



Endocrine and Allergy
Laboratory Pvt. Ltd.

108, Westface, Hebatpur Rd, near Baghban Party Plot, Thaltej,
Ahmedabad, Gujarat 380059
Ph:9099045241-45247,07043064003-4,84889971165-186



2501184347

TEST REPORT

Reg. No : 2501184347 E Sample Coll. By : EAL Reg. Colle. Time :
 Name : BAPPA MUKHARJI Sample Date : 13/10/2025 01:37 PM
 Age : 52Y Gender : Male Reported Date : 13/10/2025 5:28PM
 Ref. By : .
 Sample Type : EDTA

COMPLETE BLOOD COUNT

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
Hemoglobin <i>Cyanide free calorimetric</i>	13.7	g/dL	13.0 to 17.0
Total RBC <i>Flowcytometry</i>	4.77	10 ¹² /L	4.5 to 5.5
Total WBC <i>Flowcytometry</i>	7330	/cumm	4000 to 10000
Platelet count <i>Flowcytometry</i>	235000	/cumm	150000 to 410000
<u>Differential Count (Flowcytometry/Microscopy)</u>			
Neutrophils	68	%	40 to 80
Lymphocytes	24	%	20 to 40
Eosinophils	02	%	1 to 6
Monocytes	06	%	2 to 10
Basophils	00	%	0 to 1
<u>Blood Cell Indices</u>			
Hematocrit (PCV) <i>Calculated</i>	41.7	%	40 to 50
MCV <i>Derived</i>	87.4	fl.	83 to 101
MCH <i>Calculated</i>	28.7	pg	27 to 32
MCHC <i>Calculated</i>	32.9	g/dL	31.5 to 34.5
RDW <i>Calculated</i>	12.9	%	11.5 to 14.5
<u>Absolute WBC Counts (Calculated)</u>			
Absolute Neutrophil Count	4984	/cumm	2000 to 7000
Absolute Lymphocyte Count	1759	/cumm	1000 to 3000
Absolute Eosinophil Count	146	/cumm	20 to 500
Absolute Monocyte Count	439	/cumm	200 to 1000
<u>Smear Studies (Microscopy)</u>			
RBC Morphology	RBCs are Normocytic Normochromic		

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Ref. By : .		
	Sample Type : EDTA	

COMPLETE BLOOD COUNT

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
WBC Morphology	Appear normal		
Platelets Morphology	Platelets are adequate with normal morphology.		
Malarial Parasites	MP not seen on smear.		

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Name : BAPPA MUKHARJI		Sample Date : 13/10/2025 01:37 PM
Age : 52Y	Gender : Male	Reported Date : 13/10/2025 2:35PM
Ref. By : .		
		Sample Type :PLAIN (SERUM)

BIOCHEMISTRY REPORT

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
S.Magnesium *	1.20	L mg/dL	1.6 to 2.5

Interpretation :

S. Amylase: In acute pancreatitis associated with hyperlipidemia, serum amylase activity may be spuriously normal; the amylasemia may be unmasked either by serial dilution of the serum or ultracentrifugation.

S. Lipase: In pancreatitis, lipase becomes elevated at about the same time as amylase (4-8 hours). But lipase may rise to a greater extent and remain elevated much longer (7-10 days) than amylase.

Lithium: Lithium is distributed throughout the total water spaces of the body and is excreted primarily by the kidney. Toxicity from lithium salts leads to ataxia, slurred speech, and confusion.

S. Magnesium: Hypermagnesemia is found in acute and chronic renal failure, magnesium overload, and magnesium release from the intracellular space. Mild-to-moderate hypermagnesemia may prolong atrioventricular conduction time. Magnesium toxicity may result in central nervous system (CNS) depression, cardiac arrest, and respiratory arrest.

S. Calcium: Calcium is usually measured to screen for or monitor bone diseases or calcium-regulation disorders (diseases of the parathyroid gland or kidneys).

S. Electrolytes: The electrolyte panel is ordered to identify electrolyte, fluid, or pH imbalance. Electrolyte concentrations are evaluated to assist in investigating conditions that cause electrolyte imbalances such as dehydration, kidney disease, lung diseases, or heart conditions.

Renal Function Tests: A renal function panel could be ordered when a patient has risk factors for kidney dysfunction such as high blood pressure (hypertension), diabetes, cardiovascular disease, obesity, elevated cholesterol, or a family history of kidney disease. It includes S. Creatinine, S. Urea and uric acid levels among others.

Liver Function tests: The liver function panel may be used to help diagnose liver disease if a person has signs and symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor the health of the liver and to evaluate the effectiveness of any treatments. It includes Total, Direct and indirect bilirubin, SGOT, SGPT, ALP, GGT levels among others.

S. Protein: Hyperproteinemia may be seen in dehydration due to inadequate water intake or to excessive water loss (ex: severe vomiting, diarrhea, Addison disease, and diabetic acidosis) or as a result of increased production of proteins.



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Age : 52Y **Gender** : Male **Reported Date** : 13/10/2025 4:36PM
Ref. By : .
Sample Type : PLAIN (SERUM)

LIPOPROTEIN (a)

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
LIPOPROTEIN (a) * <small>NEPHELOMETRY</small>	0.391	H g/L	0 to 0.30

Interpretation :

Lipoprotein (a) consists of a low-density lipoprotein (LDL) particle that is covalently bound to an additional protein, apolipoprotein (a) [Apo(a)]. Apo(a) has high sequence homology with the coagulation factor plasminogen, and like LDL, Lp(a) contains apolipoprotein B100 (ApoB). Thus, Lp(a) is both proatherogenic and prothrombotic. Lp(a) is an independent risk factor for coronary heart disease (CHD), ischemic stroke, and aortic valve stenosis. Lp(a) has been referred to as "the most atherogenic lipoprotein". The mechanism of increased risk is unclear but most likely involves progression of atherosclerotic stenosis via intimal deposition of cholesterol and promotion of thrombosis via homology to plasminogen.

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Name : BAPPA MUKHARJI **Sample Date** : 13/10/2025 01:37 PM
Age : 52Y **Gender** : Male **Reported Date** : 13/10/2025 2:47PM
Ref. By : .
Sample Type : PLAIN (SERUM)

CALCIUM

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
S.Calcium <i>O-Cresolphalein complex</i>	9.00	mg/dL	8.1 to 10.4

Interpretation :

Calcium is usually measured to screen for or monitor bone diseases or calcium-regulation disorders (diseases of the parathyroid gland or kidneys).

Higher-than-normal levels may indicate:

- >Hyperparathyroidism
- >Metastatic bone tumor
- >Milk-alkali syndrome
- >Multiple myeloma
- >Paget's disease
- >Sarcoidosis
- >Tumors producing a PTH-like substance
- >Vitamin D intoxication
- >Excessive calcium intake
- >Prolonged immobilization
- >Hyperthyroidism (overactive thyroid gland)
- >Addison's disease (underactive adrenal gland)
- >Thiazide diuretics
- >Lithium
- >HIV/AIDS

Lower-than-normal levels may indicate:

- >Hypoparathyroidism
- >Malabsorption (inadequate absorption of nutrients from the intestinal tract)
- >Osteomalacia
- >Pancreatitis
- >Renal failure
- >Rickets and vitamin D deficiency
- >Liver disease (decreased albumin production)
- >Low serum magnesium

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 Age : 52Y Gender : Male Reported Date : 13/10/2025 2:32PM
 Ref. By : .
 Sample Type : SODIUM FLUORIDE

Fasting Blood Sugar

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
Fasting Blood Sugar <i>Hexokinase</i>	94	mg/dL	Normal: < 100 Prediabetes: 110 - 125 Diabetes: ≥ 126

Interpretation :

The most common disease related to carbohydrate metabolism is diabetes mellitus, which is characterized by insufficient blood levels of active insulin. Symptoms include polyuria, abnormally elevated blood and urine glucose values, excessive thirst, constant hunger, sudden weight loss, and possibly elevated blood and urine ketones.
 Overproduction or excess administration of insulin causes a decrease in blood glucose to levels below normal.
 In severe cases, the resulting extreme hypoglycemia is followed by muscular spasm and loss of consciousness, known as insulin shock.

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Age : 52Y	Gender : Male	Reported Date : 13/10/2025 3:59PM
Ref. By : .		
		Sample Type : PLAIN (SERUM)

eGFR

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL														
eGFR * <i>Derived</i>	111.5	ml/min/1.73m 2	<table border="0"> <tr> <td>Stage GFR*</td> <td>Description</td> </tr> <tr> <td>1</td> <td>90+ Normal kidney function</td> </tr> <tr> <td>2</td> <td>60-89 Mildly reduced kidney function</td> </tr> <tr> <td>3</td> <td>45-59 Moderately reduced kidney function</td> </tr> <tr> <td>3</td> <td>30-44 Moderately reduced kidney function</td> </tr> <tr> <td>4</td> <td>15-29 Severely reduced kidney function</td> </tr> <tr> <td>5</td> <td><15 or on dialysis Very severe, or end-stage kidney failure</td> </tr> </table>	Stage GFR*	Description	1	90+ Normal kidney function	2	60-89 Mildly reduced kidney function	3	45-59 Moderately reduced kidney function	3	30-44 Moderately reduced kidney function	4	15-29 Severely reduced kidney function	5	<15 or on dialysis Very severe, or end-stage kidney failure
Stage GFR*	Description																
1	90+ Normal kidney function																
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3	45-59 Moderately reduced kidney function																
3	30-44 Moderately reduced kidney function																
4	15-29 Severely reduced kidney function																
5	<15 or on dialysis Very severe, or end-stage kidney failure																

Interpretation :

eGFR is a calculation used to estimate how well your kidneys are filtering certain agents produced by your body, such as:
>Creatinine (a waste product that comes from the normal wear and tear on muscles)
>Cystatin C (a protein that slows down the breakdown of other protein cells)

In adults, the normal eGFR number is more than 90. eGFR declines with age, even in people without kidney disease. See chart below for average estimated eGFR based on age.

Age (years)	Average eGFR
20-29	116
30-39	107
40-49	99
50-59	93
60-69	85
70+	75

(Chart obtained from National Kidney Foundation)

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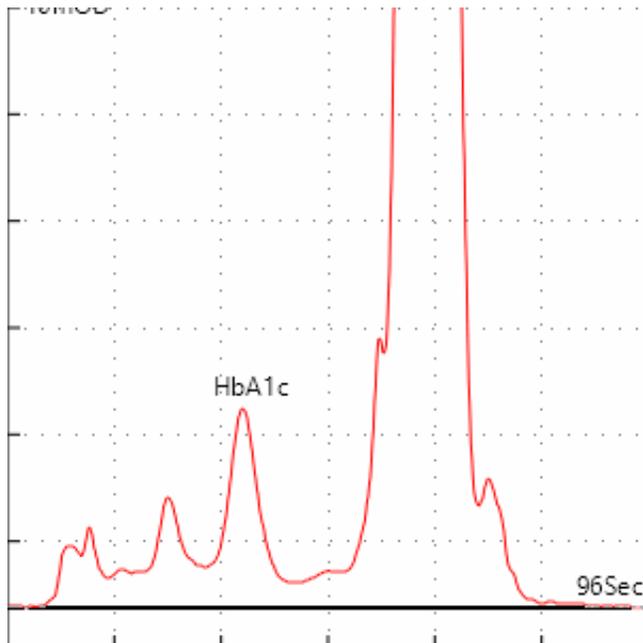
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Name : BAPPA MUKHARJI Sample Date : 13/10/2025 01:37 PM
Age : 52Y Gender : Male Reported Date : 13/10/2025 3:02PM
Ref. By : .
Sample Type : EDTA

HbA1C

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
HbA1C <i>HPLC</i>	6.03	%	Non Diabetic: <5.6 Pre-Diabetic: 5.7 - 6.4 Diabetic: >6.5 ADA Target: 7.0 Action Suggested: 8.0
Estimated Average Glucose <i>Calculated</i>	126.36	mg/dl	



AVERAGE BLOOD GLUCOSE mg/dL	GLYCOSALATED HAEMOGLOBIN % A1c
360	14
330	13
300	12
270	11
240	10
210	9
180	8
150	7
120	

Remarks :

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ANJALI

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Age : 52Y **Gender** : Male **Reported Date** : 13/10/2025 2:36PM
Ref. By : .
Sample Type : PLAIN (SERUM)

SERUM LIPID PROFILE

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
Cholesterol (Total) <i>Cholesterol oxidase esterase</i>	184	mg/dL	Desirable : < 200 Borderline High : 200 - 239 High : > 240
Triglyceride <i>Glycerol phosphate oxidase</i>	69	mg/dL	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very high : > 500.0
HDL Cholesterol <i>Direct measure-PEG</i>	53	mg/dL	40 to 60
LDL Cholesterol <i>Calculated</i>	118.00	mg/dL	Optimal : < 100 Near/above Optimal: 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190
VLDL <i>Calculated</i>	13.00	mg/dl	10 to 40
Chol/HDL Ratio <i>Calculated</i>	3.47		Normal :< 4.0 Borderline: 4.0 - 6.0 Risk level: 6.0 - 8.0 High Risk: > 8
LDL/HDL Ratio <i>Calculated</i>	2.23		Normal: < 3.0 Borderline: 3.0 - 4.0 Risk Level: 4.0 - 6.0 High Risk Level > 6.0
Total Lipids <i>Calculated</i>	548.98	mg/dL	400 to 800

Interpretation :

Note: Samples received are presumed to be taken after minimum of 12 hours fasting. Please confirm the same to avoid variations in result.

Lipids are most commonly measured to assess cardiovascular risk.

Maintaining desirable concentrations of lipids lowers the risk of heart attacks or strokes.

Establishing appropriate treatment strategies and lipid goals require the results for each component of a lipid profile be considered in context with other risk factors including, age, sex, smoking status, family and personal history of heart disease.

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Age : 52Y **Gender** : Male **Reported Date** : 13/10/2025 2:37PM
Ref. By : .
Sample Type : PLAIN (SERUM)

LIVER FUNCTION TESTS

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
Total Bilirubin <i>Jendrassik Grof</i>	0.7	mg/dL	0.2 to 1.0
Bilirubin (Direct) <i>Diazotization</i>	0.2	mg/dL	0.0 to 0.3
Bilirubin (Indirect) <i>Calculated</i>	0.5	mg/dL	0.0 to 1.1
S.G.O.T <i>UV with p5p</i>	22	U/L	15 to 37
S.G.P.T. <i>UV with p5p</i>	25	U/L	16 to 63
Alkaline Phosphatase <i>IFCC PNPP</i>	85	U/L	46 to 116
Gamma-glutamyl transferase (GGT) <i>G-glutamyl carboxynitronilide</i>	19	U/L	15 to 73

Interpretation :

The liver function panel may be used to help diagnose liver disease if a person has signs and symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor the health of the liver and to evaluate the effectiveness of any treatments. Abnormal tests on a liver panel may prompt a repeat analysis of one or more tests, or of the whole panel, to see if the elevations or decreases persist and may indicate the need for additional testing to determine the cause of the liver dysfunction. In a person who does not have symptoms or identifiable risk factors, abnormal liver test results may indicate a temporary liver injury or reflect something that is happening elsewhere in the body-such as in the skeletal muscles, pancreas, or heart. It may also indicate early liver disease and the need for further testing and periodic monitoring.

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Age : 52Y **Gender** : Male **Reported Date** : 13/10/2025 6:02PM
Ref. By : . . .
Sample Type : PLAIN (SERUM)

THYROID FUNCTION TEST

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
T3-Triiodothyronine <i>CHEMILUMINESCENCE</i>	1.35	ng/mL	0.6 to 1.80
T4-Thyroxine <i>CHEMILUMINESCENCE</i>	10.9	µg/dL	3.2 to 12.6
TSH-Ultra Sensitive <i>CHEMILUMINESCENCE</i>	1.72	µIU/mL	0.35 to 5.55
Free T3 (Free Triiodothyronine) <i>CHEMILUMINESCENCE</i>	3.03	pg/mL	3.0 to 4.7
Free T4 (Free Thyroxine) <i>CHEMILUMINESCENCE</i>	1.45	ng/dL	0.8 to 1.7

Interpretation :

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids.
 Low or undetectable TSH is suggestive of Grave's disease.
 TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.
 TSH suppression does not reflect severity of hyperthyroidism therefore, measurement of FT3 & FT4 is important.
 Free T3 is first hormone to increase in early Hyperthyroidism.
 Only TSH level can prove to be misleading in patients on treatment.
 Therefore Free T3 , Free T4 along with TSH should be checked.
 During pregnancy, T3 T4 can be high and TSH can be slightly low

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DV

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 Ref. By : .
 Sample Type : PLAIN (SERUM)

VITAMIN B12

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
Vitamin B12 <i>CHEMILUMINESCENCE</i>	752	pg/mL	211 to 911

Interpretation :

Vitamin B12 (cobalamin) is necessary for hematopoiesis and normal neuronal function. In humans, it is obtained only from animal proteins and requires intrinsic factor (IF) for absorption. The body uses its vitamin B12 stores very economically, reabsorbing vitamin B12 from the ileum and returning it to the liver; very little is excreted. Vitamin B12 deficiency may be due to lack of IF secretion by gastric mucosa (eg, gastrectomy, gastric atrophy) or intestinal malabsorption (eg, ileal resection, small intestinal diseases). Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. These manifestations may occur in any combination; many patients have the neurologic defects without macrocytic anemia. Pernicious anemia is a macrocytic anemia caused by vitamin B12 deficiency that is due to a lack of IF secretion by gastric mucosa.

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Ref. By : .		
		Sample Type :PLAIN (SERUM)

25-OH VITAMIN (D3-CHOLECALCIFEROL)

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
25-OH VIT D3 <i>CHEMILUMINESCENCE</i>	38.8	ng/mL	Deficiency: < 20 Insufficiency: 20 - 30 Sufficiency: 30 - 100 Toxicity: > 100

Interpretation :

Vitamin D originating from dietary and endogenous sources is converted to 25-hydroxy Vitamin D in the liver and subsequently to 1-25 dihydroxy vitamin D in the kidneys. Deficiency can be secondary to diet, malabsorption, liver disease and nephrotic syndrome. High levels are observed with excessive intake of food rich in Vitamin D.

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 Age : 52Y Gender : Male Reported Date : 13/10/2025 3:49PM
 Ref. By : .
 Sample Type : URINE

URINE ANALYSIS BY STRIP TEST

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
<u>Physical Examination</u>			
Quantity	30	mL	
Colour	Pale yellow		
Odour	Odourless		
Transparency	Clear		
<u>Chemical Examination</u>			
Reaction (pH)	6.0		4.5 to 8.0
Specific Gravity	1.010		1.002 to 1.030
Leucocytes	Absent		Absent
Nitrites	Absent		Absent
Proteins	Absent		Absent
Urine Glucose	Absent		Absent
Ketones	+++		Absent
Urobilinogen	Absent		Absent
Bilirubin	Absent		Absent
Blood	Absent		Absent
<u>Microscopic Examination</u>			
Red Blood Cells	Absent	/hpf	Absent
Pus Cells	Occasional	/hpf	Occasional
Epithelial Cells	Occasional	/hpf	Occasional
Casts	Absent	/hpf	Absent
Crystals	Absent	/hpf	Absent

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2501184347

TEST REPORT

Reg. No : 2501184347 E **Sample coll. By** : EAL **Reg. Date & Time** :
Name : BAPPA MUKHARJI **Sample Date** : 13/10/2025 01:37 PM
Age : 52Y **Gender** : Male **Reported Date** : 13/10/2025 2:33PM
Ref. By : .
Sample Type : PLAIN (SERUM)

APOLIPOPROTEINS

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
Apo-B * NEPHELOMETRY	0.824	g/L	0.55 to 1.40

Interpretation :

Apolipoprotein B is a more powerful independent predictor of Coronary Heart Disease (CAD) than LDL Cholesterol.
It is useful in assessing the risk of CAD and to classify Hyperlipidemias.
Apolipoprotein studies help in monitoring coronary bypass surgery patients with regard to risk and severity of re-stenosis.
They are also useful in assessing risk of re-infarction in patients of Myocardial infarction.
Apolipoprotein A1 is one of the apoproteins of high density lipoproteins (HDL) which is inversely related to the risk of CAD.

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Age : 52Y **Gender** : Male **Reported Date** : 13/10/2025 5:45PM
Ref. By : .
Sample Type : PLAIN (SERUM)

HIGH SENSITIVE CRP

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
C-Reactive Protein * <small>BN PROSPEC - NEPHELOMETRY</small>	10.1	H mg/L	1 to 3

Interpretation :

High sensitivity C Reactive Protein (hsCRP) significantly improves cardiovascular risk assessment as it is a strongest predictor of future coronary events. It reveals the risk of future Myocardial infarction and Stroke among healthy men and women, independent of traditional risk factors. It identifies patients at risk of first Myocardial infarction even with low to moderate lipid levels. The risk of recurrent cardiovascular events also correlates well with hsCRP levels. It is a powerful independent risk determinant in the prediction of incident Diabetes.

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Age : 52Y **Gender** : Male **Reported Date** : 13/10/2025 2:34PM
Ref. By : .
Sample Type : PLAIN (SERUM)

SERUM ELECTROLYTES

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
S. Sodium * <i>ENZYMATIC</i>	144.4	mmol/L	135 to 150
S. Potassium * <i>ENZYMATIC</i>	4.26	mmol/L	3.5 to 5.1
S. Chloride * <i>ENZYMATIC</i>	100.2	mmol/L	92 to 110

Interpretation :

The electrolyte panel is ordered to identify electrolyte, fluid, or pH imbalance.

Electrolyte concentrations are evaluated to assist in investigating conditions that cause electrolyte imbalances such as dehydration, kidney disease, lung diseases, or heart conditions.

Repeat testing of the electrolyte or its components may be used to monitor the patient's response to treatment of any condition that may be causing the electrolyte, fluid or pH imbalance.

Electrolyte and acid-base imbalances can often be indicative of many acute and chronic illnesses. For this reason, the electrolyte panel is often used in the hospital and emergency settings to evaluate patients.

With an imbalance of a single electrolyte, such as sodium or potassium, repeat testing may be ordered of that particular electrolyte, can be used to monitor the imbalance until remedied. With an acid-base imbalance, blood gases may be ordered, which will measure the oxygen, carbon dioxide, and pH levels in the arterial blood. These tests assist in evaluating the acuteness of the imbalance and monitoring the response to treatment.



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Age : 52Y **Gender** : Male **Reported Date** : 13/10/2025 2:35PM
Ref. By : .
Sample Type : PLAIN (SERUM)

PROTEIN ESTIMATION

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
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Serum Proteins

Total Protein * <small>NEPHELOMETRY</small>	7.30	gm/dL	6.4 to 8.2
---	------	-------	------------

Interpretation :

Plasma proteins are synthesized predominantly in the liver; immunoglobulins are synthesized by mononuclear cells of lymph nodes, spleen and bone marrow.
The 2 general causes of alterations of serum total protein are a change in the volume of plasma water and a change in the concentration of 1 or more of the specific proteins in the plasma.
Of the individual serum proteins, albumin is present in such high concentrations that low levels of this protein alone may cause hypoproteinemia.
Hemoconcentration (decrease in the volume of plasma water) results in relative hyperproteinemia; hemodilution results in relative hypoproteinemia.
In both situations, concentrations of all the individual plasma proteins are affected to the same degree.
Hyperproteinemia may be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison disease, and diabetic acidosis) or as a result of increased production of proteins.
Increased polyclonal protein production is seen in reactive, inflammatory processes; increased monoclonal protein production is seen in some hematopoietic neoplasms (eg, multiple myeloma, Waldenstrom macroglobulinemia, monoclonal gammopathy of undetermined significance).

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Name : BAPPA MUKHARJI **Sample Date** : 13/10/2025 01:37 PM
Age : 52Y **Gender** : Male **Reported Date** : 13/10/2025 4:05PM
Ref. By : .
Sample Type : PLAIN (SERUM)

HOMOCYSTEINE LEVEL

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
HOMOCYSTEINE * <i>CHEMILUMINESCENCE</i>	4	L μmol/L	6.7 to 15.4

Interpretation :

Homocysteine is a sulphur containing amino acid.

There is an association between elevated levels of circulating homocysteine and various vascular and cardiovascular disorders.

Clinically the measurement of homocysteine is considered important to diagnose homocystinuria, to identify individuals with or at risk of developing cobalamin or folate deficiency & to assess risk factor for Cardiovascular Disease (CVD) for which the recommendations are:

- Specially useful in young CVD patients (< 40 yrs)
- In known cases of CVD, high homocysteine levels should be used as a prognostic marker for CVD events and mortality
- CVD patients with homocysteine levels > 15 umol/L belong to a high risk group
- Increased homocysteine levels with low vitamin concentrations should be handled as a potential vitamin deficiency case

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Name : BAPPA MUKHARJI		Sample Date : 13/10/2025 01:37 PM
Age : 52Y	Gender : Male	Reported Date : 13/10/2025 4:14PM
Ref. By : .		
		Sample Type :PLAIN (SERUM)

INSULIN LEVEL

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
INSULIN - Fasting * <small>CHEMILUMINESCENCE</small>	7.24	µIU/mL	2 to 25

Interpretation :

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.

Insulin is a hormone produced by the beta cells of the pancreas. It regulates the uptake and utilization of glucose and is also involved in protein synthesis and triglyceride storage.

Type 1 diabetes (insulin-dependent diabetes) is caused by insulin deficiency due to destruction of insulin-producing pancreatic islet (beta) cells. Type 2 diabetes (noninsulin-dependent diabetes) is characterized by resistance to the action of insulin (insulin resistance).

Insulin levels may be increased in patients with pancreatic beta cell tumors (insulinoma).

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Age : 52Y **Gender** : Male **Reported Date** : 13/10/2025 3:33PM
Ref. By : .
Sample Type : PLAIN (SERUM)

RENAL FUNCTION TESTS

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
S. Urea <i>Calorimetric Urease</i>	16	mg/dL	15 to 42
S. Creatinine <i>Alkalinepicrate-Kinetic-IDMS</i>	0.92	mg/dL	0.9 to 1.3
BUN <i>Calculated</i>	7.48	mg/dL	6.54 to 16.82
BUN / Creat. Ratio <i>Calculated</i>	8.13		10 to 20
S. Uric Acid <i>Calorimetric Uricase</i>	4.10	mg/dL	3.5 to 7.2

Interpretation :

A renal function panel could be ordered when a patient has risk factors for kidney dysfunction such as high blood pressure (hypertension), diabetes, cardiovascular disease, obesity, elevated cholesterol, or a family history of kidney disease.
A renal function panel may also be ordered when someone has signs and symptoms of kidney disease, though early kidney disease often does not cause any noticeable symptoms.
It may be initially detected through routine blood or urine testing.
Results of the panel are usually considered together, rather than separately. Individual test result can be abnormal due to causes other than kidney disease, but taken together with risks and signs and symptoms, they may give an indication of whether kidney disease is present.

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Ref. By : .
Sample Type : PLAIN (SERUM)

HEMATOLOGY PROFILE

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
Ferritin <i>CHEMILUMINESCENCE</i>	107.00	ng/mL	22 to 322
Iron <i>Ferene</i>	68	µg/ dL	60 to 175
Total Iron Binding Capacity (TIBC) <i>Ferene</i>	367	µg/dL	250 to 425
Transferrin Saturation (%) * <i>Calculated</i>	18.2	%	13 to 45
Unsaturated Iron Binding Capacity (UIBC) * <i>Calculated</i>	379	H ug/dL	200 to 275

Interpretation :

Vitamin B12: Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.

Folic Acid: Significant folate deficiency is characteristically associated with macrocytosis and megaloblastic anemia. Lower than normal serum folate also has been reported in patients with neuropsychiatric disorders, in pregnant women whose fetuses have neural tube defects, and in women who have recently had spontaneous abortions.

Ferritin: The concentration of ferritin is directly proportional to the total iron stores in the body, resulting in serum ferritin concentrations becoming a common diagnostic tool in the evaluation of iron status.

Serum iron, total iron-binding capacity (TIBC), and percent saturation are widely used for the diagnosis of iron deficiency.

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Age : 52Y **Gender** : Male **Reported Date** : 13/10/2025 5:13PM
Ref. By : .
Sample Type : SODIUM FLUORIDE -1

BLOOD SUGAR LEVEL

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
Post Prandial Blood Sugar <i>Hexokinase</i>	155	H mg/dL	80 to 140

Interpretation :

The most common disease related to carbohydrate metabolism is diabetes mellitus, which is characterized by insufficient blood levels of active insulin. Symptoms include polyuria, abnormally elevated blood and urine glucose values, excessive thirst, constant hunger, sudden weight loss, and possibly elevated blood and urine ketones. Overproduction or excess administration of insulin causes a decrease in blood glucose to levels below normal. In severe cases, the resulting extreme hypoglycemia is followed by muscular spasm and loss of consciousness, known as insulin shock.

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