




PERSONAL HEALTH SMART REPORT

A comprehensive analysis of your health using
Blood, Physicals, and Health Questionnaire data



Prepared for

LAKSHAY DULANI

Basic Info

Male /34 Yrs

Patient ID

OKH1291334

Report released on

26/04/2024

Date of Test

25/04/2024



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Disclaimer

- This is an electronically generated report and is not a substitute for medical advice.
- While following the recommendations, please be careful of any allergies or intolerances.
- If you are pregnant or lactating, some of the recommendations and analyzed information in the Smart Report may not directly apply to you. Please consult a doctor regarding your test results and recommendations.
- Analysis uses the attached blood test report and Well Being Index Questionnaire data, if present, and urine analysis report, if present.
- Tata 1mg is not liable for any direct, indirect, special, consequential, or other damages. This report cannot be used for any medico-legal purposes. Partial reproduction of the test results is not permitted. Also, TATA 1mg Labs is not responsible for any misinterpretation or misuse of the information.

Doctor Summary For

Comprehensive Gold Full Body Checkup with Smart Report

For

Lakshay Dulani

Male /34 Yrs

Note This is an electronically generated summary of the attached report. It is advised to read this summary in conjunction with the attached report and to correlate it clinically. For the trends section, the out of range values are highlighted with respect to the bio reference range of respective reports.

Test Name	Result, 25/04/24	Bio. Ref. Interval	Trends (For last three tests)		
Complete Blood Count			03/Nov/2023	10/Dec/2022	30/Mar/2022
Hemoglobin	14.3 g/dL	13.0 - 17.0	15.1	---	---
RBC	▲ 5.76 10^6/cu.mm	4.5 - 5.5	▲ 5.94	---	---
HCT	44.1 %	40 - 50	45.5	---	---
MCV	▼ 76.6 fL	83 - 101	▼ 76.6	---	---
MCH	▼ 24.9 pg	27 - 32	▼ 25.4	---	---
RDW-CV	▲ 17.2 %	11.6 - 14	▲ 18.3	---	---
Total Leucocyte Count	8.51 10^3/ÂµL	4 - 10	8.98	---	---
Neutrophils	56.5 %	40 - 80	41	---	---
Lymphocytes	32.6 %	20 - 40	▲ 42.9	---	---
Monocytes	5.8 %	2 - 10	7.2	---	---
Eosinophils	4.8 %	1 - 6	▲ 8.4	---	---
Basophils	0.3 %	0 - 2	0.5	---	---
Platelet Count	278 10^3/ÂµL	150 - 410	359	---	---
PDW	▲ 18.3 fL	9 - 17	14.7	---	---
Inflammatory markers			03/Nov/2023	10/Dec/2022	30/Mar/2022
Erythrocyte Sedimentation Rate	▲ 21 mm/hr	0 - 10	10	---	---
C-Reactive Protein (Quantitative)	▲ 19.6 mg/L	0 - 10	---	---	---
Iron Studies			03/Nov/2023	10/Dec/2022	30/Mar/2022
Iron Serum	▼ 58.3 Âµg/dL	65 - 175	▼ 42.7	---	---
Total Iron Binding Capacity (TIBC)	390.5 Âµg/dL	240 - 540	398.07	---	---
Transferrin Saturation	▼ 14.93 %	16 - 50	▼ 10.73	---	---
Diabetes Profile			03/Nov/2023	10/Dec/2022	30/Mar/2022
Glucose - Fasting	79 mg/dL	70 - 99	88	---	---

Doctor Summary For

Comprehensive Gold Full Body Checkup with Smart Report

For
Lakshay Dulani
Male /34 Yrs

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Test Name	Result, 25/04/24	Bio. Ref. Interval	Trends (For last three tests)		
Diabetes Profile			03/Nov/2023	10/Dec/2022	30/Mar/2022
Glycosylated Hemoglobin (HbA1c)	▲ 5.7 %	4 - 5.6	▲ 5.7	---	---
Microalbumin-Albumin	<3 mg/L	<30	---	---	---
Microalbumin-Albumin/Creatinine Ratio	<30 mg/g Creatinine	0 - 29.99	---	---	---
Kidney Function Test			03/Nov/2023	10/Dec/2022	30/Mar/2022
Blood Urea Nitrogen	▼ 8 mg/dL	09 - 23	9	---	---
Urea	▼ 17.12 mg/dl	19.26 - 49.22	19.26	---	---
Creatinine	0.7 mg/dL	0.70 - 1.30	▼ 0.68	---	---
Uric Acid	6.2 mg/dL	3.5 - 7.2	5.8	---	---
Sodium	142 mmol/L	132 - 146	142	---	---
Potassium	5.1 mmol/L	3.5 - 5.5	4.5	---	---
Lipid Profile			03/Nov/2023	10/Dec/2022	30/Mar/2022
Cholesterol - Total	151 mg/dL	0 - 200	157	---	---
Triglycerides	147 mg/dL	<= 149	121	---	---
Cholesterol - HDL	▼ 32.9 mg/dL	>= 40	▼ 35	---	---
Cholesterol - LDL	88.7 mg/dL	30 - 99.9	97.8	---	---
Cholesterol : HDL Cholesterol	▲ 4.59 Ratio	3.5 - 4.5	4.49	---	---
Non HDL Cholesterol	118.1 mg/dl	0 - 129.9	122	---	---
Liver Function Test			03/Nov/2023	10/Dec/2022	30/Mar/2022
Bilirubin - Total	1.07 mg/dl	0.3 - 1.2	0.59	---	---
Bilirubin-Direct	▲ 0.35 mg/dl	0 - 0.30	0.2	---	---
Protein, Total	6.92 g/dL	5.7 - 8.2	7.24	---	---
Albumin	4.03 g/dL	3.4 - 4.8	4.46	---	---
Aspartate Transaminase (SGOT)	27 U/L	0 - 34	25	---	---

Doctor Summary For
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Male /34 Yrs

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Test Name	Result, 25/04/24	Bio. Ref. Interval	Trends (For last three tests)		
Liver Function Test			03/Nov/2023	10/Dec/2022	30/Mar/2022
Alanine Transaminase (SGPT)	▲ 51 U/L	10 - 49	▲ 50	---	---
Alkaline Phosphatase	79 U/L	46 - 116	77	---	---
Gamma Glutamyltransferase (GGT)	14 U/L	<= 72	16	---	---
Urine Routine & Microscopy			03/Nov/2023	10/Dec/2022	30/Mar/2022
Specific gravity	1.010	1.003 - 1.035	1.030	---	---
pH	7	4.6 - 8	6	---	---
Glucose	Negative	NEGATIVE	NEGATIVE	---	---
Protein	Negative	NEGATIVE	NEGATIVE	---	---
Ketones	Negative	NEGATIVE	NEGATIVE	---	---
Pus cells	1-2 /hpf	0 - 5	1-2	---	---
Red blood cell	Nil /hpf	0 - 2	NIL	---	---
Epithelial cells	1-2 /hpf	FEW	1-2	---	---
Casts	Nil /lpf	NIL	NIL	---	---
Crystals	Nil	NIL	NIL	---	---
Calcium and Bone Health			03/Nov/2023	10/Dec/2022	30/Mar/2022
Vitamin D (25-OH)	23.59 ng/mL	20 - 100	44.82	---	---
Calcium	9.5 mg/dL	8.7 - 10.4	---	---	---
Vitamin Profile			03/Nov/2023	10/Dec/2022	30/Mar/2022
Vitamin B12	▼ 178 pg/ml	211 - 911	▼ 103	---	---
Vitamin B9	▼ 3.66 ng/mL	>= 5.38	---	---	---
Thyroid Function Test			03/Nov/2023	10/Dec/2022	30/Mar/2022
T3, Total	0.8 ng/mL	0.60 - 1.81	0.93	---	---
T4, Total	7.3 Åµg/dl	4.5 - 12.6	8	---	---
Thyroid Stimulating Hormone - Ultra Sensitive	1.199 uIU/ml	0.55 - 4.78	1.162	---	---

Doctor Summary For
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Lakshay Dulani
Male /34 Yrs

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Test Name	Result, 25/04/24	Bio. Ref. Interval	Trends (For last three tests)		
Arthritis Screening			03/Nov/2023	10/Dec/2022	30/Mar/2022
Rheumatoid Factor - Quantitative	<9.3 IU/mL	0 - 14	---	---	---
Hepatitis Screening			03/Nov/2023	10/Dec/2022	30/Mar/2022
Hepatitis Bs (Surface) Antigen	NON REACTIVE	NON-REACTIVE	---	---	---

Wellbeing Index

Important Findings from your Wellbeing Index

For
Lakshay Dulani
Male /34 Yrs



Physicals

Height

Data not available

Weight

Data not available

Waist

Data not available

BMI

Data not available

Heart Age

Data not available

BP

Data not available



Disease Risks

Diabetes

Survey not taken yet

Hypertension

Survey not taken yet

Stroke

Survey not taken yet

CVD

Survey not taken yet

Depression

Survey not taken yet

Anxiety

Survey not taken yet

Stress

Survey not taken yet

* Embark on a better you by completing the wellbeing index. [Here](#)



Lifestyle Data

Habits

Data not available

Family History

Data not available

Important Parameters

From your Comprehensive Gold Full Body Checkup with Smart Report

For
Lakshay Dulani
Male /34 Yrs



Complete Blood Count

Gives an insight into the health of blood and blood cells which are essential to carry out various bodily functions like transporting oxygen, fighting infections, and clotting blood after an injury.

Hemoglobin

14.3 g/dL

Range: 13.0 – 17.0

RBC

▲ **5.76** $10^6/\text{cu.mm}$

Range: 4.5 – 5.5

HCT

44.1 %

Range: 40 – 50

MCV

▼ **76.6** fL

Range: 83 – 101

MCH

▼ **24.9** pg

Range: 27 – 32

RDW-CV

▲ **17.2** %

Range: 11.6 – 14

Total Leucocyte Count

8.51 $10^3/\mu\text{L}$

Range: 4 – 10

Neutrophils

56.5 %

Range: 40 – 80

Lymphocytes

32.6 %

Range: 20 – 40

Monocytes

5.8 %

Range: 2 – 10

Eosinophils

4.8 %

Range: 1 – 6

Basophils

0.3 %

Range: 0 – 2

Platelet Count

278 $10^3/\mu\text{L}$

Range: 150 – 410

PDW

▲ **18.3** fL

Range: 9 – 17



Inflammatory markers

Helps to understand presence of an inflammation in the body. Inflammation is bodies defence against infection or injury.

Erythrocyte Sedimentation Rate

▲ **21** mm/hr

Range: 0 – 10

C-Reactive Protein (Quantitative)

▲ **19.6** mg/L

Range: 0 – 10

Important Parameters

From your Comprehensive Gold Full Body Checkup with Smart Report

For
Lakshay Dulani
Male /34 Yrs



Iron Studies

Iron is a vital mineral. It helps our blood cells to transport oxygen. Iron studies are used to assess level of iron in blood and blood's ability to attach itself to iron.

Iron Serum

▼ **58.3** Âµg/dL

Range: 65 - 175

Total Iron Binding Capacity (TIBC)

390.5 Âµg/dL

Range: 240 - 540

Transferrin Saturation

▼ **14.93** %

Range: 16 - 50



Diabetes Profile

Measures the level of glucose in the body and helps identify the body's ability to process glucose. It can be used for screening as well as monitoring the treatment of diabetes.

Glucose - Fasting

79 mg/dL

Range: 70 - 99

Glycosylated Hemoglobin (HbA1c)

▲ **5.7** %

Range: 4 - 5.6

Microalbumin-Albumin

<**3** mg/L

Range: <30

Microalbumin-Albumin/Creatinine Ratio

<**30** mg/g Creatinine

Range: 0 - 29.99



Kidney Function Test

Performed to determine how well the kidneys are working. Kidneys regulate elimination of waste from our body and maintain electrolyte balance.

Blood Urea Nitrogen

▼ **8** mg/dL

Range: 09 - 23

Urea

▼ **17.12** mg/dl

Range: 19.26 - 49.22

Creatinine

0.7 mg/dL

Range: 0.70 - 1.30

Uric Acid

6.2 mg/dL

Range: 3.5 - 7.2

Important Parameters

From your Comprehensive Gold Full Body Checkup with Smart Report

For
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Sodium

142 mmol/L

Range: 132 - 146

Potassium

5.1 mmol/L

Range: 3.5 - 5.5



Lipid Profile

Measures the amount of Cholesterol and Triglycerides in your blood. This gives an insight into the health of heart and blood vessels.

Cholesterol - Total

151 mg/dL

Range: 0 - 200

Triglycerides

147 mg/dL

Range: <= 149

Cholesterol - HDL

▼ **32.9** mg/dL

Range: >= 40

Cholesterol - LDL

88.7 mg/dL

Range: 30 - 99.9

Cholesterol : HDL Cholesterol

▲ **4.59** Ratio

Range: 3.5 - 4.5

Non HDL Cholesterol

118.1 mg/dL

Range: 0 - 129.9



Liver Function Test

Group of blood tests commonly performed to evaluate the function of the liver which is essential to digest food and removing toxins from the body.

Bilirubin - Total

1.07 mg/dL

Range: 0.3 - 1.2

Bilirubin-Direct

▲ **0.35** mg/dL

Range: 0 - 0.30

Protein, Total

6.92 g/dL

Range: 5.7 - 8.2

Albumin

4.03 g/dL

Range: 3.4 - 4.8

Aspartate Transaminase (SGOT)

27 U/L

Range: 0 - 34

Alanine Transaminase (SGPT)

▲ **51** U/L

Range: 10 - 49

Important Parameters

From your Comprehensive Gold Full Body Checkup with Smart Report

For
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Alkaline Phosphatase

79 U/L

Range: 46 - 116

Gamma Glutamyltransferase (GGT)

14 U/L

Range: <= 72



Urine Routine & Microscopy

Microscopic examination of urine sample to check for the presence of blood cells, crystals, bacteria, parasites, and cells from tumors in it.

Specific gravity

1.010

Range: 1.003 - 1.035

pH

7

Range: 4.6 - 8

Glucose

Negative

Range: NEGATIVE

Protein

Negative

Range: NEGATIVE

Ketones

Negative

Range: NEGATIVE

Pus cells

1-2 /hpf

Range: 0 - 5

Red blood cell

Nil /hpf

Range: 0 - 2

Epithelial cells

1-2 /hpf

Range: FEW

Casts

Nil /lpf

Range: NIL

Crystals

Nil

Range: NIL



Calcium and Bone Health

Measures the levels of calcium and vitamin D in the blood which are responsible for keeping bones, teeth, and muscles healthy.

Vitamin D (25-OH)

23.59 ng/mL

Range: 20 - 100

Calcium

9.5 mg/dL

Range: 8.7 - 10.4

Important Parameters

From your Comprehensive Gold Full Body Checkup with Smart Report

For
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Male /34 Yrs



Vitamin Profile

Vitamins are the essential nutrients for human life. This profile offers tests to check level of different types of vitamin B, vitamin D, vitamin E and vitamin K.

Vitamin B12

▼ **178** pg/ml

Range: 211 - 911

Vitamin B9

▼ **3.66** ng/mL

Range: ≥ 5.38



Thyroid Function Test

Window to the health of the butterfly shaped gland - Thyroid, which determines how the body uses energy.

T3, Total

0.8 ng/mL

Range: 0.60 - 1.81

T4, Total

7.3 Åµg/dl

Range: 4.5 - 12.6

Thyroid Stimulating Hormone - Ultra Sensitive

1.199 uIU/ml

Range: 0.55 - 4.78



Arthritis Screening

Measures the amount of rheumatoid factor (RF) and Anti-CCP Antibody in the blood, which helps diagnose or monitor rheumatoid arthritis (RA) and differentiates it from other types of arthritis.

Rheumatoid Factor - Quantitative

< **9.3** IU/mL

Range: 0 - 14

Important Parameters

From your Comprehensive Gold Full Body Checkup with Smart Report

For
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Male /34 Yrs



Hepatitis Screening

This test identifies the surface antigen of the hepatitis B virus in the blood which may indicate current hepatitis B infection.

Hepatitis Bs (Surface) Antigen

NON REACTIVE

Range: NON-REACTIVE

Recommendations

Care for better health and wellbeing

For
Lakshay Dulani
Male /34 Yrs



Lifestyle

Healthy eating



Do's

Take Your Time Eating

Eat slowly and savor each bite to promote fullness and prevent overeating.

Consume A Well-Balanced Diet

Prioritize a balanced diet with fruits, vegetables, whole grains, lean proteins, nuts, healthy fats, and omega-3s. Limit salt and unhealthy fats.

Do's

Keep The Sleep Environment Quiet And Dark

Minimize noise and light exposure during sleep. Use white noise, earplugs, blackout shades, or an eye mask to promote restful sleep.

Dont's

Limit Alcohol

Avoid alcohol before bed as its initial sedative effect wears off, disrupting sleep patterns.

Sleep hygiene



Exercise



Do's

Park Farther Away

Park farther and walk to promote physical activity, but prioritize safety.

Even 5 Minutes Of Exercise Has Real Health Benefits.

Guidelines recommend 150-300 minutes of moderate-intensity activity per week for substantial health benefits, with even 5 minutes having real benefits.

References

From trusted sources

For

Lakshay Dulani

Male /34 Yrs

01

Estimation of 10-year Cardiovascular Disease (CVD) Risk

D'Agostino RB Sr, et al. General cardiovascular risk profile for use in primary care: the Framingham Heart Study.Circulation. 2008 Feb 12;117(6):743-53

02

Framingham Heart Study: Hypertension Risk

Parikh NI, et al. A risk score for predicting near-term incidence of hypertension: the Framingham Heart Study.Ann Intern Med. 2008;148(2):102-110.

03

Framningham Heart Study. Stroke Risk

D'Agostino RB, et al. Stroke risk profile: adjustment for antihypertensive medication. The Framingham Study. Stroke. 1994;25(1):40-3.

04

Depression: Patient Health Questionnaire-2 (PHQ-2)

Kroenke K, et al. The Patient Health Questionnaire-2: validity of a two-item depression screener.Med Care. 2003;41(11):1284-1292.

05

Anxiety: Generalized Anxiety Disorder 2-item (GAD-2)

Kroenke K, et al. Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection.Ann Intern Med. 2007;146(5):317-325.

06

Anxiety: Generalized Anxiety Disorder 7-item (GAD-7)

Spitzer RL, et al. A brief measure for assessing generalized anxiety disorder: the GAD-7.Arch Intern Med. 2006;166:1092-7.

07

Indian Diabetes Risk Score [IDRS]

Mohan V, et al. A simplified Indian Diabetes Risk Score for screening for undiagnosed diabetic subjects. J Assoc Physicians India. 2005;53:759-763.

08

Dietary Guidelines for Indians

Dietary Guidelines for Indians - A Manual, Second Edition, 2011.ICMR-National Institute of Nutrition, Hyderabad.

09

My plate for the day

R. Hemalatha. Promotionof 'My Plate for the Day' and physical activity among the population to prevent all forms of malnutrition and NCDs in the country, 2023.ICMR-National Institute of Nutrition, Hyderabad.

10

Healthy Eating Plate

Building a Healthy and Balanced DietThe Nutrition Source, Department of Nutrition, Harvard T.H. Chan School of Public Health.

11

Top 10 Take-Home Messages for the Primary Prevention of Cardiovascular Disease

2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease. Circulation. 2019 Sep 10;140(11).

12

Smoking cessation

Age-friendly Primary Health Care Centres Toolkit. World Health Organization

13

Sleep Hygiene

Irish LA, et al. The role of sleep hygiene in promoting public health: A review of empirical evidence. Sleep Med Rev. 2015;22:23-36.

14

Body mass index (BMI)

Nutritional Status of Women and Men, 2019-21 India.National Family Health Survey (NFHS - 5), 2019-21.

PO No :PO3493759316-762



Name	: Mr.LAKSHAY DULANI	Client Name	: TATA 1MG OKHLA
Age/Gender	: 34/Male	Registration Date	: 25/Apr/2024 11:09AM
Patient ID	: OKH1291334	Collection Date	: 25/Apr/2024 08:36AM
Barcode ID/Order ID	: D10529285 / 9463090	Sample Receive Date	: 25/Apr/2024 01:31PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: WHOLE BLOOD-EDTA	Report Date	: 25/Apr/2024 06:46PM

HAEMATOLOGY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glycosylated Hemoglobin (HbA1c)	5.7	%	4 - 5.6	HPLC (NGSP certified)
Estimated average glucose (eAG)	116.89	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 represent 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



This test has been performed at
TATA 1MG OKHLA
Address: 2nd Floor, B-225, Okhla Phase I,
Okhla Industrial Estate, New Delhi, Delhi 110020

Kundan

Dr. Kundan Kumar
MBBS, MD (Lab Medicine)
Consultant Laboratory Medicine
Reg No- 96030



PO No :PO3493759316-762



Name	: Mr.LAKSHAY DULANI	Client Name	: TATA 1MG OKHLA
Age/Gender	: 34/Male	Registration Date	: 25/Apr/2024 11:09AM
Patient ID	: OKH1291334	Collection Date	: 25/Apr/2024 08:36AM
Barcode ID/Order ID	: D10529285 / 9463090	Sample Receive Date	: 25/Apr/2024 01:31PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Whole Blood-EDTA	Report Date	: 25/Apr/2024 05:05PM

HAEMATOLOGY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Complete Blood Count				
Hemoglobin	14.3	g/dL	13.0-17.0	Cyanide Free SLS
RBC	5.76	10 ⁶ /cu.mm	4.5 - 5.5	Impedance
HCT	44.1	%	40 - 50	Calculated
MCV	76.6	fL	83 - 101	RBC pulse measurement
MCH	24.9	pg	27 - 32	Calculated
MCHC	32.5	g/dL	31.5 - 34.5	Calculated
RDW-CV	17.2	%	11.6-14	Calculated
Total Leucocyte Count	8.51	10 ³ /μL	4 - 10	Impedance
Differential Leucocyte Count				
Neutrophils	56.5	%	40-80	Double hydrodynamic sequential system/Microscopy
Lymphocytes	32.6	%	20-40	Double hydrodynamic sequential system/Microscopy
Monocytes	5.8	%	2-10	Double hydrodynamic sequential system/Microscopy
Eosinophils	4.8	%	1-6	Double hydrodynamic sequential system/Microscopy
Basophils	0.3	%	0-2	Double hydrodynamic sequential system/Microscopy
Absolute Leucocyte Count				
Absolute Neutrophil Count	4.81	10 ³ /μL	2-7	Calculated
Absolute Lymphocyte Count	2.77	10 ³ /μL	1-3	Calculated
Absolute Monocyte Count	0.49	10 ³ /μL	0.2-1	Calculated
Absolute Eosinophil Count	0.41	10 ³ /μL	0.02-0.5	Calculated
Absolute Basophil Count	0.03	10 ³ /μL	0.02-0.1	Calculated
Platelet Count	278	10 ³ /μL	150-410	Impedance /Microscopy



This test has been performed at
TATA 1MG OKHLA
Address: 2nd Floor, B-225, Okhla Phase I,
Okhla Industrial Estate, New Delhi, Delhi 110020

Kundan
Dr. Kundan Kumar
MBBS, MD (Lab Medicine)
Consultant Laboratory Medicine
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PO No :PO3493759316-762



Name	: Mr.LAKSHAY DULANI	Client Name	: TATA 1MG OKHLA
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Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Whole Blood-EDTA	Report Date	: 25/Apr/2024 05:05PM

HAEMATOLOGY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
MPV	9.5	fL	6.5 - 12	Calculated
PDW	18.3	fL	9-17	Calculated

Comment:

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.



This test has been performed at
TATA 1MG OKHLA
Address: 2nd Floor, B-225, Okhla Phase I,
Okhla Industrial Estate, New Delhi, Delhi 110020

Kundan

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Age/Gender	: 34/Male	Registration Date	: 25/Apr/2024 11:09AM
Patient ID	: OKH1291334	Collection Date	: 25/Apr/2024 08:36AM
Barcode ID/Order ID	: D10529285 / 9463090	Sample Receive Date	: 25/Apr/2024 01:31PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: EDTA	Report Date	: 25/Apr/2024 03:24PM

HAEMATOLOGY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Erythrocyte Sedimentation Rate				
Erythrocyte Sedimentation Rate	21	mm/hr	<=10	Capillary Photometry

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 "

NABL certificate
and scope

This test has been performed at
TATA 1MG OKHLA
Address: 2nd Floor, B-225, Okhla Phase I,
Okhla Industrial Estate, New Delhi, Delhi 110020

Dr. Dhananjay Singh
MBBS, MD(Pathology)
Consultant Pathologist
Reg No: 63325

Scan for
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PO No :PO3493759316-762



Name	: Mr.LAKSHAY DULANI	Client Name	: TATA 1MG OKHLA
Age/Gender	: 34/Male	Registration Date	: 25/Apr/2024 11:09AM
Patient ID	: OKH1291334	Collection Date	: 25/Apr/2024 08:36AM
Barcode ID/Order ID	: D10529284 / 9463090	Sample Receive Date	: 25/Apr/2024 01:50PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 25/Apr/2024 07:34PM

BIOCHEMISTRY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Microalbumin Creatinine Ratio, Urine				
Microalbumin-Albumin	<3	mg/L	<30	Immunoturbidimetry
Urinary Creatinine	66.73	mg/dL	24-392	Kinetic Alkaline Picrate
Microalbumin-Albumin/Creatinine Ratio	<30	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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Name	: Mr.LAKSHAY DULANI	Client Name	: TATA 1MG OKHLA
Age/Gender	: 34/Male	Registration Date	: 25/Apr/2024 11:09AM
Patient ID	: OKH1291334	Collection Date	: 25/Apr/2024 08:36AM
Barcode ID/Order ID	: D10529284 / 9463090	Sample Receive Date	: 25/Apr/2024 01:50PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 25/Apr/2024 07:34PM

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)	19.60	mg/L	<10.0	Turbidimetric

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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Name	: Mr.LAKSHAY DULANI	Client Name	: TATA 1MG OKHLA
Age/Gender	: 34/Male	Registration Date	: 25/Apr/2024 11:09AM
Patient ID	: OKH1291334	Collection Date	: 25/Apr/2024 08:36AM
Barcode ID/Order ID	: D10529284 / 9463090	Sample Receive Date	: 25/Apr/2024 01:50PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 26/Apr/2024 06:30AM

BIOCHEMISTRY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Iron Studies, Basic				
Iron Serum	58	µg/dL	65-175	Ferrozine
Unsaturated Iron Binding Capacity	332	µg/dL	120-470	Ferene
Total Iron Binding Capacity (TIBC)	390	µg/dL	240 - 540	Calculated
Transferrin Saturation	14.93	%	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. 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.



This test has been performed at
TATA 1MG OKHLA
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Reema
Dr. Reema Agrawal
MBBS, MD (Pathology)
Consultant Pathologist
Reg No: 56096



PO No :PO3493759316-762



Name	: Mr.LAKSHAY DULANI	Client Name	: TATA 1MG OKHLA
Age/Gender	: 34/Male	Registration Date	: 25/Apr/2024 11:09AM
Patient ID	: OKH1291334	Collection Date	: 25/Apr/2024 08:36AM
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Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 25/Apr/2024 07:34PM

BIOCHEMISTRY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Lipid Profile				
Cholesterol - Total	151	mg/dL	Desirable <200, Borderline High 200-239, High >=240	Enzymatic
Triglycerides	147	mg/dL	Normal: <150, Borderline: 150 - 199, High:200-499, Very High>=500	GPO
Cholesterol - HDL	33	mg/dL	Undesirable/high risk <=40mg/dL Desirable/low risk>=60mg/dl	Elimination/catalase
Cholesterol - LDL	89	mg/dL	Desirable: <100 Above desirable: 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very high : >=190	Calculated
Cholesterol- VLDL	29	mg/dl	<30	Calculated
Cholesterol : HDL Cholesterol	4.6	Ratio	Desirable : 3.5-4.5 High Risk : >5	Calculated
LDL : HDL Cholesterol	2.70	Ratio	Desirable : 2.5-3.0 High risk : >3.5	Calculated
Non HDL Cholesterol	118	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-HDLC) measures all plaque forming lipoproteins (e.g. remnants, LDL-C, VLDL, Lp(a), Apo-B). Monitoring of Non-HDLC is important in patients with high TG (e.g. diabetics, obese persons) and those already on statin therapy.</p>				

●Lipid Association of India (LAI-2020) recommends:-

- 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-HDLC should be calculated in every subject. LAI recommends LDL-C as the primary target and Non-HDLC 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-HDLC

New treatment goals by Lipid Association of India (2020)

	CONSIDER THERAPY (cut-off level)		TREATMENT GOALS	
Risk groups	LDL-C (mg/dL)	Non-HDLC (mg/dL)	LDL-C (mg/dL)	Non-HDLC (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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Sample Type	: Serum	Report Date	: 25/Apr/2024 07:34PM

BIOCHEMISTRY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Note: Reference Interval as per National Cholesterol Education Program (NCEP) Report.				
Liver Function Test				
Bilirubin-Total	1.07	mg/dl	0.3 – 1.2	Vanadate oxidation
Bilirubin-Direct	0.35	mg/dl	0 - 0.3	Vanadate oxidation
Bilirubin-Indirect	0.72	mg/dL	0.2-0.8	Calculated
Protein, Total	6.92	g/dL	5.7-8.2	Biuret
Albumin	4.03	g/dL	3.4-4.8	BCG Dye Binding
Globulin	2.9	g/dl	2.1 - 3.9	Calculated
A/G Ratio	1.39	Ratio	0.8 - 2.1	Calculated
Aspartate Transaminase (SGOT)	27	U/L	<34	Modified IFCC
Alanine Transaminase (SGPT)	51	U/L	10-49	Modified IFCC
SGOT/SGPT	0.53	Ratio	<1	Calculated
Alkaline Phosphatase	79	U/L	46-116	IFCC Standardization
Gamma Glutamyltransferase (GGT)	14	U/L	<73	Modified IFCC

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.
- 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)



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BIOCHEMISTRY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
primary biliary cirrhosis, (5) sclerosing cholangitis, and (6) a1-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	8	mg/dL	9-23	Urease with GLDH
Urea	17.12	mg/dl	19.26-49.22	Calculated
Creatinine	0.70	mg/dL	0.70-1.30	Alkaline picrate - kinetic
Uric Acid	6.2	mg/dL	3.5-7.2	Uricase/Peroxidase
Sodium	142	mmol/L	132-146	Indirect ISE
Potassium	5.10	mmol/L	3.5-5.5	Indirect ISE
Chloride	106.0	mmol/L	99-109	Indirect ISE
BUN/Creatinine Ratio	11.4	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 protein, low-protein/high-carbohydrate diet, malabsorption syndromes, pregnancy, severe liver disease, certain drugs.

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.

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.

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.



This test has been performed at

TATA 1MG OKHLA

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Sample Type	: Serum	Report Date	: 25/Apr/2024 07:34PM

BIOCHEMISTRY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Rheumatoid Factor - Quantitative				
Rheumatoid Factor - Quantitative	<9.3	IU/mL	<14.0	Turbidimetry

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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Sample Type	: Serum	Report Date	: 25/Apr/2024 06:35PM

Immunology

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Vitamin B12				
Vitamin B12	178.0	pg/ml	211 - 911	CLIA

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.



This test has been performed at
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Dr. Reema Agrawal
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Consultant Pathologist
Reg No: 56096



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Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 25/Apr/2024 04:04PM

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.

NABL certificate
and scope

MC - 5424

This test has been performed at

TATA 1MG OKHLA

Address: 2nd Floor, B-225, Okhla Phase I,
Okhla Industrial Estate, New Delhi, Delhi 110020

Dr. Dhananjay Singh
MBBS, MD(Pathology)
Consultant Pathologist
Reg No: 63325

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PO No :PO3493759316-762



Name	: Mr.LAKSHAY DULANI	Client Name	: TATA 1MG OKHLA
Age/Gender	: 34/Male	Registration Date	: 25/Apr/2024 11:09AM
Patient ID	: OKH1291334	Collection Date	: 25/Apr/2024 08:36AM
Barcode ID/Order ID	: D10529287 / 9463090	Sample Receive Date	: 25/Apr/2024 01:56PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Urine	Report Date	: 25/Apr/2024 07:02PM

CLINICAL PATHOLOGY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Urine Routine & Microscopy				
Colour	Pale Yellow		Pale Yellow	
Appearance	Clear		Clear	
Specific gravity	1.010		1.003 - 1.035	pKa change
pH	7.0		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	P-arsanilic acid
Pus cells	1-2	/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



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Dr. Dhananjay Singh
MBBS, MD(Pathology)
Consultant Pathologist
Reg No: 63325



PO No :PO3493759316-762



Name	: Mr.LAKSHAY DULANI	Client Name	: Tata 1mg
Age/Gender	: 34/Male	Registration Date	: 25/Apr/2024 11:09AM
Patient ID	: OKH1291334	Collection Date	: 25/Apr/2024 08:36AM
Barcode ID/Order ID	: D10529285 / 9463090	Sample Receive Date	: 25/Apr/2024 01:31PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: WHOLE BLOOD-EDTA	Report Date	: 25/Apr/2024 06:26PM

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 - Peripheral Smear within normal limits.



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PO No :PO3493759316-762



Name	: Mr.LAKSHAY DULANI	Client Name	: TATA 1MG OKHLA
Age/Gender	: 34/Male	Registration Date	: 25/Apr/2024 11:09AM
Patient ID	: OKH1291334	Collection Date	: 25/Apr/2024 08:36AM
Barcode ID/Order ID	: D10529284 / 9463090	Sample Receive Date	: 25/Apr/2024 01:50PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 25/Apr/2024 08:04PM

BIOCHEMISTRY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Calcium				
Calcium	9.5	mg/dL	8.7-10.4	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



This test has been performed at
TATA 1MG OKHLA
Address: 2nd Floor, B-225, Okhla Phase I,
Okhla Industrial Estate, New Delhi, Delhi 110020

Dr. Reema Agrawal
MBBS, MD (Pathology)
Consultant Pathologist
Reg No: 56096



PO No :PO3493759316-762



Name	: Mr.LAKSHAY DULANI	Client Name	: TATA 1MG OKHLA
Age/Gender	: 34/Male	Registration Date	: 25/Apr/2024 11:09AM
Patient ID	: OKH1291334	Collection Date	: 25/Apr/2024 08:36AM
Barcode ID/Order ID	: D10529286 / 9463090	Sample Receive Date	: 25/Apr/2024 02:07PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Fluoride Plasma F	Report Date	: 25/Apr/2024 03:44PM

BIOCHEMISTRY

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose - Fasting				
Glucose - Fasting	79	mg/dL	70 - 99	Hexokinase

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%



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Name	: Mr.LAKSHAY DULANI	Client Name	: TATA 1MG OKHLA
Age/Gender	: 34/Male	Registration Date	: 25/Apr/2024 11:09AM
Patient ID	: OKH1291334	Collection Date	: 25/Apr/2024 08:36AM
Barcode ID/Order ID	: D10529284 / 9463090	Sample Receive Date	: 25/Apr/2024 01:50PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 25/Apr/2024 06:12PM

Immunology

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Thyroid Profile				
T3, Total	0.80	ng/mL	0.60-1.81	CLIA
T4, Total	7.3	µg/dl	4.5-12.6	CLIA
Thyroid Stimulating Hormone - Ultra Sensitive	1.199	uIU/ml	0.55-4.78	CLIA

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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Reema
Dr. Reema Agrawal
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Sample Type	: Serum	Report Date	: 25/Apr/2024 06:12PM

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)	23.6	ng/mL	Deficiency:< 20, Insufficiency:20-29, Sufficiency:30 - 100, Toxicity possible:> 100	CLIA
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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 rickets, osteomalacia).



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Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 25/Apr/2024 06:12PM

Immunology

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
<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).



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Patient ID	: OKH1291334	Collection Date	: 25/Apr/2024 08:36AM
Barcode ID/Order ID	: D10529284 / 9463090	Sample Receive Date	: 25/Apr/2024 01:50PM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 26/Apr/2024 03:12AM

Immunology

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Vitamin B9 (Folic Acid)				
Vitamin B9 (Folic Acid)	3.66	ng/mL	0.35-3.37 Deficient 3.38-5.38 Indeterminate >5.38 Normal	CLIA

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, 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.

*** End Of Report ***

Conditions of Laboratory Testing & Reporting:

Test results released pertain to the sample, as received. Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the interpreting clinician. Result delays may happen because of unforeseen or uncontrollable circumstances. Test report may vary depending on the assay method used. Test results may show inter-laboratory variations. Test results are not valid for medico-legal purposes. Please mail your queries related to test results to Customer Care mail ID care@1mg.com

Disclaimer: Results relate only to the sample received. Test results marked "BOLD" indicate abnormal results i.e. higher or lower than normal. All lab test results are subject to clinical interpretation by a qualified medical professional. This report cannot be used for any medico-legal purposes. Partial reproduction of the test results is not permitted. Also, TATA 1mg Labs is not responsible for any misinterpretation or misuse of the information. The test reports alone may not be conclusive of the disease/condition, hence clinical correlation is necessary. Reports should be vetted by a qualified doctor only.

NABL certificate
and scope

This test has been performed at

TATA 1MG OKHLAAddress: 2nd Floor, B-225, Okhla Phase I,
Okhla Industrial Estate, New Delhi, Delhi 110020Dr. Reema Agrawal
MBBS, MD (Pathology)
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Sample Type	: Serum	Report Date	: 26/Apr/2024 03:12AM

Immunology

COMPREHENSIVE GOLD FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
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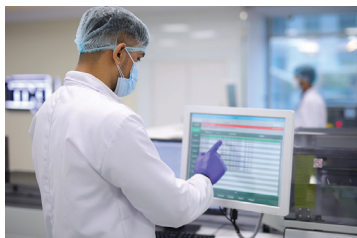
This test has been performed at
TATA 1MG OKHLA
Address: 2nd Floor, B-225, Okhla Phase I,
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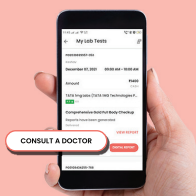
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