



Dear Customer,

I welcome you to our ever growing Hindustan Wellness family and to a host of health & wellness benefits that are now yours to avail.

As a quality oriented professional with over 30 years of experience in the healthcare industry, I understand how important quality diagnostic services are to you and your loved ones. That is why each one of us at Hindustan Wellness is dedicated to helping Hindustan become healthier. With our **State of the Art NABL Accredited Lab** spread over 10,000 square feet area and highly trained and **experienced fleet of Blood Collection Officers**, we remain committed to delivering the highest quality services to you at the convenience of your home.

Thankyou for choosing Hindustan Wellness and being a part of India's fastest growing diagnostic laboratory. Please find enclosed your **medical report**.

You can also view the digitized report by downloading our app – **HINDUSTAN WELLNESS - Your Family Health Manager**. HINDUSTAN WELLNESS allows you to view and manage your reports and diet charts, share it with your family, set medicine reminders and keep track of your health.

The top priority for all of us at Hindustan Wellness is to provide you with the best possible customer experience. Your blood test is not a transaction for us, it is the first step towards building a **long term relationship with you and your family**. Thank you for choosing Hindustan Wellness as your health partner, we appreciate this relationship.

Please feel free to share your experience and health concerns with me. You can email me at feedback@hindustanwellness.com

I look forward to hearing from you.

Sincerely,

Dr. Krishna Kant Taneja
Hindustan Wellness Pvt. Ltd.

Technology Partners





HINDUSTAN WELLNESS LABORATORY

- ISO 9001:2008 Certified Company.
- AIIMS & CMC Vellore EQAS compliant.
- 10,000 Sq.Ft. State of Art Pathology Lab.
- Bar Coded & Bi Directional Systems. End to End Technology driven processes.
- US FDA/CE approved, fully automatic equipments.
- North India's First Centre of Excellence for AI Enabled Hematology.
- **State of Art Lab** - Department: Molecular Biology, Microbiology, Hematology, Biochemistry, Serology, Immunochemistry, Clinical Pathology, Cytopathology.



NABL ACCREDITED
(Under Large Lab Category)
10,000 Sq.ft State of Art Lab

ICMR APPROVED
(For COVID19 Testing)

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(Central Govt. Health Scheme)

EQAS BY
AIIMS - NEW DELHI
& CMC - VELLORE



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Faster turn around time.



250+ Trained Phlebotomists

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YOU CAN TRUST,
SERVICE
YOU CAN COUNT.**





Order ID : 21044523012



Name : Ms. NEETA SINGH

Collected On. : 01/07/2022 08:15:00

Gender / Age : Female 43 Yrs

Reported : 01/07/2022 15:49:02

Sample : EDTA Blood,Urine,Serum,Fluorid

Ref. By : SELF

Remark :

Investigation

Observed Value

Unit

Biological Ref Interval

MASTER WELLNESS COMPREHENSIVE

CBC WITHOUT ESR (EDTA, Whole Blood)

Haemoglobin (Hb) Spectrophotometry (EDTA blood)	12.7	gm/dl	12.0 - 15.6	
--	------	-------	-------------	---

TOTAL LEUCOCYTE COUNT (TLC) Flowcytometry	05.73	10 ³ /uL	03.90 - 10.20	
--	-------	---------------------	---------------	---

ROUTINE WBC DIFFERENTIAL

NEUTROPHIL* Myeloperoxidase staining, Flowcytometry	44	%	42 - 77
--	----	---	---------

LYMPHOCYTE* Myeloperoxidase staining, Flowcytometry	36	%	20 - 44
--	----	---	---------

EOSINOPHIL* Myeloperoxidase staining, Flowcytometry	10	%	01 - 06
--	----	---	---------

MONOCYTE* Myeloperoxidase staining, Flowcytometry	10	%	02 - 10
--	----	---	---------

BASOPHIL* Impedence	00	%	00 - 02
------------------------	----	---	---------

Large Unstained Cells (LUC)* Myeloperoxidase staining, Flowcytometry	00	%	00 - 04
---	----	---	---------

Nucleated RBC(NRBC) * Automated Cell Counter	00	%	00 - 02
---	----	---	---------

Absolute Neutrophils Count (NEUT)* Automated Cell Counter	2.5	10 ³ /uL	1.9 - 8.0
--	-----	---------------------	-----------

Absolute Lymphocyte Count(LYMPH) * Automated Cell Counter	1.9	10 ³ /uL	0.9 - 5.2
--	-----	---------------------	-----------

Absolute Monocyte Count(MONO) * Automated Cell Counter	0.5	10 ³ /uL	0.2 - 1.0
---	-----	---------------------	-----------

Absolute Eosinophils Count (EOS)* Automated Cell Counter	0.7	10 ³ /uL	0.0 - 0.8
---	-----	---------------------	-----------

Tests marked with NABL symbol are accredited by NABL vide Certificate No. M-3084



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(Authorized Signatory)



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---------------	----------------	------	-------------------------

Absolute Basophils Count (BASO)*
Automated Cell Counter

0.0

10³ /uL

0.0 - 0.2

LUC *
Automated Cell Counter

0.0

10³ /uL

0.0 - 0.4

Nucleated RBC(NRBC) *
Automated Cell Counter

0.0

10⁹/L

0.0 - 0.2

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Order ID : 21044523012



Name : Ms. NEETA SINGH

Collected On. : 01/07/2022 08:15:00







Gender / Age : Female 43 Yrs

Reported : 01/07/2022 15:15:47

Sample : EDTA Blood,Urine,Serum,Fluorid

Ref. By : SELF

Remark :

Investigation	Observed Value	Unit	Biological Ref Interval	
Erythrocyte Count (RBC) Impedence (EDTA whole blood)	5.06	10 ⁶ / uL	3.90 - 5.20	
Hematocrit (HCT) Calculated	39.3	%	35.5 - 45.5	
Mean Corpuscular Volume (MCV) Measured	77.7	fl.	80.0 - 99.0	
Mean Corpuscular Hb (MCH) Calculated	25.0	Pg.	27.0 - 33.5	
Mean Corpuscular Hb Conc.(MCHC) Calculated	32.2	gm/dl	31.5 - 36.0	
Red Cell Distribution Width (RDW) * Flowcytometry	17.0	%	11.5 - 14.5	
Mean Platelet Volume (MPV) * Flowcytometry	9.0	fl.	7.2 - 11.1	
PLATELET COUNT Automated Cell Counter	318	10 ³ /uL	150 - 450	
Platelet Distribution Width (PDW) * Automated Cell Counter	16.0	%	25.0 - 65.0	

Interpretation

A complete blood count (CBC) gives important information about the kinds and numbers of cells in the blood, especially red blood cells, white blood cells, and platelets. A CBC helps check any symptoms, such as weakness, fatigue or bruising, you may have. A CBC also helps diagnose conditions, such as anemia, infection, and many other disorders.

Hemoglobin (Hb)

The hemoglobin molecule fills up the red blood cells. It carries oxygen and gives the blood cell its red color. The hemoglobin test measures the amount of hemoglobin in blood and is a good measure of the blood's ability to carry oxygen throughout the body.



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Name : Ms. NEETA SINGH

Collected On. : 01/07/2022 08:15:00

Gender / Age : Female 43 Yrs

Reported : 01/07/2022 16:05:09

Sample : EDTA Blood,Urine,Serum,Fluorid

Ref. By : SELF

Remark :








Investigation

Observed Value

Unit

Biological Ref Interval

ANAEMIA PROFILE (EDTA, Whole Blood)

Haemoglobin (Hb) Spectrophotometry (EDTA blood)	12.7	gm/dl	12.0 - 15.6	
Erythrocyte Count (RBC) Impedence (EDTA whole blood)	5.06	10 ⁶ / uL	3.90 - 5.20	
Hematocrit (HCT) Calculated	39.3	%	35.5 - 45.5	
Mean Corpuscular Volume (MCV) Measured	77.7	fl.	80.0 - 99.0	
Mean Corpuscular Hb (MCH) Calculated	25.0	Pg.	27.0 - 33.5	
Mean Corpuscular Hb Conc.(MCHC) Calculated	32.2	gm/dl	31.5 - 36.0	
Red Cell Distribution Width (RDW) * Flowcytometry	17.0	%	11.5 - 14.5	
Mean Platelet Volume (MPV) * Flowcytometry	9.0	fl.	7.2 - 11.1	
SERUM IRON * Ferrozine (Serum)	37.8	ug/dL	60.0 - 180.0	

COMMENT :-

Serum iron may be increased in hemolytic, megaloblastic and aplastic anemias, and in hemochromatosis acute leukemia, lead poisoning, pyridoxine deficiency, thalassemia, excessive iron therapy, and after repeated transfusions. Drugs causing increased serum iron include chloramphenicol, cisplatin, estrogens (including oral contraceptives), ethanol, iron dextran, and methotrexate. Iron can be decreased in iron-deficiency anemia, acute and chronic infections, carcinoma, nephrotic syndrome hypothyroidism, in protein- calorie malnutrition, and after surgery

Interpretation

Anemia:

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Investigation

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Unit

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Commonly seen in infants/children, pregnant women, and old-age-people due to nutritional deficiency, occult blood loss or hemodilution. ICMR classification of severity of anemia:

Severity of anemia	Hb in g/dl
Mild	10-10.9
Moderate	9.9-7
Severe	6.9-4
Very severe	<4



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Gender / Age : Female 43 Yrs

Reported : 01/07/2022 16:05:09

Sample : EDTA Blood,Urine,Serum,Fluorid

Ref. By : SELF

Remark :










Investigation

Observed Value

Unit

Biological Ref Interval


EXTENDED LIVER PROFILE (Serum)

BILIRUBIN TOTAL Diazo (Serum)	0.27	mg/dL	0.30 - 1.20	
CONJUGATED (D. Bilirubin) Diazo (Serum)	0.09	mg/dL	<0.20	
UNCONJUGATED (I.D.Bilirubin) * Calculated	0.18	mg/dl	0.00 - 1.00	
SGOT IFCC (Serum)	21.00	U/L	<35.00	
SGPT IFCC (Serum)	6.00	U/L	<35.00	
GAMMA GT* Kinetic (Serum)	9.0	U/L	<38.0	
TOTAL PROTEIN Biuret (Serum)	6.29	gm/dL	6.60 - 8.30	
ALBUMIN Spectrophotometry, BCG (Serum)	4.06	gm/dL	3.50 - 5.20	
GLOBULIN * Calculated	2.2	gm/dl	2.3 - 3.5	
A/G RATIO * Calculated	1.80		0.80 - 2.00	

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Reported : 01/07/2022 16:05:09



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Ref. By : SELF

Remark :


Investigation	Observed Value	Unit	Biological Ref Interval
---------------	----------------	------	-------------------------

EXTENDED KIDNEY PROFILE (Serum)

SERUM URIC ACID Uricase-POD (Serum)	3.0	mg/dL	2.6 - 6.0	
BLOOD UREA Urease-GLDH (Serum)	18.3	mg/dL	17.0 - 43.0	

Note:

Urea formation is influenced by many other factors like Liver function, Protein intake and Hydration status other than Glomerular filtration rate.

SERUM CREATININE Jaffe's Kinetic (Serum)	0.50	mg/dL	0.51 - 0.95	
UREA / CREATININE RATIO * Calculated	36.60		0.25 - 42.00	
BLOOD UREA NITROGEN (BUN) * Calculated	8.6	mg/dl	6.0 - 20.0	
BUN / CREATININE RATIO * Calculated	17.20		4.00 - 15.50	



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Page No: 7 of 18



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Gender / Age : Female 43 Yrs

Reported : 01/07/2022 16:05:09

Sample : EDTA Blood,Urine,Serum,Fluorid

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Remark :

Investigation

Observed Value

Unit

Biological Ref Interval

EXTENDED LIPID PROFILE (Serum)

TRIGLYCERIDES
GPO-POD (Serum)

79.9

mg/dL

Normal : < 150
Borderline High : 150-199 mg/dl
High : 200-499 mg/dl
Very High : > 499 mg/dl

Note:

REMARKS	TRIGLYCERIDE in mg/dL
Optimal	< 150
High	150 - 199
Hypertriglyceridemic	200 - 499
Very High	> 499

TOTAL CHOLESTEROL
CHOD-POD (Serum)

176.2

mg/dL

Desirable: < 200 mg/dl
Borderline high risk: 200-239 mg/dl
High risk: > 239 mg/dl

Note:

REMARKS	TOTAL CHOLESTEROL in mg/dL (Adult)
Desirable	< 200



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Gender / Age : Female 43 Yrs

Reported : 01/07/2022 16:05:09

Sample : EDTA Blood,Urine,Serum,Fluorid

Ref. By : SELF

Remark :

Investigation	Observed Value	Unit	Biological Ref Interval
---------------	----------------	------	-------------------------

Borderline High

200 - 239

High

> 239

H D L CHOLESTEROL DIRECT
Direct Method (Serum)

59.8

mg/dL

40.0 - 60.0



Low HDL : < 40
High HDL : > = 60

V L D L *
Calculated

16.0

mg/dL

13.0 - 40.0

L D L CHOLESTEROL *
Calculated

100.4

mg/dL

Desirable:<130 mg/dl
Borderline high risk:130-160
mg/dl
High risk:>160 mg/dl



TOTAL CHOLESTEROL/HDL RATIO *
Calculated

2.90

1.50 - 6.00



Ideal: Under 3.5
Good: Under 5.0
Bad: Over 5.0

LDL / HDL CHOLESTEROL RATIO *
Calculated

1.70

1.00 - 3.50



Ideal : Under 2.5
Good: Under 3.5
Bad: Over 3.5

Interpretations

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol.

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Page No: 9 of 18

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Order ID : 21044523012



Name : Ms. NEETA SINGH

Collected On. : 01/07/2022 08:15:00

Gender / Age : Female 43 Yrs

Reported : 01/07/2022 17:14:12

Sample : EDTA Blood,Urine,Serum,Fluorid

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Remark :

Investigation

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Unit

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2. Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL

Note: Incase of abnormally high values sample might be lipemic and require re-pickup after few days (as will be directed by doctor)

AIS-Atherogenic Index of Serum(TG/HDL)*
Calculated

0.0

Low Risk: -0.3 to 0.1
Medium Risk: 0.1 to 0.24
High Risk: 0.25 & above



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Page No: 10 of 18



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Name : Ms. NEETA SINGH

Collected On. : 01/07/2022 08:15:00

Gender / Age : Female 43 Yrs

Reported : 01/07/2022 15:40:32

Sample : EDTA Blood,Urine,Serum,Fluorid

Ref. By : SELF

Remark :

Investigation

Observed Value

Unit

Biological Ref Interval

EXTENDED DIABETES PROFILE

HbA1C-Glycated Haemoglobin
HPLC (Whole Blood, EDTA)

5.50

%

Non Diabetic : 4.0 - 5.6

Pre Diabetic : 5.7 - 6.4

Diabetic : > 6.5

HbA1C Interpretation

As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults ≥ 18 years	4.0 - 5.6
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	≥ 6.5 (confirm by repeating the test on a different day)
Therapeutic goals for glycemic control	Good Control : 6.0 - 7.0 Fair Control : 7.1 - 8.0 Therapeutic action suggested : > 8.0

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.



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Page No: 11 of 18



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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.

Trends in HbA1c are a better indicator of diabetic control than a solitary test.

Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested

Abbreviation : HPLC : High-performance liquid chromatography

Reference : ADA (American Diabetes Association) guidelines 2016

BLOOD SUGAR FASTING (BSF)

86.0

mg/dL

74.0 - 106.0

Hexokinase (Fluoride Plasma)

Interpretation:

As per [American Diabetes Association](#) (ADA) fasting is defined as no caloric intake for at least 8 hours

Urine Sugar

NIL

NIL

Multistix, Manual



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(Authorized Signatory)



DR. SWATI SUCHARITA
MBBS, MD (PATH)

Page No: 12 of 18



Dr. KRISHNA KANT TANEJA
CONSULTANT BIOCHEMIST
(Authorized Signatory)

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Order ID : 21044523012



Name : Ms. NEETA SINGH

Collected On. : 01/07/2022 08:15:00

Gender / Age : Female 43 Yrs

Reported : 01/07/2022 16:05:09







Sample : EDTA Blood,Urine,Serum,Fluorid

Ref. By : SELF

Remark :

Investigation	Observed Value	Unit	Biological Ref Interval
---------------	----------------	------	-------------------------

EXTENDED BONES HEALTH PROFILE (Serum)

CALCIUM Arsenazo (Serum)	9.5	mg/dL	8.8 - 10.6	
INORGANIC PHOSPHORUS* Photometric UV (Serum)	3.47	mg/dL	2.50 - 4.50	
ALKALINE PHOSPHATASE p-NPP with AMP (Serum)	65.0	U/L	30.0 - 120.0	
THYROID PROFILE (Serum) (Serum, CLIA)				
T3 (Tri-Iodothyronine) (Serum, CLIA)	93.7	ng/dL	87.0 - 178.0	
T4 (Thyroxine) (Serum, CLIA)	7.24	µg/dL	6.09 - 12.23	
TSH (Thyroid Stimulating Hormone) (Serum, CLIA)	4.27	µIU/mL	0.38 - 5.33	

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.

Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic - Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders

Thyroid dysfunction in infancy and early childhood

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Gender / Age : Female 43 Yrs

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Investigation

Observed Value

Unit

Biological Ref Interval

VITAMIN B12 (Cyanocobalamin) *
(Serum, CLIA)

89.0

pg/mL

120.0 - 914.0



Comments:

Vitamin B12 performs many important functions in the body, but the most significant function is to act as coenzyme for reducing ribonucleotides to deoxyribonucleotides, a step in the formation of genes. Inadequate dietary intake is not the commonest cause for cobalamine deficiency. The most common cause is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Cobalamine deficiency leads to Megaloblastic anemia and demyelination of large nerve fibres of spinal cord. Normal body stores are sufficient to last for 3-6 years. Sources of Vitamin B12 are liver, shellfish, fish, meat, eggs, milk, cheese & yogurt.

Decreased Levels

Lack of Intrinsic factor: Total or partial gastrectomy, Atrophic gastritis, Intrinsic factor antibodies

Malabsorption: Regional ileitis, resected bowel, Tropical Sprue, Celiac disease, pancreatic insufficiency, bacterial overgrowth & achlorhydria

Loss of ingested vitamin B12: fish tapeworm

Dietary deficiency: Vegetarians

Congenital disorders: Orotic aciduria & transcobalamine deficiency

Increased demand: Pregnancy specially last trimester

Increased Levels:

Chronic renal failure, Congestive heart failure, Acute & Chronic Myeloid Leukemia, Polycythemia vera, Carcinomas with liver metastasis, Liver disease, Drug induced cholestasis & Protein malnutrition

Interpretation :

1. To differentiate vitamin B12 & folate deficiency, measurement of Methyl malonic acid in urine & serum Homocysteine level is suggested.
2. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.
3. HoloTranscobalamin II levels are a more accurate marker of active VitB12 component.

Abbreviation:

CLIA : Chemiluminescence Immunoassay

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Dr. Swati Sucharita

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Dr. Pankaj Sharma

Dr. Pankaj Sharma
Sr. Microbiologist
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Dr. Krishna Kant Taneja

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Vitamin D total-25 hydroxy *

22.72

ng/mL

20.00 - 100.00

(Serum, CLIA)

Interpretation :

The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D. • 25 (OH)D is influenced by sunlight, altitude, skin pigmentation, sunscreen use and hepatic function. • Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L. • It shows seasonal variation, with values being 40-50% lower in winter than in summer. • Levels vary with age and are increased in pregnancy.

Testing for 25(OH)vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake. For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH) vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.

Comments :

Vitamin D promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs).

Decreased Levels • Inadequate exposure to sunlight • Dietary deficiency • Vitamin D malabsorption • Severe Hepatocellular disease • Drugs like Anticonvulsants • Nephrotic syndrome

Increased levels- Vitamin D intoxication

URINE EXAMINATION (R/M)

(Random Urine)

PHYSICAL EXAMINATION

QUANTITY *

20

ml.

Visual Examination

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Name : Ms. NEETA SINGH

Collected On. : 01/07/2022 08:15:00















Gender / Age : Female 43 Yrs

Reported : 01/07/2022 15:32:46

Sample : EDTA Blood,Urine,Serum,Fluorid

Ref. By : SELF

Remark :

Investigation	Observed Value	Unit	Biological Ref Interval	
COLOUR * Visual Examination	PALE YELLOW	---	PALE YELLOW	
TRANSPARENCY * Visual Examination	CLEAR	---	CLEAR	
SPECIFIC GRAVITY Dipstick(Bromthymol blue indicator)	1.020	---	1.010 - 1.030	
PH Dipstick (methyl red/bromethymol blue)	6.0	---	4.5 - 8.0	
CHEMICAL EXAMINATION				
ALBUMIN * Dipstick (Tetrabromophenol blue reagent)	ABSENT	mg/dl	ABSENT	
GLUCOSE * Dipstick(Glucose Oxidase peroxidase & K+ Iodide)	ABSENT	mg/dl	ABSENT	
UROBILINOGEN Dipstick(p-Diethylamiobenzaldehyde)	NORMAL	mg/dl	NORMAL	
BILIRUBIN * Dipstick(2,4 dichloroaniline)	ABSENT	mg/dl	ABSENT	
NITRITE * Dipstick(p- arsanilic acid yienlding a diazonium)	ABSENT	---	ABSENT	
BLOOD * Dipstick (3,5',5'- tetramethylbenzidine)	ABSENT	Ery/ μ l	ABSENT	
KETONE Dipstick (Sodium nitroprusside)	ABSENT	mg/dl	ABSENT	
MICROSCOPIC EXAMINATION URINE				
PUS CELLS Microscopy	1-2	/HPF	1-2	
RBC'S Microscopy	NOT SEEN	/HPF	NOT SEEN	
CASTS Microscopy	ABSENT	---	ABSENT	

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CRYSTALS Microscopy	ABSENT	---	ABSENT	
EPITHELIAL CELLS Microscopy	2-3	/HPF	0-2	
BACTERIA Microscopy	ABSENT	---	ABSENT	
OTHERS Microscopy Interpretation:	ABSENT	---	ABSENT	

A routine urine examination can give critical information to a number of underlying medical conditions like:

1. Hematuria associated with Kidney Stones.
2. Pyuria associated with urinary infections.
3. Eosinophiluria is associated with kidney disorders

Presence of Red Blood Cells, White Blood Cells or Pus cells can give details on a variety of diseases. Urobilinogen is present in liver disorders. Presence of protein may indicate a heart disease or kidney disorder. Glucose is present in diabetic conditions. Severe Diabetes show Ketone bodies in their urine.

*** End of Report ***



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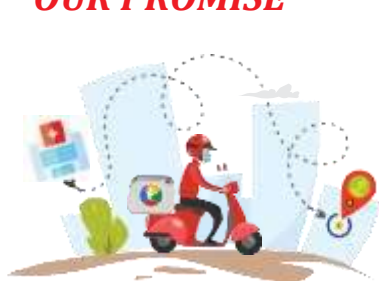
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Anaemia	%Hyper, %Hypo, %Macro, %Micro, HB, HCT, HDW, IRON, MCH, MCHC, MCV, MICRO%/HYPO%, MPV, RBC, RDW	%Hyper, %Hypo, %Macro, %Micro, HB, HCT, HDW, IRON, MCH, MCHC, MCV, MICRO%/HYPO%, MPV, RBC, RDW	%Hyper, %Hypo, %Macro, %Micro, HB, HCT, HDW, IRON, MCH, MCHC, MCV, MICRO%/HYPO%, MPV, RBC, RDW
Bones	Alkaline Phosphate, Calcium, Phosphorus	Alkaline Phosphate, Calcium, Phosphorus, Vitamin D	Alkaline Phosphate, Calcium, Phosphorus, Vitamin D, ESR, RA Factor
CBC	BASO#, Basophil, CHCM, Corpuscular Hemoglobin Eosinophil, HB, HCT, HDW, LUC, Lymphocyte, MCH, MCHC, MCV, Monocyte, MPV, Neutrophil, NRBC PCT, PDW, Platelet Count, RBC, RDW, TLC, NEUT# LYMPH#, MONO#, EOS#, LUC#, NRBC#	BASO#, Basophil, CHCM, Corpuscular Hemoglobin Eosinophil, HB, HCT, HDW, LUC, Lymphocyte, MCH, MCHC, MCV, Monocyte, MPV, Neutrophil, NRBC PCT, PDW, Platelet Count, RBC, RDW, TLC, NEUT# LYMPH#, MONO#, EOS#, LUC#, NRBC#	BASO#, Basophil, CHCM, Corpuscular Hemoglobin Eosinophil, HB, HCT, HDW, LUC, Lymphocyte, MCH, MCHC, MCV, Monocyte, MPV, Neutrophil, NRBC PCT, PDW, Platelet Count, RBC, RDW, TLC, NEUT# LYMPH#, MONO#, EOS#, LUC#, NRBC#
Diabetes	Blood Glucose, Urine Glucose	Avg. Sugar, Blood Glucose, HbA1C Urine Glucose	Avg. Sugar, Blood Glucose, HbA1C Urine Glucose
Electrolyte	NIL	NIL	Chloride, Potassium, Sodium
Heart	HDL, LDL, LDL/HDL Ratio, Total Cholesterol, Total Cholesterol/ HDL Cholesterol Ratio, Triglycerides, VLDL	AIP, HDL, LDH, LDL, LDL/HDL Ratio Total Cholesterol, Total Cholesterol/ HDL Cholesterol Ratio, Triglycerides, VLDL	AIP, HDL, LDL, LDL/HDL Ratio Total Cholesterol, Total Cholesterol/ HDL Cholesterol Ratio, Triglycerides, VLDL, CK
Kidney	Blood Urea Nitrogen, BUN Creatinine Ratio Creatinine, Urea, Urea/ Creatinine Ratio, Uric Acid	Blood Urea Nitrogen, BUN Creatinine Ratio Creatinine, Urea, Urea/ Creatinine Ratio, Uric Acid	Blood Urea Nitrogen, BUN Creatinine Ratio Creatinine, Urea, Urea/ Creatinine Ratio, Uric Acid, e-GFR with Creatinine
Liver	A:G Ratio, Albumin, Alkaline Phosphate Bilirubin Direct- Conjugated, Bilirubin Direct- Unconjugated Bilirubin Total, Globulin, SGOT, SGPT, Total Proteins	A:G Ratio, Albumin, Alkaline Phosphate Bilirubin Direct- Conjugated, Bilirubin Direct- Unconjugated Bilirubin Total, Globulin, SGOT, SGPT, Total Proteins	A:G Ratio, Albumin, Alkaline Phosphate Bilirubin Direct- Conjugated, Bilirubin Direct- Unconjugated Bilirubin Total, Globulin, SGOT, SGPT, Total Proteins
Thyroid	NIL	T3, T4, TSH	T3, T4, TSH
Urine	Albumin, Bacteria, Bilirubin, Blood, Casts Color, Crystals, Epithelial, Glucose, Nitrite Phosphorus, Pus Cells, Quantity, RBC, Specific Gravity, Transparency, UBG	Albumin, Bacteria, Bilirubin, Blood, Casts Color, Crystals, Epithelial, Glucose, Nitrite Phosphorus, Pus Cells, Quantity, RBC, Specific Gravity, Transparency, UBG	Albumin, Bacteria, Bilirubin, Blood, Casts Color, Crystals, Epithelial, Glucose, Nitrite Phosphorus, Pus Cells, Quantity, RBC, Specific Gravity, Transparency, UBG
Vitamin	NIL	Vitamin D, Vitamin B12	Vitamin D, Vitamin B12
Hormone	NIL	NIL	PSA or/ & LH, FSH

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Hindustan Wellness has always been committed to providing Superior Quality diagnostic services. We follow the most stringent and internationally accepted quality assurance systems to provide quality to the doctors and customers. Some of the highlights how we deliver quality are:

1. NABL ACCREDITED Lab covering over 10,000 sq. ft. State of Art pathology Lab.
2. Bar Coded & Bi Directional Systems.
3. US FDA/CE approved fully automatic equipments.
4. Highly experienced team of doctors from India's most prestigious medical colleges.
5. Strong medical and technology partnerships with Beckman Coulter- USA, Biorad- USA, Siemens- Germany, BD-USA etc.

2. WHY IS HINDUSTAN WELLNESS TRUSTED BY DOCTORS?

In the last 8 years, we have touched over 15+ LAKH Lives, performed over 3 CRORE+ investigations and are on a mission to make Hindustan Healthier.

Our relentless commitment to quality has helped us garner the trust of doctors. Delivering precision and accuracy in every single test has earned us the reputation. We work together with doctors to be able to provide precise diagnosis to our customers and make a difference to their lives.

Hindustan Wellness is also a trusted Wellness Partner of Fortune 800+ companies.

3. HOW IS HINDUSTAN WELLNESS ABLE TO PROVIDE SUCH AFFORDABLE RATES?

Hindustan Wellness is able to provide services at very affordable cost due to our business model. We pass the discount of franchise and middlemen directly to our end customer.

Since all samples are processed in our own lab, where tests are conducted in fully automated environment, hence the both quality and efficiency is much higher. Due to this Hindustan Wellness is also able to pass on this efficiency benefit to our customers.

4. HOW DO I CHECK MY REPORTS AND WILL I GET HARDCOPY OF THIS REPORT?

Hindustan Wellness cares deeply about the environment and acts responsibly to avoid any negative environmental impact. Hindustan Wellness has a strict paperless policy. We do not send paper to customers and aim to reduce incoming paper to our offices to as close to zero as possible. We are the first company in healthcare sector to say no to paper.

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2. Your Registered Email Id
3. On WhatsApp