

Patient Name : **Mrs Archana Belnekar**
 DOB/Age/Gender : 39 Y 9 M 22 D/Female
 Patient ID / UHID : 6806430/RCL5903720
 Referred By : Dr.
 Sample Type : Whole blood EDTA
 Barcode No : HX895472

Bill Date : Jan 12, 2024, 02:24 PM
 Sample Collected : Jan 13, 2024, 08:10 AM
 Sample Received : Jan 13, 2024, 03:13 PM
 Report Date : Jan 13, 2024, 03:38 PM
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

HEMATOLOGY REPORT

CV - Executive health checkup with PPBS

Complete Blood Count (CBC)

RBC PARAMETERS

Hemoglobin Method : Spectrophotometry (Cyanide Free)	11.6	g/dL	12.0 - 15.0
RBC Count Method : Electrical impedance	4	10 ⁶ /μl	3.8 - 4.8
PCV Method : Calculated	34.2	%	36 - 46
MCV Method : Calculated	86.3	fl	83 - 101
MCH Method : Calculated	29.2	pg	27 - 32
MCHC Method : Calculated	33.8	g/dL	31.5 - 34.5
RDW (CV) Method : Calculated	11.1	%	11.6 - 14.0
RDW-SD Method : Calculated	40.2	fl	35.1 - 43.9

WBC PARAMETERS

TLC Method : Electrical impedance	9.7	10 ³ /μl	4 - 10
--------------------------------------	-----	---------------------	--------

DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils Method : Flow cytometry - DHSS	43	%	40-80
Lymphocytes Method : Flow cytometry - DHSS	47	%	20-40
Monocytes Method : Flow cytometry - DHSS	5	%	2-10
Eosinophils Method : Flow cytometry - DHSS	5	%	1-6
Basophils Method : Electrical Impedance	0	%	<2

Absolute leukocyte counts

Neutrophils. Method : Calculated	4.17	10 ³ /μl	2 - 7
Lymphocytes. Method : Calculated	4.56	10 ³ /μl	1 - 3
Monocytes. Method : Calculated	0.49	10 ³ /μl	0.2 - 1.0




Dr. Sonal Gupta
MD Pathology

Booking Centre :- Clearvikalp, Flat No. B/302, Gokul Park Building Opp D Mart, Vridavan Township Thane 401303

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., Unit No. 1 TO 8, M- Wing, Tex Center CHS, Saki Vihar Road, Chandivali Andheri East, Mumbai-400072

Patient Name : **Mrs Archana Belnekar**
 DOB/Age/Gender : 39 Y 9 M 22 D/Female
 Patient ID / UHID : 6806430/RCL5903720
 Referred By : Dr.
 Sample Type : Whole blood EDTA
 Barcode No : HX895472

Bill Date : Jan 12, 2024, 02:24 PM
 Sample Collected : Jan 13, 2024, 08:10 AM
 Sample Received : Jan 13, 2024, 03:13 PM
 Report Date : Jan 13, 2024, 03:38 PM
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
Eosinophils. Method : Calculated	0.49	10 ³ /μl	0.02 - 0.5
Basophils. Method : Calculated	0	10 ³ /μl	0.02 - 0.5
PLATELET PARAMETERS			
Platelet Count Method : Electrical impedance	432	10 ³ /μl	150 - 410
Mean Platelet Volume (MPV) Method : Calculated	7.9	fL	9.3 - 12.1
PCT Method : Calculated	0.3	%	0.17 - 0.32
PDW Method : Calculated	13	fL	8.3 - 25.0
P-LCR Method : Calculated	17.4	%	18 - 50
P-LCC Method : Calculated	75	%	44 - 140
Mentzer Index Method : Calculated	21.58	%	-

Interpretation:

CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.




Dr. Sonal Gupta
MD Pathology

Booking Centre :- Clearvikalp, Flat No. B/302, Gokul Park Building Opp D Mart, Vridavan Township Thane 401303
 Processing Lab :- Redcliffe Lifetech Pvt. Ltd., Unit No. 1 TO 8, M- Wing, Tex Center CHS, Saki Vihar Road, Chandivali Andheri East, Mumbai-400072

Patient Name : Mrs Archana Belnekar
 DOB/Age/Gender : 39 Y 9 M 22 D/Female
 Patient ID / UHID : 6806430/RCL5903720
 Referred By : Dr.
 Sample Type : Whole blood EDTA
 Barcode No : HX895472

Bill Date : Jan 12, 2024, 02:24 PM
 Sample Collected : Jan 13, 2024, 08:10 AM
 Sample Received : Jan 13, 2024, 03:13 PM
 Report Date : Jan 13, 2024, 05:17 PM
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

HEMATOLOGY REPORT

CV - Executive health checkup with PPBS

Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate **27** mm/hr 0 - 12
 Method : MODIFIED WESTERGREN

Interpretation:

ESR is also known as Erythrocyte Sedimentation Rate. An ESR test is used to assess inflammation in the body. Many conditions can cause an abnormal ESR, so an ESR test is typically used with other tests to diagnose and monitor different diseases. An elevated ESR may occur in inflammatory conditions including infection, rheumatoid arthritis ,systemic vasculitis, anemia, multiple myeloma , etc. Low levels are typically seen in congestive heart failure, polycythemia ,sickle cell anemia, hypo fibrinogenemia , etc.

AGE	MALE	FEMALE
1 DAY	0-12	0-12
2 - 7 DAYS	0-4	0-4
8 - 14 DAYS	0-17	0-17
15 DAYS - 17 YEARS	0-20	0-20
18 - 50 YEARS	0-10	0-12
51- 60 YEARS	0-12	0-19
61 - 70 YEARS	0-14	0-20
71 - 100 YEARS	0-30	0-35

Reference- Dacie and lewis practical hematology




Dr. Sonal Gupta
 MD Pathology

Booking Centre :- Clearvikalp, Flat No. B/302, Gokul Park BuildingOpp D Mart, Vridavan Township Thane 401303
 Processing Lab :- Redcliffe Lifetech Pvt. Ltd., Unit No. 1 TO 8, M- Wing, Tex Center CHS, Saki Vihar Road, Chandivali Andheri East, Mumbai-400072

Patient Name	: Mrs Archana Belnekar	Bill Date	: Jan 12, 2024, 02:24 PM
DOB/Age/Gender	: 39 Y 9 M 22 D/Female	Sample Collected	: Jan 13, 2024, 08:10 AM
Patient ID / UHID	: 6806430/RCL5903720	Sample Received	: Jan 13, 2024, 03:13 PM
Referred By	: Dr.	Report Date	: Jan 13, 2024, 06:39 PM
Sample Type	: Whole blood EDTA	Report Status	: Final Report
Barcode No	: HX895472		

Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

HEMATOLOGY REPORT

CV - Executive health checkup with PPBS

Blood Group ABO & Rh Typing

Blood Group	B	-	-
Rh Factor	Positive	-	-




Dr. Sonal Gupta
MD Pathology

Booking Centre :- Clearvikalp, Flat No. B/302, Gokul Park Building Opp D Mart, Vridavan Township Thane 401303
 Processing Lab :- Redcliffe Lifetech Pvt. Ltd., Unit No. 1 TO 8, M- Wing, Tex Center CHS, Saki Vihar Road, Chandivali Andheri East, Mumbai-400072

Patient Name : **Mrs Archana Belnekar**
 DOB/Age/Gender : 39 Y 9 M 22 D/Female
 Patient ID / UHID : 6806430/RCL5903720
 Referred By : Dr.
 Sample Type : FLUORIDE F
 Barcode No : ZB078860

Bill Date : Jan 12, 2024, 02:24 PM
 Sample Collected : Jan 13, 2024, 08:10 AM
 Sample Received : Jan 13, 2024, 03:13 PM
 Report Date : Jan 13, 2024, 04:05 PM
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

BIOCHEMISTRY REPORT
CV - Executive health checkup with PPBS
Glucose Fasting (BSF)

GLUCOSE FASTING Method : Hexokinase	105	mg/dL	70-99 mg/dL: Normal 100–125 mg/dL: Prediabetes >=126 mg/dL: Diabetes
--	------------	-------	---

Interpretation:

Status	Fasting plasma glucose in mg/dL
Normal	<100
Impaired fasting glucose	100 - 125
Diabetes	=>126

Reference : American Diabetes Association

Comment :

Blood glucose determinations in commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy insulinoma, or various liver diseases.

Note

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL or a random / 2 hour plasma glucose value of > or = 200 mg/dL with symptoms of diabetes mellitus.
- 2.Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis.




Dr. Sonal Gupta
MD Pathology

Booking Centre :- Clearvikalp, Flat No. B/302, Gokul Park Building Opp D Mart, Vridavan Township Thane 401303
 Processing Lab :- Redcliffe Lifetech Pvt. Ltd., Unit No. 1 TO 8, M- Wing, Tex Center CHS, Saki Vihar Road, Chandivali Andheri East, Mumbai-400072

Patient Name : **Mrs Archana Belnekar**
 DOB/Age/Gender : 39 Y 9 M 22 D/Female
 Patient ID / UHID : 6806430/RCL5903720
 Referred By : Dr.
 Sample Type : Serum
 Barcode No : ZB078859

Bill Date : Jan 12, 2024, 02:24 PM
 Sample Collected : Jan 13, 2024, 08:10 AM
 Sample Received : Jan 13, 2024, 03:13 PM
 Report Date : Jan 13, 2024, 04:23 PM
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

BIOCHEMISTRY REPORT

CV - Executive health checkup with PPBS

Blood Urea Nitrogen (Bun)

BLOOD UREA Method : Calculated	21	mg/dL	14.98-40.02
BUN Method : Urease	9.81	mg/dL	7.0-18.7

BIOCHEMISTRY REPORT

CV - Executive health checkup with PPBS

Creatinine

CREATININE Method : Kinetic alkaline picrate	0.7	mg/dL	0.57 - 1.11 mg/dL
---	-----	-------	-------------------

Interpretation:

Creatinine estimation is done to assess kidney function. It is not dependent on dietary factors. Normal values are obtained in kidney diseases, except in advanced renal failure and therefore its estimation is more valuable if coupled with clearance.

BIOCHEMISTRY REPORT

CV - Executive health checkup with PPBS

Uric Acid

URIC ACID Method : Uricase	4.6	mg/dL	2.6 - 6.0 mg/dL
-------------------------------	-----	-------	-----------------

Interpretation:

Serum uric acid levels are very labile and show day to day and seasonal variation in some people. Levels are also increased by emotional stress, total fasting and increased body weight. Serum uric acid levels are used to diagnose and monitor treatment of gout, monitor chemotherapeutic treatment of neoplasms to avoid renal urate deposition with possible renal failure.




Dr. Sonal Gupta
 MD Pathology

Booking Centre :- Clearvikalp, Flat No. B/302, Gokul Park Building Opp D Mart, Vridavan Township Thane 401303
 Processing Lab :- Redcliffe Lifetech Pvt. Ltd., Unit No. 1 TO 8, M- Wing, Tex Center CHS, Saki Vihar Road, Chandivali Andheri East, Mumbai-400072

Patient Name : **Mrs Archana Belnekar**
 DOB/Age/Gender : 39 Y 9 M 22 D/Female
 Patient ID / UHID : 6806430/RCL5903720
 Referred By : Dr.
 Sample Type : Serum
 Barcode No : ZB078859

Bill Date : Jan 12, 2024, 02:24 PM
 Sample Collected : Jan 13, 2024, 08:10 AM
 Sample Received : Jan 13, 2024, 03:13 PM
 Report Date : Jan 13, 2024, 04:23 PM
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

BIOCHEMISTRY REPORT

CV - Executive health checkup with PPBS

Liver Function Test (LFT)

BILIRUBIN TOTAL Method : Diazonium salt	0.3	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT Method : Diazo Reaction	0.2	mg/dL	0.0 - 0.5 mg/dL
BILIRUBIN INDIRECT Method : Calculated	0.1	mg/dL	0.2 - 0.7
SGOT/AST Method : Enzymatic [NADH (without P5P)]	16	U/L	5 - 34 U/L
SGPT/ALT Method : Enzymatic [NADH (without P5P)]	11	U/L	0 to 55 U/L
SGOT/SGPT Ratio Method : Calculated	1.45	-	-
ALKALINE PHOSPHATASE Method : Para-nitrophenyl-phosphate	86	U/L	40 - 150 U/L
TOTAL PROTEIN Method : Photometric (Biuret)	6.3	g/dL	6.4-8.3
ALBUMIN Method : Colorimetric BCG	4	gm/dL	3.8 - 5.0
GLOBULIN Method : Calculation	2.3	g/dL	2.3 - 3.5 g/dL
ALBUMIN : GLOBULIN RATIO Method : Calculated	1.74	-	1.2 - 2.0
GAMMA GLUTAMYL TRANSFERASE (GGT) Method : Photometric (L-Gamma glutamyl-3-Carboxy-4-Nitroani	28	U/L	9 to 36 U/L

Interpretation:

The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests. Liver tests check the blood for two main liver enzymes. Aspartate aminotransferase (AST), SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver. Alanine aminotransferase (ALT), SGPT: ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present. Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise: Alkaline phosphatase Gamma-utanyl transpeptidase (GGT) Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them. Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system. Low total protein may indicate: 1.bleeding 2.liver disorder 3.malnutrition 4.agammaglobulinemia High Protein levels 'Hyperproteinemia: May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins Low albumin levels may be caused by: 1.A poor diet (malnutrition). 2.Kidney disease. 3.Liver disease. High albumin levels may be caused by: Severe dehydration.




Dr. Sonal Gupta
MD Pathology

Booking Centre :- Clearvikalp, Flat No. B/302, Gokul Park Building Opp D Mart, Vridavan Township Thane 401303

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., Unit No. 1 TO 8, M- Wing, Tex Center CHS, Saki Vihar Road, Chandivali Andheri East, Mumbai-400072

Patient Name : **Mrs Archana Belnekar**
 DOB/Age/Gender : 39 Y 9 M 22 D/Female
 Patient ID / UHID : 6806430/RCL5903720
 Referred By : Dr.
 Sample Type : Serum
 Barcode No : ZB078859

Bill Date : Jan 12, 2024, 02:24 PM
 Sample Collected : Jan 13, 2024, 08:10 AM
 Sample Received : Jan 13, 2024, 03:13 PM
 Report Date : Jan 13, 2024, 04:23 PM
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

BIOCHEMISTRY REPORT
CV - Executive health checkup with PPBS

Lipid Profile

TOTAL CHOLESTEROL Method : Enzymatic (Cholesterol Oxidase)	199	mg/dL	Desirable : <200 Borderline : 200-239 High : >240
TRIGLYCERIDES Method : Photometric (Glycerol phosphate oxidase)	97	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very high : >=500
HDL CHOLESTEROL Method : Accelerator Selective Detergent	41	mg/dL	40-60 mg/dl
NON HDL CHOLESTEROL Method : Calculated	158	mg/dL	<130
LDL CHOLESTEROL Method : Calculated	138.6	mg/dL	Optimal <100 Near optimal/above optimal 100-129 Borderline high 130-159 High 160-189 Very high >190
V.L.D.L CHOLESTEROL Method : Calculated	19.4	mg/dL	< 30
CHOL/HDL Ratio Method : Calculated	4.85	-	3.5 - 5.0
HDL/ LDL RATIO Method : Calculated	0.3	-	Desirable : 0.5 - 3.0 Borderline : 3.1 - 6.0 High : > 6.0
LDL/HDL Ratio Method : Calculated	3.38	-	2.5 - 3.5

Interpretation:

Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends of 3 different samples to be drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

National Lipid Association Recommendations (NLA-2014)	Total Cholesterol (mg/dL)	Triglyceride (mg/dL)	LDL Cholesterol (mg/dL)	Non HDL Cholesterol (mg/dL)
Optimal	<200	<150	<100	<130
Above Optimal			100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220




Dr. Sonal Gupta
MD Pathology

Booking Centre :- Clearvikalp, Flat No. B/302, Gokul Park BuildingOpp D Mart, Vridavan Township Thane 401303
 Processing Lab :- Redcliffe Lifetech Pvt. Ltd., Unit No. 1 TO 8, M- Wing, Tex Center CHS, Saki Vihar Road, Chandivali Andheri East, Mumbai-400072

Patient Name : **Mrs Archana Belnekar**
 DOB/Age/Gender : 39 Y 9 M 22 D/Female
 Patient ID / UHID : 6806430/RCL5903720
 Referred By : Dr.
 Sample Type : Serum
 Barcode No : ZB078859

Bill Date : Jan 12, 2024, 02:24 PM
 Sample Collected : Jan 13, 2024, 08:10 AM
 Sample Received : Jan 13, 2024, 03:13 PM
 Report Date : Jan 13, 2024, 04:23 PM
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

Risk Stratification for ASCVD (Atherosclerotic Cardiovascular Disease) by Lipid Association of India.

Risk Category	A. CAD with > 1 feature of high risk group
Extreme risk group	B. CAD with >1 feature of very high risk group of recurrent ACS (within 1 year) despite LDL-C <or = 50 mg/dl or poly vascular disease
Very High Risk	1.Established ASCVD 2.Diabetes with 2 major risk factors of evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
High Risk	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence of end organ damage 3. CHD stage 3B or 4. 4 LDL >190 mg/dl 5. Extreme of a single risk factor 6. Coronary Artery Calcium - CAC > 300 AU 7. Lipoprotein a >= 50 mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors

Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors

1. Age >=45 years in Males & >= 55 years in Females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by Lipid Association of India in 2020.

Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal <OR = 30)	<80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	>OR = 30	>OR = 60	> 30	> 60
Very High Risk	<50	<80	>OR = 50	>OR = 80
High Risk	<70	<100	>OR = 70	>OR = 100
Moderate Risk	<100	<130	>OR = 100	>OR = 130
Low Risk	<100	<130	>OR = 130*	>OR = 160

* After an adequate non-pharmacological intervention for at least 3 months.

References : Management of Dyslipidaemia for the Prevention of Stroke : Clinical practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology,2022,20,134-155.




Dr. Sonal Gupta
MD Pathology

Booking Centre :- Clearvikalp, Flat No. B/302, Gokul Park Building Opp D Mart, Vridavan Township Thane 401303
 Processing Lab :- Redcliffe Lifetech Pvt. Ltd., Unit No. 1 TO 8, M- Wing, Tex Center CHS, Saki Vihar Road, Chandivali Andheri East, Mumbai-400072

Patient Name : **Mrs Archana Belnekar**
 DOB/Age/Gender : 39 Y 9 M 22 D/Female
 Patient ID / UHID : 6806430/RCL5903720
 Referred By : Dr.
 Sample Type : Serum
 Barcode No : ZB078859

Bill Date : Jan 12, 2024, 02:24 PM
 Sample Collected : Jan 13, 2024, 08:10 AM
 Sample Received : Jan 13, 2024, 03:13 PM
 Report Date : Jan 13, 2024, 05:23 PM
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

BIOCHEMISTRY REPORT

CV - Executive health checkup with PPBS

Vitamin B12 / Cyanocobalamin

Vitamin - B12 Method : CMIA	295	pg/mL	187 - 883
--------------------------------	-----	-------	-----------

Interpretation:

Low Values are a sign of a vitamin B12 deficiency. People with this deficiency are likely to have or develop symptoms.

Causes of vitamin B12 deficiency include: Not enough vitamin B12 in diet (rare except with a strict vegetarian diet), Diseases that cause malabsorption (for example, celiac disease and Crohn's disease), Lack of intrinsic factor, Above normal heat production (for example, with hyperthyroidism), Pregnancy. Increased vitamin B12 levels are uncommon. Usually excess vitamin B12 is removed in the urine. Conditions that can increase B12 levels include: Liver disease (such as cirrhosis or hepatitis), Myeloproliferative disorders (for example, polycythemia vera and chronic myelocytic leukemia).

Vitamin B12: Low Levels can cause malabsorption, Lack of intrinsic factor, Above normal heat production (for example, with hyperthyroidism), Pregnancy. High Level Liver disease, Myeloproliferative disorders (for example, polycythemia vera and chronic myelocytic leukemia).

1. Out of 140 healthy Indian population, 91% of Vitamin B 12 concentrations was at lower level: 59.00 pg/ml and upper level: 700.00 pg/ml

"Patients on Biotin supplement may have interference in some immunoassays. Ref: Arch Pathol Lab Med—Vol 141, November 2017. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended."




Dr. Sonal Gupta
 MD Pathology

Booking Centre :- Clearvikalp, Flat No. B/302, Gokul Park Building Opp D Mart, Vridavan Township Thane 401303

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., Unit No. 1 TO 8, M- Wing, Tex Center CHS, Saki Vihar Road, Chandivali Andheri East, Mumbai-400072

Patient Name : **Mrs Archana Belnekar**
 DOB/Age/Gender : 39 Y 9 M 22 D/Female
 Patient ID / UHID : 6806430/RCL5903720
 Referred By : Dr.
 Sample Type : Serum
 Barcode No : ZB078859

Bill Date : Jan 12, 2024, 02:24 PM
 Sample Collected : Jan 13, 2024, 08:10 AM
 Sample Received : Jan 13, 2024, 03:13 PM
 Report Date : Jan 13, 2024, 05:23 PM
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

BIOCHEMISTRY REPORT

CV - Executive health checkup with PPBS

Vitamin D 25 Hydroxy

Vitamin D 25 - Hydroxy
 Method : CMIA

16.9

ng/mL

Deficiency : < 10 ng/mL
 Insufficient : 10-30 ng/mL
 Sufficient : >30-100 ng/mL
 Hypervitaminosis : > 100 ng/mL

Interpretation:

25-Hydroxy vitamin D represents the main body reservoir and transport form. Mild to moderate deficiency is associated with Osteoporosis / Secondary Hyperparathyroidism while severe deficiency causes Rickets in children and Osteomalacia in adults. Prevalence of Vitamin D deficiency is approximately >50% specially in the elderly. This assay is useful for diagnosis of vitamin D deficiency and Hypervitaminosis D. It is also used for differential diagnosis of causes of Rickets & Osteomalacia and for monitoring Vitamin D replacement therapy.




Dr. Sonal Gupta
MD Pathology

Booking Centre :- Clearvikalp, Flat No. B/302, Gokul Park Building Opp D Mart, Vridavan Township Thane 401303

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., Unit No. 1 TO 8, M- Wing, Tex Center CHS, Saki Vihar Road, Chandivali Andheri East, Mumbai-400072

Patient Name : **Mrs Archana Belnekar**
 DOB/Age/Gender : 39 Y 9 M 22 D/Female
 Patient ID / UHID : 6806430/RCL5903720
 Referred By : Dr.
 Sample Type : Serum
 Barcode No : ZB078859

Bill Date : Jan 12, 2024, 02:24 PM
 Sample Collected : Jan 13, 2024, 08:10 AM
 Sample Received : Jan 13, 2024, 03:12 PM
 Report Date : Jan 13, 2024, 05:23 PM
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

BIOCHEMISTRY REPORT

Thyroid Profile Total

TRIIODOTHYRONINE (T3) Method : CMIA	81.5	ng/dL	35 - 193 ng/dL
TOTAL THYROXINE (T4) Method : CMIA	8	µg/dL	4.87 - 11.72 ug/dL
THYROID STIMULATING HORMONE (Ultrasensitive) Method : CMIA	1.3681	uIU/mL	0.35 - 4.94 uIU/mL

Interpretation:

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamic system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalamic-pituitary diseases. Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

TSH	T4	T3	INTERPRETATION
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Nonthyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome (a mutation in the thyroid hormone receptor decreases thyroid hormone function)




Dr. Sonal Gupta
MD Pathology

Booking Centre :- Clearvikalp, Flat No. B/302, Gokul Park Building Opp D Mart, Vridavan Township Thane 401303

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., Unit No. 1 TO 8, M- Wing, Tex Center CHS, Saki Vihar Road, Chandivali Andheri East, Mumbai-400072

Patient Name : **Mrs Archana Belnekar**
 DOB/Age/Gender : 39 Y 9 M 22 D/Female
 Patient ID / UHID : 6806430/RCL5903720
 Referred By : Dr.
 Sample Type : Serum
 Barcode No : ZB078859

Bill Date : Jan 12, 2024, 02:24 PM
 Sample Collected : Jan 13, 2024, 08:10 AM
 Sample Received : Jan 13, 2024, 03:12 PM
 Report Date : Jan 13, 2024, 04:23 PM
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

BIOCHEMISTRY REPORT

CV - Executive health checkup with PPBS

Electrolytes (Na/K/Cl)

SODIUM Method : Ion-Selective Electrode Diluted (Indirect)	140	mmol/L	136 - 145
POTASSIUM Method : Ion-Selective Electrode Diluted (Indirect)	4	mmol/L	3.5 - 5.1
Chloride Method : Potentiometric	102	mmol/L	98 - 107




Dr. Sonal Gupta
MD Pathology

Booking Centre :- Clearvikalp, Flat No. B/302, Gokul Park Building Opp D Mart, Vridavan Township Thane 401303

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., Unit No. 1 TO 8, M- Wing, Tex Center CHS, Saki Vihar Road, Chandivali Andheri East, Mumbai-400072

Terms and Conditions of Reporting

1. The presented findings in the Reports are intended solely for informational and interpretational purposes by the referring physician or other qualified medical professionals possessing a comprehensive understanding of reporting units, reference ranges, and technological limitations. The laboratory shall not be held liable for any interpretation or misinterpretation of the results, nor for any consequential or incidental damages arising from such interpretation.
2. It is to be presumed that the tests performed pertain to the specimen/sample attributed to the Customer's name or identification. It is presumed that the verification particulars have been cleared out by the customer or his/her representation at the point of generation of said specimen / sample. It is hereby clarified that the reports furnished are restricted solely to the given specimen only.
3. It is to be noted that variations in results may occur between different laboratories and over time, even for the same parameter for the same Customer. The assays are performed and conducted in accordance with standard procedures, and the reported outcomes are contingent on the specific individual assay methods and equipment(s) used, as well as the quality of the received specimen.
4. This report shall not be deemed valid or admissible for any medico-legal purposes.
5. The Customers assume full responsibility for apprising the Company of any factors that may impact the test finding. These factors, among others, includes dietary intake, alcohol, or medication / drug(s) consumption, or fasting. This list of factors is only representative and not exhaustive.