COMPLETE BODY PROFILE + VITAMINS (NON- FASTING)

DATE 02.01.2019

Ashok Naik

Age: 42 Years | Gender: M

ANEMIA PROFILE

PARAMETER	READING	REFERENCE RANGE
SERUM IRON (mcg/dL) METHODOLOGY: Ferene	**59.0** Low	**Male**:- 65 - 175 mcg/dL **Female**:- 50 - 170 mcg/dL Decreased iron concentrations are seen in iron deficiency and anemia of chronic disease. Increased iron concentration are seen in hemolytic anemias, hemochromatosis and acute liver disease.

DIABETES

PARAMETER	READING	REFERENCE RANGE
RANDOM BLOOD SUGAR (mg/dL) METHODOLOGY: Hexokinase	**93.0** Normal	**Low**:- Below 79 mg/dL **Normal**:- 80 - 160 mg/dL **Prediabetic**:- 160 - 200 mg/dL **Diabetic**:- Above 200 mg/dL 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 hyperfunction. Decreased glucose levels may result from excessive insulin therapy and in various liver diseases.

LIPID PROFILE

PARAMETER	READING	REFERENCE RANGE
SERUM TRIGLYCERIDE (mg/dL) METHODOLOGY: Enzymatic GPO Tinder	**106.0** Normal	**Normal**:- Less than 150 mg/dL **Borderline High**:- 150 - 199 mg/dL **High**:- 200 - 499 mg/dL **Very High**:- Above 500 mg/dL Measurement of triglyceride is important in the diagnosis and management of hyperlipidemia. This disease can be genetic or secondary to other disorders including diabetes mellitus. Please Note: Temporary elevated values of Serum Triglycerides may be seen when period of fasting is less than 12 hours or sample is given in non-fasting state.
SERUM CHOLESTEROL (mg/dL) METHODOLOGY: Enzymatic	**135.0** Normal	**Low**: Less than 130mg/dL **Desirable**: 130- 200 mg/dL **Borderline high**: 200 - 239 mg/dL **High**: Above 240 mg/dL Cholesterol levels are important in the diagnosis and classification of hyperlipoproteinemias. Stress, age, gender, hormonal balance and pregnancy affect normal cholesterol levels.Reference: NCEP guidelines 2001.

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HEALTH ON DEMAND

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LIPID PROFILE		
PARAMETER	**READING**	**REFERENCE RANGE**
SERUM HDL CHOLESTEROL (mg/dL) METHODOLOGY: Ultra HDL	**29.0** Low	**Low**: Less than 40 mg/dL **High**: Above 60 mg/dL Major risk factor for heartdisease: Less than 40 mg/dL Negative risk factor for heart disease: Above 60 mg/dL
L.D.L CHOLESTEROL (mg/dL) METHODOLOGY: Calculation/ **Direct Estimation	**84.8** Optimal	**Optimal**: Less than 100 mg/dL **Near Optimal**: 100 - 129 mg/dL **Borderline High**: 130 - 159 mg/dL **High**: 160 - 189 mg/dL **Very high**: Above 190 mg/dL Lower values are associated with increased risk of atherosclerosis.
NON HDL CHOLESTEROL (mg/dL)	**106.0** Normal	**Fasting**: Upto 145 mg/dL **Non-Fasting**: Upto 150 mg/dL
SERUM V.L.D.L CHOLESTEROL (mg/dL) METHODOLOGY: Calculation	**21.2** Normal	10 - 35 mg/dL
TOTAL CHOLESTEROL/HDL RATIO	**4.66** Normal	Below 5.1 Ratio Below 5.1 is statistically associated with decreased incidence of heart disease. However new guidelines lay more stress on HDL Cholesterol values rather than TC/HDL ratio.

KIDNEY PROFILE		
PARAMETER	**READING**	**REFERENCE RANGE**
BLOOD UREA NITROGEN (mg/dL) METHODOLOGY: Urease	**9.0** Normal	**Male**:- Above 50 yrs: 8.9 - 20.6 mg/dLUnder 50 yrs: 8.4 - 25.7mg/dL **Female**:- Measurements obtained by this test are used in the diagnosis of certain renal and metabolic diseases. The determination of serum BUN is a widely used test for the evaluation of kidney function.

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KIDNEY PROFILE		
PARAMETER	**READING**	**REFERENCE RANGE**
SERUM CALCIUM (mg/dL) METHODOLOGY: Arsenazo III	**8.7** Normal	8.4 - 10.2 mg/dL The majority of calcium in body is present in the bones. Hypercalcemia can result from hyperparathyroidism hypervitaminosis and multiple myeloma. Hypocalcemia can result from hypoparathyroidism, hypoalbuminemia,renal insufficiency and pancreatitis
SERUM URIC ACID (mg/dL) METHODOLOGY: Uricase	**5.6** Normal	**Male**:- 3.5 - 7.2 mg/dL **Female**:- 2.6 - 6.0 mg/dL Uric Acid is a metabolite of purines, nucleic acids and nucleoproteins. Consequently, abnormal levels may be indicative of a disorder in the metabolism of these substances. Hyperuricemia may be observed in gout,renal dysfunction and leukemia.
SERUM CREATININE (mg/dL) METHODOLOGY: Kinetic Alkaline Picrate	**0.75** Normal	**Male**:- 0.72 - 1.25 mg/dL **Female**:- 0.57 - 1.11 mg/dL Creatinine is eliminated from blood by glomerular filtration. Reduced renal function results in an increased serum creatinine concentration. Measurement of serum creatinine is used to diagnoseand monitor acute and chronic renal disease, estimate glomerular filtration rate or assess the status of renal dialysis patients.
BUN/SERUM CREATININE RATIO	**12.0**	

LIVER PROFILE		
PARAMETER	**READING**	**REFERENCE RANGE**
SERUM BILIRUBIN - DIRECT (mg/dL) METHODOLOGY: Diazo Reaction	**0.3**	0.0 - 0.5 mg/dL
SERUM PROTEIN (gms/dL) METHODOLOGY: Biuret	**7.2** Normal	6.4 - 8.3 g/L Hypoproteinemia may be caused by such conditions as nephrotic syndrome and salt retention syndromes. Hyperproteinemia may be observed in cases of severe dehydration and disease states such as multiple myeloma.

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LIVER PROFILE		
PARAMETER	**READING**	**REFERENCE RANGE**
SERUM ALBUMIN (gms/dL) METHODOLOGY: BCG	**4.3** Normal	**20 to 60 yrs**:- 3.5 - 5.2 g/dl **60 to 90 yrs**:- 3.2 - 4.6 g/dl Elevated serum albumin levels are usually the result of dehydration.Decreased albumin levels are found in a wide variety of conditions including kidney disease, liver disease.
SERUM S.G.P.T.(ALT) (I.U/L) METHODOLOGY: NADH	**26.0** Normal	0 - 55 I.U/L Markedly elevated serum ALT levels may be found in a variety of diseases which involve the liver such as hepatitis, mononucleosis and cirrhosis.
SERUM S.G.O.T.(AST) (I.U/L) METHODOLOGY: NADH	**22.0** Normal	5 - 34 I.U/L The greatest concentrations of AST are found in heart, liver, muscle and kidney tissue. Damage to these tissues can greatly elevate serum AST levels
GAMMA GLUTAMYL TRANSFERASE (GGT) (I.U/L) METHODOLOGY: IFCC Kinetic	**20.0** Normal	**Male**:- 12 - 64 I.U/L **Female**:- 9 - 36 I.U/L GGT is elevated in many forms of liver disease
SERUM BILIRUBIN - TOTAL (mg/dL) METHODOLOGY: Diazonium Salt	**0.5** Normal	0.2 - 1.2 mg/dL Total bilirubin is the sum of the unconjugated and conjugated fractions. Total bilirubin is elevated in many liver diseases like hepatitis, cirrhosis and conditions causing hepatic obstruction mostly direct increase in viral jaundice
SERUM GLOBULIN (gms/dL)	**2.9** Normal	2.3 - 3.5 gms/dL
SERUM ALKALINE PHOSPHATASE (I.U/L) METHODOLOGY: Kinetic using p-nitrophenyl phosphate	**98.53** Normal	**Above 20 yrs Male**:- 40 - 150 **Above 15 yrs Female**:- 40 - 150 Children in growth spurt may show elevated levels upto 750 U/L. A variety of disease processes can result in the release of increased quantities of alkaline phosphatase into the blood. Also a very good indicator of obstructive Jaundice

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LIVER PROFILE

PARAMETER	READING	REFERENCE RANGE
SERUM BILIRUBIN - INDIRECT (mg/dL)	**0.2**	Indirect Bilirubin is increased in cases of pre-hepatic Jaundice. viz haemoletic jaundice,transfusion reaction, Rh incompatability in new born children.
SERUM ALBUMIN/GLOBULIN	**1.48**	

PANCREAS PROFILE

PARAMETER	READING	REFERENCE RANGE
SERUM AMYLASE (I.U/L) METHODOLOGY: CNPG3 Substance	**50.0** Normal	**Adult**:- 25 - 125 **Above 70 yrs**:- 20 - 160 I.U/L Measurement of alpha-amylase activity is of value in diagnosing pancreatitis and other pancreatic disorders which result in elevated alpha-amylase activity.
SERUM LIPASE (I.U/L) METHODOLOGY: Quinone Dye	**12.0** Normal	8 - 78 I.U/L Pancreatic lipase in serum and plasma is closely associated with pancreatic diseases.

THYROID FUNCTION TESTS

PARAMETER	READING	REFERENCE RANGE
SERUM T4 (TETRA IDO-THYRONINE) (ng/dL) METHODOLOGY: CMIA	**8.74** Normal	4.87 - 11.72 ng/dL Decreased T4 is seen in chronic autoimmune thyroiditis, hypothyroid phase of transient thyroiditis. Ideally it to be assayed with T3 and TSH Elevated T4 is seen with interfering antibodies to thyroid hormones (anti-TPO Antibodies) & T4 overdose drug interference
SERUM T3 (TRI-IDO THYRONINE) (ng/dL) METHODOLOGY: CMIA	**115.96** Normal	64 - 152 ng/dL Decreased T3 is seen in elderly and associated with non thyroid illness.Ideally it to be assayed with T4 an TSH Elevated T3 suggests primary hyperthyroidism (Graves diseases), toxic nodule & transient thyroiditis

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THYROID FUNCTION TESTS

PARAMETER	READING	REFERENCE RANGE
TSH (ULTRA SENSITIVE) (uIU/mL) METHODOLOGY: CMIA	**0.61** Normal	0.2 - 5.0 uIU/mL Decreased TSH is seen in elderly associated with non thyroid illness subclinical hyperthyroidism & Thyroxin ingestion Ideally it to be assayed with T3 an T4 Elevated TSH: isolated TSH especially in the range of 4.7 to 15mlu/ml is commonly associated with physiological and biological TSH variability. Subclinical autoimmune hypothyroidism intermittent T4 therapy for Hypothyroidism Recovery face after nonthyroidal illness

VITAMINS

PARAMETER	READING	REFERENCE RANGE
SERUM VITAMIN B12 (pg/mL) METHODOLOGY: CMIA	**213.0** Normal	**Biological Reference Interval** 187 - 883 pg/mL **Sensitivity of Assay:** 80pg/mL Note : Very high levels (>1200) may be seen for several weeks after injections of B12
VITAMIN D (25-OH) (ng/mL) METHODOLOGY: CMIA	**12.3** Low	**Biological Reference Interval** 30 - 60 ng/mL This assay is of importance for diagnosis of Vitamin D deficiency or intoxication. High levels may be seen after therapy, Vitamin D stimulates intestinal absorption of calcium and phosphorus and stimulates bone resorption and mineralisation.

Methodology: CMIA methodology (chemiluminescent Microparticle immunoassay).
These tests are done in Architect | 1000 Full Automated System.

Authenticated by:

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