



Credentials

Rohera Inc



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The Hypothesis:

The universe is all about energy. No matter whether you call the energy chi, prana, electrons, or some other name. the universe is about the interactions of energy.

In general it is observed that frequencies can repair damaged tissues and cells within body. This is the primary basis for the therapeutic use of this technology, stimulating tissues at a cellular level. Electrical pulse and frequencies passing through our whole body will have a positive charge to our trillions of cells.

Basic cell functions and the effect of Electromagnetic frequencies:

Our skins, bones, and organs are composed of tiny cells. The membrane of a healthy cell has both positive and negative charges that are required for the exchange of potassium, sodium, and calcium ions. When cells become distressed from disease, trauma or toxins, they lose their ability to function efficiently. Medi Magic restores the positive and negative charges in the cell, enabling it to perform its natural function while speeding tissue recovery.

Everyone's body responds differently to electro pulse waves and different frequencies target specific tissue types. Medi Magic emits a unique series of Pulsed Electro Fields at precise frequencies targeted on four key tissue types resulting in increased circulation, reduced inflammation, improved mobility, and relieved pain.

All cells need energy to function through the increased motion of ions and electrolytes magnetic cells help cells increase their energy or "charge".

Electro field also affects the charge of the cell membrane, which allows membrane channels to open up.

Resting cells are negatively charged on the inside, while the outside of the cell is more positively charged. The flow of charges across the cell membrane is what generates electrical currents.

When a cell is stimulated, it allows positive charges to enter the cell through open ion channels. The inside of the cell then becomes more positively charged, which triggers further electrical currents that can turn into electrical pulses, called action potentials. Our bodies use certain patterns of action potentials to initiate the correct movements, thoughts and behaviours.

A disruption in electrical currents can lead to illness. e Medica Electro Field therapy can restore the disruption of the electrical current to its normal state, therefore, helping restore the cell. (Source)

Electric and magnetic fields (EMFs) are invisible areas of energy, often referred to as radiation, that are associated with the use of electrical power and various forms of natural



and man-made lighting. EMFs are typically characterized by wavelength or frequency into one of two radioactive categories:

- Non-ionizing: low-level radiation which is generally perceived as harmless to humans
- Ionizing: high-level radiation which has the potential for cellular and DNA damage

Along with the increased **voltage**, the **body** also needs the raw materials (proper nutrition) to **heal**. If your **body** does not have the energy storehouse necessary to produce **healing**, the **voltage in the** cells lessens, and when that happens, the **body** will become diseased

These channels are like doors and windows of a house. By opening cell channels, nutrients are better able to enter the cell and waste is more easily eliminated from the cell. This helps to rebalance and restore optimum cell function. If you restore enough cells, they will all work efficiently. Cells of the same type come together to make tissues and those tissues come together to make organs. So, by restoring or maintaining cellular function, allowing the entire body to function better. We all know that body ages over time. Maintaining the function of every individual cell at an optimal level every day is an important part of slowing aging.

Can e Medica therapy protect me from future illnesses?

Magnetic fields protect against cell injury by improving circulation, energy and repair process. Magnetic fields balance cells, tissues and bodily functions at very fundamental levels. A key to understanding Energetic Medicine is to understand that each cell is designed to run at a specific voltage and a specific frequency. Generally speaking, disease is caused when cells have too little voltage and are running at too low a frequency.

To operate correctly, cells must have both the proper voltage and the proper frequency. Chronic illness is almost always characterized by low voltage and a decrease in the frequency of the affected organ. Restoration of health must involve correcting both the voltage and the frequency of each cell and providing the nutrition necessary to make good new cells.



महाराष्ट्र शासन



संचालनालय, वैद्यकीय शिक्षण आणि संशोधन, मुंबई

शासकीय दंत महाविद्यालय व रुग्णालय इमारत चौथा मजला, सेंट जॉर्जेस रुग्णालय आवार, पी. डीमेलो रोड, फोर्ट, मुंबई - ४०० ००१
दुरध्वनी: +९१-२२-२२६२०३६१-६५/२२६५००५१/५३/५९. संकेतस्थळ: <http://www.med-edu.in> & <http://www.dmer.org>

क्र.संवैशिवसं/संकीर्ण/eMedica/इलेक्टॉनिक मेडिकल गॅजेट/ 18-अ/२०२१, दिनांक २४/११/२०२१
कार्यालयीन आदेश १४३८४

विषय : The innovative Wellness product _eMedica.

संदर्भ : सीईओ, रोहेरा हेल्थकेअर अँड टेक्नॉलॉजी प्रा.लि, पुणे
यांचे पत्र दिनांक १२/१०/२०२१

प्रस्तुत विषयी संदर्भीय पत्रान्वये सीईओ, रोहेरा हेल्थकेअर अँड टेक्नॉलॉजी प्रा.लि., पुणे यांनी "eMedica" या उत्पादनाचे शासकीय रुग्णालयामध्ये ट्रायल करण्यास परवानगी मिळणेबाबत विनंती केली आहे.

उक्त प्रस्तावामध्ये पुढील बाबी नमुद करण्यात आल्या आहेत.

१. "eMedica" या उपकरणाची उपयुक्तता

Improves Immunity, Support to reduce Heart blockages, Support to control Diabetes, Support to fight different viral infection, Support to control Hypothyroidism, Improves Blood Circulation, Increase Oxygen saturation, Balance the pH level, Control Cholesterol levels, Control Blood Pressure, Support to control Parkinson's & Paralysis, Prevent Cancer & Metastasis, Support to detox liver and kidney, Support to control Uric acid levels (Gout), Support to reduce lung diseases and Fibrosis of lungs. No side effects, Non invasive, Family device.

२. उक्त उपकरणास अन्न व औषध प्रशासनाची मान्यता मिळण्याकरीता संबंधित कंपनीमार्फत प्रस्ताव सादर करण्यात आलेला आहे.

३. eMedica या उपकरणास NABL Approved, CE, ROHS, ISO Certified असे विविध नामांकीत प्रमाणपत्रे प्राप्त झाली असल्याचे प्रस्तावात नमुद केले आहे.

रोहेरा हेल्थकेअर अँड टेक्नॉलॉजी प्रा.लि., पुणे यांनी eMedica या इलेक्टॉनिक मेडिकल गॅजेट उपकरणाच्या उपयोगासंदर्भात अधोरेखित केलेल्या उक्त बाबींच्या पडताळणीसह पुढील नमुद मुद्द्यांबाबत देखिल स्पष्टता होणे आवश्यक आहे.

- सदरचे उपकरण रुग्णोपचाराच्या दृष्टिने उपयुक्त आहे का ? असल्यास प्रचलित उपचार पध्दतीच्या तुलनेत किती प्रमाणात फायदेशिर आहे ?
- शासकीय रुग्णालयात सदर उपकरणाचा वापर करणे शक्य आहे किंवा कसे ?


(क.मा.प.)

यासर्व बाबींचा उहापोह करुन सदर उपकरणाचे आयुर्मान, उपयोग सुलभता इत्यादींच्या परिक्षणात्मक अभ्यासांती अहवाल प्राप्त होणे आवश्यक आहे.

यास्तव eMedica या उत्पादनाचे सर्वांगीन चाचणीअंती अहवाल सादर करण्याकरीता पुढील प्रमाणे तज्ञ समिती गठित करण्यात येत आहे.

- १) डॉ. विद्या नगार, प्राध्यापक (तदर्थ), औषधवैद्यकशास्त्र, ग्रॅ.शा.वै.म., मुंबई
- २) डॉ. गिता शेट, सहयोगी प्राध्यापक, नेफ्रोलॉजी, ग्रॅ.शा.वै.म., मुंबई
- ३) डॉ. तेजल वधान (सुरळकर), सहयोगी प्राध्यापक, कामा व अल्लेस रुग्णालय, मुंबई

उपरोक्त समितीने eMedica या इलेक्टॉनिक मेडिकल गॅजेट उपकरणाचे परिक्षण करुन स्वयंस्पष्ट अहवाल १० दिवसांत संचालनालयास सादर करावा.


संचालक,

वैद्यकीय शिक्षण व संशोधन, मुंबई

प्रति,

- १) डॉ. विद्या नगार,
प्राध्यापक (तदर्थ), औषधवैद्यकशास्त्र, ग्रॅ.शा.वै.म., मुंबई
- २) डॉ. गिता शेट,
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- ३) डॉ. तेजल वधान (सुरळकर),
सहयोगी प्राध्यापक, कामा व अल्लेस रुग्णालय, मुंबई

✓ प्रत : सीईओ, रोहेरा हेल्थकेअर अॅन्ड टेक्नॉलॉजी प्रा.लि, पुणे

यांना कळविण्यात येते की, eMedica या उपकरणाचे उक्त समितीसमोर सादरीकरण करावे.
तसेच तपासणी/प्रात्यक्षिकाकरीता उपकरणी उपलब्ध करुन द्यावे.

प्रत : माहितीस्तव.

- १) अधिष्ठाता, ग्रॅन्ट शासकीय वैद्यकीय महाविद्यालय, मुंबई
- २) अधिक्षक, कामा व अल्लेस रुग्णालय, मुंबई

शासकीय होम्योपैथिक चिकित्सा महाविद्यालय एवं चिकित्सालय
आयुष परिसर कलियासोत डेम के किनारे एम.ए.सी.टी हिल्स, भोपाल
क0/चिकि /21/648-49 भोपाल, दिनांक: 16/11/2021

प्रति,

जी.वी हेल्थकेयर
वेलिंगटन बिजनेस पार्क-01
अंधेरी ईस्ट मरोल मुंबई महाराष्ट्रा-400059

विषय :- इ-मेडिका उपकरण के डेमोसट्रेशन के संबंध में।

संदर्भ:- आपके ईमेल दिनांक 16/11/2021 के संदर्भ में।

-00-

उपरोक्त संदर्भित ईमेल के अनुक्रम में लेख है, शासकीय होम्योपैथिक चिकित्सा महाविद्यालय से सम्बद्ध चिकित्सालय आयुष परिसर, भोपाल में इ-मेडिका उपकरण का डेमोसट्रेशन 1 माह के लिए रोगियों हेतु कराये जाके देखना उचित होगा।

[Handwritten Signature]

डॉ०सुनीता तोमर
अधीक्षक
शासकीय होम्योपैथिक चिकित्सा
महाविद्यालय एवं चिकित्सालय, भोपाल

पृ०क०/चिकि /21/

भोपाल, दिनांक:

1. प्रधानाचार्य एवं सीईओ महोदय० शासकीय होम्योपैथिक चिकित्सा महाविद्यालय एवं चिकित्सालय, भोपाल।

अधीक्षक
शासकीय होम्योपैथिक चिकित्सा
महाविद्यालय एवं चिकित्सालय, भोपाल





Maharashtra Government
Health Department

Medical Superintendent, Regional Referral Services Hospital,
(Daffrin Hospital Campus), Shrikrushana Peth, Amravati-444601

Ph.No. 0721-2970161,
0721-2970167.

Outward no./RRSH,Amt./MOU / 3844 /2022
Date. 99/६/2022 Email : msrrshamt@gmail.com

To,
Rohera Healthcare & Technologies Pvt Ltd
E-Medica
Pune.

In Regional Referral Services Hospital, Amravati the installation & inauguration of E-Medica device was done in the month of February 2022, since that time patients were enrolled of different diseases as per instructions given by experts of E-Medica.

Total of 132 Covid confirmed cases were enrolled & studied for their improvement in health during this study period. About 60 minutes sessions were given on respective described mode of E-Medica device & parameters like SPO2, Pulse, Temperature, Blood pressure were noted for three different settings.

A total 110 already diagnosed hypertensive patients & 153 diagnosed type II Diabetes mellitus patients were enrolled in study to see the effect of device to minimize blood pressure & blood sugar respectively.

Individual values of baseline (i.e. before use of device) & also values after the use of device on day one, day two & day three were noted in Microsoft excel. Mean and standard deviation were calculated & 't' test were applied using open epi software. After applying 't' test of significance, 'p' value less than 0.05 at 95% confidence interval was considered statistically significant.

From the study conducted in this hospital it was concluded that, use of E-Medica device in covid-19 positive patients is a potent adjuvant to reduce the body temperature, pulse rate & improve the oxygen saturation levels in very short continuance of its utility. Also E-Medica device can be adjuvant to decrease the blood pressure & Blood sugar level in diagnosed hypertensive & diabetic patients.

Above results are due to following reasons as stated in Information Brochure given by the manufacturer of E-Medica-

“After applying eMedica device on the specific program (*as pre-programmed & fed in the device*), with specified frequency, voltage & current, it will Enhance the Cell charge of the organ. This process Improves the function of the Organ, Reduces Blood-Fat, Reduces the chances of Cardiac Arrest, Improves the Blood Circulation. When a mild current is exposed to virus or bacteria it would destroy the Virus & Bacteria in the body. In diabetic patients eMedica device transmits specific Voltages and Frequency with the specific electric charge into the human body. As this 3-dimensional technology passed through the blood stream, it enhances the charge of the β -cell in the pancreas, which in-turn improves the function of the organ helping it to produce more insulin. As a specific combination of Voltages-Frequency-Current is passed through the blood stream, it burns the fat/deposit/plaque from the blood vessel. This allows the

insulin generated from the (β -cell) pancreas to penetrate into the blood cells. As the natural insulin (*produced by β -cell*) reached the blood stream it immediately balances the Blood Sugar Level. Hence controlling Diabetes.” (Reference- www.emedica.in, Rohera Healthcare & Technology Private Limited

ROHERA INC.)

This present pilot study was conducted on a limited sample size, which proved the efficacy on covid positive & hypertensive patients. Currently the study is being in process in large number of groups to see its results on Diabetic & hypertensive Patients. The long term effect of e- medica ^{Needs to be} is conducted on Diabetic patients to understand better blood sugar control over a long term use. As soon we achieve our desired sample size, we will publish its results.

Detailed results of this study with mean with standard deviation & P value are enclosed with this.

1. Dr. M. R. Mendhe – OSD, RRSB, Amravati.
2. Dr. G. Khobragade – MO, RRSB, Amravati.
3. Dr. Ravi Bushan – Nodal Officer RRSB-Covid, Amravati
4. Dr. V. S. Pawar – MO, RRSB, Amravati.
5. Dr. V. S. Dhande- MO, TBH, Amravati.
6. Dr. Shyam Gawande- MO, RRSB, Amravati


10/06/2022

11/06/22

11/06/2022


10/01/22

11/06/2022

Medical Superintendent
RRSB, Amravati
Medical Superintendent
Regional Referral Services Hospital
AMRAVATI.

COVID-19

Table No.1: Effect of Emedica device on temperature in covid 19 positive patients (n=132)

DAY	TEMPERATURE (Mean with SD)		P Value (t test)
	BEFORE	AFTER	
DAY 1	99.99 ± 0.98	97.20 ± 0.88	<0.0000001
DAY 2	99.56 ± 0.64	97.25 ± 0.94	<0.0000001
DAY 3	99.56 ± 0.51	97.61 ± 0.76	<0.0000001

Table No.2: Effect of Emedica device on oxygen saturation in covid 19 positive patients

DAY	SPO2 (Mean with SD)		P Value (t test)
	BEFORE	AFTER	
DAY 1	93.12 ± 1.52	96.15 ± 1.19	<0.0000001
DAY 2	94.94 ± 2.68	97.06 ± 1.64	<0.0000001
DAY 3	94.78 ± 2.24	97.48 ± 1.30	<0.0000001

Table No.3: Effect of Emedica device on pulse rate in covid 19 positive patients

DAY	PULSE (Mean with SD)		P Value (t test)
	BEFORE	AFTER	
DAY 1	92.09 ± 5.76	84.28 ± 12.51	<0.0000001
DAY 2	94.68 ± 4.91	89.27 ± 7.42	<0.0000001
DAY 3	96.12 ± 4.48	90.53 ± 5.73	<0.0000001

Total 132 covid positive patients were enrolled in research to study the effect of Emedica device on improvement in health status of patients. It was found that mean temperature of covid positive patients get decreases, after a session of 60 minutes duration in a day, also it was found that mean temperature of patients were decreases subsequently on day 2 & 3 after its use and the difference was statistically significant. (P <0.05).

Similarly, one of the crucial parameter in covid patients i.e. oxygen saturation shows drastic increase in SPO2 & the difference was statistically significant. ($P < 0.05$) Mean pulse was also reduced subsequently after the use of Emedica device, & difference was also statistically significant.

Thus, it can be concluded that, use of Emedica devise in covid 19 positive patients can be a potent adjuvant to reduce the body temperature, pulse rate & improve the oxygen saturation in very short continuance of its utility.

BLOOD PRESSURE

Table No.4: Effect of Emedica device on systolic blood pressure in diagnosed case of hypertension (n=110)

DAY	SYSTOLIC BLOOD PRESSURE (Mean with SD)		P Value (t test)
	BEFORE	AFTER	
DAY 1	147.73 ± 15.63	125.93 ± 16.45	<0.0000001
DAY 2	139.70 ± 11.55	131.5 ± 13.52	0.000002496
DAY 3	143.30 ± 9.12	133.94 ± 9.73	<0.0000001

Table No.5: Effect of Emedica device on diastolic blood pressure in diagnosed case of hypertension

DAY	DIASTOLIC BLOOD PRESSURE (Mean with SD)		P Value (t test)
	BEFORE	AFTER	
DAY 1	90.21 ± 9.87	88.85 ± 13.70	0.3992
DAY 2	84.71 ± 8.00	74.77 ± 6.89	<0.0000001
DAY 3	86.72 ± 7.86	82.68 ± 7.70	0.0001547

Total 110 diagnosed cases of Hypertension were studied to see the effect of Emedica device on its effect on lowering blood pressure. It was found that both systolic and diastolic blood pressure get decreases after the use of Emedica device. Also the difference was statistically significant. (P < 0.05)

RANDOM BLOOD SUGAR

Table No.6: Effect of Emedica device on random blood sugar in diagnosed case of diabetes mellitus. (n=153)

DAY	RANDOM BLOOD SUGAR (Mean with SD)		P Value (t test)
	BEFORE	AFTER	
DAY 1	197.16±20.00	136.84 ± 16.92	<0.0000001
DAY 2	185.19 ± 19.75	135.17 ± 16.23	<0.0000001
DAY 3	172.90 ± 21.55	126.56 ± 15.58	<0.0000001

Total 153 diagnosed cases of Diabetes mellitus type 2 were studied for the effect of Emedica device on blood sugar level & it was found that after a session of Emedica device random blood glucose level get decreases and the difference was statistically significant. (P <0.05)



TEST REPORT

TEST REPORT AS PER :- IS 13450 (Part 1)/ IEC 60601-1

SRF No.: 21040014

Name & Address of Customer: e-Medica Office No A3/A4/A5 Royal Arcade, Pune Satara Road, Near Shankar Maharaj Math, Pune - 411043	ULR No.: TC510021000000450F		
	Discipline: Electrical		
	Group: Safety Testing Facility		
	Test Report No: HPLI/Test/2104001401		
	Date of Issue: 04/05/2021		
	Customer Ref. & Date : 09/04/2021		
	Date of Sample Receipt: 09/04/2021	Start of Test Date: 09/04/2021	End of Test Date: 30/04/2021

PART A - PARTICULARS OF THE SAMPLE SUBMITTED

Sample description	e-Medica (Wellness Device)
Grade/ variety/ type/ class/ size etc.	e-Medica (Wellness Device)
Declared values, if any	e-Medica (Wellness Device):- Input Rating: 19.0Vdc, 1.0A AC/DC Adapter:- Input Rating: 100-240Vac, 50/60Hz,0.3A Output Rating: 19.0Vdc,1.0A
Code no., BIS seal and IO's sign, if any	Nil
Batch no., date of manufacture and Brand name	Model No. e-Medica (Wellness Device) Brand Name: e-Medica
Quantity	01
Condition of the sample	Good
Reference specification (s)	IS 13450 (Part 1)/ IEC 60601-1 (Tests have been carried out as per customer request)
Environmental conditions	Temperature (25±5)°C & Relative humidity<70%

Statement of Conformity	N/A
Decision Rule	N/A

PART B – SUPPLEMENTARY INFORMATION

- Deviations from the test methods as per relevant specification/ work instructions, if any:
- Details of the drawings, graphs, tables, sketches or photographs as referred in the test report, if any: ANNEXURE A attached
- Testing procedure according to work instruction : HPLI03/Test-Medical/WI-01 to 07
- The Management System is maintained in accordance with IS/ISO/IEC 17025:2017 and testing Standards/ Instruments are traceable to National/ International Standards.

- Notes: i) This report is not to be reproduced wholly or in part without our special permission in writing.
ii) This report refers only to the particular sample detailed above.
iii) The results reported in this certificate are valid at the time of and under the stipulated conditions of measurement.

[Signature]
Tested by

Checked by *[Signature]*

HI PHYSIX LABORATORY INDIA PVT. LTD.
Approved by *[Signature]*
DR. V. V. Awatade
(General Manager, Electronics Division)

Format No - HPLI 04 E31-00
www.hiphysix.com



TC-5100

ULR No.: TC510021000000450F
Test Report No.: HPLI/Test/2104001401

TEST RESULT

PART C

IS 13450 (Part 1)/IEC 60601-1
RESULTS

Sr. No.	TESTS WITH CLAUSE REFERENCE	SPECIFIED REQUIREMENTS		RESULTS
1.	Power Input Test (Cl.4.11 of IS 13450 (Part 1) /IEC 60601-1)	i)	Steady-state measured input of ME Equipment or ME System at rated voltage and at operating settings indicated in instructions for use did not exceed marked rating by more than 10%	See appended Table 4.11
		ii)	-Measurements on ME Equipment or ME System marked with one or more rated voltage ranges made at both upper and lower limits of the range	See appended Table 4.11
2.	Humidity Preconditioning Treatment (Cl.5.7 of IS 13450 (Part 1) /IEC 60601-1)		ME Equipment or parts there of affected by climatic conditions were set up completely, or partially, with covers detached and subjected to a humidity preconditioning prior to tests of Clauses 8.7.4 and 8.8.3	Before the test of 8.7.4 & 8.8.3, the humidity preconditioning is performance
			ME Equipment heated to a temperature between T and T + 4 °C for at least 4 h and placed in a humidity chamber with a relative humidity of 93 % ± 3 % and an ambient within 2 °C of T in the range of + 20 °C to + 32 °C for 48 h	25 degree C 93 %RH
3.	Leakage Currents And Patient Auxiliary Currents (Cl.8.7 of IS 13450 (Part 1) /IEC 60601-1)	8.7.1	a) Electrical isolation providing protection against electric shock limits currents to values in 8.7.3	See appended Table 8.7
			b) Specified values of Earth leakage, Touch, Patient Leakage, and Patient Auxiliary Currents applied in combination of conditions in appended Table 8.7	See appended Table 8.7
		8.7.2	Allowable values specified in 8.7.3 applied under Single Fault Conditions of 8.1 b), except	See appended Table 8.7
			Where insulation used in conjunction with a Protective Earth Connection, insulation short circuited only under conditions in 8.6.4 b)	See appended Table 8.7
			The only single Fault Condition for Earth Leakage current was interruption of one supply conductor at a time	See appended Table 8.7
			- Leakage currents and patient auxiliary current not measured in single fault condition of short circuiting of one constituent part of double insulation	See appended Table 8.7
Single fault conditions not applied at same time as special test conditions of maximum mains voltage on applied parts and non- protectively earthed parts of enclosure	See appended Table 8.7			

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Approved by *[Signature]*
Dr. M. A. Awatade
(General Manager, Electronics Division)



ULR No.: TC51002100000450F
Test Report No.: HPLI/Test/2104001401
IS 13450 (Part 1)/IEC 60601-1

Sr. No.	TESTS WITH CLAUSE REFERENCE	SPECIFIED REQUIREMENTS	RESULTS
		8.7.3 a) Allowable values in 8.7.3 b), c), and d) measured based on, and are relative to currents in Fig 12 a), or by a device measuring frequency contents of currents as in Fig 12 b:	See appended Table 8.7
		b) allowable values of patient leakage and auxiliary currents are according to tables 3 & 4, and values of a.c. are relative to currents having a frequency not less than 0.1Hz:	See appended Table 8.7
		c) Touch current did not exceed 100 μ A in normal condition and 500 μ A in single fault condition	See appended Table 8.7
		d) Earth Leakage Current did not exceed 5 mA in normal condition and 10 mA in single fault condition	See appended Table 8.7
		Higher values of Earth Leakage Current permitted for Permanently Installed ME Equipment connected to a supply circuit supplying only this ME Equipment according to local regulations or IEC 60364-7-710:	See appended Table 8.7
		e) Leakage Currents, regardless of waveform and frequency, did not exceed 10 mA r.m.s. in normal or in single fault condition (measured with a non-frequency-weighted device:)	See appended Table 8.7
		8.7.4 Leakage and Patient Auxiliary Currents measurements:	See appended Table 8.7
4.	Temperature Rise Test (Excessive temperatures in ME Equipment) (Cl.11.1 of IS 13450 (Part 1) /IEC 60601-1)	11.1.1 Temperatures on ME Equipment parts did not exceed values in Tables 22 and 23 operating in worst-case normal use at maximum rated ambient operating temperature T	See appended Table 11.1.1
		Surfaces of test corner did not exceed 90 °C	Satisfactory (See appended Table 11.1.1)
		11.1.2 Applied parts (hot or cold intended to supply heat to a patient comply	Applied part not supply heat to patient
		11.1.2.2 Applied parts not intended to supply heat to a patient complies with the limits of table 24 in both normal condition and single fault condition	Complies (See appended Table 11.1.1)
		Applied parts surface temperature exceeds 41°C disclosed in the instruction manual:	Not exceed 41°C
Applied parts surface temperature of equal to or less than 41°C	See appended Table 11.1.1		
5.	Interruption of Power Supply (Cl.11.8 of IS 13450 (Part 1) /IEC 60601-1)	Interruption and restoration of power supply did not result in a hazardous situation, except interruption of its intended function	Unit operation normally after Interrupted and restored (Equipment state: Loaded, operating mode)

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ULR No.: TC510021000000450F

Test Report No.: HPLI/Test/2104001401

IS 13450 (Part 1)/IEC 60601-1

Sr. No.	TESTS WITH CLAUSE REFERENCE	SPECIFIED REQUIREMENTS	RESULTS	
6.	Abnormal operation & Single Fault Condition (Cl.13 of IS 13450 (Part 1) /IEC 60601-1)	13.1.1	None of hazardous situations in 13.1.2-13.1.4, inclusive, occurred when single fault conditions applied, one at a time, as in 4.7 and 13.2	Satisfactory
		13.1.2	Emission of flames, molten metal, poisonous or ignitable substance in hazardous quantities did not occur	No fire, emission of molten metal or ignition of substances was noted during the tests.
			Temperatures of applied parts did not exceed allowable values in table 24 when measured as in 11.1.3	Complies (See appended Table 11.1.1)
			Temperatures of ME equipment parts that are not applied parts likely to be touched did not exceed values in table 23 when measured and adjusted as in 11.1.3	See appended Table 11.1.1
			Limits for leakage current in single fault condition based on 8.7.3 did not exceed	Complies (See appended Table 8.7)
			Voltage limits for accessible parts including applied parts in 8.4.2 did not exceed	Complies (See appended Table 8.7)
		13.2.1	During application of single fault conditions in 13.2.2 -13.2.13, inclusive, normal conditions in 8.1 a) applied in least favourable combination	Considered.
		13.2.2 to 13.2.12	ME Equipment complied with 13.2.2 -13.2.12	See appended Table 13.2
13.2.13	ME Equipment remained safe after tests of 13.2.13.2 to 13.2.13.4 (inclusive), and cooling down to within 3°C of the temperature in the test environment	See appended Table 13.2		
	For insulation of thermoplastic materials relied upon as a means of protection (see 8.8), the ball pressure test specified in 8.8.4.1 a) performed at a temperature 25 °C higher than temperature of insulation measured during tests of 13.2.13.2 to 13.2.13.4 (inclusive).	Ball-pressure test for nonmetallic enclosure has been carried out at 75°C & found Satisfactory (See appended Table 8.8.4.1)		
7.	Drop test (Cl.15.3.4 of IS 13450 (Part 1) /IEC 60601-1)	15.3.4.2	Sample of portable ME Equipment, accessories and portable part with safe working load lifted to a height as in table 29 above a 50 ± 5 mm thick hardwood board lying flat on a concrete floor or rigid base, dropped 3 times from each orientation in normal use (cm)	There was no damage to the interior or exterior of the tested sample which caused exposure to live parts or increased risk of electric shock

PART D:

- Remarks:** 1. The observations given in part A of the cover page of the test report are taken from the marking on the sample and specification given by the customer.
2. All the test covered in this test reports are performed as per Customer request.

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[Signature]
Dr. H. N. Awatade
(General Manager - Electronics Division)



ANNEXURE A

ULR No.: TC510021000000450F
Test Report No.: HPLI/Test/2104001401

IS 13450 (Part 1)/IEC 60601-1

8.10 TABLE: List Of Critical Components					
Object/part or Description	Manufacturer/ Trademark	Type/Model	Technical data	Standard (Edition/ year)	Mark(s) of Conformity ¹⁾
AC/ DC Adapter	Shyam Electronics Magnetics	LT19-SEM-7450	Input :100-240Vac, 50/60Hz,0.3A Output: 19Vdc, 1.0A	IS13450 (Part 1)/ IEC60601-1	Tested with appliance
Interconnecting Cable	R R Kabel Limited	Various	PVC 1100V	IS 694	CN/L. 3934068
LCD Display	Shenzhen Jing Handa Electronics. Ltd	JHD204A	5.0V, 1.2mA	IS13450(Part 1)/ IEC60601-1	Tested with appliance
Varistor	TDK Electronics GmbH & Co OG	S14 series	105°C, up to 8kV 30Vrms,38Vdc	IEC 61051-1 IEC 61051-2 IEC 61051-2-2	VDE 40027582
Plastic Enclosure	Various	Various	Plastic, V-1, min. 1.5 thickness, 80°C	UL94	UL

Supplementary information: ¹⁾ An asterisk indicates a mark which assures the agreed level of surveillance. See Licenses and Certificates of Conformity for verification.

4.11 TABLE: Power Input					
Operating Conditions / Ratings	Voltage (V)	Frequen cy (Hz)	Current (A)	Power (W or VA)	Power factor (cos φ)
Test on Model e-Medica					
For AC/DC Adapter: (Shyam Electronics Magnetics, Type LT19-SEM-7450)	-	--	--	--	--
Max. normal loaded / 1.0 A	90Vac	50	0.318	22.59	--
Max. normal loaded / 1.0 A	90Vac	60	0.320	22.60	--
Max. normal loaded / 1.0 A	100Vac	50	0.306	22.45	--
Max. normal loaded / 1.0 A	100Vac	60	0.309	22.48	--
Max. normal loaded / 1.0 A	240Vac	50	0.196	22.38	--
Max. normal loaded /1.0 A	240Vac	60	0.199	22.40	--
Max. normal loaded / 1.0 A	264Vac	50	0.194	22.34	--
Max. normal loaded /1.0 A	264Vac	60	0.197	22.35	--
Max. normal loaded	19Vdc	--	0.556	10.56	-
Supplementary information:					

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ULR No.: TC510021000000450F

Test Report No.: HPLI/Test/2104001401

IS 13450 (Part 1)/IEC 60601-1

8.7 TABLE: Leakage current				
Type of leakage current and test condition (including single faults)	Supply voltage (V)	Supply frequency (Hz)	Measured max. value (μ A)	Remarks
Fig. 13 - Earth Leakage (ER)	-	-	-	Maximum allowed values: 5 mA NC; 10 mA SFC
Before Humidity Condition:				
ER, NC	264	60	152.3	S1 = 1, S5 = 1
ER, NC	264	60	157.9	S1 = 1, S5 = 0
ER, SFC (Neutral Open),	264	60	197.5	S1 = 0, S5 = 1
ER, SFC (Neutral Open)	264	60	199.1	S1 = 0, S5 = 0
After Humidity Condition:				
ER, NC	264	60	153.8	S1 = 1, S5 = 1
ER, NC	264	60	157.7	S1 = 1, S5 = 0
ER, SFC (Neutral Open),	264	60	198.4	S1 = 0, S5 = 1
ER, SFC (Neutral Open)	264	60	199.5	S1 = 0, S5 = 0
(with non frequency-weighted device)				Maximum allowed values: 10 mA for NC & SFC
Before Humidity Condition:				
ER, NC	264	60	160.1	S1 = 1, S5 = 1
ER, NC	264	60	163.8	S1 = 1, S5 = 0
ER, SFC (Neutral Open),	264	60	201.6	S1 = 0, S5 = 1
ER, SFC (Neutral Open)	264	60	205.7	S1 = 0, S5 = 0
After Humidity Condition:				
ER, NC	264	60	160.8	S1 = 1, S5 = 1
ER, NC	264	60	164.2	S1 = 1, S5 = 0
ER, SFC (Neutral Open),	264	60	201.5	S1 = 0, S5 = 1
ER, SFC (Neutral Open)	264	60	205.4	S1 = 0, S5 = 0
Fig. 14 - Touch Current (TC)	-	-	-	Maximum allowed values: 100 μA NC; 500 μA SFC
MD between Earth and AC/DC Adapter Plastics Enclosure surface (covered with metal foil)				
Before Humidity Condition:				
TC, NC	264	60	7.6	S1 = 1, S5 = 1, S7 = 1
TC, NC	264	60	5.8	S1 = 1, S5 = 0, S7 = 1
TC, SFC (Neutral Open)	264	60	9.1	S1 = 0, S5 = 1, S7 = 1
TC, SFC (Neutral Open)	264	60	9.6	S1 = 0, S5 = 0, S7 = 1
TC, SFC (Ground Open)	264	60	8.3	S1 = 1, S5 = 1, S7 = 0
TC, SFC (Ground Open)	264	60	17.7	S1 = 1, S5 = 0, S7 = 0

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TC-5100

ULR No.: TC510021000000450F
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IS 13450 (Part 1)/IEC 60601-1

Type Of Leakage Current And Test Condition (Including Single Faults)	Supply Voltage (V)	Supply Frequency (Hz)	Measured Max. Value (Ma)	Remarks
After Humidity Condition:				
TC, NC	264	60	8.3	S1 = 1, S5 = 1, S7 = 1
TC, NC	264	60	6.1	S1 = 1, S5 = 0, S7 = 1
TC, SFC (Neutral Open)	264	60	9.5	S1 = 0, S5 = 1, S7 = 1
TC, SFC (Neutral Open)	264	60	9.8	S1 = 0, S5 = 0, S7 = 1
TC, SFC (Ground Open)	264	60	8.8	S1 = 1, S5 = 1, S7 = 0
TC, SFC (Ground Open)	264	60	19.1	S1 = 1, S5 = 0, S7 = 0
Fig.15 - Patient Leakage Current (P) (MD between surface of footprint to earth)	-	-	-	Maximum allowed values: Type B or BF AP: 10 μ A NC; 50 μ A SFC (d.c. current); 100 μ A NC; 500 μ A SFC (a.c.) Type CF AP: 10 μ A NC; 50 μ A SFC (d.c. or a.c. current)
P, NC	264	60	ac<1	S1 = 1, S5 = N
P, NC	264	60	ac<1	S1 = 1, S5 = R
P, SFC	264	60	ac 1.29 μ A	S1 = 0, S5 = N
P,SFC	264	60	ac 1.32 μ A	S1 = 0, S5 = R
Fig. 16 - Patient leakage current with mains on the F-type applied parts (PM) (MD between External voltage & surface of footprint)				Maximum allowed values: Type B: N/A , Type BF AP: 5000 μ A Type CF AP: 50 μ A
P, NC	264	60	ac<1	S1 = 1, S5 = N
P, NC	264	60	ac<1	S1 = 1, S5 = R
P, SFC	264	60	ac<1	S1 = 0, S5 = N
P,SFC	264	60	ac<1	S1 = 0, S5 = R
Supplementary information:				
Note 1: For Earth Leakage Current see 8.7.3 d) and 8.7.4.5;				
Note 2: For Touch Current see 8.7.3 c) and 8.7.4.6;				
Note 3: For Patient Leakage Current See 8.7.3.b) and 8.7.4.7				
Note 4: Total Patient Leakage Current values are only relative to equipment with multiple Applied Parts of the same type. See 8.7.4.7 h). The individual applied parts complied with the Patient Leakage Current values.				
Note 5: In addition to conditions indicated in the Table, tests conducted at operating temperature and after humidity preconditioning of 5.7, equipment energized in stand-by condition and fully operating, max rated supply frequency, at 110 % of the max rated mains voltage				
ER - Earth leakage current TC - Touch current P - Patient leakage current PA - Patient auxiliary current TP - Total Patient current PM - Patient leakage current with mains on the applied parts MD - Measuring device	A - After humidity conditioning B - Before humidity conditioning 1 - Switch closed or set to normal polarity 0 - Switch open or set to reversed polarity NC - Normal condition SFC - Single fault condition			


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TC-5100

ULR No.: TC510021000000450F
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IS 13450 (Part 1)/IEC 60601-1

8.8.4.1	TABLE: Resistance to heat - Ball pressure test of thermoplastic parts		
	Allowed impression diameter (mm) :	≤2 mm	-
	Force (N) :	20	-
Part/material	Test temperature (°C)	Impression diameter (mm)	
Plastic Enclosure	75	0.8	
Supplementary information:			
The results were less 2 mm. Cracks were visible to the naked eye.			

11.1.1	TABLE: Excessive temperatures in ME Equipment				
Model No. :	See below	--	--	--	--
Test ambient (°C) :	25.6	--	--	--	--
Test supply voltage/frequency (V/Hz)(4) :	90V/50Hz	--	--	--	--
Sr.No..	Thermocouple location(3)	Max allowable temperature ¹⁾ from Table 22, 23 or 24 or RM file for AP(5) (°C)	Max measured temperature(2), (°C)	Remarks	
1	PCB	105	31.4	35.8	
2	Plastics Enclosure	60	30.9	35.3	
3	LCD Display	60	27.9	32.3	
4	LCD Display PCB	105	27.4	31.8	
5	Applied part	41	26.8	31.2	
6	Adapter Enclosure	60	35.8	40.2	
7	Internal wire	105	28.7	33.1	
8	Metal	56	31.3	35.7	
9	Test Corner	90	25.9	30.3	
10	Ambient	--	25.6	Shift Tma 30	

Supplementary information: ¹⁾When thermocouples used to determine temperature of windings, limits of Table 22 reduced by 10 °C.

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IS 13450 (Part 1)/IEC 60601-1

13.2 TABLE: Single Fault Conditions			
Clause No.	Description of Single Fault Condition	Results observed	Hazardous Situation (Yes/No)
13.2.2	Electrical Single Fault Conditions per Clause 8.1:	-	-
	Output shorted (AC/DC Adapter)	Unit switched off. No hazard. No defect.	No
	Output overload	Output current: 1.48A max. Maximum temperature of the enclosure: 46.8°C at 25.5°C ambient temperature. No hazard. No defect.	No
Supplementary information: - The measured temperatures did not exceed those allowable. See Table 11 for Temperatures obtained during the indicated Abnormal Operation tests. - There was no flame, extensive smoke or melted metal.			


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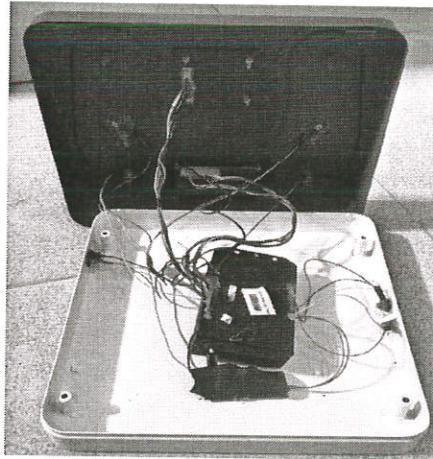
ULR No.: TC510021000000450F
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IS 13450 (Part 1)/IEC 60601-1

Photograph of EUT



External View



Internal View



AC/DC Adapter



Copy of Marking Plate of AC/DC Adapter



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***** END OF THE TEST REPORT *****

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Dr. V. N. Awatade
(General Manager - Electronics Division)



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Director, ADMH



Certificate of Compliance

RoHS Directive (2011/65/EU) of the European Parliament and of the Council on the restriction of use of certain Hazardous Substances in Electrical and Electronic Equipments

Certificate No. ROHS-SAPP-20-0700155

Manufacture

Name : SWATANTRA POWER PRIVATE LIMITED
Address : 201, MANISH PLAZA, OPP BHARAMA MAJESTIC, N.I.B.M RD, KONDHWA KHURD,
PUNE-411048, MAHARASHTRA, INDIA
FACTORY ADDRESS: GATE NO. 37, KHED SHIVAPUR-SASWAD ROAD, OFF PUNE SATARA
HIGHWAY, KASURDI KHEDIBADI, TAL. BHOR, PUNE 412205, MAHARASHTRA, INDA
Product : "MANUFACTURER OF ELECTRONIC MEDICAL DEVICE E-MEDICA"

This is to state that the above mentioned products is in compliance with RoHS Directive (20/95/EC) of the European Parliament and Commission Decision 2005/618/EC on the restriction of use of certain Hazardous Substances [Lead (Pb), Mercury (Hg), Cadmium (Cd), Hexavalent Chromium (Cr6+), Polybrominated biphenyls (PBBs) and Polybrominated Diphenyl ethers (PBDEs)] in Electrical and Electronic Equipments.

Statement:

This certificate declares that the product type/model described above complies with the mentioned above European Standard(s).

Remarks:

This certificate of complies is based on the evaluation of a sample of the above mentioned products. It does not imply and assessment of the mass-production of the product. This certificate holder may use this certificate in connection with the test certification body should be informed (revision of technical file) for any modification or alterations made to the aforementioned product type(s), including design and manufacture and/or extension to the existing scope of application.

The certificate is valid for three years if the company applies the technical construction file which has been stored IMC office. This certificate includes declaration of manufacturer.

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1st Surveillance Due

2nd Surveillance Due

Certificate Expiry (Subject to the company maintaining its system
To the required standard)

06th JUNE 2020

05th JUNE 2021

05th JUNE 2022

05th JUNE 2023

Registered

Authorized Signatory



QVA Certification

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Certificate of Registration

This is to certify that

SWATANTRA POWER PRIVATE LIMITED

201, MANISH PLAZA, OPP. BHARAMA MAJESTIC, N.I.B.M RD,
KONDHWA KHURD, PUNE-411048, MAHARASHTRA, INDIA
FACTORY ADDRESS: GATE NO. 37, KHED SHIVAPUR-SASWAD
ROAD, OFF PUNE SATARA HIGHWAY, KASURDI KHEDIBADI, TAL.
BHOR, PUNE 412205, MAHARASHTRA, INDIA

*has been independently assessed by QVA and is compliant with the
requirement of the standard*

ISO 13485:2016

Quality Management System For Medical Devices

For the following scope of activities

**“MANUFACTURER OF ELECTRONIC DEVICE TO MEDICAL
DEVICE E-MEDICA”**

Certificate Number: QMS-SAPP-20-0700156

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Date of Certification	07 TH April 2020
Issuance Date	07 TH April 2020
1st Surveillance Due	06 TH April 2021
2nd Surveillance Due	06 TH April 2022
Re-Certificate Due	06 TH April 2023

Registered

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Certificate of Compliance

We hereby declare that the technical file of product complied with the requirement of directives 2006/95/EC on LVD

Manufacture

Name : SWATANTRA POWER PRIVATE LIMITED
Address : 201, MANISH PLAZA, OPP BHARAMA MAJESTIC, N.I.B.M RD, KONDHWA KHURD,
PUNE-411048, MAHARASHTRA, INDIA
FACTORY ADDRESS: GATE NO. 37, KHED SHIVAPUR-SASWAD ROAD, OFF PUNE SATARA
HIGHWAY, KASURDI KHEDIBADI, TAL. BHOR, PUNE 412205, MAHARASHTRA, INDIA
Product : "ELECTRONIC DEVICE TO MEDICAL DEVICE E-MEDICA"

Complies with the requirements applicable to it

The Certification body has performed an audit of the above product quality system covering the design, manufacture and final inspection of the certified product. The quality system has been assessed, approved and is subject to continuous surveillance according to the directives 2006/95/EC on LVD

This certificate is issued under the following conditions:

It applies only to the quality system maintained in the manufacture of above referenced models and it does not substitute the design or type-examination procedures, if requested.

1. The certificate remains valid until the manufacturing conditions or the quality systems are changed.
2. The certificate validity is conditioned by positive results or surveillance audits.
3. After fulfilling the relevant EU legislation, the manufacturer shall affix to each device, of the above referenced models.
4. The CE mark as shown above can be used, under the responsibility of the manufacturer, after completion of an EC Declaration of conformity and compliance with all relevant EC Directives. The statement is based on a single evaluation of one sample of above mentioned product. It does not imply an assessment of the whole production.

Certificate No. CE-SAPP-20-0700154

Certificate can be verified at www.gaafs.us

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07TH JULY 2020

1st Surveillance Due

06TH JULY 2021

2nd Surveillance Due

06TH JULY 2022

Certificate Expiry (Subject to the company maintaining its system
To the required standard)

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THE REVIVE
A Holistic Neuropsychiatric Care

A Unit of
CMD HOSPITAL

TO WHOM SO EVER IT MAY CONCERN

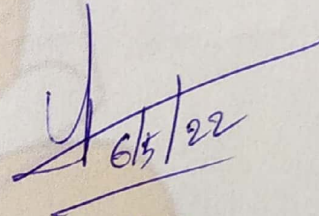
I Dr. Mohan Kumar V have been introduced to eMedica and found the concept quite interesting and since it has all the certification in place I decided to use eMedica on my patients.

On 10th of April 2022 I started using eMedica on my patient Mrs.Saraswathi Her right side of the body is paralyzed. She was unable to move her right side at all.

To test the device (*after making sure the device has no side effect*) I made her use the device regularly for the paralytic program daily 4 hours from 10th April 2022 to 30th of April 2022.

After using for only 20 days, to my surprise I found excellent results. She can move & lift her right hand. I suggest her to continue the same for few more months to get back to normal.

I highly recommend the device for Paralysis.





6/5/22

The Revive
A Holistic Neuropsychiatric Care
(A Unit of CMD Hospital)
9, Beside Hebbal Lake, Near V-Lead,
Hebbal Ring Road, Mysore-570016

☎ 0821-2955188 | 81238 29876
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Mysuru - 570016

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Controller General of Patents, Designs & Trade Marks S.M.Road, Antop Hill, Mumbai-400037 Tel No. (091)(022) 241377010, 24141026 Fax No. 022 24130287 E-mail: mumbai-patent@ipc.in Web Site: www.ipindia.gov.in		 सत्यमेव जयते				
Docket No 15938		Date/Time 04/04/2018				
To MORE PARAG MANOHAR		User id: Parag				
"Intellectual Platform", Ground Floor - Mayuresh. P. R. More Road. Near S. P. More College, Podi No. 1, Sector 15, New Panvel, Navi Mumbai - 410 206, Dist. Raigad, Maharashtra, India						
Sr. No.	Ref. No./Application No.	App. Number	Amount Paid	C.B.R. No.	Form Name	Remarks
1	201821012767	E-3/4081/2018/MUM	0	—	FORM 3	
Total Amount : ₹ 0 Amount in Words: Rupees Only						
Print						

Patient Information	Specimen Information	Client/Doctor Information
Name : Mr.ASHOK SAINI	Visit ID : LDAL442	Ref Doctor : Dr.SELF
Age/Gender : 72Y 2M 3D/Male	Collected : 24/Apr/2022 08:02	Client Code : LMPCC0121
MobileNo : 9892697751	Received : 24/Apr/2022 15:41	Client Add. : WADALA EAS
UHID : LDAA00031381	Reported : 24/Apr/2022 16:33	Client No. :
Address : 1102 tulip, dosti acre, behind antop hill bus depot. 400037	IP/OP/Barcode :	Client Name : PCC WADALA DOSTI ACRES
	Report Status : Final Report	

Test Name	Result	Bio. Ref. Range	Unit	Method
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Blood Urea Nitrogen (BUN) , SERUM

Blood Urea Nitrogen (BUN)	57.4	8.0-23.0	mg/dl	Kinetic Urease
Result Rechecked				

Creatinine, Serum

Creatinine	6.78	0.70-1.20	mg/dL	Kinetic Jaffe
Result Rechecked				

Electrolytes, Serum

Sodium	140.2	136 - 145	mmol/L	Ion-selective electrode
Potassium	5.7	3.4 - 5.1	mmol/L	Ion-selective electrode
Chloride	105.5	98-107	mmol/L	Ion-selective Electrode
Result Rechecked				



Patient Information	Specimen Information	Client/Doctor Information
Name : Mr.ASHOK SAINI	Visit ID : LDAL442	Ref Doctor : Dr.SELF
Age/Gender : 72Y 2M 3D/Male	Collected : 24/Apr/2022 08:02	Client Code : LMPCC0121
MobileNo : 9892697751	Received : 24/Apr/2022 16:30	Client Add. : WADALA EAS
UHID : LDAA00031381	Reported : 24/Apr/2022 16:34	Client No. :
Address : 1102 tulip, dosti acre, behind antop hill bus depot. 400037	IP/OP/Barcode :	Client Name : PCC WADALA DOSTI ACRES
	Report Status : Final Report	

Test Name	Result	Bio. Ref. Range	Unit	Method
-----------	--------	-----------------	------	--------

Complete Urine Examination , URINE

Physical Examination				
Colour	Pale Yellow			
Specific Gravity	1.015	1.010-1.030		Dipstick Method
Transparency	Clear	Clear		
Chemical Examination				
Protein	Present (++)	Absent		Dipstick Method
Glucose	Absent	Absent		Dipstick Method
pH	7.5	5.0-8.0		Dipstick Method
Blood	Absent	Absent		Dipstick Method
Ketone	Absent	Absent		Dipstick Method
Bile Pigment	Absent	Absent		Dipstick Method
Urobilinogen	Normal	Normal		Dipstick Method
Nitrite	Absent	Absent		Dipstick Method
Leucocyte Esterase	Absent	Absent		Dipstick Method
Microscopic Examination				
WBC/Pus Cells	2-3	0-5	/hpf	Microscopy
Transitional/Squamous epithelial cells	2-4	0-4	/hpf	Microscopy
RBCs	Absent	Absent	/hpf	Microscopy
Crystals	Absent	Absent		Microscopy
Casts	Absent	Absent	/lpf	Microscopy
Others	-	Absent		Microscopy

*** End Of Report ***



DR. SAGAR DAMANI
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST



Patient Information	Specimen Information	Client/Doctor Information
Name : Mr.ASHOK SAINI	Visit ID : LDAL715	Ref Doctor : Dr.SELF
Age/Gender : 71Y 3M 9D/Male	Collected : 09/Jun/2022 09:42	Client Code : LMPCC0121
MobileNo : 9892697751	Received : 09/Jun/2022 12:17	Client Add. : WADALA EAS
UHID : LDAA00039220	Reported : 09/Jun/2022 13:49	Client No. :
Address : 1102 Dosti Tulip Dosti Acres	IP/OP/Barcode :	Client Name : PCC WADALA DOSTI ACRES
	Report Status : Final Report	

Test Name	Result	Bio. Ref. Range	Unit	Method
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Blood Urea Nitrogen (BUN) , SERUM

Blood Urea Nitrogen (BUN)	50.1	8.0-23.0	mg/dl	Kinetic Urease
---------------------------	-------------	----------	-------	----------------

Creatinine, Serum

Creatinine	6.07	0.70-1.20	mg/dL	Kinetic Jaffe
Result Rechecked				

Electrolytes, Serum

Sodium	134.0	136 - 145	mmol/L	Ion-selective electrode
Potassium	5.2	3.4 - 5.1	mmol/L	Ion-selective electrode
Chloride	106.9	98-107	mmol/L	Ion-selective Electrode



Patient Information	Specimen Information	Client/Doctor Information
Name : Mr.ASHOK SAINI	Visit ID : LDAL715	Ref Doctor : Dr.SELF
Age/Gender : 71Y 3M 9D/Male	Collected : 09/Jun/2022 09:42	Client Code : LMPCC0121
MobileNo : 9892697751	Received : 09/Jun/2022 12:23	Client Add. : WADALA EAS
UHID : LDAA00039220	Reported : 09/Jun/2022 13:59	Client No. :
Address : 1102 Dosti Tulip Dosti Acres	IP/OP/Barcode :	Client Name : PCC WADALA DOSTI ACRES
	Report Status : Final Report	

Test Name	Result	Bio. Ref. Range	Unit	Method
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Complete Urine Examination , URINE

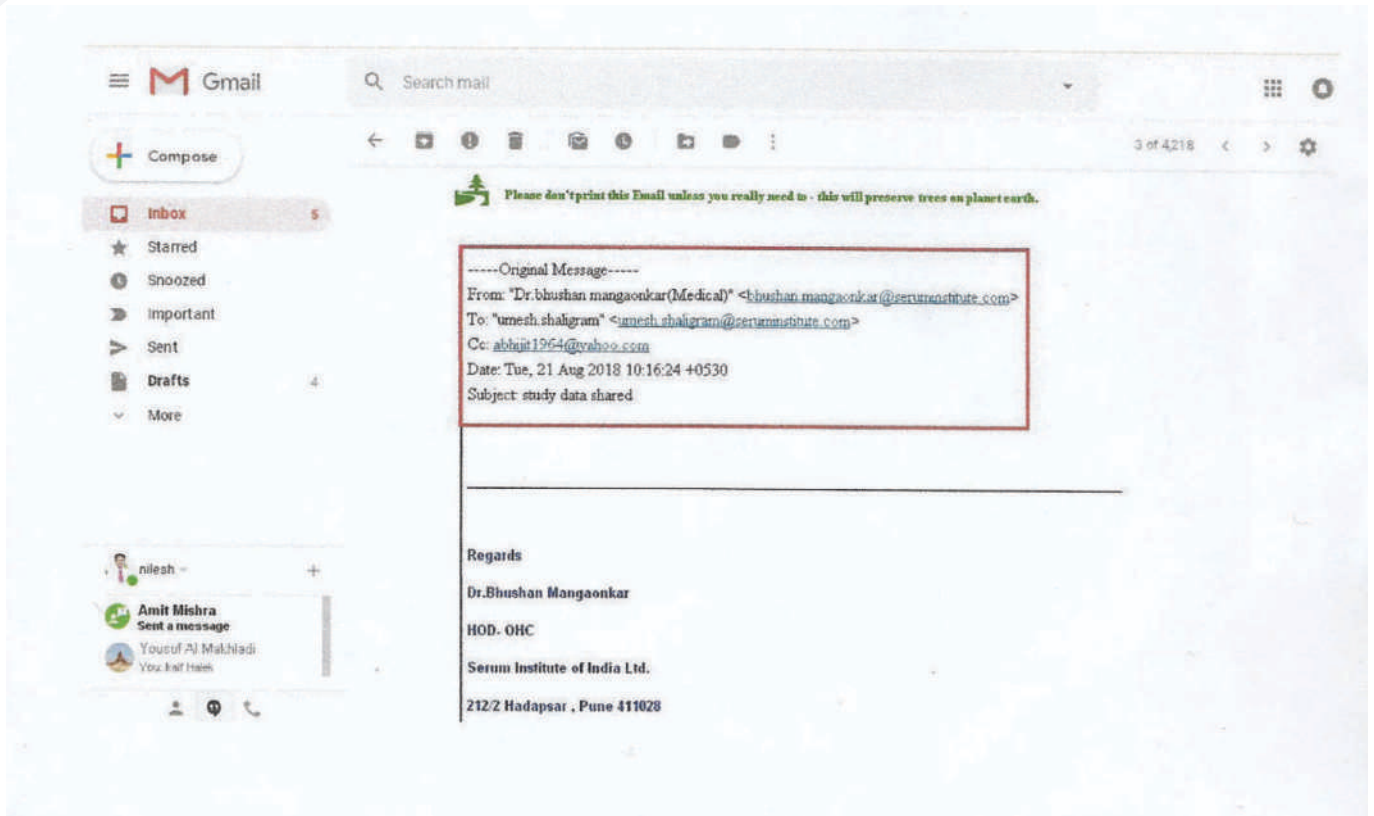
Physical Examination				
Colour	Pale Yellow			
Specific Gravity	1.020	1.010-1.030		Dipstick Method
Transparency	Clear	Clear		
Chemical Examination				
Protein	Trace	Absent		Dipstick Method
Glucose	Negative	Absent		Dipstick Method
pH	5.5	5.0-8.0		Dipstick Method
Blood	Negative	Absent		Dipstick Method
Ketone	Negative	Absent		Dipstick Method
Bile Pigment	Negative	Absent		Dipstick Method
Urobilinogen	Normal	Normal		Dipstick Method
Nitrite	Negative	Absent		Dipstick Method
Leucocyte Esterase	Negative	Absent		Dipstick Method
Microscopic Examination				
WBC/Pus Cells	1-2	0-5	/hpf	Microscopy
Transitional/Squamous epithelial cells	0-1	0-4	/hpf	Microscopy
RBCs	Absent	Absent	/hpf	Microscopy
Crystals	Absent	Absent		Microscopy
Casts	Absent	Absent	/lpf	Microscopy
Others	Bacteria Present	Absent		Microscopy

*** End Of Report ***

Piyush D

DR. PIYUSH DESHPANDE
MD (PATHOLOGY)
CHIEF OF LAB





Report from Serum Institute
 Before and After the Use of MediMagic

DIABETIS STUDY

Sr. No	Name	Age	Date	BSL (Glucometer) / mgdl			BSL -Random		Serum Insulin	
				Pre	Post	After 2hrs	I	II	I	II
1	Mr. Prakash D Kothawale	56	17/08/2018	123	94	92	126	96	5.9	3
2	Mr. Sameer Joshi	45	17/08/2018	207	195	153	242	182	12.7	9.3
3	Mr. Jaysing G Misal	61	17/08/2018	194	164	118	234	116	17.2	7.9
4	Mr. Sunil Gaikwad	40	17/08/2018	240	179	134	264	162	16.4	6.6
5	Mr. Aniket K. Tapkir	30	17/08/2018	214	210	188	238	220	5.4	6.1
6	Mr. Milind Dhattrak	46	17/08/2018	243	177	106	88	102		41
7	Mr. Abhijit Pawar	34	17/08/2018	102	100	83	243	86.3	12.2	7.8

medication taken
 medication taken

Patient : Mrs. RUKMINI SHROFF	PRN : 867007	IP No. : -
Age/Sex : 62 Yrs/Female	Visit No. : OP-2	Date : 31/01/2018
Referred By : Dr. Shashikant Apte	Sample Collected : 31/01/2018 11:00	
Location : OPD	Sample Rcvd. in Lab : 31/01/2018 11:53	
Sponsor :-	Reported On : 31/01/2018 15:56	
Collected At : Sahyadri Speciality Hospitals	Processed At : SSL Main Lab	
Lab No. : 0031503118	Status : Verified	

HAEMOGRAM

Specimen : EDTA Whole Blood

Test Name	Test Value	UOM	Biological Reference Interval
Haemoglobin	10.9	g/dL	12.0 - 15.0
R.B.C. Count	3.26	x 10 ⁶ /ul	3.80 - 4.80
Haematocrit	31.6	%	36.0 - 46.0
M.C.V.	96.9	fl	76 - 96
M.C.H	33.6	pg	27 - 32
M.C.H.C.	34.7	gm/dl	31.5 - 34.5
R.D.W. -CV	18.7	%	11.6 - 14
Total W.B.C. Count	175600	/uL	4000 - 10000
Differential Count			
Blast	5	%	
Myelocytes	8	%	
Meta+Band	9	%	
Neutrophils	63.0	%	40.0 - 80.0
Lymphocytes	6.0	%	20.0 - 40.0
Monocytes	2.0	%	2.0 - 10.0
Eosinophils	4.0	%	1.0 - 6.0
Basophils	3.0	%	< 1 - 2
Platelet Count	198000	/uL	150000 - 410000
MPV	10.3	fl	

Smear Study Marked neutrophilic leucocytosis with shift to left upto blasts (5%).
Normocytic normochromic anemia, anisocytosis +.
Platelets adequate on smear.

Performed on Beckman Coulter Haematology Analyzer.

-----End Of Report-----

Sahyadri Speciality Labs

e-mail : labinfo@sahyadrihospitals.com www.sahyadrihospital.com



Patient : Mrs. RUKMINI SHROFF	PRN : 867007	IP No. :-
Age/Sex : 63 Yrs/Female	Visit No. : OP-8	Date : 26/10/2018
Referred By : Dr. Shashikant Apte	Sample Collected : 26/10/2018 11:59	
Location : OPD	Sample Rcvd. in Lab : 26/10/2018 12:46	
Sponsor :-	Reported On : 26/10/2018 14:35	
Collected At : Sahyadri Speciality Labs	Processed At : SSL Main Lab	
Lab No. : 0057229918	Status : Verified	

HAEMOGRAM

Specimen : EDTA Whole Blood

Test Name	Test Value	UOM	Biological Reference Interval
Haemoglobin	10.0	g/dL	12.0 - 15.0
R.B.C. Count	3.24	x 10 ⁶ /ul	3.80 - 4.80
Haematocrit	31.3	%	36.0 - 46.0
M.C.V.	96.5	fl	76 - 96
M.C.H	31	pg	27 - 32
M.C.H.C.	32.1	gm/dl	31.5 - 34.5
R.D.W. -CV	16.6	%	11.5 - 14
Total W.B.C. Count	7300	/uL	4000 - 10000
Differential Count			
Neutrophils	69.7	%	40.0 - 80.0
Lymphocytes	21.5	%	20.0 - 40.0
Monocytes	3.9	%	2.0 - 10.0
Eosinophils	4.5	%	1.0 - 6.0
Basophils	0.4	%	< 1 - 2
Platelet Count	323000	/uL	150000 - 410000
MPV	8	fl	

Smear Study Normocytic normochromic RBCs.
Platelets adequate on smear.

Performed on Beckman Coulter Haematology Analyzer.

-----End Of Report-----



Dr. Rajesh Phatale
M.B.B.S., M.D. (Pathology)
Reg. No: 67843

Entered By:70000971

Sahyadri Speciality Labs

e-mail : labinfo@sahyadrihospitals.com www.sahyadrihospital.com



Patient	: Mrs. RUKMINI SHROFF	PRN	: 867007	IP No.	: :-
Age/Sex	: 63 Yrs/Female	Visit No.	: OP-8	Date	: 26/10/2018
Referred By	: Dr. Shashikant Apte	Sample Collected	: 26/10/2018 11:59		
Location	: OPD	Sample Rcvd. in Lab	: 26/10/2018 12:46		
Sponsor	: -	Reported On	: 26/10/2018 14:17		
Collected At	: Sahyadri Speciality Labs	Processed At	: SSL Main Lab		
Lab No.	: 0057229918	Status	: Verified		

BIOCHEMISTRY REPORT

Test Name	Test Value	Unit	Biological Reference Interval	Method
Serum Bilirubin Total	0.34	mg/dl	Adult : 0.1 to 1.2 Cord Blood : < 2.0 Full Term : 0 - 1 Day : 2 to 6 1 - 2 Days : 6 to 10 3 - 5 Days : 4 to 8	Diazo
Serum Bilirubin Direct	0.19	mg/dl	0.00 - 0.30	Diazo
Serum Bilirubin Indirect	0.15	mg/dl	0.20 - 1.20	
Serum SGPT	17	IU/L	1 - 34	IFCC without PSP



-----End Of Report-----

Sahyadri
Hospitals



Dr. Priya Pawar
M.B.B.S., DNB Pathology
Reg. No. : MCI/ 11-40484

Entered By:70000972

 नाशिक महानगरपालिका, नाशिक सार्वजनिक आरोग्य विभाग		
दुरध्वनी क्रमांक :- ०२५३- २३१७२९२ २२२२५३२ ई-मेल आयडी :- nmcmsmd@gmail.com pub_health@nmc.gov.in	कार्यालय सार्वजनिक आरोग्य विभाग, ३ रा मजला, राजीव गांधी भवन, शरणपूररोड, नाशिक ४२२ ००२	
PANCHAVATI DIVISION		दिनांक :- 11 / 12 / 2020

MEDICAL CERTIFICATE

(For POSITIVE patient)

Date:- 11 / 12 / 2020

I Dr. Priyanka Rajput working CCC Nashik. I have examined
 Mr./Mrs/Miss Nishal . G. Khairnar Age 30yr at **MERI CCC NASHIK**

On date 01-12-2020 and have **POSITIVE** to the Covid 19 by

RTPCR (Swab testing)

Sample ID C.H/348200


LAB NAME Metrofolis, Mumbai
MERICCC

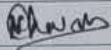
SRF ID 2748700/54813

P. Rajput
 वैद्यकिय अधिकारी
MERICCC दवाखाना
 मनपा, नाशिक.
 Medical officer

MERI COVID CARE CENTER

Nashik Municipal Corporation, Nashik.


 Nashik Municipal Corporation Rapid Antigen Testing Report

Name	MAYA V KHAIRNAR
Age	27 YRS
Gender	FEMALE
Test Center	MACHMALABAD NACA TEST CENTRE
Test Result	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
Technician / Sister	
Doctor's Name	
Referred Hospital (If Positive) / Home Isolation	
Signature	
Stamp	
Date	18/12/2020



Nashik Municipal Corporation Rapid Antigen Testing Report


Name	VISHAL G KHAI RNAR
Age	30 YRS
Gender	MALE
Test Center	MUKHAMA LADHD NAKA TEST CENTRE
Test Result	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
Technician / Sister	
Doctor's Name	
Referred Hospital (If Positive) / Home Isolation	
Signature	<i>Whaver</i>
Stamp	
Date	18/12/2020

7.00


Apollo HOSPITALS

BIOCHEMISTRY

Patient Name	Mrs. PUSHPA CHAUHAN	Age	55Yr 10Mth 13Days	Gender	Female
UHID	ANM1.0000188209	SIN \ LRN	2221545 \ 945046	Specimen	Serum
W/BN/RefNo	OP	Collected on	24-MAY-2021 03:12:06 PM	Received on	24-MAY-2021 03:50:35 PM
Reported on	24-MAY-2021 04:55:00 PM	PatSer No.	ANMOPP981612	Ref Doctor	Dr. MAHESH UPARKAR

UHID 

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
CREATININE - SERUM / PLASMA CREATININE - SERUM / PLASMA Method : Modified Jaffe reaction.	7.63 *	Female: 0.6 - 1.1	mg/dL



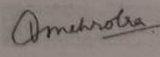
The OTP will be sent ONLY to registered phone number of the patient as per hospital records (Note patient phone may be different from registered phone)

Report Status:Final

* END OF REPORT *

CHECKED BY 1062110
1060110

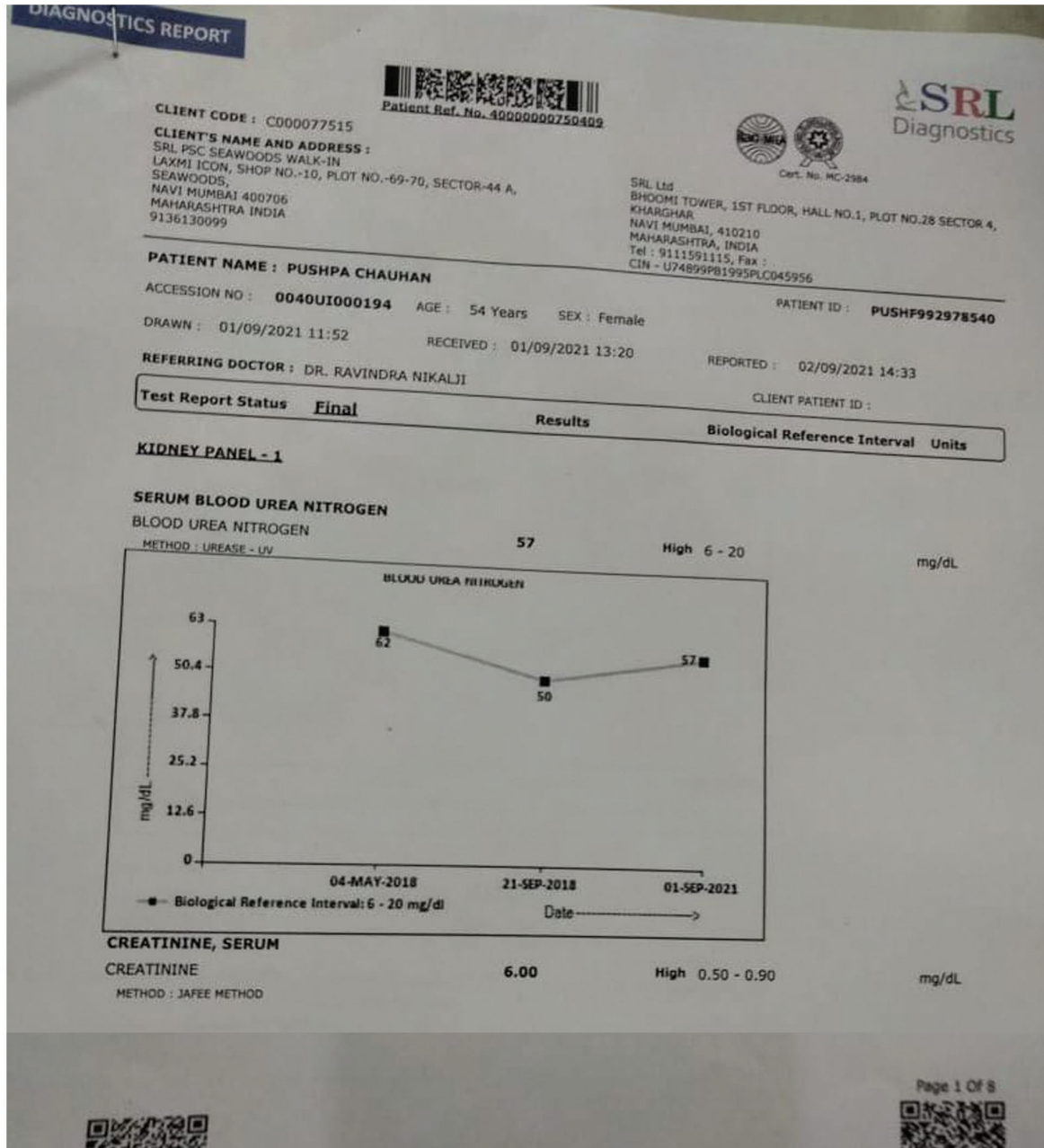
Printed On : 26-MAY-2021 01:03:17 PM


Dr Vishal Mehrotra
Head - Laboratory Services
Consultant Haematology & Clinical Pathology

Page 1 of 1

For enquires, appointments contact: **022 - 3350 3350**

Apollo Hospitals Enterprise Limited, No. 19, Bishop Gardens, Raja Annamalaipuram, Chennai - 600 028. CIN: L85110TN1979PL008035





www.emedica.in
 info.emedica@gmail.com

Before

Medicare Hospital & Research Centre
 4/5, Ravindra Nagar, Old Palasia, INDORE-452 018 (M.P.)
 Ph.:0731-4271600, 2490577, 2492621, 4065616-17-18 • Fax : 4266243
 Mobile : 88899-12611, E-mail : medicarehospitalindore@gmail.com
 Website : www.medicarehospitalindore.com

U-LAB
 • PATHOLOGY
 • MICROBIOLOGY
 • BIOCHEMISTRY
 • BLOOD BANK

Patient Name : Mrs. UMA SARAF [MRN-210800808]
Age / Gender : 72 Yr / Female
Address : BEEEMA NAGAR, Indore, MADHYA PRADESH
Req. Doctor: Self
Regn. ID: WALKIN.21-22-5396

BIOCHEMISTRY

Request Date : 09-08-2021 11:08 AM **Reporting Date :** 09-08-2021 12:40 PM
Sample No. : B12442 **Reporting Status :** Finalized
Acceptance Date : 09-08-2021 11:56 AM

INVESTIGATIONS	RESULT	REFERENCE RANGE
CREATININE	4.9 mg/dL *	0.50 - 1.40 mg/dL
BLOOD UREA NITROGEN *[SERUM]		
Blood Urea	92 mg/dL *	20.00 - 40.00 mg/dL
Blood Urea Nitrogen (BUN)	42.99 mg/dL *	6.00 - 20.00 mg/dL
POTASSIUM.	5.2 Meq/L *	3.50 - 5.00 Meq/L

END OF REPORT.

K.S. Rajani
Dr. Karamchand Rajani
 D.C.P (London)

Chandrashekhar
Dr. Chandrashekhar
 (MD,Pathology)

Pradeep Apte
Dr. Pradeep Apte
 (M.Sc,DSM,Ph.D)

30 YEARS OF TRUST FOR OVER 30 YEARS
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Mrs. UMA SARAF / MRN-210800808
 Regn No.: WALKIN.21-22-5396

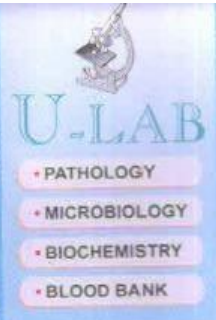
Page 1 of 1





Medicare Hospital & Research Centre

4/5, Ravindra Nagar, Old Palasia, INDORE-452 018 (M.P.)
Ph.:0731-4271600, 2490577, 2492621, 4065616-17-18 • Fax : 4266243
Mobile : 88899-12611, E-mail : medicarehospitalindore@gmail.com
Website : www.medicarehospitalindore.com



Patient Name : Mrs. UMA SARAF [MRN-210800808]
Age / Gender : 72 Yr / Female
Address : BEEMA NAGAR, Indore, MADHYA PRADESH
Req. Doctor: SELF
Regn. ID: WALKIN.21-22-17438

BIOCHEMISTRY

Request Date : 20-10-2021 06:51 AM
Sample No. : BI6961
Acceptance Date : 20-10-2021 11:20 AM

Reporting Date : 20-10-2021 11:20 AM
Reporting Status : Finalized

INVESTIGATIONS	RESULT	REFERENCE RANGE
CREATININE	4.3 mg/dL *	0.50 - 1.40 mg/dL
GLUCOSE (FASTING)	76 mgm%	70.00 - 110.00 mgm%

END OF REPORT.

KS Rajani

Dr. Karamchand Rajani
D.C.P. (London)

Chandrashekhar

Dr. Chandrashekhar
(MD, Pathology)

Pradeep Apte

Dr. Pradeep Apte
(M.Sc, DSM, Ph.D)



Mrs. UMA SARAF / MRN-210800808
Regn No.: WALKIN.21-22-17438





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for Hospital and Healthcare Providers

DEPARTMENT OF CARDIOLOGY

10th FEB, 2021

MRS.BHUTADA SHOBHA.

CORONARY ANGIOGRAPHY REPORT.

LEFT MAIN : Distal 60 % stenosis.

LEFT ANTERIOR
DESCENDING CORONARY : Mid LAD 85-90 % stenosis.
diffuse disease poor target.

LEFT CIRCUMFLEX
CORONARY ARTERY. : OM,90 % calcific stenosis.
Moderately calcified.

RIGHT CORONARY : Proximal 60 % stenosis.
Mid RCA diffuse disease
RPDA 90 % stenosis.

RECOMMENDATION : **Surgical opinion.**


Dr. RAHUL SAWANT
MD MRCP (UK)
CCT (Cardiology) UK,
Interventional Fellow, New York, USA.
Consultant Interventional Cardiologist.

2998 : Mrs.Bhutada Shobha (60y, Female)

Date: 03-Feb-2021

BP 159 / 119^{*} mmHg Pulse 88 bpm Height 158 cm Weight 64.9 kg Temperature 97.2 F SPO2 98 % BMI 26.00 Kg/m²

Complaints: SOB ON EXERTION CLASS 3, PND

Diagnosis: DM , HTN

Sys.Exam: CVS: ECG: SR. T wave inversion in lateral leads.

2DECHO:
 AO 20 LA 36 IVS 14 PW 14 LV D42 LV S 28
 E/A 1.49

RVSP 32 +10 mm of Hg

Normal size LV with moderate to severely impaired LV function.
 Anterior wall, lateral wall, apex and distal septum are severely hypokinetic.

EF 30%

Rheumatic involvement of mitral valve. AML mildly thickened and PML movement is restricted.

moderate to severe MR

Aortic valve is normal

Mild TR. Mild PH.; General: F 203 PP 336

Lipid Profile: TC-173, TRG-115, HDL-19, LDL-130, NonHDL-153, TC/HDL Ratio:9.0, BSL-183mg.;

2998 : Mrs.Bhutada Shobha (61y, Female)

Date: 01-May-2021

BP 160 / 84⁺ mmHg Pulse 67 bpm Height 160 cm Weight 58.7 kg Temperature 97.2 F SPO2 98 % BMI 22.93 Kg/m²

Complaints: FLUCTUATING BSL, NO CHEST PAIN OR SOB

Diagnosis: DM , HTN , EF 30% , CAG 10.02.20201 TVD FOR SURGICAL OPINION , CREAT 1.28

Sys.Exam: CVS: ECG: SR. ST T changes in lateral leads.

2DECHO:

Ao 20 LA 37 IVS 12 PW 12 LV D 41 LV S 29

Normal LV size and mildly impaired LV systolic function.

EF 45%. EF has improved significantly.

Rheumatic involvement of mitral valve. AML thickened. PML movement restricted.

moderate MR

Normal aortic valve.

Mild TR. RVSP 15 + 10 mm of Hg.;

DIAGNOPEIN
 Diagnosis For A Better Tomorrow
 ISO 9001:2015 Certified Lab

38210460014

Bill No. : 63232	PID : 31137
Patient Name : MRS. MONIKA S. DESARDA	Registration : 15/02/21, 08:14 AM
Age/Sex : 40 / Female	Reported : 15/02/21, 02:32 PM
Center : DIAGNOPEIN, BIBWEWADI	Status : Final Report
Referred By. : SELF	

Investigation	Result	Units	Bio.Ref. Interval
IMMUNOASSAY			
TFT - THYROID FUNCTION TEST			
Tri-iodothyronine, Total (T3)	1.139	ng/ml	0.60 - 2.15
Thyroxine, Total (T4)	85.59	ng/ml	52 - 127
Method : (Serum, CLIA)			
Ultra TSH	10.05	uIU/mL	0.3 - 4.5
Method : (Serum, CLIA)			

Note:
 Reference ranges are age dependent and somewhat method dependent, the above values are approximate expected values. Reference range for Pregnant women are as per American Thyroid Association guidelines. T3 & T4 levels may be abnormal in euthyroid sick syndrome. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy. TSH may be the only parameter abnormal in subclinical hypothyroidism. Many drugs and intercurrent illnesses are associated with alterations in serum TSH. Hence all results should be clinically correlated and if required repeated when patient is clinically stable.



38211050006

Bill No.	: 87471	PID	: 31137
Patient Name	: MRS. MONIKA S. DESARDA	Registration	: 15/04/21, 09:01 AM
Age/Sex	: 40 / Female	Reported	: 15/04/21, 01:44 PM
Center	: DIAGNOPEIN,BIBWEWADI	Status	: Final Report
Referred By.	: SELF		

Investigation	Result	Units	Bio.Ref. Interval
IMMUNOASSAY			

TFT - THYROID FUNCTION TEST

Tri-iodothyronine, Total (T3)	1.173	ng/ml	0.60 - 2.15
Thyroxine, Total (T4)	93.59	ng/ml	52 - 127
Method : (Serum, CLIA)			
Ultra TSH	3.824	uIU/mL	0.3 - 4.5
Method : (Serum, CLIA)			

Note:

Reference ranges are age dependent and somewhat method dependent, the above values are approximate expected values. Reference range for Pregnant women are as per American Thyroid Association guidelines. T3 & T4 levels may be abnormal in euthyroid sick syndrome. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy. TSH may be the only parameter abnormal in subclinical hypothyroidism. Many drugs and intercurrent illnesses are associated with alterations in serum TSH. Hence all results should be clinically correlated and if required repeated when patient is clinically stable.

END OF REPORT

Checked by - Prasad



Dr. Payal Kalwar
M.D. Pathologist

Name : **Mr. RAJKUMAR HAEMDEV**
MR No : **00001010/PUNE**
Ref by :

Date : **16/Apr/2015**
Age/Sex : **Male**

VISIT REPORT

Complaints : FOR RETINAL EVALUATION & MANAGEMENT USING SPECTS SINCE THE AGE OF 20YRS -

History : DM SINCE 45YRS ON RX,
BORN WITH HERNIA-NOT OPERATED

<u>On Examination</u>	<u>Right Eye</u>	<u>Left Eye</u>
BCVA	6/9 N/6	6/6 N/6
K'metry (AutoK)	KH : 41.25/8.20X1 KV : 40.75/8.26X91	KH : 41.00/8.22X4 KV : 41.25/8.17X94
Autoref	+0.25/-0.50X70	-0.25/-1.00X13
IOP	17mmHg	15mmHg
Slit Lamp Exam.	NS 1	NS 1
Fundus	MODERATE NPDR	MODERATE NPDR

Advice :
TAB MACUGOLD ONCE A DAY FOR 3 MONTH
EYE DROPS REFRESH TEARS 3 TIMES A DAY A MONTH

	Right Eye				Left Eye			
	Sph	Cyl	Axis	VA	Sph	Cyl	Axis	VA
Dist	-0.50	-0.75	70	6/9	0.00	-1.00	10	6/6
Nezr Add	+2.50			N/6	+2.50			N/6

Dr VARDHAMAN Kankariya

Dr. Agarwals
Eye Hospital
 For eyes like new

31/1, Kutika, Pune - Solapur Road, Hadapsar,
 Pune - 411013
 Call: 7338987777
 GST No.: 33AAACD2373G1Z2

Patient : **MR. RAJKUMAR HEMDEV**
 Age/Sex : 79 Years /Male
 Contact : 9823338118
 MR No. : HDP/4725/20

Doctor : **Dr. MAHESH PATHAK**
 Facility : Dr Agarwal's Eye Hospital-HDP
 Appt. Dt : 24 Nov'20
 Note Dt : 24 Nov'20

OPD SUMMARY

HISTORY


WANT FULL EYE CHECKUP

Known cases of OU CAT SX DONE 1 YEAR BACK , Diabetes since 40 years - on medication , Hypertension since 40 years - ON MEDICATION .

ASSES PRESCRIPTIONS

R/OD					L/OS				
	Sph	Cyl	Axis	Vision		Sph	Cyl	Axis	Vision
Distant	+0.00	--	--	6/6-2	Distant	0.00	--	--	6/6P
Near	+1.75	--	--	N6	Near	+1.75	--	--	N6

REFRACTION

Name	Mr. Deepak Moghe	Age / Sex	58 Yrs. M /	
Ref. By Dr.	Mrs. Mardikar MD	Sample ID No.	4	
Sample Rec/Coll. Dt	25/05/2020	Type of Sample	EDTA Blood, EDTA BLOOD FASTING, Seru	
Sample Rec/Coll Time	7:17:00 AM	Recd. From Outside	Yes	

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref. Interval
-----------	-------	------	--------------------------

HbA1c (GLYCOSYLATED HAEMOGLOBIN)

Investigation	Results	Interpretation
HbA1c % :-	11.45 %	Non diabetic : 4.3 - 5.7 % Prediabetic : 5.7-6.3 % Good diabetic control : 6.3 - 7.3 % Fair control : 7.3 - 8.3 % Poor control : 8.3 % & above

Method :- Nephelometry & Turbidometry Done on MISPA -i₂

Note :- * HbA1c (Or GlycoHb) is made by post synthetic modification of Haemoglobin A at a slow rate directly dependant on blood glucose concentration during the 120 day life span of RBC.HbA1c levels may double or even triple in diabetics, depending on level of hyperglycemia, and correlate well with control of diabetes.

BIOCHEMISTRY


Biochemistry done on VITROS 250 Dry Chemistry Analyzer

Test Name	Value	Unit	Biological Ref. Interval
BLOOD SUGAR FASTING	173	mg/dl	74 - 106
BLOOD SUGAR FASTING	160	mg/dl	74 - 106

IMMUNOLOGY

Test Name	Value	Unit	Biological Ref. Interval
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Contd...2

Name	Mr. Deepak Moghe	Age / Sex	M /	
Ref. By Dr.	SELF	Sample ID No.	19	20061419
Sample Rec/Coll. Dt	14/06/2020	Type of Sample	EDTA Blood, EDTA BLOOD RANDOM, f	
Sample Rec/Coll Time	12:50:07	Recd. From Outside	Yes	

LIVER FUNCTION TEST (LFT)

Test Name	Value	Unit	Biological Ref. Interval
VITROS 250 Dry Chem. Analyzer			
TOTAL PROTEIN	8.6	gm/dl	6.3 - 8.2
ALBUMIN	4.70	gm/dl	3.5 - 5.0
GLOBULIN *	3.90	gm/dl	2.0 - 4.0
SGOT	26	U/L	17 - 59
SGPT	34	U/L	21 - 72
ALKALINE PHOSPHATASE	83	U/L	38 - 126
BILIRUBIN TOTAL	0.7	mg/dl	0.2 - 1.3
DIRECT BILIRUBIN (BC)	0.4	mg/dl	0.0 - 0.30
INDIRECT BILIRUBIN (BU)	0.30	mg/dl	0.1 - 1.1

LFT INTERPRET

HAEMATOLOGY

HbA1c (GLYCOSYLATED HAEMOGLOBIN)

Investigation	Results	Interpretation
HbA1c % :-	9.0 %	Non diabetic : 4.3 - 5.7 % Prediabetic : 5.7-6.3 % Good diabetic control : 6.3 - 7.3 % Fair control : 7.3 - 8.3 % Poor control : 8.3 % & above

Method : HPLC (Done By HB-VARIO from ERBA)

Contd...4



GADKARI PATHOLOGY
ELISA & MICRO BIOLOGY LABORATORY

Dr. Pravin Gadkari
M.B.B.S., MD (Path)
Director NRPL &
Ayush Blood Bank

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- Branch : C/o. Dr. Dhondse Hospital, Radke Layout, Balaji Nagar, Hingna Road, MIDC, Nagpur.
- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Dr. Inder Gundecha Age/Sex :- Male
Ref. By :- Self Date :- 20/7/19
SAMPLE NUMBER :- 357 (Pre - Trail)


REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	87 mg/dl.	Less than 160 mg/dl.
<u>LIPID PROFILE</u>		
Cholesterol Total	360 mg/dl.	130-250 mg/dl.
HDL	48 mg/dl.	30-70 mg/dl.
L.DL	288 mg/dl.	Upto 155 mg/dl.
VLDL	27 mg/dl.	Upto 35 mg/dl.
Şr. Triglycerides	135 mg/dl.	Upto 170 mg/dl.
Chol./HDL Ratio	7.5	Upto 4.5

* Done on ion selective Analyzer.

REPORT ON HARMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
insulin	16.1 uU/mL	0 -- 24 uU/mL.



Dr. Pravin Gadkari
MD (Path)

Timing : 8.00 A.M. to 9.00 P.M.

Sunday : 8.00 A.M. to 1.00 P.M.

Timing : MIDC Morning 9.00 A.M. to 2.30 P.M. Eve. : 6.30 P.M. to 8.15 P.M.
Sunday : 9.00 A.M. to 12.00 P.M.



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- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Dr. Inder Gundecha Age/Sex :- Male
Ref. By :- Self Date :- 20/7/19
SAMPLE NUMBER :- 361 (Post – Trail)

REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	<u>74</u> mg/dl.	Less than 160 mg/dl.
<u>LIPID PROFILE</u>		
Cholesterol Total	<u>195</u> mg/dl.	130-250 mg/dl.
HDL	<u>52</u> mg/dl.	30-70 mg/dl.
LDL	<u>125</u> mg/dl.	Upto 155 mg/dl.
VLDL	<u>18</u> mg/dl.	Upto 35 mg/dl.
Sr. Triglycerides	<u>92</u> mg/dl.	Upto 170 mg/dl.
Chol./HDL Ratio	<u>3.75</u>	Upto 4.5

* Done on random selective Analyzer.

REPORT ON HORMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin	7.5 uU/mL	0 -- 24 uU/mL

P. Gadkari
Dr. Pravin Gadkari
MD (Path)

Timing : 8.00 A.M. to 9.00 P.M.

Sunday : 8.00 A.M. to 1.00 P.M.

Timing : MIDC Morning 9.00 A.M. to 2.30 P.M. Eve. : 6.30 P.M. to 8.15 P.M.



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- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mrs. Amisha Gundecha Age/Sex :- Female
Ref. By :- Self Date :- 20/7/19
SAMPLE NUMBER :- 358 (Pre - Trail)

REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	101 mg/dl.	Less than 160 mg/dl.
<u>LIPID PROFILE</u>		
Cholesterol Total	<u>281</u> mg/dl.	130-250 mg/dl.
HDL	<u>40</u> mg/dl.	30-70 mg/dl.
LDL	<u>196</u> mg/dl.	Upto 155 mg/dl.
VLDL	<u>45</u> mg/dl.	Upto 35 mg/dl.
Sr. Triglycerides	<u>223</u> mg/dl.	Upto 170 mg/dl.
Chol./HDL Ratio	<u>7.0</u>	Upto 4.5

* Done on ion selective Analyzer.

REPORT ON HORMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin	43.3 uU/mL	0 -- 24 uU/mL

P. Gadkari
Dr. Pravin Gadkari
MD (Path)

Timing : 8.00 A.M. to 9.00 P.M.

Sunday : 8.00 A.M. to 1.00 P.M.

Timing : MIDC Morning 9.00 A.M. to 2.30 P.M. Eve. : 6.30 P.M. to 8.15 P.M.
Sunday : 9.00 A.M. to 12.00 P.M.



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• Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mrs. Amisha Gundecha Age/Sex :- Female
Ref. By :- Self Date :- 20/7/19
SAMPLE NUMBER :- 360 (Post – Trail)

REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	91 mg/dl.	Less than 160 mg/dl.
<u>LIPID PROFILE</u>		
Cholesterol Total	<u>234</u> mg/dl.	130-250 mg/dl.
HDL	<u>48</u> mg/dl.	30-70 mg/dl.
LDL	<u>156</u> mg/dl.	Upto 155 mg/dl.
VLDL	<u>30</u> mg/dl.	Upto 35 mg/dl.
Sr. Triglycerides	<u>151</u> mg/dl.	Upto 170 mg/dl.
Chol./HDL Ratio	<u>4.87</u>	Upto 4.5

* Done on ion selective Analyzer.

REPORT ON HARMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin	22.8 uU/mL	0 -- 24 uU/mL

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MD (Path)

Timing : 8.00 A.M. to 9.00 P.M.

Sunday : 8.00 A.M. to 1.00 P.M.

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- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mr. Vinay Battalwar Age/Sex :- Male
Ref. By :- Self Date :- 20/7/19
SAMPLE NUMBER :- 352 (Pre – Trail)

REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	<u>99 mg/dl.</u>	Less than 160 mg/dl.

REPORT ON HARMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin	<u>9.0 uU/mL</u>	0 -- 24 uU/mL

P. Gadkari
Dr. Pravin Gadkari
MD (Path)

Timing : 8.00 A.M. to 9.00 P.M.

Sunday : 8.00 A.M. to 1.00 P.M.

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- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mr. Vinay Battalwar Age/Sex :- Male
Ref. By :- Self Date :- 20/7/19
SAMPLE NUMBER :- 354 (Post – Trail)

REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	<u>80 mg/dl.</u>	Less than 160 mg/dl.

REPORT ON HORMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin	<u>8.6 uU/mL</u>	0 -- 24 uU/mL

P. Gadkari
Dr. Pravin Gadkari
MD (Path)

Timing : 8.00 A.M. to 9.00 P.M.

Sunday : 8.00 A.M. to 1.00 P.M.

Timing : MIDC Morning 9.00 A.M. to 2.30 P.M. Eve. : 6.30 P.M. to 8.15 P.M.
Sunday : 9.00 A.M. to 12.00 P.M.



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- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mr. Gautam Gundecha Age/Sex :- Male
Ref. By :- Self Date :- 20/7/19
SAMPLE NUMBER :- 353 (Pre - Trail)


REPORT ON BIOCHEMISTRY
Post- Trail

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	123 mg/dl.	Less than 160 mg/dl.
<u>LIPID PROFILE</u>		
Cholesterol Total	157 mg/dl.	130-250 mg/dl.
HDL	48 mg/dl.	30-70 mg/dl.
LDL	89 mg/dl.	Upto 155 mg/dl.
VLDL	20 mg/dl.	Upto 35 mg/dl.
Sr. Triglycerides	100 mg/dl.	Upto 170 mg/dl.
Chol./HDL Ratio	3.27	Upto 4.5

* Done on ion selective Analyzer.

REPORT ON HORMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin (Pre- Trail)	22.3 uU/mL	0 -- 24 uU/mL


Dr. Pravin Gadkari
MD (Path).

Timing : 8.00 A.M. to 9.00 P.M.

Sunday : 8.00 A.M. to 1.00 P.M.

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Sunday : 9.00 A.M. to 12.00 P.M.



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- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mr. Gautam Gundecha Age/Sex :- Male
Ref. By :- Self Date :- 20/7/19
SAMPLE NUMBER :- 356 (Post - Trail)

REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	101 mg/dl.	Less than 160 mg/dl.
<u>LIPID PROFILE</u>		
Cholesterol Total	183 mg/dl.	130-250 mg/dl.
HDL	49 mg/dl.	30-70 mg/dl.
LDL	102 mg/dl.	Upto 155 mg/dl.
VLDL	32 mg/dl.	Upto 35 mg/dl.
Sr. Triglycerides	158 mg/dl.	Upto 170 mg/dl.
Chol./HDL Ratio	3.73	Upto 4.5

* Done on ion selective Analyzer.

REPORT ON HORMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin	11.5 uU/mL	0 -- 24 uU/mL

P. Gadkari
Dr. Pravin Gadkari
MD (Path)

Timing : 8.00 A.M. to 9.00 P.M.

Sunday : 8.00 A.M. to 1.00 P.M.

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Sunday : 9.00 A.M. to 12.00 P.M.



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- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mrs. Vaidehi Tannirwar Age/Sex :- Female

Ref. By :- Self Date :- 20/7/19


• SAMPLE NUMBER :- 346

REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random (Pre- Trail)	152 mg/dl.	Less than 160 mg/dl.

REPORT ON HORMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin (Pre- Trail)	26.7 uU/mL	0 -- 24 uU/mL


Dr. Pravin Gadkari
MD (Path)

Timing : 8.00 A.M. to 9.00 P.M.

Sunday : 8.00 A.M. to 1.00 P.M.

Timing : MIDC Morning 9.00 A.M. to 2.30 P.M. Eve. : 6.30 P.M. to 8.15 P.M.

Sunday : 9.00 A.M. to 12.00 P.M.



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- Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mrs. Vaidehi Tannirwar Age/Sex :- Female
Ref. By :- Self Date :- 20/7/19
SAMPLE NUMBER :- 349 (Post – Trail)

REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random (Post- Trail)	107 mg/dl.	Less than 160 mg/dl.

REPORT ON HORMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin (Post - Trail)	14.7 uU/mL	0 -- 24 uU/mL

P. Gadkari
Dr. Pravin Gadkari
MD (Path)

Timing : 8.00 A.M. to 9.00 P.M.

Sunday : 8.00 A.M. to 1.00 P.M.

Timing : MIDC Morning 9.00 A.M. to 2.30 P.M. Eve. : 6.30 P.M. to 8.15 P.M.
Sunday : 9.00 A.M. to 12.00 P.M.



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• Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mrs. Nandini Paithankar Age/Sex :- Female
Ref. By :- Self Date :- 21/7/19
SAMPLE NUMBER :- 371 (Pre - Trial)

REPORT ON BIOCHEMISTRY

INVESTIGATION	RESULTS	NORMAL RANGE
Blood Glucose Random	227 mg/dl.	Less than 160 mg/dl.

REPORT ON HORMONE ESTIMATION

INVESTIGATION	RESULT	NORML RANGE
Insulin	47.8 uU/mL	0 -- 24 uU/mL



Dr. Pravin Gadkari
MD (Path)

Timing : 8.00 A.M. to 9.00 P.M.

Sunday : 8.00 A.M. to 1.00 P.M.

Timing : MIDC Morning 9.00 A.M. to 2.30 P.M. Eve. : 6.30 P.M. to 8.15 P.M.
Sunday : 9.00 A.M. to 12.00 P.M.

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GADKARI PATHOLOGY
ELISA & MICRO BIOLOGY LABORATORY

Dr. Pravin Gadkari
M.B.B.S., MD (Path)
Director NRPL &
Ayush Blood Bank

• Shop No. 26, Upper Ground Floor, Madhu Madhav Towers, Laxmi Bhavan Square, Dharampeth, Nagpur - 10
Branch : C/o. Dr. Dhondse Hospital, Radke Layout, Balaji Nagar, Hingna Road, MIDC, Nagpur.
• Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mrs. Nandini Paithankar Age/Sex :- Female
Ref. By :- Self Date :- 21/7/19
SAMPLE NUMBER :- 374 (Post - Trial)

REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	<u>173 mg/dl.</u>	Less than 160 mg/dl.

REPORT ON HARMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin	24.4 uU/mL	0 -- 24 uU/mL



Dr. Pravin Gadkari
MD (Path)

Timing : 8.00 A.M. to 9.00 P.M.

Sunday : 8.00 A.M. to 1.00 P.M.

Timing : MIDC Morning 9.00 A.M. to 2.30 P.M. Eve. : 6.30 P.M. to 8.15 P.M.
Sunday : 9.00 A.M. to 12.00 P.M.

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GADKARI PATHOLOGY
ELISA & MICRO BIOLOGY LABORATORY

Dr. Pravin Gadkari
M.B.B.S., MD (Path)
Director NRPL &
Ayush Blood Bank

• Shop No. 26, Upper Ground Floor, Madhu Madhav Towers, Laxmi Bhavan Square, Dharampeth, Nagpur - 10
Branch : C/o. Dr. Dhondse Hospital, Radke Layout, Balaji Nagar, Hingna Road, MIDC, Nagpur.
• Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mrs. Rachana Jain Age/Sex :- Female
Ref. By :- Self Date :- 21/7/19
SAMPLE NUMBER :- 370 (Pre - Trial)

REPORT ON BIOCHEMISTRY

INVESTIGATION	RESULTS	NORMAL RANGE
Blood Glucose Random	167 mg/dl.	Less than 160 mg/dl.

REPORT ON HORMONE ESTIMATION

INVESTIGATION	RESULT	NORML RANGE
Insulin	20.7 uU/mL	0 -- 24 uU/mL

P. Gadkari
Dr. Pravin Gadkari
MD (Path)

Timing : 8.00 A.M. to 9.00 P.M.

Sunday : 8.00 A.M. to 1.00 P.M.

Timing : MIDC Morning 9.00 A.M. to 2.30 P.M. Eve. : 6.30 P.M. to 8.15 P.M.
Sunday : 9.00 A.M. to 12.00 P.M.

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GADKARI PATHOLOGY
ELISA & MICRO BIOLOGY LABORATORY

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• Tel. No. : 8237067621, 8087045795 | E-mail : gadkaripravin@yahoo.co.in

Name :- Mrs. Rachana Jain Age/Sex :- Female
Ref. By :- Self Date :- 21/7/19
SAMPLE NUMBER :- 373 (Post - Trial)

REPORT ON BIOCHEMISTRY

<u>INVESTIGATION</u>	<u>RESULTS</u>	<u>NORMAL RANGE</u>
Blood Glucose Random	146 mg/dl.	Less than 160 mg/dl.

REPORT ON HORMONE ESTIMATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>NORML RANGE</u>
Insulin	18.6 uU/mL	0 -- 24 uU/mL



Dr. Pravin Gadkari
MD (Path)

Timing : 8.00 A.M. to 9.00 P.M.

Sunday : 8.00 A.M. to 1.00 P.M.

Timing : MIDC Morning 9.00 A.M. to 2.30 P.M. Eve. : 6.30 P.M. to 8.15 P.M.
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
Name _____ Age / Sex M / _____
 Ref. By Dr. SELF Sample ID No. 216
 Sample Rec/Coll. Dt 20/07/2019
 Sample Rec/Coll Time 11:41:51 PM Type of Sample EDTA Blood, EDTA BLOOD RAND
 Recd. From Outside Yes



HAEMATOLOGY

Test Name	Value	Unit	Biological Ref. Interval
HAEMOGRAM (SYSMEX XP 100)			
HAEMOGLOBIN (Hb)*	11.2	gm/dl	13.0 - 17.0
P.C.V / HAEMATOCRIT*	36.5	%	35 - 52
M.C.V*	82.4	fl.	76 - 96
M.C.H*	25.3	Picogram	27 - 34
M.C.H.C*	30.7	gm/dl	31 - 36
R.B.C COUNT*	4.43	Millions/cmm	4.5 - 5.5
RDW*	13.1	%	10.8 - 14.9
PLATELET COUNT*	2.44	Lakh/cmm	1.4 - 4.4
TOTAL LEUCOCYTE COUNT (TLC)*	6,900	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	60	%	45 - 65
LYMPHOCYTE	35	%	25 - 45
EOSINOPHIL	03	%	0 - 06
MONOCYTE	02	%	2 - 8

**** End Of Report ****


Dr. Gawal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seemi
 MBBS, DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS, MD
 Pathologist/Microbiologist

Reported by: vuy

Checked by: **Dr. Sanjay Madankar** M.D. (Path) **Dr. Avinash Sapre** M.D., (Path) DCP (UK) **Dr. Avinash Deshmukh** M.D. (Path) **Dr. Pravin Gadkari** M.D. (Path) **Dr. Rajiv Marwar** M.D. (Path)

* - Test not in NABL Preview-

Director
Dr. Dinkar Kumbhalkar
 M.D. (Path)

Additional Director
Dr. Ajay A. Lanjewar M.D. (Path) **Dr. Kailash Agrawal** M.D. (Bombay) D.P.B. **Dr. Milind Dharmadhikari** M.D. (Path) **Dr. Raj Anagnani** M.D.

Contd. 2

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 Tel. : 8237067627, 8087067628, 7276075693, 8087055164
 E-mail : nrplnagpur12@gmail.com

Name _____ Age / Sex _____ M / _____
 Ref. By Dr. SELF Sample ID No. - 4 1907214
 Sample Rec/Coll. Dt 21/07/2019
 Sample Rec/Coll Time 1:45:44 AM Type of Sample EDTA Blood, EDTA BLOOD RA
 Recd. From Outside Yes

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref. Interval
HAEMOGRAM (SYSMEX XP 100)			
HAEMOGLOBIN (Hb) *	11.3	gm/dl	13.0 - 17.0
P.C.V / HAEMATOCRIT *	36.1	%	35 - 52
M C V *	81.5	fl.	76 - 96
M C H *	25.5	Picogram	27 - 34
M C H C *	31.3	gm/dl	31 - 36
R B C COUNT *	4.43	Millions/cmm	4.5 - 5.5
RDW *	13.0	%	10.8 - 14.9
PLATELET COUNT *	2.45	Lakhs/cmm	1.4 - 4.4
TOTAL LEUCOCYTE COUNT (TLC) *	7,600	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	56	%	45 - 65
LYMPHOCYTE	40	%	25 - 45
EOSINOPHIL	02	%	0 - 06
MONOCYTE	02	%	2 - 8

**** End Of Report ****


Dr. Gawal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seemi
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

Reported by : vuy
 Checked by **Dr. Sanjay Madankar** **Dr. Avinash Sapre** **Dr. Avinash Deshmukh** **Dr. Pravin Gadkari** **Dr. Rajiv Marwar**
 M.D. (Path) M.D., (Path) DCP (UK) M.D. (Path) M.D. (Path) M.D. (Path)

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E-mail : nrplnagpur12@gmail.com

Name	Age / Sex	M /	
Ref. By Dr. SELF	Sample ID No. 216		
Sample Rec/Coll. Dt 20/07/2019	Type of Sample	EDTA Blood, EDTA BLOOD RAN	
Sample Rec/Coll Time 11:41:51 PM	Recd. From Outside	Yes	

BIOCHEMISTRY

Biochemistry done on VITROS 250 Dry Chemistry Analyzer


Test Name	Value	Unit	Biological Ref. Interval
BLOOD SUGAR RANDOM	324	mg/dl	70 - 140

IMMUNOLOGY

Test Name	Value	Unit	Biological Ref. Interval
INSULIN*			
Test	Results	Normal Range	
Insulin	25.6 μ U/mL	2 - 24 μ U/mL	

Method :- Done by CMIA (chemiluminescent microparticle Immunoassay) on ARCHITECT.

**** End Of Report ****


Dr. Gawal
MBBS, MD.
Pathologist/Microbiologist

Dr. Lubna Secmi
MBBS,DPB
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS,MD
Pathologist/Microbiologist

Reported by : vuy

Checked by **Dr. Sanjay Madankar** M.D. (Path) **Dr. Avinash Sapre** M.D., (Path) DCP (UK) **Dr. Avinash Deshmukh** M.D. (Path) **Dr. Pravin Gadkari** M.D. (Path) **Dr. Rajiv Marwar** M.D. (Path)

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Name _____ Age / Sex _____ M / _____
 Ref. By Dr. SELF Sample ID No. 4 1907214
 Sample Rec/Coll. Dt 21/07/2019
 Sample Rec/Coll Time 1:45:44 AM Type of Sample EDTA Blood, EDTA BLOOD RAN:
 Recd. From Outside Yes

KIDNEY FUNCTION TEST (KFT)

Test Name	Value	Unit	Biological Ref. Interval
VITROS 250 Dry Chem. Analyzer			
BLOOD UREA	17.0	mg /dl	19 - 43
SERUM CREATININE	0.7	mg/dl	0.6 - 1.4
SERUM SODIUM & POTASSIUM			
Serum Sodium*	138 mmol/lit.	135 - 148 mmol/lit	
Serum Potassium*	4.31 mmol/lit.	3.5 - 5.3 mmol/lit	

* Done on **XD 685** ion selective electrode analyzer .

**** End Of Report ****


Dr. Ga wal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Scemi
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

Reported by : vuy
 Checked by : **Dr. Sanjay Madankar** M.D. (Path) **Dr. Avinash Sapre** M.D., (Path) DCP (UK) **Dr. Avinash Deshmukh** M.D. (Path) **Dr. Pravin Gadkari** M.D. (Path) **Dr. Rajiv Marawar** M.D. (Path)

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Additional Director

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Name _____ Age / Sex _____ M / _____
 Ref. By Dr. SELF Sample ID No. 216 190720216
 Sample Rec/Coll. Dt 20/07/2019
 Sample Rec/Coll Time 11:41:51 PM Type of Sample EDTA Blood, EDTA BLOOD RAND
 Recd. From Outside Yes

LIPID PROFILE*

Test Name	Value	Unit	Biological Ref. Interval
VITROS 250 Dry Chem. Analyzer			
TRIGLYCERIDES	132	mg/dL	100 - 150
TOTAL CHOLESTEROL	125	mg/dL	100 - 200
H D L CHOLESTEROL DIRECT	45	mg/dL	30 - 60
V L D L*	26.4	mg/dL	20 - 35
L D L CHOLESTEROL	53.6	mg/dL	60 - 130
TOTAL CHOLESTEROL/HDL RATIO*	2.8		3.0 - 5.0
LDL / HDL CHOLESTEROL RATIO*	1.2		0.00 - 3.55

LIPID PROF INTERPRET

**** End Of Report ****


Dr. Gaur
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seeni
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

Reported by: vuy
 Checked by: **Dr. Sanjay Madankar** M.D.(Path) **Dr. Avinash Sapre** M.D., (Path) DCP (UK) **Dr. Avinash Deshmukh** M.D. (Path) **Dr. Pravin Gadkari** M.D. (Path) **Dr. Rajiv Marwar** M.D. (Path)

* - Test not in NABL Preview.

Director
Dr. Dinkar Kumbhaikar
 M.D. (Path)

Additional Director

Dr. Ajay A. Lanjewar M.D. (Path) **Dr. Kailash Agrawal** M.D. (Bombay) D.P.B. **Dr. Milind Dharmadhikari** M.D. (Path) **Dr. Raj Angnani** M.D.

Contd. 3

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Name: _____ Age / Sex: _____ M / _____
 Ref. By Dr. SELF Sample ID No. 4
 Sample Rec/Coll. Dt 21/07/2019
 Sample Rec/Coll Time 1:45:44 AM Type of Sample EDTA Blood, EDTA BLOOD RAN
 Recd. From Outside Yes

LIVER FUNCTION TEST (LFT)

Test Name	Value	Unit	Biological Ref. Interval
VITROS 250 Dry Chem. Analyzer			
TOTAL PROTEIN	6.0	gm/dl	6.3 - 8.2
ALBUMIN	3.20	gm/dl	3.5 - 5.0
GLOBULIN*	2.80	gm/dl	2.0 - 4.0
SGOT	27	U/L	17 - 59
SGPT	30	U/L	21 - 72
ALKALINE PHOSPHATASE	43	U/L	38 - 126
BILIRUBIN TOTAL	0.8	mg/dl	0.2 - 1.3
DIRECT BILIRUBIN (BC)	0.5	mg/dl	0.0 - 0.30
INDIRECT BILIRUBIN (BU)	0.30	mg/dl	0.1 - 1.1

LFT INTERPRET

**** End Of Report ****


Dr. G. Wal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seemi
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

Reported by : vuy
 Checked by: **Dr. Sanjay Madankar** M.D. (Path) **Dr. Avinash Sapre** M.D., (Path) DCP (UK) **Dr. Avinash Deshmukh** M.D. (Path) **Dr. Pravin Gadkari** M.D. (Path) **Dr. Rajiv Marawar** M.D. (Path) Contd...5

* - Test not in NABL Preview.
 Director **Dr. Dinkar Kumbhalkar** M.D. (Path)
 Additional Director
Dr. Ajay A. Lanjewar M.D. (Path) **Dr. Kailash Agrawal** M.D. (Bombay) D.P.B. **Dr. Milind Dharmadhikari** M.D. (Path) **Dr. Raj Angnani** M.D.

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 Sample Rec/Coll Time 11:41:51 PM Type of Sample EDTA Blood, EDTA BLOOD RAN
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KIDNEY FUNCTION TEST (KFT)

Test Name	Value	Unit	Biological Ref. Interval
VITROS 250 Dry Chem. Analyzer			
BLOOD UREA	28.1	mg /dl	19 - 43
SERUM CREATININE	0.8	mg/dl	0.6 - 1.4
SERUM SODIUM & POTASSIUM			
Serum Sodium*	137 mmol/lit.	135 - 148 mmol/lit	
Serum Potassium*	4.38 mmol/lit.	3.5 - 5.3 mmol/lit	

* Done on **XD 685** ion selective electrode analyzer .

**** End Of Report ****


Dr. Qawal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seemi
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

Reported by : -vuy

Checked by **Dr. Sanjay Madankar** **Dr. Avinash Sapre** **Dr. Avinash Deshmukh** **Dr. Pravin Gadkari** **Dr. Rajiv Marwar**
 M.D. (Path) M.D., (Path) DCP (UK) M.D. (Path) M.D. (Path) M.D. (Path)

Director
Dr. Dinkar Kumbhalkar
 M.D. (Path)


Additional Director

Dr. Ajay A. Lanjewar **Dr. Kailash Agrawal** **Dr. Milind Dharmadhikari** **Dr. Raj Angnani**
 M.D. (Path) M.D. (Bombay) D.P.B. M.D. (Path) M.D.




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
Name _____ Age / Sex _____ M / _____
Ref. By Dr. SELF Sample ID No. 216  190720216
Sample Rec/Coll. Dt 20/07/2019 Type of Sample EDTA Blood, EDTA BLOOD RAN
Sample Rec/Coll Time 11:41:51 PM Recd. From Outside Yes

LIVER FUNCTION TEST (LFT)

Test Name	Value	Unit	Biological Ref. Interval
VITROS 250 Dry Chem. Analyzer			
TOTAL PROTEIN	5.79	gm/dl	6.3 - 8.2
ALBUMIN	3.07	gm/dl	3.5 - 5.0
GLOBULIN *	2.72	gm/dl	2.0 - 4.0
SGOT	28	U/L	17 - 59
SGPT	31	U/L	21 - 72
ALKALINE PHOSPHATASE	44	U/L	38 - 126
BILIRUBIN TOTAL	0.7	mg/dl	0.2 - 1.3
DIRECT BILIRUBIN (BC)	0.5	mg/dl	0.0 - 0.30
INDIRECT BILIRUBIN (BU)	0.20	mg/dl	0.1 - 1.1

LFT INTERPRET

**** End Of Report ****


Dr. Gawal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seemi
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

Reported by : vuy

Checked by **Dr. Sanjay Madankar** **Dr. Avinash Sapre** **Dr. Avinash Deshmukh** **Dr. Pravin Gadkari** **Dr. Rajiv Marwar**
 M.D. (Path) M.D., (Path) DCP (UK) M.D. (Path) M.D. (Path) M.D. (Path)

* - Test not in NABL Preview.

Director
Dr. Dinkar Kumbhalkar
M.D. (Path)

Additional Director

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M.D. (Path)

Dr. Kailash Agrawal
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Dr. Milind Dharmadhikari
M.D. (Path)

Dr. Raj Angnani
M.D.

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Name _____ Age / Sex _____ M / _____
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 Sample Rec/Coll. Dt 21/07/2019
 Sample Rec/Coll Time 1:45:44 AM Type of Sample EDTA Blood, EDTA BLOOD RAN
 Recd. From Outside Yes

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref. Interval
PROTHROMBIN TIME			
Mean Normal Prothrombin Time	=	11.5 Sec	
On Patients Blood	=	12.8 Sec	
International Normalized Ratio (INR)	=	1.11	
Prothrombin Ratio	=	89 %	

* Method - Electromechanical
 * Done on Trinity Biotech Coagulometer

**** End Of Report ****


Dr. Galwal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seemi
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

Reported by: vuy
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Director
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 M.D. (Path)

Additional Director

Dr. Ajay A. Lanjewar M.D. (Path) **Dr. Kailash Agrawal** M.D. (Bombay) D.P.B. **Dr. Milind Dharmadhikari** M.D. (Path) **Dr. Raj Angnani** M.D.

Doc No - F/TR, Rev Issue No : 00/01, Rev Issue Date : 00/01/03/12
Nagpur Reference Pathology Laboratory & Research Institute Pvt. Ltd., Nagpur.
 ISO 9001-2008 Certified



Reach Us :
 NRPL House, Plot No. 22/1, Khare Marg, Dhantoli,
 Nagpur - 440 012 Tel : 0712- 2455156, 2448769

24/7 & 365 Days Support Service:
 Tel. : 8237067627, 8087067628, 7276075693, 8087055164
 E-mail : nrplnagpur12@gmail.com


Name _____ Age / Sex _____ M / _____
 Ref. By Dr. SELF Sample ID No. 4 1907214
 Sample Rec/Coll. Dt 21/07/2019
 Sample Rec/Coll Time 1:45:44 AM Type of Sample EDTA Blood, EDTA BLOOD RAN'
 Recd. From Outside Yes

IMMUNOLOGY

Test Name	Value	Unit	Biological Ref. Interval
INSULIN*			
Test	Results	Normal Range	
Insulin	22.4	µU/mL	2 - 24 µU/mL

Method :- Done by CMIA (chemiluminescent microparticle Immunoassay) on ARCHITECT.

**** End Of Report ****


Dr. Gawal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seemi
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

Reported by : vuy
 Checked by **Dr. Sanjay Madankar** **Dr. Avinash Sapre** **Dr. Avinash Deshmukh** **Dr. Pravin Gadkari** **Dr. Rajiv Marwar**
 M.D. (Path) M.D., (Path) DCP (UK) M.D. (Path) M.D. (Path) M.D. (Path)

* - Test not in NABL Preview
 Director
Dr. Dinkar Kumbhalkar
 M.D. (Path)

Additional Director
Dr. Ajay A. Lanjewar **Dr. Kailash Agrawal** **Dr. Milind Dharmadhikari** **Dr. Raj Anagnani**
 M.D. (Path) M.D. (Bombay) D.P.B. M.D. (Path) M.D.

Doc No - F/TR, Rev: Issue No. : 00:01, Rev - Issue Date : 00: 01.03.12
Nagpur Reference Pathology Laboratory & Research Institute Pvt. Ltd., Nagpur.
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 E-mail : nrplnagpur12@gmail.com

Name _____ Age / Sex _____ M / _____
 Ref. By Dr. SELF Sample ID No. 4 1907214
 Sample Rec/Coll. Dt 21/07/2019
 Sample Rec/Coll Time 1:45:44 AM Type of Sample EDTA Blood, EDTA BLOOD RA**
 Recd. From Outside Yes

BIOCHEMISTRY

Biochemistry done on VITROS 250 Dry Chemistry Analyzer

Test Name	Value	Unit	Biological Ref. Interval
BLOOD SUGAR RANDOM	210	mg/dl	70 - 140

**** End Of Report ****

Dr. Gawal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Scemi
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

Reported by : vuy

Checked by: **Dr. Sanjay Madankar** M.D. (Path) **Dr. Avinash Sapre** M.D. (Path) DCP (UK) **Dr. Avinash Deshmukh** M.D. (Path) **Dr. Pravin Gadkari** M.D. (Path) **Dr. Rajiv Marawar** M.D. (Path)

Contd...7


Director
Dr. Dinkar Kumbhalkar
 M.D. (Path)

Additional Director
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Doc No - F/TR Rev. Issue No. : 00/01, Rev : Issue Date : 00: 01.03.12 Contd. 4
Nagpur Reference Pathology Laboratory & Research Institute Pvt. Ltd., Nagpur. **NRPL**
 ISO 9001-2008 Certified **पथोलॉजी लॅब**

Reach Us :
 NRPL House, Plot No. 22/1, Khare Marg, Dhantoli,
 Nagpur - 440 012 Tel : 0712- 2455156, 2448769

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 Tel. : 8237067627, 8087067628, 7276075693, 8087055164
 E-mail : nrplnagpur12@gmail.com

Name _____ Age / Sex _____ M / 
 Ref. By Dr. SELF Sample ID No. 4 1907214
 Sample Rec/Coll. Dt 21/07/2019
 Sample Rec/Coll Time 1:45:44 AM Type of Sample EDTA Blood, EDTA BLOOD RAN:
 Recd. From Outside Yes

LIPID PROFILE*

Test Name	Value	Unit	Biological Ref. Interval
VITROS 250 Dry Chem. Analyzer			
TRIGLYCERIDES	<u>94</u>	mg/dL	100 - 150
TOTAL CHOLESTEROL	<u>87</u>	mg/dL	100 - 200
H D L CHOLESTEROL DIRECT	<u>53</u>	mg/dL	30 - 60
V L D L*	<u>18.8</u>	mg/dL	20 - 35
L D L CHOLESTEROL	<u>15.2</u>	mg/dL	60 - 130
TOTAL CHOLESTEROL/HDL RATIO*	<u>1.6</u>		3.0 - 5.0

LIPID PROF INTERPRET

**** End Of Report ****


Dr. Gavval
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seemi
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

Reported by : vuy
 Checked by: **Dr. Sanjay Madankar** M.D. (Path) **Dr. Avinash Sapre** M.D., (Path) DCP (UK) **Dr. Avinash Deshmukh** M.D. (Path) **Dr. Pravin Gadkari** M.D. (Path) **Dr. Rajiv Marawar** M.D. (Path)

* - Test not in NABL Preview

Director
Dr. Dinkar Kumbhalkar
 M.D. (Path)

Contd...3

Additional Director
Dr. Ajay A. Lanjewar M.D. (Path) **Dr. Kailash Agrawal** M.D. (Bombay) D.P.B. **Dr. Milind Dharmadhikari** M.D. (Path) **Dr. Raj Anagnani** M.D.



Patient Name : Mr.JAYENDRA SINGH Age/Gender : 38 Y 0 M 0 D /M UHID/MR No : DPVP.000000718 Visit ID : DPVPOPV1096 Ref Doctor : Dr.SELF IP/OP NO :	Collected : 24/Aug/2018 02:26PM Received : 24/Aug/2018 05:14PM Reported : 24/Aug/2018 05:33PM Status : Final Report Client Name : PCC VADGAONSHERI PUNE Client Code : PCC0157
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	269	mg/dL	<200	Enzymatic (CHE/CHO/POD)
TRIGLYCERIDES	258	mg/dL	<150	Enzymatic(Lipase/GK/GPO/POD)
HDL CHOLESTEROL	39	mg/dL	40-60	Direct Measure PEG
NON-HDL CHOLESTEROL	230	mg/dL	<130	Calculated
LDL CHOLESTEROL	178.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	51.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.90		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

*** End Of Report ***


 DR. SANJAY INGLE
 MBBS, MD (PATH)



SIN No: B101018788

This test has been performed at Apollo Health and Lifestyle Ltd Reference Regional Lab. Pune

Apollo Health and Lifestyle Limited

(CIN - U05110TH2000PLC046089)

Regd. Office: 19 Bishop Garden, R A Puram, Chennai 600 020, Tamil Nadu, India. Email ID: info@apolloh.com

For more information contact us at: customercare@apolloediagnostics.in

www.apolloediagnostics.in

PATIENT NAME : Mr. Jayendra Singh

AGE: 38 Yrs / M

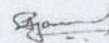
REFERRED BY: Dr. Self

DATE: 25-08-2018

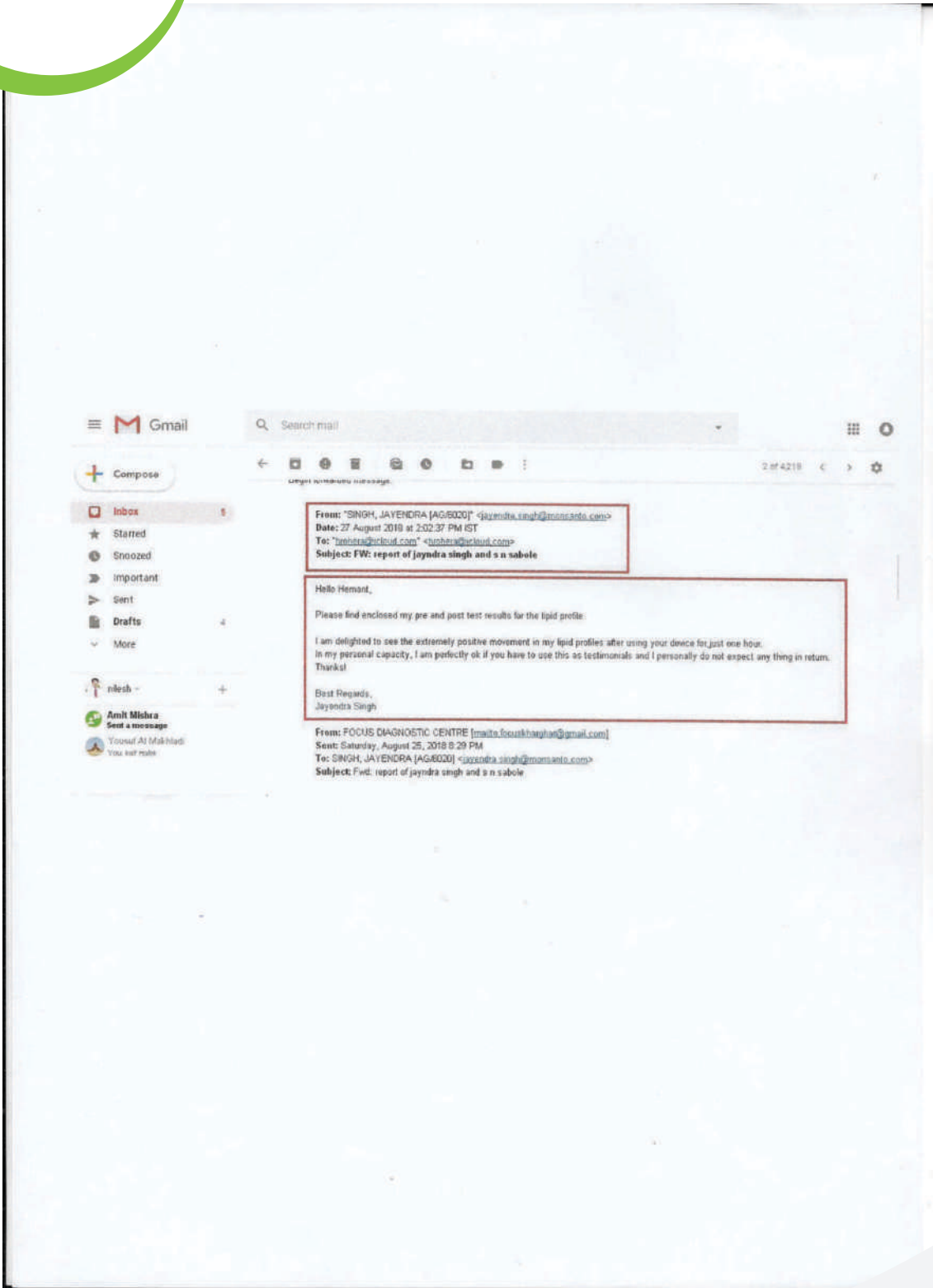
BIOCHEMISTRY
LIPID PROFILE

Test Name	Value	Unit	Reference Range
T.CHOLESTEROL	206	mg/dl	Upto 200
S.TRIGLYCERIDES	146	mg/dl	25-200
HDL CHOLESTEROL	41	mg/dl	M:30-70; F:35-90
VLDL	29.2	mg/dl	5-40
LDL CHOLESTEROL	135.8	mg/dl	85-130
T.CHOLESTEROL/HDL	5.02	Ratio	3.0-5.0
LDL/HDL	3.31	Ratio	1.5-3.5
NHDL CHOLESTEROL	165	mg/dl	<160

This is only a professional opinion & not a diagnosis. Please Correlate with clinical conditions.
Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.



DR.SAMIR AGARWAL
DNB (PATH)
CONSULTANT PATHOLOGIST





HEMANT ROHERA
 wanori pune pune
 Tel No : 8669114143
 PID NO: P116190015907
 Age: 43.5 Year(s) Sex: Male

Reference:
 Sample Collected At:
 MUKUND NAGAR COLLECTION
 CENTER
 Construction House, Ground Floor,
 796/189-B, Bhandarkar Institute Road,
 Pune
 411004

VID: 116193004972
 Registered On:
 17/04/2019 01:17 PM
 Collected On:
 17/04/2019 1:17PM
 Reported On:
 17/04/2019 08:34 PM

Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Random (Plasma-R, Hexokinase)	139	mg/dL	Normal: 70-140 Diabetes mellitus: \geq 200 (on more than one occasion) (American diabetes association guidelines 2018)
Insulin (Random) (Serum, CMA)	29.9	μ IU/mL	Post glucose samples after: 30 minutes: 18-172 60 minutes: 12-134 90 minutes: 12-107 120 minutes: 12-82 180 minutes: 2-23 Please Note change in Method

Interpretation :

1. Levels are increased in insulinomas, factitious hypoglycemia, insulin autoimmune syndrome, acromegaly (after ingestion of glucose), Cushings syndrome, corticosteroid administration and levodopa usage.
2. Levels are depressed to absent in diabetes mellitus, pituitary tumors and chronic pancreatic diseases i.e. cystic fibrosis.
3. Insulin/ C-peptide ratio is used for differentiating between factitious hypoglycemia and insulinomas where a ratio $<$ 1.0 indicates insulinoma; but results may vary in renal failure.
4. Antibodies to insulin form in longstanding diabetes mellitus treated with insulin hence in these patients monitoring insulin levels gives better prognosis.

-- End of Report --



HEMANT ROHERA
 wanori pune pune
 Tel No : 8669114143
 PID NO: P116190015907
 Age: 43.5 Year(s) Sex: Male

Reference:
 Sample Collected At:
 MUKUND NAGAR COLLECTION
 CENTER
 Construction House, Ground Floor,
 796/189-B, Bhandarkar Institute Road,
 Pune
 411004


VID: 116193005010
 Registered On:
 17/04/2019 04:50 PM
 Collected On:
 17/04/2019 4:50PM
 Reported On:
 17/04/2019 09:35 PM

Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Random (Plasma-R, Hexokinase)	105	mg/dL	Normal: 70-140 Diabetes mellitus: >= 200 (on more than one occasion) (American diabetes association guidelines 2018)
Insulin (Random) (Serum, CMLA)	20.7	µU/mL	Post glucose samples after: 30 minutes: 18-172 60 minutes: 12-134 90 minutes: 12-107 120 minutes: 12-82 180 minutes: 2-23 Please Note change in Method

Interpretation :

1. Levels are increased in insulinomas, factitious hypoglycemia, insulin autoimmune syndrome, acromegaly (after ingestion of glucose), Cushings syndrome, corticosteroid administration and levodopa usage.
2. Levels are depressed to absent in diabetes mellitus, pituitary tumors and chronic pancreatic diseases i.e. cystic fibrosis.
3. Insulin/ C-peptide ratio is used for differentiating between factitious hypoglycemia and insulinomas where a ratio < 1.0 indicates insulinoma; but results may vary in renal failure.
4. Antibodies to insulin form in longstanding diabetes mellitus treated with insulin hence in these patients monitoring insulin levels gives better prognosis.

-- End of Report --

Name	Mr. Deepak Moghe	Age / Sex	58 Yrs. M /	 2005254
Ref. By Dr.	Mrs. Mardikar MD	Sample ID No.	4	
Sample Rec/Coll. Dt	25/05/2020	Type of Sample	EDTA Blood, EDTA BLOOD FASTING, Seru	
Sample Rec/Coll Time	7:17:00 AM	Recd. From Outside	Yes	
INSULIN*				
Test	Results	Normal Range		
Insulin (F)	8.0 µU/mL	2 - 24 µU/mL		

Method :- Done by CMIA (chemiluminescent microparticle Immunoassay) on ARCHITECT.

INSULIN*				
Test	Results	Normal Range		
Insulin (F)	6.2 µU/mL	2 - 24 µU/mL		

Method :- Done by CMIA (chemiluminescent microparticle Immunoassay) on ARCHITECT.

**** End Of Report ****


Dr. Gawal
MBBS, MD.
Pathologist/Microbiologist

Dr. Lubna Seemi
MBBS,DPB
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS,MD
Pathologist/Microbiologist

Reported by : &y
Checked by : _____

* - Test not in NABL Preview.

Name	Mr. Deepak Moghe	Age / Sex	M /	
Ref. By Dr.	SELF	Sample ID No.	19	20061419
Sample Rec/Coll. Dt	14/06/2020	Type of Sample	EDTA Blood, EDTA BLOOD RANDOM, f	
Sample Rec/Coll Time	12:50:07		Recd. From Outside Yes	

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref. Interval
HAEMOGRAM (SYSMEX XP 100)			
HAEMOGLOBIN (Hb) *	12.8	gm/dl	13.0 - 17.0
P.C.V / HAEMATOCRIT *	38.4	%	35 - 52
M C V *	88.9	fl.	76 - 96
M C H *	29.6	Picogram	27 - 34
M C H C *	33.3	gm/dl	31 - 36
R B C COUNT *	4.32	Millions/cmm	4.5 - 5.5
RDW *	13.2	%	10.8 - 14.9
PLATELET COUNT *	3.24	Lakh/cmm	1.4 - 4.4
TOTAL LEUCOCYTE COUNT (TLC) *	6,500	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	53	%	45 - 65
LYMPHOCYTE	43	%	25 - 45
EOSINOPHIL	03	%	0 - 06
MONOCYTE	01	%	2 - 8

**** End Of Report ****

Dr. Gawal
MBBS, MD.
Pathologist/Microbiologist


Dr.Lubna Scemi
MBBS,DPB
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS,MD
Pathologist/Microbiologist

Reported by : w4G
Checked by : -----

* - Test not in NABL Preview.

Contd...2

Name	Mr. Deepak Moghe	Age / Sex	M /	
Ref. By Dr.	SELF	Sample ID No.	19	20061419
Sample Rec/Coll. Dt	14/06/2020	Type of Sample	EDTA Blood, EDTA BLOOD, RANDAM, I	
Sample Rec/Coll Time	12:50:07	Recd. From Outside	Yes	

KIDNEY FUNCTION TEST (KFT)

Test Name	Value	Unit	Biological Ref. Interval
VITROS 250 Dry Chem. Analyzer			
BLOOD UREA	27.9	mg/dl	19 - 43
SERUM CREATININE	1.2	mg/dl	0.6 - 1.4
SERUM SODIUM & POTASSIUM			
Serum Sodium*	134	mmol/lit.	135 - 148 mmol/lit
Serum Potassium*	4.1	mmol/lit.	3.5 - 5.3 mmol/lit

* Done on **XD 685** ion selective electrode analyzer .

**** End Of Report ****

Dr. Gawal
MBBS, MD,
Pathologist/Microbiologist

Dr. Lubna Scemi
MBBS,DPB
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS,MD
Pathologist/Microbiologist

Reported by : w4G
Checked by : _____

Contd...3

Name	Mr. Deepak Moghe	Age / Sex	M /
Ref. By Dr.	SELF	Sample ID No.	19
Sample Rec/Coll. Dt	14/06/2020		
Sample Rec/Coll Time	12:50:07	Type of Sample	EDTA Blood, EDTA BLOOD RANDOM, I

Note :- * HbA1c (Or GlycoHb) is made by post synthetic modification of Haemoglobin A at a slow rate directly dependant on blood glucose concentration during the 120 day life span of RBC.HbA1c levels may double or even triple in diabetics, depending on level of hyperglycemia, and correlate well with control of diabetes.

REPORT ON VITAMIN B12 LEVEL SERUM

<u>TEST</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
VITAMIN B12	161 pg/ml	187 - 883 pg/ml

Method :- Done by CMIA (chemiluminescent microparticle Immunoassay) on ARCHITECT.

BIOCHEMISTRY

Biochemistry done on VITROS 250 Dry Chemistry Analyzer

Test Name	Value	Unit	Biological Ref. Interval
BLOOD SUGAR RANDOM	141	mg/dl	70 - 140

IMMUNOLOGY

Test Name	Value	Unit	Biological Ref. Interval
INSULIN*			


Contd...5

* - Test not in NABL Preview.



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Doc No - F/TR, Rev: Issue No. : 00:01, Rev : Issue Date :00: 01.03.12

Name	Mr. Deepak Moghe	Age / Sex	M /	
Ref. By Dr.	SELF	Sample ID No.	19	20061419
Sample Rec/Coll. Dt	14/06/2020	Type of Sample	EDTA Blood, EDTA BLOOD RANDOM, F	
Sample Rec/Coll Time	12:50:07			
Test	Results	Normal Range		
Insulin (F)	39.8 μ U/mL	2 - 24 μ U/mL		

Method :- Done by CMIA (chemiluminescent microparticle Immunoassay) on ARCHITECT.

**** End Of Report ****

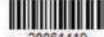
Dr. Gawal
MBBS, MD.
Pathologist/Microbiologist

Dr. Lubna Seemi
MBBS,DPB
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS,MD
Pathologist/Microbiologist

Reported by : w4G
Checked by :

Contd...6

Name	Mr. Deepak Moghe	Age / Sex	M /	
Ref. By Dr.	SELF	Sample ID No.	19	20081419
Sample Rec/Coll. Dt	14/06/2020	Type of Sample	EDTA Blood, EDTA BLOOD RANDOM, F	
Sample Rec/Coll Time	12:50:07	Recd. From Outside	Yes	

SEROLOGY SPECIAL TEST

NRPL SPECIAL TESTS

VITAMIN D*

25 HYDROXY VITAMIN D (Calcidiol)

Test	Result	Expected Values
25 HYDROXY VITAMIN D	6.7 ng/ml	Deficiency 0-10 ng/ml Insufficiency - 10-30 ng/ml sufficiency - 30-150 ng/ml Toxicity - >150 ng/ml

Method :- Done by CMIA (chemiluminescent microparticle Immunoassay) on ARCHITECT.

Note :- Vit D3 serum sample to be separated the earliest
 - Transportation - wrapped in paper (to protect from sunlight)

**** End Of Report ****

Dr. Gawal
 MBBS, MD.
 Pathologist/Microbiologist

Dr. Lubna Seemi
 MBBS,DPB
 Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
 MBBS,MD
 Pathologist/Microbiologist

Reported by: w4G
 Checked by: -----

* - Test not in NABL Preview.



Patient Name : Mr.AMARJEET SINGH	Collected : 07/Sep/2020 01:59PM
Age/Gender : 47 Y 0 M 0 D /M	Received : 07/Sep/2020 06:02PM
UHID/MR No : DWKA.0000000014	Reported : 07/Sep/2020 06:46PM
Visit ID : DWKAOPV22	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD-EDTA

HAEMOGLOBIN	13.7	g/dL	13-17	Spectrophotometer
PCV	42.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.53	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	77	fL	83-101	Calculated
MCH	24.8	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated

TOTAL LEUCOCYTE COUNT (TLC)

TOTAL LEUCOCYTE COUNT (TLC)	9,800	cells/cu.mm	4000-10000	Electrical Impedance
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DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	54.4	%	40-80	Electrical Impedance
LYMPHOCYTES	34.6	%	20-40	Electrical Impedance
EOSINOPHILS	3.2	%	1-6	Electrical Impedance
MONOCYTES	7.8	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	5331.2	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	3390.8	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	313.6	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	764.4	Cells/cu.mm	200-1000	Electrical Impedance

PLATELET COUNT	245000	cells/cu.mm	150000-410000	Electrical impedance
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SIN No:HA01599128

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - U05110TG2000PLC115819)

Regd. Office: #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to: Ameerpet Metro Station, Ameerpet, Hyderabad- 500038

For more information contact us at : customer.care@apolloediagnostics.in

www.apolloediagnostics.in



Patient Name : Mr.AMARJEET SINGH	Collected : 07/Sep/2020 05:16PM
Age/Gender : 47 Y 0 M 0 D /M	Received : 07/Sep/2020 08:32PM
UHID/MR No : DWKA.0000000014	Reported : 07/Sep/2020 08:54PM
Visit ID : DWKAOPV26	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD-EDTA				
HAEMOGLOBIN	13.9	g/dL	13-17	Spectrophotometer
PCV	43.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.62	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	77	fL	83-101	Calculated
MCH	24.7	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	49.2	%	40-80	Electrical Impedance
LYMPHOCYTES	39.9	%	20-40	Electrical Impedance
EOSINOPHILS	2.9	%	1-6	Electrical Impedance
MONOCYTES	8	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4821.6	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	3910.2	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	284.2	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	784	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	247000	cells/cu.mm	150000-410000	Electrical impedance



SIN No:HA01599808

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - UR5110TG2000PLC115819)

Regd. Office: #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to Amrampet Metro Station, Amrampet, Hyderabad- 500038

For more information contact us at : customer.care@apolliodiagnostics.in

www.apolliodiagnostics.in



Patient Name	: Mr.AMARJEET SINGH	Collected	: 07/Sep/2020 01:59PM
Age/Gender	: 47 Y 0 M 0 D /M	Received	: 07/Sep/2020 06:01PM
UHID/MR No	: DWKA.0000000014	Reported	: 07/Sep/2020 07:55PM
Visit ID	: DWKAOPV22	Status	: Final Report
Ref Doctor	: Dr.SELF	Client Name	: SL WAKAD
IP/OP NO	:	Patient location	: WAKAD,Pune

DEPARTMENT OF COAGULATION

Test Name	Result	Unit	Bio. Ref. Range	Method
PROTHROMBIN TIME (PT/INR) , WHOLE BLOOD- NA CITRATE				
Prothrombin Time	16.5	Seconds	11-16	Optomechanical clot detection
Control (MNPT)	14.50	Seconds		Optomechanical clot detection
Ratio	1.14			Calculated
Prothrombin Index	87.88	%		Calculated
International Normalized Ratio (INR)	1.15			Calculated

Comment:

REFERENCE GROUP	INTERNATIONAL NORMALIZED RATIO (INR)
NORMAL POPULATION	0.9 – 1.1
PATIENTS ON ANTICOAGULANT THERAPY	
- STANDARD DOSE THERAPY	2.0 – 3.0
- HIGH DOSE THERAPY	2.5 – 3.5

INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Marked elevation of INR in patients receiving oral anticoagulant therapy is a marker of excessive anticoagulation and requires prompt action; an INR below 2.0 reflects insufficient anticoagulation.



SIN No:CO00175516

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - UB5110TG2000PLC115B19)

Regd. Office: #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to Ameepet Metro Station, Ameepet, Hyderabad- 500038

For more information contact us at : customer.care@apolloediagnostics.in



Patient Name : Mr.AMARJEET SINGH	Collected : 07/Sep/2020 05:16PM
Age/Gender : 47 Y 0 M 0 D /M	Received : 07/Sep/2020 08:35PM
UHID/MR No : DWKA.0000000014	Reported : 07/Sep/2020 09:11PM
Visit ID : DWKAOPV26	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF COAGULATION

Test Name	Result	Unit	Bio. Ref. Range	Method
PROTHROMBIN TIME (PT/INR) , WHOLE BLOOD- NA CITRATE				
Prothrombin Time	14.6	Seconds	11-16	Optomechanical clot detection
Control (MNPT)	14.50	Seconds		Optomechanical clot detection
Ratio	1.01			Calculated
Prothrombin Index	99.32	%		Calculated
International Normalized Ratio (INR)	1.01			Calculated

Comment:

REFERENCE GROUP	INTERNATIONAL NORMALIZED RATIO (INR)
NORMAL POPULATION	0.9 – 1.1
PATIENTS ON ANTICOAGULANT THERAPY	
- STANDARD DOSE THERAPY	2.0 – 3.0
- HIGH DOSE THERAPY	2.5 – 3.5

INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Marked elevation of INR in patients receiving oral anticoagulant therapy is a marker of excessive anticoagulation and requires prompt action; an INR below 2.0 reflects insufficient anticoagulation.



SIN No:CO00175617

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune



Patient Name : Mr.AMARJEET SINGH	Collected : 07/Sep/2020 01:59PM
Age/Gender : 47 Y 0 M 0 D /M	Received : 07/Sep/2020 06:02PM
UHID/MR No : DWKA.0000000014	Reported : 07/Sep/2020 06:48PM
Visit ID : DWKAOPV22	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, RANDOM , SODIUM FLUORIDE PLASMA	449	mg/dL	70 - 140	Glucose oxidase
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	11.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	280	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	>= 6.5
DIABETICS	
- EXCELLENT CONTROL	6 – 7
- FAIR TO GOOD CONTROL	7 – 8
- UNSATISFACTORY CONTROL	8 – 10
- POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



SIN No:BI04633725, BI04633726

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to: Ameerpet Metro Station, Ameerpet, Hyderabad- 500038

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Patient Name	: Mr.AMARJEET SINGH	Collected	: 07/Sep/2020 05:16PM
Age/Gender	: 47 Y 0 M 0 D /M	Received	: 07/Sep/2020 08:36PM
UHID/MR No	: DWKA.0000000014	Reported	: 07/Sep/2020 08:52PM
Visit ID	: DWKAOPV26	Status	: Final Report
Ref Doctor	: Dr.SELF	Client Name	: SL WAKAD
IP/OP NO	:	Patient location	: WAKAD,Pune

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, RANDOM , SODIUM FLUORIDE PLASMA	308	mg/dL	70-140	HEXOKINASE



SIN No:BI04634972

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to Ameerpet Metro Station, Ameerpet, Hyderabad- 500038

For more information contact us at : customer.care@apollo diagnostics.in

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Patient Name : Mr.AMARJEET SINGH	Collected : 07/Sep/2020 01:59PM
Age/Gender : 47 Y 0 M 0 D /M	Received : 07/Sep/2020 06:00PM
UHID/MR No : DWKA.0000000014	Reported : 07/Sep/2020 07:34PM
Visit ID : DWKAOPV22	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
INSULIN - RANDOM , SERUM	24.5	mIU/mL		CMIA

*** End Of Report ***


DR. SANJAY INGLE
 MBBS, MD (PATH)


 Dr. Keerthi Prakash
 M,B.B.S., MD (Path)
 Consultant Pathologist



SIN No:IM01796551

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune



Patient Name : Mr.AMARJEET SINGH	Collected : 07/Sep/2020 05:16PM
Age/Gender : 47 Y 0 M 0 D /M	Received : 07/Sep/2020 08:36PM
UHID/MR No : DWKA.0000000014	Reported : 07/Sep/2020 09:15PM
Visit ID : DWKAOPV26	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
INSULIN - RANDOM , SERUM	12.6	mIU/mL		CMIA


*** End Of Report ***



DR. SANJAY INGLE
MBBS, MD (PATH)



DR. SHIRISH POPHALIKAR
MBBS,MD (PATH)



Dr. Keerthi Prakash
M,B.B.S., MD (Path)
Consultant Pathologist



SIN No:IM01797612
This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune



Patient Name : Mrs.JYOTI KALSI	Collected : 07/Sep/2020 02:03PM
Age/Gender : 47 Y 0 M 0 D /F	Received : 07/Sep/2020 06:02PM
UHID/MR No : DWKA.0000000015	Reported : 08/Sep/2020 02:58PM
Visit ID : DWKAOPV23	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD-EDTA				
HAEMOGLOBIN	12.4	g/dL	12-15	Spectrophotometer
PCV	37.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.48	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTC COUNT (DLC)				
NEUTROPHILS	64.1	%	40-80	Electrical Impedance
LYMPHOCYTES	28.4	%	20-40	Electrical Impedance
EOSINOPHILS	2.6	%	1-6	Electrical Impedance
MONOCYTES	4.9	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5833.1	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2584.4	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	236.6	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	445.9	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	370000	cells/cu.mm	150000-410000	Electrical impedance



SIN No:HA01599140

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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Patient Name : Mrs.JYOTI KALSI	Collected : 07/Sep/2020 05:27PM
Age/Gender : 47 Y 0 M 0 D /F	Received : 07/Sep/2020 08:32PM
UHID/MR No : DWKA.0000000016	Reported : 07/Sep/2020 08:54PM
Visit ID : DWKAOPV27	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD-EDTA				
HAEMOGLOBIN	12.3	g/dL	12-15	Spectrophotometer
PCV	37.20	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.46	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	27.7	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTC COUNT (DLC)				
NEUTROPHILS	58.2	%	40-80	Electrical Impedance
LYMPHOCYTES	33.5	%	20-40	Electrical Impedance
EOSINOPHILS	2.5	%	1-6	Electrical Impedance
MONOCYTES	5.8	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5703.6	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	3283	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	245	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	568.4	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	359000	cells/cu.mm	150000-410000	Electrical impedance



SIN No:HA01599824

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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Patient Name : Mrs.JYOTI KALSI	Collected : 07/Sep/2020 02:03PM
Age/Gender : 47 Y 0 M 0 D /F	Received : 07/Sep/2020 06:01PM
UHID/MR No : DWKA.0000000015	Reported : 08/Sep/2020 02:57PM
Visit ID : DWKAOPV23	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF COAGULATION

Test Name	Result	Unit	Bio. Ref. Range	Method
PROTHROMBIN TIME (PT/INR) , WHOLE BLOOD- NA CITRATE				
Prothrombin Time	13.5	Seconds	11-16	Optomechanical clot detection
Control (MNPT)	14.50	Seconds		Optomechanical clot detection
Ratio	0.93			Calculated
Prothrombin Index	107.41	%		Calculated
International Normalized Ratio (INR)	0.92			Calculated

Comment:

REFERENCE GROUP	INTERNATIONAL NORMALIZED RATIO (INR)
NORMAL POPULATION	0.9 – 1.1
PATIENTS ON ANTICOAGULANT THERAPY	
- STANDARD DOSE THERAPY	2.0 – 3.0
- HIGH DOSE THERAPY	2.5 – 3.5

INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Marked elevation of INR in patients receiving oral anticoagulant therapy is a marker of excessive anticoagulation and requires prompt action; an INR below 2.0 reflects insufficient anticoagulation.



SIN No:CO00175517

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune



Patient Name : Mrs.JYOTI KALSI	Collected : 07/Sep/2020 05:27PM
Age/Gender : 47 Y 0 M 0 D /F	Received : 07/Sep/2020 08:35PM
UHID/MR No : DWKA.0000000016	Reported : 07/Sep/2020 09:06PM
Visit ID : DWKAOPV27	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF COAGULATION

Test Name	Result	Unit	Bio. Ref. Range	Method
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PROTHROMBIN TIME (PT/INR) , WHOLE BLOOD- NA CITRATE

Prothrombin Time	12.4	Seconds	11-16	Optomechanical clot detection
Control (MNPT)	14.50	Seconds		Optomechanical clot detection
Ratio	0.86			Calculated
Prothrombin Index	116.94	%		Calculated
International Normalized Ratio (INR)	0.84			Calculated

Comment:

REFERENCE GROUP	INTERNATIONAL NORMALIZED RATIO (INR)
NORMAL POPULATION	0.9 – 1.1
PATIENTS ON ANTICOAGULANT THERAPY	
- STANDARD DOSE THERAPY	2.0 – 3.0
- HIGH DOSE THERAPY	2.5 – 3.5

INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Marked elevation of INR in patients receiving oral anticoagulant therapy is a marker of excessive anticoagulation and requires prompt action; an INR below 2.0 reflects insufficient anticoagulation.



SIN No:CO00175619

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - URS110TG2000PLC115819)

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Patient Name : Mrs.JYOTI KALSI	Collected : 07/Sep/2020 02:03PM
Age/Gender : 47 Y 0 M 0 D /F	Received : 07/Sep/2020 06:02PM
UHID/MR No : DWKA.0000000015	Reported : 08/Sep/2020 02:58PM
Visit ID : DWKAOPV23	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, RANDOM , SODIUM FLUORIDE PLASMA	329	mg/dL	70-140	HEXOKINASE
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	9.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	229	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	>= 6.5
DIABETICS	
- EXCELLENT CONTROL	6 – 7
- FAIR TO GOOD CONTROL	7 – 8
- UNSATISFACTORY CONTROL	8 – 10
- POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



SIN No:BI04633753,BI04633754

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune



Patient Name : Mrs.JYOTI KALSI	Collected : 07/Sep/2020 05:27PM
Age/Gender : 47 Y 0 M 0 D /F	Received : 07/Sep/2020 08:36PM
UHID/MR No : DWKA.0000000016	Reported : 07/Sep/2020 08:52PM
Visit ID : DWKAOPV27	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, RANDOM , SODIUM FLUORIDE PLASMA	207	mg/dL	70-140	HEXOKINASE



SIN No:BI04634997

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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Patient Name : Mrs.JYOTI KALSI	Collected : 07/Sep/2020 02:03PM
Age/Gender : 47 Y 0 M 0 D /F	Received : 07/Sep/2020 06:01PM
UHID/MR No : DWKA.0000000015	Reported : 08/Sep/2020 02:57PM
Visit ID : DWKAOPV23	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF IMMUNOLOGY				
Test Name	Result	Unit	Bio. Ref. Range	Method
INSULIN - RANDOM , SERUM	57	mIU/mL		CMIA

*** End Of Report ***



DR. SANJAY INGLE
MBBS, MD (PATH)



SIN No:IM01796583

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: #7-1-617/A, 615 & 616, 7th Floor, Imperial Towers, Opp to Ameerpet Metro Station, Ameerpet, Hyderabad- 500038

For more information contact us at : customer.care@apolloediagnostics.in



Patient Name : Mrs.JYOTI KALSI	Collected : 07/Sep/2020 05:27PM
Age/Gender : 47 Y 0 M 0 D /F	Received : 07/Sep/2020 08:37PM
UHID/MR No : DWKA.0000000016	Reported : 07/Sep/2020 09:15PM
Visit ID : DWKAOPV27	Status : Final Report
Ref Doctor : Dr.SELF	Client Name : SL WAKAD
IP/OP NO :	Patient location : WAKAD,Pune

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
INSULIN - RANDOM , SERUM	16.8	mIU/mL		CMIA


*** End Of Report ***



DR. SANJAY INGLE
MBBS, MD (PATH)



DR. SHIRISH POPHALIKAR
MBBS,MD (PATH)



Dr. Keerthi Prakash
M,B.B.S., MD (Path)
Consultant Pathologist



SIN No:IM01797653

This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Pune

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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For more information contact us at : customer.care@apolloediagnostics.in

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REG NO. : OPD / 559

NAME : Mr. Badari Nimakwala

REF BY :

SEX : Male

DATE : 24/09/2020

BLOOD SUGAR (RANDOM)

<u>TESTS</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
BSL(Random I)	: 157	mg/dl	65 - 150
BSL (Random II)	: 110	mg/dl	65 - 150

*** End Of Report ***



Dr. Manish Beri (MD Path)
Consulting Pathologist
Reg No. 74978

REG NO. : OPD / 558

NAME : Mrs. Rajkumari Hemdev

REF BY :

SEX : Female

DATE : 24/09/2020

BLOOD SUGAR (RANDOM)

<u>TESTS</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
BSL(Random I)	: 89	mg/dl	65 - 150
BSL (Random II)	: 75	mg/dl	65 - 150

*** End Of Report ***



Dr. Manish Beri (MD Path)
Consulting Pathologist
Reg No. 74978

REG NO. : OPD / 560

NAME : Mr. Rajkumar Hemdev

REF BY :


SEX : Male

DATE : 24/09/2020

BLOOD SUGAR (RANDOM)

<u>TESTS</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
BSL(Random I)	: 196	mg/dl	65 - 150
BSL (Random II)	: 160	mg/dl	65 - 150

*** End Of Report ***



Dr. Manish Beri (MD Path)
Consulting Pathologist
Reg No. 74978

A48 - NANDINI LABORATORY
S/O SHAMRAO RAJARAM DALVI, PLOT NO17
507/ B OPP SAMRATNAGAR GARDEN GATE
SAMRATH
Kolhapur

Name	: Mr. NARAYAN BHOSALE	Collected	: 25/11/2020 12:27:00PM
Lab No.	: 277228141	Age: 54 Years	Gender: Male
A/c Status	: P	Ref By: SELF	Report Status: Final
		Received	: 25/11/2020 2:35:57PM
		Reported	: 25/11/2020 5:48:58PM

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, RANDOM (R), PLASMA (Hexokinase)	293.00	mg/dL	70.00 - 140.00
INSULIN, RANDOM, SERUM	50.80	µU/mL	Not Established

Note

1. A single random blood sample for insulin may provide insufficient information due to wide variation in the time responses of insulin levels and blood glucose.
2. Stimulation of insulin secretion may be caused by many factors like hyperglycemia, glucagon, amino acids, growth hormone and catecholamines.
3. Interference in insulin assay is seen due to insulin antibodies which develop in patients treated with bovine or porcine insulin.

Clinical Utility

- Evaluation of fasting hypoglycemia
- Evaluation of Polycystic Ovary syndrome
- Classification of Diabetes mellitus
- Predict Diabetes mellitus
- Assessment of Beta cell activity
- Select optimal therapy for Diabetes
- Investigation of insulin resistance
- Predict the development of Coronary Artery Disease

Increased levels - Insulinoma, Some Type II diabetic patients, Infantile hypoglycemia, Hyperinsulinism, Obesity, Cushing's syndrome, Oral contraceptives, Acromegaly, Hyperthyroidism

Decreased levels - Untreated Type I Diabetes mellitus



A48 - NANDINI LABORATORY
S/O SHAMRAO RAJARAM DALVI, PLOT NO17
507/ B OPP SAMRATNAGAR GARDEN GATE
SAMRATH
Kolhapur

Name	: NARAYAN BHOSALE	Collected	: 25/11/2020 2:53:00PM
Lab No.	: 277228136	Received	: 25/11/2020 4:46:36PM
Age	: 54 Years	Reported	: 25/11/2020 6:43:29PM
Gender	: Male	Report Status	: Final
A/c Status	: P	Ref By	: SELF

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, RANDOM (R), PLASMA (Hexokinase)	205.00	mg/dL	70.00 - 140.00
INSULIN, RANDOM, SERUM	37.32	µU/mL	Not Established

Note

1. A single random blood sample for insulin may provide insufficient information due to wide variation in the time responses of insulin levels and blood glucose.
2. Stimulation of insulin secretion may be caused by many factors like hyperglycemia, glucagon, amino acids, growth hormone and catecholamines.
3. Interference in insulin assay is seen due to insulin antibodies which develop in patients treated with bovine or porcine insulin.

Clinical Utility

- Evaluation of fasting hypoglycemia
- Evaluation of Polycystic Ovary syndrome
- Classification of Diabetes mellitus
- Predict Diabetes mellitus
- Assessment of Beta cell activity
- Select optimal therapy for Diabetes
- Investigation of insulin resistance
- Predict the development of Coronary Artery Disease

Increased levels - Insulinoma, Some Type II diabetic patients, Infantile hypoglycemia, Hyperinsulinism, Obesity, Cushing's syndrome, Oral contraceptives, Acromegaly, Hyperthyroidism

Decreased levels - Untreated Type I Diabetes mellitus



A48 - NANDINI LABORATORY
 S/O SHAMRAO RAJARAM DALVI, PLOT NO17
 507/ B OPP SAMRATNAGAR GARDEN GATE
 SAMRATH
 Kolhapur

Name	: Mrs. PRABHA SHINGTE	Collected	: 25/11/2020 12:22:00PM
Lab No.	: 277228143	Received	: 25/11/2020 2:34:40PM
Age	: 78 Years	Reported	: 25/11/2020 5:48:39PM
Gender	: Female	Report Status	: Final
A/c Status	: P	Ref By	: SELF

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, RANDOM (R), PLASMA (Hexokinase)	322.00	mg/dL	70.00 - 140.00
INSULIN, RANDOM, SERUM	129.00	µU/mL	Not Established

Note

1. A single random blood sample for insulin may provide insufficient information due to wide variation in the time responses of insulin levels and blood glucose.
2. Stimulation of insulin secretion may be caused by many factors like hyperglycemia, glucagon, amino acids, growth hormone and catecholamines.
3. Interference in insulin assay is seen due to insulin antibodies which develop in patients treated with bovine or porcine insulin.

Clinical Utility

- Evaluation of fasting hypoglycemia
- Evaluation of Polycystic Ovary syndrome
- Classification of Diabetes mellitus
- Predict Diabetes mellitus
- Assessment of Beta cell activity
- Select optimal therapy for Diabetes
- Investigation of insulin resistance
- Predict the development of Coronary Artery Disease

Increased levels - Insulinoma, Some Type II diabetic patients, Infantile hypoglycemia, Hyperinsulinism, Obesity, Cushing's syndrome, Oral contraceptives, Acromegaly, Hyperthyroidism

Decreased levels - Untreated Type I Diabetes mellitus



A48 - NANDINI LABORATORY
 S/O SHAMRAO RAJARAM DALVI, PLOT NO17
 507/ B OPP SAMRATNAGAR GARDEN GATE
 SAMRATH
 Kolhapur

Name	: Mrs. PRABHA SHINGTE	Collected	: 25/11/2020 2:25:00PM
Lab No.	: 277228137	Age: 78 Years	Gender: Female
A/c Status	: P	Ref By : SELF	Report Status : Final
		Received	: 25/11/2020 4:42:47PM
		Reported	: 25/11/2020 6:56:42PM

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, RANDOM (R), PLASMA (Hexokinase)	151.00	mg/dL	70.00 - 140.00
INSULIN, RANDOM, SERUM	63.81	µU/mL	Not Established

Note

1. A single random blood sample for insulin may provide insufficient information due to wide variation in the time responses of insulin levels and blood glucose.
2. Stimulation of insulin secretion may be caused by many factors like hyperglycemia, glucagon, amino acids, growth hormone and catecholamines.
3. Interference in insulin assay is seen due to insulin antibodies which develop in patients treated with bovine or porcine insulin.

Clinical Utility

- Evaluation of fasting hypoglycemia
- Evaluation of Polycystic Ovary syndrome
- Classification of Diabetes mellitus
- Predict Diabetes mellitus
- Assessment of Beta cell activity
- Select optimal therapy for Diabetes
- Investigation of insulin resistance
- Predict the development of Coronary Artery Disease

Increased levels - Insulinoma, Some Type II diabetic patients, Infantile hypoglycemia, Hyperinsulinism, Obesity, Cushing's syndrome, Oral contraceptives, Acromegaly, Hyperthyroidism

Decreased levels - Untreated Type I Diabetes mellitus



A48 - NANDINI LABORATORY
 S/O SHAMRAO RAJARAM DALVI, PLOT NO17
 507/ B OPP SAMRATNAGAR GARDEN GATE
 SAMRATH
 Kolhapur

Name	: Mrs. PRITI MANTRI	Collected	: 25/11/2020 12:17:00PM
Lab No.	: 277228140	Received	: 25/11/2020 2:32:20PM
Age	: 44 Years	Reported	: 25/11/2020 5:47:31PM
Gender	: Female	Report Status	: Final
A/c Status	: P	Ref By	: SELF

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, RANDOM (R), PLASMA (Hexokinase)	132.00	mg/dL	70.00 - 140.00
INSULIN, RANDOM, SERUM	12.04	µU/mL	Not Established

Note

1. A single random blood sample for insulin may provide insufficient information due to wide variation in the time responses of insulin levels and blood glucose.
2. Stimulation of insulin secretion may be caused by many factors like hyperglycemia, glucagon, amino acids, growth hormone and catecholamines.
3. Interference in insulin assay is seen due to insulin antibodies which develop in patients treated with bovine or porcine insulin.

Clinical Utility

- Evaluation of fasting hypoglycemia
- Evaluation of Polycystic Ovary syndrome
- Classification of Diabetes mellitus
- Predict Diabetes mellitus
- Assessment of Beta cell activity
- Select optimal therapy for Diabetes
- Investigation of insulin resistance
- Predict the development of Coronary Artery Disease

Increased levels - Insulinoma, Some Type II diabetic patients, Infantile hypoglycemia, Hyperinsulinism, Obesity, Cushing's syndrome, Oral contraceptives, Acromegaly, Hyperthyroidism

Decreased levels - Untreated Type I Diabetes mellitus



A48 - NANDINI LABORATORY
 S/O SHAMRAO RAJARAM DALVI, PLOT NO17
 507/ B OPP SAMRATNAGAR GARDEN GATE
 SAMRATH
 Kolhapur

Name	: PRITI MANTRI	Collected	: 25/11/2020 2:19:00PM
Lab No.	: 277228138	Received	: 25/11/2020 4:49:09PM
Age	: 44 Years	Reported	: 25/11/2020 6:52:40PM
Gender	: Female	Report Status	: Final
A/c Status	: P	Ref By	: SELF

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, RANDOM (R), PLASMA (Hexokinase)	94.00	mg/dL	70.00 - 140.00
INSULIN, RANDOM, SERUM	7.05	µU/mL	Not Established

Note

1. A single random blood sample for insulin may provide insufficient information due to wide variation in the time responses of insulin levels and blood glucose.
2. Stimulation of insulin secretion may be caused by many factors like hyperglycemia, glucagon, amino acids, growth hormone and catecholamines.
3. Interference in insulin assay is seen due to insulin antibodies which develop in patients treated with bovine or porcine insulin.

Clinical Utility

- Evaluation of fasting hypoglycemia
- Evaluation of Polycystic Ovary syndrome
- Classification of Diabetes mellitus
- Predict Diabetes mellitus
- Assessment of Beta cell activity
- Select optimal therapy for Diabetes
- Investigation of insulin resistance
- Predict the development of Coronary Artery Disease

Increased levels - Insulinoma, Some Type II diabetic patients, Infantile hypoglycemia, Hyperinsulinism, Obesity, Cushing's syndrome, Oral contraceptives, Acromegaly, Hyperthyroidism

Decreased levels - Untreated Type I Diabetes mellitus



REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	OBSERVATION	UNITS	REFERENCE RANGE
COMPLETE URINOGRAM			
URINARY GLUCOSE	100	mg/dl	Negative
URINARY BILIRUBIN	NEGATIVE	mg/dl	Negative
URINE KETONE	NEGATIVE	mg/dl	Negative
SPECIFIC GRAVITY	1.02	-	1.003-1.030
URINE BLOOD	NEGATIVE	Cells/ul*	Negative
PH	5.5	-	5 - 8
URINARY PROTEIN	NEGATIVE	mg/dl	Negative
UROBILINOGEN	0.2	mg/dl	<=0.2
NITRITE	NEGATIVE	-	Negative
URINARY LEUCOCYTES	NEGATIVE	Cells/ul*	Negative
COLOUR	PALE YELLOW	-	Pale Yellow
APPEARANCE	CLEAR	-	Clear
BILE SALT	NEGATIVE	-	Negative
BILE PIGMENT	NEGATIVE	-	Negative
EPITHELIAL CELLS	1-2	-	2-3
CASTS	ABSENT	-	Absent
CRYSTALS	ABSENT	-	Absent
BACTERIA	ABSENT	-	Absent

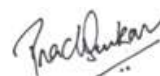
* To Obtain Counts in Cells / HPF Divide the Cells / ul by 5

Please correlate with clinical conditions.

Method : Manual Dipstick Method

Remarks :Alert!!!
Yeast cells are present.

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 30 Aug 2020 23:31
Report Released on (RRT) : 31 Aug 2020 01:26
Sample Type : URINE
Labcode : 3008006545/PP004
Barcode : Q3810426

Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
L703 TAMCOLD COMPLEX LINK ROAD MALAD
WEST MUMBAI , - ,

TEST NAME	OBSERVATION	UNITS	REFERENCE RANGE
COMPLETE URINOGRAM			
URINARY GLUCOSE	NEGATIVE	mg/dl	Negative
URINARY BILIRUBIN	NEGATIVE	mg/dl	Negative
URINE KETONE	NEGATIVE	mg/dl	Negative
SPECIFIC GRAVITY	1.02	-	1.003-1.030
URINE BLOOD	NEGATIVE	Cells/ul*	Negative
PH	5.5	-	5 - 8
URINARY PROTEIN	NEGATIVE	mg/dl	Negative
UROBILINOGEN	0.2	mg/dl	<=0.2
NITRITE	NEGATIVE	-	Negative
URINARY LEUCOCYTES	NEGATIVE	Cells/ul*	Negative
COLOUR	PALE YELLOW	-	Pale Yellow
APPEARANCE	CLEAR	-	Clear
BILE SALT	NEGATIVE	-	Negative
BILE PIGMENT	NEGATIVE	-	Negative
EPITHELIAL CELLS	1-2	-	2-3
CASTS	ABSENT	-	Absent
CRYSTALS	ABSENT	-	Absent
BACTERIA	PRESENT	-	Absent

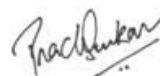
* To Obtain Counts in Cells / HPF Divide the Cells / ul by 5

Please correlate with clinical conditions.

Method : Manual Dipstick Method

Remarks :Alert!!!
Yeast cells are present.
Bacteria present.

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 01:03
Report Released on (RRT) : 06 Oct 2020 02:26
Sample Type : URINE
Labcode : 0510005271/A9992
Barcode : Q5237108

Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMOCYSTEINE	PHOTOMETRY	25.9	µmol/L

Reference Range :-

< 30

CLINICAL SIGNIFICANCE:

HOMOCYSTEINE IS LINKED TO INCREASED RISK OF PREMATURE CORONARY ARTERY DISEASE, STROKE AND THROMBOEMBOLISM. MOREOVER, ALZHEIMER'S DISEASE, OSTEOPOROSIS, VENOUS THROMBOSIS, SCHIZOPHRENIA, COGNITIVE DEFICIENCY AND PREGNANCY COMPLICATIONS ALSO ELEVATES HOMOCYSTEINE LEVELS.

HIGH VALUES:

ELEVATED HOMOCYSTEINE LEVELS MIGHT BE DUE TO INCREASING AGE, GENETIC TRAITS, DRUGS, RENAL DYSFUNCTION AND DIETARY DEFICIENCY OF VITAMINS OR SMOKING. TO LOWER YOUR HOMOCYSTEINE, EAT MORE GREEN VEGETABLES, STOP SMOKING, ALCOHOL. FOLIC ACID HELPS LOWERING ELEVATED LEVELS.

Please correlate with clinical conditions.

Method:- ENZYMATIC ASSAY

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISHH KEJRIWAL(47Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 TAMCOLD COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMOCYSTEINE	PHOTOMETRY	32.3	µmol/L
Reference Range :-			

< 30

CLINICAL SIGNIFICANCE:

HOMOCYSTEINE IS LINKED TO INCREASED RISK OF PREMATURE CORONARY ARTERY DISEASE, STROKE AND THROMBOEMBOLISM. MOREOVER, ALZHEIMER'S DISEASE, OSTEOPOROSIS, VENOUS THROMBOSIS, SCHIZOPHRENIA, COGNITIVE DEFICIENCY AND PREGNANCY COMPLICATIONS ALSO ELEVATES HOMOCYSTEINE LEVELS.

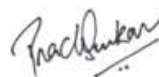
HIGH VALUES:

ELEVATED HOMOCYSTEINE LEVELS MIGHT BE DUE TO INCREASING AGE, GENETIC TRAITS, DRUGS, RENAL DYSFUNCTION AND DIETARY DEFICIENCY OF VITAMINS OR SMOKING. TO LOWER YOUR HOMOCYSTEINE, EAT MORE GREEN VEGETABLES, STOP SMOKING, ALCOHOL. FOLIC ACID HELPS LOWERING ELEVATED LEVELS.

Please correlate with clinical conditions.

Method:- ENZYMATIC ASSAY

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007


 Dr.Prachi Sinkar MD(Path)


 Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
CYSTATIN C	IMMUNOTURBIDIMETRY	1.1	mg/L

Reference Range :-

<= 60 years: <= 1.03 mg/L
> 60 years : < 1.50 mg/L

Clinical significance

Cystatin c, is a small 13-kda protein and is a member of the cysteine proteinase inhibitor family, it is produced at a constant rate by all nucleated cells. Due to its small size it is freely filtered by the glomerulus and is not secreted but is fully reabsorbed and broken down by the renal tubules. This means that the primary determinate of blood Cystatin c levels is the rate at which it is filtered at the glomerulus making it an excellent gfr marker. Cystatin c is also a marker of inflammation and like many other markers of inflammation; its serum concentration may be higher in patients with decreased renal clearance. There is mounting evidence, however, that Cystatin c may be a predictor of adverse outcomes independent of renal function with its higher sensitivity to detect a reduced GFR than Creatinine determination, also in the so-called "Creatinine-blind" range. Thus, Cystatin c is suggested to be a better marker for GFR than the ubiquitous serum Creatinine.

Reference

1. Barrett aj, Davies me, Grubb a. the place of human gamma-trace (Cystatin c) among the cysteine proteinase inhibitors. Biochem biophys res common 1984; 120: 631-6.
2. Grubb a. diagnostic value of analysis of Cystatin c and protein HC in biological fluids. Clin Nephrol 1992; 38: S20-7.

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
L703 TAMCOLD COMPLEX LINK ROAD MALAD
WEST MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
CYSTATIN C	IMMUNOTURBIDIMETRY	1.22	mg/L
Reference Range :-			

<= 60 years: <= 1.03 mg/L
> 60 years : < 1.50 mg/L

Clinical significance

Cystatin c, is a small 13-kda protein and is a member of the cysteine proteinase inhibitor family, it is produced at a constant rate by all nucleated cells. Due to its small size it is freely filtered by the glomerulus and is not secreted but is fully reabsorbed and broken down by the renal tubules. This means that the primary determinate of blood Cystatin c levels is the rate at which it is filtered at the glomerulus making it an excellent gfr marker. Cystatin c is also a marker of inflammation and like many other markers of inflammation; its serum concentration may be higher in patients with decreased renal clearance. There is mounting evidence, however, that Cystatin c may be a predictor of adverse outcomes independent of renal function with its higher sensitivity to detect a reduced GFR than Creatinine determination, also in the so-called Creatinine-blind range. Thus, Cystatin c is suggested to be a better marker for GFR than the ubiquitous serum Creatinine.

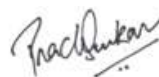
Reference

1. Barrett aj, Davies me, Grubb a. the place of human gamma-trace (Cystatin c) among the cysteine proteinase inhibitors. Biochem biophys res common 1984; 120: 631-6.
2. Grubb a. diagnostic value of analysis of Cystatin c and protein HC in biological fluids. Clin Nephrol 1992; 38: S20-7.

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007


Dr.Prachi Sinkar MD(Path)


Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	IMMUNOTURBIDIMETRY	21.7	mg/dl

Reference Range :-

ADULTS : < 30.0 MG/DL

INTERPRETATION:

DETERMINATION OF LPA MAY BE USEFUL TO GUIDE MANAGEMENT OF INDIVIDUALS WITH A FAMILY HISTORY OF CHD OR WITH EXISTING DISEASE, THE LEVELS OF LPA IN THE BLOOD DEPENDS ON GENETIC FACTORS; THE RANGE OF VARIATION IN A POPULATION IS RELATIVELY LARGE AND HENCE FOR DIAGNOSTIC PURPOSE, RESULTS SHOULD ALWAYS BE ASSESSED IN CONJUNCTION WITH THE PATIENT'S MEDICAL HISTORY, CLINICAL EXAMINATION AND OTHER FINDINGS.

SPECIFICATIONS:

PRECISION: INTRA ASSAY (%CV): 3.4 %, INTER ASSAY (%CV): 2.0 %; SENSITIVITY: 0.002 GM/L

EXTERNAL QUALITY CONTROL PROGRAM PARTICIPATION:

COLLEGE OF AMERICAN PATHOLOGISTS: GENERAL CHEMISTRY AND TDM; CAP NUMBER: 7193855-01

KIT VALIDATION REFERENCES:

KOSCHINSKY ML, MARCOVINA SM. LIPOPROTEIN A: STRUCTURAL IMPLICATION FOR PATHOPHYSIOLOGY. INT J CLIN LAB RES, 1997; 27: 14-23.

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
L703 TAMCOLD COMPLEX LINK ROAD MALAD
WEST MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	IMMUNOTURBIDIMETRY	16.4	mg/dl

Reference Range :-

ADULTS : < 30.0 MG/DL

INTERPRETATION:

DETERMINATION OF LPA MAY BE USEFUL TO GUIDE MANAGEMENT OF INDIVIDUALS WITH A FAMILY HISTORY OF CHD OR WITH EXISTING DISEASE. THE LEVELS OF LPA IN THE BLOOD DEPENDS ON GENETIC FACTORS; THE RANGE OF VARIATION IN A POPULATION IS RELATIVELY LARGE AND HENCE FOR DIAGNOSTIC PURPOSE, RESULTS SHOULD ALWAYS BE ASSESSED IN CONJUNCTION WITH THE PATIENT'S MEDICAL HISTORY, CLINICAL EXAMINATION AND OTHER FINDINGS.

SPECIFICATIONS:

PRECISION: INTRA ASSAY (%CV): 3.4 %, INTER ASSAY (%CV): 2.0 %; SENSITIVITY: 0.002 GM/L

EXTERNAL QUALITY CONTROL PROGRAM PARTICIPATION:

COLLEGE OF AMERICAN PATHOLOGISTS: GENERAL CHEMISTRY AND TDM; CAP NUMBER: 7193855-01

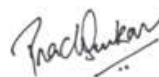
KIT VALIDATION REFERENCES:

KOSCHINSKY ML, MARCOVINA SM. LIPOPROTEIN A: STRUCTURAL IMPLICATION FOR PATHOPHYSIOLOGY. INT J CLIN LAB RES, 1997; 27: 14-23.

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007


Dr.Prachi Sinkar MD(Path)


Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064


TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1) Reference Range : MALE : 86 - 152 FEMALE : 94 - 162 Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY - BECKMAN COULTER	IMMUNOTURBIDIMETRY	138	mg/dL
APOLIPOPROTEIN - B (APO-B) Reference Range : MALE : 56 - 145 FEMALE : 53 - 138 Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY - BECKMAN COULTER	IMMUNOTURBIDIMETRY	81	mg/dL
APO B / APO A1 RATIO (APO B/A1) Reference Range : MALE : 0.40 - 1.26 FEMALE : 0.38 - 1.14 Method : DERIVED FROM SERUM APO A1 AND APO B VALUES	CALCULATED	0.6	Ratio

Please correlate with clinical conditions.

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISHH KEJRIWAL(47Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 TAMCOLD COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1) Reference Range : MALE : 86 - 152 FEMALE : 94 - 162 Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY <input type="checkbox"/> BECKMAN COULTER	IMMUNOTURBIDIMETRY	151	mg/dL
APOLIPOPROTEIN - B (APO-B) Reference Range : MALE : 56 - 145 FEMALE : 53 - 138 Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY <input type="checkbox"/> BECKMAN COULTER	IMMUNOTURBIDIMETRY	88	mg/dL
APO B / APO A1 RATIO (APO B/A1) Reference Range : MALE : 0.40 - 1.26 FEMALE : 0.38 - 1.14 Method : DERIVED FROM SERUM APO A1 AND APO B VALUES Please correlate with clinical conditions.	CALCULATED	0.6	Ratio

Sample Collected on (SCT) :05 Oct 2020 09:42
Sample Received on (SRT) :06 Oct 2020 00:36
Report Released on (RRT) :06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	2.1	mg/L

Reference Range :-

ADULT : <=3.0 MG/L

INTERPRETATION:

HIGH SENSITIVITY C-REACTIVE PROTEIN, WHEN USED IN CONJUNCTION WITH OTHER CLINICAL LABORATORY EVALUATION OF ACUTE CORONARY SYNDROMES, MAY BE USEFUL AS AN INDEPENDENT MARKER OF PROGNOSIS FOR RECURRENT EVENTS, IN PATIENTS WITH STABLE CORONARY DISEASE OR ACUTE CORONARY SYNDROMES. HSCRP LEVELS SHOULD NOT BE SUBSTITUTED FOR ASSESSMENT OF TRADITIONAL CARDIOVASCULAR RISK FACTORS. PATIENTS WITH PERSISTENTLY UNEXPLAINED, MARKED EVALUATION OF HSCRP AFTER REPEATED TESTING SHOULD BE EVALUATED FOR NON - CARDIOVASCULAR ETIOLOGIES

CLINICAL SIGNIFICANCE:

HSCRP MEASUREMENTS MAY BE USED AS AN INDEPENDENT RISK MARKER FOR THE IDENTIFICATION OF INDIVIDUALS AT RISK FOR FUTURE CARDIOVASCULAR DISEASE. ELEVATED CRP VALUES MAY BE INDICATIVE OF PROGNOSIS OF INDIVIDUALS WITH ACUTE CORONARY SYNDROMES, AND MAY BE USEFUL IN THE MANAGEMENT OF SUCH INDIVIDUALS.

SPECIFICATIONS: PRECISION: WITHIN RUN %CV HAS BEEN RECORDED <=5%.

REFERENCES:

1. CHENILLOT O, HENNY J, STEINMEZ J, ET AL. HIGH SENSITIVITY C-REACTIVE PROTEIN: BIOLOGICAL VARIATIONS AND REFERENCE LIMITS. CLIN CHEM LAB MED 2000;38:1003-11.
2. HIND CRH, PEPYS MB. THE ROLE OF SERUM C-REACTIVE PROTEIN MEASUREMENTS IN CLINICAL PRACTICE. INT MED 1984;5:112-51.

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED LATEX AGGLUTINATION - BECKMAN COULTER

Sample Collected on (SCT) : 30 Aug 2020 12:00

Sample Received on (SRT) : 31 Aug 2020 00:45

Report Released on (RRT) : 31 Aug 2020 05:27

Sample Type : SERUM

Labcode : 3008037375/PP004

Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISHH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
L703 TAMCOLD COMPLEX LINK ROAD MALAD
WEST MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	2.1	mg/L

Reference Range :-

ADULT : <=3.0 MG/L

INTERPRETATION:

HIGH SENSITIVITY C-REACTIVE PROTEIN, WHEN USED IN CONJUNCTION WITH OTHER CLINICAL LABORATORY EVALUATION OF ACUTE CORONARY SYNDROMES, MAY BE USEFUL AS AN INDEPENDENT MARKER OF PROGNOSIS FOR RECURRENT EVENTS, IN PATIENTS WITH STABLE CORONARY DISEASE OR ACUTE CORONARY SYNDROMES. HSCRP LEVELS SHOULD NOT BE SUBSTITUTED FOR ASSESSMENT OF TRADITIONAL CARDIOVASCULAR RISK FACTORS. PATIENTS WITH PERSISTENTLY UNEXPLAINED, MARKED EVALUATION OF HSCRP AFTER REPEATED TESTING SHOULD BE EVALUATED FOR NON - CARDIOVASCULAR ETIOLOGIES

CLINICAL SIGNIFICANCE:

HSCRP MEASUREMENTS MAY BE USED AS AN INDEPENDENT RISK MARKER FOR THE IDENTIFICATION OF INDIVIDUALS AT RISK FOR FUTURE CARDIOVASCULAR DISEASE. ELEVATED CRP VALUES MAY BE INDICATIVE OF PROGNOSIS OF INDIVIDUALS WITH ACUTE CORONARY SYNDROMES, AND MAY BE USEFUL IN THE MANAGEMENT OF SUCH INDIVIDUALS.

SPECIFICATIONS: PRECISION: WITHIN RUN %CV HAS BEEN RECORDED <=5%.

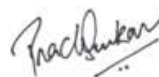
REFERENCES:

1. CHENILLOT O, HENNY J, STEINMEZ J, ET AL. HIGH SENSITIVITY C-REACTIVE PROTEIN: BIOLOGICAL VARIATIONS AND REFERENCE LIMITS. CLIN CHEM LAB MED 2000;38:1003-11.
2. HIND CRH, PEPYS MB. THE ROLE OF SERUM C-REACTIVE PROTEIN MEASUREMENTS IN CLINICAL PRACTICE. INT MED 1984;5:112-51.

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED LATEX AGGLUTINATION BECKMAN COULTER

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007


Dr.Prachi Sinkar MD(Path)


Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL) Reference Range : DEFICIENCY : <20 ng/ml INSUFFICIENCY : 20-<30 ng/ml SUFFICIENCY : 30-100 ng/ml TOXICITY : >100 ng/ml	C.L.I.A	16.25	ng/ml

Vitamin D Total test is analyzed on Siemens ADVIA Centaur, standardized against ID-LC/MS/MS, as per Vitamin D Standardization Program (VDSP).

Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

VITAMIN B-12 Reference Range : Normal : 211 - 911 pg/ml	C.L.I.A	254	pg/ml
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Clinical significance :

Vitamin B12 or cyanocobalamin, is a complex corrinoid compound found exclusively from animal dietary sources, such as meat, eggs and milk. It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin-B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemias. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Intra assay (%CV):4.0%, Inter assay (%CV):4.4 %;Sensitivity:45 pg/ml

External quality control program participation:

College of American pathologists: ligand assay (general) survey; CAP number: 7193855-01

Kit validation references:

Chen IW,Sperling MI,Heminger IA.Vitamin B12.In:Pesce AJ,Kalpan LA,editors.Methods in clinical chemistry. St.Louis:CV Mosby,1987.P.569-73.

Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISHH KEJRIWAL(47Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 TAMCOLD COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL) Reference Range : DEFICIENCY : <20 ng/ml INSUFFICIENCY : 20-<30 ng/ml SUFFICIENCY : 30-100 ng/ml TOXICITY : >100 ng/ml	C.L.I.A	40.32	ng/ml

Vitamin D Total test is analyzed on Siemens ADVIA Centaur, standardized against ID-LC/MS/MS, as per Vitamin D Standardization Program (VDSP).

Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

VITAMIN B-12 Reference Range : Normal : 211 - 911 pg/ml	C.L.I.A	672	pg/ml
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Clinical significance :

Vitamin B12 or cyanocobalamin, is a complex corrinoid compound found exclusively from animal dietary sources, such as meat, eggs and milk. It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin-B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemias. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Intra assay (%CV):4.0%, Inter assay (%CV):4.4 %;Sensitivity:45 pg/ml

External quality control program participation:

College of American pathologists: ligand assay (general) survey; CAP number: 7193855-01

Kit validation references:

Chen IW,Sperling MI,Heminger IA.Vitamin B12.In:Pesce AJ,Kalpan LA,editors.Methods in clinical chemistry. St.Louis:CV Mosby,1987.P.569-73.

Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

Sample Collected on (SCT) :05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM COPPER	PHOTOMETRY	93.8	µg/dL

Reference Range :-

MALE : 63.5 - 150
FEMALE : 80 - 155

CLINICAL SIGNIFICANCE

COPPER IS AN IMPORTANT TRACE ELEMENT AND A COMPONENT OF NUMEROUS ENZYMES AND PROTEINS INVOLVED IN ENERGY PRODUCTION, CONNECTIVE TISSUE FORMATION, MELANIN SYNTHESIS, IRON METABOLISM, DEVELOPMENT OF CENTRAL NERVOUS SYSTEM, ANGIOGENESIS AS WELL AS AN ANTIOXIDANT.

DEFICIENCY CAN CAUSE - MALNOURISHMENT, CARDIOVASCULAR DISEASE, ANEMIA & NEUROPATHY. TOXICITY MAY BE MANIFESTED AS ACUTE RENAL FAILURE, GASTROENTERITIS & CHRONIC LIVER DISEASE.

REFERENCE: CARL A. BURTIS, EDWARD R. ASHWOOD, DAVID E. BRUNS. TIETZ TEXTBOOK OF CLINICAL CHEMISTRY AND MOLECULAR DIAGNOSTICS. CHAPTER 31.VITAMINS AND TRACE ELEMENTS. PAGE: 948-952.

Please correlate with clinical conditions.

Method:- 3,5-DIBR-PAESA

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISHH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
L703 TAMCOLD COMPLEX LINK ROAD MALAD
WEST MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM COPPER	PHOTOMETRY	115.52	µg/dL
Reference Range :-			

MALE : 63.5 - 150
FEMALE : 80 - 155

CLINICAL SIGNIFICANCE

COPPER IS AN IMPORTANT TRACE ELEMENT AND A COMPONENT OF NUMEROUS ENZYMES AND PROTEINS INVOLVED IN ENERGY PRODUCTION, CONNECTIVE TISSUE FORMATION, MELANIN SYNTHESIS, IRON METABOLISM, DEVELOPMENT OF CENTRAL NERVOUS SYSTEM, ANGIOGENESIS AS WELL AS AN ANTIOXIDANT.

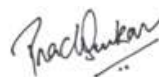
DEFICIENCY CAN CAUSE - MALNOURISHMENT, CARDIOVASCULAR DISEASE, ANEMIA & NEUROPATHY. TOXICITY MAY BE MANIFESTED AS ACUTE RENAL FAILURE, GASTROENTERITIS & CHRONIC LIVER DISEASE.

REFERENCE: CARL A. BURTIS, EDWARD R. ASHWOOD, DAVID E. BRUNS. TIETZ TEXTBOOK OF CLINICAL CHEMISTRY AND MOLECULAR DIAGNOSTICS. CHAPTER 31.VITAMINS AND TRACE ELEMENTS. PAGE: 948-952.

Please correlate with clinical conditions.

Method:- 3,5-DIBR-PAESA

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007


Dr.Prachi Sinkar MD(Path)


Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM ZINC	PHOTOMETRY	102.37	µg/dL

Reference Range :-

52 - 286

CLINICAL SIGNIFICANCE

ZINC IS ONE OF THE ESSENTIAL TRACE ELEMENTS IN THE BODY, ITS METALLOENZYMES PLAY A KEY ROLE IN PROTEIN AND NUCLEIC ACID SYNTHESIS, GENE EXPRESSION, WOUND HEALING, AS AN ANTIOXIDANT, ETC.

DEFICIENCY CAN CAUSE - POOR WOUND HEALING, GASTROENTERITIS, IMPAIRED SPERMATOGENESIS, ALZHEIMER'S DISEASE, ETC. TOXICITY MAY BE MANIFESTED AS PANCREATITIS, GASTRIC ULCER, ANEMIA, PULMONARY FIBROSIS.

REFERENCE: CARL A. BURTIS, EDWARD R. ASHWOOD, DAVID E. BRUNS. TIETZ TEXTBOOK OF CLINICAL CHEMISTRY AND MOLECULAR DIAGNOSTICS. CHAPTER 31.VITAMINS AND TRACE ELEMENTS. PAGE:960-965.

Please correlate with clinical conditions.

Method:- NITRO - PAPS

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 TAMCOLD COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM ZINC	PHOTOMETRY	64.73	µg/dL

Reference Range :-

52 - 286

CLINICAL SIGNIFICANCE

ZINC IS ONE OF THE ESSENTIAL TRACE ELEMENTS IN THE BODY. ITS METALLOENZYMES PLAY A KEY ROLE IN PROTEIN AND NUCLEIC ACID SYNTHESIS, GENE EXPRESSION, WOUND HEALING, AS AN ANTIOXIDANT, ETC.

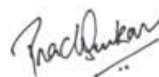
DEFICIENCY CAN CAUSE - POOR WOUND HEALING, GASTROENTERITIS, IMPAIRED SPERMATOGENESIS, ALZHEIMER'S DISEASE, ETC. TOXICITY MAY BE MANIFESTED AS PANCREATITIS, GASTRIC ULCER, ANEMIA, PULMONARY FIBROSIS.

REFERENCE: CARL A. BURTIS, EDWARD R. ASHWOOD, DAVID E. BRUNS. TIETZ TEXTBOOK OF CLINICAL CHEMISTRY AND MOLECULAR DIAGNOSTICS. CHAPTER 31.VITAMINS AND TRACE ELEMENTS. PAGE:960-965.

Please correlate with clinical conditions.

Method:- NITRO - PAPS

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007


 Dr.Prachi Sinkar MD(Path)


 Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	301.21	ng/dL

Reference Range :-

Adult Male
21 - 49 Yrs : 164.94 - 753.38
50 - 89 Yrs : 86.49 - 788.22
Adult Female
Pre-Menopause : 12.09 - 59.46
Post-Menopause: < 7.00 - 48.93
Boys
2-10 Years : < 7.00 - 25.91
11 Years : < 7.00 - 341.53
12 Years : < 7.00 - 562.59
13 Years : 9.34 - 562.93
14 Years : 23.28 - 742.46
15 Years : 144.15 - 841.44
16-21 Years : 118.22 - 948.56
Girls
2-10 Years : < 7.00 - 108.30
11-15 Years : < 7.00 - 48.40
16-21 Years : 17.55 - 50.41

Clinical Significance:

Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males. Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinemia, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 8.5 %, Inter assay (%CV): 12.6%; Sensitivity: 7 ng/dL.

External quality control program participation:

College of American pathologists: Ligand assay (special) survey; cap number: 7193855-01

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
 L703 TAMCOLD COMPLEX LINK ROAD MALAD
 WEST MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	354.06	ng/dL

Reference Range :-

Adult Male
 21 - 49 Yrs : 164.94 - 753.38
 50 - 89 Yrs : 86.49 - 788.22
 Adult Female
 Pre-Menopause : 12.09 - 59.46
 Post-Menopause: < 7.00 - 48.93
 Boys
 2-10 Years : < 7.00 - 25.91
 11 Years : < 7.00 - 341.53
 12 Years : < 7.00 - 562.59
 13 Years : 9.34 - 562.93
 14 Years : 23.28 - 742.46
 15 Years : 144.15 - 841.44
 16-21 Years : 118.22 - 948.56
 Girls
 2-10 Years : < 7.00 - 108.30
 11-15 Years : < 7.00 - 48.40
 16-21 Years : 17.55 - 50.41

Clinical Significance:

Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males. Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinemia, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 8.5 %, Inter assay (%CV): 12.6%; Sensitivity: 7 ng/dL.

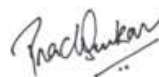
External quality control program participation:

College of American pathologists: Ligand assay (special) survey; cap number: 7193855-01

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007


 Dr.Prachi Sinkar MD(Path)


 Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON Reference Range : Male : 65 - 175 Female : 50 - 170 Method : FERROZINE METHOD WITHOUT DEPROTEINIZATION	PHOTOMETRY	21.5	µg/dl
TOTAL IRON BINDING CAPACITY (TIBC) Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl Method : SPECTROPHOTOMETRIC ASSAY	PHOTOMETRY	562	µg/dl
% TRANSFERRIN SATURATION Reference Range : 13 - 45 Method : DERIVED FROM IRON AND TIBC VALUES	CALCULATED	3.83	%

Please correlate with clinical conditions.

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q389620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)

REF. BY : SELF

TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :

L703 TAMCOLD COMPLEX LINK ROAD MALAD
WEST MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON Reference Range : Male : 65 - 175 Female : 50 - 170 Method : FERROZINE METHOD WITHOUT DEPROTEINIZATION	PHOTOMETRY	24.3	µg/dl
TOTAL IRON BINDING CAPACITY (TIBC) Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl Method : SPECTROPHOTOMETRIC ASSAY	PHOTOMETRY	565	µg/dl
% TRANSFERRIN SATURATION Reference Range : 13 - 45 Method : DERIVED FROM IRON AND TIBC VALUES	CALCULATED	4.3	%

Please correlate with clinical conditions.

Sample Collected on (SCT) : 05 Oct 2020 09:42

Sample Received on (SRT) : 06 Oct 2020 00:36

Report Released on (RRT) : 06 Oct 2020 07:59

Sample Type : SERUM

Labcode : 0510057841/A9992

Barcode : Q9429007



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK ROAD
MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	86.1	U/L	45 - 129
BILIRUBIN -DIRECT	PHOTOMETRY	0.08	mg/dl	< 0.3
BILIRUBIN - TOTAL	PHOTOMETRY	0.37	mg/dl	0.3-1.2
BILIRUBIN (INDIRECT)	CALCULATED	0.29	mg/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	56.4	U/l	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	39.52	U/l	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	34.1	U/l	< 45
PROTEIN - TOTAL	PHOTOMETRY	7.49	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.24	gm/dl	3.2-4.8
SERUM GLOBULIN	PHOTOMETRY	3.25	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.3	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
BILD - Vanadate Oxidation
BILT - Vanadate Oxidation
BILI - DERIVED FROM SERUM TOTAL AND DIRECT BILIRUBIN VALUES
GGT - Modified IFCC method
SGOT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
SGPT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
PROT - BIURET METHOD
SALB - ALBUMIN BCG³METHOD (COLORIMETRIC ASSAY ENDPOINT)
SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
A/GR - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
 L703 TAMCOLD COMPLEX LINK ROAD MALAD WEST
 MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	74.9	U/L	45 - 129
BILIRUBIN -DIRECT	PHOTOMETRY	0.14	mg/dl	< 0.3
BILIRUBIN - TOTAL	PHOTOMETRY	0.45	mg/dl	0.3-1.2
BILIRUBIN (INDIRECT)	CALCULATED	0.31	mg/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	47.6	U/l	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	44.35	U/l	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	39	U/l	< 45
PROTEIN - TOTAL	PHOTOMETRY	8.07	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	4.09	gm/dl	3.2-4.8
SERUM GLOBULIN	PHOTOMETRY	3.98	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.03	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
 BILD - Vanadate Oxidation
 BILT - Vanadate Oxidation
 BILI - DERIVED FROM SERUM TOTAL AND DIRECT BILIRUBIN VALUES
 GGT - Modified IFCC method
 SGOT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
 SGPT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
 PROT - BIURET METHOD
 SALB - ALBUMIN BCG³METHOD (COLORIMETRIC ASSAY ENDPOINT)
 SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
 A/GR - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK ROAD
MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	163	mg/dl	125-200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	57	mg/dl	35-80
TRIGLYCERIDES	PHOTOMETRY	150	mg/dl	25-200
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	93	mg/dl	85-130
TC/ HDL CHOLESTEROL RATIO	CALCULATED	2.9	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	1.6	Ratio	1.5-3.5
VLDL CHOLESTEROL	CALCULATED	30.06	mg/dl	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	106.7	mg/dl	< 160

Please correlate with clinical conditions.

Method :

CHOL - CHOD POD METHOD
HCHO - ENZYME SELECTIVE PROTECTION METHOD
TRIG - ENZYMATIC COLORIMETRIC METHOD (GPO) [HIGHLY INFLUENCED BY LEVEL OF FASTING]
LDL - HOMOGENOUS ENZYMATIC COLORIMETRIC ASSAY
TC/H - DERIVED FROM SERUM CHOLESTEROL AND HDL VALUES
LDL/ - Derived from serum HDL and LDL Values
VLDL - DERIVED FROM SERUM TRIGLYCERIDE VALUES
NHDL - Derived from serum Cholesterol and HDL values

***REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:**

TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
 L703 TAMCOLD COMPLEX LINK ROAD MALAD WEST
 MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	177	mg/dl	125-200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	53	mg/dl	35-80
TRIGLYCERIDES	PHOTOMETRY	185	mg/dl	25-200
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	102	mg/dl	85-130
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.4	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	1.9	Ratio	1.5-3.5
VLDL CHOLESTEROL	CALCULATED	36.9	mg/dl	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	124.1	mg/dl	< 160

Please correlate with clinical conditions.

Method :

CHOL - CHOD POD METHOD
 HCHO - ENZYME SELECTIVE PROTECTION METHOD
 TRIG - ENZYMATIC COLORIMETRIC METHOD (GPO) [HIGHLY INFLUENCED BY LEVEL OF FASTING]
 LDL - HOMOGENOUS ENZYMATIC COLORIMETRIC ASSAY
 TC/H - DERIVED FROM SERUM CHOLESTEROL AND HDL VALUES
 LDL/ - Derived from serum HDL and LDL Values
 VLDL - DERIVED FROM SERUM TRIGLYCERIDE VALUES
 NHDL - Derived from serum Cholesterol and HDL values

***REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:**

TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
 ADDRESS IS L703 PALM COURT COMPLEX LINK ROAD
 MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	96	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	10.7	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	1.17	µIU/ml	0.3-5.5

Comments : SUGGESTING THYRONORMALCY

Please correlate with clinical conditions.

Method :

T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
 T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
 TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 TAMCOLD COMPLEX LINK ROAD MALAD WEST
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE MUMBAI , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	97	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	9.7	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	1.94	µIU/ml	0.3-5.5

Comments : SUGGESTING THYRONORMALCY

Please correlate with clinical conditions.

Method :

T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
 T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
 TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK ROAD
MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	10.17	mg/dl	7 - 25
CREATININE - SERUM	PHOTOMETRY	0.76	mg/dl	0.6-1.1
URIC ACID	PHOTOMETRY	4.34	mg/dl	4.2 - 7.3
CALCIUM	PHOTOMETRY	9.56	mg/dl	8.8-10.6
BUN / SR.CREATININE RATIO	CALCULATED	13.38	Ratio	9:1-23:1

Please correlate with clinical conditions.

Method :

BUN - KINETIC UV ASSAY.
SCRE - CREATININE ENZYMATIC METHOD
URIC - Uricase / Peroxidase Method
CALC - ARSENAZO III METHOD, END POINT.
B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
 L703 TAMCOLD COMPLEX LINK ROAD MALAD WEST
 MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	10.92	mg/dl	7 - 25
CREATININE - SERUM	PHOTOMETRY	0.94	mg/dl	0.6-1.1
URIC ACID	PHOTOMETRY	4.86	mg/dl	4.2 - 7.3
CALCIUM	PHOTOMETRY	10.47	mg/dl	8.8-10.6
BUN / SR.CREATININE RATIO	CALCULATED	11.62	Ratio	9:1-23:1

Please correlate with clinical conditions.

Method :

BUN - KINETIC UV ASSAY.
 SCRE - CREATININE ENZYMATIC METHOD
 URIC - Uricase / Peroxidase Method
 CALC - ARSENAZO III METHOD, END POINT.
 B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
 ADDRESS IS L703 PALM COURT COMPLEX LINK
 ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	109	mL/min/1.73 m ²

Reference Range :-

- > = 90 : Normal
- 60 - 89 : Mild Decrease
- 45 - 59 : Mild to Moderate Decrease
- 30 - 44 : Moderate to Severe Decrease
- 15 - 29 : Severe Decrease

Clinical Significance

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a "gold standard" measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

Reference

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. *Ann Intern Med.* 2009;150(9):604-12.

Please correlate with clinical conditions.

Method:- CKD-EPI Creatinine Equation

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 31 Aug 2020 00:45
Report Released on (RRT) : 31 Aug 2020 05:27
Sample Type : SERUM
Labcode : 3008037375/PP004
Barcode : Q3891620



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)

REF. BY : SELF

TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :

L703 TAMCOLD COMPLEX LINK ROAD MALAD
WEST MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	96	mL/min/1.73 m2

Reference Range :-

> = 90 : Normal
60 - 89 : Mild Decrease
45 - 59 : Mild to Moderate Decrease
30 - 44 : Moderate to Severe Decrease
15 - 29 : Severe Decrease

Clinical Significance

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a gold standard measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

Reference

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. *Ann Intern Med.* 2009;150(9):604-12.

Please correlate with clinical conditions.

Method:- CKD-EPI Creatinine Equation

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:36
Report Released on (RRT) : 06 Oct 2020 07:59
Sample Type : SERUM
Labcode : 0510057841/A9992
Barcode : Q9429007



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC - NGSP Certified)	H.P.L.C	8.2	%

Reference Range :

Reference Range: As per ADA Guidelines

Below 5.7% : Normal
5.7% - 6.4% : Prediabetic
>=6.5% : Diabetic

Guidance For Known Diabetics

Below 6.5% : Good Control
6.5% - 7% : Fair Control
7.0% - 8% : Unsatisfactory Control
>8% : Poor Control

Method : Fully Automated H.P.L.C. using Biorad Variant II Turbo, NGSP Certified.

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	189	mg/dl
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Reference Range :

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HBA1c values

Please correlate with clinical conditions.

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 30 Aug 2020 22:57
Report Released on (RRT) : 31 Aug 2020 04:59
Sample Type : EDTA
Labcode : 3008034726/PP004
Barcode : Q7171680



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,COMPLETE URINE ANALYSIS,FBS

SAMPLE COLLECTED AT :
L703 TAMCOLD COMPLEX LINK ROAD MALAD
WEST MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC - NGSP Certified)	H.P.L.C	8.2	%

Reference Range :

Reference Range: As per ADA Guidelines

Below 5.7% : Normal
5.7% - 6.4% : Prediabetic
>=6.5% : Diabetic

Guidance For Known Diabetics

Below 6.5% : Good Control
6.5% - 7% : Fair Control
7.0% - 8% : Unsatisfactory Control
>8% : Poor Control

Method : Fully Automated H.P.L.C. using Biorad Variant II Turbo, NGSP Certified.

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	189	mg/dl
-----------------------------	------------	-----	-------

Reference Range :

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HBA1c values

Please correlate with clinical conditions.

Sample Collected on (SCT) :05 Oct 2020 09:42
Sample Received on (SRT) :06 Oct 2020 00:53
Report Released on (RRT) :06 Oct 2020 05:42
Sample Type : EDTA
Labcode : 0510058717/A9992
Barcode : Q9429008



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

Page : 18 of 21

REPORT

NAME : ASHISHH KEJRIWAL(48Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,COMPLETE URINE ANALYSIS,FBS

SAMPLE COLLECTED AT :
L703 PALMCAURT COMPLEX LINK ROAD MALAD
WEST MUMBAI , - , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	8.6	%

Reference Range :

Reference Range: As per ADA Guidelines

Below 5.7% : Normal
5.7% - 6.4% : Prediabetic
>=6.5% : Diabetic

Guidance For Known Diabetics

Below 6.5% : Good Control
6.5% - 7% : Fair Control
7.0% - 8% : Unsatisfactory Control
>8% : Poor Control

Method : Fully Automated H.P.L.C. using Biorad Variant II Turbo

AVERAGE BLOOD GLUCOSE (ABG) **CALCULATED** **200** **mg/dl**

Reference Range :

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HBA1c values

Please correlate with clinical conditions.

Sample Collected on (SCT) :01 Nov 2020 08:58
Sample Received on (SRT) :02 Nov 2020 00:51
Report Released on (RRT) :02 Nov 2020 04:43
Sample Type : EDTA
Labcode :0111037594/A1681
Barcode :R7114991



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK
ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	11.81	X 10³ / μL	4.0-10.0
NEUTROPHILS	62.3	%	40-80
LYMPHOCYTE PERCENTAGE	30.1	%	20-40
MONOCYTES	3.2	%	0-10
EOSINOPHILS	3.1	%	0.0-6.0
BASOPHILS	1	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	7.36	X 10³ / μL	2-7
LYMPHOCYTES - ABSOLUTE COUNT	3.55	X 10³ / μL	1.0-3
MONOCYTES - ABSOLUTE COUNT	0.38	X 10 ³ / μL	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.12	X 10³ / μL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.37	X 10 ³ / μL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.04	X 10 ³ / μL	0-0.3
TOTAL RBC	5.45	X 10 ⁶ /μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10 ³ / μL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	11.4	g/dL	12-17
HEMATOCRIT(PCV)	42	%	40-50
MEAN CORPUSCULAR VOLUME(MCV)	77.1	fL	81-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	20.9	pg	22
MEAN CORP.HEMO.CONC(MCHC)	27.1	g/dL	32.5-36.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	60.3	fL	46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	22.1	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	10.3	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	9.4	fL	6.5-12
PLATELET COUNT	518	X 10³ / μL	16-400
PLATELET TO LARGE CELL RATIO(PLCR)	20.4	%	19.7-42.4
PLATELETCRIT(PCT)	0.48	%	0.18-0.9

Remarks : ALERT !!! Hypochromia, Mild Leucocytosis

Please Correlate with clinical conditions.

Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 30 Aug 2020 22:57
Report Released on (RRT) : 31 Aug 2020 04:59
Sample Type : EDTA
Labcode : 3008034726/PP004
Barcode : Q7171680



Dr. Prachi Sinkar MD(Path)



Dr. Caesar Sengupta MD(Micro)

Page : 18 of 21

REPORT

NAME : ASHISHH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3, COMPLETE URINE ANALYSIS, FBS

SAMPLE COLLECTED AT :
L703 TAMCOLD COMPLEX LINK ROAD MALAD
WEST MUMBAI , - ,

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	10.34	X 10³ / μL	4.0-10.0
NEUTROPHILS	71.7	%	40-80
LYMPHOCYTE PERCENTAGE	22.3	%	20-40
MONOCYTES	2.9	%	0-10
EOSINOPHILS	1.9	%	0.0-6.0
BASOPHILS	0.9	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	7.41	X 10³ / μL	20-70
LYMPHOCYTES - ABSOLUTE COUNT	2.31	X 10 ³ / μL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.3	X 10 ³ / μL	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.09	X 10 ³ / μL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.2	X 10 ³ / μL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.03	X 10 ³ / μL	0-0.3
TOTAL RBC	5.01	X 10 ⁶ /μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10 ³ / μL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	10.7	g/dL	12-17
HEMATOCRIT(PCV)	38.8	%	40-60
MEAN CORPUSCULAR VOLUME(MCV)	77.4	fL	81-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	21.4	pg	27
MEAN CORP.HEMO.CONC(MCHC)	27.6	g/dL	32-36.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	63.2	fL	46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	22.9	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	11.6	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	9.8	fL	6.5-12
PLATELET COUNT	482	X 10³ / μL	16-400
PLATELET TO LARGE CELL RATIO(PLCR)	24.4	%	19.7-42.4
PLATELETCRIT(PCT)	0.47	%	0.18-0.9

Remarks : ALERT !!! Hypochromia

Please Correlate with clinical conditions.

Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:53
Report Released on (RRT) : 06 Oct 2020 05:42
Sample Type : EDTA
Labcode : 0510058717/A9992
Barcode : Q9429008



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

Page : 19 of 21

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3, COMPLETE URINE ANALYSIS, FBS

SAMPLE COLLECTED AT :
L703 PALMCAURT COMPLEX LINK ROAD MALAD
WEST MUMBAI , - , -

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	10.19	X 10³ / μL	4.0-10.0
NEUTROPHILS	63.5	%	40-80
LYMPHOCYTE PERCENTAGE	29.4	%	20-40
MONOCYTES	3	%	0-10
EOSINOPHILS	2.8	%	0.0-6.0
BASOPHILS	1	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	6.47	X 10 ³ / μ L	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	3	X 10 ³ / μ L	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.31	X 10 ³ / μ L	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.1	X 10 ³ / μ L	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.29	X 10 ³ / μ L	0-0.5
IMMATURE GRANULOCYTES(IG)	0.03	X 10 ³ / μ L	0-0.3
TOTAL RBC	5.11	X 10 ⁶ / μ L	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10 ³ / μ L	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	10.5	g/dL	13-17
HEMATOCRIT(PCV)	38.5	%	40-6
MEAN CORPUSCULAR VOLUME(MCV)	75.3	fL	8-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	20.5	pg	2
MEAN CORP. HEMO. CONC(MCHC)	27.3	g/dL	3.8-5.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	57.4	fL	8-16
RED CELL DISTRIBUTION WIDTH (RDW-CV)	21.5	%	11.8-14
PLATELET DISTRIBUTION WIDTH(PDW)	10.5	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	9.6	fL	6.5-12
PLATELET COUNT	465	X 10³ / μL	18-400
PLATELET TO LARGE CELL RATIO(PLCR)	21.3	%	19.7-42.4
PLATELETCRIT(PCT)	0.45	%	0.18-0.9

Remarks : ALERT !!! Hypochromia

Please Correlate with clinical conditions.

Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02 Nov 2020 00:51
Report Released on (RRT) : 02 Nov 2020 04:43
Sample Type : EDTA
Labcode : 0111037594/A1681
Barcode : R7114991



Dr. Prachi Sinkar MD(Path)



Dr. Caesar Sengupta MD(Micro)

Page : 3 of 21

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
ADDRESS IS L703 PALM COURT COMPLEX LINK ROAD
MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ARSENIC	ICP-MS	0.62	µg/l	< 5
CADMIUM	ICP-MS	0.22	µg/l	< 1.5
MERCURY	ICP-MS	0.82	µg/l	< 5
LEAD	ICP-MS	56.97	µg/l	< 150
CHROMIUM	ICP-MS	0.79	µg/l	< 30
BARIUM	ICP-MS	0.89	µg/l	< 30
COBALT	ICP-MS	0.31	µg/l	0.10 - 1.50
CAESIUM	ICP-MS	1.95	µg/l	< 5
THALLIUM	ICP-MS	0.03	µg/l	< 1
URANIUM	ICP-MS	0.05	µg/l	< 1
STRONTIUM	ICP-MS	16.91	µg/l	8 - 38
ANTIMONY	ICP-MS	4.8	µg/l	0.10 - 18
TIN	ICP-MS	0.21	µg/l	< 2
MOLYBDENUM	ICP-MS	0.58	µg/l	0.70 - 4.0
SILVER	ICP-MS	0.12	µg/l	< 4
VANADIUM	ICP-MS	0.72	µg/l	< 0.8
BERYLLIUM	ICP-MS	0.03	µg/l	0.10 - 0.80
BISMUTH	ICP-MS	0.21	µg/l	0.10 - 0.80
SELENIUM	ICP-MS	237.08	µg/l	60 - 340
ALUMINIUM	ICP-MS	4.79	µg/l	< 30
NICKEL	ICP-MS	1.9	µg/l	< 15
MANGANESE	ICP-MS	20.04	µg/l	7.10 - 20

Please correlate with clinical conditions.

Method :

ICP - MASS SPECTROMETRY

Note:Reference range has been obtained after considering 95% population as cutoff.

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 30 Aug 2020 22:57
Report Released on (RRT) : 31 Aug 2020 04:59
Sample Type : EDTA
Labcode : 3008034726/PP004
Barcode : Q7171680



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,COMPLETE URINE ANALYSIS,FBS

SAMPLE COLLECTED AT :
L703 TAMCOLD COMPLEX LINK ROAD MALAD WEST
MUMBAI , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ARSENIC	ICP-MS	0.5	µg/l	< 5
CADMIUM	ICP-MS	0.32	µg/l	< 1.5
MERCURY	ICP-MS	0.85	µg/l	< 5
LEAD	ICP-MS	62.72	µg/l	< 150
CHROMIUM	ICP-MS	0.29	µg/l	< 30
BIARIUM	ICP-MS	0.99	µg/l	< 30
COBALT	ICP-MS	0.38	µg/l	0.10 - 1.50
CAESIUM	ICP-MS	1.66	µg/l	< 5
THALLIUM	ICP-MS	0.02	µg/l	< 1
URANIUM	ICP-MS	0.05	µg/l	< 1
STRONTIUM	ICP-MS	22.56	µg/l	8 - 38
ANTIMONY	ICP-MS	4.53	µg/l	0.10 - 18
TIN	ICP-MS	0.23	µg/l	< 2
MOLYBDENUM	ICP-MS	0.47	µg/l	0.70 - 4.0
SILVER	ICP-MS	1.19	µg/l	< 4
VANADIUM	ICP-MS	0.19	µg/l	< 0.8
BERYLLIUM	ICP-MS	0.09	µg/l	0.10 - 0.80
BISMUTH	ICP-MS	0.18	µg/l	0.10 - 0.80
SELENIUM	ICP-MS	172.33	µg/l	60 - 340
ALUMINIUM	ICP-MS	10.42	µg/l	< 30
NICKEL	ICP-MS	1.69	µg/l	< 15
MANGANESE	ICP-MS	18.12	µg/l	7.10 - 20

Please correlate with clinical conditions.

Method :

ICP - MASS SPECTROMETRY

Note:Reference range has been obtained after considering 95% population as cutoff.

~~ End of report ~~

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:53
Report Released on (RRT) : 06 Oct 2020 05:42
Sample Type : EDTA
Labcode : 0510058717/A9992
Barcode : Q9429008




Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,COMPLETE URINE ANALYSIS,FBS

SAMPLE COLLECTED AT :
L703 PALMCAURT COMPLEX LINK ROAD MALAD WEST
MUMBAI , - , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ARSENIC	ICP-MS	0.43	µg/l	< 5
CADMIUM	ICP-MS	0.15	µg/l	< 1.5
MERCURY	ICP-MS	0.73	µg/l	< 5
LEAD	ICP-MS	55.25	µg/l	< 150
CHROMIUM	ICP-MS	0.39	µg/l	< 30
BARIUM	ICP-MS	0.93	µg/l	< 30
COBALT	ICP-MS	0.47	µg/l	0.10 - 1.50
CAESIUM	ICP-MS	1.96	µg/l	< 5
THALLIUM	ICP-MS	0.03	µg/l	< 1
URANIUM	ICP-MS	0.02	µg/l	< 1
STRONTIUM	ICP-MS	18.25	µg/l	8 - 38
ANTIMONY	ICP-MS	10.18	µg/l	0.10 - 18
TIN	ICP-MS	0.14	µg/l	< 2
MOLYBDENUM	ICP-MS	0.72	µg/l	0.70 - 4.0
SILVER	ICP-MS	0.33	µg/l	< 4
VANADIUM	ICP-MS	0.51	µg/l	< 0.8
BERYLLIUM	ICP-MS	0.09	µg/l	0.10 - 0.80
BISMUTH	ICP-MS	0.17	µg/l	0.10 - 0.80
SELENIUM	ICP-MS	166.97	µg/l	60 - 340
ALUMINIUM	ICP-MS	2.31	µg/l	< 30
NICKEL	ICP-MS	1.38	µg/l	< 15
MANGANESE	ICP-MS	18.04	µg/l	7.10 - 20

Please correlate with clinical conditions.

Method :

ICP - MASS SPECTROMETRY

Note:Reference range has been obtained after considering 95% population as cutoff.

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02 Nov 2020 00:51
Report Released on (RRT) : 02 Nov 2020 04:43
Sample Type : EDTA
Labcode : 0111037594/A1681
Barcode : R7114991



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISH KEJRIWAL(47Y/M)
REF. BY : SELF
TEST ASKED : ADV FULL BODY CHECKUP

SAMPLE COLLECTED AT :
 ADDRESS IS L703 PALM COURT COMPLEX LINK
 ROAD MALAD WEST MUMBAI , - 400064

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR	PHOTOMETRY	213.3	mg/dL
Reference Range :-			

70-99

Please correlate with clinical conditions.
Method:- GOD-PAP METHOD

~~ End of report ~~

Sample Collected on (SCT) : 30 Aug 2020 12:00
Sample Received on (SRT) : 30 Aug 2020 23:20
Report Released on (RRT) : 31 Aug 2020 01:31
Sample Type : FLUORIDE
Labcode : 300803569/PP004
Barcode : Q7226877




Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
 L703 PALMCAURT COMPLEX LINK ROAD MALAD
 WEST MUMBAI , - , - ,


TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR	PHOTOMETRY	151	mg/dL
Reference Range :-			

70-99

Please correlate with clinical conditions.
 Method:- GOD-PAP METHOD

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02 Nov 2020 00:41
Report Released on (RRT) : 02 Nov 2020 01:52
Sample Type : FLUORIDE
Labcode : 0111037154/A1681
Barcode : Q5717593




 Dr.Prachi Sinkar MD(Path)


 Dr.Caesar Sengupta MD(Micro)



REPORT

NAME : ASHISSH KEJRIWAL(47Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 TAMCOLD COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR	PHOTOMETRY	182.3	mg/dL

Reference Range :-

70-99

Please correlate with clinical conditions.

Method:- GOD-PAP METHOD

Sample Collected on (SCT) : 05 Oct 2020 09:42
Sample Received on (SRT) : 06 Oct 2020 00:46
Report Released on (RRT) : 06 Oct 2020 02:28
Sample Type : FLUORIDE
Labcode : 0510058343/A9992
Barcode : Q9429006

Dr.Prachi Sinkar MD(Path)

Dr.Caesar Sengupta MD(Micro)

Results are for information and interpretation of the referring doctor only.
 That the tests performed on the specimen belong to the patient; named or identified.
 Tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.

- ❖ Should the results indicate an unexpected abnormality, the same should be reconfirmed.
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- ❖ For clinical support please contact @8450950851,8450950852,8450950853,8450950854 between 10:00 to 18:00


EXPLANATIONS

- ❖ Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- ❖ **Name** - The name is as declared by the client and recored by the personnel who collected the specimen.
- ❖ **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
- ❖ **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- ❖ **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- ❖ **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- ❖ **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- ❖ **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- ❖ **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- ❖ **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS


- ❖ Values out of reference range requires reconfirmation before starting any medical treatment.
- ❖ Retesting is needed if you suspect any quality shortcomings.
- ❖ Testing or retesting should be done in accredited laboratories.
- ❖ For suggestions, complaints or feedback, write to us at info@thyrocare.com or call us on **022-3090 0000 / 425235**
- ❖ SMS: <Labcode No. >to **90833**


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▶ Nuts (11)	▶ Fruits (38)	▶ Miscellaneous (17)

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- ❖ It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- ❖ Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- ❖ Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- ❖ Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- ❖ This report is not valid for medico-legal purpose.
- ❖ Neither Thyrocare, nor its employees/representatives assume any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report.
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EXPLANATIONS

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- ❖ **Name** - The name is as declared by the client and recored by the personnel who collected the specimen.
- ❖ **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
- ❖ **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- ❖ **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- ❖ **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- ❖ **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- ❖ **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- ❖ **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- ❖ **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- ❖ Values out of reference range requires reconfirmation before starting any medical treatment.
- ❖ Retesting is needed if you suspect any quality shortcomings.
- ❖ Testing or retesting should be done in accredited laboratories.
- ❖ For suggestions, complaints or feedback, write to us at info@thyrocare.com or call us on **022-3090 0000 / 425235**
- ❖ SMS: <Labcode No.>to **98833**

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9 categories including 217 food items

▶ Meat (16)	▶ Dairy (9)	▶ Vegetables (39)
▶ Cereals (18)	▶ Fish (38)	▶ Spices (31)
▶ Nuts (11)	▶ Fruits (38)	▶ Miscellaneous (17)

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REPORT

NAME : ASHISSH KEJRIWAL(48Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 PALMCAURT COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
HOMOCYSTEINE	PHOTOMETRY	41.1	µmol/L

Reference Range :-

< 30

CLINICAL SIGNIFICANCE:

HOMOCYSTEINE IS LINKED TO INCREASED RISK OF PREMATURE CORONARY ARTERY DISEASE, STROKE AND THROMBOEMBOLISM. MOREOVER, ALZHEIMER'S DISEASE, OSTEOPOROSIS, VENOUS THROMBOSIS, SCHIZOPHRENIA, COGNITIVE DEFICIENCY AND PREGNANCY COMPLICATIONS ALSO ELEVATES HOMOCYSTEINE LEVELS.

HIGH VALUES:

ELEVATED HOMOCYSTEINE LEVELS MIGHT BE DUE TO INCREASING AGE, GENETIC TRAITS, DRUGS, RENAL DYSFUNCTION AND DIETARY DEFICIENCY OF VITAMINS OR SMOKING. TO LOWER YOUR HOMOCYSTEINE, EAT MORE GREEN VEGETABLES, STOP SMOKING, ALCOHOL. FOLIC ACID HELPS LOWERING ELEVATED LEVELS.

Please correlate with clinical conditions.

Method:- ENZYMATIC ASSAY

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02 Nov 2020 00:42
Report Released on (RRT) : 02 Nov 2020 05:58
Sample Type : SERUM
Labcode : 0111037185/A161
Barcode : R736810



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 PALMCAURT COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
LIPOPROTEIN (A) [LP(A)]	IMMUNOTURBIDIMETRY	17.1	mg/dl

Reference Range :-

ADULTS : < 30.0 MG/DL

INTERPRETATION:

DETERMINATION OF LPA MAY BE USEFUL TO GUIDE MANAGEMENT OF INDIVIDUALS WITH A FAMILY HISTORY OF CHD OR WITH EXISTING DISEASE. THE LEVELS OF LPA IN THE BLOOD DEPENDS ON GENETIC FACTORS; THE RANGE OF VARIATION IN A POPULATION IS RELATIVELY LARGE AND HENCE FOR DIAGNOSTIC PURPOSE, RESULTS SHOULD ALWAYS BE ASSESSED IN CONJUNCTION WITH THE PATIENT'S MEDICAL HISTORY, CLINICAL EXAMINATION AND OTHER FINDINGS.

SPECIFICATIONS:

PRECISION: INTRA ASSAY (%CV): 3.4 %, INTER ASSAY (%CV): 2.0 %; SENSITIVITY: 0.002 GM/L

EXTERNAL QUALITY CONTROL PROGRAM PARTICIPATION:

COLLEGE OF AMERICAN PATHOLOGISTS: GENERAL CHEMISTRY AND TDM; CAP NUMBER: 7193855-01

KIT VALIDATION REFERENCES:

KOSCHINSKY ML, MARCOVINA SM. LIPOPROTEIN A: STRUCTURAL IMPLICATION FOR PATHOPHYSIOLOGY. INT J CLIN LAB RES, 1997; 27: 14-23.

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02 Nov 2020 00:42
Report Released on (RRT) : 02 Nov 2020 05:58
Sample Type : SERUM
Labcode : 0111037185/A1681
Barcode : R7364810



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISHH KEJRIWAL(48Y/M)

REF. BY : SELF

TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :

L703 PALMCAURT COMPLEX LINK ROAD MALAD
WEST MUMBAI , - , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
APOLIPOPROTEIN - A1 (APO-A1) Reference Range : MALE : 86 - 152 FEMALE : 94 - 162 Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY <input type="checkbox"/> BECKMAN COULTER	IMMUNOTURBIDIMETRY	134	mg/dL
APOLIPOPROTEIN - B (APO-B) Reference Range : MALE : 56 - 145 FEMALE : 53 - 138 Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY <input type="checkbox"/> BECKMAN COULTER	IMMUNOTURBIDIMETRY	87	mg/dL
APO B / APO A1 RATIO (APO B/A1) Reference Range : MALE : 0.40 - 1.26 FEMALE : 0.38 - 1.14 Method : DERIVED FROM SERUM APO A1 AND APO B VALUES	CALCULATED	0.6	Ratio

Please correlate with clinical conditions.

Sample Collected on (SCT) : 01 Nov 2020 08:58

Sample Received on (SRT) : 02 Nov 2020 00:42

Report Released on (RRT) : 02 Nov 2020 05:58

Sample Type : SERUM

Labcode : 0111037185/A1681

Barcode : R7364810



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M) **SAMPLE COLLECTED AT :**
REF. BY : SELF L703 PALMCAURT COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
HIGH SENSITIVITY C-REACTIVE PROTEIN (HS-CRP)	IMMUNOTURBIDIMETRY	1.6	mg/L

Reference Range :-

ADULT : <=3.0 MG/L

INTERPRETATION:

HIGH SENSITIVITY C-REACTIVE PROTEIN, WHEN USED IN CONJUNCTION WITH OTHER CLINICAL LABORATORY EVALUATION OF ACUTE CORONARY SYNDROMES, MAY BE USEFUL AS AN INDEPENDENT MARKER OF PROGNOSIS FOR RECURRENT EVENTS, IN PATIENTS WITH STABLE CORONARY DISEASE OR ACUTE CORONARY SYNDROMES. HSCRP LEVELS SHOULD NOT BE SUBSTITUTED FOR ASSESSMENT OF TRADITIONAL CARDIOVASCULAR RISK FACTORS. PATIENTS WITH PERSISTENTLY UNEXPLAINED, MARKED EVALUATION OF HSCRP AFTER REPEATED TESTING SHOULD BE EVALUATED FOR NON - CARDIOVASCULAR ETIOLOGIES

CLINICAL SIGNIFICANCE:

HSCRP MEASUREMENTS MAY BE USED AS AN INDEPENDENT RISK MARKER FOR THE IDENTIFICATION OF INDIVIDUALS AT RISK FOR FUTURE CARDIOVASCULAR DISEASE. ELEVATED CRP VALUES MAY BE INDICATIVE OF PROGNOSIS OF INDIVIDUALS WITH ACUTE CORONARY SYNDROMES, AND MAY BE USEFUL IN THE MANAGEMENT OF SUCH INDIVIDUALS.

SPECIFICATIONS: PRECISION: WITHIN RUN %CV HAS BEEN RECORDED <=5%.

REFERENCES:

1. CHENILLOT O, HENNY J, STEINMEZ J, ET AL. HIGH SENSITIVITY C-REACTIVE PROTEIN: BIOLOGICAL VARIATIONS AND REFERENCE LIMITS. CLIN CHEM LAB MED 2000;38:1003-11.
2. HIND CRH, PEPYS MB. THE ROLE OF SERUM C-REACTIVE PROTEIN MEASUREMENTS IN CLINICAL PRACTICE. INT MED 1984;5:112-51.

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED LATEX AGGLUTINATION BECKMAN COULTER

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02 Nov 2020 00:42
Report Released on (RRT) : 02 Nov 2020 05:58
Sample Type : SERUM
Labcode : 0111037185/A1681
Barcode : R7364810



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M) **SAMPLE COLLECTED AT :**
REF. BY : SELF L703 PALMCAURT COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM COPPER	PHOTOMETRY	117.36	µg/dL

Reference Range :-

MALE : 63.5 - 150
 FEMALE : 80 - 155

CLINICAL SIGNIFICANCE

COPPER IS AN IMPORTANT TRACE ELEMENT AND A COMPONENT OF NUMEROUS ENZYMES AND PROTEINS INVOLVED IN ENERGY PRODUCTION, CONNECTIVE TISSUE FORMATION, MELANIN SYNTHESIS, IRON METABOLISM, DEVELOPMENT OF CENTRAL NERVOUS SYSTEM, ANGIOGENESIS AS WELL AS AN ANTIOXIDANT.

DEFICIENCY CAN CAUSE - MALNOURISHMENT, CARDIOVASCULAR DISEASE, ANEMIA & NEUROPATHY. TOXICITY MAY BE MANIFESTED AS ACUTE RENAL FAILURE, GASTROENTERITIS & CHRONIC LIVER DISEASE.

REFERENCE: CARL A. BURTIS, EDWARD R. ASHWOOD, DAVID E. BRUNS. TIETZ TEXTBOOK OF CLINICAL CHEMISTRY AND MOLECULAR DIAGNOSTICS. CHAPTER 31.VITAMINS AND TRACE ELEMENTS. PAGE: 948-952.

Please correlate with clinical conditions.

Method:- 3,5-DIBR-PAESA

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Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 PALMCAURT COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
SERUM ZINC	PHOTOMETRY	235.49	µg/dL

Reference Range :-

52 - 286

CLINICAL SIGNIFICANCE

ZINC IS ONE OF THE ESSENTIAL TRACE ELEMENTS IN THE BODY. ITS METALLOENZYMES PLAY A KEY ROLE IN PROTEIN AND NUCLEIC ACID SYNTHESIS, GENE EXPRESSION, WOUND HEALING, AS AN ANTIOXIDANT, ETC.

DEFICIENCY CAN CAUSE - POOR WOUND HEALING, GASTROENTERITIS, IMPAIRED SPERMATOGENESIS, ALZHEIMER'S DISEASE, ETC. TOXICITY MAY BE MANIFESTED AS PANCREATITIS, GASTRIC ULCER, ANEMIA, PULMONARY FIBROSIS.

REFERENCE: CARL A. BURTIS, EDWARD R. ASHWOOD, DAVID E. BRUNS. TIETZ TEXTBOOK OF CLINICAL CHEMISTRY AND MOLECULAR DIAGNOSTICS. CHAPTER 31.VITAMINS AND TRACE ELEMENTS. PAGE:960-965.

Please correlate with clinical conditions.

Method:- NITRO - PAPS

Sample Collected on (SCT) : 01 Nov 2020 08:58
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Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 PALMCAURT COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
TESTOSTERONE	C.L.I.A	278.24	ng/dL

Reference Range :-

Adult Male
 21 - 49 Yrs : 164.94 - 753.38
 50 - 89 Yrs : 86.49 - 788.22
 Adult Female
 Pre-Menopause : 12.09 - 59.46
 Post-Menopause: < 7.00 - 48.93
 Boys
 2-10 Years : < 7.00 - 25.91
 11 Years : < 7.00 - 341.53
 12 Years : < 7.00 - 562.59
 13 Years : 9.34 - 562.93
 14 Years : 23.28 - 742.46
 15 Years : 144.15 - 841.44
 16-21 Years : 118.22 - 948.56
 Girls
 2-10 Years : < 7.00 - 108.30
 11-15 Years : < 7.00 - 48.40
 16-21 Years : 17.55 - 50.41

Clinical Significance:

Clinical evaluation of serum testosterone, along with serum LH, assists in evaluation of Hypogonadal males. Major causes of lowered testosterone in males include Hypogonadotropic hypogonadism, testicular failure Hyperprolactinemia, Hypopituitarism some types of liver and kidney diseases and critical illness.

Specifications: Precision: Intra assay (%CV): 8.5 %, Inter assay (%CV): 12.6%; Sensitivity: 7 ng/dL.

External quality control program participation:

College of American pathologists: Ligand assay (special) survey; cap numbr: 7193855-01

Please correlate with clinical conditions.

Method:- FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

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Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M)

REF. BY : SELF

TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :

L703 PALMCAURT COMPLEX LINK ROAD MALAD
WEST MUMBAI , - , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	C.L.I.A	19.79	ng/ml
Reference Range :			
DEFICIENCY : <20 ng/ml			
INSUFFICIENCY : 20-<30 ng/ml			
SUFFICIENCY : 30-100 ng/ml			
TOXICITY : >100 ng/ml			

Vitamin D Total test is analyzed on Siemens ADVIA Centaur, standardized against ID-LC/MS/MS, as per Vitamin D Standardization Program (VDSP).

Specifications: Intra assay (%CV):5.3%, Inter assay (%CV):11.9% ; Sensitivity:3.2 ng/ml

Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

VITAMIN B-12	C.L.I.A	502	pg/ml
---------------------	----------------	------------	--------------

Reference Range :
Normal : 211 - 911 pg/ml

Clinical significance :

Vitamin B12 or cyanocobalamin, is a complex corrinoid compound found exclusively from animal dietary sources, such as meat, eggs and milk. It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin-B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemias. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Intra assay (%CV):5.0%, Inter assay (%CV):9.2 %;Sensitivity:45 pg/ml

External quality control program participation:

College of American pathologists: ligand assay (general) survey; CAP number: 7193855-01

Kit validation references:

Chen IW, Sperlberg MI, Heminger IA. Vitamin B12. In: Pesce AJ, Kalpan LA, editors. Methods in clinical chemistry. St. Louis: CV Mosby, 1987. P. 569-73.

Method : FULLY AUTOMATED BIDIRECTIONALLY INTERFACED CHEMI LUMINESCENT IMMUNO ASSAY

Please correlate with clinical conditions.

Sample Collected on (SCT) : 01 Nov 2020 08:58

Sample Received on (SRT) : 02 Nov 2020 00:42

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Dr. Prachi Sinkar MD(Path)



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REPORT

NAME : ASHISSH KEJRIWAL(48Y/M) **SAMPLE COLLECTED AT :**
REF. BY : SELF L703 PALMCAURT COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
CYSTATIN C	IMMUNOTURBIDIMETRY	1.06	mg/L

Reference Range :-

<= 60 years: <= 1.03 mg/L
 > 60 years : < 1.50 mg/L

Clinical significance

Cystatin c, is a small 13-kda protein and is a member of the cysteine proteinase inhibitor family, it is produced at a constant rate by all nucleated cells. Due to its small size it is freely filtered by the glomerulus and is not secreted but is fully reabsorbed and broken down by the renal tubules. This means that the primary determinate of blood Cystatin c levels is the rate at which it is filtered at the glomerulus making it an excellent gfr marker. Cystatin c is also a marker of inflammation and like many other markers of inflammation; its serum concentration may be higher in patients with decreased renal clearance. There is mounting evidence, however, that Cystatin c may be a predictor of adverse outcomes independent of renal function with its higher sensitivity to detect a reduced GFR than Creatinine determination, also in the so-called "Creatinine-blind" range. Thus, Cystatin c is suggested to be a better marker for GFR than the ubiquitous serum Creatinine.

Reference

1. Barrett aj, Davies me, Grubb a. the place of human gamma-trace (Cystatin c) among the cysteine proteinase inhibitors. Biochem biophys res common 1984; 10: 631-6.

2.Grubb a. diagnostic value of analysis of Cystatin c and protein HC in biological fluids. Clin Nephrol 1992 38: S0-7.

Please correlate with clinical conditions.

Method:- LATEX ENHANCED IMMUNOTURBIDIMETRY

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 Dr.Prachi Sinkar MD(Path)


 Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M)

REF. BY : SELF

TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :

L703 PALMCAURT COMPLEX LINK ROAD MALAD
WEST MUMBAI , - , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
IRON Reference Range : Male : 65 - 175 Female : 50 - 170 Method : FERROZINE METHOD WITHOUT DEPROTEINIZATION	PHOTOMETRY	23.1	µg/dl
TOTAL IRON BINDING CAPACITY (TIBC) Reference Range : Male: 225 - 535 µg/dl Female: 215 - 535 µg/dl Method : SPECTROPHOTOMETRIC ASSAY	PHOTOMETRY	517	µg/dl
% TRANSFERRIN SATURATION Reference Range : 13 - 45 Method : DERIVED FROM IRON AND TIBC VALUES	CALCULATED	4.47	%

Please correlate with clinical conditions.

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REPORT

NAME : ASHISSH KEJRIWAL(48Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
 L703 PALMCAURT COMPLEX LINK ROAD MALAD WEST
 MUMBAI , - , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
ALKALINE PHOSPHATASE	PHOTOMETRY	61.3	U/L	45 - 129
BILIRUBIN -DIRECT	PHOTOMETRY	0.11	mq/dl	< 0.3
BILIRUBIN - TOTAL	PHOTOMETRY	0.34	mq/dl	0.3-1.2
BILIRUBIN (INDIRECT)	CALCULATED	0.24	mq/dl	0-0.9
GAMMA GLUTAMYL TRANSFERASE (GGT)	PHOTOMETRY	43.9	U/l	< 55
ASPARTATE AMINOTRANSFERASE (SGOT)	PHOTOMETRY	22.79	U/l	< 35
ALANINE TRANSAMINASE (SGPT)	PHOTOMETRY	21.62	U/l	< 45
PROTEIN - TOTAL	PHOTOMETRY	7.18	gm/dl	5.7-8.2
ALBUMIN - SERUM	PHOTOMETRY	3.78	gm/dl	3.2-4.8
SERUM GLOBULIN	PHOTOMETRY	3.4	gm/dL	2.5-3.4
SERUM ALB/GLOBULIN RATIO	CALCULATED	1.11	Ratio	0.9 - 2

Please correlate with clinical conditions.

Method :

ALKP - Modified IFCC method
 BILD - Vanadate Oxidation
 BILT - Vanadate Oxidation
 BILI - DERIVED FROM SERUM TOTAL AND DIRECT BILIRUBIN VALUES
 GGT - Modified IFCC method
 SGOT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
 SGPT - IFCC* WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION
 PROT - BIURET METHOD
 SALB - ALBUMIN BCG³METHOD (COLORIMETRIC ASSAY ENDPOINT)
 SEGB - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES
 A/GR - DERIVED FROM SERUM ALBUMIN AND PROTEIN VALUES

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Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
 L703 PALMCAURT COMPLEX LINK ROAD MALAD WEST
 MUMBAI , - , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	178	mg/dl	125-200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	51	mg/dl	35-80
TRIGLYCERIDES	PHOTOMETRY	143	mg/dl	25-200
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	114	mg/dl	85-130
TC/ HDL CHOLESTEROL RATIO	CALCULATED	3.5	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	2.3	Ratio	1.5-3.5
VLDL CHOLESTEROL	CALCULATED	28.51	mg/dl	5 - 40
NON-HDL CHOLESTEROL	CALCULATED	127.5	mg/dl	< 160

Please correlate with clinical conditions.

Method :

CHOL - CHOD POD METHOD

HCHO - ENZYME SELECTIVE PROTECTION METHOD

TRIG - ENZYMATIC COLORIMETRIC METHOD (GPO) [HIGHLY INFLUENCED BY LEVEL OF FASTING]

LDL - HOMOGENOUS ENZYMATIC COLORIMETRIC ASSAY

TC/H - DERIVED FROM SERUM CHOLESTEROL AND HDL VALUES

LDL/ - Derived from serum HDL and LDL Values

VLDL - DERIVED FROM SERUM TRIGLYCERIDE VALUES

NHDL - Derived from serum Cholesterol and HDL values

***REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:**

TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

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REPORT

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REF. BY : SELF

TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	86	ng/dl	60-200
TOTAL THYROXINE (T4)	C.L.I.A	10.3	µg/dl	4.5-12
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	1.56	µIU/ml	0.3-5.5

Comments : SUGGESTING THYRONORMALCY

Please correlate with clinical conditions.

Method :

T3 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
T4 - COMPETITIVE CHEMI LUMINESCENT IMMUNO ASSAY
TSH - SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

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REPORT

NAME : ASHISSH KEJRIWAL(48Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
 L703 PALMCAURT COMPLEX LINK ROAD MALAD WEST
 MUMBAI , - , - ,

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
BLOOD UREA NITROGEN (BUN)	PHOTOMETRY	7.88	mg/dl	7 - 25
CREATININE - SERUM	PHOTOMETRY	0.77	mg/dl	0.6-1.1
URIC ACID	PHOTOMETRY	4.69	mg/dl	4.2 - 7.3
CALCIUM	PHOTOMETRY	9.23	mg/dl	8.8-10.6
BUN / SR.CREATININE RATIO	CALCULATED	10.23	Ratio	9:1-23:1

Please correlate with clinical conditions.

Method :

BUN - KINETIC UV ASSAY.
 SCRE - CREATININE ENZYMATIC METHOD
 URIC - Uricase / Peroxidase Method
 CALC - ARSENAZO III METHOD, END POINT.
 B/CR - DERIVED FROM SERUM BUN AND CREATININE VALUES

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Labcode : 0111037185/A1681
Barcode : R7364810



Dr.Prachi Sinkar MD(Path)

 NO IMAGE

Dr.Caesar Sengupta MD(Micro)

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REPORT

NAME : ASHISSH KEJRIWAL(48Y/M) **SAMPLE COLLECTED AT** :
REF. BY : SELF L703 PALMCAURT COMPLEX LINK ROAD MALAD
TEST ASKED : AAROGYAM 1.3,BLOOD SUGAR (F),COMPLETE URINE WEST MUMBAI , - , - ,
 ANALYSIS

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	107	mL/min/1.73 m2

Reference Range :-

> = 90 : Normal
 60 - 89 : Mild Decrease
 45 - 59 : Mild to Moderate Decrease
 30 - 44 : Moderate to Severe Decrease
 15 - 29 : Severe Decrease

Clinical Significance

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a gold standard measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

Reference

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. Ann Intern Med. 2009;150(9):604-12.

Please correlate with clinical conditions.

Method:- CKD-EPI Creatinine Equation

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Barcode : R7364810



Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

REPORT

NAME : ASHISSH KEJRIWAL(48Y/M)
REF. BY : SELF
TEST ASKED : COMPLETE URINE ANALYSIS

SAMPLE COLLECTED AT :
L703 PALMCAURT COMPLEX LINK ROAD MALAD
WEST MUMBAI , - , - ,

TEST NAME	OBSERVATION	UNITS	REFERENCE RANGE
COMPLETE URINOGRAM			
URINARY GLUCOSE	NEGATIVE	mq/dl	Negative
URINARY BILIRUBIN	NEGATIVE	mq/dl	Negative
URINE KETONE	NEGATIVE	mq/dl	Negative
SPECIFIC GRAVITY	1.01	-	1.003-1.030
URINE BLOOD	NEGATIVE	Cells/ul*	Negative
PH	5.5	-	5 - 8
URINARY PROTEIN	NEGATIVE	mq/dl	Negative
UROBILINOGEN	0.2	mq/dl	<=0.2
NITRITE	NEGATIVE	-	Negative
URINARY LEUCOCYTES	NEGATIVE	Cells/ul*	Negative
COLOUR	PALE YELLOW	-	Pale Yellow
APPEARANCE	CLEAR	-	Clear
BILE SALT	NEGATIVE	-	Negative
BILE PIGMENT	NEGATIVE	-	Negative
EPITHELIAL CELLS	1-2	-	2-3
CASTS	ABSENT	-	Absent
CRYSTALS	ABSENT	-	Absent
BACTERIA	ABSENT	-	Absent

* To Obtain Counts in Cells / HPF Divide the Cells / ul by 5

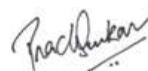
Please correlate with clinical conditions.

Method : Manual Dipstick Method

Remarks :Alert!!!
Yeast cells are present.

~~ End of report ~~

Sample Collected on (SCT) : 01 Nov 2020 08:58
Sample Received on (SRT) : 02 Nov 2020 00:53
Report Released on (RRT) : 02 Nov 2020 03:33
Sample Type : URINE
Labcode : 0111037701/A1681
Barcode : R8374821

Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

CONDITIONS OF REPORTING

- ❖ The reported results are for information and interpretation of the referring doctor only.
- ❖ It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- ❖ Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- ❖ Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- ❖ Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
- ❖ This report is not valid for medico-legal purpose.
- ❖ Neither Thyrocare, nor its employees/representatives assume any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meaning or contents of the report.
- ❖ Thyrocare Discovery video link :- <https://youtu.be/nbdYeRgYyQc>
- ❖ For clinical support please contact @8450950851,8450950852,8450950853,8450950854 between 10:00 to 18:00

EXPLANATIONS

- ❖ Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- ❖ **Name** - The name is as declared by the client and recored by the personnel who collected the specimen.
- ❖ **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
- ❖ **Labcode** - This is the accession number in our laboratory and it helps us in archiving and retrieving the data.
- ❖ **Barcode** - This is the specimen identity number and it states that the results are for the specimen bearing the barcode (irrespective of the name).
- ❖ **SCP** - Specimen Collection Point - This is the location where the blood or specimen was collected as declared by the client.
- ❖ **SCT** - Specimen Collection Time - The time when specimen was collected as declared by the client.
- ❖ **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- ❖ **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- ❖ **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- ❖ Values out of reference range requires reconfirmation before starting any medical treatment.
- ❖ Retesting is needed if you suspect any quality shortcomings.
- ❖ Testing or retesting should be done in accredited laboratories.
- ❖ For suggestions, complaints or feedback, write to us at info@thyrocare.com or call us on **022-3090 0000 / 425235**
- ❖ SMS: <Labcode No.> **90833**

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▶ Nuts (11)	▶ Fruits (38)	▶ Miscellaneous (17)

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✉ : foodi@thyrocare.com

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 Prabhu Krupa, 2Nd Floor, Tilak Road, Near Lions Garden Ghatkopar (E)
 Mumbai- 400077 Phone - 7208066884, 7208066885, 7208066886, 9819151819



PATIENT NAME : **MRS BALWINDER KAUR**
 REFERRED BY DR. : AXELIA
 SEX / AGE: FEMALE / 64 Y
 VISIT CODE : 10211920210

REGISTRATION : 12/07/2021 6:28 PM
 COLLECTED ON : 12/07/2021 6:28 PM
 REPORTED ON : 12/07/2021 8:52 PM

Test	Result	Units	Biological Reference Interval
HB A1C (GLYCO HB)	9.4	%	Non-diabetic : 4.0 - 6.0 Objective : 6.0 - 6.5 Good Control : 6.5 - 8.0 Poor Control : > 8.0
MEAN BLOOD GLUCOSE	227	mg/dl.	
(Mean Blood Glucose is a calculated value.)			
Method : HPLC done on Bio-Rad D10.			



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 M.D., D.P.B.

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REGISTRATION : 12/07/2021 6:28 PM
 COLLECTED ON : 12/07/2021 6:28 PM
 REPORTED ON : 12/07/2021 8:52 PM

LIPID PROFILE

Test	Result	Units	Biological Reference Interval
SERUM TRIGLYCERIDES	*1778.7	mg/dl.	DESIRABLE : 10 - 150 BORDERLINE : 150 - 190
Enzymatic method			
SERUM CHOLESTROL(TOTAL)	*467	mg/dl.	DESIRABLE CHOL : < 200 BORDERLINE CHOL: 200-239 HIGH CHOL : > 240
Enzymatic method			
SERUM HDL CHOLESTROL	47.7	mg/dl.	< 40 - Major Risk 40-60 - Normal > 60 - Negative Risk
Enzymatic method			
TOTAL CHOL./HDL RATIO	9.8		LOW RISK : 3.3 TO 4.4 AVERAGE RISK : 4.4 TO 7.1 MODERATE RISK : 7.1 TO 11.0 HIGH RISK : >11.0
NON - HDL CHOLESTEROL	419.3	mg/dl	Optimal : <130 Desirable : 130-159 Borderline high: 159-189 High : 189-220 Very High : >=220

Remark : *RECHECKED SAMPLE IS GROSSLY LIPAEMIC KINDLY CORRELATE WITH CLINICAL CONDITIONS

Tests done on Fully Automated AU680 Biochemistry Analyzer.

Note:- Reference Interval as per National Cholesterol Education Program(NCEP) Adult Treatment Panel III Report.VLDL, CHOL/HDL Ratio, LDL/HDL Ratio, LDL Cholesterol, Non HDL Cholesterol are calculated parameters.



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 Mumbai- 400077 Phone - 7208066884, 7208066885, 7208066886, 9819151819



PATIENT NAME : **MRS BALWINDER KAUR**
 REFERRED BY DR. : AXELIA
 SEX / AGE: FEMALE / 64 Y
 VISIT CODE : 10211920210

REGISTRATION : 12/07/2021 6:28 PM
 COLLECTED ON : 12/07/2021 6:28 PM
 REPORTED ON : 12/07/2021 8:52 PM

Test	Result	Units	Biological Reference Interval
FASTING BLOOD SUGAR(PLASMA)	*214.2	mg/dl	Normal : < 100 Impaired fasting glucose : 100 - 125 Diabetes mellitus : > 126 (On more than one occasion) (American diabetes association guidelines 2016)

GOD/POD method

All Biochemical tests done on Fully Automated Beckman Coulter Au 680 Biochemistry Analyzer.

S. CREATININE	0.5	mg/dl	0.5-1.3
---------------	-----	-------	---------

Jaffe-s Kinetic method

All Biochemical tests done on Fully Automated Beckman Coulter Au 680 Biochemistry Analyzer.

Amrisha
DR. AMRISH K. MEHTA
 M.D., D.P.B.

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PATIENT NAME : MRS BALWINDER KAUR
REFERRED BY DR. : AXELIA
SEX / AGE: FEMALE / 64 Y
VISIT CODE : 10211920210

REGISTRATION : 12/07/2021 6:28 PM
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REPORTED ON : 12/07/2021 8:52 PM

EXAMINATION OF URINE

Test	Result	Units	Biological Reference Interval
PHYSICAL EXAMINATION			
QUANTITY	30	ml	
DEPOSIT	ABSENT		ABSENT
COLOUR	PALE YELLOW		Pale Yellow
SP.GRAVITY	1.010		1.000 - 1.030
APPEARANCE	SLIGHTLY HAZY		CLEAR
CHEMICAL EXAMINATION			
ALBUMIN	TRACE		ABSENT
SUGAR	PRESENT(++)		ABSENT
REACTION	ACIDIC		ACIDIC/ALKALIN
OCCULT BLOOD	NEGATIVE		NEGATIVE
BILE PIGMENTS	ABSENT		
ACETONE	ABSENT		
MICROSCOPIC EXAMINATION			
RED BLOOD CELLS	ABSENT		Absent
PUS CELLS	PRESENT (35-40/hpf)		0 - 5
EPITHELIAL CELLS	PRESENT (6-8/hpf)		0 - 5
AMORPHOUS DEPOSITS	ABSENT		ABSENT
CASTS	ABSENT		ABSENT
YEAST CELLS	ABSENT		ABSENT
CRYSTALS	ABSENT		ABSENT

Test Method: DIPSTICK / MICROSCOPY



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 M.D., D.P.B.

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REPORT

NAME : BALWINDER KAUR MADAN (64Y/F)
REF. BY : SELF
TEST ASKED : BLOOD SUGAR (F)

SAMPLE COLLECTED AT :
(4001028782),GENERAL
DIAGNOSTIC,G-12,SECTOR 4,BMC COLONY,ANAND
NAGAR,OPP.MEGA MALL,OSHIWARA,JOGESHWARI
WEST,400102

TEST NAME	TECHNOLOGY	VALUE	UNITS
FASTING BLOOD SUGAR	PHOTOMETRY	295.2	mg/dL


Reference Range :-

70-99

Please correlate with clinical conditions.

Method:- GOD-PAP METHOD

Sample Collected on (SCT) : 12 Aug 2021 11:15
Sample Received on (SRT) : 12 Aug 2021 20:09
Report Released on (RRT) : 12 Aug 2021 22:33
Sample Type : FLUORIDE
Labcode : 1208089343/PU137
Barcode : V2905917

Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

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REPORT
NAME : BALWINDER KAUR MADAN (64Y/F)
REF. BY : SELF
TEST ASKED : LIPID PROFILE

SAMPLE COLLECTED AT :
 (4001028782),GENERAL DIAGNOSTIC,G-12,SECTOR
 4,BMC COLONY,ANAND NAGAR,OPP.MEGA
 MALL,OSHIWARA,JOGESHWARI WEST,400102

TEST NAME	TECHNOLOGY	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	PHOTOMETRY	269	mg/dl	< 200
HDL CHOLESTEROL - DIRECT	PHOTOMETRY	42	mg/dl	40-60
TRIGLYCERIDES	PHOTOMETRY	542	mg/dl	< 150
LDL CHOLESTEROL - DIRECT	PHOTOMETRY	147	mg/dl	< 100
VLDL CHOLESTEROL	CALCULATED	108.4	mg/dl	5 - 40
TC/ HDL CHOLESTEROL RATIO	CALCULATED	6.5	Ratio	3 - 5
LDL / HDL RATIO	CALCULATED	3.5	Ratio	1.5-3.5
NON-HDL CHOLESTEROL	CALCULATED	227.5	mg/dl	< 160

Please correlate with clinical conditions.


Method :

 CHOL - Cholesterol Oxidase, Esterase, Peroxidase
 HCHO - Direct Enzymatic Colorimetric
 TRIG - Enzymatic, End Point
 LDL - Direct Measure
 VLDL - Derived from serum Triglyceride values
 TC/H - Derived from serum Cholesterol and Hdl values
 LDL/ - Derived from serum HDL and LDL Values
 NHDL - Derived from serum Cholesterol and HDL values

***REFERENCE RANGES AS PER NCEP ATP III GUIDELINES:**

TOTAL CHOLESTEROL	(mg/dl)	HDL	(mg/dl)	LDL	(mg/dl)	TRIGLYCERIDES	(mg/dl)
DESIRABLE	<200	LOW	<40	OPTIMAL	<100	NORMAL	<150
BORDERLINE HIGH	200-239	HIGH	>60	NEAR OPTIMAL	100-129	BORDERLINE HIGH	150-199
HIGH	>240			BORDERLINE HIGH	130-159	HIGH	200-499
				HIGH	160-189	VERY HIGH	>500
				VERY HIGH	>190		

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.
Sample Collected on (SCT) : 12 Aug 2021 11:15
Sample Received on (SRT) : 12 Aug 2021 19:55
Report Released on (RRT) : 12 Aug 2021 21:47
Sample Type : SERUM
Labcode : 1208088912/PU137
Barcode : V3106364


 Dr.Prachi Sinkar MD(Path)


 Dr.Caesar Sengupta MD(Micro)

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REPORT

NAME : BALWINDER KAUR MADAN (64Y/F)
REF. BY : SELF
TEST ASKED : HbA1c

SAMPLE COLLECTED AT :
(4001028782),GENERAL
DIAGNOSTIC,G-12,SECTOR 4,BMC
COLONY,ANAND NAGAR,OPP.MEGA
MALL,OSHIWARA,JOGESHWARI WEST,400102

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	8.9	%

Reference Range :

Reference Range: As per ADA Guidelines

Below 5.7% : Normal
5.7% - 6.4% : Prediabetic
>=6.5% : Diabetic

Guidance For Known Diabetics

Below 6.5% : Good Control
6.5% - 7% : Fair Control
7.0% - 8% : Unsatisfactory Control
>8% : Poor Control

Method : Fully Automated H.P.L.C. using Biorad Variant II Turbo

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	209	mg/dl
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Reference Range :


90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HbA1c values

Please correlate with clinical conditions.

~~ End of report ~~

Sample Collected on (SCT) :12 Aug 2021 11:15
Sample Received on (SRT) : 12 Aug 2021 20:04
Report Released on (RRT) : 12 Aug 2021 21:14
Sample Type : EDTA
Labcode : 1208089161/PU137
Barcode : V3106365

Dr.Prachi Sinkar MD(Path)



Dr.Caesar Sengupta MD(Micro)

CONDITIONS OF REPORTING

- ✓ The reported results are for information and interpretation of the referring doctor only.
- ✓ It is presumed that the tests performed on the specimen belong to the patient; named or identified.
- ✓ Results of tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
- ✓ Should the results indicate an unexpected abnormality, the same should be reconfirmed.
- ✓ Only such medical professionals who understand reporting units, reference ranges and limitations of technologies should interpret results.
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- ✓ Thyrocare Discovery video link :- <https://youtu.be/nbdYeRgYyQc>
- ✓ For clinical support please contact @8450950851,8450950852,8450950853,8450950854 between 10:00 to 18:00

EXPLANATIONS

- ✓ Majority of the specimen processed in the laboratory are collected by Pathologists and Hospitals we call them as "Clients".
- ✓ **Name** - The name is as declared by the client and recored by the personnel who collected the specimen.
- ✓ **Ref.Dr** - The name of the doctor who has recommended testing as declared by the client.
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- ✓ **SRT** - Specimen Receiving Time - This time when the specimen reached our laboratory.
- ✓ **RRT** - Report Releasing Time - The time when our pathologist has released the values for Reporting.
- ✓ **Reference Range** - Means the range of values in which 95% of the normal population would fall.

SUGGESTIONS

- ✓ Values out of reference range requires reconfirmation before starting any medical treatment.
- ✓ Retesting is needed if you suspect any quality shortcomings.
- ✓ Testing or retesting should be done in accredited laboratories.
- ✓ For suggestions, complaints or feedback, write to us at info@thyrocare.com or call us on **022-3090 0000 / 6712 3400**
- ✓ SMS: <Labcode No.> to **9870666333**

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Dr. Bharti Ahuja
MD (Pathology)
Previously at CMC and DMC
Ludhiana and Silver Oaks
Hospital, Mohali
Reg. No. 32109

Reg No : 202101031180020 / OPD
Name : Mr. PUNEET GABA
Referred Dr : SELF

Sex / Age : Male / 41Y
Reg Date : 04/01/2021 11:08 AM
Report Date : 04/01/2021 11:09 AM



BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
Blood Sugar (Random)			
Blood Sugar Random	3778	mg/dl	up to-140
HbA1C			
HbA1C *NGSP Certified (US FDA, CAP & PO Certified Equipment) Test Performed on ABBORT AFINION	15	%	Non-diabetic: 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 ADA Target: 7.0 Action suggested: > 8.0

Interpretation :

Glycosylated Haemoglobin is accurate and true index of the " Mean Blood Glucose Level in the body for the previous 2-3 months. HbA1c is an indicator of glycemic control. HbA1c represent average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs the entire 120 dayslife span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months 2-4.

Bharti
Dr. Bharti Khera Ahuja
M.D.(Pathology)

HEALTH ANALYSIS

Personalized Summary & Vital Parameters

Puneet Kumar Gaba
Booking ID : 3270912105

Puneet Kumar Gaba ,

Congratulations, We have successfully completed your health diagnosis. This is a big step towards staying on top of your health and identify potential to improve!

10 Vital Health Parameters of a Human Body Ecosystem

Below are the health parameters which require routine checkups for primary healthcare. The view also includes *personalised information* depending on the tests you have taken.

Your Health Score

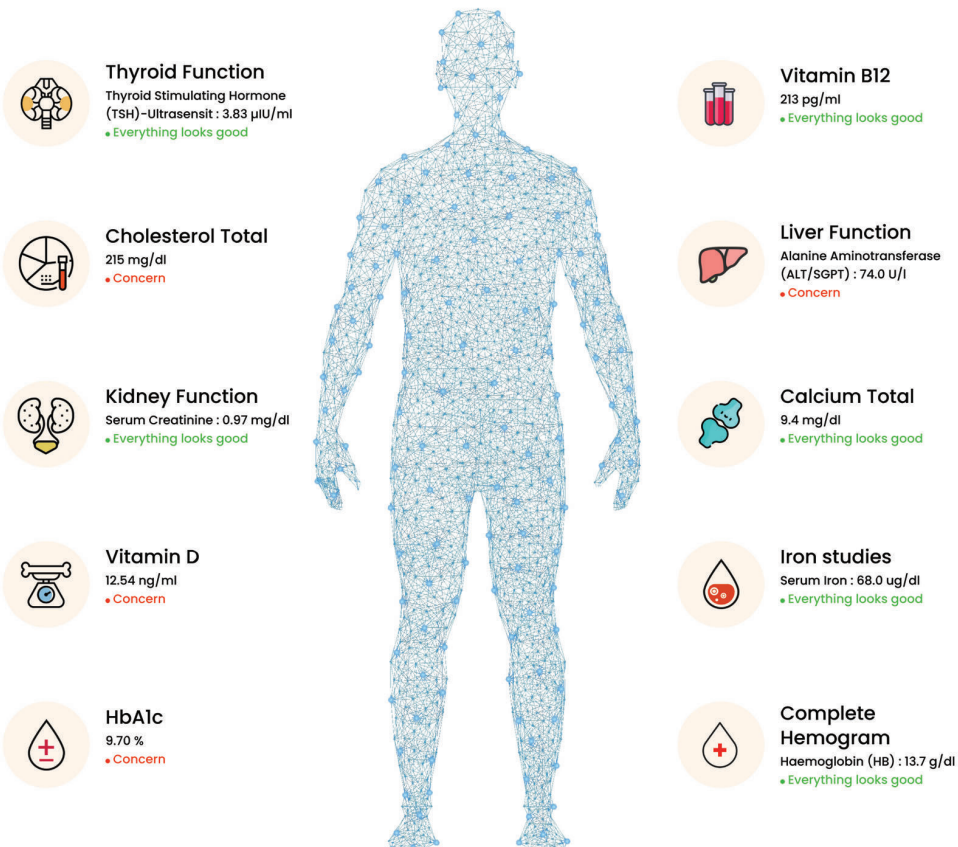
73

Out of 100

*Calculated from test reports

Comorbidities: Yes

* Adults of any age with Comorbidities are at increased risk of severe illness from the virus that causes COVID-19.



For any concern regarding this report, call our quality helpline at: 78 36 86 66 55

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HEALTH ANALYSIS

Critical Parameters

Puneet Kumar Gaba
Booking ID : 3270912105

We have observed that the below given critical parameters have shown out of range results, which can have negative impact on your health.

Blood Glucose Fasting

This test measures the blood sugar level in the fasting state. It is done as a part of routine health tests, for diabetes screening and to monitor diabetic treatment. This test helps to detect prediabetes, type 1 and type 2 diabetes and gestational diabetes.

Impact on overall health?

This test can assess your risk of diabetes and evaluate the effectiveness of any ongoing diabetes treatment.

How to improve health conditions?

For high or low blood glucose levels, consult a physician for further investigations. Follow a healthy diet, Be active and practice stress management techniques.

Your Result Value

↑ **304** mg/dl

Concern

Normal Value

● **70-100** mg/dl

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NAME : RAJKUMARI HEMDEV(78Y/F)
REF. BY : SELF
TEST ASKED : AAROGYAM B

SAMPLE COLLECTED AT :
FA 2 YUTOPIA COMPLEX OPPOSITE RAHEJA
GARDEN WANWORI PUNE ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC - NGSP Certified)	H.P.L.C	8.4	%

Reference Range :

Reference Range: As per ADA Guidelines

Below 5.7% : Normal
5.7% - 6.4% : Prediabetic
≥6.5% : Diabetic

Guidance For Known Diabetics

Below 6.5% : Good Control
6.5% - 7% : Fair Control
7.0% - 8% : Unsatisfactory Control
>8% : Poor Control

Method : Fully Automated H.P.L.C. using Biorad Variant II Turbo, NGSP Certified.

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	194	mg/dl
-----------------------------	------------	-----	-------

Reference Range :

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HBA1c values

Please correlate with clinical conditions.

Sample Collected on (SCT) : 06 Oct 2020 07:56
Sample Received on (SRT) : 06 Oct 2020 17:25 ✓
Report Released on (RRT) : 06 Oct 2020 18:28
Sample Type : EDTA
Labcode : 0610043989/AE847 Dr.Prachi Sinkar MD(Path)
Barcode : Q8129684



Prachi Sinkar



Shri Anandpur Trust
Charitable Diagnostic Centre, Pune

Sr. No. 18, Hissa 3/2 + 4 B/2, Off. NIBM Road, Kondhwa Khurd, Pune - 411 048.

- Tel. : 2683 5266, 2683 5666
- Fax : 91 - 020 - 2683 1635
- E-mail : satcdc@yahoo.co.in

Department of Pathology

Patient Name :	Mrs.. RAJKUMARI HEMDEV	Registration Time :	23/08/2021 3:22PM
MR No. :	569935	Collection Time :	25/08/2021 8:36AM
Sex :	Female	Age :	78 Year
Ref. Doctor :	Dr.K E M HOSPITAL	Print Time :	25/08/2021 4:13PM
		Sample No :	40166

REPORT

Description	RESULT	Normal Range
-------------	--------	--------------

BIO-CHEMISTRY

Glycosylated Haemoglobin (HbA1c)

HbA1C	7.7 %	Non diabetic : 4.0 - 6.0 Target of therapy: < 7.0 Change of therapy: > 8.0 %
-------	-------	--

Creatinine - Serum

Creatinine, Serum	0.69 mg/dl	0.5 - 1.0 mg/dl
-------------------	------------	-----------------

Alkaline Phosphatase - Serum

Alkaline Phosphatase - Serum	101.4 IU/L	30 - 140 IU/L
------------------------------	------------	---------------

Liver function Test

Total Bilirubin, Serum	0.86 mg/dl	0.1 - 1.2 mg/dl
Direct Bilirubin, Serum	0.44 mg/dl	0.0 - 0.3 mg/dl
Indirect Bilirubin, Serum	0.42 mg/dl	0.0 - 0.9 mg/dl
AST (SGOT), Serum	17.7 IU/ml	0 - 35 IU/ml
ALT (SGPT), Serum	25.8 IU/ml	0 - 35 IU/ml
Alkaline Phosphatase - Serum	101.4 IU/L	30 - 140 IU/L

LIPID PROFILE

Total Cholesterol, Serum	157.3 mg/dl	140 - 200 mg/dl
Triglycerides, Serum	225.3 mg/dl	0 - 150 mg/dl
HDL Cholesterol, Serum	44.7 mg/dl	35 - 65 mg/dl
LDL Cholesterol, Serum	67.54 mg/dl	60 - 130 mg/dl
VLDL Cholesterol, Serum	45.06 mg/dl	7 - 35 mg/dl
Total Cholesterol/HDL Ratio	3.52	3 - 5
LDL/HDL Ratio	1.51	0.5 - 3.0

SERUM SGPT (ALT)

ALT (SGPT), Serum	25.8 IU/ml	0 - 35 IU/ml
-------------------	------------	--------------

SERUM BILIRUBIN

Total Bilirubin, Serum	0.86 mg/dl	0.1 - 1.2 mg/dl
Direct Bilirubin, Serum	0.44 mg/dl	0.0 - 0.3 mg/dl

Foot Note Test performed on fully automated biochemistry analyzer

*** End Of Report ***

DR. CHETNA TIWARI
MD.PATHOLOGY
PATHOLOGIST

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NAME : RAJKUMAR HEMDEV(79Y/M)
REF. BY : SELF
TEST ASKED : AAROGYAM B

SAMPLE COLLECTED AT :
FA 2 YUUTOPIA COMPLEX OPPOSITE RAHEJA
GARDEN WANWORI PUNE ,

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC - NGSP Certified)	H.P.L.C	<u>10.2</u>	%

Reference Range :

Reference Range: As per ADA Guidelines

Below 5.7% : Normal
5.7% - 6.4% : Prediabetic
>=6.5% : Diabetic

Guidance For Known Diabetics

Below 6.5% : Good Control
6.5% - 7% : Fair Control
7.0% - 8% : Unsatisfactory Control
>8% : Poor Control

Method : Fully Automated H.P.L.C. using Biorad Variant II Turbo, NGSP Certified.

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	246	mg/dl
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Reference Range :

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HBA1c values

Please correlate with clinical conditions.

Sample Collected on (SCT) : 06 Oct 2020 07:56
Sample Received on (SRT) : 06 Oct 2020 17:23
Report Released on (RRT) : 06 Oct 2020 18:43
Sample Type : EDTA
Labcode : 0610043934/AE847 *Prachi Sinkar* Dr.Prachi Sinkar MD(Path)
Barcode : R1402709



K.E.M. HOSPITAL, PUNE - 11.

489, Rasta Peth, Sardar Moodliar Road.
TEL.:020-66037300, E-mail : diagnosticsmanager@kemhospital.org



Certificate No. : M0362
NABL Accredited Laboratory

Patient	: Mr. RAJKUMAR LALCHAND HEMDEV	PRN	: 780262	IP No.	: -
Age/Sex	: 79 Yrs/Male	Visit No.	: OP-7	Date	: 01/06/2021
Referred By	: Dr. Smita Dhadge	Sample Collected	: 01/06/2021 12:43		
Location	: OPD	Sample Recvd in Lab	: 01/06/2021 12:43		
Sponsor	: -	Reported On	: 02/06/2021 10:25		
Specimen	: Blood				
Lab No.	: 0032115221	Status	: Final		

DEPARTMENT OF ENDOCRINOLOGY

Investigations	Result	Bio. Ref. Interval
GLYCOSYLATED HB (HB A1C)	7.900 %	NON DIABETES LESS THAN 5.7 % PRE DIABETES: 5.7 - 6.4 % DIABETES: 6.5 % OR HIGHER

Method: HPLC

-----End Of Report-----

Checked By Technician

DR. SADANAND NAIK
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M.Sc.Ph.D.(Med.Biochemistry)
HOD-Clinical Biochemistry

Entered By:thp9686

