of these electrolytes. Both too high and too low levels of these electrolytes may indicate a medical problem.

● Normal (N) ● Low (L) ● Borderline (BL) ● High (H)

Test Name	Result	Range
Calcium <small>Arsenazo III</small>	9.5 mg/dL	<div> <div>LOW</div> <div>8.4</div> <div>NORMAL</div> <div>10.2</div> <div>HIGH</div> </div> <div>You</div>
Sodium <small>INDIRECT ISE</small>	141 mmol/L	<div> <div>LOW</div> <div>136</div> <div>NORMAL</div> <div>145</div> <div>HIGH</div> </div> <div>You</div>
Potassium <small>INDIRECT ISE</small>	4.22 mmol/L	<div> <div>LOW</div> <div>3.5</div> <div>NORMAL</div> <div>5.1</div> <div>HIGH</div> </div> <div>You</div>
Chloride <small>INDIRECT ISE</small>	107 mmol/L	<div> <div>LOW</div> <div>98</div> <div>NORMAL</div> <div>107</div> <div>HIGH</div> </div> <div>You</div>

Tips



Electrolyte imbalance can cause nausea, dizziness and fatigue



Sea salt and coconut water are good natural electrolyte boosters

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Iron Studies



Anemia is the condition where your body has less Red Blood Cells (RBCs) or RBCs do not have enough hemoglobin. Hemoglobin is an oxygen binding protein inside RBC. RBCs carry oxygen to different parts of your body. Anemia, if left untreated for a prolonged period of time, can lead to cardiovascular diseases and multiorgan failure.

● Normal (N) ● Low (L) ● Borderline (BL) ● High (H)

Test Name	Result	Range
Iron Serum Ferene	64 µg/dL	LOW 65 NORMAL 175 HIGH You
Transferrin Saturation Calculated	23.59 %	LOW 16 NORMAL 50 HIGH You
Total Iron Binding Capacity (TIBC) Calculated	271.28 µg/dL	LOW 250 NORMAL 400 HIGH You
Unsaturated Iron Binding Capacity Ferrozine	207.28 µg/dL	LOW 69 NORMAL 240 HIGH You

Tips



Eating plenty of iron rich food like green-leafy vegetables, lentils and beans prevents anemia



Avoid drinking tea or coffee with your meals, as they can affect iron absorption

Name MR.MRIDUL AGARWAL	Accession No MGB612345	Basic Info M 20	Date of Test Dec 01, 2023, 09:33 AM
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Kidney Profile



This panel checks the health status of your kidneys. Kidneys filter waste from your blood and produce urine. Healthy kidneys also maintain proper dilution of your blood and maintain electrolyte balance of your body.

● Normal (N) ● Low (L) ● Borderline (BL) ● High (H)

Test Name	Result	Range
Urinary Creatinine <small>Kinetic Alkaline Picrate</small>	308.05 <small>mg/dL</small>	
Microalbumin-Albumin/Creatinine Ratio <small>Calculated</small>	3.12 <small>mg/g Creatinine</small>	<div> <div>NORMAL</div> <div>29.99</div> <div>HIGH</div> <div>You</div> </div>
Blood Urea Nitrogen <small>Urease</small>	9 <small>mg/dL</small>	<div> <div>LOW</div> <div>8.9</div> <div>NORMAL</div> <div>20.6</div> <div>HIGH</div> <div>You</div> </div>
Urea <small>Calculated</small>	19.26 <small>mg/dL</small>	<div> <div>LOW</div> <div>19</div> <div>NORMAL</div> <div>44</div> <div>HIGH</div> <div>You</div> </div>
Creatinine <small>Kinetic Alkaline Picrate</small>	0.89 <small>mg/dL</small>	<div> <div>LOW</div> <div>0.6</div> <div>NORMAL</div> <div>1.2</div> <div>HIGH</div> <div>You</div> </div>
Uric Acid <small>Uricase</small>	6 <small>mg/dL</small>	<div> <div>LOW</div> <div>3.7</div> <div>NORMAL</div> <div>7.7</div> <div>HIGH</div> <div>You</div> </div>
BUN/Creatinine Ratio <small>Calculated</small>	10.11 <small>Ratio</small>	

Tips



High BP can cause kidney damage. Keep active and fit to prevent most diseases



Drinking 1.5-2 liters a day helps clear sodium and toxins from the kidneys

Name MR.MRIDUL AGARWAL	Accession No MGB612345	Basic Info M 20	Date of Test Dec 01, 2023, 09:33 AM
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Lipid Profile



This profile helps detect imbalance of lipids such as cholesterol, Triglycerides etc. If left untreated, it increases the risk of cardiovascular diseases.

● Normal (N) ● Low (L) ● Borderline (BL) ● High (H)

Test Name	Result	Range
Cholesterol - HDL Accelerator Selective Detergent	36.3 mg/dL	<div> <div>LOW</div> <div>40</div> <div>NORMAL</div> <div>60</div> <div>HIGH</div> </div> <div>You</div>
Cholesterol - LDL Calculated	79.1 mg/dL	<div> <div>LOW</div> <div>40</div> <div>NORMAL</div> <div>100</div> <div>HIGH</div> </div> <div>You</div>
Cholesterol- VLDL Calculated	17.6 mg/dL	<div> <div>LOW</div> <div>10</div> <div>NORMAL</div> <div>30</div> <div>HIGH</div> </div> <div>You</div>
Cholesterol : HDL Cholesterol Calculated	3.66 Ratio	
LDL : HDL Cholesterol calculated	2.18 Ratio	
Non HDL Cholesterol Calculated	96.7 mg/dL	
Cholesterol - Total Enzymatic	133 mg/dL	<div> <div>LOW</div> <div>50</div> <div>NORMAL</div> <div>170</div> <div>HIGH</div> </div> <div>You</div>
Triglycerides Glycerol Phosphate Oxidase	88 mg/dL	<div> <div>NORMAL</div> <div>150</div> <div>HIGH</div> </div> <div>You</div>

Risk Factors



The elderly are susceptible to heart disease



Heart disease can be genetic



High BP over time leads to heart disease

Name	Accession No	Basic Info	Date of Test
MR.MRIDUL AGARWAL	MGB612345	M 20	Dec 01, 2023, 09:33 AM

Urinalysis



The *urinalysis*, as it's sometimes called, is a set of tests conducted on your urine - these tests measure specific properties of urine and also find out if there are any unwanted chemicals in your urine. If your results in these tests are abnormal, your doctor can correlate them clinically. Sometimes, abnormal urine results are because of kidney disease, liver disease or diabetes.

● Normal (N) ● Low (L) ● Borderline (BL) ● High (H)

Test Name	Result	Range
Colour	YELLOW	
Appearance Visual	CLEAR	
Specific gravity pKa change	1.030	<div><div>LOW</div><div>1.003</div><div>NORMAL</div><div>1.035</div><div>HIGH</div><div>You</div></div>
pH Double Indicator	6.0	<div><div>LOW</div><div>4.6</div><div>NORMAL</div><div>8</div><div>HIGH</div><div>You</div></div>
Glucose GOD-POD	NEGATIVE	
Protein Protein Error Principle	NEGATIVE	
Ketones Nitroprusside	NEGATIVE	
Blood Peroxidase	NEGATIVE	
Bilirubin Diazonium	NEGATIVE	
Urobilinogen Ehrlich	NORMAL	
Leucocyte Esterase Pyrrole	NEGATIVE	
Nitrite Diazonium Compound	NEGATIVE	
Pus cells Microscopy	2-3 /hpf	
Red Blood Cells Microscopy	NIL /hpf	

Name	Accession No	Basic Info	Date of Test
MR.MRIDUL AGARWAL	MGB612345	M 20	Dec 01, 2023, 09:33 AM

Epithelial cells Microscopy	1-2 /hpf
Casts Microscopy	NIL /lpf
Crystals Microscopy	NIL
Yeast Microscopy	NIL
Bacteria Microscopy	NIL

Tips



Drinking water removes waste products from your system and keeps your urinary pattern stable



Waiting too long to use the restroom pressurizes your urinary bladder and can lead to infection

Name MR.MRIDUL AGARWAL	Accession No MGB612345	Basic Info M 20	Date of Test Dec 01, 2023, 09:33 AM
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Liver Profile



Liver performs a variety of functions including detoxification of various metabolites and production of digestive enzymes. Common liver enzymes are Alkaline phosphatase (ALP), Alanine transaminase (ALT), Aspartate transaminase (AST), Gamma-glutamyl transferase (GGT). Liver disease, medical condition, medication & infection can cause elevated liver enzymes which could be temporary or because of liver disease.

● Normal (N) ● Low (L) ● Borderline (BL) ● High (H)

Test Name	Result	Range
Aspartate Transaminase (SGOT) NADH w/o P-5'-P	23 U/L	<div> <div>LOW</div> <div>5</div> <div>NORMAL</div> <div>34</div> <div>HIGH</div> </div> <div>You</div>
Alanine Transaminase (SGPT) NADH w/o P-5'-P	21 U/L	<div> <div>NORMAL</div> <div>45</div> <div>HIGH</div> </div> <div>You</div>
Protein, Total Biuret	7.1 g/dL	<div> <div>LOW</div> <div>6.4</div> <div>NORMAL</div> <div>8.3</div> <div>HIGH</div> </div> <div>You</div>
Albumin Bromocresol Green	4.39 g/dL	<div> <div>LOW</div> <div>3.5</div> <div>NORMAL</div> <div>5</div> <div>HIGH</div> </div> <div>You</div>
Globulin Calculated	2.71 g/dL	<div> <div>LOW</div> <div>1.8</div> <div>NORMAL</div> <div>3.6</div> <div>HIGH</div> </div> <div>You</div>
Bilirubin-Indirect Calculated	0.72 mg/dL	<div> <div>NORMAL</div> <div>1.8</div> <div>HIGH</div> </div> <div>You</div>
Bilirubin-Direct Diazo	0.38 mg/dL	<div> <div>NORMAL</div> <div>0.5</div> <div>HIGH</div> </div> <div>You</div>
Bilirubin-Total Diazonium Salt	1.1 mg/dL	<div> <div>LOW</div> <div>0.3</div> <div>NORMAL</div> <div>1.2</div> <div>HIGH</div> </div> <div>You</div>
Gamma Glutamyltransferase (GGT) L-gamma-glutamyl-3-Carboxy-4-Nitroanilide	18 U/L	<div> <div>LOW</div> <div>12</div> <div>NORMAL</div> <div>55</div> <div>HIGH</div> </div> <div>You</div>
Alkaline Phosphatase Para-Nitrophenyl Phosphate	61 U/L	
SGOT/SGPT Calculated	1.1 Ratio	
A/G Ratio Calculated	1.62 Ratio	

Tips



A healthy weight is the key to liver health



Excess alcohol damages and scars liver tissue



Active lifestyle and balanced diet prevents diseases

Feedback

Name MR.MRIDUL AGARWAL	Accession No MGB612345	Basic Info M 20	Date of Test Dec 01, 2023, 09:33 AM
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Blood Counts



Blood is the body fluid that delivers sugars, oxygen, hormones etc. throughout your body and also carries away carbon dioxide and other waste products from your body cells. Blood count checks the number and types of cells in your blood. This helps doctors check your overall health and helps diagnose conditions such as anemia, infections, clotting problems, blood cancers, and immune system disorders.

WBCs: White Blood Cells
RBCs: Red Blood Cells

● Normal (N) ● Low (L) ● Borderline (BL) ● High (H)

Test Name	Result	Range
RBC DC Impedence Method	5.78 mil/cu.mm	<div> <div>LOW</div> <div>4.5</div> <div>NORMAL</div> <div>5.5</div> <div>HIGH</div> </div> <div>You</div>
HCT RBC pulse height detection	47.9 %	<div> <div>LOW</div> <div>40</div> <div>NORMAL</div> <div>50</div> <div>HIGH</div> </div> <div>You</div>
MCV Calculated	82.9 fl	<div> <div>LOW</div> <div>83</div> <div>NORMAL</div> <div>101</div> <div>HIGH</div> </div> <div>You</div>
MCH Calculated	27 pg	<div> <div>LOW</div> <div>27</div> <div>NORMAL</div> <div>32</div> <div>HIGH</div> </div> <div>You</div>
MCHC Calculated	32.6 g/dL	<div> <div>LOW</div> <div>31.5</div> <div>NORMAL</div> <div>34.5</div> <div>HIGH</div> </div> <div>You</div>
RDW-CV Calculated	13.6 %	<div> <div>LOW</div> <div>11.6</div> <div>NORMAL</div> <div>14</div> <div>HIGH</div> </div> <div>You</div>
Total Leucocyte Count Flowcytometry/Microscopic	6.06 $10^3/\mu\text{l}$	<div> <div>LOW</div> <div>4</div> <div>NORMAL</div> <div>10</div> <div>HIGH</div> </div> <div>You</div>
Neutrophils Flowcytometry/Microscopic	61.2 %	<div> <div>LOW</div> <div>40</div> <div>NORMAL</div> <div>80</div> <div>HIGH</div> </div> <div>You</div>
Lymphocytes Flowcytometry/Microscopic	29 %	<div> <div>LOW</div> <div>20</div> <div>NORMAL</div> <div>40</div> <div>HIGH</div> </div> <div>You</div>
Monocytes Flowcytometry/Microscopic	6.9 %	<div> <div>LOW</div> <div>2</div> <div>NORMAL</div> <div>10</div> <div>HIGH</div> </div> <div>You</div>
Eosinophils Flowcytometry/Microscopic	2.6 %	<div> <div>LOW</div> <div>1</div> <div>NORMAL</div> <div>6</div> <div>HIGH</div> </div> <div>You</div>
Basophils Flowcytometry/Microscopic	0.3 %	<div> <div>NORMAL</div> <div>2</div> <div>HIGH</div> </div> <div>You</div>
Absolute Neutrophil Count Calculated	3.71 $10^3/\mu\text{L}$	<div> <div>LOW</div> <div>2</div> <div>NORMAL</div> <div>7</div> <div>HIGH</div> </div> <div>You</div>

Name	Accession No	Basic Info	Date of Test
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Absolute Lymphocyte Count <small>Calculated</small>	1.76 <small>10³/μL</small>	<div style="display: flex; align-items: center;"> <div style="flex: 1; border: 1px solid red; background: linear-gradient(to right, red, red); position: relative;"> LOW HIGH </div> <div style="flex: 1; border: 1px solid green; background: linear-gradient(to right, green, green); position: relative;"> 1 3 </div> </div> <div style="text-align: center; margin-top: 5px;"> NORMAL You </div>
Absolute Monocyte Count <small>Calculated</small>	0.42 <small>10³/μL</small>	<div style="display: flex; align-items: center;"> <div style="flex: 1; border: 1px solid red; background: linear-gradient(to right, red, red); position: relative;"> LOW HIGH </div> <div style="flex: 1; border: 1px solid green; background: linear-gradient(to right, green, green); position: relative;"> 0.2 1 </div> </div> <div style="text-align: center; margin-top: 5px;"> NORMAL You </div>
Absolute Eosinophil Count <small>Calculated</small>	0.16 <small>10³/μL</small>	<div style="display: flex; align-items: center;"> <div style="flex: 1; border: 1px solid red; background: linear-gradient(to right, red, red); position: relative;"> LOW HIGH </div> <div style="flex: 1; border: 1px solid green; background: linear-gradient(to right, green, green); position: relative;"> 0.02 0.5 </div> </div> <div style="text-align: center; margin-top: 5px;"> NORMAL You </div>
Absolute Basophil Count <small>Calculated</small>	0.02 <small>10³/μL</small>	<div style="display: flex; align-items: center;"> <div style="flex: 1; border: 1px solid red; background: linear-gradient(to right, red, red); position: relative;"> LOW HIGH </div> <div style="flex: 1; border: 1px solid green; background: linear-gradient(to right, green, green); position: relative;"> 0.02 0.1 </div> </div> <div style="text-align: center; margin-top: 5px;"> NORMAL You </div>
Platelet Count <small>Electrical Impedence/Microscopic</small>	247 <small>10³/μL</small>	<div style="display: flex; align-items: center;"> <div style="flex: 1; border: 1px solid red; background: linear-gradient(to right, red, red); position: relative;"> LOW HIGH </div> <div style="flex: 1; border: 1px solid green; background: linear-gradient(to right, green, green); position: relative;"> 150 410 </div> </div> <div style="text-align: center; margin-top: 5px;"> NORMAL You </div>
MPV <small>Calculated</small>	11.3 <small>fL</small>	<div style="display: flex; align-items: center;"> <div style="flex: 1; border: 1px solid red; background: linear-gradient(to right, red, red); position: relative;"> LOW HIGH </div> <div style="flex: 1; border: 1px solid green; background: linear-gradient(to right, green, green); position: relative;"> 6.5 12 </div> </div> <div style="text-align: center; margin-top: 5px;"> NORMAL You </div>
PDW <small>Calculated</small>	14 <small>fL</small>	<div style="display: flex; align-items: center;"> <div style="flex: 1; border: 1px solid red; background: linear-gradient(to right, red, red); position: relative;"> LOW HIGH </div> <div style="flex: 1; border: 1px solid green; background: linear-gradient(to right, green, green); position: relative;"> 9 17 </div> </div> <div style="text-align: center; margin-top: 5px;"> NORMAL You </div>
Hemoglobin <small>Cyanide-free SLS-Hemoglobin</small>	15.6 <small>g/dL</small>	<div style="display: flex; align-items: center;"> <div style="flex: 1; border: 1px solid red; background: linear-gradient(to right, red, red); position: relative;"> LOW HIGH </div> <div style="flex: 1; border: 1px solid green; background: linear-gradient(to right, green, green); position: relative;"> 13 17 </div> </div> <div style="text-align: center; margin-top: 5px;"> NORMAL You </div>

Tips



An iron rich diet increases red blood cell production. This includes spinach, egg yolks and beans



A lower or higher white blood cell count indicates a disease or infection. Perform excellent daily personal hygiene

PO No : PO2632964781-467



Name	: Mr.MRIDUL AGARWAL	Client Name	: TATA 1MG BANGALORE
Age/Gender	: 20/Male	Registration Date	: 01-Dec-23 11:28 AM
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Barcode ID/Order ID	: D7089605 / 8528067	Sample Receive Date	: 01/Dec/2023 12:23PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: WHOLE BLOOD-EDTA	Report Date	: 01/Dec/2023 03:15PM

HAEMATOLOGY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glycosylated Hemoglobin (HbA1c)	5.4	%	4-5.6	HPLC - Cation Exchange
Estimated average glucose (eAG)	108.28	mg/dL		Calculated

Comment:

Interpretation: HbA1c%

≤5.6	Normal
5.7-6.4	At Risk For Diabetes
≥6.5	Diabetes

Adapted from American Diabetes Association.

Comments:

A 3 to 6 monthly monitoring is recommended in diabetics. People with diabetes should get the test done more often if their blood sugar stays too high or if their healthcare provider makes any change in the treatment plan. HbA1c concentration represents the integrated values for blood glucose over the preceding 8-12 weeks and is not affected by daily glucose fluctuation, exercise & recent food intake.

Please note, Glycemic goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations.

Factors that interfere with HbA1c Measurement: Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements.

Factors that affect interpretation of HbA1c Measurement: Any condition that shortens erythrocyte survival or decrease mean erythrocyte age (e.g., recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c.

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1c result does not correlate with the patient's blood glucose levels.

- HPLC - High performance liquid chromatography

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Referred By	: Dr.	Report Status	: Final Report
Sample Type	: EDTA	Report Date	: 01/Dec/2023 02:09PM

HAEMATOLOGY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Complete Blood Count				
Hemoglobin	15.6	g/dL	13.0-17.0	Cyanide-free SLS-Hemoglobin
RBC	5.78	mili/cu.mm	4.5 - 5.5	DC Impedence Method
HCT	47.9	%	40 - 50	RBC pulse height detection
MCV	82.9	fl	83 - 101	Calculated
MCH	27.0	pg	27 - 32	Calculated
MCHC	32.6	g/dL	31.5 - 34.5	Calculated
RDW-CV	13.6	%	11.6-14.0	Calculated
Total Leucocyte Count	6.06	10 ³ /μI	4 - 10	Flowcytometry/Microscopic
Differential Leucocyte Count				
Neutrophils	61.2	%	40-80	Flowcytometry/Microscopic
Lymphocytes	29	%	20-40	Flowcytometry/Microscopic
Monocytes	6.9	%	2-10	Flowcytometry/Microscopic
Eosinophils	2.6	%	1-6	Flowcytometry/Microscopic
Basophils	0.3	%	0-2	Flowcytometry/Microscopic
Absolute Leucocyte Count				
Absolute Neutrophil Count	3.71	10 ³ /μL	2-7	Calculated
Absolute Lymphocyte Count	1.76	10 ³ /μL	1-3	Calculated
Absolute Monocyte Count	0.42	10 ³ /μL	0.2-1	Calculated
Absolute Eosinophil Count	0.16	10 ³ /μL	0.02-0.5	Calculated
Absolute Basophil Count	0.02	10 ³ /μI	0.02-0.1	Calculated
Platelet Count	247	10 ³ /μI	150-410	Electrical Impedence/Microscopic
MPV	11.3	fl	6.5 - 12	Calculated
PDW	14	fL	9-17	Calculated

Comment:

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts



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HAEMATOLOGY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
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are additionally being reported as absolute numbers of each cell in per unit volume of blood.

Erythrocyte Sedimentation Rate

Erythrocyte Sedimentation Rate	4	mm/hour	<=10	Modified Westergren at 18C
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Comment:

- ESR provides an index of progress of the disease and is widely used as an indicator of inflammation, infection, trauma, or malignant diseases. Changes are more significant than a single abnormal test
- It is specifically indicated to monitor the course or response to the treatment of diseases like rheumatoid arthritis, tuberculosis bacterial endocarditis, acute rheumatic fever, Hodgkins disease, temporal arthritis, and systemic lupus erythematosus; and to diagnose and monitor giant cell arteritis and polymyalgia rheumatica.
- An elevated ESR may also be associated with many other conditions, including autoimmune disease, anemia, infection, malignancy, pregnancy, multiple myeloma, menstruation, and hypothyroidism.
- Although a normal ESR cannot be taken to exclude the presence of organic disease, its rate is dependent on various physiologic and pathologic factors.
- The most important component influencing ESR is the composition of plasma. High level of C-Reactive Protein, fibrinogen, haptoglobin, alpha-1antitrypsin, ceruloplasmin and immunoglobulins causes the elevation of Erythrocyte Sedimentation Rate.
- Drugs that may cause increase ESR levels include: dextran, methyldopa, oral contraceptives, penicillamine, procainamide, theophylline, and Vitamin A. Drugs that may cause decrease levels include: aspirin, cortisone, and quinine

"Test conducted on Whole Blood - EDTA "



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Sample Type	: WHOLE BLOOD-EDTA	Report Date	: 01/Dec/2023 03:59PM

HAEMATOLOGY**COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT****Peripheral Smear Examination**

RBC- Predominantly Normocytic Normochromic.

WBC - Normal leucocyte count and morphology.

PLATELETS - Adequate on the smear.

IMPRESSION - Normocytic Normochromic. blood picture.

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Age/Gender	: 20/Male	Registration Date	: 01-Dec-23 11:28 AM
Patient ID	: MGB612345	Collection Date	: 01/Dec/2023 09:33AM
Barcode ID/Order ID	: D7089595 / 8528067	Sample Receive Date	: 01/Dec/2023 12:19PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Urine	Report Date	: 01/Dec/2023 01:18PM

BIOCHEMISTRY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

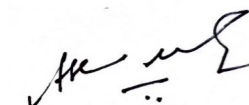
Test Name	Result	Unit	Bio. Ref. Interval	Method
Microalbumin Creatinine Ratio, Urine				
Microalbumin-Albumin	9.60	mg/L	<30	Immunoturbidimetry
Urinary Creatinine	308.05	mg/dL	24-392	Kinetic Alkaline Picrate
Microalbumin-Albumin/Creatinine Ratio	3.12	mg/g Creatinine	<30	Calculated

Comment:

Reference range

Category	Urine Albumin Creatinine ratio(mg/g) - Spot Urine
Normal	< 30 mg/g
Microalbuminuria	30 - 300 mg/g
Clinical Albuminuria	> =300 mg/g

- As per ADA guidelines: Two to three specimens collected over a period of 3-6 months should be abnormal before considering a patient to have albuminuria in the absence of infection or acute metabolic crisis.
- Due to inherent day to day variability in albumin excretion, this ratio is a better indicator than isolated microalbumin levels.
- Microalbuminuria is the small but abnormal increase in the excretion of urinary albumin [in the range of 30-300 mg/day in a 24 hrs collection or 30-300 mg/g creatinine in a random collection]
- Factors that may cause an abnormal Microalbumin Creatinine ratio (independent of kidney damage) can be physiological like exercise within 24 hours, menstruation, pregnancy, benign postural proteinuria, water consumption & pathological like infection (UTI), hematuria, fever, marked hyperglycemia, cardiac decompensation, marked hypertension & poor metabolic control.
- A randomly collected urine sample can be used, but is associated with greater variability because of variable urine output, and rates of albumin & creatinine excretion. Hence, it is recommended that abnormal results be repeated using first morning sample or 24 hr urine collection.
- A high albumin/ creatinine ratio in persons with low muscle mass indicates low urinary creatinine more often than microalbuminuria.
- Persistent Albuminuria has been established as one of the diagnostic markers of kidney damage and is used for classification of chronic kidney disease (CKD), based on the categories of urine albumin-to-creatinine ratio (ACR). The ACR categories include A1 (ACR < 30 mg/g - normal to mildly increased); A2 (ACR 30-300 mg/g - moderately increased) and A3 (ACR >300 mg/g, - severely increased) (KDIGO 2012)
- Clinical Utility :This test is useful in the diagnosis of early nephropathy in diabetics, as a marker for generalized endothelial dysfunction and risk for stroke and heart disease. It is also used as a marker for classification and progression of CKD.



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PO No : PO2632964781-467

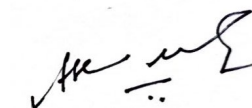


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COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Sample Type	: Serum	Report Date	: 01/Dec/2023 03:35PM

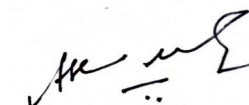
BIOCHEMISTRY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
C-Reactive Protein Quantitative				
C-Reactive Protein (Quantitative)	2.40	mg/L	<5.0	Turbidimetry

Comment:

- C-Reactive Protein [CRP] is an acute phase reactant, hepatic secretion of which is stimulated in response to inflammatory cytokines.
- CRP is a very sensitive but nonspecific marker of inflammation and infection.
- The CRP test is useful in patient with Inflammatory bowel disease, arthritis, Autoimmune diseases, Pelvic inflammatory disease (PID), tissue injury or necrosis and infections.
- CRP levels can be elevated in the later stages of pregnancy as well as with use of birth control pills or hormone replacement therapy i.e. estrogen. Higher levels of CRP have also been observed in the obese.
- As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia.

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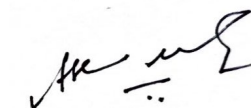
COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Calcium				
Calcium	9.5	mg/dL	8.4-10.2	Arsenazo III

Comment:

Increased in: Hyperparathyroidism primary and secondary, Acute and chronic renal failure, Following renal transplantation, Osteomalacia with malabsorption, Acute osteoporosis, Malignant tumours (specially of breast, lung and kidney), Drugs: Vit. D and A intoxication, Diuretics, estrogen, androgen, tamoxifen, lithium

Decreased in: Hypoparathyroidism, Surgical and Idiopathic, Pseudohypoparathyroidism, Chronic renal disease with uremia and phosphate retention, Malabsorption of Calcium and Vit.D, obstructive jaundice, Bone Disease (Osteomalacia and rickets), Drugs: Cancer chemotherapy drugs, calcitonin, loop-actives diuretics, Hypomagnesemia, Hypoalbuminemia



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COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose - Fasting				
Glucose - Fasting	92	mg/dL	70-99	Hexokinase/G-6-PDH

Fasting Plasma Glucose (mg/dL)	2 hr plasma Glucose (mg/dL)	Diagnosis
99 or below	139 or below	Normal
100 to 125	140 to 199	Pre-Diabetes (IGT)
126 or above	200 or above	Diabetes

Reference : American Diabetes Association

Comment:

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes. IGT (2 hrs Post meal), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes

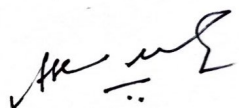
Plasma Glucose Goals	For people with Diabetes
Before meal	70-130 mg/dL
2 Hours after meal	Less than 180 mg/dL
HbA1c	Less than 7%

Iron Studies, Basic

Iron Serum	64	µg/dL	65-175	Ferene
Unsaturated Iron Binding Capacity	207	µg/dL	69 - 240	Ferrozine
Total Iron Binding Capacity (TIBC)	271	µg/dL	250 - 400	Calculated
Transferrin Saturation	23.59	%	16-50	Calculated

Comment:

Iron is an essential trace mineral element which forms an important component of hemoglobin, metallocompounds and Vitamin A. Deficiency of iron is seen in iron deficiency and anaemia of chronic disorders.


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COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

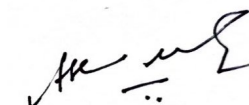
Test Name	Result	Unit	Bio. Ref. Interval	Method
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Increased iron concentration are seen in hemolytic anaemias, hemochromatosis and acute liver disease. Serum Iron alone is unreliable due to considerable physiologic diurnal variation in the results with highest values in the morning and lowest values in the evening as well as variation in response to iron therapy .

Total Iron Binding capacity (TIBC) is a direct measure of the protein Transferrin which transports iron from the gut to storage sites in the bone marrow. Increased levels of TIBC suggest that total iron body stores are low, increased concentration may be the sign of Iron deficiency anaemia, polycythemia vera ,and may occur during the third trimester of pregnancy. Decreased levels may be seen in hemolytic anaemia, hemochromatosis, chronic liver disease, hypoproteinemia ,malnutrition.

Unsaturated Iron Binding Capacity (UIBC) is increased in low iron state and decreased in high iron concentration such as hemochromatosis. In case of anaemia of chronic disease the patient may be anaemic but has adequate iron reserve and a low uIBC.

Transferrin Saturation occurs in Idiopathic hemochromatosis and Transfusional hemosiderosis where no unsaturated iron binding capacity is available for iron mobilization. Similar condition is seen in congenital deficiency of Transferrin.



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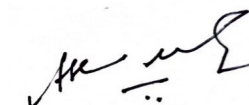
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BIOCHEMISTRY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Lipid Profile				
Cholesterol - Total	133	mg/dL	Desirable <170, Borderline High 170 - 199, High >=200	Enzymatic
Triglycerides	88	mg/dL	Normal: < 150, Borderline: 150 - 199, High: 200 - 499, Very High >=500	Glycerol Phosphate Oxidase
Cholesterol - HDL	36	mg/dL	40-60	Accelerator Selective Detergent
Cholesterol - LDL	79	mg/dL	Desirable: <100 Above desirable: 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very high : >=190	Calculated
Cholesterol- VLDL	18	mg/dL	10 - 30	Calculated
Cholesterol : HDL Cholesterol	3.7	Ratio	Desirable : 3.5-4.5 High Risk : >5	Calculated
LDL : HDL Cholesterol	2.18	Ratio	Desirable : 2.5-3.0 High risk : >3.5	calculated
Non HDL Cholesterol	97	mg/dl	Desirable:< 130, Above Desirable: 130 - 159, Borderline High: 160 - 189, High: 190 - 219, Very High: >= 220	Calculated

Comment:



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BIOCHEMISTRY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

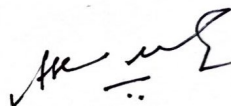
Test Name	Result	Unit	Bio. Ref. Interval	Method
<p>●Lipid profile measurements in the same patient can show physiological & analytical variations. It is recommended that 3 serial samples 1 week apart may be tested.</p> <p>●Indians are at a high risk of developing atherosclerotic cardiovascular disease (ASCVD); at a much earlier age and more severe with high mortality. Dyslipidemia (abnormal lipid profile) is the major risk factor and found in almost 80% Indians.</p> <p>●Total cholesterol is the total amount of cholesterol in blood comprising of HDL, LDL-C, and VLDL.</p> <p>●LDL Cholesterol (LDL-C) or "bad" cholesterol contributes most significantly to atherosclerosis leading to heart disease or stroke and is the primary target for reducing risk for cardiovascular disease.</p> <p>●High-density lipoprotein (HDL) or "good" cholesterol can lower risk of heart disease and stroke.</p> <p>●Triglyceride (TG) level also plays a major role in CVD. Indians are more prone to Atherogenic dyslipidemia, a condition associated with high TG, low HDL-C and high LDL-C; this is associated with diabetes, metabolic syndrome and insulin resistance. Hence high triglyceride levels also need to be treated.</p> <p>●Non-HDL-Cholesterol (Non-HDL-C) measures all plaque forming lipoproteins (e.g. remnants, LDL-C, VLDL, Lp(a), Apo-B). Monitoring of Non-HDL-C is important in patients with high TG (e.g. diabetics, obese persons) and those already on statin therapy.</p> <p>●Lipid Association of India (LAI-2020) recommends:-</p> <ul style="list-style-type: none"> Screening of all Indians above the age of 20 years for CVD risk factors, esp. lipid profile. Identification of Risk factors: Age (male ≥ 45 years, female ≥ 55 years); Family h/o heart disease at younger age (<55 yrs in males, <65 yrs in female), Smoking/tobacco use, High blood pressure, Low HDL (males <40 mg/dl and females <50mg/dl). Fasting lipid profile is not mandatory for screening. Both fasting and non-fasting lipid profiles are equally important for managing Indian patients. Non-HDL-C should be calculated in every subject. LAI recommends LDL-C as the primary target and Non-HDL-C as the co-primary target for initiating drug therapy. Lifestyle modifications are of first and foremost importance for management and prevention of dyslipidemia. Among low risk groups, treatment is started only after 3 months of lifestyle changes. Testing for Apolipoprotein B, hsCRP, Lp(a) should be considered for patients in moderate risk group. Newer treatment goals based on Risk Groups and values of LDL-C and Non-HDL-C 				

New treatment goals by Lipid Association of India (2020)

	CONSIDER THERAPY (cut-off level)		TREATMENT GOALS	
Risk groups	LDL-C (mg/dL)	Non-HDL-C (mg/dL)	LDL-C (mg/dL)	Non-HDL-C (mg/dL)
Extreme Risk Gp Cat. A	≥ 50	≥ 80	<50 (Optional ≤ 30)	<80 (Optional ≤ 60)
Extreme Risk Gp Cat. B	>30	>60	≤ 30	≤ 60
Very High Risk	≥ 50	≥ 80	<50	<80
High Risk	≥ 70	≥ 100	<70	<100
Moderate Risk	≥ 100	≥ 130	<100	<130
Low risk	$\geq 130^*$	$\geq 160^*$	<100	<130

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

●As per NCEP Expert Panel (2011) guidelines, universal screening for dyslipidemia is recommended for children between 9 - 11 yrs (repeat at 17-21 yrs). Screening is not recommended before the age of 2yrs. Above the age of 2 yrs, selective screening is done in children with family history of premature CVD or risk factors like obesity, diabetes, and hypertension.


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PO No : PO2632964781-467



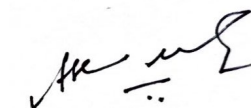
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Age/Gender	: 20/Male	Registration Date	: 01-Dec-23 11:28 AM
Patient ID	: MGB612345	Collection Date	: 01/Dec/2023 09:33AM
Barcode ID/Order ID	: D7089604 / 8528067	Sample Receive Date	: 01/Dec/2023 12:20PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 01/Dec/2023 03:35PM

BIOCHEMISTRY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Note: Reference Interval as per National Cholesterol Education Program (NCEP) Report.



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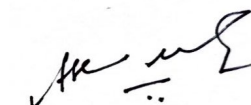
BIOCHEMISTRY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Liver Function Test				
Bilirubin-Total	1.10	mg/dL	0.3-1.2	Diazonium Salt
Bilirubin-Direct	0.38	mg/dL	0-0.5	Diazo
Bilirubin-Indirect	0.72	mg/dL	0 - 1.8	Calculated
Protein, Total	7.10	g/dL	6.4-8.3	Biuret
Albumin	4.39	g/dL	3.5-5.0	Bromocresol Green
Globulin	2.7	g/dl	1.8 - 3.6	Calculated
A/G Ratio	1.62	Ratio	0.8 - 2.1	Calculated
Aspartate Transaminase (SGOT)	23	U/L	5-34	NADH w/o P-5'-P
Alanine Transaminase (SGPT)	21	U/L	0-45	NADH w/o P-5'-P
SGOT/SGPT	1.10	Ratio	<1	Calculated
Alkaline Phosphatase	61	U/L		Para-Nitrophenyl Phosphate
Gamma Glutamyltransferase (GGT)	18	U/L	12-55	L-gamma-glutamyl-3-Carboxy-4-Nitroanilide

Comment:

- LFTS are based upon measurements of substances released from damaged hepatic cells into the blood that gives idea of the Existence, Extent and Type of Liver damage. - Acute Hepatocellular damage: ALT & AST levels are sensitive index of hepatocellular damage - Obstruction to the biliary tract,Cholestasis and blockage of bile flow: 1) Serum Total Bilirubin concentration 2) Serum Alkaline Phosphatase (ALP) activity 3) Gamma Glutamyl Transpeptidase (GGTP) 4) 5' - Nucleotidase - Chronic liver disease: Serum Albumin concentration
- Bilirubin results from the enzymatic breakdown of heme. Jaundice is a yellowish discoloration of the skin and mucous membranes caused by hyperbilirubinemia.
- Pre-hepatic or hemolytic jaundice - Abnormal red cells, antibodies,drugs and toxins,Hemoglobinopathies, Gilbert's syndrome, Crigler-Najjar syndrome
- Hepatic or Hepatocellular jaundice-Viral hepatitis,toxic hepatitis, intrahepatic cholestasis
- Post-hepatic jaundice -Extrahepatic cholestasis, gallstones, tumors of the bile duct, carcinoma of pancreas
- In viral hepatitis and other forms of liver disease associated with acute hepatic necrosis, serum AST and ALT concentrations are elevated even before the clinical signs and symptoms of disease appear.
- ALT is the more liver-specific enzyme and elevations of ALT activity persist longer than AST activity.



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COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
<ul style="list-style-type: none"> Peak values of aminotransferase activity occur between the seventh and twelfth days. Activities then gradually decrease, reaching normal activities by the third to fifth week. Peak activities bear no relationship to prognosis and may fall with worsening of the patient's condition. Aminotransferase activities observed in cirrhosis vary with the status of the cirrhotic process and range from the upper reference limit to four to five times higher, with an AST/ALT ratio greater than 1. The ratio's elevation can reflect the grade of fibrosis in these patients. Slight or moderate elevations of both AST and ALT activities have been observed after administration of various medications and chronic hepatic injury such as (1) hemochromatosis, (2) Wilson disease, (3) autoimmune hepatitis, (4) primary biliary cirrhosis, (5) sclerosing cholangitis, and (6) α1-antitrypsin deficiency. AST activity also is increased in acute myocardial infarction, progressive muscular dystrophy and dermatomyositis, reaching concentrations up to eight times the upper reference limit. Slight to moderate AST elevations are noted in hemolytic disease. GGT is a sensitive indicator of the presence of hepatobiliary disease, being elevated in most subjects with liver disease regardless of cause. Increased concentrations of the enzyme are also found in serum of subjects receiving anticonvulsant drugs, such as phenytoin and phenobarbital. 				

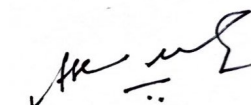
Kidney Function Test.

Blood Urea Nitrogen	9	mg/dL	8.9-20.6	Urease
Urea	19.26	mg/dL	19.0 - 44.0	Calculated
Creatinine	0.89	mg/dL	0.6-1.2	Kinetic Alkaline Picrate
Uric Acid	6.0	mg/dL	3.7-7.7	Uricase
Sodium	141	mmol/L	136-145	INDIRECT ISE
Potassium	4.22	mmol/L	3.5-5.1	INDIRECT ISE
Chloride	107.0	mmol/L	98-107	INDIRECT ISE
BUN/Creatinine Ratio	10.1	Ratio	12:1 - 20:1	Calculated

Comment:

BUN is directly related to protein intake and nitrogen metabolism and inversely related to the rate of excretion of urea. Blood urea nitrogen (BUN) levels reflect the balance between the production and excretion of urea. Increased levels are seen in renal failure (acute or chronic), urinary tract obstruction, dehydration, shock, burns, CHF, GI bleeding, nephrotoxic drugs. Decreased levels are seen in hepatic failure, nephrotic syndrome, cachexia (low-protein and high-carbohydrate diets).

Urea is a non-proteinous nitrogen compound formed in the liver from ammonia as an end product of protein metabolism. Urea diffuses freely into extracellular and intracellular fluid and is ultimately excreted by the kidneys. Increased levels are found in acute renal failure, chronic glomerulonephritis, congestive heart failure, decreased renal perfusion, diabetes, excessive protein ingestion, gastrointestinal (GI) bleeding, hyperalimentation, hypovolemia, ketoacidosis, muscle wasting from starvation, neoplasms, pyelonephritis, shock, urinary tract obstruction, nephrotoxic drugs. Decreased levels are seen in inadequate dietary



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BIOCHEMISTRY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

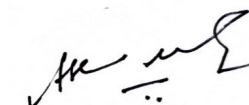
Test Name	Result	Unit	Bio. Ref. Interval	Method
<p>protein, low-protein/high-carbohydrate diet, malabsorption syndromes, pregnancy, severe liver disease, certain drugs.</p> <p>Creatinine is catabolic product of creatinine phosphate, which is excreted by filtration through the glomerulus and by tubular secretion. Creatinine clearance is an acceptable clinical measure of glomerular filtration rate (GFR). Increased levels are seen in acute/chronic renal failure, urinary tract obstruction, hypothyroidism, nephrotoxic drugs, shock, dehydration, congestive heart failure, diabetes. Decreased levels are found in muscular dystrophy.</p> <p>BUN/Creatinine ratio (normally 12:1-20:1) is decreased in acute tubular necrosis, advanced liver disease, low protein intake, and following hemodialysis. BUN/Creatinine ratio is increased in dehydration, GI bleeding, and increased catabolism.</p> <p>Uric acid levels show diurnal variation. The level is usually higher in the morning and lower in the evening. Increased levels are seen in starvation, strenuous exercise, malnutrition, or lead poisoning, gout, renal disorders, increased breakdown of body cells in some cancers (including leukemia, lymphoma, and multiple myeloma) or cancer treatments, hemolytic anemia, sickle cell anemia, or heart failure, pre-eclampsia, liver disease (cirrhosis), obesity, psoriasis, hypothyroidism, low blood levels of parathyroid hormone (PTH), certain drugs, foods that are very high in purines - such as organ meats, red meats, some seafood and beer. Decreased levels are seen in liver disease, Wilson's disease, Syndrome of inappropriate antidiuretic hormone (SIADH), certain drugs.</p>				

Rheumatoid Factor - Quantitative

Rheumatoid Factor - Quantitative	< 20.0	IU/mL	<30 Normal 30-50 Weakly Positive >50 Reactive	Immunoturbidimetric
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Comment:

- The detection of Rheumatoid factor (RF) is one of the criteria of the American Rheumatism Association (ARA) for the diagnosis of Rheumatoid Arthritis (RA).
- RF are heterogeneous group of auto antibodies directed against Fc- region of IgG molecules.
- They are useful in diagnosis of Rheumatoid Arthritis, but can also be found in other inflammatory diseases and in various non-rheumatic diseases.
- These occur in all the immunoglobulin classes, although the usual analytical methods are limited to the detection of Rheumatoid Factors of the IgM type. Healthy individuals >65 years of age may also show positive RF results.



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Immunology

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Thyroid Profile				
T3, Total	1.23	ng/mL	0.35-1.93	CMIA
T4, Total	7.8	µg/dL	4.87-11.72	CMIA
Thyroid Stimulating Hormone - Ultra Sensitive	1.010	µIU/mL	0.35-4.94	CMIA

Comment:

- Below mentioned are the guidelines for pregnancy related reference ranges for TSH, total T3 & Total T4.

Pregnancy			
	TSH (µIU/mL) (as per American Thyroid Association)	Total T3 (ng/mL)	Total T4(µg/dL)
1st trimester	0.1-2.5	0.81-1.90	7.33-14.8
2nd trimester	0.2-3.0	1.00-2.60	7.93-16.1
3rd trimester	0.3-3.0	1.00-2.60	6.95-15.7

- 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.
- TSH is secreted in a dual fashion: Intermittent pulses constitute 60-70% of total amount, background continuous secretion is 30-40%. These pulses occur regularly every 1-3 hrs.
- Total T3 & T4 concentrations are altered by physiological or pathological changes in thyroxine binding globulin (TBG) capacity .
- The determination of free T3 & free T4 has the advantage of being independent of changes in the concentrations and binding properties of the binding proteins.
- Changes in thyroid status are typically associated with concordant changes in T3, T4 and TSH levels.
- Unexpectedly abnormal or discordant thyroid test values may be seen with some rare, but clinically significant conditions such as central hypothyroidism, TSH-secreting pituitary tumors, thyroid hormone resistance, or the presence of heterophilic antibodies (HAMA) or thyroid hormone autoantibodies.
- For diagnostic purposes, results should be used in conjunction with other data.

TSH	T3	T4	Interpretation
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Immunology

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT


Test Name	Result	Unit	Bio. Ref. Interval	Method
High	Normal	Normal	Subclinical Hypothyroidism	
Low	Normal	Normal	Subclinical Hyperthyroidism	
High	High	High	Secondary Hyperthyroidism	
Low	High/Normal	High/Normal	Hyperthyroidism	
Low	Low	Low	Non thyroidal illness / Secondary Hypothyroidism	

Vitamin D (25-OH)

Vitamin D (25-OH)	44.8	ng/mL	Deficiency:< 20, Insufficiency:20-29, Sufficiency:30-100, Hypervitaminosis:> 100	CMIA
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Comment:

- Vitamin D is a fat-soluble steroid prohormone involved in the intestinal absorption of calcium and the regulation of calcium homeostasis.
- Two forms of vitamin D are biologically relevant - vitamin D3 (Cholecalciferol) and vitamin D2 (Ergocalciferol).
- Both vitamins D3 and D2 can be absorbed from food but only an estimated 10-20perc. of vitamin D is supplied through nutritional intake.
- Vitamin D is converted to the active hormone 1,25-(OH)2-vitamin D (Calcitriol) through two hydroxylation reactions. The first hydroxylation converts vitamin D into 25-OH vitamin D and occurs in the liver. The second hydroxylation converts 25-OH vitamin D into the biologically active 1,25-(OH)2-vitamin D and occurs in the kidneys as well as in many other cells of the body.
- Most cells express the vitamin D receptor and about 3perc. of the human genome is directly or indirectly regulated by the vitamin D endocrine system.
- The major storage form of vitamin D is 25-OH vitamin D and is present in the blood at up to 1,000 fold higher concentration compared to the active 1,25-(OH)2-vitamin D. 25-OH vitamin D has a half-life of 2-3 weeks vs. 4 hours for 1,25-(OH)2-vitamin D. Therefore, 25-OH vitamin D is the analyte of choice for determination of the vitamin D status.
- Risk factors for vitamin D deficiency include low sun exposure, inadequate intake, decreased absorption, abnormal metabolism, vitamin D resistance and liver or kidney diseases.
- Vitamin D deficiency is a cause of secondary hyperparathyroidism and diseases resulting in impaired bone metabolism (like


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Immunology

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
rickets, osteomalacia).				
<ul style="list-style-type: none"> Recently, many chronic diseases such as cancer, high blood pressure, osteoporosis and several autoimmune diseases have been linked to vitamin D deficiency. The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D 				

Utility Quantitative determination of 25-hydroxyvitamin D (25-OH vitamin D).

Vitamin B12

Vitamin B12	< 148	pg/mL	187-833	CMIA
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Comment:

- Vitamin B12** along with **folate** is essential for DNA synthesis and myelin formation.
- Decreased levels** are seen in anaemia, term pregnancy, vegetarian diet, intrinsic factor deficiency, partial gastrectomy/ileal damage, celiac disease, oral contraceptive use, parasitic infestation, pancreatic deficiency, treated epilepsy, smoking, hemodialysis and advanced age.
- Increased levels** are seen in renal failure, hepatocellular disorders, myeloproliferative disorders and at times with excess supplementation of vitamins pills.


Vitamin B9 (Folic Acid)

Vitamin B9 (Folic Acid)	3.40	ng/mL	3.1-20.5	CMIA
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Comment:

Folate plays an important role in the synthesis of purine & pyrimidines in the body and is important for the maturation of erythrocytes. It is widely available from plants and to a lesser extent organ meats, but more than half the folate content of food is lost during cooking. Folate deficiency is commonly prevalent in alcoholic liver disease, pregnancy, and the elderly. It may result from poor intestinal absorption, nutrition deficiency, excessive demand as in pregnancy or in malignancy, and in response to certain drugs like Methotrexate & anticonvulsants. It is now routine practice to recommend dietary folate supplements from conception to the 12th week of pregnancy; such supplementation has been proven to reduce the incidence of neural tube defects.

Decreased Levels: Megaloblastic anemia, Infantile hyperthyroidism, Alcoholism, Malnutrition, Scurvy, Liver disease, B12 deficiency, dietary amino acid excess, adult Celiac disease, Tropical Sprue, Crohn's disease, Hemolytic anemias, Carcinomas,


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Immunology

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Myelofibrosis, vitamin B6 deficiency, pregnancy, Whipple's disease, extensive intestinal resection, and severe exfoliative dermatitis.

Note:

Certain drugs like Pyrimethamine, methotrexate, and trimethoprim are all folate antagonists i.e. they stop the action of the folic acid; phenytoin can decrease the intestinal absorption of folates, and ethanol both decreases absorption and increases excretion of folic acid.

To differentiate vitamin B12 & folate deficiency, measurement of Methylmalonic acid in urine & serum Homocysteine level is suggested.



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Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 01/Dec/2023 01:50PM

SEROLOGY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Hepatitis Bs (Surface) Antigen	NON REACTIVE		Non-Reactive	Immunochromatographic

Comment:

Infection with HBV results in a wide spectrum of acute and chronic liver diseases that may lead to cirrhosis and hepatocellular carcinoma. Hepatitis B surface antigen (HBsAg), derived from the viral envelope, is the first antigen to appear following infection and is detectable in the serum.

Note:

•This is a Rapid, Screening Test for Qualitative detection of HBsAg.

•All Provisionally Reactive cases must be confirmed by confirmatory method to rule out false positives due to interfering substances.

Limitations:

•For diagnostic purposes, results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute and chronic infection.

•Additional follow up testing using other available methods is required ,if this test is Non- Reactive in the presence of persisting clinical symptoms of Hepatitis B.

•In few cases,false positive results can be obtained due to presence of other antigens or elevated levels of Rheumatoid factor.



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Barcode ID/Order ID	: D7089595 / 8528067	Sample Receive Date	: 01/Dec/2023 12:19PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Urine	Report Date	: 01/Dec/2023 04:37PM

CLINICAL PATHOLOGY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Urine Routine & Microscopy				
Colour	YELLOW		Pale Yellow	
Appearance	CLEAR		Clear	Visual
Specific gravity	1.030		1.003 - 1.035	pKa change
pH	6.0		4.6 - 8.0	Double Indicator
Glucose	NEGATIVE		Negative	GOD-POD
Protein	NEGATIVE		Negative	Protein Error Principle
Ketones	NEGATIVE		Negative	Nitroprusside
Blood	NEGATIVE		Negative	Peroxidase
Bilirubin	NEGATIVE		Negative	Diazonium
Urobilinogen	NORMAL		Normal	Ehrlich
Leucocyte Esterase	NEGATIVE		Negative	Pyrrole
Nitrite	NEGATIVE		Negative	Diazonium Compound
Pus cells	2-3	/hpf	0-5	Microscopy
Red Blood Cells	NIL	/hpf	0-2	Microscopy
Epithelial cells	1-2	/hpf	Few	Microscopy
Casts	NIL	/lpf	Nil	Microscopy
Crystals	NIL		Nil	Microscopy
Yeast	NIL		Nil	Microscopy
Bacteria	NIL		Nil	Microscopy

Comment:

- Note: Pre-test condition to be observed while submitting the sample-first void, mid stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, Avoid prolonged transit time & undue exposure to sunlight.
- During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections. Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes, ascorbic acid and certain drugs. • Urine microscopy is done in centrifuged urine specimens

*** End Of Report ***



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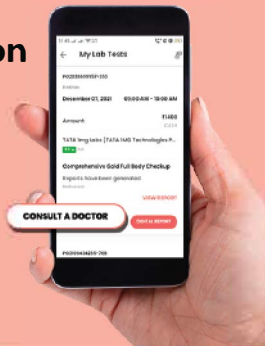
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