



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 |
|--------------------------------|--------|------|---------|-----------------|-------------------|------------------|
| BASIC SUMMER CHECKUP-JL | | | | | | |
| Hematocrit | 44.9 | | % | 38.3 - 49.3 | Calculation | EDTA Whole Blood |
| White blood cells count | 6.86 | | 10^3/uL | 3.53 - 9.52 | Optical Impedance | EDTA Whole Blood |



Result Entered by
NEESHA



Result Approved By

Dr. Joyce Jose
Specialist Clinical Pathologist
DHA-License No: 00227798-004



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| Doctor Name | : Dr. Saira Hyder | External Visit ID | : [D4DAF5] |

BIOCHEMISTRY

| Test Name | Result | Flag | Unit | Reference Range | Method | Sample |
|--------------------------------|-----------------------|-------|---------|-----------------|------------|-----------------|
| BASIC SUMMER CHECKUP-JL | | | | | | |
| Glucose (fasting) | 5.35 | | mmol /L | 3.89 - 5.49 | Hexokinase | Fluoride Plasma |
| Conversion Factor | 5.35mmol /L * 18.0200 | 96.41 | mg/dL | | | |
| Creatinine, serum | 68.53 | | µmol/L | 59 - 104 | Enzymatic | Serum |
| Conversion Factor | 68.53µmol/L * 0.0113 | 0.77 | 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 |
|---------------------------------------|--------|------|--------|-----------------|----------------|--------|
| <u>BASIC SUMMER CHECKUP-JL</u> | | | | | | |
| <u>ELECTROLYTE PROFILE (3)</u> | | | | | | |
| 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 |
| Chloride (Cl) | 102.1 | | mmol/L | 99 - 109 | ISE (Indirect) | Serum |

Comments : 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.

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BIOCHEMISTRY

| Test Name | Result | Flag | Unit | Reference Range | Method | Sample |
|-----------------------------|--------------------------|--------|---------|-----------------|-------------------------|-------------|
| Lipid Panel Extended | | | | | | |
| Cholesterol, total | 3.41 | | mmol /L | < 5.17 | Cholesterol Oxidase-PAP | Serum |
| Conversion Factor | 3.41mmol /L * 38.6600 | 131.83 | mg/dL | | | |
| HDL cholesterol | | | | | | |
| Conversion Factor | 1.2mmol/L * 38.6600 | 46.39 | mmol/L | 0.7 - 1.7 | Enzymatic PPD | Serum |
| LDL cholesterol | | | | | | |
| Conversion Factor | 2.26mmol/L * 38.6600 | 87.37 | mmol/L | < 2.59 | Enzymatic - CAT | Serum |
| VLDL cholesterol | | | | | | |
| Conversion Factor | 0.79mmol /L * 38.6600 | 0.79 | H | mmol /L | 0 - 0.7 | Calculation |
| Non-HDL cholesterol | | | | | | |
| Conversion Factor | 2.21mmol /L * 38.6600 | 2.21 | mmol /L | 0 - 3.6 | Calculation | Serum |
| | | | mg/dl | | | |

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BIOCHEMISTRY

| Test Name | Result | Flag | Unit | Reference Range | Method | Sample |
|-------------------------------|---|---------------|---------|-----------------|--------------------------------|--------|
| Lipid Panel Extended | | | | | | |
| 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 | | |
| Comments : | 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 |
|--------------------------------|------|-------|-------------|------|-------|

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 |
|--------------------------------|--------|------|------|-----------------|-------------|----------------|
| BASIC SUMMER CHECKUP-JL | | | | | | |
| 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 |
|--------------------------------|----------|------|------|-----------------|--------------|------------|
| BASIC SUMMER CHECKUP-JL | | | | | | |
| 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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