



## Laboratory Analysis Report

File No/MRN	: 085844	Emirate ID	: 784-1995-3390467-0
Name	: MR.MURTUZA ZUZARBHAI BORIWALA ZUZARBHAI NURUDDINBHAI	DOB	: 24/07/1995
National Id	: 784-1995-3390467-0	Age	: 30 Y 1 M
Clinic	: JUSTLIFE HOME HEALTHCARE	Gender	: Male
Speciality	: Pathology	Registered Time	: 16/09/2025 22:13
Sample Id	: G9656370562E	Collected Time	: 16/09/2025 20:18
Nationality	: Indian	Reported Time	: 17/09/2025 19:49
Doctor Name	: Dr. Saira Hyder	External Visit ID	: [D4DAF5]

## HEMATOLOGY

Test Name	Result	Flag	Unit	Reference Range	Method	Sample
<b>BASIC SUMMER CHECKUP-JL</b>						
Hematocrit	44.9		%	38.3 - 49.3	Calculation	EDTA Whole Blood
White blood cells count	6.86		10 <sup>3</sup> /uL	3.53 - 9.52	Optical Impedence	EDTA Whole Blood



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Result Approved By

Dr. Joyce Jose

Specialist Clinical Pathologist  
DHA-License No: 00227798-004



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## BIOCHEMISTRY

Test Name	Result	Flag	Unit	Reference Range	Method	Sample
<b>BASIC SUMMER CHECKUP-JL</b>						
Glucose (fasting)	5.35		mmol /L	3.89 - 5.49	Hexokinase	Fluoride Plasma
Conversion Factor	5.35mmol /L * 18.0200		mg/dL			
ADA Diagnostic Categories adults (Males and non-pregnant females) :						
Impaired fasting glucose: 5.5 - 6.9 mmol/L.						
Fasting glucose results of 7.0 mmol/L or greater indicate diabetes if the abnormality is confirmed on a subsequent day.						
Creatinine, serum	68.53		μmol/L	59 - 104	Enzymatic	Serum
Conversion Factor	68.53μmol/L * 0.0113		mg/dl			

Creatinine is a product of creatine nonenzymatic dehydration in skeletal muscle. The amount of creatinine generated and excreted by kidney is proportional to muscle mass and usually is higher in men than women. Daily creatinine generation remains fairly constant, with the exception of crushing injury or degenerative diseases that cause massive damage to muscle. Creatinine blood and urine level depends on glomerular filtration so creatinine clearance is excellent index of renal function.

BLOOD UREA NITROGEN (BUN)	1.91		mmol /L	1.35 - 3.83	Calculated	Serum
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## BIOCHEMISTRY

Test Name	Result	Flag	Unit	Reference Range	Method	Sample
<b>BASIC SUMMER CHECKUP-JL</b>						
<b>ELECTROLYTE PROFILE (3)</b>						
Sodium (Na)	140.8		mmol/L	135 - 145	ISE (Direct)	Serum
Potassium (K)	6.65	H	mmol/L	3.6 - 5.2	ISE (Direct)	Serum
<b>Comments</b> : Potassium values obtained is elevated (6.65), Kindly note that there was a delay in sample processing more than the recommended 4 hours after blood draw . Hence a false elevation in the value is a possibility. Recommended repeat collection and analysis of the sample within 2 hours of blood draw for accurate results.						
Chloride (Cl)	102.1		mmol/L	99 - 109	ISE (Indirect)	Serum



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## BIOCHEMISTRY

Test Name	Result	Flag	Unit	Reference Range	Method	Sample
<b>Lipid Panel Extended</b>						
<b>Cholesterol, total</b>	<b>3.41</b>		mmol /L	< 5.17	Cholesterol Oxidase-PAP	Serum
Conversion Factor	3.41mmol /L * 38.6600		mg/dL			
<b>HDL cholesterol</b>	<b>1.2</b>		mmol/L	0.7 - 1.7	Enzymatic PPD	Serum
Conversion Factor	1.2mmol/L * 38.6600		mg/dl			
<b>LDL cholesterol</b>	<b>2.26</b>		mmol/L	< 2.59	Enzymatic - CAT	Serum
Conversion Factor	2.26mmol/L * 38.6600		mg/dL			
<b>VLDL cholesterol</b>	<b>0.79</b>	<b>H</b>	mmol /L	0 - 0.7	Calculation	Serum
Conversion Factor	0.79mmol /L * 38.6600	<b>H</b>	mg/dL			
<b>Non-HDL cholesterol</b>	<b>2.21</b>		mmol /L	0 - 3.6	Calculation	Serum
Conversion Factor	2.21mmol /L * 38.6600		mg/dl			

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## BIOCHEMISTRY

Test Name	Result	Flag	Unit	Reference Range	Method	Sample
<b>Lipid Panel Extended</b>						
Triglycerides	1.73	H	mmol /L	0.4 - 1.7	GLYCEROL PHOSPHATE OXIDASE-PAP	Serum
Conversion Factor	1.73mmol /L * 88.5000	153.11	H	mg/dL		
<b>Comments</b> : Results should be interpreted in conjunction with the patient's clinical picture/ Repeat testing with fresh sample recommended, if indicated.						
Cholesterol total / HDL ratio	2.84		Ratio	< 4.9	Calculation	Serum
LDL/HDL Ratio	1.88		Ratio	< 4.5	Calculation	Serum



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### VITAMINS

Test Name	Result	Flag	Unit	Reference Range	Method	Sample
Vitamin B12	356		pg/mL	180 - 914	CLIA	Serum

Recent vitamin B12 administration could result in normal or elevated serum concentrations.

Vitamin B12 deficiency can occur for one of several reasons including a defect in the secretion of intrinsic factor (pernicious anemia), dietary deficiency (pure vegan diet), gastrectomy, malabsorption due to surgical resections, and a variety of bacterial or inflammatory diseases affecting the small intestine.

Vitamin D - 25-hydroxy (Total)	43.7		ng/mL	30.0 - 96.0	CLIA	Serum
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The concentration of 25-OH-Vitamin D in serum reflects the stored supply of all Vitamin D (D2 and D3), and gives a good indicator of the Vitamin D status of the patient.

*There is currently debate over the optimal values of 25(OH) Vitamin D in serum. In 2011, the Clinical Guidelines Subcommittee of the Endocrine Society Task Force established the guidelines for recommended serum 25(OH) vitamin D levels as follows: **Vitamin D Status Deficient: < 20 Insufficient: 20 to < 30 Sufficient: 30-100; Upper Safety Limit>100***

Ref: Holick MF et al. Evaluation, Treatment, and Prevention of Vitamin D Deficiency: An Endocrine Society Clinical Practice Guideline, J Clin Endocrinol Metab 2011; 96 (7): 1911-1930b (Access 25(OH) Vitamin D Total Instructions For Use © 2022 Beckman Coulter, Inc. Ref :B24838)



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## OUTSIDE TEST

Test Name	Result	Flag	Unit	Reference Range	Method	Sample
<b>BASIC SUMMER CHECKUP-JL</b>						
Specific gravity (urine)	1.020			1.005 - 1.030	Biochemical	OTHER SPECIMEN

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### CLINICAL PATHOLOGY

Test Name	Result	Flag	Unit	Reference Range	Method	Sample
<b>BASIC SUMMER CHECKUP-JL</b>						
Ketones, Urine	Negative		NULL	Negative	Strip Method	Spot urine

---End of Report---

Free Online teleconsultation link: <https://calendly.com/justlifehomehealthcare/15min>



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