TATA 1mg | Labs

PERSONAL HEALTH SMART REPORT

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

Prepared for

PUSHKAR ANAND SINGH

Basic Info
Male /29 Yrs

Patient ID
MUM1056582

Report released on
17/07/2025

Date of Test
17/07/2025

Table of contents

Your smart report includes the following sections.

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 Platinum Full Body Checkup with Smart Report

For
Pushkar Anand Singh
Male /29 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, 17/07/25	Bio. Ref. Interval	Trends (For last three tests)		
Complete Blood Count			18/Jul/2023	Date 2	Date 3
Hemoglobin	14.7 g/dL	13.0 - 17.0	15.2	---	---
RBC	4.96 mili/cu.mm	4.5 - 5.5	4.8	---	---
HCT	42.0 %	40 - 50	43.3	---	---
MCHC	▲ **35.0** g/dL	31.5 - 34.5	▲ **35.2**	---	---
RDW-CV	▲ **14.9** %	11.5 - 14	▲ **15.1**	---	---
Total Leucocyte Count	6.98 10^3/ÂµL	4 - 10	7.35	---	---
Neutrophils	40 %	40 - 80	▼ **35**	---	---
Lymphocytes	▲ **44** %	20 - 40	▲ **41**	---	---
Monocytes	10 %	2 - 10	05	---	---
Eosinophils	06 %	1 - 6	▲ **19**	---	---
Basophils	00 %	0 - 2	00	---	---
Absolute Lymphocyte Count	▲ **3.07** 10^3/ÂµL	1 - 3	▲ **3.01**	---	---
Absolute Basophil Count	▼ **0** 10^3/ÂµL	0.02 - 0.1	▼ **0**	---	---
Platelet Count	267 10^3/ÂµL	150 - 410	269	---	---
Inflammatory markers			18/Jul/2023	Date 2	Date 3
Erythrocyte Sedimentation Rate	9 mm/hr	0 - 10	9	---	---
C-Reactive Protein (Quantitative)	▲ **8.70** mg/L	0 - 3.3	---	---	---
Iron Studies			18/Jul/2023	Date 2	Date 3
Iron Serum	▼ **64** Âµg/dL	65 - 175	143.5	---	---
Total Iron Binding Capacity (TIBC)	294 Âµg/dL	250 - 460	283.41	---	---
Ferritin	110.80 ng/mL	22 - 322	---	---	---
Diabetes Profile			18/Jul/2023	Date 2	Date 3
Glycosylated Hemoglobin (HbA1c)	▲ **5.7** %	4 - 5.6	5.3	---	---

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For
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Male /29 Yrs

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Test Name	Result, 17/07/25	Bio. Ref. Interval	Trends (For last three tests)		
Diabetes Profile			18/Jul/2023	Date 2	Date 3
Glucose - Fasting	87 mg/dL	70 - 99	▼ **66**	---	---
Microalbumin-Albumin	< 5.0 mg/L	0 - 29.99	---	---	---
Microalbumin-Albumin/Creatinine Ratio	- mg/g Creatinine	0 - 29.99	---	---	---
Kidney Function Test			18/Jul/2023	Date 2	Date 3
Blood Urea Nitrogen	▼ **8** mg/dL	9 - 23	▼ **8**	---	---
Urea	▼ **17.12** mg/dL	19.26 - 49.22	▼ **17.12**	---	---
Creatinine	0.82 mg/dL	0.7 - 1.3	0.72	---	---
Uric Acid	5.2 mg/dL	3.5 - 7.2	5.7	---	---
Sodium	141 mEq/L	136 - 145	141	---	---
Potassium	4.59 mEq/L	3.5 - 5.1	4.3	---	---
Lipid Profile			18/Jul/2023	Date 2	Date 3
Cholesterol - Total	181 mg/dL	<= 199.9	167	---	---
Triglycerides	▲ **180** mg/dL	<= 149.9	141	---	---
Cholesterol - HDL	41 mg/dL	>= 39.9	▼ **37.9**	---	---
Cholesterol - LDL	▲ **104** mg/dl	<= 99.9	▲ **100.9**	---	---
Cholesterol- VLDL	▲ **36** mg/dl	<= 29.9	28.2	---	---
Non HDL Cholesterol	▲ **140** mg/dL	<= 129.9	129.1	---	---
Cardiac Profile			18/Jul/2023	Date 2	Date 3
Homocysteine	▲ **30.86** umol/L	<= 14.9	---	---	---
High sensitivity CRP	▲ **7.56** mg/L	0 - 3	---	---	---
Lipoprotein (a)	8.90 mg/dL	0 - 29.99	---	---	---
Apolipoprotein - A1	105.00 mg/dL	79 - 169	---	---	---
Apolipoprotein - B	85.00 mg/dL	46 - 174	---	---	---
Apolipoprotein B/A1 Ratio	0.81 Ratio		---	---	---

Doctor Summary For

Comprehensive Platinum Full Body Checkup with Smart Report

For
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Male /29 Yrs

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Test Name	Result, 17/07/25	Bio. Ref. Interval	Trends (For last three tests)		
Liver Function Test			18/Jul/2023	Date 2	Date 3
Bilirubin - Total	0.40 mg/dL	0.3 - 1.2	0.55	---	---
Protein, Total	7.00 g/dL	5.7 - 8.2	7.1	---	---
Albumin	4.50 g/dL	3.2 - 4.8	4.5	---	---
Aspartate Transaminase (SGOT)	24 U/L	0 - 33.9	29	---	---
Alanine Transaminase (SGPT)	28 U/L	10 - 49	32	---	---
Alkaline Phosphatase	110 U/L	46 - 116	82	---	---
Gamma Glutamyltransferase (GGT)	26 U/L	0 - 72.9	18	---	---
Pancreas Profile			18/Jul/2023	Date 2	Date 3
Amylase	61 U/L	30 - 118	---	---	---
Lipase	45.0 U/L	12 - 53	---	---	---
Urine Routine & Microscopy			18/Jul/2023	Date 2	Date 3
Specific gravity	1.015	1.003 - 1.035	1.025	---	---
pH	6.0	4.6 - 8	6.5	---	---
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	▲ **2-3**	---	---
Epithelial cells	**1-2** /hpf	FEW	**1-2**	---	---
Casts	Nil /lpf	NIL	NIL	---	---
Crystals	Nil	NIL	NIL	---	---
Calcium and Bone Health			18/Jul/2023	Date 2	Date 3
Calcium	9.5 mg/dL	8.6 - 10.0	10	---	---

Doctor Summary For

Comprehensive Platinum Full Body Checkup with Smart Report

For
Pushkar Anand Singh
Male /29 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, 17/07/25	Bio. Ref. Interval	Trends (For last three tests)		
Calcium and Bone Health			18/Jul/2023	Date 2	Date 3
Vitamin D (25-OH)	▼ **20.7** ng/ml	30 - 100	▼ **13.45**	---	---
Phosphorus, Serum	3.70 mg/dl	2.4 - 5.1	---	---	---
Vitamin Profile			18/Jul/2023	Date 2	Date 3
Vitamin B12	▼ **190.0** pg/ml	211 - 911	▼ **182**	---	---
Vitamin B9	7.28 ng/ml	>= 5.38	---	---	---
Thyroid Function Test			18/Jul/2023	Date 2	Date 3
T3, Total	0.76 ng/mL	0.60 - 1.81	0.83	---	---
T4, Total	▼ **4.4** Âµg/dl	4.5 - 12.6	5.3	---	---
Thyroid Stimulating Hormone - Ultra Sensitive	0.991 uIU/ml	0.55 - 4.78	1.444	---	---
Free T4	1.30 ng/dL	0.83 - 1.76	---	---	---
Free T3	3.49 pg/mL	2.3 - 4.2	---	---	---
Arthritis Screening			18/Jul/2023	Date 2	Date 3
Rheumatoid Factor - Quantitative	< 3.5 IU/mL	0 - 13.9	---	---	---
Allergy Panel			18/Jul/2023	Date 2	Date 3
Immunoglobulin E (IgE) Total	59 IU/mL	0 - 158	---	---	---

Wellbeing Index

Important Findings from your Wellbeing Index

For
Pushkar Anand Singh
Male /29 Yrs

Physicals

Height	Weight	Waist	BMI
Data not available	*Data not available*	*Data not available*	*Data not available*

Heart Age	BP
Data not available	116/72 Range: <=120/80

Disease Risks

Diabetes	Hypertension	Stroke	CVD
Survey not taken yet	Survey not taken yet	LOW RISK	LOW RISK

Depression	Anxiety	Stress
LOW RISK	MID RISK	Survey not taken yet

* Embark on a better you by completing the wellbeing index. Here

Lifestyle Data

Habits	Family History
Smoker: Yes	*Data not available*

Important Parameters

From your Comprehensive Platinum Full Body Checkup with Smart Report

For
Pushkar Anand Singh
Male /29 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	RBC	HCT	MCHC
14.7 g/dL	4.96 mili/cu.mm	42.0 %	▲ 35.0 g/dL
Range: 13.0 - 17.0	Range: 4.5 - 5.5	Range: 40 - 50	Range: 31.5 - 34.5

RDW-CV	Total Leucocyte Count	Neutrophils	Lymphocytes
▲ 14.9 %	6.98 10^3/ÂµL	40 %	▲ 44 %
Range: 11.5 - 14	Range: 4 - 10	Range: 40 - 80	Range: 20 - 40

Monocytes	Eosinophils	Basophils	Absolute Lymphocyte Count
10 %	06 %	00 %	▲ 3.07 10^3/ÂµL
Range: 2 - 10	Range: 1 - 6	Range: 0 - 2	Range: 1 - 3

Absolute Basophil Count	Platelet Count
▼ 0 10^3/ÂµL	267 10^3/ÂµL
Range: 0.02 - 0.1	Range: 150 - 410

Inflammatory markers

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

Erythrocyte Sedimentation Rate	C-Reactive Protein (Quantitative)
9 mm/hr	▲ 8.70 mg/L
Range: 0 - 10	Range: 0 - 3.3

Important Parameters

From your Comprehensive Platinum Full Body Checkup with Smart Report

For
Pushkar Anand Singh
Male /29 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	Total Iron Binding Capacity (TIBC)	Ferritin
▼ 64 Âµg/dL	294 Âµg/dL	110.80 ng/mL
Range: 65 - 175	Range: 250 - 460	Range: 22 - 322

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 screnning as well as monitoring the treatment of diabetes.

Glycosylated Hemoglobin (HbA1c)	Glucose - Fasting
▲ 5.7 %	87 mg/dL
Range: 4 - 5.6	Range: 70 - 99

Microalbumin-Albumin	Microalbumin-Albumin/Creatinine Ratio
< 5.0 mg/L	- mg/g Creatinine
Range: 0 - 29.99	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	Urea	Creatinine	Uric Acid
▼ 8 mg/dL	▼ 17.12 mg/dL	0.82 mg/dL	5.2 mg/dL
Range: 9 - 23	Range: 19.26 - 49.22	Range: 0.7 - 1.3	Range: 3.5 - 7.2

Important Parameters

From your Comprehensive Platinum Full Body Checkup with Smart Report

For
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Male /29 Yrs

Sodium	Potassium
141 mEq/L	4.59 mEq/L
Range: 136 - 145	Range: 3.5 - 5.1

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	Triglycerides	Cholesterol - HDL	Cholesterol - LDL
181 mg/dL	▲ 180 mg/dL	41 mg/dL	▲ 104 mg/dl
Range: <= 199.9	Range: <= 149.9	Range: >= 39.9	Range: <= 99.9

Cholesterol- VLDL	Non HDL Cholesterol
▲ 36 mg/dl	▲ 140 mg/dL
Range: <= 29.9	Range: <= 129.9

Cardiac Profile

A comprehensive blood test that offers detailed information about the risk of cardiovascular disease (CVD) and the overall health of the heart.

Homocysteine	High sensitivity CRP	Lipoprotein (a)
▲ 30.86 umol/L	▲ 7.56 mg/L	8.90 mg/dL
Range: <= 14.9	Range: 0 - 3	Range: 0 - 29.99

Apolipoprotein - A1	Apolipoprotein - B	Apolipoprotein B/A1 Ratio
105.00 mg/dL	85.00 mg/dL	0.81 Ratio
Range: 79 - 169	Range: 46 - 174	

Important Parameters

From your Comprehensive Platinum Full Body Checkup with Smart Report

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Male /29 Yrs

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	Protein, Total	Albumin
0.40 mg/dL	7.00 g/dL	4.50 g/dL
Range: 0.3 - 1.2	Range: 5.7 - 8.2	Range: 3.2 - 4.8

Aspartate Transaminase (SGOT)	Alanine Transaminase (SGPT)
24 U/L	28 U/L
Range: 0 - 33.9	Range: 10 - 49

Alkaline Phosphatase	Gamma Glutamyltransferase (GGT)
110 U/L	26 U/L
Range: 46 - 116	Range: 0 - 72.9

Pancreas Profile

Measures the levels of digestive enzymes, lipase and amylase, produced by the pancreas which can be used to monitor the pancreatic health.

Amylase	Lipase
61 U/L	45.0 U/L
Range: 30 - 118	Range: 12 - 53

Important Parameters

From your Comprehensive Platinum Full Body Checkup with Smart Report

For
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Male /29 Yrs

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	pH	Glucose	Protein
1.015	6.0	Negative	Negative
Range: 1.003 - 1.035	Range: 4.6 - 8	Range: NEGATIVE	Range: NEGATIVE

Ketones	Pus cells	Red blood cell	Epithelial cells	Casts
Negative	1-2 /hpf	Nil /hpf	1-2 /hpf	Nil /lpf
Range: NEGATIVE	Range: 0 - 5	Range: 0 - 2	Range: FEW	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.

Calcium	Vitamin D (25-OH)	Phosphorus, Serum
9.5 mg/dL	▼ 20.7 ng/ml	3.70 mg/dl
Range: 8.6 - 10.0	Range: 30 - 100	Range: 2.4 - 5.1

Important Parameters

From your Comprehensive Platinum Full Body Checkup with Smart Report

For
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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	Vitamin B9
▼ 190.0 pg/ml	7.28 ng/ml
Range: 211 - 911	Range: >= 5.38

Thyroid Function Test

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

T3, Total	T4, Total
0.76 ng/mL	▼ 4.4 Âµg/dl
Range: 0.60 - 1.81	Range: 4.5 - 12.6

Thyroid Stimulating Hormone - Ultra Sensitive	Free T4
0.991 uIU/ml	1.30 ng/dL
Range: 0.55 - 4.78	Range: 0.83 - 1.76

Free T3
3.49 pg/mL
Range: 2.3 - 4.2

Important Parameters

From your Comprehensive Platinum Full Body Checkup with Smart Report

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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

< 3.5 IU/mL

Range: 0 - 13.9

Allergy Panel

This test aids in detecting various allergies, including seasonal, food, insect sting, and certain disorders of immune system.

Immunoglobulin E (IgE) Total

59 IU/mL

Range: 0 - 158

Recommendations

Care for better health and wellbeing

For
Pushkar Anand Singh
Male /29 Yrs

Lifestyle

Healthy eating

Do's

Cook At Home More Often

Cook more often to control ingredients and use healthier methods like steaming, grilling, or baking.

Avoid High-Calorie Meals And Stay Hydrated

Prioritize low-calorie meals and maintain adequate hydration for a healthier lifestyle.

Sleep hygiene

Do's

Identify Your Triggers

Identify your triggers for sleeplessness and try to avoid them

Don'ts

Avoid Napping

Avoid napping, especially naps lasting longer than 1 hour and naps late in the day.

Exercise

Do's

Start With Short Workouts

Start small and gradually increase workout duration and intensity as you get fitter.

Exercise Regularly

exercise regularly to improve metabolism, heart health, and maintain a healthy weight.

References

From trusted sources

For
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Male /29 Yrs

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End of Smart Report

TATA 1mg | Labs
Tata 1mg Technologies Private Limited
Registered office: 2nd Floor, Plot No. B-225, Okhla Industrial Area, Phase-I, South Delhi, New Delhi-110020, Delhi
www.1mg.com/labs care@1mg.com CIN: U74140DL2015PTC279229
ISO 9001:2015

PO No :PO3746441438-321

Customer Name	: Mr.PUSHKAR ANAND SINGH	Collected Via	: TATA 1MG MUMBAI
Age/Gender	: 29/Male	Referred By	: Dr.
Lab Visit ID	: MUM1056582	Collection Date	: 17/Jul/2025 10:53AM
Barcode ID/Order ID	: D22620174 / 13544837	Report Date	: 17/Jul/2025 08:37PM
Sample Type	: EDTA	Report Status	: Final Report

HAEMATOLOGY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Complete Blood Count				
Hemoglobin	14.7	g/dL	13.0-17.0	Spectrophotometry (Cyanide-free)
RBC	4.96	mili/cu.mm	4.5 - 5.5	Impedence
HCT	42.0	%	40 - 50	Calculated
MCV	84.7	fL	83 - 101	Calculated
MCH	29.7	pg	27 - 32	Calculated
MCHC	**35.0**	g/dL	31.5 - 34.5	Calculated
RDW-CV	**14.9**	%	11.5-14	Calculated
Total Leucocyte Count	6.98	10^3/µL	4 - 10	Impedance
Differential Leucocyte Count				
Neutrophils	40	%	40-80	DHSS/Microscopy
Lymphocytes	**44**	%	20-40	DHSS/Microscopy
Monocytes	10	%	2-10	DHSS/Microscopy
Eosinophils	06	%	1-6	DHSS/Microscopy
Basophils	00	%	0-2	Impedance/Microscopy
Absolute Leucocyte Count				
Absolute Neutrophil Count	2.79	10^3/µL	2 - 7	Calculated
Absolute Lymphocyte Count	**3.07**	10^3/µL	1-3	Calculated
Absolute Monocyte Count	0.7	10^3/µL	0.2 - 1	Calculated
Absolute Eosinophil Count	0.42	10^3/µL	0.02 - 0.5	Calculated
Absolute Basophil Count	**0**	10^3/µL	0.02-0.1	Calculated
Platelet Count	267	10^3/µL	150-410	Impedance/Microscopy
MPV	8.4	fl	6.5 - 12	Calculated
PDW	14.4	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.
DHSS : Double Hydrodynamic Sequential System Flowcytometry
Calculated parameters are either derived from Impedence measure, RBC pulse measurement, RBC/platelet histograms or formula derived.

NABL certificate and scope

This test has been performed at
TATA 1MG MUMBAI
Address: 1st floor, A Wing, Krislon House, Saki Vihar Rd, opp. Ansa Industrial Estate, behind Picnic Hotel, Saki Naka, Mumbai, Maharashtra 400072

Dr. Nitika Vashisht
MBBS, MD (Pathology)
Consultant Pathologist
Reg No: 2023/06/1333

Scan for digital copy

PO No :PO3746441438-321

Customer Name	: Mr.PUSHKAR ANAND SINGH	Collected Via	: TATA 1MG MUMBAI
Age/Gender	: 29/Male	Referred By	: Dr.
Lab Visit ID	: MUM1056582	Collection Date	: 17/Jul/2025 10:53AM
Barcode ID/Order ID	: D22620174 / 13544837	Report Date	: 17/Jul/2025 08:37PM
Sample Type	: EDTA	Report Status	: Final Report

HAEMATOLOGY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Erythrocyte Sedimentation Rate				
Erythrocyte Sedimentation Rate	9	mm/hr	0-10	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 erythematosis; 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

NABL certificate and scope

This test has been performed at
TATA 1MG MUMBAI
Address: 1st floor, A Wing, Krislon House, Saki Vihar Rd, opp. Ansa Industrial Estate, behind Picnic Hotel, Saki Naka, Mumbai, Maharashtra 400072

Dr. Nitika Vashisht
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Customer Name	: Mr.PUSHKAR ANAND SINGH	Collected Via	: TATA 1MG MUMBAI
Age/Gender	: 29/Male	Referred By	: Dr.
Lab Visit ID	: MUM1056582	Collection Date	: 17/Jul/2025 10:53AM
Barcode ID/Order ID	: D22620174 / 13544837	Report Date	: 17/Jul/2025 08:34PM
Sample Type	: WHOLE BLOOD-EDTA	Report Status	: Final Report

HAEMATOLOGY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
HbA1c (Glycosylated Hemoglobin)				
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

NABL certificate and scope

This test has been performed at
TATA 1MG MUMBAI
Address: 1st floor, A Wing, Krislon House, Saki Vihar Rd, opp. Ansa Industrial Estate, behind Picnic Hotel, Saki Naka, Mumbai, Maharashtra 400072

Dr. Nitika Vashisht
MBBS, MD (Pathology)
Consultant Pathologist
Reg No: 2023/06/1333

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PO No :PO3746441438-321

Customer Name	: Mr.PUSHKAR ANAND SINGH	Collected Via	: TATA 1MG MUMBAI
Age/Gender	: 29/Male	Referred By	: Dr.
Lab Visit ID	: MUM1056582	Collection Date	: 17/Jul/2025 10:53AM
Barcode ID/Order ID	: D22620175 / 13544837	Report Date	: 17/Jul/2025 06:13PM
Sample Type	: Fluoride Plasma F	Report Status	: Final Report

BIOCHEMISTRY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
FBS (Fasting Blood Sugar)				
Glucose - Fasting	87	mg/dL	70 - 99	Hexokinase/G-6-PDH

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%

NABL certificate and scope

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Dr. Nitika Vashisht
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Reg No: 2023/06/1333

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PO No :PO3746441438-321

Customer Name	: Mr.PUSHKAR ANAND SINGH	Collected Via	: TATA 1MG MUMBAI
Age/Gender	: 29/Male	Referred By	: Dr.
Lab Visit ID	: MUM1056582	Collection Date	: 17/Jul/2025 10:53AM
Barcode ID/Order ID	: D22620173 / 13544837	Report Date	: 17/Jul/2025 06:37PM
Sample Type	: Serum	Report Status	: Final Report

BIOCHEMISTRY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Lipid Profile				
Cholesterol - Total	181	mg/dL	Low (desirable): < 200 Moderate (borderline) 200–239 High: >/= 240	Enzymatic
Triglycerides	**180**	mg/dL	Normal: < 150, Borderline: 150 - 199, High:200 - 499, Very High >=500	GPO, Trinder without serum blank
Cholesterol - HDL	41	mg/dL	Undesirable/high risk <40 Desirable/low risk>=60	Cholesterol Esterase
Cholesterol - LDL	**104**	mg/dl	Desirable: <100 Above desirable: 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very high : >=190	Calculated
Cholesterol- VLDL	**36**	mg/dl	<30	Calculated
Cholesterol : HDL Cholesterol	4.4	Ratio	Desirable : 3.5-4.5 High Risk : >5	Calculated
LDL : HDL Cholesterol	2.52	Ratio	Desirable : 2.5-3.0 High risk : >3.5	Calculated
Non HDL Cholesterol	**140**	mg/dL	Desirable:< 130, Above Desirable:130 - 159, Borderline High:160 - 189, High:190 - 219, Very High: >= 220	Calculated

Comment:

NABL certificate and scope

This test has been performed at
TATA 1MG MUMBAI
Address: 1st floor, A Wing, Krislon House, Saki Vihar Rd, opp. Ansa Industrial Estate, behind Picnic Hotel, Saki Naka, Mumbai, Maharashtra 400072

G.G.Hukkerikar
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MBBS, MD (Pathology)
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PO No :PO3746441438-321

Customer Name	: Mr.PUSHKAR ANAND SINGH	Collected Via	: TATA 1MG MUMBAI
Age/Gender	: 29/Male	Referred By	: Dr.
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Sample Type	: Serum	Report Status	: Final Report

BIOCHEMISTRY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name **Result** **Unit** **Bio. Ref. Interval** **Method**

●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.
●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.
●**Total cholesterol** is the total amount of cholesterol in blood comprising of HDL, LDL-C, and VLDL.
●**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.
●**High-density lipoprotein (HDL)** or "good" cholesterol can lower risk of heart disease and stroke.
●**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.
●**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.
●**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	≥130*	≥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

NABL certificate and scope

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G.G.Hukkerikar
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Reg No: 2013/05/1766

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Customer Name	: Mr.PUSHKAR ANAND SINGH	Collected Via	: TATA 1MG MUMBAI
Age/Gender	: 29/Male	Referred By	: Dr.
Lab Visit ID	: MUM1056582	Collection Date	: 17/Jul/2025 10:53AM
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Sample Type	: Serum	Report Status	: Final Report

BIOCHEMISTRY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

is done in children with family history of premature CVD or risk factors like obesity, diabetes, and hypertension.

Note: Reference Interval as per National Cholesterol Education Program (NCEP) Report.

LIVER FUNCTION TEST

Test Name	Result	Unit	Bio. Ref. Interval	Method
Liver Function Test				
Bilirubin-Total	0.40	mg/dL	0.3 – 1.2	Vanadate oxidation
Bilirubin-Direct	0.10	mg/dL	0.0-0.3	Vanadate oxidation
Bilirubin-Indirect	0.30	mg/dL	0.2-0.8	Calculated
Protein, Total	7.00	g/dL	5.7–8.2	Biuret
Albumin	4.50	g/dL	3.2-4.8	BCG Dye Binding
Globulin	2.5	g/dL	2.1 - 3.9	Calculated
A/G Ratio	1.80	Ratio	0.8 - 2.1	Calculated
Aspartate Transaminase (SGOT)	24	U/L	<34	Modified IFCC
SGPT (Alanine Transaminase)	28	U/L	10-49	Modified IFCC
SGOT/SGPT	0.86	Ratio		Calculated
Alkaline Phosphatase	110	U/L	46-116	IFCC Standardization
Gamma Glutamyltransferase (GGT)	26	U/L	<73	Modified IFCC

Comment:

- Raised ALT and AST indicate hepatocellular damage (e.g. viral or drugs etc). ALT is more liver-specific while AST is also found in heart, skeletal muscle, and kidney. Mild elevation (less than twice normal) often resolves on its own. Fatty liver disease (especially with metabolic syndrome) is a common cause in asymptomatic cases. Certain drugs (paracetamol, statins), herbal supplements, energy drinks, and antibiotics may also affect liver function.
- SGOT/SGPT Ratio: Typically <1 in healthy individuals (vary between 0.7-1.4; higher in women than men). High SGPT (ratio <1) seen in acute or chronic hepatitis, autoimmune disorders, medications, toxins while ratio >1 indicates alcoholic hepatitis, cirrhosis, metastasis or non-hepatic issues (hemolytic diseases, CVS disorders).
- Elevated Alkaline Phosphatase and GGT: Suggest cholestatic diseases (e.g. bile duct obstruction, primary biliary cirrhosis etc.) and can also be due to bone disease, pregnancy, chronic renal failure, malignancy, and congestive heart failure.
- High Bilirubin: Indicates jaundice due to increased RBC breakdown, liver damage (e.g., infections, toxins), or cholestasis

NABL certificate and scope

This test has been performed at
TATA 1MG MUMBAI
Address: 1st floor, A Wing, Krislon House, Saki Vihar Rd, opp. Ansa Industrial Estate, behind Picnic Hotel, Saki Naka, Mumbai, Maharashtra 400072

Dr Gaurang Hukkerikar
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PO No :PO3746441438-321

Customer Name	: Mr.PUSHKAR ANAND SINGH	Collected Via	: TATA 1MG MUMBAI
Age/Gender	: 29/Male	Referred By	: Dr.
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Barcode ID/Order ID	: D22620173 / 13544837	Report Date	: 17/Jul/2025 06:37PM
Sample Type	: Serum	Report Status	: Final Report

BIOCHEMISTRY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method

(e.g., gallstones, tumors).

- High Protein Levels: Seen in dehydration (e.g., severe vomiting, diarrhea) or increased production (e.g., inflammation, hematopoietic neoplasms). Low protein and albumin: Result from impaired synthesis (liver disease), decreased intake, tissue damage, malabsorption, or increased renal excretion.

NABL certificate and scope

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Age/Gender	: 29/Male	Referred By	: Dr.
Lab Visit ID	: MUM1056582	Collection Date	: 17/Jul/2025 10:53AM
Barcode ID/Order ID	: D22620173 / 13544837	Report Date	: 17/Jul/2025 06:24PM
Sample Type	: Serum	Report Status	: Final Report

BIOCHEMISTRY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Kidney Function Test with eGFR (18 Years & Above)				
Blood Urea Nitrogen	**8**	mg/dL	9.0 - 23.0	Urease with GLDH
Urea	**17.12**	mg/dL	19.26 - 49.22	Calculated
Creatinine	0.82	mg/dL	0.7-1.3	Alkaline picrate-kinetic
Uric Acid	5.2	mg/dL	3.5-7.2	Uricase/Peroxidase
Sodium	141	mEq/L	136-145	Indirect ISE
Potassium	4.59	mEq/L	3.5-5.1	Indirect ISE
Chloride	103.0	mmol/L	98-107	Indirect ISE
BUN/Creatinine Ratio	9.8	Ratio	12:1 - 20:1	Calculated
Glomerular Filtration Rate (estimated)	122	mL/min/1.73m2		Calculated

- Calculation of eGFR is based on 2021 CKD-EPI creatinine equation, recommended method for estimating GFR in adults (>=18yrs). Estimates GFR using serum creatinine, age and sex.
- GFR categories defined acc. to KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of CKD.
- $eGFR_{creat}$ levels less than 60 ml/min/1.73 m^2 should be considered as "decreased GFR".
- It is advised to estimate GFR using Cystatin C for confirmation of CKD in patients with $eGFR_{creat}$ value 45–59 ml/min/1.73 sq.m without evidence of kidney damage and in specific circumstances when $eGFR_{creat}$ is less accurate e.g. race, muscle mass, exercise, pregnancy, dehydration and nutritional status.

Interpretation:
GFR categories in CKD

Category	GFR (ml/min/1.73 sq.m)	Terms
G1	≥ 90	Normal or high
G2	60–89	Mildly decreased
G3a	45–59	Mildly to moderately decreased
G3b	30–44	Moderately to severely decreased
G4	15–29	Severely decreased
G5	< 15	Kidney failure

Criteria for CKD (Either of the following present for > 3 months)

	Albuminuria (ACR >30 mg/g) Urine sediment abnormalities

NABL certificate and scope

This test has been performed at
TATA 1MG MUMBAI
Address: 1st floor, A Wing, Krislon House, Saki Vihar Rd, opp. Ansa Industrial Estate, behind Picnic Hotel, Saki Naka, Mumbai, Maharashtra 400072

Dr Aishwarya Saklecha
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Consultant Pathologist
Reg.no: 2019/04/3232

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PO No :PO3746441438-321

Customer Name	: Mr.PUSHKAR ANAND SINGH	Collected Via	: TATA 1MG MUMBAI
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BIOCHEMISTRY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Markers of kidney damage (one or more)	Electrolyte and other abnormalities due to tubular disorders Abnormalities detected by histology Structural abnormalities detected by imaging History of kidney transplantation			
Decreased GFR	GFR <60 ml/min/1.73 sq.m (GFR categories G3a–G5)			

Source: KDIGO 2024 Clinical Practice Guideline.

NABL certificate and scope

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Sample Type	: Serum	Report Status	: Final Report

BIOCHEMISTRY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Calcium				
Calcium	9.5	mg/dL	8.6-10.0	Arsenazo III

Comment:

Increased in: Hyperparathyroidism primary and secondary, Acute and chronic renal failure, Following renal transplantation, Osteomalacia with malabsorption, Acute osteoprosis, 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 phophate retention, Malabsorption of Calcium and Vit.D, obstructive jaundice, Bone Disease (Osteomalacia and rickets), Drugs: Cancer chemotherapy drugs, calcitonin, loop-actives diuretics, Hypomagnesemia,Hypoalbuminemia

NABL certificate and scope

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BIOCHEMISTRY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Phosphorus, Serum				
Phosphorus, Serum	3.70	mg/dl	2.4 - 5.1	Phosphomolybdate

Comment:

Phosphate metabolism is under the regulation of PTH, Vitamin D metabolites, and Fibroblast growth factor-23.
Serum phosphate concentrations are about 50% higher in infants than in adults and decline throughout childhood as a consequence of the ability of growth hormone to increase the renal phosphate threshold.

Increased in:

Decreased Renal filtraton (Acute or chronic renal failure) or increased reabsorption (e.g., hypoparathyroidism)
Increased Phosphate load (e.g., Oral or iv administration, Phosphate-containing laxatives or enemas, Vitamin D intoxication)
Cell Lysis (e.g., hemolysis, leukemias, chemotherapy, rhabdomyolysis)
Bone disease (e.g., healing fractures, multiple myeloma, Paget disease, osteolytic tumors)
Genetic (e.g., Hypoparathyroidism, Tumoral calcinosis)

Decreased in:

Intracellular Shift (e.g., Oral or intravenous Glucose, Insulin, Diabetic ketoacidosis, Respiratory alkalosis, Alcoholism, Severe burns)
Lowered Renal Phosphate Threshold (e.g., Primary or secondary hyperparathyroidism, Renal tubular defects)
Decreased Intestinal Absorption (Malabsorption syndrome, Vitamin D deficiency) or increased loss (Vomiting, Diarrhea)
Drugs (e.g., Salicylate, Paracetamol, Estrogens, Diuretics, Bisphosphonates, Anticonvulsants, Phosphate binding antacids, Antiviral drugs etc)

Note:

Because a significant diurnal variation in plasma phosphate has been reported, fasting morning specimens are recommended. Levels are influenced by dietary intake, meals, and exercise.

Iron Studies, Comprehensive				
Iron Serum	**64**	µg/dL	65-175	Ferrozine
Total Iron Binding Capacity (TIBC)	294	µg/dL	250-460	Calculated
Unsaturated Iron Binding Capacity	230	µg/dL	120-470	Ferene
Transferrin saturation	21.77	%	16-50	Calculated
Ferritin	110.80	ng/mL	22-322	CLIA

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

NABL certificate and scope

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BIOCHEMISTRY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method

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.

*Please note change in BRI of Ferritin.

Lipase

Lipase	45.0	U/L	12–53	Colorimetric rate

Comment:

Pancreas is the major and primary source of serum lipase, though lipase is also secreted by the gastric and intestinal mucosa. Lipase measurement in serum is used to diagnose acute pancreatitis.
After an attack of acute pancreatitis, serum Lipase activity increases within 4 to 8 hours,peaks at about 24 hours, and decreases over 8 to 14 days. Concentrations often remain elevated longer than those of Amylase.The increase in serum Lipase activity is not necessarily proportional to the severity of the attack.

Increased levels are seen in:

- Acute & Chronic Pancreatitis.
- Obstruction of Pancreatic duct.
- Non pancreatic conditions like renal disease,intestinal obstruction,acute cholecystitis,duodenal ulcer,alcoholism,diabetic ketoacidosis and following endoscopic retrograde cholangiopancreatography(ERCP).

NABL certificate and scope

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BIOCHEMISTRY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Amylase				
Amylase	61	U/L	30.0 - 118.0	Ethylidene Blocked-pNPG7

Comment:

- Amylase is a digestive enzyme mainly secreted by pancreas and salivary glands.
- An elevation of serum amylase beyond three times the upper limit of normal, combined with either clinical symptoms and/or imaging findings, may indicate acute pancreatitis. Serum amylase levels typically rise within 6 to 48 hours and usually return to baseline within 3 to 7 days. However, because of its short half-life, amylase levels may normalize as quickly as 24 hours after onset. Additionally, around 20% of patients with acute pancreatitis may have normal or near-normal amylase levels. Therefore, lipase, which is more specific to pancreatitis, should be measured alongside amylase to improve diagnostic accuracy.
- Elevated amylase levels can also be associated with conditions such as pancreatic duct obstruction, pancreatic carcinoma, or pancreatic pseudocysts. Additionally, increased amylase levels may occur in cholecystitis, renal disease, acute alcohol poisoning, following procedures like endoscopic retrograde cholangiopancreatography (ERCP) and even in non-pancreatic conditions like penetrating peptic ulcers, duodenal obstruction, mumps, ectopic pregnancy, and severe diabetic ketoacidosis.
- In asymptomatic individuals, elevated amylase levels may be attributed to macroamylasemia or idiopathic hyperamylasemia; amylase levels may fluctuate. Transient increases in amylase may also result from inflammation, alcohol consumption, or medications such as aspirin, diuretics, oral contraceptives, corticosteroids, indomethacin, and opiates.
- Low amylase levels are seen in chronic pancreatitis, congestive heart failure, 2nd & 3rd trimester of pregnancy, gastrointestinal cancer & bone fractures. Highly lipemic samples may show falsely low amylase levels.

NABL certificate and scope

This test has been performed at
TATA 1MG MUMBAI
Address: 1st floor, A Wing, Krislon House, Saki Vihar Rd, opp. Ansa Industrial Estate, behind Picnic Hotel, Saki Naka, Mumbai, Maharashtra 400072

Dr Gaurang Hukkerikar
MBBS, MD (Pathology)
Consultant Pathologist
Reg No: 2013/05/1766

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PO No :PO3746441438-321

Customer Name	: Mr.PUSHKAR ANAND SINGH	Collected Via	: TATA 1MG MUMBAI
Age/Gender	: 29/Male	Referred By	: Dr.
Lab Visit ID	: MUM1056582	Collection Date	: 17/Jul/2025 10:53AM
Barcode ID/Order ID	: D22620173 / 13544837	Report Date	: 17/Jul/2025 07:17PM
Sample Type	: Serum	Report Status	: Final Report

BIOCHEMISTRY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Lipoprotein (a)				
Lipoprotein(a)	8.90	mg/dL	<30	Turbidimetry

Comment:

Note: Lipoprotein(a)[Lp(a)] is considered an important risk factor for Coronary Heart Disease (CHD).

* Lipoprotein (a) consists of an LDL particle that is covalently bound to an additional protein, apolipoprotein (a). Apo(a) has high-sequence homology with the coagulation factor plasminogen and, like LDL, Lp(a) contains apolipoprotein B100 . Thus, Lp(a) is both proatherogenic and prothrombotic. Lp(a) is an independent risk factor for CHD, Ischemic Stroke, and Aortic Valve Stenosis.
* Lp(a) is highly heterogeneous molecule; the degree of atherogenicity of the Lp(a) particle may depend on the molecular size of the Lp(a)-specific protein.
* Serum concentrations of Lp(a) are related to genetic factors, and are largely unaffected by diet, exercise and lipid -lowering pharmaceuticals. However, in a patient with additional modifiable CHD risk factors, more aggressive therapy to normalize these factors may be indicated if the Lp(a) value is also increased.

Usage:
Evaluation of increased risk for cardiovascular disease and events:
* In individuals at intermediate risk for cardiovascular disease
* In patients with early atherosclerosis
* In patients with strong family history of early CHD

NABL certificate and scope

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Saklecha
Dr Aishwarya Saklecha
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Consultant Pathologist
Reg.no: 2019/04/3232

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Age/Gender	: 29/Male	Referred By	: Dr.
Lab Visit ID	: MUM1056582	Collection Date	: 17/Jul/2025 10:53AM
Barcode ID/Order ID	: D22620173 / 13544837	Report Date	: 17/Jul/2025 06:37PM
Sample Type	: Serum	Report Status	: Final Report

BIOCHEMISTRY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
High Sensitive CRP				
High sensitivity CRP	**7.56**	mg/L	Healthy Individuals: <= 3.0 Low Risk: < 1.0 Average Risk: 1.0 to 3.0 High Risk: > 3.0	Latex enhanced immunoturbidimetric

Comment:

High Sensitivity C- Reactive protein (hs-CRP)is used as a marker for determining and performing risk assessment of cardiovascular disease (good marker for inflammation), often along with tests for Lipid profile.
The American Heart Association and US Centers for Disease Control and Prevention have defined risk groups as follows:

<1.0 Low Risk
1.0 - 3.0 - Average Risk
>3.0 High Risk

These values are only a part of the total evaluation process for cardiovascular diseases.
To assess vascular risk ,it is recommended to test hsCRP levels 2 or more weeks apart and calculate the average

Additional risk factors to be considered are elevated levels of lipids & glucose, smoking, high blood pressure (hypertension). Anti inflammatory drugs (like aspirin, ibuprofen, and naproxen) or statins may reduce CRP levels in blood. It is important that any person undergoing this test must be in a healthy state in order for the results to be of diagnostic value in predicting the risk of coronary artery disease or heart attack. Any recent illness, tissue injury, infection, or other general inflammation will raise the amount of hsCRP and give a falsely elevated estimate of risk.
Women on hormone replacement therapy have been shown to have elevated hs-CRP levels.

Note:
Since the hs-CRP and CRP tests measure the same molecule, people with chronic inflammation, such as those with arthritis, should not have hs-CRP levels measured. Their CRP levels will be very high due to the arthritis/often too high to be measured or meaningful using the hs-CRP test.

Apolipoproteins A1 & B				
Apolipoprotein - A1	105.00	mg/dL	79-169	PEG immunoturbidimetric
Apolipoprotein - B	85.00	mg/dL	46- 174	PEG immunturbidimetric
Apolipoprotein B/A1 Ratio	0.81	Ratio		Calculated

Comment:

Apolipoprotein A1

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BIOCHEMISTRY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name **Result** **Unit** **Bio. Ref. Interval** **Method**

- Apolipoproteins A1 (Apo A1) is the major apolipoprotein attached to HDL and is found in greater proportion than Apo A2 (3:1).
- It is inversely related to the risk of coronary artery disease (CAD).
- It may be a better predictor of atherogenic risk than HDL.

Apo A1 may be increased with	Apo A1 may be decreased with
Drugs (carbamazepine, estrogens, ethanol, statins,niacin, oral contraceptives, phenobarbital)	Chronic renal failure
Familial hyper alpha-lipoproteinemia	Coronary artery disease and peripheral vascular disease
Physical excercise	Drugs (androgens, beta blockers, diuretics and progestins)
Pregnancy	Familial hypo alpha-lipoproteinemia
Weight reduction	Smoking & Uncontrolled diabetes 2

Apolipoprotein B

- Apolipoprotein B (Apo B) is a major protein component of low density lipoprotien (LDL), Comprising >90% of the LDL. It is a more powerful independent predictor of coronary artery disease (CAD) than LDL cholesterol. It is useful in assessing the risk of CAD and to classify Hyperlipidemias.
- Apolipoprotein studies help in monitoring coronary bypass surgery patients with regard to risk and severity of restenosis.They are also useful in assessing risk of re-infarction in patients with Myocardial infarction .
- In patients with hyperapobetalipoproteinemia (HALB), a disorder associated with increased risk of developing CHD and with an estimated prevalence of 30% in patients with premature CAD, Apo B is increased disproportionately in LDL cholesterol. Apo B quantitation is used in distinguishing HALB from another common lipoprotein abnormality, Familial combined hyperlipidemia.

Apolipoprotein B:A1 Ratio

Elevated ApoB/ApoA1 ratio confers increased risk of atherosclerotic cardiovascular disease independently of LDL and HDL cholesterol concentrations.

Apo B to A1 ratio	
Ratio	Remarks
0.35- 0.98	Desirable

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COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
>0.98	Increased CAD risk			

C-Reactive Protein Quantitative

C-Reactive Protein (Quantitative)	**8.70**	mg/L	0-3.3	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, he 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.

Rheumatoid Factor - Quantitative

Rheumatoid Factor - Quantitative	< 3.5	IU/mL	0-14	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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Age/Gender	: 29/Male	Referred By	: Dr.
Lab Visit ID	: MUM1056582	Collection Date	: 17/Jul/2025 10:53AM
Barcode ID/Order ID	: D22620171 / 13544837	Report Date	: 17/Jul/2025 06:47PM
Sample Type	: Urine	Report Status	: Final Report

BIOCHEMISTRY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Microalbumin Creatinine Ratio, Urine				
Microalbumin-Albumin	< 5.0	mg/L	<30	Immunoturbidimetry
Urinary Creatinine	115.77	mg/dL	24-392	Kinetic Alkaline Picrate
Microalbumin-Albumin/Creatinine Ratio	-	mg/g Creatinine	< 30	Calculated

Minimum detection limit of Microalbumin is 5.0 mg/L; this sample contains microalbumin less than 5.0 mg/L, hence, Microalbumin:Creatinine ratio could not be evaluated.

Comment:

Microalbumin/Albumin-to-Creatinine Ratio (UACR) Categories

ACR Category	UACR (mg/g creatinine)	Terms
A1	<30	Normal
A2	30 - 299	Microalbuminuria
A3	>=300	Clinical Albuminuria

Note: ACR categories: A1 - normal to mildly increased; A2 - moderately increased; A3 - severely increased.
(Source- American Diabetes Association (ADA):Standards of Care in Diabetes-2024)

- As per ADA, due to high biological variability (>20%) between measurements of urinary albumin excretion; two out of three specimens collected within a 3-to 6-month period should be abnormal before considering albuminuria (after excluding non-renal causes).
- Certain factors may raise UACR even without kidney damage - **physiological** like exercise within 24 hours, menstruation, pregnancy, benign postural proteinuria or **pathological** like infection (UTI), hematuria, fever, marked hyperglycemia, congestive heart failure, marked hypertension & poor metabolic control. A high albumin-to-creatinine ratio can be due to low urinary creatinine seen in females, low muscle mass, low protein intake or acute kidney injury.
- A random spot urine sample can be used, but due to high variability, it is recommended that abnormal UACR (>= 30 mg/g) should be confirmed with subsequent first morning midstream sample or 24 hr urine collection.
- Due to inherent day to day variability in albumin excretion, UACR is a better indicator than urine albumin alone. Microalbuminuria is defined as the small but abnormal increase in the excretion of urinary albumin (30-300 mg/g creatinine), but it is recommended to use the term albuminuria for ACR >= 30 mg/g creatinine.
- Persistent albuminuria present for a minimum of 3 months is one of the diagnostic markers of kidney damage and used for classification of chronic kidney disease (CKD).

Clinical Utility: Useful in early screening of diabetic nephropathy, as a risk marker for stroke & heart disease and also for

NABL certificate and scope

This test has been performed at
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Dr Aishwarya Saklecha
MBBS ,MD Pathology
Consultant Pathologist
Reg.no: 2019/04/3232

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BIOCHEMISTRY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method

classification and progression of CKD.

NABL certificate and scope

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Dr Aishwarya Saklecha
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Sample Type	: Serum	Report Status	: Final Report

IMMUNOLOGY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Immunoglobulin E (IgE) Total	59	IU/mL	0 - 158	CLIA

Comment:

- Immunoglobulin E (IgE) is the most important trigger molecule for allergic information.
- As IgE is a mediator of allergic response, quantitative measurement can provide useful information for differential diagnosis of atopic and non-atopic disease.
- The level of IgE is low during the first year of life, gradually increases with age and reaches adult level after 10 years.

Uses

- For Allergy testing.
- Evaluation of children and adults suspected of having allergic respiratory disease
- To confirm clinical expression of sensitivity to foods in patients with Anaphylactic sensitivity or with Asthma, Angioedema or Cutaneous disease.
- To confirm the presence of IgE antibodies to certain occupational allergens

Increased Levels:

Atopic/Non-atopic allergy, Hyper IgE syndrome, Parasitic infections, IgE Myeloma, Bronchopulmonary Aspergillosis, Immunodeficiency states & Autoimmune diseases, Hodgkin's disease,etc.

Decreased Levels:

Hereditary deficiencies, Acquired immunodeficiency, Ataxia Telangiectasia, Non IgE Myeloma

Note:

Normal levels of IgE does not eliminate the possibility of allergic diseases
No close correlation has been demonstrated between severity of allergic reaction and IgE levels.

*__CMIA__-Chemiluminescent Microparticle Immunoassay /__CLIA__-Chemiluminescent immunoassay.

Thyroid profile Total

T3, Total	0.76	ng/mL	0.60-1.81	CLIA
T4, Total	**4.4**	µg/dl	4.5-12.6	CLIA

NABL certificate and scope

This test has been performed at
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Dr Aishwarya Saklecha
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IMMUNOLOGY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Thyroid Stimulating Hormone - Ultra Sensitive	0.991	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
High	Normal	Normal	Subclinical Hypothyroidism
Low	Normal	Normal	Subclinical Hyperthyroidism
High	High	High	Secondary Hyperthyroidism
Low	High/Normal	High/Normal	Hyperthyroidism
			Non thyroidal illness / Secondary

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COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Low Low Low	Hypothyroidism			
Free T4	1.30	ng/dL	0.89-1.76	CLIA

Comment:

- Below mentioned are the guidelines for pregnancy related reference ranges for free T4.

Pregnancy	Reference Ranges(ng/dL)
1st trimester	0.7-2.0
2nd trimester	0.5-1.6
3rd trimester	0.5-1.6

- FT4 is the biologically active fraction of thyroxine in circulating blood.
- In patients with hyperthyroidism, the FT4 concentration increases, whereas in patients with hypothyroidism it generally decreases.
- Patients on hormone replacement therapy may have an elevation of FT4, although clinically they are euthyroid.
- The determination of free T4 has the advantage of being independent of changes in the concentrations and binding properties of the binding proteins.
- For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

TSH	T3 /FT3	T4/FT4	Interpretation
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

*__CMIA__-Chemiluminescent Microparticle Immunoassay /__CLIA__-Chemiluminescent immunoassay.

NABL certificate and scope

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IMMUNOLOGY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Free T3	3.49	pg/mL	2.3-4.2	CLIA

Comment:

- Below mentioned are the guidelines for pregnancy related reference ranges for free T3.

Pregnancy	Reference Ranges(pg/mL)
1st trimester	2.0-3.8
2nd trimester	2.0-3.8
3rd trimester	2.0-3.8

- Free T3 measurements support the differential diagnosis of thyroid disorders, are needed to distinguish different forms of hyperthyroidism, to identify patients with T3 thyrotoxicosis, monitoring of patients with hypothyroidism treated with Thyroxine and antithyroid agents.
- The determination of free T3 has the advantage of being independent of changes in the concentrations and binding properties of the binding proteins.
- For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

TSH	T3 /FT3	T4/FT4	Interpretation
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

*__CMIA__-Chemiluminescent Microparticle Immunoassay /__CLIA__-Chemiluminescent immunoassay.

Vitamin D (25-OH)

Vitamin D (25-OH)	**20.7**	ng/ml	Deficiency:< 20,	CLIA

NABL certificate and scope

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Test Name	Result	Unit	Bio. Ref. Interval	Method
			Insufficiency:20-29, Sufficiency:30 - 100, Toxicity possible:> 100	

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 and liver or kidney diseases.
- Vitamin D deficiency is a cause of secondary hyperparathyroidism and diseases resulting in impaired bone metabolism (like rickets, osteomalacia).
- 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).

*__CMIA__-Chemiluminescent Microparticle Immunoassay /__CLIA__-Chemiluminescent immunoassay.

Vitamin B12

Vitamin B12	**190.0**	pg/ml	211-911	CLIA

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Dr Aishwarya Saklecha
MBBS ,MD Pathology
Consultant Pathologist
Reg.no: 2019/04/3232

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PO No :PO3746441438-321

Customer Name	: Mr.PUSHKAR ANAND SINGH	Collected Via	: TATA 1MG MUMBAI
Age/Gender	: 29/Male	Referred By	: Dr.
Lab Visit ID	: MUM1056582	Collection Date	: 17/Jul/2025 10:53AM
Barcode ID/Order ID	: D22620173 / 13544837	Report Date	: 17/Jul/2025 06:36PM
Sample Type	: Serum	Report Status	: Final Report

IMMUNOLOGY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method

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, hepatocelluar disorders, myeloproliferative disorders and at times with excess supplementation of vitamins pills.

*__CMIA__-Chemiluminescent Microparticle Immunoassay /__CLIA__-Chemiluminescent immunoassay.

Vitamin B9 (Folic Acid)

Vitamin B9 (Folic Acid)	7.28	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.

*__CMIA__-Chemiluminescent Microparticle Immunoassay /__CLIA__-Chemiluminescent immunoassay.

NABL certificate and scope

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IMMUNOLOGY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Homocysteine				
Homocysteine	**30.86**	umol/L	<15	CLIA

Comment:

Interpertation:
Increased levels are seen in deranged Vit B12 metabolism and form an independent marker for risk of thromboembolic episodes in coronary artery disease (CAD)

Clinical Utility:
•Determine risk for heart disease, stroke and peripheral arterial blood vessel disease.
•Identify vitamin B12 deficiency or folic acid deficiency.
•Identify homocystinuria

The recommended use of Homocysteine (HCY) to assess risk factor for CAD are
•It is specially useful in young CAD patients (<40 years)
•In known cases of CAD,high HCYlevels should be used as a prognostic marker for CAD events and mortality.
•CAD patients with HCY levels >15 umol/L belong to high risk group.
•Increased HCY levels with low vitamin concentrations should be handled as a potential vitamin deficiency case .

High values of HCY are found in dietary deficiency of folic acid, vitamin B6, or vitamin B12, homocystinuria, chronic liver and renal failure,post menopausal state , hypothyroidism, Alzheimer's disease,vaious neoplastic disease like cancers of ovary or breast and Acute lymphoblastic leukemia,drugs (anti-anticonvulsants, antibiotics, theophylline, birth control pills, and tamoxifen),alcoholism, smoking or tobacco usage.
Low values may be caused by some medicines or vitamins such as folic acid, vitamin B12, or niacin.

• Please note test values may vary depending on the assay method used.

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Lab Visit ID	: MUM1056582	Collection Date	: 17/Jul/2025 10:53AM
Barcode ID/Order ID	: D22620171 / 13544837	Report Date	: 17/Jul/2025 07:17PM
Sample Type	: Urine	Report Status	: Final Report

CLINICAL PATHOLOGY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Urine Routine & Microscopy				
Urine Routine & Microscopy				
Colour	Pale Yellow		Pale Yellow	Manual
Appearance	Clear		Clear	Manual
Specific gravity	1.015		1.003 - 1.035	pKa change
pH	6.0		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

***** End Of Report *****

NABL certificate and scope

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CLINICAL PATHOLOGY

COMPREHENSIVE PLATINUM FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method

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 mall 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.

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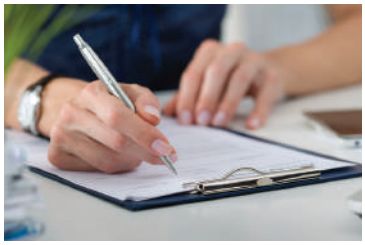

Each report undergoes rigorous medical scrutiny & is signed off by a doctor

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Reference: 1. Data on File **2.** Marwaha, Raman K., et al. "Efficacy of micellized vs. fat-soluble vitamin D3 supplementation in healthy school children from Northern India."Journal of Pediatric Endocrinology and Metabolism 29.12.