MC-6206

INVESTIGATION REPORT

Patient NAME	: Mr.Amit Saha	Barcode NO	: 13991884
Age/Gender	: 37 Y/Male	Registration ON	: 04-Aug-2025 03:01:28 PM
LabNo	: 012508040833	Sample Collected ON	: 04/Aug/2025 03:01:28 PM
Referred BY	:Dr. SELF	Sample Received ON	: 04/Aug/2025 03:12:46 PM
CLIENT CODE	:WBCL/CORP/PTPL	Report Generated ON	: 04/Aug/2025 04:14:46 PM
Refer Lab/Hosp	:	Sample STATUS	: Final Approved
Lab Address	:AS 130, Block-H, R M Road, Kol: 157	Other Info	:

DEPARTMENT OF HEMATOLOGY

Medibuddy 197.0 -MediBuddy - TCS Wellness Package Onsite

Test Name	Value	Unit	Bio Ref.Interval
ESR (Method:Westergren method) (Sample:EDTA Whole Blood)	10	mm in 1hr	≤10
CBC - Extended			
Erythrocytes			
Haemoglobin (Method:Spectrophotometry) (Sample:EDTA)	14.1	g/dL	13-17
RBC Count (Method:Electrical Impedance) (Sample:EDTA)	4.7	10^12/L	4.5-5.5
PCV (Packed Cell Volume) (Method:Electrical Impedance) (Sample:EDTA)	44.3	%	40-50
MCV (Mean Corpuscular Volume) (Method:Calculated) (Sample:EDTA)	94.3	fl	83-101
MCH (Mean Corpuscular Hemoglobin) (Method:Calculated) (Sample:EDTA)	30	pg	27-32
MCHC (Mean Corpuscular Hemoglobin Concentration) (Method:Calculated) (Sample:EDTA)	31.8	g/dl	31.5-34.5
RDW-CV (Method:Calculated) (Sample:EDTA)	13.7	%	11.6-14.0
RDW-SD (Method:Calculated) (Sample:EDTA)	**46.3**	fL	39 - 46
Leucocytes			
WBC Count,Total (Method:Flow cytometry) (Sample:EDTA)	9,600	cells/µl	4000-10000
Differential Leucocyte Count			
Neutrophils (Method:Leishman Stain - Light Microscopy) (Sample:EDTA)	63	%	40-80
Lymphocytes (Method:Leishman Stain - Light Microscopy) (Sample:EDTA)	30	%	20-40
Monocytes (Method:Leishman Stain - Light Microscopy) (Sample:EDTA)	3	%	2-10
Eosinophils (Method:Leishman Stain - Light Microscopy) (Sample:EDTA)	4	%	1-6
Basophils (Method:Leishman Stain - Light Microscopy) (Sample:EDTA)	0	%	0-2
Absolute Neutrophil Count	6,048	Cells/µL	2000-7000

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Test Name	Value	Unit	Bio Ref.Interval
(Method:Leishman Stain - Light Microscopy) (Sample:EDTA)			
Absolute Lymphocyte Count (Method:Leishman Stain - Light Microscopy) (Sample:EDTA)	2,880	Cells/µL	1000-3000
Absolute Monocyte Count (Method:Leishman Stain - Light Microscopy) (Sample:EDTA)	288	Cells/µL	200 - 1000
Absolute Eosinophil Count (Method:Leishman Stain - Light Microscopy) (Sample:EDTA)	384	cells/µL	20-500
Absolute Basophil Count (Method:Leishman Stain - Light Microscopy) (Sample:EDTA)	0	Cells/µL	<200
Thrombocytes			
Platelet Count (Method:Electrical Impedance) (Sample:EDTA)	310	10^9/L	150-410
P-LCR (Method:Calculated) (Sample:EDTA)	0.361	%	15 - 35
PCT (Method:Calculated) (Sample:EDTA)	0.235	%	0.22-0.24
PDW (Method:Calculated) (Sample:EDTA)	19.70	fL	11.0 - 20.0
MPV (Method:Cell Impedence -Cell Counter) (Sample:EDTA)	**11.50**	fL	7.0-11.0
Mixed Cells	0.6	-	
Erythrocyte Sedimentation Rate			
ESR (Method:Westergren method) (Sample:EDTA)	10	mm in 1hr	≤10
Morphology			
RBC Morphology (Method:Microscopic) (Sample:EDTA)	Normocytic and Normochromic.		
WBC Morphology (Method:Microscopic) (Sample:EDTA)	Abnormal cells are not seen		
Platelet Morophology	Adequate.		

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Value	Unit	Bio Ref.Interval
Glucose - Fasting (Method:Hexokinase) (Sample:Fluoride Plasma)	84	mg/dL	Adults:74-106 Children:60-100 Pre-Diabetic: 111 - 125 Diabetic: ≥ 126

Please clinically correlate. Partial reproduction of test reports is strictly prohibited.
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Comments:
Glucose is a reducing monosaccharide that serves as the principal fuel for all tissues. It enters the cell through the influence of insulin and undergoes a series of chemical reactions to produce energy. Lack of insulin or resistance to its action at the cellular level causes diabetes. Therefore, in diabetes mellitus, the blood glucose levels are very high. Hyperglycemia is also noted in gestational diabetes during pregnancy and may be found in pancreatic disease, pituitary, and adrenal disorders. A decreased level of blood glucose and hypoglycemia is often associated with starvation, hyperinsulinemia, and in those who are taking high insulin doses for therapy. Clinical diagnosis should not be made on the findings of a single test result but should integrate both clinical and laboratory data.
Note: *For pre-hyperglycemic results please repeat the test with fresh samples for 2 consecutive days recommended.*
Reference: www.who.int/diabetes/publications/

Sodium (Na) (Method:ISE Direct) (Sample:Serum)	139	mmol/L	136 - 146

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Comments:

Sodium and other electrolytes such as potassium, chloride, and bicarbonate (or total CO_2) help cells function normally and helps regulate the amount of fluid in the body. While sodium is present in all body fluids, it is found in the highest concentration in the blood and in the fluid outside of the body's cells. This extracellular sodium, as well as all body water, is regulated by the kidneys.

Potassium (K) (Method:ISE Direct) (Sample:Serum)	4.5	mmol/L	3.5 - 5.1

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Comments:

Potassium is an electrolyte that is vital to cell metabolism. It helps transport nutrients into cells and removes waste products out of cells. It is also important in muscle function, helping to transmit messages between nerves and muscles.
Because the blood concentration of potassium is so small, minor changes can have significant health effects. Potassium levels that are too low or too high can alter the function of the nerves and muscles and there can be serious health complications, such as shock, breathing problems (respiratory failure), irregular heartbeat, or the heart muscle may even lose its ability to contract.
Measuring potassium as part of an electrolyte or metabolic panel may help diagnose an electrolyte imbalance or acidosis or alkalosis. Acidosis and alkalosis describe the abnormal conditions that result from an imbalance in the pH of the blood caused by an excess of acid or alkali (base). This imbalance is typically caused by some

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DEPARTMENT OF BIOCHEMISTRY

Medibuddy 197.0 -MediBuddy - TCS Wellness Package Onsite

Test Name	Value	Unit	Bio Ref.Interval

underlying condition or disease.

Chloride (Method:ISE – Indirect) (Sample:Serum)	103	mmol/L	101-109

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High levels of chloride may indicate:

- *Dehydration*
- *Kidney disease*
- *Acidosis, a condition in which you have too much acid in your blood. It can cause nausea, vomiting, and fatigue.*
- *Alkalosis, a condition in which you have too much base in your blood. It can cause irritability, muscle twitching, and tingling in the fingers and toes.*

Low levels of chloride may indicate:

- *Heart failure*
- *Lung diseases*
- *Addison's disease, a condition in which your body's adrenal glands don't produce enough of certain types of hormones. It can cause a variety of symptoms, including weakness, dizziness, weight loss, and dehydration.*

Lipid Profile With Ratio - 1.0

Cholesterol Total (Method:CHOD POD) (Sample:Serum)	**247**	mg/dL	Desirable< 200 Borderline High-200-239 High- 240
Cholesterol - HDL (Method:Direct Homogenous) (Sample:Serum)	48	mg/dL	Major risk factor for heart disease < 40 Negative risk factor for heart

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Test Name	Value	Unit	Bio Ref.Interval
			disease >60
Cholesterol - Non-HDL (Method:Calculated) (Sample:Serum)	**199**	mg/dL	Optimal < 130
Cholesterol VLDL (Method:Calculated) (Sample:Serum)	38	mg/dL	7 - 40
Cholesterol - LDL (Method:Calculated) (Sample:Serum)	**161**	mg/dL	Optimal : < 100 Near optimal : 100-129 Borderline High : 130-159 High : 160-189 Very high : >= 190
Triglycerides (Method:GPO-POD) (Sample:Serum)	**189**	mg/dL	Normal: < 150 Borderline: 150-199 High: >200 Very High:>500
LDL / HDL Ratio	3.4		0-3.5
HDL / LDL Ratio	0.3	-	
Total Cholesterol/HDL Ratio	5.2	-	

Liver Function Test (LFT) - With Ratio 1.1

Bilirubin Total (Method:DPD) (Sample:Serum)	0.55	mg/dL	Adults- 0.3-1.2 Children (0-1 Day) 1.4-8.7 Children (1-2 Day) 3.4-11.5 Children (3-5 Day) 1.5-12.0
Bilirubin Direct (Method:DPD) (Sample:Serum)	0.14	mg/dL	<0.2
Bilirubin Indirect (Method:Calculated) (Sample:Serum)	0.41	mg/dl	0.2-0.8
Alkaline Phosphatase (ALP) (Method:IFCC) (Sample:Serum)	104	U/L	30 - 120
AST/SGOT (Method:IFCC) (Sample:Serum)	25	U/L	<50
ALT/SGPT (Method:IFCC) (Sample:Serum)	44	U/L	<50
SGOT/SGPT Ratio	0.57		
Protein Total (Method:Biuret) (Sample:Serum)	7.8	g/dL	Newborn: 4.1-6.3 Children:5.7-8.0 Adults: 6.6-8.3

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Test Name	Value	Unit	Bio Ref.Interval
Albumin (Method:BCG) (Sample:Serum)	4.5	g/dL	3.5 - 5.2
Globulin (Method:Calculated) (Sample:Serum)	3.3	g/dL	2.3 - 3.9
Albumin / Globulin Ratio (Method:Calculated) (Sample:Serum)	1.4	-	
Gamma Glutamyl Transferase (GGT) (Method:IFCC) (Sample:Serum)	24.0	U/L	< 55
Kidney/Renal Panel - 1.1			
Urea (Method:Urease - GLDH) (Sample:Serum)	18.0	mg/dL	17 - 43 New born :8.4-25.8 Infant/Child :10.8-38.4
BUN (Blood Urea Nitrogen) (Method:Calculation) (Sample:Serum)	8.0	mg/dL	5.0 - 24.0
Creatinine (Method:MODIFIED JAFFE) (Sample:Serum)	0.73	mg/dl	0.67- 1.17
Uric Acid (Method:Uricase - PAP) (Sample:Serum)	5.7	mg/dL	Male: 3.5-7.2 Female: 2.6-6.0
BUN/Creatinine Ratio (Method:Calculated) (Sample:Serum)	10.96	-	
Urea/Creatinine Ratio	24.66	-	
eGFR (Method:Calculated) (Sample:Serum)	120.00	ml/min/1.73m2	≥ 90 : Normal (Stage 1) 60 - 89 : Mild Decrease (Stage 2) 45 - 59 : Mild to Moderate Decrease (Stage 3a) 30 - 44 : Moderate to Severe Decrease (Stage 3b) 15 - 29 : Severe Decrease (Stage 4) <15 : Renal Failure (Stage 5)

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DEPARTMENT OF CLINICAL BIOCHEMISTRY

Medibuddy 197.0 -MediBuddy - TCS Wellness Package Onsite

Test Name	Value	Unit	Bio Ref.Interval
Thyroid Stimulating Hormone (TSH) (Method:CLIA) (Sample:Serum)	1.99	uIU/mL	1D - 13D : 1.0 - 39.0 2W - 20W : 1.7 - 9.1 21W - 20Y : 0.7 - 6.4 Adults(more than 20Y) : 0.3 - 4.5

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Comments:
Increased in:
Primary untreated hypothyroidism. Patient with hypothyroidism receiving insufficient thyroid hormone replacement therapy. Patients with Hashimoto thyroiditis, including those will clinical hypothyroidism. Use of various drugs: Amphetamines (abuse), Iodine containing agents (e.g., Iopanoic acid, Ipodate, Amiodarone), Dopamine antagonists (e.g., metoclopramide, domperidone, Chlorpromazine, Haloperidol).
Decrease in:
Toxic multinodular goiter. Autonomously functioning thyroid adenoma. Ophthalmopathy of euthyroid Graver disease, Thyroiditis, Extrathyroidal thyroid hormone source, factitious, overreplacement of thyroid hormone in the treatment of hypothyroidism.

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DEPARTMENT OF CLINICAL PATHOLOGY

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Test Name	Value	Unit	Bio Ref.Interval
RE - Urine - Extended			
PHYSICAL EXAMINATION			
Colour (Method:Visual Examination) (Sample:Random Urine)	Straw		Pale Yellow
Appearance (Method:Visual Examination) (Sample:Random Urine)	Clear		Clear
Specific gravity (Method:Bromothymol Blue) (Sample:Random Urine)	1.015		1.005 - 1.025
CHEMICAL EXAMINATION			
pH (Method:Methyl Red and Bromothymol Blue) (Sample:Random Urine)	6.3		5-8
Protein (Method:Tetra Bromophenol Blue) (Sample:Random Urine)	Absent		Absent
Sugar (Method:GOD-POD) (Sample:Random Urine)	Absent		Absent
Blood (Method:Tetramethylbenzidine) (Sample:Random Urine)	Absent		Absent
Leucocytes	Absent		Absent
Ketones	Absent		Absent
Nitrites (Method:P - Arsanilic Acid) (Sample:Random Urine)	Absent		Absent
Bile Salt (Method:HAY's test (Sulphur Test)) (Sample:Random Urine)	Absent		Absent
Bile Pigment (Method:Chemical Test (Fauchet's Reagent)) (Sample:Random Urine)	Absent		Absent
Urobilinogen (Method:Diazonium Salt) (Sample:Random Urine)	Normal		Normal
MICROSCOPIC EXAMINATION			
Pus cells (Method:Microscopic) (Sample:Random Urine)	03-04	/hpf	0-5
Epithelial cells (Method:Microscopic) (Sample:Random Urine)	01-02	/hpf	1-5
RBC (Method:Microscopic) (Sample:Random Urine)	Absent	/hpf	0-4
Cast	Absent		Absent

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Test Name	Value	Unit	Bio Ref.Interval
(Method:Microscopic) (Sample:Random Urine)			
Crystal	Absent		Absent
(Method:Microscopic) (Sample:Random Urine)			
Micro Organism	Absent		
(Method:Microscopic) (Sample:Random Urine)			
Yeast cell	Absent		
(Method:Microscopic) (Sample:Random Urine)			
Others	Absent		Not seen
(Method:Microscopic) (Sample:Random Urine)			

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DEPARTMENT OF CHROMATOGRAPHY

Medibuddy 197.0 -MediBuddy - TCS Wellness Package Onsite

Test Name	Value	Unit	Bio Ref.Interval
Glycosylated Hemoglobin (HbA1c) (Method:HPLC) (Sample:EDTA Whole Blood)	5.6	%	Non-diabetic : 4 – 5.7 Pre-diabetic : 5.7 - 6.4 Diabetic : >= 6.5
Estimated Average Glucose (eAG) (Method:Calculated) (Sample:EDTA Whole Blood)	114	mg/dL	Excellent Control : 90-120 Good Control : 121-150 Average Control : 151-180 Action Suggested : 181-210 Panic Value : > 210

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Comments:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Reduced HbA1c levels may result due to Hemolysis, Hemoglobinopathies, Acute blood loss, Hypertriglyceridemia, Chronic hepatic disorder, Excessive diet control, Prolong high dose anti-diabetic drugs intake. In some cases, hemolytic anemia and hemorrhage may also cause of low HbA1c Value.
5. Elevated HbA1c levels may result due to Iron deficiency, Vit-B12 deficiency, Alcoholism, Uremia, Hyperbilirubinemia.
6. To estimate the eAG from the HbA1C value, the following equation is used: eAG (mg/dl) = 28.7 x HbA1c - 46.7
7. Interference of haemoglobinopathies in HbA1c estimation:
a. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
b. Homozygous haemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
8. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control – 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 %.

***Note**: Hemoglobin electrophoresis (HPLC method) is recommended for detecting haemoglobinopathy.*

Sample: Inhouse Sample

*** End Of Report ***

1.Partial reproduction of this report is not permitted. 2. If the result(s) of the test(s) is alarming or unexpected, the patient is advised to contact the laboratory immediately for possible advice. 3.Result(s) pertain to the specimen submitted. 4. Laboratory investigations should be used along with relevant clinical examinations to achieve the final diagnosis. These are never conclusive and dependent on the quality of the samples as well as the assay procedures used. 5. Test(s) requested might not be performed for the following reasons: (a) Quantity of the specimen received is unacceptable (b)Quality of the specimen received is of unacceptable quality (hemolyzed/Clotted/Lipemic). In any of these cases, a fresh specimen must be sent for reporting of the same parameters within the schedule (next 2 days). 6. Test(s) are performed as per the test schedule of the laboratory. In unforeseen circumstances (non availability of reagents, instrument breakdown, and natural calamities) test(s) may not be reported as per test schedule.Nirnayan will ensure that the delay is minimized.

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NIRNAYAN HEALTHCARE PVT.LTD **PATIENT REPORT**

VII Inst. #1. SN 16307 **V2TURBO_A1c_2.0**

Patient Data

Sample ID: 13991884
Patient ID:
Name:
Physician:
Sex:
DOB:

Comments:

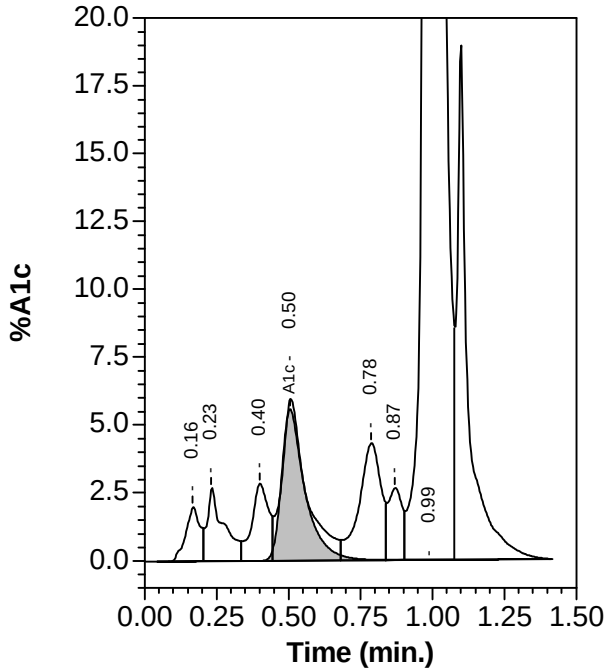
Analysis Data

Analysis Performed: 04/08/2025 17:02:43
Injection Number: 9689
Run Number: 150
Rack ID:
Tube Number: 9
Report Generated: 04/08/2025 17:07:27
Operator ID:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.0	0.165	18667
A1b	---	1.6	0.230	29179
LA1c	---	1.7	0.399	30985
A1c	5.6	---	0.505	85684
P3	---	3.3	0.785	60901
P4	---	1.3	0.867	23531
Ao	---	86.4	0.990	1581700

Total Area: 1,830,646

HbA1c (NGSP) = 5.6 %



Date: IST: 2025-08-04 10:22:50

Report ID: MDA_1647174331_V77O0SU2

Personal Details
UHID: 1647174331
PatientID: 1647174331
Name: Amit Saha
Age: 37
Gender: Male
Mobile: 0000000000

Pre-Existing Medical-Conditions

Symptoms

Vitals

Measurements
HR: 87 BPM
PR: 148 ms
PD: 115 ms
QRSD: 92 ms
QRS Axis: 42 deg
QT/QTc: 329/396 ms

Interpretation

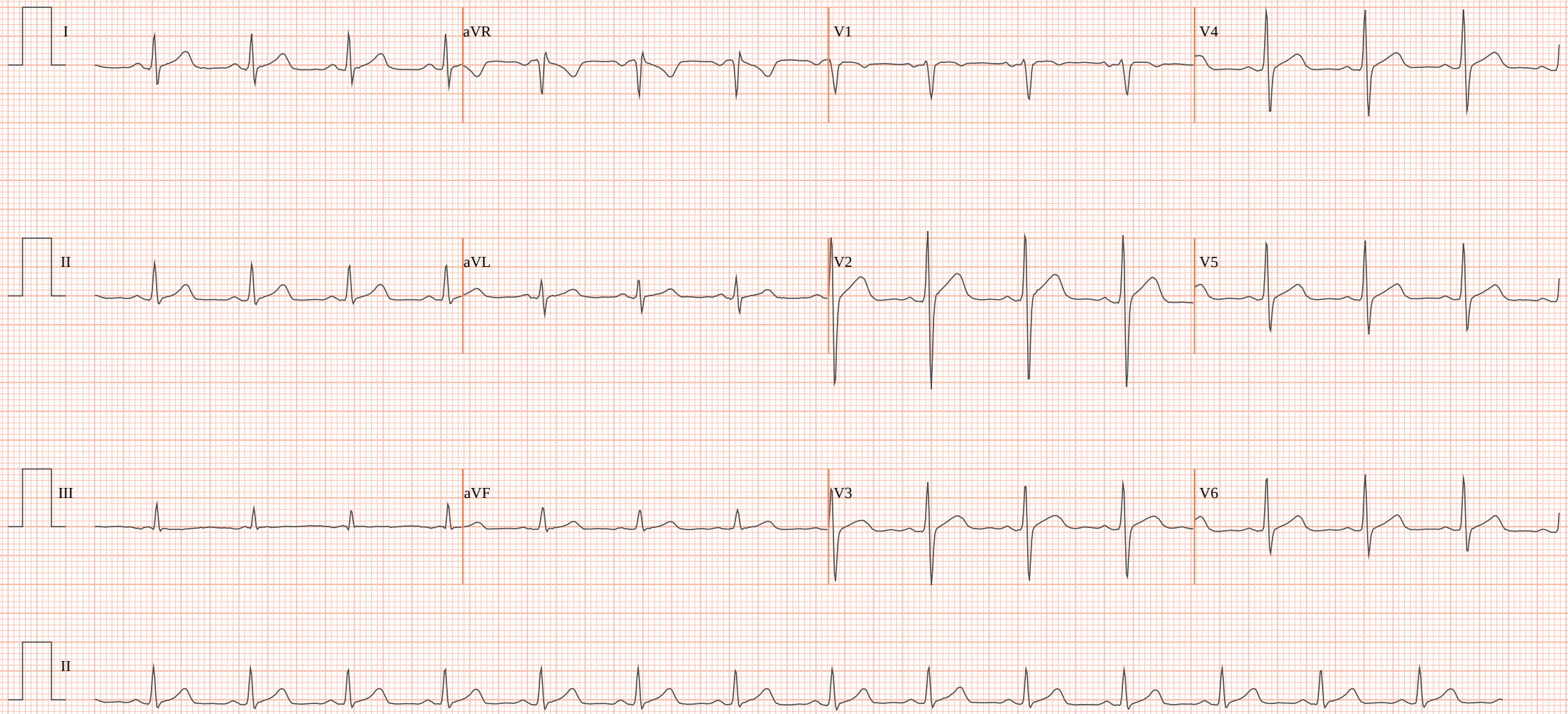
Sinus rhythm
Normal axis
To correlate clinically

MediBuddy — Your Health Buddy

Authorized by

Dr.Yogesh Kothari
MD,DNB,FESC,FEP
Reg No- KMC 44065

*This trace is generated by **KardioScreen;** Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from **IMEDRIX***



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

Disclaimer: 1. Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests and must be interpreted by a qualified physician.
2. Normal ECG does not rule out heart disease Abnormal ECG does not always mean severe heart disease Comments & report is based on available data, clinical correlation is important

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Vitals Health Assessment

Name:	Amit Saha

Height (in cm)	171
Weight (in kgs)	91
Systolic BP (mm Hg)	144
Diastolic BP (mm Hg)	100
BMI	31.12