

Patient : \*\*\*\*\*  
 Age / Sex : 45 Y / Female  
 Referrer : Dr. RAJANIKANTH.S MD., DM., (GASTRO)  
 Branch : \*\*\*\*\*

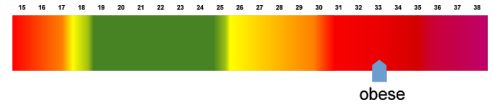


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**Partial Test Report**

**GENERAL ASSESSMENT**

Height : 160 cm      BMI : 31.25  
 Weight : 80 kg      BMI Prime : 1.25  
 Activity Factor : Little/no exercise  
 Are you a smoker ? : No      Percentile : 75th



(75th percentile - this means that in a group of people of your sex and age, 75% have lower BMI than you.)

**ANYTIME FULL BODY MASTER HEALTH CHECKUP-II**

INVESTIGATION / METHOD	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
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**HAEMATOLOGY**

**HAEMOGRAM.**

Total WBC Count      8200      cells/cumm      4000-10000  
 ( Method : Optical (Light Scatter))  
 ( Specimen: EDTA WHOLE BLOOD)

**DIFFERENTIAL COUNT(DC):EDTA WHOLE BLOOD**  
 (Optical (Light Scatter))

Neutrophils ( Specimen: EDTA WHOLE BLOOD)	65	%	45-70
Lymphocytes ( Specimen: EDTA WHOLE BLOOD)	26	%	25-40
Monocytes ( Specimen: EDTA WHOLE BLOOD)	4	%	2-10
Eosinophils ( Specimen: EDTA WHOLE BLOOD)	2	%	1-6
Basophils ( Specimen: EDTA WHOLE BLOOD)	1	%	0-2
LUC(Large Unstained Cells) ( Specimen: EDTA WHOLE BLOOD)	2	%	1-4
RBC (Red Blood Cell Count) ( Method : Optical (Light Scatter)) ( Specimen: EDTA WHOLE BLOOD)	4.72	Million/cmm	3.8-4.8
Haemoglobin (HB) ( Method : Dimethyl laurylamine Oxide) ( Specimen: EDTA WHOLE BLOOD)	13.6	g/dl	12-15
PCV -( Haematocrit-Packed Cell Volume) ( Method : Calculated(Optical)) ( Specimen: EDTA WHOLE BLOOD)	42.0	%	36-46
MCV (Mean Corpuscular Volume) ( Method : Optical (Light Scatter)) ( Specimen: EDTA WHOLE BLOOD)	89.0	fl	83-101



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MCH (Mean Corpuscular Hemoglobin ) ( Method : Calculated(Optical)) ( Specimen: EDTA WHOLE BLOOD)	28.9	pg	27-32
MCHC (Mean Corpuscular Hemoglobin Concentration) ( Method : Calculated(Optical)) ( Specimen: EDTA WHOLE BLOOD)	32.4	%	31.5-34.5
RDW-CV(Red Cell Distribution Width-CV) ( Method : Calculated(Optical)) ( Specimen: EDTA WHOLE BLOOD)	13	%	11.6-14.0
Platelet Count ( Method : Optical (Light Scatter)) ( Specimen: EDTA WHOLE BLOOD)	3.83	Lakhs/cumm 1.	
PDW(Platelet Distribution Width) ( Specimen: EDTA WHOLE BLOOD)	49	%	8.3 to 56.6
MPV (Mean Platelet Volume) ( Specimen: EDTA WHOLE BLOOD)	9	fl	6.5-12.0
Large Platelet Count ( Specimen: EDTA WHOLE BLOOD)	2	cells/cumm	0-10
PCT(Plateletcrit) ( Specimen: EDTA WHOLE BLOOD)	0.35	%	0.19-0.39
Absolute Neutrophil Count ( Specimen: EDTA WHOLE BLOOD)	5320	cells/cumm	2000-7000
Absolute Lymphocyte Count ( Specimen: EDTA WHOLE BLOOD)	2080	cells/cumm	1000-3000
Absolute Eosinophil Count ( Method : WB/Automated) ( Specimen: EDTA WHOLE BLOOD)	170	cells/cumm	20-500
Absolute Monocytes Count ( Specimen: EDTA WHOLE BLOOD)	360	cells/cumm	200-1000
Absolute Basophils Count ( Specimen: EDTA WHOLE BLOOD)	60	cells/cumm	20-100
ALUC(Absolute Large Unstained Cells) ( Specimen: EDTA WHOLE BLOOD)	160	cells/cumm	0-400



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**BIOCHEMISTRY**

**DIABETES PROFILE**

**Glycosylated HbA1c With Graph**  
(HPLC)

HbA1c ( Specimen: EDTA WHOLE BLOOD)	5.6	%	Non-Diabetic Level: < 5.7% Diabetic :5.7-6.4% Diabetic Level :>=6.5% Goal :7.0%
Mean Blood Glucose Level ( Specimen: EDTA WHOLE BLOOD)	114.0	mg/dL	

The A1C test results reflects your average blood sugar level for the past two to three months. It is a better reflection of how well your diabetes treatment plan is working overall. A committee of experts from the American Diabetes Association recommend that the A1C test be the primary test used to diagnose prediabetes, type 1 diabetes and type 2 diabetes.

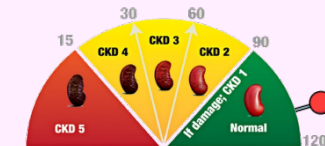
GLUCOSE (RBS) ( Method : Glucose Oxidase - Peroxidase) ( Specimen: FLUORIDE EDTA PLASMA)	110.0	mg/dL	FBS :74-100 PPBS:80-140 RBS :60 - 140
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**KIDNEY**

Blood Urea Nitrogen(BUN) ( Method : Urease/GLDH) ( Specimen: SERUM)	7.8	mg/dL	6 - 20 mg / dl
CREATININE ( Method : Creatinine amidohydrolase) ( Specimen: SERUM)	0.7	mg/dL	0.5 - 1.1

**Your eGFR results**

CKD-EPI (2009) : 109 mL/min/1.73m<sup>2</sup>



URIC ACID ( Method : Uricase) ( Specimen: SERUM)	5.1	mg/dL	2.6-6.0
BUN/Creatinine Ratio ( Specimen: SERUM)	10.6	Ratio	9-23

**Diagnosis :** A decreased ratio probably is suggestive of renal uremia (kidney dysfunction). Kindly correlate clinically.  
**Remarks :** In a known patient with kidney disease: Renal damage causes reduced reabsorption of BUN, therefore lowering the BUN:Cr ratio. In absence of renal damage: decreased ratio indicates liver disease (due to decreased urea formation) or malnutrition.



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**Partial Test Report**


INVESTIGATION / METHOD	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>LIPID PROFILE</b>			
<b>CHOLESTEROL</b> ( Method : Cholesterol Oxidase,esterase,Peroxidase) ( Specimen: SERUM)	<b>198.0</b>	mg/dL	Desirable :<200 Boderline high :200-239 High :>240
<b>HDL CHOLESTEROL</b> ( Method : Direct) ( Specimen: SERUM)	<b>43.0</b>	mg/dL	>40
<b>LDL CHOLESTEROL</b> ( Method : Direct) ( Specimen: SERUM)	<b>151</b>	mg/dL	Optimal :<100 Near Optimal/above Optimal:100-129 Borderline high :132-159 High :159-189 VeryHigh :>190
<b>TRIGLYCERIDES</b> ( Method : Lipase/Glycerol Dehydrogenase) ( Specimen: SERUM)	<b>126.0</b>	mg/dL	Normal :<150 Boderline high:150-199 High :200-499 very high :>500
<b>VLDL CHOLESTEROL</b> ( Method : Calculation) ( Specimen: SERUM)	<b>25.2</b>	mg/dL	10-40
<b>Non-HDL Cholesterol</b> ( Method : Calculation) ( Specimen: SERUM)	<b>156.0</b>	mg/dL	<160
<b>CHO / HDL RATIO</b> ( Method : Calculation) ( Specimen: SERUM)	<b>4.7</b>	Ratio	Optimal<3.5 Goal <5.0
<b>LDL/HDL RATIO</b> ( Specimen: SERUM)	<b>3.6</b>	Ratio	1.5-3.5
<b>TGL/HDL Ratio</b> ( Method : Calculated) ( Specimen: SERUM)	<b>3.0</b>		Ideal :<2.0 High Risk :>4.0 Very high risk:6.0



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 <b>LIVER FUNCTION TEST(LFT)</b>			
BILIRUBIN TOTAL ( Method : Vanadate oxidation) ( Specimen: SERUM)	0.55	mg/dL	0.3-1.2
BILIRUBIN DIRECT ( Method : Diazo) ( Specimen: SERUM)	0.17	mg/dL	<0.2
BILIRUBIN INDIRECT ( Method : Diazo) ( Specimen: SERUM)	0.38	mg/dL	0.2 - 0.9
Aspartate aminotransferase(AST/SGOT) ( Method : IFCC) ( Specimen: SERUM)	20.0	U/L	<31
Alanine aminotransferase(ALT/SGPT) ( Method : IFCC) ( Specimen: SERUM)	21.0	U/L	<34
ALKALINE PHOSPHATASE ( Method : AMP) ( Specimen: SERUM)	71.0	U/L	42-98
GAMMA GT ( Method : Glutamyltransferase) ( Specimen: SERUM)	36.0	U/L	<38
TOTAL PROTEIN ( Method : Biuret) ( Specimen: SERUM)	7.42	g/dl	6.4-8.3
ALBUMIN ( Specimen: SERUM)	4.52	g/dl	3.5-5.2G/DL
GLOBULIN ( Method : Calculation) ( Specimen: SERUM)	2.90	g/dl	2.3-3.5
A/G RATIO ( Specimen: SERUM)	1.5		0.8-2.0
AST/ALT ( Method : Calculated) ( Specimen: SERUM)	0.9		



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**IMMUNOLOGY**

**THYROID PROFILE TEST - TOTAL**

Total-T3 (Triiodothyronine-T3) ( Method : CLIA) ( Specimen: SERUM)	107.7	ng/dl	70-204 Pregnancy: 1st Trimester:81-190 2nd&3rd Trimester:100-260
Total-T4 (Thyroxine T4 ) ( Method : CLIA) ( Specimen: SERUM)	6.8	ug/dl	5.5-11.0
TSH (Thyroid-stimulating hormone)-Ultra ( Method : CLIA) ( Specimen: SERUM)	1.92	uIU/ml	0.55-4.78

\*Time of the day, stress, intense physical activity, certain medications, sleep deprivation, fasting and illness cause fluctuations in TSH levels.  
 \*Hence it is advised to take the TSH test around the same time of the day and in the same manner (fasting/non-fasting).

**NUTRITIONAL ASSESSMENT**

**Macronutrient** : Recommended Daily Intake  
**Carbohydrates** : 240-346 grams  
**Macronutrient** : Recommended Daily Intake  
**Total fiber** : 30 grams  
**Protein** : 53-160 grams  
**Fat** : 47-83 grams  
**Water** : 2.1 liters

**Obesity Diet Chart**



**DO'S AND DON'TS OF HEALTHY LIVING**

- Do make healthy food choices.
- Do keep track of your eating habits.
- Do think of eating as a lifestyle change.
- Do exercise instead of eat when bored.

- Don't skip meals.
- Don't smoke and drink alcohol
- Do drink plenty of water.