LABORATORY REPORT

NABL & ISO APPROVED

Lifecare Health Labs

Patient Name	**: Mr DILEEP KUMAR SARIN**	Bill Date	: Jul 21, 2022, 03:43 PM
DOB/Age/Gender	: 60Yrs/Male	Sample Collected	: Jul 21, 2022, 03:17 PM
Patient ID	: 1085164	Sample Received	: Jul 21, 2022, 03:44 PM
Referred by	: Dr.	Report Date	: Jul 21, 2022, 05:05 PM
Sample Type	: Whole blood EDTA	BarcodeNo	: H167633
Client	: STANDARD KANPUR	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
HEMATOLOGY REPORT			
Lifecare Health Gold Plus Package			
Complete Blood Count (CBC)			
RBC PARAMETERS			
Hemoglobin Method : colorimetric	**12.5**	g/dL	13.0 - 17.0
RBC Count Method : Electrical impedance	4.50	10^6/µl	4.5 - 5.5
PCV Method : Calculated	41.2	%	40 - 50
MCV Method : Calculated	91.4	fl	83 - 101
MCH Method : Calculated	27.6	pg	27 - 32
MCHC Method : Calculated	**30.2**	g/dL	31.5 - 34.5
RDW (CV) Method : Calculated	**15.4**	%	11.6 - 14.0
RDW-SD Method : Calculated	**49.6**	fl	35.1 - 43.9
WBC PARAMETERS			
TLC Method : Electrical impedance and microscopy	4.3	10^3/µl	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	59	%	40 - 80
Lymphocytes	34	%	20 - 40
Monocytes	5	%	2 - 10
Eosinophils	2	%	1 - 6
Basophils	0	%	<2.0
Absolute leukocyte counts **Method : calculated**			
Neutrophils*	2.54		
Lymphocytes*	1.46		
Monocytes*	0.22		
Eosinophils*	0.09	10^3/uL	0.02 - 0.44
Basophils*	0		
PLATELET PARAMETERS			
Platelet Count Method : Electrical impedance and microscopy	174	10^3/µl	150 - 410
Mean Platelet Volume (MPV) Method : Calculated	10.6	fL	9.3 - 12.1

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Test Description	Value(s)	Unit(s)	Reference Range
PCT Method : Calculated	0.2	%	0.17 - 0.32
PDW Method : Calculated	14.7	fL	8.3 - 25.0
P-LCR Method : Calculated	30.4	%	18 - 50
P-LCC Method : Calculated	53.0	%	44 - 140
Mentzer Index	20.31	%	

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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Patient ID	: 1085164	Sample Received	: Jul 21, 2022, 03:44 PM
Referred by	: Dr.	Report Date	: Jul 21, 2022, 07:23 PM
Sample Type	: Whole blood EDTA	BarcodeNo	: H167633
Client	: STANDARD KANPUR	Report Status	: Final Report

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

HEMATOLOGY REPORT

Lifecare Health Gold Plus Package

HbA1C (Glycosylated Hemoglobin)

GLYCOSYLATED HEMOGLOBIN (HbA1c)	5.5	%	< 5.7
ESTIMATED AVERAGE GLUCOSE	111.15	mg/dL	-

Interpretation:

Interpretation For HbA1c% As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Age < 19 years Goal of therapy: <7.5

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled. 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments :

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)	HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126	12	298
8	183	14	355
10	240	16	413

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Patient ID	: 1085164	Sample Received	: Jul 21, 2022, 03:44 PM
Referred by	: Dr.	Report Date	: Jul 21, 2022, 07:25 PM
Sample Type	: FLUORIDE F	BarcodeNo	: BC451825
Client	: STANDARD KANPUR	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Lifecare Health Gold Plus Package			
Glucose Fasting (BSF)			
GLUCOSE FASTING Method : Hexokinase	93.7	mg/dL	70 - 100

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Patient ID	: 1085164	Sample Received	: Jul 21, 2022, 03:44 PM
Referred by	: Dr.	Report Date	: Jul 21, 2022, 06:28 PM
Sample Type	: Serum	BarcodeNo	: BC451826
Client	: STANDARD KANPUR	Report Status	: Final Report

BIOCHEMISTRY REPORT

Lifecare Health Gold Plus Package

Liver Function Test (LFT)

Test Description	Value(s)	Unit(s)	Reference Range
BILIRUBIN TOTAL Method : Photometric	1.0	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT Method : Diazo Reaction	0.4	mg/dL	0.0 - 0.5
BILIRUBIN INDIRECT Method : Calculation (T Bil - D Bil)	0.6	mg/dL	0.1 - 1.0
SGOT/AST Method : IFCC without P5P	29.5	U/L	5 - 34
SGPT/ALT Method : IFCC without P5P	18.4	U/L	0 to 55
SGOT/SGPT Ratio	1.6	-	-
ALKALINE PHOSPHATASE Method : IFCC	57.0	U/L	40 - 150
TOTAL PROTEIN Method : Biuret	**5.8**	g/dL	6.4 - 8.3
ALBUMIN Method : BCG	3.8	gm/dL	3.8 - 5.0
GLOBULIN Method : Calculation (T.P - Albumin)	**2**	g/dL	2.3 - 3.5
ALBUMIN : GLOBULIN RATIO Method : Calculation (Albumin/Globulin)	1.9	-	1.0 - 2.1
GAMMA GLUTAMYL TRANSFERASE (GGT) Method : Photometric	13.4	U/L	12 - 64

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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Referred by	: Dr.	Report Date	: Jul 21, 2022, 06:39 PM
Sample Type	: Serum	BarcodeNo	: BC451826
Client	: STANDARD KANPUR	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Lifecare Health Gold Plus Package			
Kidney Function Test (KFT)			
BLOOD UREA Method : Urease	32.1	mg/dL	18 - 55
CREATININE Method : Photometric	0.72	mg/dL	0.72 - 1.25
BUN Method : Urease	15	mg/dL	8.4 - 25.7
BUN/CREATININE RATIO	20.83		
URIC ACID Method : Uricase	5.3	mg/dL	3.5 - 7.2
CALCIUM Serum Method : Arsenazo III	9.3	mg/dL	8.4 - 10.2
PHOSPHORUS Method : Photometric	4.4	mg/dL	2.3 - 4.7
SODIUM Method : Potentiometric	136.3	mmol/L	136 - 145
POTASSIUM Method : Potentiometric	3.55	mmol/L	3.5 - 5.1
Chloride Method : Photometric	101.3	mmol/L	98 - 107

Interpretation:

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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Referred by	: Dr.	Report Date	: Jul 21, 2022, 06:28 PM
Sample Type	: Serum	BarcodeNo	: BC451826
Client	: STANDARD KANPUR	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Lifecare Health Gold Plus Package			
Lipid Profile			
TOTAL CHOLESTEROL Method : Enzymatic - Cholesterol Oxidase	148.0	mg/dL	Desirable : <200 Borderline : 200-239 High : >240
TRIGLYCERIDES Method : Colorimetric - Lip/Glycerol Kinase	75.6	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very high : >500
HDL CHOLESTEROL Method : Accelerator Selective Detergent	58.2	mg/dL	>40
NON HDL CHOLESTEROL Method : Calculated	89.8	mg/dL	<130
LDL CHOLESTEROL Method : Calculated	74.68	mg/dL	Optimal <100 Near optimal/above optimal 100-129 Borderline high 130-159 High 160-189 Very high >190
V.L.D.L CHOLESTEROL Method : Calculated	15.12	mg/dL	< 30
CHOL/HDL Ratio Method : Calculated	**2.54**	-	3.5 - 5.0
HDL/ LDL RATIO Method : Calculated	0.78	-	Desirable : 0.5 - 3.0 Borderline : 3.1 - 6.0 High : > 6.0
LDL/HDL Ratio Method : Calculated	1.28	-	

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 in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in 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

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

BIOCHEMISTRY REPORT

Lifecare Health Gold Plus Package

Iron Studies

IRON Method : Ferene	161.6	µg/dL	65 - 175
TIBC Method : Calculated	342.5	µg/dL	250 - 450
UIBC Method : Ferene	180.9	µg/dL	69 - 240
TRANSFERRIN SATURATION Method : Method :Derived from IRON and TIBC values	47.18	%	-

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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Sample Type	: Serum	BarcodeNo	: BC451826
Client	: STANDARD KANPUR	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Lifecare Health Gold Plus Package			
Vitamin B12			
Vitamin - B12 Method : CMIA	**176.0**	pg/mL	187 - 883

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Sample Type	: Serum	BarcodeNo	: BC451826
Client	: STANDARD KANPUR	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Lifecare Health Gold Plus Package			
Vitamin D 25 - Hydroxy			
Vitamin D 25 - Hydroxy	12.31	ng/mL	Deficiency : <30 ng/mL
Method : CMIA			

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Referred by	: Dr.	Report Date	: Jul 21, 2022, 06:27 PM
Sample Type	: Serum	BarcodeNo	: BC451826
Client	: STANDARD KANPUR	Report Status	: Final Report

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

BIOCHEMISTRY REPORT

Lifecare Health Gold Plus Package

Thyroid Profile Total

TRIIODOTHYRONINE (T3) Method : CMIA	1.2	ng/ml	0.71 - 2.01
TOTAL THYROXINE (T4) Method : CMIA	9.6	µg/dL	4.87 - 11.2
THYROID STIMULATING HORMONE (TSH) Method : CMIA	2.8	mIU/L	0.35 - 4.94

Interpretation:

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pitutary-hypothala- mus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalami c-pitutary diseases. Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

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)

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Referred by	: Dr.	Report Date	: Jul 21, 2022, 11:04 PM
Sample Type	: Spot Urine	BarcodeNo	: CP163875
Client	: STANDARD KANPUR	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
CLINICAL PATHOLOGY REPORT			
Lifecare Health Gold Plus Package			
Urine Routine & Microscopic Examination			
PHYSICAL EXAMINATON			
Volume	25	mL	
Colour	Pale yellow		
Transparency	Clear		Clear
Deposit	Absent		
CHEMICAL EXAMINATION			
Reaction (pH) Method : Double Indicator	6.0		5.5-8.0
Specific Gravity Method : Ion Exchange	1.025	-	1.010 - 1.030
Urine Glucose (sugar)	Negative		Negative
Urine Protein (Albumin)	Negative	-	Negative
Urine Ketones (Acetone)	Negative	-	Negative
Blood	Negative		Negative
Leucocyte esterase	Negative	-	Negative
Bilirubin Urine	Negative		Negative
Nitrite Method : Griless Test	Negative		Negative
Urobilinogen Method : Ehrlichs Test	Normal		Normal
MICROSCOPIC EXAMINATION			
Pus Cells (WBCs)	2-3	/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

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CONDITIONS OF REPORTING

1. It is Presumed that specimen belongs to patient named or identified, such verification being carried out at the point of generation of said specimen

2. A test might not be performed due to following reason:

- Specimen Quantity not sufficient (Inadequate collection/spillage during transit)
- Specimen Quality not acceptable (Hemolysis/clotted/lipemic.)
- Incorrect sample type
- Test cancelled either on request of patient or doctor

In any of the above case a fresh specimen will be required for testing and reporting

3. The results of the tests may vary from lab to lab ; time to time for the same patient

4. The reported results are dependent on individual assay methods, equipment, method sensitivity, specificity and quality of the specimen received

5. Partial representation of report is not allowed

6. The reported tests are for the notification of the referring doctor, only to assist him/her in the diagnosis and management of the patient

7. If Sample collection date is not stated on test requisition form, the current date will be printed by default as the date of collection.

8. Report with status “Preliminary” means one or more test are yet to be reported

9. This report is not valid for Medico Legal Purpose

10. Applicable Jurisdiction will be of “Delhi” for any dispute/claim concerning the test(s) & results of the test (s)