

**BEFORE THE NATIONAL GREEN TRIBUNAL,
PRINCIPAL BENCH AT NEW DELHI**

ORIGINAL APPLICATION NO. 447 OF 2024

IN THE MATTER OF:
SAMPURNA NAND

.... APPLICANT

VERSUS

M/S PNC INFRATECH & ORS.

.... RESPONDENTS

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NEW DELHI

DATED: 28 .10.2025



(PRADEEP MISRA & DALEEP DHYANI)

Counsel for U.P. Pollution Control Board

138, New Lawyers Chamber,

Supreme Court of India,

New Delhi-110001

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BEFORE THE HON'BLE NATIONAL GREEN TRIBUNAL
PRINCIPAL BENCH, NEW DELHI

ORIGINAL APPLICATION NO. 447 OF 2024



IN THE MATTER OF:
SAMPURNA NAND



.... APPLICANT

2 Tickets
Robert Singh
Sambhadra

VERSUS

M/S PNC INFRATECH & ORS.

.... RESPONDENTS

AFFIDAVIT ON BEHALF OF THE UTTAR PRADESH POLLUTION
CONTROL BOARD IN COMPLIANCE OF ORDER DATED 25.08.2025
PASSED BY THIS HON'BLE TRIBUNAL

I, Ramesh Kumar Singh, S/o. Shri Bal Ram Singh, aged about 44 years, presently posted as Regional Officer, Uttar Pradesh Pollution Control Board (hereinafter UPPCB), Sonbhadra do hereby solemnly affirm and state on oath as under:

1. That I in the above noted capacity am well conversant with the facts and records of the present case, hence am competent to swear this affidavit.



That the present matter is about illegal mining and blasting causing severe environmental pollution on hills in the area of villages Bhagoti Dei, Sonpur, Biyahur and Chakjata, Pargana Bhagwat, Police Station Ahraura, Tehsil Chunar in District Mirzapur, Uttar Pradesh.

3. That this Hon'ble Tribunal vide order dated 21.07.2025 has directed the UPPCB to file "Additional response regarding

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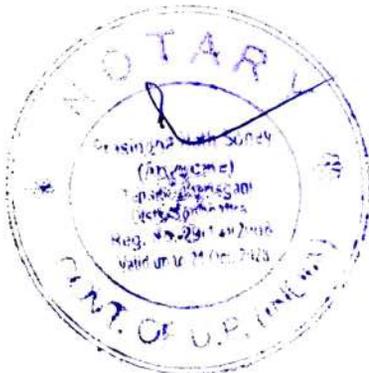
compliance status of respondent no. 1 i.e. M/s A.H.V.C. Infra L.L.P.-Stone Crusher Unit (Ex-Name- M/s PNC Infratech Limited), established at Arazi No. 57, Village-Sonpur, Pargana-Bhagwat, Tehsil-Chunar, District-Mirzapur in respect of each of the guidelines issued by CPCB/UPPCB with all requisite details and supporting photographs and video clips taken for verifying the compliance by Respondent No. 1 may be filed in tabular format within one month's".

4. That, in compliance of the above directions passed by this Hon'ble Tribunal, officials of UPPCB has conducted the field visit of above Stone Crusher Unit i.e. M/s A.H.V.C. Infra L.L.P.-Stone Crusher Unit (Ex-Name-M/s PNC Infratech Limited), established at Arazi No. 57, Village-Sonpur, Pargana-Bhagwat, Tehsil-Chunar, District-Mirzapur on 18.08.2025.
5. That accordingly compliance report in the form of affidavit was placed before this Hon'ble Tribunal for kind consideration.
6. That further vide its order dated 25.08.2025 this Hon'ble Tribunal directed as follows:

....."3. Copy of pen drive filed by UPPCB may be supplied to the respondent no. 1 on furnishing of blank pen drive for this purpose.

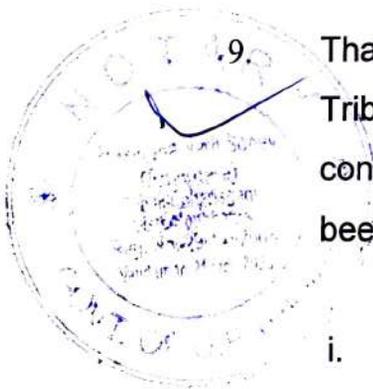
5. UPPCB is directed to issue appropriate directions/order to the project proponent to ensure compliance with the consent conditions and to verify such compliance and file additional affidavit within two months.

6. List on 30.10.2025 for final hearing."



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7. That in compliance of above, directions have been issued to above Stone Crusher Unit i.e. M/s A.H.V.C. Infra L.L.P.-Stone Crusher Unit (Ex-Name- M/s PNC Infratech Limited), established at Arazi No. 57, Village-Sonpur, Pargana-Bhagwat, Tehsil-Chunar, District-Mirzapur by UPPCB vide letter ref. No. G1193 /A.H.V.C.Infra/Sahmati/2025 dated 13.10.2025 for compliance of conditions of CTO issued to above Unit by UPPCB vide ref. No. 159294/UPPCB/Sonebhadra (UPPCBRO) /CTO/both/Mirzapur/2025 dated 11.07.2022 and to submit compliance status. Further, directions also issued to Stone Crusher Unit to comply/follow the Central Pollution Control Board (CPCB) and Uttar Pradesh Pollution Control Board (UPPCB) Guidelines of Stone Crusher Unit for operation of Stone Crusher Unit and to submit compliance report. A Copy of letter Dated 13.10.2025 is being annexed as **Annexure No.1.**
8. That in compliance of directions, a copy of Videography along with Affidavit, which was filed before this Hon'ble Tribunal has been sent to the above Stone Crusher Unit in pen drive vide letter ref. No. G1218/OA No. 447/2025 dated 15.10.2025. A Copy of letter dated 15.10.2025 is being Annexed as **Annexure No.2.**

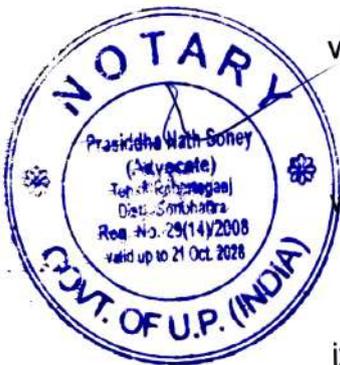


That in compliance of the directions passed by this Hon'ble Tribunal, UPPCB has again conducted the field visit of above concerned Stone Crusher on dated 17.10.2025 wherein it has been found as follows.

- i. During field visit above concerned stone Crusher unit was found non-operational.

(Handwritten signature)

- ii. During inspection Air pollution sources i.e. such as Primary Jaw Crusher, Vibrating screen, and conveyer belts end points were found covered with canvas cloth/ telescopic suit was found established.
- iii. Unloading point of raw material into the hopper was found covered from top & 03 Sides.
- iv. At End points of conveyer belts to control dust emission water sprinkling mechanism was found established. During inspection to control dust emission waster sprinkling mechanism was found established.
- v. Inside the premises of Stone Crusher Unit, metallic/Concrete road was found established to reduce vehicular dust emission generated during movement of vehicles.
- vi. Regarding status of metallic road/concrete road during inspection, it was found that approach road constructed was found metallic/concrete road. Along Ramp RCC road was found constructed.
- vii. Dug was found covered on top and along 03 sides with metallic sheet.
- viii. Green belt in 03 Row Plantation was found along the Boundaries of the Unit.
- ix. Anti-smog gun was also found established to control fugitive dust emission generated during vehicular movement and during loading/unloading of Raw material.



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- x. As a wind breaking wall along 04 Sides tin sheet boundary wall was found established.
- 10. That reply in compliance of letter dated 13.10.2025 issued by UPPCB has been submitted by representative of above unit vide letter dated 17.10.2025 along with a copy of compliance status of CTO issued and copy of Health Check-up report of Staff of Stone Crusher Unit. A copy of reply letter dated 17.10.2025 is being annexed as **Annexure No.3**.
- 11. That the present affidavit on behalf of the Uttar Pradesh Pollution Control Board is submitted before this Hon'ble Tribunal for kind perusal and consideration.

[Handwritten signature]

DEPONENT

VERIFICATION:

Verified at Robert Cary on this the 27th day of October, 2025 that the contents of above affidavit are true and correct to my knowledge based on records and information received and believed to be true, no part of it is false and nothing material has been concealed therefrom.

20776



[Handwritten signature]
27/10/25

[Handwritten signature]

DEPONENT

with Ramesh Kumar
 No. _____ P/O _____ W/ _____
 has been identified by Shri. _____
 appeared before me on _____ at _____ a.m./P.m.
 I certified that he/she understands and admits the truthness
 of facts mentioned in the affidavit declaration and
 administered oath to him

P. P. SONEY
ADV.-NOTARY
SONBHADRA



6 क्षेत्रीय कार्यालय,
REGIONAL OFFICE,
उ०प्र० प्रदूषण नियंत्रण बोर्ड
U.P. POLLUTION CONTROL BOARD
सोनभद्र
SONBHADRA

Annexure No.1



संदर्भ संख्या:- G/1193/ए०एच०वी०सी० इन्फ्रा/एल०एल०पी०/सोनभद्र/2025
Ref.No.:

दिनांक:- 13/10/2025
Date:

सेवा में,

मेसर्स ए०एच०वी०सी० इन्फ्रा एल०एल०पी० स्टोन क्रशर इकाई (पूर्वनाम-पी०एन०सी० इन्फ्राटेक लिमिटेड),
आराजी नं०-57, ग्राम-सोनपुर, पोस्ट-पटिहट्टा, तहसील-चुनार,
जनपद-मीरजापुर।

विषय:- वायु (प्रदूषण निवारण तथा नियंत्रण) अधिनियम, 1981 (यथासंशोधित) प्राविधानों के अन्तर्गत बोर्ड द्वारा निर्गत सहमति (जल एवं वायु) की शर्तों, केन्द्रीय प्रदूषण नियंत्रण बोर्ड एवं उ०प्र० प्रदूषण नियंत्रण बोर्ड द्वारा प्रचलित स्टोन क्रशर इकाईयों की गाइडलाइन/वायु प्रदूषण नियंत्रण व्यवस्थाओं के अनुपालन के सम्बन्ध में।

महोदय,

कृपया उपरोक्त विषयक के सम्बन्ध में मा० राष्ट्रीय हरित अधिकरण, नई दिल्ली में विचाराधीन ओ०ए० संख्या-447/2024 सम्पूर्णानन्द बनाम पी०एन०सी० इन्फ्राटेक लिमिटेड व अन्य में पारित आदेश दिनांक-25.08.2025 के अनुपालन में केन्द्रीय प्रदूषण नियंत्रण बोर्ड एवं उ०प्र० प्रदूषण नियंत्रण बोर्ड द्वारा प्रचलित स्टोन क्रशर इकाईयों की गाइडलाइन/वायु प्रदूषण नियंत्रण व्यवस्थाओं का अक्षरशः अनुपालन किया जाना सुनिश्चित किया जाये। मा० राष्ट्रीय हरित अधिकरण, नई दिल्ली में पारित आदेश दिनांक-21.07.2025 के अनुपालन में आपके इकाई का निरीक्षण इस कार्यालय के प्राधिकारियों द्वारा दिनांक-18.08.2025 को किया गया।

निरीक्षण के समय आपके उद्योग द्वारा निम्नलिखित वायु प्रदूषण नियंत्रण व्यवस्थाओं/केन्द्रीय प्रदूषण नियंत्रण बोर्ड एवं उ०प्र० प्रदूषण नियंत्रण बोर्ड द्वारा स्टोन क्रशर हेतु जारी गाइडलाइन का पूर्णतः अनुपालन नहीं किया जाता पाया गया।

Sl. No.	CPCB/UPPCB Guideline or Pollution Control Measures	Compliance Status	Remark
1.	Unloading of raw material into hopper	Partially Complying	
2.	Health survey of workers should be carried out by the stone crusher on half-yearly basis.	Non-Complying	

उपरोक्त से स्पष्ट है कि इकाई द्वारा वायु (प्रदूषण निवारण तथा नियंत्रण) अधिनियम, 1981 (यथासंशोधित) प्राविधानों के अन्तर्गत बोर्ड द्वारा निर्गत सहमति (जल एवं वायु) की शर्तों, केन्द्रीय प्रदूषण नियंत्रण बोर्ड एवं उ०प्र० प्रदूषण नियंत्रण बोर्ड द्वारा प्रचलित स्टोन क्रशर इकाईयों की गाइडलाइन का अक्षरशः अनुपालन नहीं किया जा रहा है।

अतः उपरोक्त के परिप्रेक्ष्य में आपको निर्देशित किया जाता है कि बोर्ड द्वारा उद्योग को निर्गत सहमति (जल एवं वायु) में वर्णित शर्तों एवं केन्द्रीय प्रदूषण नियंत्रण बोर्ड तथा उ०प्र० प्रदूषण नियंत्रण बोर्ड की स्टोन क्रशर सम्बन्धी गाइडलाइन का अनुपालन किया जाना सुनिश्चित करें तथा अनुपालन आख्या एक सप्ताह के अन्दर इस कार्यालय को प्रेषित करना सुनिश्चित करें।

भवदीय,

R
13/10/25

(आर०के० सिंह)
क्षेत्रीय अधिकारी

etc

पू०सं० एवं दिनांक उपरोक्तानुसार।

प्रतिलिपि:- मुख्य पर्यावरण अधिकारी (वृत्त-2), उ०प्र० प्रदूषण नियंत्रण बोर्ड, लखनऊ को सूचनार्थ एवं आवश्यक कार्यवाही हेतु सादर प्रेषित।

R
क्षेत्रीय अधिकारी

etc



क्षेत्रीय कार्यालय,
REGIONAL OFFICE,
उ०प्र० प्रदूषण नियंत्रण बोर्ड
U.P. POLLUTION CONTROL BOARD
सोनभद्र
SONBHADRA

Annexure No.2



संदर्भ संख्या:- G1218/O.A.No.447/2025
Ref.No.:

दिनांक:- 15/10/2025
Date:

सेवा में,

मेसर्स ए०एच०वी०सी० इन्फ्रा एल०एल०पी० स्टोन क्रशर इकाई (पूर्वनाम-पी०एन०सी० इन्फ्राटेक लिमिटेड),
आराजी नं०-57, ग्राम-सोनपुर, पोस्ट-पटिहट्टा, तहसील-चुनार,
जनपद-मीरजापुर।

विषय:- मा० राष्ट्रीय हरित अधिकरण, नई दिल्ली में योजित ओ०ए० संख्या-447/2024 सम्पूर्णानन्द बनाम
पी०एन०सी० इन्फ्राटेक लिमिटेड व अन्य में पारित आदेश दिनांक-25.08.2025 के अनुपालन के सम्बन्ध
में।

महोदय,

उपरोक्त विषयक मा० राष्ट्रीय हरित अधिकरण, नई दिल्ली में योजित ओ०ए० संख्या-447/2024
सम्पूर्णानन्द बनाम पी०एन०सी० इन्फ्राटेक लिमिटेड व अन्य में पारित आदेश दिनांक-25.08.2025 के अनुपालन में
मा० राष्ट्रीय हरित अधिकरण, नई दिल्ली में दाखिल/प्रस्तुत किये गये अभिलेख एवं उद्योग का निरीक्षण के
समय बनाये गये वीडियोग्राफी पेनड्राइव में संकलित कर प्रेषित है।

संलग्नक:- यथोपरि।

भवदीय,

R/15/10/25

(आर०के० सिंह)
क्षेत्रीय अधिकारी

०८

पृ०सं० एवं दिनांक उपरोक्तानुसार।

प्रतिलिपि:-मुख्य पर्यावरण अधिकारी (वृत्त-2), उ०प्र० प्रदूषण नियंत्रण बोर्ड, लखनऊ को सूचनार्थ एवं आवश्यक
कार्यवाही हेतु सादर प्रेषित।

क्षेत्रीय अधिकारी

०८

h.d.

9651596482
17/10



8
क्षेत्रीय कार्यालय,
REGIONAL OFFICE,
उ०प्र० प्रदूषण नियंत्रण बोर्ड
U.P. POLLUTION CONTROL BOARD
सोनभद्र
SONBHADRA



संदर्भ संख्या:- G/218/O.A.No.447/2025
Ref.No.:

दिनांक:- 15/10/2025
Date:

सेवा में,

मेसर्स ए०एच०वी०सी० इन्फ्रा एल०एल०पी० स्टोन क्रशर इकाई (पूर्वनाम-पी०एन०सी० इन्फ्राटेक लिमिटेड),
आराजी नं०-57, ग्राम-सोनपुर, पोस्ट-पटिहट्टा, तहसील-चुनार,
जनपद-मीरजापुर।

विषय:- मा० राष्ट्रीय हरित अधिकरण, नई दिल्ली में योजित ओ०ए० संख्या-447/2024 सम्पूर्णानन्द बनाम
पी०एन०सी० इन्फ्राटेक लिमिटेड व अन्य में पारित आदेश दिनांक-25.08.2025 के अनुपालन के सम्बन्ध
में।

महोदय,

उपरोक्त विषयक मा० राष्ट्रीय हरित अधिकरण, नई दिल्ली में योजित ओ०ए० संख्या-447/2024
सम्पूर्णानन्द बनाम पी०एन०सी० इन्फ्राटेक लिमिटेड व अन्य में पारित आदेश दिनांक-25.08.2025 के अनुपालन में
मा० राष्ट्रीय हरित अधिकरण, नई दिल्ली में दाखिल/प्रस्तुत किये गये अभिलेख एवं उद्योग का निरीक्षण के
समय बनाये गये वीडियोग्राफी पेनड्राइव में संकलित कर प्रेषित है।

संलग्नक:- यथोपरि।

भवदीय,

R/15/10/25

(आर०के० सिंह)
क्षेत्रीय अधिकारी
०/८

पृ०सं० एवं दिनांक उपरोक्तानुसार।

प्रतिलिपि:-मुख्य पर्यावरण अधिकारी (वृत्त-2), उ०प्र० प्रदूषण नियंत्रण बोर्ड, लखनऊ को सूचनार्थ एवं आवश्यक
कार्यवाही हेतु सादर प्रेषित।

R
क्षेत्रीय अधिकारी
०/८

Rd.

Q. 9651596482
17/10

सेवा में,

दिनांक:- 17.10.2025

क्षेत्रीय अधिकारी,

उ०प्र० प्रदूषण नियंत्रण बोर्ड, सोनभद्र ।

विषय:-बोर्ड द्वारा निर्गत सहमति (जल एवं वायु) / (CTO) दिनांक-11.07.2022 एवं आप द्वारा प्रेषित पत्रांक-जी 1193/ए0एच०वी०सी० इन्फ्रा / सहमति / 2025 दिनांक-13.10.2025 के अनुपालन के सम्बन्ध में।

महोदय,

कृपया उपरोक्त विषयक अपने पत्र दिनांक-13.10.2025 का संदर्भ ग्रहण करने का कष्ट करें, जो दिनांक-17.10.2025 को प्राप्त हुआ है।

उक्त के सम्बन्ध में अवगत कराना है कि आप द्वारा पत्रांक-159294/UPPCB/SONBHADRA (UPPCBRO)/CTO/both/MIRZAPUR/2022 दिनांक-11.07.2022 निर्गत सहमति (जल एवं वायु) में अधिरोपित शर्तों का पूर्णतया अनुपालन किया जा रहा है (अनुपालन आख्या संलग्न)।

अग्रेतर अवगत कराना है कि इकाई द्वारा उद्योग में वायु प्रदूषण नियंत्रण व्यवस्थाएँ जैसे-सेकेण्ट्री एवं स्क्रीनिंग तथा कन्वेयर बेल्ट्स का पूर्णतः टिन शेड से कवर्ड किया गया है तथा इकाईयों पर वॉटर स्प्रीकिलिंग व्यवस्था स्थापित है।

इकाई में सी०पी०सी०बी० एवं यू०पी०पी०सी०बी० की स्टोन क्रशर गाइड लाइन के अनुरूप हरित पट्टिका, विण्ड ब्रेकिंग वाल एवं इत्यादि वायु प्रदूषण नियंत्रण व्यवस्थाएँ स्थापित एवं संचालित हैं। स्टोन क्रशर इकाई के संचालन हेतु कार्यरत प्रत्येक कर्मचारी का छमाही स्वास्थ्य परिक्षण कराया जायेगा! कार्यरत कुल 13 स्टाफों का स्वास्थ्य जाँच करायी गयी है, जो कि संलग्न है।

संलग्नक:-

1. सहमति (जल एवं वायु) अनुपालन आख्या।
2. हेल्थ चेक-अप रिपोर्ट।



भवदीय

ए0एच0वी0एस0 इन्फ्रा

Compliance Status of Conditions imposed in Consent to Operate (CTO) issued to M/s A.H.V.C. Infra L.L.P. Stone Crusher (Ex- Name- M/s PNC Infratech Limited) Arazi No. 57, Village-Sonpur, Pargana-Bhagwat, Tehsil-Chunar, District-Mirzapur by Uttar Pradesh Pollution Control Board, Sonbhadra.

S.No	Specific conditions imposed in CTO issued on dated- 11.07.2022	Complain Status/ Remark
1.	This Consent To Operate is granted to M/s PNC INFRATECH LIMITED for production of Stone Grits of different sizes @ 2120 TPD using stone boulder as raw material at ARAZI NO. 57, VILLAGE-SONPUR, PARGANA-BHAGWAT, TEHSIL-CHUNAR, DISTRICT-MIRZAPUR.	Noted and Agreed
2.	Industry shall obtain prior approval before making any modification in product/process/fuel/plant & machinery, failing which consent shall be deemed void.	Noted and Agreed
3.	The industry shall comply with any other conditions laid down or directions issued in due course by the Board under the provisions of the Air & Water Act.	Noted and Agreed
4.	The industry shall submit Audited Balance Sheet to this office for verification of consent fee in every year and accordingly balance fee shall be paid if any.	Noted and Agreed
5.	The industry shall regularly operate water sprinkling system to control process emission and dust suppression in scientific manner to maintain Ambient Air Quality as per CPCB norms.	Noted and proper control measures are being taken. Regular water sprinkling is done to on road to maintain ambient Air Quality.
6.	In order to comply with all the conditions mentioned in CTO, industry has submitted affidavit of Rs 100, affidavit no. GA 062423.	Noted and Agreed
7.	Industry shall Comply the direction issued by the Board vide its letter No.,H77536/C-2/Vayu-162/2022 dated 22.06.2022 and submit the compliance report within 02 months, otherwise the closure order issued by the Board will automatically be enforce after 06 months from referred date of the letter without any information.	Noted and Agreed
8.	The industry shall ensure to discharge the effluent generated from domestic sources through septic tank and soak pit.	Noted and Agreed
9.	The unit must comply the directions/Guidelines issued from time to time of Central Pollution Control Board, U.P. Pollution Control Board, Hon'ble Oversight Committee, Hon'ble High Court, Hon'ble National Green Tribunal and Hon'ble Supreme Court of India.	Noted and Agreed
10.	The industry shall install separate energy meter at bore well for measuring electric consumption in bore well.	Noted and Complied
11.	This Consent of the industry is automatically considered abrogated after receiving public grievances against the industry and the confirmation of the complainant.	Noted and Agreed
12.	Industry shall install 04 Nos. stationary Anti Smog Guns at each corner of crusher area and 01 Nos. mobile Anti Smog Gun for dust	Noted and Complied

	suppression in the premises as well as on approach road to suppress the dust generated from crushing, loading/unloading of product and movements of the vehicles as an extra auxiliary arrangement.	
13.	<p>The industry shall install air pollution control measures as mentioned below:-</p> <p>a) Closed metal sheet enclosures at dust emitting point's i.e. the crushers including their discharge points, screens, and the transfer points of belt conveyors, with arrangements of a door with opening and closing facility for cleaning and maintenance and flexible covers at entrance and exit of the belt conveyors.</p> <p>b) All openings provided for ventilation in the enclosures shall be covered by canvas bag filter to arrest the escaping dust.</p> <p>c) All belt conveyors shall be covered by the industry.</p> <p>d) Dust conveyer shall be equipped with telescopic discharge chute for collecting, storing and delivering/truck-loading of the product, Stone dust and any other fine dust.</p> <p>e) A minimum 12 feet high metal sheet barricading/boundary wall as wind braking wall shall be provided by the stone crusher.</p> <p>f) Dust suppression by scientifically designed water sprinkling system on raw material/ products and transfer points shall be adopted as an auxiliary air pollution control measure.</p> <p>g) Green belt along the boundary wall shall be developed by stone crusher in at least three layers.</p> <p>h) Metallic road shall be installed inside the premises with Regular wetting of the ground within the factory premises.</p>	Noted and Complied
14.	Industry shall provide sufficient no. of Helmets, Gumboots, Goggles, and Masks etc. to the workers for their safety.	Noted and Complied
15.	The suspended particulate matter (SPM) between 3 to 10 meters from any process equipment of Stone Crusher unit shall not exceed 480 g/Nm ³ .	Noted and Agreed
16.	Industry shall install closed bag/cloth enclosures at both crushers including their discharge points and the transfer points of belt conveyors with arrangements of a door with opening and closing facility for cleaning and maintenance within 15 days.	Noted and Complied
17.	For green belt at least 8 feet height plants should be planted which shall be properly protected as proper irrigation and manuring arrangements shall be made. For the development of the green belt the guidelines issued vide Board office order no. H10405/220/2018/02 Dt. 16-02-2018 shall be complied. Green belt along the boundary wall shall be developed by stone crusher.	Noted and Complied
18.	Industry shall comply the all conditions mentioned in previous CTE/CTO's issued by the Board.	Noted and Agreed
19.	Industry shall abstract Ground Water with the valid permission (NOC) of the competent Authority/CGWA or any other concerned authority.	Noted and Complied
20.	The industry shall strictly comply the directions/guidelines/ Environmental norms as prescribed by State Board for CPAs and SPAs vide office memorandum no. H 48273/C1/NGT83/2020, Dated 27.02.2020.	Noted and Complied
21.	This consent is valid for discharge of domestic effluent in Septic Tank/Soak Pit.	Noted and Agreed

22.	If, it is found that the industry is not complying with stipulated conditions or any further direction/instruction issued by the Board, legal action shall be initiated against the applicant. The Board reserves the right to revoke/add/modify any stipulated condition issued along with CCA.	Noted and Agreed
23.	Industry shall maintain D.G. Set Stack height as per Board Norms & and in Enclosure or Canopy.	Noted and Complied
24.	The person authorized shall not rent, lend, sell, transfer or otherwise transport the hazardous waste without obtaining prior permission of the Board.	Noted and Complied

Mr RATANESH KUMAR

Age : 30 Yrs
 Gender : Male
 PID : 1200C076251016005414
 VID : 1200C076251016002705

Collected at: Vanshika Collection Cen
 Ahraura Bazar Satyanganj Ahaoura
 Mirzapur UP 231301 Ph 8765807798

Processed at: Pathkind Labs Lanka, B
 32/81 A 9 BHU Rd Rashmi nagar nariya
 Opp Emergency gate 221005, Ph
 7827949763

Collected : 16/10/2025 02:31 PM
 Reported : 16/10/2025 06:15 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 16158240 , 16158239 , 16158238 , 16158237

Test Name	Result	Biological Ref. Interval	Unit
HEALTHKIND NEO			
 Complete Blood Count (CBC) Sample : Whole Blood, EDTA			
Haemoglobin (Hb)	13.60	13.00 - 17.00	gm/dL
Total WBC Count / TLC	7.16	4.00 - 10.00	thou/ μ L
Neutrophils	50.00	40.00 - 80.00	%
Lymphocytes	42.00 H	20.00 - 40.00	%
Eosinophils	2.00	1.00 - 6.00	%
Monocytes	6.00	2.00 - 10.00	%
Basophils	0.00	0.00 - 2.00	%
Absolute Neutrophil Count (ANC)	3580.00	2000.00 - 7000.00	/ μ L
Absolute Lymphocyte Count	3007.20 H	1000.00 - 3000.00	/ μ L
Absolute Eosinophil Count (AEC)	143.20	20.00 - 500.00	/ μ L
Absolute Monocyte Count	429.60	200.00 - 1000.00	/ μ L
Absolute Basophil Count	0.00 L	20.00 - 100.00	/ μ L
RBC Count	4.50	4.50 - 5.50	million/ μ L
PCV / Hematocrit	45.00	40.00 - 50.00	%
MCV	100.00	83.00 - 101.00	fL
MCH	30.20	27.00 - 32.00	pg
MCHC	30.20 L	31.50 - 34.50	gm/dL
RDW (Red Cell Distribution Width)	14.30	11.80 - 15.60	%
Platelet Count	333.00	150.00 - 410.00	thou/ μ L
MPV (Mean Platelet Volume)	11.20 H	6.80 - 10.90	fL
Method: HB By Spectrophotometry Measurement , TLC/Neutrophils /Lymphocytes/Eosinophils/Monocytes/Basophils/RBC/Platelet Count By Impedance ,ANC/ALC/AEC By Microscopy/ Cell Counter ,AMC/ABC/MCV/MCH/MCHC/RDW/MPV By Calculated ,PCV By Calculated/ Drived From Impedence Measure			



Mr RATANESH KUMAR Age : 30 Yrs Gender : Male PID : 1200C076251016005414 VID : 1200C076251016002705	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 02:31 PM Reported : 16/10/2025 06:15 PM Report Status : Preliminary Ref. By : Self
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Test Name	Result	Biological Ref. Interval	Unit
Any One Glucose			
 Glucose Random Sample :Plasma Fluoride - Random Method : Hexokinase	83.82	70.00 - 140.00	mg/dL

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Test Name	Result	Biological Ref. Interval	Unit
Lipid Profile			
Sample : Serum			
Total Cholesterol Method : CHOD-PAP Gen.2	193.72	No Risk : < 200 Moderate Risk : 200 - 239 High Risk : > 240	mg/dL
Triglycerides Method : GPO-PAP	161.23 H	Desirable : < 150 Boderline High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dL
LDL Cholesterol (Calculated) Method : Calculated	101.87 H	0.00 - 100.00	mg/dL
HDL Cholesterol Method : Enzymatic :CHOD/POD	59.61	Male- No Risk : > 55 Moderate Risk : 33 - 55 High Risk : <35	mg/dL
VLDL Cholesterol Method : Calculated	32.25	Desirable : 10 - 35	mg/dL
Total Cholesterol / HDL Ratio Method : Calculated	3.25 L	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0	Ratio
LDL / HDL Ratio Method : Calculated	1.71	Low Risk : 0.5 - 3.0 Moderate Risk : 3.1 - 6.0 High Risk : > 6.0	Ratio
Non HDL Cholesterol Method : Manual	134.12 H	0.00 - 130.00	mg/dL



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Test Name	Result	Biological Ref. Interval	Unit
Kidney Profile			
Blood Urea Nitrogen Sample :Serum Method : Urease UV	14.72	7.70 - 22.60	mg/dL
 Blood Urea Sample :Serum Method : Urease /GLDH	31.50	16.60 - 48.50	mg/dL
 Creatinine Sample :Serum Method : Jaffe	0.76	0.70 - 1.20	mg/dL
BUN Creatinine Ratio Sample :Serum Method : Calculated	19.36	10.00 - 20.00	Ratio
 Uric Acid Sample :Serum Method : Uricase Colorimetric	5.42	3.40 - 7.00	mg/dL
 Total Protein Sample :Serum Method : BIURET	7.82	6.40 - 8.30	gm/dL
 Albumin Sample :Serum Method : Bromo Cresol Green(BCG)	4.52	3.97 - 4.94	gm/dL



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Test Name	Result	Biological Ref. Interval	Unit
Globulin Sample :Serum Method : Calculated	3.30	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Sample :Serum Method : Calculated	1.37	1.00 - 2.10	Ratio
 Sodium Sample :Serum Method : ISE-direct	139.00	136.00 - 145.00	mmol/L
 Potassium Sample :Serum Method : ISE-direct	4.02	3.50 - 5.10	mmol/L
Chloride Sample :Serum Method : ISE-direct	104.00	97.00 - 107.00	mmol/L



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Test Name	Result	Biological Ref. Interval	Unit
Liver Function Test (LFT)			
Sample : Serum			
Bilirubin Total Method : Diazotization	0.52	0.00 - 1.10	mg/dL
Bilirubin Direct Method : Diazo Gen.2 Jendrassik-Grof	0.20	0.00 - 0.30	mg/dL
Serum Bilirubin (Indirect) Method : Calculated	0.32	0.00 - 0.90	mg/dL
SGOT / AST Method : IFCC without pyridoxal phosphate	14.96	10.00 - 50.00	U/L
SGPT / ALT Method : IFCC without pyridoxal phosphate	11.31	0.00 - 41.00	U/L
AST / ALT Ratio Method : Calculated	1.32	-	Ratio
Alkaline Phosphatase (ALP) Method : PNP	75.88	40.00 - 129.00	U/L
Total Protein Method : BIURET	7.82	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	4.52	3.97 - 4.94	gm/dL
Globulin Method : Calculated	3.30	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.37	1.00 - 2.10	Ratio



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Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total			
Sample : Serum			
Method : ECLIA			
Total T3 (Triiodothyronine)	1.17	0.80 - 2.00	ng/mL
Total T4 (Thyroxine)	7.80	5.10 - 14.10	µg/dL
TSH 3rd Generation	1.370	0.27 - 4.20	µIU/mL
Estimated Glomerular Filtration Rate (eGFR)			
Sample : Serum			
Age	30.00	-	Years
Method : Manual			
GFR Male	128.00	30-59: Moderate decrease in GFR 15-29: Severe decrease in GFR <15: Kidney failure >90: Normal GFR 60-89: Mild decrease in GFR	mL/min/1.73 m ²
Method : Calculated			



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Test Name	Result	Biological Ref. Interval	Unit
Urine Routine & Microscopic Examination			
Sample : Urine, Random			
Colour, Urine Method : Physical Examination	Pale Yellow	Pale Yellow	---
Appearance Method : Physical Examination	Clear	Clear	---
Specific Gravity Method : Ionic concentration method	1.005	1.00 - 1.03	---
pH Method : Double indicator principle	6.50	4.70 - 7.50	---
Glucose Method : Spectrophotometry	Not Detected	Not Detected	---
Protein Method : Protein-Error of indications Principle	Not Detected	Not Detected	---
Ketones Method : Rothera's Method	Not Detected	Not Detected	---
Blood Method : Spectrophotometry	Not Detected	Not Detected	---
Leucocyte Method : Manual	Not Detected	Not Detected	---
Bilirubin Method : Spectrophotometry	Not Detected	Not Detected	---
Urobilinogen Method : Ehrlich's Reaction	Normal	Normal	---
Nitrite Method : Nitrite Test	Not Detected	Not Detected	---
Pus Cells Method : Microscopy	1-2	0-5	/hpf
RBC Method : Microscopy	Not Detected	0-2	/hpf



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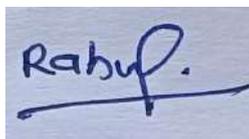
Collected at: Vanshika Collection Cen
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Test Name	Result	Biological Ref. Interval	Unit
Epithelial Cells Method : Microscopy	1-2	0-5	/hpf
Casts Method : Microscopy	Not Detected	Not Detected	---
Crystals Method : Microscopy	Not Detected	Not Detected	---
Bacteria Method : Microscopy	Not Detected	Not Detected	---
Remarks Method: Manual Microscopic examination has been performed on urine sediment.			

Authenticated by


Dr. Rahul
 MBBS MD (Pathology)

Note: Tests marked with NABL symbol are accredited by NABL vide Certificate No. M(EL)T- 00255

Interpretation**Liver Function Test (LFT)**

Indications for liver function assessment includes:

- Screen for liver infections, such as hepatitis
- Monitor the progression of a disease, such as viral or alcoholic hepatitis, and determine how well a treatment is working
- Measure the severity of a disease, particularly scarring of the liver (cirrhosis)
- Monitor possible side effects of medications

Lipid Profile

Lipid Profile consist of Triglycerides, Cholesterol and other lipoprotein fractions in serum. The levels reflect the status of Lipid metabolism in the body, collectively they aid in the diagnosis of various abnormal hyper lipidaemias. Analysis of Lipids has assumed greater importance due to increasing prevalence rates of Ischaemic Heart Diseases (IHD).

NCEP (ATP III) Guidelines.



Mr RATANESH KUMAR Age : 30 Yrs Gender : Male PID : 1200C076251016005414 VID : 1200C076251016002705	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 02:31 PM Reported : 16/10/2025 06:15 PM Report Status : Preliminary Ref. By : Self
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Test Name	Result	Biological Ref. Interval	Unit
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Thyroid Profile Total

- Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet & drug therapy.
- T3 is one of the thyroid hormones derived due to peripheral conversion of T4. The levels of T3 helps in the diagnosis of T3 Thyrotoxicosis and monitoring the course of hypothyroidism. However, T3 is not recommended for diagnosis of hyperthyroidism as decreased values have minimal clinical significance. Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism.
- Elevated level of T4 is seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum TBG. Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in TBG.
- TSH controls biosynthesis and release of thyroid hormones T3 & T4. TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium, and iodide induced or deficiency goiter.

Estimated Glomerular Filtration Rate (eGFR)

eGFR is a test used to assess kidney function. It is not used to diagnose any disease. The eGFR test involves a blood test which measures creatinine. The eGFR is calculated from age, sex and blood creatinine level.
 eGFR calculation is provided only for adults more than 18 years of age.

Uric Acid

Uric acid is the final product of purine metabolism. Serum uric acid levels are raised in case of increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy and cytotoxic drugs. Decreased levels are seen in chronic renal failure, severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies.

Total Protein

High levels of Serum Total Protein is seen in increased acute phase reactants in inflammation, late-stage liver disease, infections, multiple myeloma and other malignant paraproteinemias. Hypoproteinemia is seen in hypogammaglobulinemia, nephrotic syndrome and protein-losing enteropathy.

Sodium

Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.

Potassium

Potassium (K+) is the major intracellular cation. It regulates neuromuscular excitability, heart contractility, intracellular fluid volume, and hydrogen ion concentration. High levels of serum Potassium is seen in acute renal disease and end-stage renal failure due to decreased excretion. Levels are also high during the diuretic phase of acute tubular necrosis, during administration of non-potassium sparing diuretic therapy, and during states of excess mineralocorticoid or glucocorticoid.

Creatinine

Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.

Chloride

Chloride (Cl) is the major extracellular anion and it has an important role in maintaining proper body water distribution, osmotic pressure, and normal anion-cation balance in the extracellular fluid compartment. Chloride is increased in dehydration, renal tubular acidosis, acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfunction, salicylate intoxication and with excessive infusion of isotonic

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Processed at: Pathkind Labs Lanka, B
 32/81 A 9 BHU Rd Rashmi nagar nariya
 Opp Emergency gate 221005, Ph
 7827949763

Collected : 16/10/2025 02:31 PM
 Reported : 16/10/2025 06:15 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 16158240 , 16158239 , 16158238 , 16158237

Test Name	Result	Biological Ref. Interval	Unit
<p>saline or extremely high dietary intake of salt. Hyperchloremia acidosis may be a sign of severe renal tubular pathology. Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure, Addisonian crisis, certain types of metabolic acidosis, persistent gastric secretion and prolonged vomiting, aldosteronism, bromide intoxication, syndrome of inappropriate antidiuretic hormone secretion, and conditions associated with expansion of extracellular fluid volume.</p> <p>Albumin "Hypoalbuminemia can be caused by impaired synthesis due to liver disease (primary) or due to diminished protein intake (secondary), increased catabolism due to tissue damage and inflammation; malabsorption of amino acids; and increased renal excretion (eg, nephrotic syndrome). Hyperalbuminemia is seen in dehydration."</p> <p>Urine Routine & Microscopic Examination Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.</p> <p>Complete Blood Count (CBC) CBC comprises of estimation of the cellular components of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin content of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.</p>			

** End of Report **



Mr GAURAW THAKUR Age : 25 Yrs Gender : Male PID : 1200C076251016005479 VID : 1200C076251016002731	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 02:36 PM Reported : 16/10/2025 06:10 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158236 , 16158235 , 16158234 , 16158233		

Test Name	Result	Biological Ref. Interval	Unit
HEALTHKIND NEO			
 Complete Blood Count (CBC) Sample : Whole Blood, EDTA			
Haemoglobin (Hb)	15.80	13.00 - 17.00	gm/dL
Total WBC Count / TLC	9.92	4.00 - 10.00	thou/ μ L
Neutrophils	60.00	40.00 - 80.00	%
Lymphocytes	28.00	20.00 - 40.00	%
Eosinophils	5.00	1.00 - 6.00	%
Monocytes	7.00	2.00 - 10.00	%
Basophils	0.00	0.00 - 2.00	%
Absolute Neutrophil Count (ANC)	5952.00	2000.00 - 7000.00	/ μ L
Absolute Lymphocyte Count	2777.60	1000.00 - 3000.00	/ μ L
Absolute Eosinophil Count (AEC)	496.00	20.00 - 500.00	/ μ L
Absolute Monocyte Count	694.40	200.00 - 1000.00	/ μ L
Absolute Basophil Count	0.00 L	20.00 - 100.00	/ μ L
RBC Count	5.05	4.50 - 5.50	million/ μ L
PCV / Hematocrit	51.10 H	40.00 - 50.00	%
MCV	101.20 H	83.00 - 101.00	fL
MCH	31.30	27.00 - 32.00	pg
MCHC	30.90 L	31.50 - 34.50	gm/dL
RDW (Red Cell Distribution Width)	14.20	11.80 - 15.60	%
Platelet Count	205.00	150.00 - 410.00	thou/ μ L
Method: HB By Spectrophotometry Measurement ,TLC/Neutrophils /Lymphocytes/Eosinophils/Monocytes/Basophils/RBC/Platelet Count By Impedance ,ANC/ALC/AEC By Microscopy/ Cell Counter ,AMC/ABC/MCV/MCH/MCHC/RDW By Calculated ,PCV By Calculated/ Drived From Impedence Measure			

**Mr GAURAW THAKUR**

Age : 25 Yrs
 Gender : Male
 PID : 1200C076251016005479
 VID : 1200C076251016002731

Collected at: Vanshika Collection Cen
 Ahraura Bazar Satyanganj Ahaoura
 Mirzapur UP 231301 Ph 8765807798

Processed at: Pathkind Labs Lanka, B
 32/81 A 9 BHU Rd Rashmi nagar nariya
 Opp Emergency gate 221005, Ph
 7827949763

Collected : 16/10/2025 02:36 PM
 Reported : 16/10/2025 06:10 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 16158236 , 16158235 , 16158234 , 16158233

Test Name	Result	Biological Ref. Interval	Unit
Any One Glucose			
 Glucose Random Sample :Plasma Fluoride - Random Method : Hexokinase	70.11	70.00 - 140.00	mg/dL



Mr GAURAW THAKUR Age : 25 Yrs Gender : Male PID : 1200C076251016005479 VID : 1200C076251016002731	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 02:36 PM Reported : 16/10/2025 06:10 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158236 , 16158235 , 16158234 , 16158233		

Test Name	Result	Biological Ref. Interval	Unit
Lipid Profile			
Sample : Serum			
Total Cholesterol Method : CHOD-PAP Gen.2	143.66	No Risk : < 200 Moderate Risk : 200 - 239 High Risk : > 240	mg/dL
Triglycerides Method : GPO-PAP	197.13 H	Desirable : < 150 Boderline High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dL
LDL Cholesterol (Calculated) Method : Calculated	78.50	0.00 - 100.00	mg/dL
HDL Cholesterol Method : Enzymatic :CHOD/POD	25.73 L	Male- No Risk : > 55 Moderate Risk : 33 - 55 High Risk : <35	mg/dL
VLDL Cholesterol Method : Calculated	39.43 H	Desirable : 10 - 35	mg/dL
Total Cholesterol / HDL Ratio Method : Calculated	5.58 H	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0	Ratio
LDL / HDL Ratio Method : Calculated	3.05 H	Low Risk : 0.5 - 3.0 Moderate Risk : 3.1 - 6.0 High Risk : > 6.0	Ratio
Non HDL Cholesterol Method : Manual	117.93	0.00 - 130.00	mg/dL

**Mr GAURAW THAKUR**

Age : 25 Yrs
 Gender : Male
 PID : 1200C076251016005479
 VID : 1200C076251016002731

Collected at: Vanshika Collection Cen
 Ahraura Bazar Satyanganj Ahaoura
 Mirzapur UP 231301 Ph 8765807798

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Barcode: 16158236 , 16158235 , 16158234 , 16158233

Test Name	Result	Biological Ref. Interval	Unit
Kidney Profile			
Blood Urea Nitrogen Sample :Serum Method : Urease UV	8.60	7.70 - 22.60	mg/dL
 Blood Urea Sample :Serum Method : Urease /GLDH	18.40	16.60 - 48.50	mg/dL
 Creatinine Sample :Serum Method : Jaffe	0.82	0.70 - 1.20	mg/dL
BUN Creatinine Ratio Sample :Serum Method : Calculated	10.49	10.00 - 20.00	Ratio
 Uric Acid Sample :Serum Method : Uricase Colorimetric	8.58 H	3.40 - 7.00	mg/dL
 Total Protein Sample :Serum Method : BIURET	8.30	6.40 - 8.30	gm/dL
 Albumin Sample :Serum Method : Bromo Cresol Green(BCG)	4.69	3.97 - 4.94	gm/dL



Mr GAURAW THAKUR Age : 25 Yrs Gender : Male PID : 1200C076251016005479 VID : 1200C076251016002731	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 02:36 PM Reported : 16/10/2025 06:10 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158236 , 16158235 , 16158234 , 16158233		

Test Name	Result	Biological Ref. Interval	Unit
Globulin Sample :Serum Method : Calculated	3.61	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Sample :Serum Method : Calculated	1.30	1.00 - 2.10	Ratio
 Sodium Sample :Serum Method : ISE-direct	139.00	136.00 - 145.00	mmol/L
 Potassium Sample :Serum Method : ISE-direct	4.63	3.50 - 5.10	mmol/L
Chloride Sample :Serum Method : ISE-direct	105.60	97.00 - 107.00	mmol/L

**Mr GAURAW THAKUR**

Age : 25 Yrs
 Gender : Male
 PID : 1200C076251016005479
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 Ref. By : **Self**

Barcode: 16158236 , 16158235 , 16158234 , 16158233

Test Name	Result	Biological Ref. Interval	Unit
Liver Function Test (LFT)			
Sample : Serum			
Bilirubin Total Method : Diazotization	1.21 H	0.00 - 1.10	mg/dL
Bilirubin Direct Method : Diazo Gen.2 Jendrassik-Grof	0.42 H	0.00 - 0.30	mg/dL
Serum Bilirubin (Indirect) Method : Calculated	0.79	0.00 - 0.90	mg/dL
SGOT / AST Method : IFCC without pyridoxal phosphate	30.60	10.00 - 50.00	U/L
SGPT / ALT Method : IFCC without pyridoxal phosphate	39.33	0.00 - 41.00	U/L
AST / ALT Ratio Method : Calculated	0.78		Ratio
Alkaline Phosphatase (ALP) Method : PNP	124.15	40.00 - 129.00	U/L
Total Protein Method : BIURET	8.30	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	4.69	3.97 - 4.94	gm/dL
Globulin Method : Calculated	3.61	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.30	1.00 - 2.10	Ratio



Mr GAURAW THAKUR Age : 25 Yrs Gender : Male PID : 1200C076251016005479 VID : 1200C076251016002731	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 02:36 PM Reported : 16/10/2025 06:10 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158236 , 16158235 , 16158234 , 16158233		

Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total			
Sample : Serum			
Method : ECLIA			
Total T3 (Triiodothyronine)	1.24	0.80 - 2.00	ng/mL
Total T4 (Thyroxine)	7.28	5.10 - 14.10	µg/dL
TSH 3rd Generation	2.960	0.27 - 4.20	µIU/mL
Estimated Glomerular Filtration Rate (eGFR)			
Sample : Serum			
Age	25.00	-	Years
Method : Manual			
GFR Male	123.41	30-59: Moderate decrease in GFR 15-29: Severe decrease in GFR <15: Kidney failure >90: Normal GFR 60-89: Mild decrease in GFR	mL/min/1.73 m2
Method : Calculated			

**Mr GAURAW THAKUR**

Age : 25 Yrs
 Gender : Male
 PID : 1200C076251016005479
 VID : 1200C076251016002731

Collected at: Vanshika Collection Cen
 Ahraura Bazar Satyanganj Ahaoura
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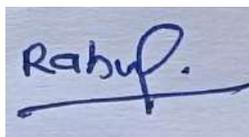
Test Name	Result	Biological Ref. Interval	Unit
Urine Routine & Microscopic Examination			
Sample : Urine, Random			
Colour, Urine Method : Physical Examination	Pale Yellow	Pale Yellow	---
Appearance Method : Physical Examination	Clear	Clear	---
Specific Gravity Method : Ionic concentration method	1.015	1.00 - 1.03	---
pH Method : Double indicator principle	7.50	4.70 - 7.50	---
Glucose Method : Spectrophotometry	Not Detected	Not Detected	---
Protein Method : Protein-Error of indications Principle	Not Detected	Not Detected	---
Ketones Method : Rothera's Method	Not Detected	Not Detected	---
Blood Method : Spectrophotometry	Not Detected	Not Detected	---
Leucocyte Method : Manual	Not Detected	Not Detected	---
Bilirubin Method : Spectrophotometry	Not Detected	Not Detected	---
Urobilinogen Method : Ehrlich's Reaction	Normal	Normal	---
Nitrite Method : Nitrite Test	Not Detected	Not Detected	---
Pus Cells Method : Microscopy	1-2	0-5	/hpf
RBC Method : Microscopy	Not Detected	0-2	/hpf



Mr GAURAW THAKUR Age : 25 Yrs Gender : Male PID : 1200C076251016005479 VID : 1200C076251016002731	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 02:36 PM Reported : 16/10/2025 06:10 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158236 , 16158235 , 16158234 , 16158233		

Test Name	Result	Biological Ref. Interval	Unit
Epithelial Cells Method : Microscopy	1-2	0-5	/hpf
Casts Method : Microscopy	Not Detected	Not Detected	---
Crystals Method : Microscopy	Not Detected	Not Detected	---
Bacteria Method : Microscopy	Not Detected	Not Detected	---
Remarks Method: Manual Microscopic examination has been performed on urine sediment.			

Authenticated by



Dr. Rahul
MBBS MD (Pathology)

Note: Tests marked with NABL symbol are accredited by NABL vide Certificate No. M(EL)T- 00255

<p>Interpretation</p> <p>Liver Function Test (LFT) Indications for liver function assessment includes:</p> <ul style="list-style-type: none"> • Screen for liver infections, such as hepatitis • Monitor the progression of a disease, such as viral or alcoholic hepatitis, and determine how well a treatment is working • Measure the severity of a disease, particularly scarring of the liver (cirrhosis) • Monitor possible side effects of medications <p>Lipid Profile Lipid Profile consist of Triglycerides, Cholesterol and other lipoprotein fractions in serum. The levels reflect the status of Lipid metabolism in the body, collectively they aid in the diagnosis of various abnormal hyper lipidaemias. Analysis of Lipids has assumed greater importance due to increasing prevalence rates of Ischaemic Heart Diseases (IHD). NCEP (ATP III) Guidelines.</p>
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Mr GAURAW THAKUR Age : 25 Yrs Gender : Male PID : 1200C076251016005479 VID : 1200C076251016002731	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 02:36 PM Reported : 16/10/2025 06:10 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158236 , 16158235 , 16158234 , 16158233		

Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total			
<ul style="list-style-type: none"> • Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet & drug therapy. • T3 is one of the thyroid hormones derived due to peripheral conversion of T4. The levels of T3 helps in the diagnosis of T3 Thyrotoxicosis and monitoring the course of hypothyroidism. However, T3 is not recommended for diagnosis of hyperthyroidism as decreased values have minimal clinical significance. Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism. • Elevated level of T4 is seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum TBG. Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in TBG. • TSH controls biosynthesis and release of thyroid hormones T3 & T4. TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium, and iodide induced or deficiency goiter. 			
Estimated Glomerular Filtration Rate (eGFR)			
<p>eGFR is a test used to assess kidney function. It is not used to diagnose any disease. The eGFR test involves a blood test which measures creatinine. The eGFR is calculated from age, sex and blood creatinine level.</p> <p>EGFR calculation is provided only for adults more than 18 years of age.</p>			
Uric Acid			
<p>Uric acid is the final product of purine metabolism. Serum uric acid levels are raised in case of increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy and cytotoxic drugs. Decreased levels are seen in chronic renal failure, severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies.</p>			
Total Protein			
<p>High levels of Serum Total Protein is seen in increased acute phase reactants in inflammation, late-stage liver disease, infections, multiple myeloma and other malignant paraproteinemias. Hypoproteinemia is seen in hypogammaglobulinemia, nephrotic syndrome and protein-losing enteropathy.</p>			
Sodium			
<p>Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.</p>			
Potassium			
<p>Potassium (K+) is the major intracellular cation. It regulates neuromuscular excitability, heart contractility, intracellular fluid volume, and hydrogen ion concentration. High levels of serum Potassium is seen in acute renal disease and end-stage renal failure due to decreased excretion. Levels are also high during the diuretic phase of acute tubular necrosis, during administration of non-potassium sparing diuretic therapy, and during states of excess mineralocorticoid or glucocorticoid.</p>			
Creatinine			
<p>Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.</p>			
Chloride			
<p>Chloride (Cl) is the major extracellular anion and it has an important role in maintaining proper body water distribution, osmotic pressure, and normal anion-cation balance in the extracellular fluid compartment. Chloride is increased in dehydration, renal tubular acidosis, acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfunction, salicylate intoxication and with excessive infusion of isotonic</p>			



Mr GAURAW THAKUR Age : 25 Yrs Gender : Male PID : 1200C076251016005479 VID : 1200C076251016002731	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 02:36 PM Reported : 16/10/2025 06:10 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158236 , 16158235 , 16158234 , 16158233		

Test Name	Result	Biological Ref. Interval	Unit
saline or extremely high dietary intake of salt. Hyperchloremia acidosis may be a sign of severe renal tubular pathology. Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure, Addisonian crisis, certain types of metabolic acidosis, persistent gastric secretion and prolonged vomiting, aldosteronism, bromide intoxication, syndrome of inappropriate antidiuretic hormone secretion, and conditions associated with expansion of extracellular fluid volume.			
Albumin "Hypoalbuminemia can be caused by impaired synthesis due to liver disease (primary) or due to diminished protein intake (secondary), increased catabolism due to tissue damage and inflammation; malabsorption of amino acids; and increased renal excretion (eg, nephrotic syndrome). Hyperalbuminemia is seen in dehydration."			
Urine Routine & Microscopic Examination Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.			
Complete Blood Count (CBC) CBC comprises of estimation of the cellular components of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin content of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.			

** End of Report **



Mr VIVEK PRATAP SINGH

Age : 33 Yrs
 Gender : Male
 PID : 1200C076251016005588
 VID : 1200C076251016002832

Collected at: Vanshika Collection Cen
 Ahraura Bazar Satyanganj Ahaoura
 Mirzapur UP 231301 Ph 8765807798

Processed at: Pathkind Labs Lanka, B
 32/81 A 9 BHU Rd Rashmi nagar nariya
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 7827949763

Collected : 16/10/2025 02:58 PM
 Reported : 16/10/2025 06:15 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 16158232 , 16158231 , 16158229 , 16158228

Test Name	Result	Biological Ref. Interval	Unit
HEALTHKIND NEO			
 Complete Blood Count (CBC) Sample : Whole Blood, EDTA			
Haemoglobin (Hb)	15.10	13.00 - 17.00	gm/dL
Total WBC Count / TLC	6.94	4.00 - 10.00	thou/ μ L
Neutrophils	42.00	40.00 - 80.00	%
Lymphocytes	34.00	20.00 - 40.00	%
Eosinophils	17.00 H	1.00 - 6.00	%
Monocytes	7.00	2.00 - 10.00	%
Basophils	0.00	0.00 - 2.00	%
Absolute Neutrophil Count (ANC)	2914.80	2000.00 - 7000.00	/ μ L
Absolute Lymphocyte Count	2359.60	1000.00 - 3000.00	/ μ L
Absolute Eosinophil Count (AEC)	1179.80 H	20.00 - 500.00	/ μ L
Absolute Monocyte Count	485.80	200.00 - 1000.00	/ μ L
Absolute Basophil Count	0.00 L	20.00 - 100.00	/ μ L
RBC Count	4.24 L	4.50 - 5.50	million/ μ L
PCV / Hematocrit	47.20	40.00 - 50.00	%
MCV	111.30 H	83.00 - 101.00	fL
MCH	35.60 H	27.00 - 32.00	pg
MCHC	32.00	31.50 - 34.50	gm/dL
RDW (Red Cell Distribution Width)	13.40	11.80 - 15.60	%
Platelet Count	269.00	150.00 - 410.00	thou/ μ L
MPV (Mean Platelet Volume)	10.70	6.80 - 10.90	fL
Method: HB By Spectrophotometry Measurement , TLC/Neutrophils /Lymphocytes/Eosinophils/Monocytes/Basophils/RBC/Platelet Count By Impedance ,ANC/ALC/AEC By Microscopy/ Cell Counter ,AMC/ABC/MCV/MCH/MCHC/RDW/MPV By Calculated ,PCV By Calculated/ Drived From Impedence Measure			



Mr VIVEK PRATAP SINGH Age : 33 Yrs Gender : Male PID : 1200C076251016005588 VID : 1200C076251016002832	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 02:58 PM Reported : 16/10/2025 06:15 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158232 , 16158231 , 16158229 , 16158228		

Test Name	Result	Biological Ref. Interval	Unit
Any One Glucose			
 Glucose Random Sample :Plasma Fluoride - Random Method : Hexokinase	71.26	70.00 - 140.00	mg/dL

**Mr VIVEK PRATAP SINGH**

Age : 33 Yrs
 Gender : Male
 PID : 1200C076251016005588
 VID : 1200C076251016002832

Collected at: Vanshika Collection Cen
 Ahraura Bazar Satyanganj Ahaoura
 Mirzapur UP 231301 Ph 8765807798

Processed at: Pathkind Labs Lanka, B
 32/81 A 9 BHU Rd Rashmi nagar nariya
 Opp Emergency gate 221005, Ph
 7827949763

Collected : 16/10/2025 02:58 PM
 Reported : 16/10/2025 06:15 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 16158232 , 16158231 , 16158229 , 16158228

Test Name	Result	Biological Ref. Interval	Unit
Lipid Profile			
Sample : Serum			
Total Cholesterol Method : CHOD-PAP Gen.2	161.49	No Risk : < 200 Moderate Risk : 200 - 239 High Risk : > 240	mg/dL
Triglycerides Method : GPO-PAP	197.16 H	Desirable : < 150 Boderline High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dL
LDL Cholesterol (Calculated) Method : Calculated	75.87	0.00 - 100.00	mg/dL
HDL Cholesterol Method : Enzymatic :CHOD/POD	46.19 L	Male- No Risk : > 55 Moderate Risk : 33 - 55 High Risk : <35	mg/dL
VLDL Cholesterol Method : Calculated	39.43 H	Desirable : 10 - 35	mg/dL
Total Cholesterol / HDL Ratio Method : Calculated	3.50	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0	Ratio
LDL / HDL Ratio Method : Calculated	1.64	Low Risk : 0.5 - 3.0 Moderate Risk : 3.1 - 6.0 High Risk : > 6.0	Ratio
Non HDL Cholesterol Method : Manual	115.30	0.00 - 130.00	mg/dL



Mr VIVEK PRATAP SINGH Age : 33 Yrs Gender : Male PID : 1200C076251016005588 VID : 1200C076251016002832	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 02:58 PM Reported : 16/10/2025 06:15 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158232 , 16158231 , 16158229 , 16158228		

Test Name	Result	Biological Ref. Interval	Unit
Kidney Profile			
Blood Urea Nitrogen Sample :Serum Method : Urease UV	10.23	7.70 - 22.60	mg/dL
 Blood Urea Sample :Serum Method : Urease /GLDH	21.88	16.60 - 48.50	mg/dL
 Creatinine Sample :Serum Method : Jaffe	0.64 L	0.70 - 1.20	mg/dL
BUN Creatinine Ratio Sample :Serum Method : Calculated	16.05	10.00 - 20.00	Ratio
 Uric Acid Sample :Serum Method : Uricase Colorimetric	4.76	3.40 - 7.00	mg/dL
 Total Protein Sample :Serum Method : BIURET	8.24	6.40 - 8.30	gm/dL
 Albumin Sample :Serum Method : Bromo Cresol Green(BCG)	4.87	3.97 - 4.94	gm/dL



Mr VIVEK PRATAP SINGH Age : 33 Yrs Gender : Male PID : 1200C076251016005588 VID : 1200C076251016002832	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 02:58 PM Reported : 16/10/2025 06:15 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158232 , 16158231 , 16158229 , 16158228		

Test Name	Result	Biological Ref. Interval	Unit
Globulin Sample :Serum Method : Calculated	3.37	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Sample :Serum Method : Calculated	1.45	1.00 - 2.10	Ratio
 Sodium Sample :Serum Method : ISE-direct	141.60	136.00 - 145.00	mmol/L
 Potassium Sample :Serum Method : ISE-direct	4.63	3.50 - 5.10	mmol/L
Chloride Sample :Serum Method : ISE-direct	105.60	97.00 - 107.00	mmol/L



Mr VIVEK PRATAP SINGH Age : 33 Yrs Gender : Male PID : 1200C076251016005588 VID : 1200C076251016002832	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 02:58 PM Reported : 16/10/2025 06:15 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158232 , 16158231 , 16158229 , 16158228		

Test Name	Result	Biological Ref. Interval	Unit
Liver Function Test (LFT)			
Sample : Serum			
Bilirubin Total Method : Diazotization	1.39 H	0.00 - 1.10	mg/dL
Bilirubin Direct Method : Diazo Gen.2 Jendrassik-Grof	0.43 H	0.00 - 0.30	mg/dL
Serum Bilirubin (Indirect) Method : Calculated	0.96 H	0.00 - 0.90	mg/dL
SGOT / AST Method : IFCC without pyridoxal phosphate	28.17	10.00 - 50.00	U/L
SGPT / ALT Method : IFCC without pyridoxal phosphate	25.25	0.00 - 41.00	U/L
AST / ALT Ratio Method : Calculated	1.12	-	Ratio
Alkaline Phosphatase (ALP) Method : PNP	69.81	40.00 - 129.00	U/L
Total Protein Method : BIURET	8.24	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	4.87	3.97 - 4.94	gm/dL
Globulin Method : Calculated	3.37	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.45	1.00 - 2.10	Ratio



**Mr VIVEK PRATAP SINGH**

Age : 33 Yrs
 Gender : Male
 PID : 1200C076251016005588
 VID : 1200C076251016002832

Collected at: Vanshika Collection Cen
 Ahraura Bazar Satyanganj Ahaoura
 Mirzapur UP 231301 Ph 8765807798

Processed at: Pathkind Labs Lanka, B
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Barcode: 16158232 , 16158231 , 16158229 , 16158228

Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total			
Sample : Serum			
Method : ECLIA			
Total T3 (Triiodothyronine)	0.99	0.80 - 2.00	ng/mL
Total T4 (Thyroxine)	5.63	5.10 - 14.10	µg/dL
TSH 3rd Generation	1.580	0.27 - 4.20	µIU/mL
Estimated Glomerular Filtration Rate (eGFR)			
Sample : Serum			
Age	33.00	-	Years
Method : Manual			
GFR Male	155.89	30-59: Moderate decrease in GFR 15-29: Severe decrease in GFR <15: Kidney failure >90: Normal GFR 60-89: Mild decrease in GFR	mL/min/1.73 m ²
Method : Calculated			



Mr VIVEK PRATAP SINGH Age : 33 Yrs Gender : Male PID : 1200C076251016005588 VID : 1200C076251016002832	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 02:58 PM Reported : 16/10/2025 06:15 PM Report Status : Preliminary Ref. By : Self
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Test Name	Result	Biological Ref. Interval	Unit
Urine Routine & Microscopic Examination			
Sample : Urine, Random			
Colour, Urine Method : Physical Examination	Pale Yellow	Pale Yellow	---
Appearance Method : Physical Examination	Clear	Clear	---
Specific Gravity Method : Ionic concentration method	1.010	1.00 - 1.03	---
pH Method : Double indicator principle	7.00	4.70 - 7.50	---
Glucose Method : Spectrophotometry	Not Detected	Not Detected	---
Protein Method : Protein-Error of indications Principle	Not Detected	Not Detected	---
Ketones Method : Rothera's Method	Not Detected	Not Detected	---
Blood Method : Spectrophotometry	Not Detected	Not Detected	---
Leucocyte Method : Manual	Not Detected	Not Detected	---
Bilirubin Method : Spectrophotometry	Not Detected	Not Detected	---
Urobilinogen Method : Ehrlich's Reaction	Normal	Normal	---
Nitrite Method : Nitrite Test	Not Detected	Not Detected	---
Pus Cells Method : Microscopy	1-2	0-5	/hpf
RBC Method : Microscopy	Not Detected	0-2	/hpf

**Mr VIVEK PRATAP SINGH**

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Test Name	Result	Biological Ref. Interval	Unit
Epithelial Cells Method : Microscopy	1-2	0-5	/hpf
Casts Method : Microscopy	Not Detected	Not Detected	---
Crystals Method : Microscopy	Not Detected	Not Detected	---
Bacteria Method : Microscopy	Not Detected	Not Detected	---
Remarks Method: Manual Microscopic examination has been performed on urine sediment.			

Authenticated by

Dr. Rahul
MBBS MD (Pathology)

Note: Tests marked with NABL symbol are accredited by NABL vide Certificate No. M(EL)T- 00255

Interpretation**Liver Function Test (LFT)**

Indications for liver function assessment includes:

- Screen for liver infections, such as hepatitis
- Monitor the progression of a disease, such as viral or alcoholic hepatitis, and determine how well a treatment is working
- Measure the severity of a disease, particularly scarring of the liver (cirrhosis)
- Monitor possible side effects of medications

Lipid Profile

Lipid Profile consist of Triglycerides, Cholesterol and other lipoprotein fractions in serum. The levels reflect the status of Lipid metabolism in the body, collectively they aid in the diagnosis of various abnormal hyper lipidaemias. Analysis of Lipids has assumed greater importance due to increasing prevalence rates of Ischaemic Heart Diseases (IHD).

NCEP (ATP III) Guidelines.



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<p>Mr VIVEK PRATAP SINGH</p> <p>Age : 33 Yrs Gender : Male PID : 1200C076251016005588 VID : 1200C076251016002832</p>	<p>Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798</p> <p>Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763</p>	<p>Collected : 16/10/2025 02:58 PM Reported : 16/10/2025 06:15 PM Report Status : Preliminary Ref. By : Self</p>
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Test Name	Result	Biological Ref. Interval	Unit
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Thyroid Profile Total

- Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet & drug therapy.
- T3 is one of the thyroid hormones derived due to peripheral conversion of T4. The levels of T3 helps in the diagnosis of T3 Thyrotoxicosis and monitoring the course of hypothyroidism. However, T3 is not recommended for diagnosis of hyperthyroidism as decreased values have minimal clinical significance. Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism.
- Elevated level of T4 is seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum TBG. Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in TBG.
- TSH controls biosynthesis and release of thyroid hormones T3 & T4. TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium, and iodide induced or deficiency goiter.

Estimated Glomerular Filtration Rate (eGFR)

eGFR is a test used to assess kidney function. It is not used to diagnose any disease. The eGFR test involves a blood test which measures creatinine. The eGFR is calculated from age, sex and blood creatinine level.

EGFR calculation is provided only for adults more than 18 years of age.

Uric Acid

Uric acid is the final product of purine metabolism. Serum uric acid levels are raised in case of increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy and cytotoxic drugs. Decreased levels are seen in chronic renal failure, severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies.

Total Protein

High levels of Serum Total Protein is seen in increased acute phase reactants in inflammation, late-stage liver disease, infections, multiple myeloma and other malignant paraproteinemias. Hypoproteinemia is seen in hypogammaglobulinemia, nephrotic syndrome and protein-losing enteropathy.

Sodium

Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.

Potassium

Potassium (K+) is the major intracellular cation. It regulates neuromuscular excitability, heart contractility, intracellular fluid volume, and hydrogen ion concentration. High levels of serum Potassium is seen in acute renal disease and end-stage renal failure due to decreased excretion. Levels are also high during the diuretic phase of acute tubular necrosis, during administration of non-potassium sparing diuretic therapy, and during states of excess mineralocorticoid or glucocorticoid.

Creatinine

Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.

Chloride

Chloride (Cl) is the major extracellular anion and it has an important role in maintaining proper body water distribution, osmotic pressure, and normal anion-cation balance in the extracellular fluid compartment. Chloride is increased in dehydration, renal tubular acidosis, acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfunction, salicylate intoxication and with excessive infusion of isotonic


Mr VIVEK PRATAP SINGH

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Processed at: Pathkind Labs Lanka, B
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Test Name	Result	Biological Ref. Interval	Unit
<p>saline or extremely high dietary intake of salt. Hyperchloremia acidosis may be a sign of severe renal tubular pathology. Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure, Addisonian crisis, certain types of metabolic acidosis, persistent gastric secretion and prolonged vomiting, aldosteronism, bromide intoxication, syndrome of inappropriate antidiuretic hormone secretion, and conditions associated with expansion of extracellular fluid volume.</p> <p>Albumin "Hypoalbuminemia can be caused by impaired synthesis due to liver disease (primary) or due to diminished protein intake (secondary), increased catabolism due to tissue damage and inflammation; malabsorption of amino acids; and increased renal excretion (eg, nephrotic syndrome). Hyperalbuminemia is seen in dehydration."</p> <p>Urine Routine & Microscopic Examination Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.</p> <p>Complete Blood Count (CBC) CBC comprises of estimation of the cellular components of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin content of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.</p>			

** End of Report **



Mr ANIRUDDHA PRATAP SINGH

Age : 28 Yrs
 Gender : Male
 PID : 1200C076251016005830
 VID : 1200C076251016002871

Collected at: Vanshika Collection Cen
 Ahraura Bazar Satyanganj Ahaoura
 Mirzapur UP 231301 Ph 8765807798

Processed at: Pathkind Labs Lanka, B
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Collected : 16/10/2025 03:07 PM
 Reported : 16/10/2025 06:18 PM
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 Ref. By : **Self**

Barcode: 16158226 , 16158225 , 16158224 , 16158223

Test Name	Result	Biological Ref. Interval	Unit
HEALTHKIND NEO			
 Complete Blood Count (CBC) Sample : Whole Blood, EDTA			
Haemoglobin (Hb)	16.40	13.00 - 17.00	gm/dL
Total WBC Count / TLC	5.91	4.00 - 10.00	thou/ μ L
Neutrophils	53.00	40.00 - 80.00	%
Lymphocytes	40.00	20.00 - 40.00	%
Eosinophils	4.00	1.00 - 6.00	%
Monocytes	3.00	2.00 - 10.00	%
Basophils	0.00	0.00 - 2.00	%
Absolute Neutrophil Count (ANC)	3132.30	2000.00 - 7000.00	/ μ L
Absolute Lymphocyte Count	2364.00	1000.00 - 3000.00	/ μ L
Absolute Eosinophil Count (AEC)	236.40	20.00 - 500.00	/ μ L
Absolute Monocyte Count	177.30 L	200.00 - 1000.00	/ μ L
Absolute Basophil Count	0.00 L	20.00 - 100.00	/ μ L
RBC Count	4.90	4.50 - 5.50	million/ μ L
PCV / Hematocrit	50.20 H	40.00 - 50.00	%
MCV	102.40 H	83.00 - 101.00	fL
MCH	33.50 H	27.00 - 32.00	pg
MCHC	32.70	31.50 - 34.50	gm/dL
RDW (Red Cell Distribution Width)	13.50	11.80 - 15.60	%
Platelet Count	209.00	150.00 - 410.00	thou/ μ L
MPV (Mean Platelet Volume)	12.80 H	6.80 - 10.90	fL
Method: HB By Spectrophotometry Measurement , TLC/Neutrophils /Lymphocytes/Eosinophils/Monocytes/Basophils/RBC/Platelet Count By Impedance ,ANC/ALC/AEC By Microscopy/ Cell Counter ,AMC/ABC/MCV/MCH/MCHC/RDW/MPV By Calculated ,PCV By Calculated/ Drived From Impedence Measure			




Mr ANIRUDDHA PRATAP SINGH

Age : 28 Yrs
 Gender : Male
 PID : 1200C076251016005830
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Test Name	Result	Biological Ref. Interval	Unit
Any One Glucose			
 Glucose Random Sample :Plasma Fluoride - Random Method : Hexokinase	72.73	70.00 - 140.00	mg/dL



Mr ANIRUDDHA PRATAP SINGH		Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798	Collected : 16/10/2025 03:07 PM Reported : 16/10/2025 06:18 PM Report Status : Preliminary Ref. By : Self
Age : 28 Yrs Gender : Male PID : 1200C076251016005830 VID : 1200C076251016002871	Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763		
Barcode: 16158226 , 16158225 , 16158224 , 16158223			

Test Name	Result	Biological Ref. Interval	Unit
Lipid Profile Sample : Serum			
Total Cholesterol Method : CHOD-PAP Gen.2	164.78	No Risk : < 200 Moderate Risk : 200 - 239 High Risk : > 240	mg/dL
Triglycerides Method : GPO-PAP	334.90 H	Desirable : < 150 Boderline High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dL
LDL Cholesterol (Calculated) Method : Calculated	63.92	0.00 - 100.00	mg/dL
HDL Cholesterol Method : Enzymatic :CHOD/POD	33.88 L	Male- No Risk : > 55 Moderate Risk : 33 - 55 High Risk : <35	mg/dL
VLDL Cholesterol Method : Calculated	66.98 H	Desirable : 10 - 35	mg/dL
Total Cholesterol / HDL Ratio Method : Calculated	4.86 H	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0	Ratio
LDL / HDL Ratio Method : Calculated	1.89	Low Risk : 0.5 - 3.0 Moderate Risk : 3.1 - 6.0 High Risk : > 6.0	Ratio
Non HDL Cholesterol Method : Manual	130.90 H	0.00 - 130.00	mg/dL



Mr ANIRUDDHA PRATAP SINGH

Age : 28 Yrs
 Gender : Male
 PID : 1200C076251016005830
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Test Name	Result	Biological Ref. Interval	Unit
Kidney Profile			
Blood Urea Nitrogen Sample :Serum Method : Urease UV	9.41	7.70 - 22.60	mg/dL
 Blood Urea Sample :Serum Method : Urease /GLDH	20.13	16.60 - 48.50	mg/dL
 Creatinine Sample :Serum Method : Jaffe	0.68 L	0.70 - 1.20	mg/dL
BUN Creatinine Ratio Sample :Serum Method : Calculated	13.88	10.00 - 20.00	Ratio
 Uric Acid Sample :Serum Method : Uricase Colorimetric	5.66	3.40 - 7.00	mg/dL
 Total Protein Sample :Serum Method : BIURET	7.75	6.40 - 8.30	gm/dL
 Albumin Sample :Serum Method : Bromo Cresol Green(BCG)	4.63	3.97 - 4.94	gm/dL



Mr ANIRUDDHA PRATAP SINGH Age : 28 Yrs Gender : Male PID : 1200C076251016005830 VID : 1200C076251016002871		Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:07 PM Reported : 16/10/2025 06:18 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158226 , 16158225 , 16158224 , 16158223			

Test Name	Result	Biological Ref. Interval	Unit
Globulin Sample :Serum Method : Calculated	3.12	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Sample :Serum Method : Calculated	1.49	1.00 - 2.10	Ratio
 Sodium Sample :Serum Method : ISE-direct	141.50	136.00 - 145.00	mmol/L
 Potassium Sample :Serum Method : ISE-direct	4.96	3.50 - 5.10	mmol/L
Chloride Sample :Serum Method : ISE-direct	105.60	97.00 - 107.00	mmol/L

Mr ANIRUDDHA PRATAP SINGH Age : 28 Yrs Gender : Male PID : 1200C076251016005830 VID : 1200C076251016002871		Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:07 PM Reported : 16/10/2025 06:18 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158226 , 16158225 , 16158224 , 16158223			

Test Name	Result	Biological Ref. Interval	Unit
Liver Function Test (LFT)			
Sample : Serum			
Bilirubin Total Method : Diazotization	0.70	0.00 - 1.10	mg/dL
Bilirubin Direct Method : Diazo Gen.2 Jendrassik-Grof	0.21	0.00 - 0.30	mg/dL
Serum Bilirubin (Indirect) Method : Calculated	0.49	0.00 - 0.90	mg/dL
SGOT / AST Method : IFCC without pyridoxal phosphate	18.25	10.00 - 50.00	U/L
SGPT / ALT Method : IFCC without pyridoxal phosphate	14.18	0.00 - 41.00	U/L
AST / ALT Ratio Method : Calculated	1.29	-	Ratio
Alkaline Phosphatase (ALP) Method : PNP	99.35	40.00 - 129.00	U/L
Total Protein Method : BIURET	7.75	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	4.63	3.97 - 4.94	gm/dL
Globulin Method : Calculated	3.12	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.49	1.00 - 2.10	Ratio



Mr ANIRUDDHA PRATAP SINGH Age : 28 Yrs Gender : Male PID : 1200C076251016005830 VID : 1200C076251016002871	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798	Collected : 16/10/2025 03:07 PM Reported : 16/10/2025 06:18 PM Report Status : Preliminary Ref. By : Self
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Barcode: 16158226 , 16158225 , 16158224 , 16158223		

Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total			
Sample : Serum			
Method : ECLIA			
Total T3 (Triiodothyronine)	1.03	0.80 - 2.00	ng/mL
Total T4 (Thyroxine)	8.32	5.10 - 14.10	µg/dL
TSH 3rd Generation	0.623	0.27 - 4.20	µIU/mL
Estimated Glomerular Filtration Rate (eGFR)			
Sample : Serum			
Age	28.00	-	Years
Method : Manual			
GFR Male	148.33	30-59: Moderate decrease in GFR 15-29: Severe decrease in GFR <15: Kidney failure >90: Normal GFR 60-89: Mild decrease in GFR	mL/min/1.73 m ²
Method : Calculated			

Mr ANIRUDDHA PRATAP SINGH

Age : 28 Yrs
 Gender : Male
 PID : 1200C076251016005830
 VID : 1200C076251016002871

Collected at: Vanshika Collection Cen
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 Report Status : **Preliminary**
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Barcode: 16158226 , 16158225 , 16158224 , 16158223

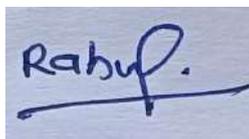
Test Name	Result	Biological Ref. Interval	Unit
Urine Routine & Microscopic Examination			
Sample : Urine, Random			
Colour, Urine Method : Physical Examination	Pale Yellow	Pale Yellow	---
Appearance Method : Physical Examination	Clear	Clear	---
Specific Gravity Method : Ionic concentration method	1.005	1.00 - 1.03	---
pH Method : Double indicator principle	7.50	4.70 - 7.50	---
Glucose Method : Spectrophotometry	Not Detected	Not Detected	---
Protein Method : Protein-Error of indications Principle	Not Detected	Not Detected	---
Ketones Method : Rothera's Method	Not Detected	Not Detected	---
Blood Method : Spectrophotometry	Not Detected	Not Detected	---
Leucocyte Method : Manual	Not Detected	Not Detected	---
Bilirubin Method : Spectrophotometry	Not Detected	Not Detected	---
Urobilinogen Method : Ehrlich's Reaction	Normal	Normal	---
Nitrite Method : Nitrite Test	Not Detected	Not Detected	---
Pus Cells Method : Microscopy	1-2	0-5	/hpf
RBC Method : Microscopy	Not Detected	0-2	/hpf



Mr ANIRUDDHA PRATAP SINGH Age : 28 Yrs Gender : Male PID : 1200C076251016005830 VID : 1200C076251016002871	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798	Collected : 16/10/2025 03:07 PM Reported : 16/10/2025 06:18 PM Report Status : Preliminary Ref. By : Self
	Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	
Barcode: 16158226 , 16158225 , 16158224 , 16158223		

Test Name	Result	Biological Ref. Interval	Unit
Epithelial Cells Method : Microscopy	1-2	0-5	/hpf
Casts Method : Microscopy	Not Detected	Not Detected	---
Crystals Method : Microscopy	Not Detected	Not Detected	---
Bacteria Method : Microscopy	Not Detected	Not Detected	---
Remarks Method: Manual Microscopic examination has been performed on urine sediment.			

Authenticated by



Dr. Rahul
 MBBS MD (Pathology)

Note: Tests marked with NABL symbol are accredited by NABL vide Certificate No. M(EL)T- 00255

<p>Interpretation</p> <p>Liver Function Test (LFT) Indications for liver function assessment includes:</p> <ul style="list-style-type: none"> • Screen for liver infections, such as hepatitis • Monitor the progression of a disease, such as viral or alcoholic hepatitis, and determine how well a treatment is working • Measure the severity of a disease, particularly scarring of the liver (cirrhosis) • Monitor possible side effects of medications <p>Lipid Profile Lipid Profile consist of Triglycerides, Cholesterol and other lipoprotein fractions in serum. The levels reflect the status of Lipid metabolism in the body, collectively they aid in the diagnosis of various abnormal hyper lipidaemias. Analysis of Lipids has assumed greater importance due to increasing prevalence rates of Ischaemic Heart Diseases (IHD). NCEP (ATP III) Guidelines.</p>
--

Mr ANIRUDDHA PRATAP SINGH

Age : 28 Yrs
 Gender : Male
 PID : 1200C076251016005830
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Collected at: Vanshika Collection Cen
 Ahraura Bazar Satyanganj Ahaoura
 Mirzapur UP 231301 Ph 8765807798

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Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total			
<ul style="list-style-type: none"> • Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet & drug therapy. • T3 is one of the thyroid hormones derived due to peripheral conversion of T4. The levels of T3 helps in the diagnosis of T3 Thyrotoxicosis and monitoring the course of hypothyroidism. However, T3 is not recommended for diagnosis of hyperthyroidism as decreased values have minimal clinical significance. Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism. • Elevated level of T4 is seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum TBG. Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in TBG. • TSH controls biosynthesis and release of thyroid hormones T3 & T4. TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium, and iodide induced or deficiency goiter. 			
Estimated Glomerular Filtration Rate (eGFR)			
eGFR is a test used to assess kidney function. It is not used to diagnose any disease. The eGFR test involves a blood test which measures creatinine. The eGFR is calculated from age, sex and blood creatinine level.			
EGFR calculation is provided only for adults more than 18 years of age.			
Uric Acid			
Uric acid is the final product of purine metabolism. Serum uric acid levels are raised in case of increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy and cytotoxic drugs. Decreased levels are seen in chronic renal failure, severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies.			
Total Protein			
High levels of Serum Total Protein is seen in increased acute phase reactants in inflammation, late-stage liver disease, infections, multiple myeloma and other malignant paraproteinemias. Hypoproteinemia is seen in hypogammaglobulinemia, nephrotic syndrome and protein-losing enteropathy.			
Sodium			
Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.			
Potassium			
Potassium (K+) is the major intracellular cation. It regulates neuromuscular excitability, heart contractility, intracellular fluid volume, and hydrogen ion concentration. High levels of serum Potassium is seen in acute renal disease and end-stage renal failure due to decreased excretion. Levels are also high during the diuretic phase of acute tubular necrosis, during administration of non-potassium sparing diuretic therapy, and during states of excess mineralocorticoid or glucocorticoid.			
Creatinine			
Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.			
Chloride			
Chloride (Cl) is the major extracellular anion and it has an important role in maintaining proper body water distribution, osmotic pressure, and normal anion-cation balance in the extracellular fluid compartment. Chloride is increased in dehydration, renal tubular acidosis, acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfunction, salicylate intoxication and with excessive infusion of isotonic			



Mr ANIRUDDHA PRATAP SINGH Age : 28 Yrs Gender : Male PID : 1200C076251016005830 VID : 1200C076251016002871		Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:07 PM Reported : 16/10/2025 06:18 PM Report Status : Preliminary Ref. By : Self
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Test Name	Result	Biological Ref. Interval	Unit
saline or extremely high dietary intake of salt. Hyperchloremia acidosis may be a sign of severe renal tubular pathology. Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure, Addisonian crisis, certain types of metabolic acidosis, persistent gastric secretion and prolonged vomiting, aldosteronism, bromide intoxication, syndrome of inappropriate antidiuretic hormone secretion, and conditions associated with expansion of extracellular fluid volume.			
Albumin "Hypoalbuminemia can be caused by impaired synthesis due to liver disease (primary) or due to diminished protein intake (secondary), increased catabolism due to tissue damage and inflammation; malabsorption of amino acids; and increased renal excretion (eg, nephrotic syndrome). Hyperalbuminemia is seen in dehydration."			
Urine Routine & Microscopic Examination Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.			
Complete Blood Count (CBC) CBC comprises of estimation of the cellular components of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin content of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.			

** End of Report **



Mr ARJUN SINGH Age : 30 Yrs Gender : Male PID : 1200C076251016005884 VID : 1200C076251016002885	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:11 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self
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Test Name	Result	Biological Ref. Interval	Unit
HEALTHKIND NEO			
 Complete Blood Count (CBC) Sample : Whole Blood, EDTA			
Haemoglobin (Hb)	14.30	13.00 - 17.00	gm/dL
Total WBC Count / TLC	9.61	4.00 - 10.00	thou/ μ L
Neutrophils	56.00	40.00 - 80.00	%
Lymphocytes	34.00	20.00 - 40.00	%
Eosinophils	2.00	1.00 - 6.00	%
Monocytes	8.00	2.00 - 10.00	%
Basophils	0.00	0.00 - 2.00	%
Absolute Neutrophil Count (ANC)	5381.60	2000.00 - 7000.00	/ μ L
Absolute Lymphocyte Count	3267.40 H	1000.00 - 3000.00	/ μ L
Absolute Eosinophil Count (AEC)	192.20	20.00 - 500.00	/ μ L
Absolute Monocyte Count	768.80	200.00 - 1000.00	/ μ L
Absolute Basophil Count	0.00 L	20.00 - 100.00	/ μ L
RBC Count	3.61 L	4.50 - 5.50	million/ μ L
PCV / Hematocrit	41.70	40.00 - 50.00	%
MCV	115.50 H	83.00 - 101.00	fL
MCH	39.60 H	27.00 - 32.00	pg
MCHC	34.30	31.50 - 34.50	gm/dL
RDW (Red Cell Distribution Width)	14.90	11.80 - 15.60	%
Platelet Count	321.00	150.00 - 410.00	thou/ μ L
MPV (Mean Platelet Volume)	10.60	6.80 - 10.90	fL
Method: HB By Spectrophotometry Measurement , TLC/Neutrophils /Lymphocytes/Eosinophils/Monocytes/Basophils/RBC/Platelet Count By Impedance ,ANC/ALC/AEC By Microscopy/ Cell Counter ,AMC/ABC/MCV/MCH/MCHC/RDW/MPV By Calculated ,PCV By Calculated/ Drived From Impedence Measure			

<p>Mr ARJUN SINGH</p> <p>Age : 30 Yrs Gender : Male PID : 1200C076251016005884 VID : 1200C076251016002885</p>	<p>Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798</p> <p>Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763</p>	<p>Collected : 16/10/2025 03:11 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self</p>
<p>Barcode: 16158222 , 16158221 , 16158220 , 16158219</p>		

Test Name	Result	Biological Ref. Interval	Unit
Any One Glucose			
 <p>Glucose Random</p> <p>Sample :Plasma Fluoride - Random Method : Hexokinase</p>	81.61	70.00 - 140.00	mg/dL



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Test Name	Result	Biological Ref. Interval	Unit
Lipid Profile			
Sample : Serum			
Total Cholesterol Method : CHOD-PAP Gen.2	166.96	No Risk : < 200 Moderate Risk : 200 - 239 High Risk : > 240	mg/dL
Triglycerides Method : GPO-PAP	210.47 H	Desirable : < 150 Boderline High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dL
LDL Cholesterol (Calculated) Method : Calculated	91.93	0.00 - 100.00	mg/dL
HDL Cholesterol Method : Enzymatic :CHOD/POD	32.94 L	Male- No Risk : > 55 Moderate Risk : 33 - 55 High Risk : <35	mg/dL
VLDL Cholesterol Method : Calculated	42.09 H	Desirable : 10 - 35	mg/dL
Total Cholesterol / HDL Ratio Method : Calculated	5.07 H	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0	Ratio
LDL / HDL Ratio Method : Calculated	2.79	Low Risk : 0.5 - 3.0 Moderate Risk : 3.1 - 6.0 High Risk : > 6.0	Ratio
Non HDL Cholesterol Method : Manual	134.02 H	0.00 - 130.00	mg/dL

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Test Name	Result	Biological Ref. Interval	Unit
Kidney Profile			
Blood Urea Nitrogen Sample :Serum Method : Urease UV	8.88	7.70 - 22.60	mg/dL
 Blood Urea Sample :Serum Method : Urease /GLDH	18.99	16.60 - 48.50	mg/dL
 Creatinine Sample :Serum Method : Jaffe	0.73	0.70 - 1.20	mg/dL
BUN Creatinine Ratio Sample :Serum Method : Calculated	12.09	10.00 - 20.00	Ratio
 Uric Acid Sample :Serum Method : Uricase Colorimetric	7.73 H	3.40 - 7.00	mg/dL
 Total Protein Sample :Serum Method : BIURET	8.13	6.40 - 8.30	gm/dL
 Albumin Sample :Serum Method : Bromo Cresol Green(BCG)	4.73	3.97 - 4.94	gm/dL



Mr ARJUN SINGH

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 Mirzapur UP 231301 Ph 8765807798

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Test Name	Result	Biological Ref. Interval	Unit
Globulin Sample :Serum Method : Calculated	3.41	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Sample :Serum Method : Calculated	1.39	1.00 - 2.10	Ratio
 Sodium Sample :Serum Method : ISE-direct	138.00	136.00 - 145.00	mmol/L
 Potassium Sample :Serum Method : ISE-direct	4.63	3.50 - 5.10	mmol/L
Chloride Sample :Serum Method : ISE-direct	107.00	97.00 - 107.00	mmol/L



Mr ARJUN SINGH Age : 30 Yrs Gender : Male PID : 1200C076251016005884 VID : 1200C076251016002885	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:11 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self
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Test Name	Result	Biological Ref. Interval	Unit
Liver Function Test (LFT)			
Sample : Serum			
Bilirubin Total Method : Diazotization	1.49 H	0.00 - 1.10	mg/dL
Bilirubin Direct Method : Diazo Gen.2 Jendrassik-Grof	0.51 H	0.00 - 0.30	mg/dL
Serum Bilirubin (Indirect) Method : Calculated	0.98 H	0.00 - 0.90	mg/dL
SGOT / AST Method : IFCC without pyridoxal phosphate	20.66	10.00 - 50.00	U/L
SGPT / ALT Method : IFCC without pyridoxal phosphate	28.40	0.00 - 41.00	U/L
AST / ALT Ratio Method : Calculated	0.73	-	Ratio
Alkaline Phosphatase (ALP) Method : PNP	81.97	40.00 - 129.00	U/L
Total Protein Method : BIURET	8.13	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	4.73	3.97 - 4.94	gm/dL
Globulin Method : Calculated	3.41	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.39	1.00 - 2.10	Ratio



**Mr ARJUN SINGH**

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Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total			
Sample : Serum			
Method : ECLIA			
Total T3 (Triiodothyronine)	0.95	0.80 - 2.00	ng/mL
Total T4 (Thyroxine)	8.16	5.10 - 14.10	µg/dL
TSH 3rd Generation	2.360	0.27 - 4.20	µIU/mL
Estimated Glomerular Filtration Rate (eGFR)			
Sample : Serum			
Age	30.00	-	Years
Method : Manual			
GFR Male	134.09	30-59: Moderate decrease in GFR 15-29: Severe decrease in GFR <15: Kidney failure >90: Normal GFR 60-89: Mild decrease in GFR	mL/min/1.73 m ²
Method : Calculated			



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Test Name	Result	Biological Ref. Interval	Unit
Urine Routine & Microscopic Examination			
Sample : Urine, Random			
Colour, Urine Method : Physical Examination	Pale Yellow	Pale Yellow	---
Appearance Method : Physical Examination	Clear	Clear	---
Specific Gravity Method : Ionic concentration method	1.020	1.00 - 1.03	---
pH Method : Double indicator principle	7.50	4.70 - 7.50	---
Glucose Method : Spectrophotometry	Not Detected	Not Detected	---
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Urobilinogen Method : Ehrlich's Reaction	Normal	Normal	---
Nitrite Method : Nitrite Test	Not Detected	Not Detected	---
Pus Cells Method : Microscopy	1-2	0-5	/hpf
RBC Method : Microscopy	Not Detected	0-2	/hpf



Mr ARJUN SINGH

Age : 30 Yrs
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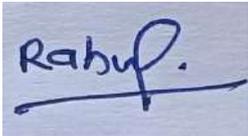
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Test Name	Result	Biological Ref. Interval	Unit
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Casts Method : Microscopy	Not Detected	Not Detected	---
Crystals Method : Microscopy	Not Detected	Not Detected	---
Bacteria Method : Microscopy	Not Detected	Not Detected	---
Remarks Method: Manual Microscopic examination has been performed on urine sediment.			

Authenticated by


Dr. Rahul
MBBS MD (Pathology)

Note: Tests marked with NABL symbol are accredited by NABL vide Certificate No. M(EL)T- 00255

Interpretation**Liver Function Test (LFT)**

Indications for liver function assessment includes:

- Screen for liver infections, such as hepatitis
- Monitor the progression of a disease, such as viral or alcoholic hepatitis, and determine how well a treatment is working
- Measure the severity of a disease, particularly scarring of the liver (cirrhosis)
- Monitor possible side effects of medications

Lipid Profile

Lipid Profile consist of Triglycerides, Cholesterol and other lipoprotein fractions in serum. The levels reflect the status of Lipid metabolism in the body, collectively they aid in the diagnosis of various abnormal hyper lipidaemias. Analysis of Lipids has assumed greater importance due to increasing prevalence rates of Ischaemic Heart Diseases (IHD).

NCEP (ATP III) Guidelines.



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

Thyroid Profile Total

- Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet & drug therapy.
- T3 is one of the thyroid hormones derived due to peripheral conversion of T4. The levels of T3 helps in the diagnosis of T3 Thyrotoxicosis and monitoring the course of hypothyroidism. However, T3 is not recommended for diagnosis of hyperthyroidism as decreased values have minimal clinical significance. Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism.
- Elevated level of T4 is seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum TBG. Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in TBG.
- TSH controls biosynthesis and release of thyroid hormones T3 & T4. TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium, and iodide induced or deficiency goiter.

Estimated Glomerular Filtration Rate (eGFR)

eGFR is a test used to assess kidney function. It is not used to diagnose any disease. The eGFR test involves a blood test which measures creatinine. The eGFR is calculated from age, sex and blood creatinine level.
 eGFR calculation is provided only for adults more than 18 years of age.

Uric Acid

Uric acid is the final product of purine metabolism. Serum uric acid levels are raised in case of increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy and cytotoxic drugs. Decreased levels are seen in chronic renal failure, severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies.

Total Protein

High levels of Serum Total Protein is seen in increased acute phase reactants in inflammation, late-stage liver disease, infections, multiple myeloma and other malignant paraproteinemias. Hypoproteinemia is seen in hypogammaglobulinemia, nephrotic syndrome and protein-losing enteropathy.

Sodium

Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.

Potassium

Potassium (K+) is the major intracellular cation. It regulates neuromuscular excitability, heart contractility, intracellular fluid volume, and hydrogen ion concentration. High levels of serum Potassium is seen in acute renal disease and end-stage renal failure due to decreased excretion. Levels are also high during the diuretic phase of acute tubular necrosis, during administration of non-potassium sparing diuretic therapy, and during states of excess mineralocorticoid or glucocorticoid.

Creatinine

Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.

Chloride

Chloride (Cl) is the major extracellular anion and it has an important role in maintaining proper body water distribution, osmotic pressure, and normal anion-cation balance in the extracellular fluid compartment. Chloride is increased in dehydration, renal tubular acidosis, acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfunction, salicylate intoxication and with excessive infusion of isotonic

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 32/81 A 9 BHU Rd Rashmi nagar nariya
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 7827949763

Collected : 16/10/2025 03:11 PM
 Reported : 16/10/2025 06:11 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 16158222 , 16158221 , 16158220 , 16158219

Test Name	Result	Biological Ref. Interval	Unit
<p>saline or extremely high dietary intake of salt. Hyperchloremia acidosis may be a sign of severe renal tubular pathology. Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure, Addisonian crisis, certain types of metabolic acidosis, persistent gastric secretion and prolonged vomiting, aldosteronism, bromide intoxication, syndrome of inappropriate antidiuretic hormone secretion, and conditions associated with expansion of extracellular fluid volume.</p> <p>Albumin "Hypoalbuminemia can be caused by impaired synthesis due to liver disease (primary) or due to diminished protein intake (secondary), increased catabolism due to tissue damage and inflammation; malabsorption of amino acids; and increased renal excretion (eg, nephrotic syndrome). Hyperalbuminemia is seen in dehydration."</p> <p>Urine Routine & Microscopic Examination Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.</p> <p>Complete Blood Count (CBC) CBC comprises of estimation of the cellular components of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin content of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.</p>			

** End of Report **



Mr MANOJ KUMAR YADAV Age : 38 Yrs Gender : Male PID : 1200C076251016005917 VID : 1200C076251016002895	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:14 PM Reported : 16/10/2025 06:10 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158218 , 16158217 , 16158216 , 16158215		

Test Name	Result	Biological Ref. Interval	Unit
HEALTHKIND NEO			
 Complete Blood Count (CBC) Sample : Whole Blood, EDTA			
Haemoglobin (Hb)	14.60	13.00 - 17.00	gm/dL
Total WBC Count / TLC	12.38 H	4.00 - 10.00	thou/ μ L
Neutrophils	65.00	40.00 - 80.00	%
Lymphocytes	30.00	20.00 - 40.00	%
Eosinophils	2.00	1.00 - 6.00	%
Monocytes	3.00	2.00 - 10.00	%
Basophils	0.00	0.00 - 2.00	%
Absolute Neutrophil Count (ANC)	8047.00 H	2000.00 - 7000.00	/ μ L
Absolute Lymphocyte Count	3714.00 H	1000.00 - 3000.00	/ μ L
Absolute Eosinophil Count (AEC)	247.60	20.00 - 500.00	/ μ L
Absolute Monocyte Count	371.40	200.00 - 1000.00	/ μ L
Absolute Basophil Count	0.00 L	20.00 - 100.00	/ μ L
RBC Count	4.67	4.50 - 5.50	million/ μ L
PCV / Hematocrit	46.50	40.00 - 50.00	%
MCV	99.60	83.00 - 101.00	fL
MCH	31.30	27.00 - 32.00	pg
MCHC	31.40 L	31.50 - 34.50	gm/dL
RDW (Red Cell Distribution Width)	13.30	11.80 - 15.60	%
Platelet Count	160.00	150.00 - 410.00	thou/ μ L
MPV (Mean Platelet Volume)	13.70 H	6.80 - 10.90	fL
Method: HB By Spectrophotometry Measurement , TLC/Neutrophils /Lymphocytes/Eosinophils/Monocytes/Basophils/RBC/Platelet Count By Impedance ,ANC/ALC/AEC By Microscopy/ Cell Counter ,AMC/ABC/MCV/MCH/MCHC/RDW/MPV By Calculated ,PCV By Calculated/ Drived From Impedence Measure			




Mr MANOJ KUMAR YADAV

Age : 38 Yrs
 Gender : Male
 PID : 1200C076251016005917
 VID : 1200C076251016002895

Collected at: Vanshika Collection Cen
 Ahraura Bazar Satyanganj Ahaoura
 Mirzapur UP 231301 Ph 8765807798

Processed at: Pathkind Labs Lanka, B
 32/81 A 9 BHU Rd Rashmi nagar nariya
 Opp Emergency gate 221005, Ph
 7827949763

Collected : 16/10/2025 03:14 PM
 Reported : 16/10/2025 06:10 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 16158218 , 16158217 , 16158216 , 16158215

Test Name	Result	Biological Ref. Interval	Unit
Any One Glucose			
 Glucose Random Sample :Plasma Fluoride - Random Method : Hexokinase	100.30	70.00 - 140.00	mg/dL



Mr MANOJ KUMAR YADAV Age : 38 Yrs Gender : Male PID : 1200C076251016005917 VID : 1200C076251016002895	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:14 PM Reported : 16/10/2025 06:10 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158218 , 16158217 , 16158216 , 16158215		

Test Name	Result	Biological Ref. Interval	Unit
Lipid Profile			
Sample : Serum			
Total Cholesterol Method : CHOD-PAP Gen.2	163.83	No Risk : < 200 Moderate Risk : 200 - 239 High Risk : > 240	mg/dL
Triglycerides Method : GPO-PAP	327.93 H	Desirable : < 150 Boderline High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dL
LDL Cholesterol (Calculated) Method : Calculated	61.61	0.00 - 100.00	mg/dL
HDL Cholesterol Method : Enzymatic :CHOD/POD	36.64 L	Male- No Risk : > 55 Moderate Risk : 33 - 55 High Risk : <35	mg/dL
VLDL Cholesterol Method : Calculated	65.59 H	Desirable : 10 - 35	mg/dL
Total Cholesterol / HDL Ratio Method : Calculated	4.47 H	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0	Ratio
LDL / HDL Ratio Method : Calculated	1.68	Low Risk : 0.5 - 3.0 Moderate Risk : 3.1 - 6.0 High Risk : > 6.0	Ratio
Non HDL Cholesterol Method : Manual	127.19	0.00 - 130.00	mg/dL



Mr MANOJ KUMAR YADAV Age : 38 Yrs Gender : Male PID : 1200C076251016005917 VID : 1200C076251016002895	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:14 PM Reported : 16/10/2025 06:10 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158218 , 16158217 , 16158216 , 16158215		

Test Name	Result	Biological Ref. Interval	Unit
Kidney Profile			
Blood Urea Nitrogen Sample :Serum Method : Urease UV	11.48	7.70 - 22.60	mg/dL
 Blood Urea Sample :Serum Method : Urease /GLDH	24.56	16.60 - 48.50	mg/dL
 Creatinine Sample :Serum Method : Jaffe	0.85	0.70 - 1.20	mg/dL
BUN Creatinine Ratio Sample :Serum Method : Calculated	13.56	10.00 - 20.00	Ratio
 Uric Acid Sample :Serum Method : Uricase Colorimetric	8.12 H	3.40 - 7.00	mg/dL
 Total Protein Sample :Serum Method : BIURET	8.10	6.40 - 8.30	gm/dL
 Albumin Sample :Serum Method : Bromo Cresol Green(BCG)	4.02	3.97 - 4.94	gm/dL



Mr MANOJ KUMAR YADAV

Age : 38 Yrs
 Gender : Male
 PID : 1200C076251016005917
 VID : 1200C076251016002895

Collected at: Vanshika Collection Cen
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 Mirzapur UP 231301 Ph 8765807798

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Barcode: 16158218 , 16158217 , 16158216 , 16158215

Test Name	Result	Biological Ref. Interval	Unit
Globulin Sample :Serum Method : Calculated	4.09 H	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Sample :Serum Method : Calculated	0.98 L	1.00 - 2.10	Ratio
 Sodium Sample :Serum Method : ISE-direct	136.20	136.00 - 145.00	mmol/L
 Potassium Sample :Serum Method : ISE-direct	4.12	3.50 - 5.10	mmol/L
Chloride Sample :Serum Method : ISE-direct	106.80	97.00 - 107.00	mmol/L



**Mr MANOJ KUMAR YADAV**

Age : 38 Yrs
 Gender : Male
 PID : 1200C076251016005917
 VID : 1200C076251016002895

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 Ahraura Bazar Satyanganj Ahaoura
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Barcode: 16158218 , 16158217 , 16158216 , 16158215

Test Name	Result	Biological Ref. Interval	Unit
Liver Function Test (LFT)			
Sample : Serum			
Bilirubin Total Method : Diazotization	0.50	0.00 - 1.10	mg/dL
Bilirubin Direct Method : Diazo Gen.2 Jendrassik-Grof	0.17	0.00 - 0.30	mg/dL
Serum Bilirubin (Indirect) Method : Calculated	0.33	0.00 - 0.90	mg/dL
SGOT / AST Method : IFCC without pyridoxal phosphate	26.54	10.00 - 50.00	U/L
SGPT / ALT Method : IFCC without pyridoxal phosphate	37.03	0.00 - 41.00	U/L
AST / ALT Ratio Method : Calculated	0.72	-	Ratio
Alkaline Phosphatase (ALP) Method : PNP	99.43	40.00 - 129.00	U/L
Total Protein Method : BIURET	8.10	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	4.02	3.97 - 4.94	gm/dL
Globulin Method : Calculated	4.09 H	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	0.98 L	1.00 - 2.10	Ratio



Mr MANOJ KUMAR YADAV Age : 38 Yrs Gender : Male PID : 1200C076251016005917 VID : 1200C076251016002895	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:14 PM Reported : 16/10/2025 06:10 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158218 , 16158217 , 16158216 , 16158215		

Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total			
Sample : Serum			
Method : ECLIA			
Total T3 (Triiodothyronine)	0.92	0.80 - 2.00	ng/mL
Total T4 (Thyroxine)	5.45	5.10 - 14.10	µg/dL
TSH 3rd Generation	1.640	0.27 - 4.20	µIU/mL
Estimated Glomerular Filtration Rate (eGFR)			
Sample : Serum			
Age	38.00	-	Years
Method : Manual			
GFR Male	108.69	30-59: Moderate decrease in GFR 15-29: Severe decrease in GFR <15: Kidney failure >90: Normal GFR 60-89: Mild decrease in GFR	mL/min/1.73 m ²
Method : Calculated			



Mr MANOJ KUMAR YADAV

Age : 38 Yrs
 Gender : Male
 PID : 1200C076251016005917
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Barcode: 16158218 , 16158217 , 16158216 , 16158215

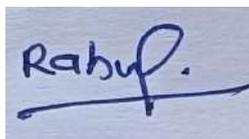
Test Name	Result	Biological Ref. Interval	Unit
Urine Routine & Microscopic Examination			
Sample : Urine, Random			
Colour, Urine Method : Physical Examination	Pale Yellow	Pale Yellow	---
Appearance Method : Physical Examination	Slightly Hazy	Clear	---
Specific Gravity Method : Ionic concentration method	1.030	1.00 - 1.03	---
pH Method : Double indicator principle	6.50	4.70 - 7.50	---
Glucose Method : Spectrophotometry	Not Detected	Not Detected	---
Protein Method : Protein-Error of indications Principle	Detected (+)	Not Detected	---
Ketones Method : Rothera's Method	Not Detected	Not Detected	---
Blood Method : Spectrophotometry	Not Detected	Not Detected	---
Leucocyte Method : Manual	Not Detected	Not Detected	---
Bilirubin Method : Spectrophotometry	Not Detected	Not Detected	---
Urobilinogen Method : Ehrlich's Reaction	Normal	Normal	---
Nitrite Method : Nitrite Test	Not Detected	Not Detected	---
Pus Cells Method : Microscopy	1-2	0-5	/hpf
RBC Method : Microscopy	Not Detected	0-2	/hpf



Mr MANOJ KUMAR YADAV Age : 38 Yrs Gender : Male PID : 1200C076251016005917 VID : 1200C076251016002895	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:14 PM Reported : 16/10/2025 06:10 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158218 , 16158217 , 16158216 , 16158215		

Test Name	Result	Biological Ref. Interval	Unit
Epithelial Cells Method : Microscopy	1-2	0-5	/hpf
Casts Method : Microscopy	Not Detected	Not Detected	---
Crystals Method : Microscopy	Calcium Oxalate	Not Detected	---
Bacteria Method : Microscopy	Not Detected	Not Detected	---
Remarks Method: Manual Microscopic examination has been performed on urine sediment.			

Authenticated by



Dr. Rahul
MBBS MD (Pathology)

Note: Tests marked with NABL symbol are accredited by NABL vide Certificate No. M(EL)T- 00255

<p>Interpretation</p> <p>Liver Function Test (LFT) Indications for liver function assessment includes:</p> <ul style="list-style-type: none"> • Screen for liver infections, such as hepatitis • Monitor the progression of a disease, such as viral or alcoholic hepatitis, and determine how well a treatment is working • Measure the severity of a disease, particularly scarring of the liver (cirrhosis) • Monitor possible side effects of medications <p>Lipid Profile Lipid Profile consist of Triglycerides, Cholesterol and other lipoprotein fractions in serum. The levels reflect the status of Lipid metabolism in the body, collectively they aid in the diagnosis of various abnormal hyper lipidaemias. Analysis of Lipids has assumed greater importance due to increasing prevalence rates of Ischaemic Heart Diseases (IHD). NCEP (ATP III) Guidelines.</p>
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Mr MANOJ KUMAR YADAV

Age : 38 Yrs
 Gender : Male
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Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total			
<ul style="list-style-type: none"> • Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet & drug therapy. • T3 is one of the thyroid hormones derived due to peripheral conversion of T4. The levels of T3 helps in the diagnosis of T3 Thyrotoxicosis and monitoring the course of hypothyroidism. However, T3 is not recommended for diagnosis of hyperthyroidism as decreased values have minimal clinical significance. Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism. • Elevated level of T4 is seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum TBG. Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in TBG. • TSH controls biosynthesis and release of thyroid hormones T3 & T4. TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium, and iodide induced or deficiency goiter. 			
Estimated Glomerular Filtration Rate (eGFR)			
eGFR is a test used to assess kidney function. It is not used to diagnose any disease. The eGFR test involves a blood test which measures creatinine. The eGFR is calculated from age, sex and blood creatinine level.			
EGFR calculation is provided only for adults more than 18 years of age.			
Uric Acid			
Uric acid is the final product of purine metabolism. Serum uric acid levels are raised in case of increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy and cytotoxic drugs. Decreased levels are seen in chronic renal failure, severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies.			
Total Protein			
High levels of Serum Total Protein is seen in increased acute phase reactants in inflammation, late-stage liver disease, infections, multiple myeloma and other malignant paraproteinemias. Hypoproteinemia is seen in hypogammaglobulinemia, nephrotic syndrome and protein-losing enteropathy.			
Sodium			
Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.			
Potassium			
Potassium (K+) is the major intracellular cation. It regulates neuromuscular excitability, heart contractility, intracellular fluid volume, and hydrogen ion concentration. High levels of serum Potassium is seen in acute renal disease and end-stage renal failure due to decreased excretion. Levels are also high during the diuretic phase of acute tubular necrosis, during administration of non-potassium sparing diuretic therapy, and during states of excess mineralocorticoid or glucocorticoid.			
Creatinine			
Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.			
Chloride			
Chloride (Cl) is the major extracellular anion and it has an important role in maintaining proper body water distribution, osmotic pressure, and normal anion-cation balance in the extracellular fluid compartment. Chloride is increased in dehydration, renal tubular acidosis, acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfunction, salicylate intoxication and with excessive infusion of isotonic			



<p>Mr MANOJ KUMAR YADAV</p> <p>Age : 38 Yrs Gender : Male PID : 1200C076251016005917 VID : 1200C076251016002895</p>	<p>Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798</p> <p>Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763</p>	<p>Collected : 16/10/2025 03:14 PM Reported : 16/10/2025 06:10 PM Report Status : Preliminary Ref. By : Self</p>
<p>Barcode: 16158218 , 16158217 , 16158216 , 16158215</p>		

Test Name	Result	Biological Ref. Interval	Unit
<p>saline or extremely high dietary intake of salt. Hyperchloremia acidosis may be a sign of severe renal tubular pathology. Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure, Addisonian crisis, certain types of metabolic acidosis, persistent gastric secretion and prolonged vomiting, aldosteronism, bromide intoxication, syndrome of inappropriate antidiuretic hormone secretion, and conditions associated with expansion of extracellular fluid volume.</p> <p>Albumin "Hypoalbuminemia can be caused by impaired synthesis due to liver disease (primary) or due to diminished protein intake (secondary), increased catabolism due to tissue damage and inflammation; malabsorption of amino acids; and increased renal excretion (eg, nephrotic syndrome). Hyperalbuminemia is seen in dehydration."</p> <p>Urine Routine & Microscopic Examination Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.</p> <p>Complete Blood Count (CBC) CBC comprises of estimation of the cellular components of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin content of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.</p>			

** End of Report **



Mr RAM KRIPAL SINGH Age : 59 Yrs Gender : Male PID : 1200C076251016005958 VID : 1200C076251016002912	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:18 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158210 , 16158209 , 16158208 , 16158207		

Test Name	Result	Biological Ref. Interval	Unit
HEALTHKIND NEO			
 Complete Blood Count (CBC) Sample : Whole Blood, EDTA			
Haemoglobin (Hb)	12.80 L	13.00 - 17.00	gm/dL
Total WBC Count / TLC	5.59	4.00 - 10.00	thou/ μ L
Neutrophils	65.00	40.00 - 80.00	%
Lymphocytes	23.00	20.00 - 40.00	%
Eosinophils	3.00	1.00 - 6.00	%
Monocytes	9.00	2.00 - 10.00	%
Basophils	0.00	0.00 - 2.00	%
Absolute Neutrophil Count (ANC)	3633.50	2000.00 - 7000.00	/ μ L
Absolute Lymphocyte Count	1285.70	1000.00 - 3000.00	/ μ L
Absolute Eosinophil Count (AEC)	167.70	20.00 - 500.00	/ μ L
Absolute Monocyte Count	503.10	200.00 - 1000.00	/ μ L
Absolute Basophil Count	0.00 L	20.00 - 100.00	/ μ L
RBC Count	4.85	4.50 - 5.50	million/ μ L
PCV / Hematocrit	42.60	40.00 - 50.00	%
MCV	87.80	83.00 - 101.00	fL
MCH	26.40 L	27.00 - 32.00	pg
MCHC	30.00 L	31.50 - 34.50	gm/dL
RDW (Red Cell Distribution Width)	15.90 H	11.80 - 15.60	%
Platelet Count	150.00	150.00 - 410.00	thou/ μ L
MPV (Mean Platelet Volume)	---	6.80 - 10.90	fL
Method: HB By Spectrophotometry Measurement , TLC/Neutrophils /Lymphocytes/Eosinophils/Monocytes/Basophils/RBC/Platelet Count By Impedance ,ANC/ALC/AEC By Microscopy/ Cell Counter ,AMC/ABC/MCV/MCH/MCHC/RDW/MPV By Calculated ,PCV By Calculated/ Drived From Impedence Measure			

<p>Mr RAM KRIPAL SINGH</p> <p>Age : 59 Yrs Gender : Male PID : 1200C076251016005958 VID : 1200C076251016002912</p>	<p>Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798</p> <p>Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763</p>	<p>Collected : 16/10/2025 03:18 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self</p>
<p>Barcode: 16158210 , 16158209 , 16158208 , 16158207</p>		

Test Name	Result	Biological Ref. Interval	Unit
Any One Glucose			
 <p>Glucose Random</p> <p>Sample :Plasma Fluoride - Random Method : Hexokinase</p>	124.32	70.00 - 140.00	mg/dL

Mr RAM KRIPAL SINGH Age : 59 Yrs Gender : Male PID : 1200C076251016005958 VID : 1200C076251016002912	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:18 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158210 , 16158209 , 16158208 , 16158207		

Test Name	Result	Biological Ref. Interval	Unit
Lipid Profile			
Sample : Serum			
Total Cholesterol Method : CHOD-PAP Gen.2	192.88	No Risk : < 200 Moderate Risk : 200 - 239 High Risk : > 240	mg/dL
Triglycerides Method : GPO-PAP	201.68 H	Desirable : < 150 Boderline High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dL
LDL Cholesterol (Calculated) Method : Calculated	100.55 H	0.00 - 100.00	mg/dL
HDL Cholesterol Method : Enzymatic :CHOD/POD	51.99 L	Male- No Risk : > 55 Moderate Risk : 33 - 55 High Risk : <35	mg/dL
VLDL Cholesterol Method : Calculated	40.34 H	Desirable : 10 - 35	mg/dL
Total Cholesterol / HDL Ratio Method : Calculated	3.71	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0	Ratio
LDL / HDL Ratio Method : Calculated	1.93	Low Risk : 0.5 - 3.0 Moderate Risk : 3.1 - 6.0 High Risk : > 6.0	Ratio
Non HDL Cholesterol Method : Manual	140.89 H	0.00 - 130.00	mg/dL

Mr RAM KRIPAL SINGH Age : 59 Yrs Gender : Male PID : 1200C076251016005958 VID : 1200C076251016002912	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:18 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158210 , 16158209 , 16158208 , 16158207		

Test Name	Result	Biological Ref. Interval	Unit
Kidney Profile			
Blood Urea Nitrogen Sample :Serum Method : Urease UV	12.16	7.70 - 22.60	mg/dL
 Blood Urea Sample :Serum Method : Urease /GLDH	26.02	16.60 - 48.50	mg/dL
 Creatinine Sample :Serum Method : Jaffe	0.72	0.70 - 1.20	mg/dL
BUN Creatinine Ratio Sample :Serum Method : Calculated	16.98	10.00 - 20.00	Ratio
 Uric Acid Sample :Serum Method : Uricase Colorimetric	7.58 H	3.40 - 7.00	mg/dL
 Total Protein Sample :Serum Method : BIURET	7.09	6.40 - 8.30	gm/dL
 Albumin Sample :Serum Method : Bromo Cresol Green(BCG)	4.24	3.97 - 4.94	gm/dL



Mr RAM KRIPAL SINGH

Age : 59 Yrs
 Gender : Male
 PID : 1200C076251016005958
 VID : 1200C076251016002912

Collected at: Vanshika Collection Cen
 Ahraura Bazar Satyanganj Ahaoura
 Mirzapur UP 231301 Ph 8765807798

Processed at: Pathkind Labs Lanka, B
 32/81 A 9 BHU Rd Rashmi nagar nariya
 Opp Emergency gate 221005, Ph
 7827949763

Collected : 16/10/2025 03:18 PM
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 Ref. By : **Self**

Barcode: 16158210 , 16158209 , 16158208 , 16158207

Test Name	Result	Biological Ref. Interval	Unit
Globulin Sample :Serum Method : Calculated	2.85	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Sample :Serum Method : Calculated	1.49	1.00 - 2.10	Ratio
 Sodium Sample :Serum Method : ISE-direct	138.00	136.00 - 145.00	mmol/L
 Potassium Sample :Serum Method : ISE-direct	4.63	3.50 - 5.10	mmol/L
Chloride Sample :Serum Method : ISE-direct	105.60	97.00 - 107.00	mmol/L



Mr RAM KRIPAL SINGH Age : 59 Yrs Gender : Male PID : 1200C076251016005958 VID : 1200C076251016002912	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:18 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self
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Test Name	Result	Biological Ref. Interval	Unit
Liver Function Test (LFT)			
Sample : Serum			
Bilirubin Total Method : Diazotization	0.68	0.00 - 1.10	mg/dL
Bilirubin Direct Method : Diazo Gen.2 Jendrassik-Grof	0.26	0.00 - 0.30	mg/dL
Serum Bilirubin (Indirect) Method : Calculated	0.42	0.00 - 0.90	mg/dL
SGOT / AST Method : IFCC without pyridoxal phosphate	46.55	10.00 - 50.00	U/L
SGPT / ALT Method : IFCC without pyridoxal phosphate	59.38 H	0.00 - 41.00	U/L
AST / ALT Ratio Method : Calculated	0.78	-	Ratio
Alkaline Phosphatase (ALP) Method : PNP	118.77	40.00 - 129.00	U/L
Total Protein Method : BIURET	7.09	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	4.24	3.97 - 4.94	gm/dL
Globulin Method : Calculated	2.85	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.49	1.00 - 2.10	Ratio



Mr RAM KRIPAL SINGH Age : 59 Yrs Gender : Male PID : 1200C076251016005958 VID : 1200C076251016002912	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:18 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158210 , 16158209 , 16158208 , 16158207		

Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total			
Sample : Serum			
Method : ECLIA			
Total T3 (Triiodothyronine)	1.47	0.80 - 2.00	ng/mL
Total T4 (Thyroxine)	7.79	5.10 - 14.10	µg/dL
TSH 3rd Generation	2.780	0.27 - 4.20	µIU/mL
Estimated Glomerular Filtration Rate (eGFR)			
Sample : Serum			
Age	59.00	-	Years
Method : Manual			
GFR Male	120.69	30-59: Moderate decrease in GFR 15-29: Severe decrease in GFR <15: Kidney failure >90: Normal GFR 60-89: Mild decrease in GFR	mL/min/1.73 m ²
Method : Calculated			



Mr RAM KRIPAL SINGH Age : 59 Yrs Gender : Male PID : 1200C076251016005958 VID : 1200C076251016002912	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:18 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self
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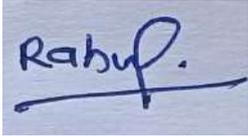
Test Name	Result	Biological Ref. Interval	Unit
Urine Routine & Microscopic Examination			
Sample : Urine, Random			
Colour, Urine Method : Physical Examination	Pale Yellow	Pale Yellow	---
Appearance Method : Physical Examination	Clear	Clear	---
Specific Gravity Method : Ionic concentration method	1.030	1.00 - 1.03	---
pH Method : Double indicator principle	6.50	4.70 - 7.50	---
Glucose Method : Spectrophotometry	Not Detected	Not Detected	---
Protein Method : Protein-Error of indications Principle	Not Detected	Not Detected	---
Ketones Method : Rothera's Method	Not Detected	Not Detected	---
Blood Method : Spectrophotometry	Not Detected	Not Detected	---
Leucocyte Method : Manual	Not Detected	Not Detected	---
Bilirubin Method : Spectrophotometry	Not Detected	Not Detected	---
Urobilinogen Method : Ehrlich's Reaction	Normal	Normal	---
Nitrite Method : Nitrite Test	Not Detected	Not Detected	---
Pus Cells Method : Microscopy	1-2	0-5	/hpf
RBC Method : Microscopy	Not Detected	0-2	/hpf



Mr RAM KRIPAL SINGH Age : 59 Yrs Gender : Male PID : 1200C076251016005958 VID : 1200C076251016002912	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:18 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self
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Test Name	Result	Biological Ref. Interval	Unit
Epithelial Cells Method : Microscopy	1-2	0-5	/hpf
Casts Method : Microscopy	Not Detected	Not Detected	---
Crystals Method : Microscopy	Not Detected	Not Detected	---
Bacteria Method : Microscopy	Not Detected	Not Detected	---
Remarks Method: Manual Microscopic examination has been performed on urine sediment.			

Authenticated by



Dr. Rahul
MBBS MD (Pathology)

Note: Tests marked with NABL symbol are accredited by NABL vide Certificate No. M(EL)T- 00255

<p>Interpretation</p> <p>Liver Function Test (LFT) Indications for liver function assessment includes:</p> <ul style="list-style-type: none"> • Screen for liver infections, such as hepatitis • Monitor the progression of a disease, such as viral or alcoholic hepatitis, and determine how well a treatment is working • Measure the severity of a disease, particularly scarring of the liver (cirrhosis) • Monitor possible side effects of medications <p>Lipid Profile Lipid Profile consist of Triglycerides, Cholesterol and other lipoprotein fractions in serum. The levels reflect the status of Lipid metabolism in the body, collectively they aid in the diagnosis of various abnormal hyper lipidaemias. Analysis of Lipids has assumed greater importance due to increasing prevalence rates of Ischaemic Heart Diseases (IHD). NCEP (ATP III) Guidelines.</p>
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<p>Mr RAM KRIPAL SINGH</p> <p>Age : 59 Yrs Gender : Male PID : 1200C076251016005958 VID : 1200C076251016002912</p>	<p>Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798</p> <p>Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763</p>	<p>Collected : 16/10/2025 03:18 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self</p>
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Test Name	Result	Biological Ref. Interval	Unit
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Thyroid Profile Total

- Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet & drug therapy.
- T3 is one of the thyroid hormones derived due to peripheral conversion of T4. The levels of T3 helps in the diagnosis of T3 Thyrotoxicosis and monitoring the course of hypothyroidism. However, T3 is not recommended for diagnosis of hyperthyroidism as decreased values have minimal clinical significance. Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism.
- Elevated level of T4 is seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum TBG. Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in TBG.
- TSH controls biosynthesis and release of thyroid hormones T3 & T4. TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium, and iodide induced or deficiency goiter.

Estimated Glomerular Filtration Rate (eGFR)

eGFR is a test used to assess kidney function. It is not used to diagnose any disease. The eGFR test involves a blood test which measures creatinine. The eGFR is calculated from age, sex and blood creatinine level.
 eGFR calculation is provided only for adults more than 18 years of age.

Uric Acid

Uric acid is the final product of purine metabolism. Serum uric acid levels are raised in case of increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy and cytotoxic drugs. Decreased levels are seen in chronic renal failure, severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies.

Total Protein

High levels of Serum Total Protein is seen in increased acute phase reactants in inflammation, late-stage liver disease, infections, multiple myeloma and other malignant paraproteinemias. Hypoproteinemia is seen in hypogammaglobulinemia, nephrotic syndrome and protein-losing enteropathy.

Sodium

Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.

Potassium

Potassium (K+) is the major intracellular cation. It regulates neuromuscular excitability, heart contractility, intracellular fluid volume, and hydrogen ion concentration. High levels of serum Potassium is seen in acute renal disease and end-stage renal failure due to decreased excretion. Levels are also high during the diuretic phase of acute tubular necrosis, during administration of non-potassium sparing diuretic therapy, and during states of excess mineralocorticoid or glucocorticoid.

Creatinine

Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.

Chloride

Chloride (Cl) is the major extracellular anion and it has an important role in maintaining proper body water distribution, osmotic pressure, and normal anion-cation balance in the extracellular fluid compartment. Chloride is increased in dehydration, renal tubular acidosis, acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfunction, salicylate intoxication and with excessive infusion of isotonic

Mr RAM KRIPAL SINGH Age : 59 Yrs Gender : Male PID : 1200C076251016005958 VID : 1200C076251016002912	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:18 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self
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Test Name	Result	Biological Ref. Interval	Unit
saline or extremely high dietary intake of salt. Hyperchloremia acidosis may be a sign of severe renal tubular pathology. Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure, Addisonian crisis, certain types of metabolic acidosis, persistent gastric secretion and prolonged vomiting, aldosteronism, bromide intoxication, syndrome of inappropriate antidiuretic hormone secretion, and conditions associated with expansion of extracellular fluid volume.			
Albumin "Hypoalbuminemia can be caused by impaired synthesis due to liver disease (primary) or due to diminished protein intake (secondary), increased catabolism due to tissue damage and inflammation; malabsorption of amino acids; and increased renal excretion (eg, nephrotic syndrome). Hyperalbuminemia is seen in dehydration."			
Urine Routine & Microscopic Examination Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.			
Complete Blood Count (CBC) CBC comprises of estimation of the cellular components of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin content of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.			

** End of Report **



Mr DINESH SINGH Age : 45 Yrs Gender : Male PID : 1200C076251016005977 VID : 1200C076251016002927	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:20 PM Reported : 16/10/2025 06:16 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158206 , 16158205 , 16158204 , 16158203		

Test Name	Result	Biological Ref. Interval	Unit
HEALTHKIND NEO			
 Complete Blood Count (CBC) Sample : Whole Blood, EDTA			
Haemoglobin (Hb)	15.40	13.00 - 17.00	gm/dL
Total WBC Count / TLC	7.59	4.00 - 10.00	thou/ μ L
Neutrophils	52.00	40.00 - 80.00	%
Lymphocytes	26.00	20.00 - 40.00	%
Eosinophils	12.00 H	1.00 - 6.00	%
Monocytes	10.00	2.00 - 10.00	%
Basophils	0.00	0.00 - 2.00	%
Absolute Neutrophil Count (ANC)	3946.80	2000.00 - 7000.00	/ μ L
Absolute Lymphocyte Count	1973.40	1000.00 - 3000.00	/ μ L
Absolute Eosinophil Count (AEC)	910.80 H	20.00 - 500.00	/ μ L
Absolute Monocyte Count	759.00	200.00 - 1000.00	/ μ L
Absolute Basophil Count	0.00 L	20.00 - 100.00	/ μ L
RBC Count	5.12	4.50 - 5.50	million/ μ L
PCV / Hematocrit	48.30	40.00 - 50.00	%
MCV	94.30	83.00 - 101.00	fL
MCH	30.10	27.00 - 32.00	pg
MCHC	31.90	31.50 - 34.50	gm/dL
RDW (Red Cell Distribution Width)	13.20	11.80 - 15.60	%
Platelet Count	220.00	150.00 - 410.00	thou/ μ L
MPV (Mean Platelet Volume)	11.80 H	6.80 - 10.90	fL
Method: HB By Spectrophotometry Measurement , TLC/Neutrophils /Lymphocytes/Eosinophils/Monocytes/Basophils/RBC/Platelet Count By Impedance ,ANC/ALC/AEC By Microscopy/ Cell Counter ,AMC/ABC/MCV/MCH/MCHC/RDW/MPV By Calculated ,PCV By Calculated/ Drived From Impedence Measure			



**Mr DINESH SINGH**

Age : 45 Yrs
 Gender : Male
 PID : 1200C076251016005977
 VID : 1200C076251016002927

Collected at: Vanshika Collection Cen
 Ahraura Bazar Satyanganj Ahaoura
 Mirzapur UP 231301 Ph 8765807798

Processed at: Pathkind Labs Lanka, B
 32/81 A 9 BHU Rd Rashmi nagar nariya
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Test Name	Result	Biological Ref. Interval	Unit
Any One Glucose			
 Glucose Random Sample :Plasma Fluoride - Random Method : Hexokinase	97.09	70.00 - 140.00	mg/dL



Mr DINESH SINGH Age : 45 Yrs Gender : Male PID : 1200C076251016005977 VID : 1200C076251016002927	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798	Collected : 16/10/2025 03:20 PM Reported : 16/10/2025 06:16 PM Report Status : Preliminary Ref. By : Self
	Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	
Barcode: 16158206 , 16158205 , 16158204 , 16158203		

Test Name	Result	Biological Ref. Interval	Unit
Lipid Profile			
Sample : Serum			
Total Cholesterol Method : CHOD-PAP Gen.2	155.54	No Risk : < 200 Moderate Risk : 200 - 239 High Risk : > 240	mg/dL
Triglycerides Method : GPO-PAP	142.62	Desirable : < 150 Boderline High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dL
LDL Cholesterol (Calculated) Method : Calculated	91.84	0.00 - 100.00	mg/dL
HDL Cholesterol Method : Enzymatic :CHOD/POD	35.17 L	Male- No Risk : > 55 Moderate Risk : 33 - 55 High Risk : <35	mg/dL
VLDL Cholesterol Method : Calculated	28.52	Desirable : 10 - 35	mg/dL
Total Cholesterol / HDL Ratio Method : Calculated	4.42 H	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0	Ratio
LDL / HDL Ratio Method : Calculated	2.61	Low Risk : 0.5 - 3.0 Moderate Risk : 3.1 - 6.0 High Risk : > 6.0	Ratio
Non HDL Cholesterol Method : Manual	120.37	0.00 - 130.00	mg/dL

Mr DINESH SINGH Age : 45 Yrs Gender : Male PID : 1200C076251016005977 VID : 1200C076251016002927	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:20 PM Reported : 16/10/2025 06:16 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158206 , 16158205 , 16158204 , 16158203		

Test Name	Result	Biological Ref. Interval	Unit
Kidney Profile			
Blood Urea Nitrogen Sample :Serum Method : Urease UV	8.58	7.70 - 22.60	mg/dL
 Blood Urea Sample :Serum Method : Urease /GLDH	18.36	16.60 - 48.50	mg/dL
 Creatinine Sample :Serum Method : Jaffe	1.12	0.70 - 1.20	mg/dL
BUN Creatinine Ratio Sample :Serum Method : Calculated	7.67 L	10.00 - 20.00	Ratio
 Uric Acid Sample :Serum Method : Uricase Colorimetric	7.27 H	3.40 - 7.00	mg/dL
 Total Protein Sample :Serum Method : BIURET	8.30	6.40 - 8.30	gm/dL
 Albumin Sample :Serum Method : Bromo Cresol Green(BCG)	4.55	3.97 - 4.94	gm/dL



Mr DINESH SINGH Age : 45 Yrs Gender : Male PID : 1200C076251016005977 VID : 1200C076251016002927	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:20 PM Reported : 16/10/2025 06:16 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158206 , 16158205 , 16158204 , 16158203		

Test Name	Result	Biological Ref. Interval	Unit
Globulin Sample :Serum Method : Calculated	3.75 H	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Sample :Serum Method : Calculated	1.21	1.00 - 2.10	Ratio
 Sodium Sample :Serum Method : ISE-direct	138.00	136.00 - 145.00	mmol/L
 Potassium Sample :Serum Method : ISE-direct	4.63	3.50 - 5.10	mmol/L
Chloride Sample :Serum Method : ISE-direct	105.60	97.00 - 107.00	mmol/L

Mr DINESH SINGH Age : 45 Yrs Gender : Male PID : 1200C076251016005977 VID : 1200C076251016002927	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:20 PM Reported : 16/10/2025 06:16 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158206 , 16158205 , 16158204 , 16158203		

Test Name	Result	Biological Ref. Interval	Unit
Liver Function Test (LFT)			
Sample : Serum			
Bilirubin Total Method : Diazotization	0.63	0.00 - 1.10	mg/dL
Bilirubin Direct Method : Diazo Gen.2 Jendrassik-Grof	0.21	0.00 - 0.30	mg/dL
Serum Bilirubin (Indirect) Method : Calculated	0.42	0.00 - 0.90	mg/dL
SGOT / AST Method : IFCC without pyridoxal phosphate	34.63	10.00 - 50.00	U/L
SGPT / ALT Method : IFCC without pyridoxal phosphate	27.80	0.00 - 41.00	U/L
AST / ALT Ratio Method : Calculated	1.25		Ratio
Alkaline Phosphatase (ALP) Method : PNP	98.00	40.00 - 129.00	U/L
Total Protein Method : BIURET	8.30	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	4.55	3.97 - 4.94	gm/dL
Globulin Method : Calculated	3.75 H	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.21	1.00 - 2.10	Ratio



Mr DINESH SINGH Age : 45 Yrs Gender : Male PID : 1200C076251016005977 VID : 1200C076251016002927	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:20 PM Reported : 16/10/2025 06:16 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158206 , 16158205 , 16158204 , 16158203		

Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total			
Sample : Serum			
Method : ECLIA			
Total T3 (Triiodothyronine)	0.90	0.80 - 2.00	ng/mL
Total T4 (Thyroxine)	4.65 L	5.10 - 14.10	µg/dL
TSH 3rd Generation	2.610	0.27 - 4.20	µIU/mL
Estimated Glomerular Filtration Rate (eGFR)			
Sample : Serum			
Age	45.00	-	Years
Method : Manual			
GFR Male	76.14 L	30-59: Moderate decrease in GFR 15-29: Severe decrease in GFR <15: Kidney failure >90: Normal GFR 60-89: Mild decrease in GFR	mL/min/1.73 m ²
Method : Calculated			



**Mr DINESH SINGH**

Age : 45 Yrs
 Gender : Male
 PID : 1200C076251016005977
 VID : 1200C076251016002927

Collected at: Vanshika Collection Cen
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 Ref. By : **Self**

Barcode: 16158206 , 16158205 , 16158204 , 16158203

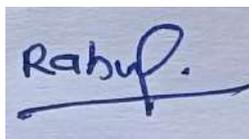
Test Name	Result	Biological Ref. Interval	Unit
Urine Routine & Microscopic Examination			
Sample : Urine, Random			
Colour, Urine Method : Physical Examination	Pale Yellow	Pale Yellow	---
Appearance Method : Physical Examination	Slightly Hazy	Clear	---
Specific Gravity Method : Ionic concentration method	1.025	1.00 - 1.03	---
pH Method : Double indicator principle	6.50	4.70 - 7.50	---
Glucose Method : Spectrophotometry	Not Detected	Not Detected	---
Protein Method : Protein-Error of indications Principle	Not Detected	Not Detected	---
Ketones Method : Rothera's Method	Not Detected	Not Detected	---
Blood Method : Spectrophotometry	Not Detected	Not Detected	---
Leucocyte Method : Manual	Not Detected	Not Detected	---
Bilirubin Method : Spectrophotometry	Not Detected	Not Detected	---
Urobilinogen Method : Ehrlich's Reaction	Normal	Normal	---
Nitrite Method : Nitrite Test	Not Detected	Not Detected	---
Pus Cells Method : Microscopy	1-2	0-5	/hpf
RBC Method : Microscopy	Not Detected	0-2	/hpf



Mr DINESH SINGH Age : 45 Yrs Gender : Male PID : 1200C076251016005977 VID : 1200C076251016002927	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:20 PM Reported : 16/10/2025 06:16 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158206 , 16158205 , 16158204 , 16158203		

Test Name	Result	Biological Ref. Interval	Unit
Epithelial Cells Method : Microscopy	1-2	0-5	/hpf
Casts Method : Microscopy	Not Detected	Not Detected	---
Crystals Method : Microscopy	Calcium Oxalate	Not Detected	---
Bacteria Method : Microscopy	Not Detected	Not Detected	---
Remarks Method: Manual Microscopic examination has been performed on urine sediment.			

Authenticated by



Dr. Rahul
MBBS MD (Pathology)

Note: Tests marked with NABL symbol are accredited by NABL vide Certificate No. M(EL)T- 00255

<p>Interpretation</p> <p>Liver Function Test (LFT) Indications for liver function assessment includes:</p> <ul style="list-style-type: none"> • Screen for liver infections, such as hepatitis • Monitor the progression of a disease, such as viral or alcoholic hepatitis, and determine how well a treatment is working • Measure the severity of a disease, particularly scarring of the liver (cirrhosis) • Monitor possible side effects of medications <p>Lipid Profile Lipid Profile consist of Triglycerides, Cholesterol and other lipoprotein fractions in serum. The levels reflect the status of Lipid metabolism in the body, collectively they aid in the diagnosis of various abnormal hyper lipidaemias. Analysis of Lipids has assumed greater importance due to increasing prevalence rates of Ischaemic Heart Diseases (IHD). NCEP (ATP III) Guidelines.</p>
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Barcode: 16158206 , 16158205 , 16158204 , 16158203		

Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total <ul style="list-style-type: none"> • Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet & drug therapy. • T3 is one of the thyroid hormones derived due to peripheral conversion of T4. The levels of T3 helps in the diagnosis of T3 Thyrotoxicosis and monitoring the course of hypothyroidism. However, T3 is not recommended for diagnosis of hyperthyroidism as decreased values have minimal clinical significance. Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism. • Elevated level of T4 is seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum TBG. Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in TBG. • TSH controls biosynthesis and release of thyroid hormones T3 & T4. TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium, and iodide induced or deficiency goiter. 			
Estimated Glomerular Filtration Rate (eGFR) eGFR is a test used to assess kidney function. It is not used to diagnose any disease. The eGFR test involves a blood test which measures creatinine. The eGFR is calculated from age, sex and blood creatinine level. EGFR calculation is provided only for adults more than 18 years of age.			
Uric Acid Uric acid is the final product of purine metabolism. Serum uric acid levels are raised in case of increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy and cytotoxic drugs. Decreased levels are seen in chronic renal failure, severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies.			
Total Protein High levels of Serum Total Protein is seen in increased acute phase reactants in inflammation, late-stage liver disease, infections, multiple myeloma and other malignant paraproteinemias. Hypoproteinemia is seen in hypogammaglobulinemia, nephrotic syndrome and protein-losing enteropathy.			
Sodium Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.			
Potassium Potassium (K+) is the major intracellular cation. It regulates neuromuscular excitability, heart contractility, intracellular fluid volume, and hydrogen ion concentration. High levels of serum Potassium is seen in acute renal disease and end-stage renal failure due to decreased excretion. Levels are also high during the diuretic phase of acute tubular necrosis, during administration of non-potassium sparing diuretic therapy, and during states of excess mineralocorticoid or glucocorticoid.			
Creatinine Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.			
Chloride Chloride (Cl) is the major extracellular anion and it has an important role in maintaining proper body water distribution, osmotic pressure, and normal anion-cation balance in the extracellular fluid compartment. Chloride is increased in dehydration, renal tubular acidosis, acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfunction, salicylate intoxication and with excessive infusion of isotonic			

<p>Mr DINESH SINGH</p> <p>Age : 45 Yrs Gender : Male PID : 1200C076251016005977 VID : 1200C076251016002927</p>	<p>Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798</p> <p>Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763</p>	<p>Collected : 16/10/2025 03:20 PM Reported : 16/10/2025 06:16 PM Report Status : Preliminary Ref. By : Self</p>
<p>Barcode: 16158206 , 16158205 , 16158204 , 16158203</p>		

Test Name	Result	Biological Ref. Interval	Unit
<p>saline or extremely high dietary intake of salt. Hyperchloremia acidosis may be a sign of severe renal tubular pathology. Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure, Addisonian crisis, certain types of metabolic acidosis, persistent gastric secretion and prolonged vomiting, aldosteronism, bromide intoxication, syndrome of inappropriate antidiuretic hormone secretion, and conditions associated with expansion of extracellular fluid volume.</p> <p>Albumin "Hypoalbuminemia can be caused by impaired synthesis due to liver disease (primary) or due to diminished protein intake (secondary), increased catabolism due to tissue damage and inflammation; malabsorption of amino acids; and increased renal excretion (eg, nephrotic syndrome). Hyperalbuminemia is seen in dehydration."</p> <p>Urine Routine & Microscopic Examination Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.</p> <p>Complete Blood Count (CBC) CBC comprises of estimation of the cellular components of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin content of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.</p>			

** End of Report **



Mr. ASHISH SINGH Age : 31 Yrs Gender : Male PID : 1200C076251016006022 VID : 1200C076251016002945	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:23 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158202 , 16158201 , 16158200 , 16158198		

Test Name	Result	Biological Ref. Interval	Unit
HEALTHKIND NEO			
 Complete Blood Count (CBC) Sample : Whole Blood, EDTA			
Haemoglobin (Hb)	15.10	13.00 - 17.00	gm/dL
Total WBC Count / TLC	6.14	4.00 - 10.00	thou/ μ L
Neutrophils	50.00	40.00 - 80.00	%
Lymphocytes	40.00	20.00 - 40.00	%
Eosinophils	2.00	1.00 - 6.00	%
Monocytes	8.00	2.00 - 10.00	%
Basophils	0.00	0.00 - 2.00	%
Absolute Neutrophil Count (ANC)	3070.00	2000.00 - 7000.00	/ μ L
Absolute Lymphocyte Count	2456.00	1000.00 - 3000.00	/ μ L
Absolute Eosinophil Count (AEC)	122.80	20.00 - 500.00	/ μ L
Absolute Monocyte Count	491.20	200.00 - 1000.00	/ μ L
Absolute Basophil Count	0.00 L	20.00 - 100.00	/ μ L
RBC Count	4.45 L	4.50 - 5.50	million/ μ L
PCV / Hematocrit	47.10	40.00 - 50.00	%
MCV	105.80 H	83.00 - 101.00	fL
MCH	33.90 H	27.00 - 32.00	pg
MCHC	32.10	31.50 - 34.50	gm/dL
RDW (Red Cell Distribution Width)	15.60	11.80 - 15.60	%
Platelet Count	175.00	150.00 - 410.00	thou/ μ L
MPV (Mean Platelet Volume)	11.30 H	6.80 - 10.90	fL
Method: HB By Spectrophotometry Measurement , TLC/Neutrophils /Lymphocytes/Eosinophils/Monocytes/Basophils/RBC/Platelet Count By Impedance ,ANC/ALC/AEC By Microscopy/ Cell Counter ,AMC/ABC/MCV/MCH/MCHC/RDW/MPV By Calculated ,PCV By Calculated/ Drived From Impedence Measure			

Mr. ASHISH SINGH Age : 31 Yrs Gender : Male PID : 1200C076251016006022 VID : 1200C076251016002945	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:23 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self
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Test Name	Result	Biological Ref. Interval	Unit
Any One Glucose			
 Glucose Random Sample :Plasma Fluoride - Random Method : Hexokinase	92.47	70.00 - 140.00	mg/dL

Mr. ASHISH SINGH Age : 31 Yrs Gender : Male PID : 1200C076251016006022 VID : 1200C076251016002945	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:23 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self
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Test Name	Result	Biological Ref. Interval	Unit
Lipid Profile			
Sample : Serum			
Total Cholesterol Method : CHOD-PAP Gen.2	171.04	No Risk : < 200 Moderate Risk : 200 - 239 High Risk : > 240	mg/dL
Triglycerides Method : GPO-PAP	143.00	Desirable : < 150 Boderline High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dL
LDL Cholesterol (Calculated) Method : Calculated	84.82	0.00 - 100.00	mg/dL
HDL Cholesterol Method : Enzymatic :CHOD/POD	57.63	Male- No Risk : > 55 Moderate Risk : 33 - 55 High Risk : <35	mg/dL
VLDL Cholesterol Method : Calculated	28.60	Desirable : 10 - 35	mg/dL
Total Cholesterol / HDL Ratio Method : Calculated	2.97 L	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0	Ratio
LDL / HDL Ratio Method : Calculated	1.47	Low Risk : 0.5 - 3.0 Moderate Risk : 3.1 - 6.0 High Risk : > 6.0	Ratio
Non HDL Cholesterol Method : Manual	113.42	0.00 - 130.00	mg/dL



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Test Name	Result	Biological Ref. Interval	Unit
Kidney Profile			
Blood Urea Nitrogen Sample :Serum Method : Urease UV	16.00	7.70 - 22.60	mg/dL
 Blood Urea Sample :Serum Method : Urease /GLDH	34.25	16.60 - 48.50	mg/dL
 Creatinine Sample :Serum Method : Jaffe	0.75	0.70 - 1.20	mg/dL
BUN Creatinine Ratio Sample :Serum Method : Calculated	21.24 H	10.00 - 20.00	Ratio
 Uric Acid Sample :Serum Method : Uricase Colorimetric	4.99	3.40 - 7.00	mg/dL
 Total Protein Sample :Serum Method : BIURET	8.30	6.40 - 8.30	gm/dL
 Albumin Sample :Serum Method : Bromo Cresol Green(BCG)	4.82	3.97 - 4.94	gm/dL

Mr. ASHISH SINGH Age : 31 Yrs Gender : Male PID : 1200C076251016006022 VID : 1200C076251016002945	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:23 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self
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Test Name	Result	Biological Ref. Interval	Unit
Globulin Sample :Serum Method : Calculated	3.48	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Sample :Serum Method : Calculated	1.39	1.00 - 2.10	Ratio
 Sodium Sample :Serum Method : ISE-direct	141.60	136.00 - 145.00	mmol/L
 Potassium Sample :Serum Method : ISE-direct	4.02	3.50 - 5.10	mmol/L
Chloride Sample :Serum Method : ISE-direct	105.60	97.00 - 107.00	mmol/L



Mr. ASHISH SINGH Age : 31 Yrs Gender : Male PID : 1200C076251016006022 VID : 1200C076251016002945	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:23 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self
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Test Name	Result	Biological Ref. Interval	Unit
Liver Function Test (LFT)			
Sample : Serum			
Bilirubin Total Method : Diazotization	0.56	0.00 - 1.10	mg/dL
Bilirubin Direct Method : Diazo Gen.2 Jendrassik-Grof	0.21	0.00 - 0.30	mg/dL
Serum Bilirubin (Indirect) Method : Calculated	0.35	0.00 - 0.90	mg/dL
SGOT / AST Method : IFCC without pyridoxal phosphate	26.96	10.00 - 50.00	U/L
SGPT / ALT Method : IFCC without pyridoxal phosphate	21.28	0.00 - 41.00	U/L
AST / ALT Ratio Method : Calculated	1.27		Ratio
Alkaline Phosphatase (ALP) Method : PNP	72.20	40.00 - 129.00	U/L
Total Protein Method : BIURET	8.30	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	4.82	3.97 - 4.94	gm/dL
Globulin Method : Calculated	3.48	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.39	1.00 - 2.10	Ratio



Mr. ASHISH SINGH Age : 31 Yrs Gender : Male PID : 1200C076251016006022 VID : 1200C076251016002945	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:23 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self
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Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total			
Sample : Serum			
Method : ECLIA			
Total T3 (Triiodothyronine)	1.13	0.80 - 2.00	ng/mL
Total T4 (Thyroxine)	7.62	5.10 - 14.10	µg/dL
TSH 3rd Generation	2.520	0.27 - 4.20	µIU/mL
Estimated Glomerular Filtration Rate (eGFR)			
Sample : Serum			
Age	31.00	-	Years
Method : Manual			
GFR Male	129.11	30-59: Moderate decrease in GFR 15-29: Severe decrease in GFR <15: Kidney failure >90: Normal GFR 60-89: Mild decrease in GFR	mL/min/1.73 m ²
Method : Calculated			



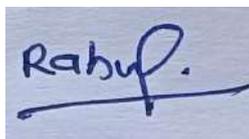
Mr. ASHISH SINGH Age : 31 Yrs Gender : Male PID : 1200C076251016006022 VID : 1200C076251016002945	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798	Collected : 16/10/2025 03:23 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self
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Barcode: 16158202 , 16158201 , 16158200 , 16158198		

Test Name	Result	Biological Ref. Interval	Unit
Urine Routine & Microscopic Examination			
Sample : Urine, Random			
Colour, Urine Method : Physical Examination	Pale Yellow	Pale Yellow	---
Appearance Method : Physical Examination	Slightly Hazy	Clear	---
Specific Gravity Method : Ionic concentration method	1.030	1.00 - 1.03	---
pH Method : Double indicator principle	6.50	4.70 - 7.50	---
Glucose Method : Spectrophotometry	Not Detected	Not Detected	---
Protein Method : Protein-Error of indications Principle	Not Detected	Not Detected	---
Ketones Method : Rothera's Method	Not Detected	Not Detected	---
Blood Method : Spectrophotometry	Not Detected	Not Detected	---
Leucocyte Method : Manual	Not Detected	Not Detected	---
Bilirubin Method : Spectrophotometry	Not Detected	Not Detected	---
Urobilinogen Method : Ehrlich's Reaction	Normal	Normal	---
Nitrite Method : Nitrite Test	Not Detected	Not Detected	---
Pus Cells Method : Microscopy	1-2	0-5	/hpf
RBC Method : Microscopy	Not Detected	0-2	/hpf

Mr. ASHISH SINGH Age : 31 Yrs Gender : Male PID : 1200C076251016006022 VID : 1200C076251016002945	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:23 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self
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Test Name	Result	Biological Ref. Interval	Unit
Epithelial Cells Method : Microscopy	1-2	0-5	/hpf
Casts Method : Microscopy	Not Detected	Not Detected	---
Crystals Method : Microscopy	Calcium Oxalate	Not Detected	---
Bacteria Method : Microscopy	Not Detected	Not Detected	---
Remarks Method: Manual Microscopic examination has been performed on urine sediment.			

Authenticated by



Dr. Rahul
MBBS MD (Pathology)

Note: Tests marked with NABL symbol are accredited by NABL vide Certificate No. M(EL)T- 00255

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Mr. ASHISH SINGH Age : 31 Yrs Gender : Male PID : 1200C076251016006022 VID : 1200C076251016002945	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:23 PM Reported : 16/10/2025 06:11 PM Report Status : Preliminary Ref. By : Self
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Test Name	Result	Biological Ref. Interval	Unit
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Thyroid Profile Total

- Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet & drug therapy.
- T3 is one of the thyroid hormones derived due to peripheral conversion of T4. The levels of T3 helps in the diagnosis of T3 Thyrotoxicosis and monitoring the course of hypothyroidism. However, T3 is not recommended for diagnosis of hyperthyroidism as decreased values have minimal clinical significance. Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism.
- Elevated level of T4 is seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum TBG. Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in TBG.
- TSH controls biosynthesis and release of thyroid hormones T3 & T4. TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium, and iodide induced or deficiency goiter.

Estimated Glomerular Filtration Rate (eGFR)

eGFR is a test used to assess kidney function. It is not used to diagnose any disease. The eGFR test involves a blood test which measures creatinine. The eGFR is calculated from age, sex and blood creatinine level.
 eGFR calculation is provided only for adults more than 18 years of age.

Uric Acid

Uric acid is the final product of purine metabolism. Serum uric acid levels are raised in case of increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy and cytotoxic drugs. Decreased levels are seen in chronic renal failure, severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies.

Total Protein

High levels of Serum Total Protein is seen in increased acute phase reactants in inflammation, late-stage liver disease, infections, multiple myeloma and other malignant paraproteinemias. Hypoproteinemia is seen in hypogammaglobulinemia, nephrotic syndrome and protein-losing enteropathy.

Sodium

Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.

Potassium

Potassium (K+) is the major intracellular cation. It regulates neuromuscular excitability, heart contractility, intracellular fluid volume, and hydrogen ion concentration. High levels of serum Potassium is seen in acute renal disease and end-stage renal failure due to decreased excretion. Levels are also high during the diuretic phase of acute tubular necrosis, during administration of non-potassium sparing diuretic therapy, and during states of excess mineralocorticoid or glucocorticoid.

Creatinine

Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.

Chloride

Chloride (Cl) is the major extracellular anion and it has an important role in maintaining proper body water distribution, osmotic pressure, and normal anion-cation balance in the extracellular fluid compartment. Chloride is increased in dehydration, renal tubular acidosis, acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfunction, salicylate intoxication and with excessive infusion of isotonic

**Mr. ASHISH SINGH**

Age : 31 Yrs
 Gender : Male
 PID : 1200C076251016006022
 VID : 1200C076251016002945

Collected at: Vanshika Collection Cen
 Ahraura Bazar Satyanganj Ahaoura
 Mirzapur UP 231301 Ph 8765807798

Processed at: Pathkind Labs Lanka, B
 32/81 A 9 BHU Rd Rashmi nagar nariya
 Opp Emergency gate 221005, Ph
 7827949763

Collected : 16/10/2025 03:23 PM
 Reported : 16/10/2025 06:11 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 16158202 , 16158201 , 16158200 , 16158198

Test Name	Result	Biological Ref. Interval	Unit
<p>saline or extremely high dietary intake of salt. Hyperchloremia acidosis may be a sign of severe renal tubular pathology. Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure, Addisonian crisis, certain types of metabolic acidosis, persistent gastric secretion and prolonged vomiting, aldosteronism, bromide intoxication, syndrome of inappropriate antidiuretic hormone secretion, and conditions associated with expansion of extracellular fluid volume.</p> <p>Albumin "Hypoalbuminemia can be caused by impaired synthesis due to liver disease (primary) or due to diminished protein intake (secondary), increased catabolism due to tissue damage and inflammation; malabsorption of amino acids; and increased renal excretion (eg, nephrotic syndrome). Hyperalbuminemia is seen in dehydration."</p> <p>Urine Routine & Microscopic Examination Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.</p> <p>Complete Blood Count (CBC) CBC comprises of estimation of the cellular components of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin content of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.</p>			

** End of Report **



Mr RAM DOOT SINGH Age : 42 Yrs Gender : Male PID : 1200C076251016006055 VID : 1200C076251016002976	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:32 PM Reported : 16/10/2025 06:15 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158199 , 16158197 , 16158196 , 16158195		

Test Name	Result	Biological Ref. Interval	Unit
HEALTHKIND NEO			
 Complete Blood Count (CBC) Sample : Whole Blood, EDTA			
Haemoglobin (Hb)	14.90	13.00 - 17.00	gm/dL
Total WBC Count / TLC	8.79	4.00 - 10.00	thou/ μ L
Neutrophils	52.00	40.00 - 80.00	%
Lymphocytes	40.00	20.00 - 40.00	%
Eosinophils	3.00	1.00 - 6.00	%
Monocytes	5.00	2.00 - 10.00	%
Basophils	0.00	0.00 - 2.00	%
Absolute Neutrophil Count (ANC)	4570.80	2000.00 - 7000.00	/ μ L
Absolute Lymphocyte Count	3516.00 H	1000.00 - 3000.00	/ μ L
Absolute Eosinophil Count (AEC)	263.70	20.00 - 500.00	/ μ L
Absolute Monocyte Count	439.50	200.00 - 1000.00	/ μ L
Absolute Basophil Count	0.00 L	20.00 - 100.00	/ μ L
RBC Count	5.40	4.50 - 5.50	million/ μ L
PCV / Hematocrit	48.10	40.00 - 50.00	%
MCV	89.10	83.00 - 101.00	fL
MCH	27.60	27.00 - 32.00	pg
MCHC	31.00 L	31.50 - 34.50	gm/dL
RDW (Red Cell Distribution Width)	13.10	11.80 - 15.60	%
Platelet Count	246.00	150.00 - 410.00	thou/ μ L
MPV (Mean Platelet Volume)	11.80 H	6.80 - 10.90	fL
Method: HB By Spectrophotometry Measurement , TLC/Neutrophils /Lymphocytes/Eosinophils/Monocytes/Basophils/RBC/Platelet Count By Impedance ,ANC/ALC/AEC By Microscopy/ Cell Counter ,AMC/ABC/MCV/MCH/MCHC/RDW/MPV By Calculated ,PCV By Calculated/ Drived From Impedence Measure			

Mr RAM DOOT SINGH Age : 42 Yrs Gender : Male PID : 1200C076251016006055 VID : 1200C076251016002976	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:32 PM Reported : 16/10/2025 06:15 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158199 , 16158197 , 16158196 , 16158195		

Test Name	Result	Biological Ref. Interval	Unit
Any One Glucose			
 Glucose Random Sample :Plasma Fluoride - Random Method : Hexokinase kindly correlate clinically	177.96 H	70.00 - 140.00	mg/dL



Mr RAM DOOT SINGH Age : 42 Yrs Gender : Male PID : 1200C076251016006055 VID : 1200C076251016002976	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:32 PM Reported : 16/10/2025 06:15 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158199 , 16158197 , 16158196 , 16158195		

Test Name	Result	Biological Ref. Interval	Unit
Lipid Profile			
Sample : Serum			
Total Cholesterol Method : CHOD-PAP Gen.2	221.97 H	No Risk : < 200 Moderate Risk : 200 - 239 High Risk : > 240	mg/dL
Triglycerides Method : GPO-PAP	194.38 H	Desirable : < 150 Boderline High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dL
LDL Cholesterol (Calculated) Method : Calculated	144.72 H	0.00 - 100.00	mg/dL
HDL Cholesterol Method : Enzymatic :CHOD/POD	38.37 L	Male- No Risk : > 55 Moderate Risk : 33 - 55 High Risk : <35	mg/dL
VLDL Cholesterol Method : Calculated	38.88 H	Desirable : 10 - 35	mg/dL
Total Cholesterol / HDL Ratio Method : Calculated	5.79 H	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0	Ratio
LDL / HDL Ratio Method : Calculated	3.77 H	Low Risk : 0.5 - 3.0 Moderate Risk : 3.1 - 6.0 High Risk : > 6.0	Ratio
Non HDL Cholesterol Method : Manual	183.59 H	0.00 - 130.00	mg/dL

Mr RAM DOOT SINGH Age : 42 Yrs Gender : Male PID : 1200C076251016006055 VID : 1200C076251016002976	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:32 PM Reported : 16/10/2025 06:15 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158199 , 16158197 , 16158196 , 16158195		

Test Name	Result	Biological Ref. Interval	Unit
Kidney Profile			
Blood Urea Nitrogen Sample :Serum Method : Urease UV	8.11	7.70 - 22.60	mg/dL
 Blood Urea Sample :Serum Method : Urease /GLDH	17.34	16.60 - 48.50	mg/dL
 Creatinine Sample :Serum Method : Jaffe	0.77	0.70 - 1.20	mg/dL
BUN Creatinine Ratio Sample :Serum Method : Calculated	10.57	10.00 - 20.00	Ratio
 Uric Acid Sample :Serum Method : Uricase Colorimetric	4.62	3.40 - 7.00	mg/dL
 Total Protein Sample :Serum Method : BIURET	7.34	6.40 - 8.30	gm/dL
 Albumin Sample :Serum Method : Bromo Cresol Green(BCG)	3.80 L	3.97 - 4.94	gm/dL



<p>Mr RAM DOOT SINGH</p> <p>Age : 42 Yrs Gender : Male PID : 1200C076251016006055 VID : 1200C076251016002976</p>	<p>Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798</p> <p>Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763</p>	<p>Collected : 16/10/2025 03:32 PM Reported : 16/10/2025 06:15 PM Report Status : Preliminary Ref. By : Self</p>
<p>Barcode: 16158199 , 16158197 , 16158196 , 16158195</p>		

Test Name	Result	Biological Ref. Interval	Unit
<p>Globulin</p> <p>Sample :Serum Method : Calculated</p>	3.54	1.90 - 3.70	gm/dL
<p>Albumin Globulin A/G Ratio</p> <p>Sample :Serum Method : Calculated</p>	1.07	1.00 - 2.10	Ratio
 <p>Sodium</p> <p>Sample :Serum Method : ISE-direct</p>	138.00	136.00 - 145.00	mmol/L
 <p>Potassium</p> <p>Sample :Serum Method : ISE-direct</p>	4.63	3.50 - 5.10	mmol/L
<p>Chloride</p> <p>Sample :Serum Method : ISE-direct</p>	105.60	97.00 - 107.00	mmol/L

Mr RAM DOOT SINGH Age : 42 Yrs Gender : Male PID : 1200C076251016006055 VID : 1200C076251016002976	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:32 PM Reported : 16/10/2025 06:15 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158199 , 16158197 , 16158196 , 16158195		

Test Name	Result	Biological Ref. Interval	Unit
Liver Function Test (LFT)			
Sample : Serum			
Bilirubin Total Method : Diazotization	0.63	0.00 - 1.10	mg/dL
Bilirubin Direct Method : Diazo Gen.2 Jendrassik-Grof	0.22	0.00 - 0.30	mg/dL
Serum Bilirubin (Indirect) Method : Calculated	0.41	0.00 - 0.90	mg/dL
SGOT / AST Method : IFCC without pyridoxal phosphate	16.91	10.00 - 50.00	U/L
SGPT / ALT Method : IFCC without pyridoxal phosphate	12.07	0.00 - 41.00	U/L
AST / ALT Ratio Method : Calculated	1.40	-	Ratio
Alkaline Phosphatase (ALP) Method : PNP	107.02	40.00 - 129.00	U/L
Total Protein Method : BIURET	7.34	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	3.80 L	3.97 - 4.94	gm/dL
Globulin Method : Calculated	3.54	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.07	1.00 - 2.10	Ratio



Mr RAM DOOT SINGH Age : 42 Yrs Gender : Male PID : 1200C076251016006055 VID : 1200C076251016002976	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:32 PM Reported : 16/10/2025 06:15 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158199 , 16158197 , 16158196 , 16158195		

Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total			
Sample : Serum			
Method : ECLIA			
Total T3 (Triiodothyronine)	1.27	0.80 - 2.00	ng/mL
Total T4 (Thyroxine)	8.81	5.10 - 14.10	µg/dL
TSH 3rd Generation	2.740	0.27 - 4.20	µIU/mL
Estimated Glomerular Filtration Rate (eGFR)			
Sample : Serum			
Age	42.00	-	Years
Method : Manual			
GFR Male	119.55	30-59: Moderate decrease in GFR 15-29: Severe decrease in GFR <15: Kidney failure >90: Normal GFR 60-89: Mild decrease in GFR	mL/min/1.73 m ²
Method : Calculated			

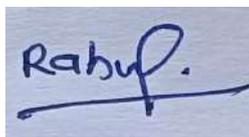
Mr RAM DOOT SINGH Age : 42 Yrs Gender : Male PID : 1200C076251016006055 VID : 1200C076251016002976	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:32 PM Reported : 16/10/2025 06:15 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158199 , 16158197 , 16158196 , 16158195		

Test Name	Result	Biological Ref. Interval	Unit
Urine Routine & Microscopic Examination			
Sample : Urine, Random			
Colour, Urine Method : Physical Examination	Pale Yellow	Pale Yellow	---
Appearance Method : Physical Examination	Slightly Hazy	Clear	---
Specific Gravity Method : Ionic concentration method	1.015	1.00 - 1.03	---
pH Method : Double indicator principle	6.50	4.70 - 7.50	---
Glucose Method : Spectrophotometry	Not Detected	Not Detected	---
Protein Method : Protein-Error of indications Principle	Not Detected	Not Detected	---
Ketones Method : Rothera's Method	Not Detected	Not Detected	---
Blood Method : Spectrophotometry	Detected	Not Detected	---
Leucocyte Method : Manual	Not Detected	Not Detected	---
Bilirubin Method : Spectrophotometry	Not Detected	Not Detected	---
Urobilinogen Method : Ehrlich's Reaction	Normal	Normal	---
Nitrite Method : Nitrite Test	Not Detected	Not Detected	---
Pus Cells Method : Microscopy	1-2	0-5	/hpf
RBC Method : Microscopy	1-2	0-2	/hpf

Mr RAM DOOT SINGH Age : 42 Yrs Gender : Male PID : 1200C076251016006055 VID : 1200C076251016002976	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:32 PM Reported : 16/10/2025 06:15 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158199 , 16158197 , 16158196 , 16158195		

Test Name	Result	Biological Ref. Interval	Unit
Epithelial Cells Method : Microscopy	1-2	0-5	/hpf
Casts Method : Microscopy	Not Detected	Not Detected	---
Crystals Method : Microscopy	Not Detected	Not Detected	---
Bacteria Method : Microscopy	Not Detected	Not Detected	---
Remarks Method: Manual Microscopic examination has been performed on urine sediment.			

Authenticated by



Dr. Rahul
MBBS MD (Pathology)

Note: Tests marked with NABL symbol are accredited by NABL vide Certificate No. M(EL)T- 00255

<p>Interpretation</p> <p>Liver Function Test (LFT) Indications for liver function assessment includes:</p> <ul style="list-style-type: none"> • Screen for liver infections, such as hepatitis • Monitor the progression of a disease, such as viral or alcoholic hepatitis, and determine how well a treatment is working • Measure the severity of a disease, particularly scarring of the liver (cirrhosis) • Monitor possible side effects of medications <p>Lipid Profile Lipid Profile consist of Triglycerides, Cholesterol and other lipoprotein fractions in serum. The levels reflect the status of Lipid metabolism in the body, collectively they aid in the diagnosis of various abnormal hyper lipidaemias. Analysis of Lipids has assumed greater importance due to increasing prevalence rates of Ischaemic Heart Diseases (IHD). NCEP (ATP III) Guidelines.</p>
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Mr RAM DOOT SINGH

Age : 42 Yrs
 Gender : Male
 PID : 1200C076251016006055
 VID : 1200C076251016002976

Collected at: Vanshika Collection Cen
 Ahraura Bazar Satyanganj Ahaoura
 Mirzapur UP 231301 Ph 8765807798

Processed at: Pathkind Labs Lanka, B
 32/81 A 9 BHU Rd Rashmi nagar nariya
 Opp Emergency gate 221005, Ph
 7827949763

Collected : 16/10/2025 03:32 PM
 Reported : 16/10/2025 06:15 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 16158199 , 16158197 , 16158196 , 16158195

Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total			
<ul style="list-style-type: none"> • Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet & drug therapy. • T3 is one of the thyroid hormones derived due to peripheral conversion of T4. The levels of T3 helps in the diagnosis of T3 Thyrotoxicosis and monitoring the course of hypothyroidism. However, T3 is not recommended for diagnosis of hyperthyroidism as decreased values have minimal clinical significance. Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism. • Elevated level of T4 is seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum TBG. Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in TBG. • TSH controls biosynthesis and release of thyroid hormones T3 & T4. TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium, and iodide induced or deficiency goiter. 			
Estimated Glomerular Filtration Rate (eGFR)			
eGFR is a test used to assess kidney function. It is not used to diagnose any disease. The eGFR test involves a blood test which measures creatinine. The eGFR is calculated from age, sex and blood creatinine level.			
EGFR calculation is provided only for adults more than 18 years of age.			
Uric Acid			
Uric acid is the final product of purine metabolism. Serum uric acid levels are raised in case of increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy and cytotoxic drugs. Decreased levels are seen in chronic renal failure, severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies.			
Total Protein			
High levels of Serum Total Protein is seen in increased acute phase reactants in inflammation, late-stage liver disease, infections, multiple myeloma and other malignant paraproteinemias. Hypoproteinemia is seen in hypogammaglobulinemia, nephrotic syndrome and protein-losing enteropathy.			
Sodium			
Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.			
Potassium			
Potassium (K+) is the major intracellular cation. It regulates neuromuscular excitability, heart contractility, intracellular fluid volume, and hydrogen ion concentration. High levels of serum Potassium is seen in acute renal disease and end-stage renal failure due to decreased excretion. Levels are also high during the diuretic phase of acute tubular necrosis, during administration of non-potassium sparing diuretic therapy, and during states of excess mineralocorticoid or glucocorticoid.			
Creatinine			
Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.			
Chloride			
Chloride (Cl) is the major extracellular anion and it has an important role in maintaining proper body water distribution, osmotic pressure, and normal anion-cation balance in the extracellular fluid compartment. Chloride is increased in dehydration, renal tubular acidosis, acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfunction, salicylate intoxication and with excessive infusion of isotonic			



Mr RAM DOOT SINGH Age : 42 Yrs Gender : Male PID : 1200C076251016006055 VID : 1200C076251016002976	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:32 PM Reported : 16/10/2025 06:15 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158199 , 16158197 , 16158196 , 16158195		

Test Name	Result	Biological Ref. Interval	Unit
saline or extremely high dietary intake of salt. Hyperchloremia acidosis may be a sign of severe renal tubular pathology. Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure, Addisonian crisis, certain types of metabolic acidosis, persistent gastric secretion and prolonged vomiting, aldosteronism, bromide intoxication, syndrome of inappropriate antidiuretic hormone secretion, and conditions associated with expansion of extracellular fluid volume.			
Albumin "Hypoalbuminemia can be caused by impaired synthesis due to liver disease (primary) or due to diminished protein intake (secondary), increased catabolism due to tissue damage and inflammation; malabsorption of amino acids; and increased renal excretion (eg, nephrotic syndrome). Hyperalbuminemia is seen in dehydration."			
Urine Routine & Microscopic Examination Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.			
Complete Blood Count (CBC) CBC comprises of estimation of the cellular components of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin content of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.			

** End of Report **



Mr SUJIT SINGH

Age : 42 Yrs
 Gender : Male
 PID : 1200C076251016006171
 VID : 1200C076251016003011

Collected at: Vanshika Collection Cen
 Ahraura Bazar Satyanganj Ahaoura
 Mirzapur UP 231301 Ph 8765807798

Processed at: Pathkind Labs Lanka, B
 32/81 A 9 BHU Rd Rashmi nagar nariya
 Opp Emergency gate 221005, Ph
 7827949763

Collected : 16/10/2025 03:35 PM
 Reported : 16/10/2025 06:16 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 16158194 , 16158193 , 16158192 , 16158191

Test Name	Result	Biological Ref. Interval	Unit
HEALTHKIND NEO			
 Complete Blood Count (CBC) Sample : Whole Blood, EDTA			
Haemoglobin (Hb)	15.40	13.00 - 17.00	gm/dL
Total WBC Count / TLC	8.36	4.00 - 10.00	thou/ μ L
Neutrophils	53.00	40.00 - 80.00	%
Lymphocytes	33.00	20.00 - 40.00	%
Eosinophils	11.00 H	1.00 - 6.00	%
Monocytes	3.00	2.00 - 10.00	%
Basophils	0.00	0.00 - 2.00	%
Absolute Neutrophil Count (ANC)	4430.80	2000.00 - 7000.00	/ μ L
Absolute Lymphocyte Count	2758.80	1000.00 - 3000.00	/ μ L
Absolute Eosinophil Count (AEC)	919.60 H	20.00 - 500.00	/ μ L
Absolute Monocyte Count	250.80	200.00 - 1000.00	/ μ L
Absolute Basophil Count	0.00 L	20.00 - 100.00	/ μ L
RBC Count	4.81	4.50 - 5.50	million/ μ L
PCV / Hematocrit	49.50	40.00 - 50.00	%
MCV	102.90 H	83.00 - 101.00	fL
MCH	32.00	27.00 - 32.00	pg
MCHC	31.10 L	31.50 - 34.50	gm/dL
RDW (Red Cell Distribution Width)	15.20	11.80 - 15.60	%
Platelet Count	232.00	150.00 - 410.00	thou/ μ L
MPV (Mean Platelet Volume)	12.10 H	6.80 - 10.90	fL
Method: HB By Spectrophotometry Measurement , TLC/Neutrophils /Lymphocytes/Eosinophils/Monocytes/Basophils/RBC/Platelet Count By Impedance ,ANC/ALC/AEC By Microscopy/ Cell Counter ,AMC/ABC/MCV/MCH/MCHC/RDW/MPV By Calculated ,PCV By Calculated/ Drived From Impedence Measure			



Mr SUJIT SINGH Age : 42 Yrs Gender : Male PID : 1200C076251016006171 VID : 1200C076251016003011	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:35 PM Reported : 16/10/2025 06:16 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158194 , 16158193 , 16158192 , 16158191		

Test Name	Result	Biological Ref. Interval	Unit
Any One Glucose			
 Glucose Random Sample :Plasma Fluoride - Random Method : Hexokinase	71.40	70.00 - 140.00	mg/dL

Mr SUJIT SINGH Age : 42 Yrs Gender : Male PID : 1200C076251016006171 VID : 1200C076251016003011	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:35 PM Reported : 16/10/2025 06:16 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158194 , 16158193 , 16158192 , 16158191		

Test Name	Result	Biological Ref. Interval	Unit
Lipid Profile			
Sample : Serum			
Total Cholesterol Method : CHOD-PAP Gen.2	189.53	No Risk : < 200 Moderate Risk : 200 - 239 High Risk : > 240	mg/dL
Triglycerides Method : GPO-PAP	178.08 H	Desirable : < 150 Boderline High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dL
LDL Cholesterol (Calculated) Method : Calculated	119.40 H	0.00 - 100.00	mg/dL
HDL Cholesterol Method : Enzymatic :CHOD/POD	34.51 L	Male- No Risk : > 55 Moderate Risk : 33 - 55 High Risk : <35	mg/dL
VLDL Cholesterol Method : Calculated	35.62 H	Desirable : 10 - 35	mg/dL
Total Cholesterol / HDL Ratio Method : Calculated	5.49 H	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0	Ratio
LDL / HDL Ratio Method : Calculated	3.46 H	Low Risk : 0.5 - 3.0 Moderate Risk : 3.1 - 6.0 High Risk : > 6.0	Ratio
Non HDL Cholesterol Method : Manual	155.02 H	0.00 - 130.00	mg/dL



Mr SUJIT SINGH Age : 42 Yrs Gender : Male PID : 1200C076251016006171 VID : 1200C076251016003011	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:35 PM Reported : 16/10/2025 06:16 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158194 , 16158193 , 16158192 , 16158191		

Test Name	Result	Biological Ref. Interval	Unit
Kidney Profile			
Blood Urea Nitrogen Sample :Serum Method : Urease UV	8.45	7.70 - 22.60	mg/dL
 Blood Urea Sample :Serum Method : Urease /GLDH	18.07	16.60 - 48.50	mg/dL
 Creatinine Sample :Serum Method : Jaffe	0.80	0.70 - 1.20	mg/dL
BUN Creatinine Ratio Sample :Serum Method : Calculated	10.51	10.00 - 20.00	Ratio
 Uric Acid Sample :Serum Method : Uricase Colorimetric	5.51	3.40 - 7.00	mg/dL
 Total Protein Sample :Serum Method : BIURET	7.91	6.40 - 8.30	gm/dL
 Albumin Sample :Serum Method : Bromo Cresol Green(BCG)	4.37	3.97 - 4.94	gm/dL



Mr SUJIT SINGH Age : 42 Yrs Gender : Male PID : 1200C076251016006171 VID : 1200C076251016003011	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:35 PM Reported : 16/10/2025 06:16 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158194 , 16158193 , 16158192 , 16158191		

Test Name	Result	Biological Ref. Interval	Unit
Globulin Sample :Serum Method : Calculated	3.54	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Sample :Serum Method : Calculated	1.24	1.00 - 2.10	Ratio
 Sodium Sample :Serum Method : ISE-direct	138.00	136.00 - 145.00	mmol/L
 Potassium Sample :Serum Method : ISE-direct	4.63	3.50 - 5.10	mmol/L
Chloride Sample :Serum Method : ISE-direct	105.60	97.00 - 107.00	mmol/L

Mr SUJIT SINGH Age : 42 Yrs Gender : Male PID : 1200C076251016006171 VID : 1200C076251016003011	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:35 PM Reported : 16/10/2025 06:16 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158194 , 16158193 , 16158192 , 16158191		

Test Name	Result	Biological Ref. Interval	Unit
Liver Function Test (LFT)			
Sample : Serum			
Bilirubin Total Method : Diazotization	0.47	0.00 - 1.10	mg/dL
Bilirubin Direct Method : Diazo Gen.2 Jendrassik-Grof	0.15	0.00 - 0.30	mg/dL
Serum Bilirubin (Indirect) Method : Calculated	0.33	0.00 - 0.90	mg/dL
SGOT / AST Method : IFCC without pyridoxal phosphate	27.37	10.00 - 50.00	U/L
SGPT / ALT Method : IFCC without pyridoxal phosphate	29.58	0.00 - 41.00	U/L
AST / ALT Ratio Method : Calculated	0.93	-	Ratio
Alkaline Phosphatase (ALP) Method : PNP	75.63	40.00 - 129.00	U/L
Total Protein Method : BIURET	7.91	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	4.37	3.97 - 4.94	gm/dL
Globulin Method : Calculated	3.54	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.24	1.00 - 2.10	Ratio

Mr SUJIT SINGH Age : 42 Yrs Gender : Male PID : 1200C076251016006171 VID : 1200C076251016003011	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:35 PM Reported : 16/10/2025 06:16 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158194 , 16158193 , 16158192 , 16158191		

Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total			
Sample : Serum			
Method : ECLIA			
Total T3 (Triiodothyronine)	1.05	0.80 - 2.00	ng/mL
Total T4 (Thyroxine)	7.36	5.10 - 14.10	µg/dL
TSH 3rd Generation	2.300	0.27 - 4.20	µIU/mL
Estimated Glomerular Filtration Rate (eGFR)			
Sample : Serum			
Age	42.00	-	Years
Method : Manual			
GFR Male	112.68	30-59: Moderate decrease in GFR 15-29: Severe decrease in GFR <15: Kidney failure >90: Normal GFR 60-89: Mild decrease in GFR	mL/min/1.73 m ²
Method : Calculated			



Mr SUJIT SINGH Age : 42 Yrs Gender : Male PID : 1200C076251016006171 VID : 1200C076251016003011	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:35 PM Reported : 16/10/2025 06:16 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158194 , 16158193 , 16158192 , 16158191		

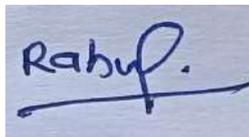
Test Name	Result	Biological Ref. Interval	Unit
Urine Routine & Microscopic Examination			
Sample : Urine, Random			
Colour, Urine Method : Physical Examination	Pale Yellow	Pale Yellow	---
Appearance Method : Physical Examination	Clear	Clear	---
Specific Gravity Method : Ionic concentration method	1.015	1.00 - 1.03	---
pH Method : Double indicator principle	6.00	4.70 - 7.50	---
Glucose Method : Spectrophotometry	Not Detected	Not Detected	---
Protein Method : Protein-Error of indications Principle	Not Detected	Not Detected	---
Ketones Method : Rothera's Method	Not Detected	Not Detected	---
Blood Method : Spectrophotometry	Not Detected	Not Detected	---
Leucocyte Method : Manual	Not Detected	Not Detected	---
Bilirubin Method : Spectrophotometry	Not Detected	Not Detected	---
Urobilinogen Method : Ehrlich's Reaction	Normal	Normal	---
Nitrite Method : Nitrite Test	Not Detected	Not Detected	---
Pus Cells Method : Microscopy	1-2	0-5	/hpf
RBC Method : Microscopy	Not Detected	0-2	/hpf



Mr SUJIT SINGH Age : 42 Yrs Gender : Male PID : 1200C076251016006171 VID : 1200C076251016003011	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:35 PM Reported : 16/10/2025 06:16 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158194 , 16158193 , 16158192 , 16158191		

Test Name	Result	Biological Ref. Interval	Unit
Epithelial Cells Method : Microscopy	1-2	0-5	/hpf
Casts Method : Microscopy	Not Detected	Not Detected	---
Crystals Method : Microscopy	Not Detected	Not Detected	---
Bacteria Method : Microscopy	Not Detected	Not Detected	---
Remarks Method: Manual Microscopic examination has been performed on urine sediment.			

Authenticated by



Dr. Rahul
MBBS MD (Pathology)

Note: Tests marked with NABL symbol are accredited by NABL vide Certificate No. M(EL)T- 00255

<p>Interpretation</p> <p>Liver Function Test (LFT) Indications for liver function assessment includes:</p> <ul style="list-style-type: none"> • Screen for liver infections, such as hepatitis • Monitor the progression of a disease, such as viral or alcoholic hepatitis, and determine how well a treatment is working • Measure the severity of a disease, particularly scarring of the liver (cirrhosis) • Monitor possible side effects of medications <p>Lipid Profile Lipid Profile consist of Triglycerides, Cholesterol and other lipoprotein fractions in serum. The levels reflect the status of Lipid metabolism in the body, collectively they aid in the diagnosis of various abnormal hyper lipidaemias. Analysis of Lipids has assumed greater importance due to increasing prevalence rates of Ischaemic Heart Diseases (IHD). NCEP (ATP III) Guidelines.</p>
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Mr SUJIT SINGH Age : 42 Yrs Gender : Male PID : 1200C076251016006171 VID : 1200C076251016003011	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:35 PM Reported : 16/10/2025 06:16 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158194 , 16158193 , 16158192 , 16158191		

Test Name	Result	Biological Ref. Interval	Unit
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Thyroid Profile Total

- Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet & drug therapy.
- T3 is one of the thyroid hormones derived due to peripheral conversion of T4. The levels of T3 helps in the diagnosis of T3 Thyrotoxicosis and monitoring the course of hypothyroidism. However, T3 is not recommended for diagnosis of hyperthyroidism as decreased values have minimal clinical significance. Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism.
- Elevated level of T4 is seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum TBG. Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in TBG.
- TSH controls biosynthesis and release of thyroid hormones T3 & T4. TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium, and iodide induced or deficiency goiter.

Estimated Glomerular Filtration Rate (eGFR)

eGFR is a test used to assess kidney function. It is not used to diagnose any disease. The eGFR test involves a blood test which measures creatinine. The eGFR is calculated from age, sex and blood creatinine level.

eGFR calculation is provided only for adults more than 18 years of age.

Uric Acid

Uric acid is the final product of purine metabolism. Serum uric acid levels are raised in case of increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy and cytotoxic drugs. Decreased levels are seen in chronic renal failure, severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies.

Total Protein

High levels of Serum Total Protein is seen in increased acute phase reactants in inflammation, late-stage liver disease, infections, multiple myeloma and other malignant paraproteinemias. Hypoproteinemia is seen in hypogammaglobulinemia, nephrotic syndrome and protein-losing enteropathy.

Sodium

Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.

Potassium

Potassium (K+) is the major intracellular cation. It regulates neuromuscular excitability, heart contractility, intracellular fluid volume, and hydrogen ion concentration. High levels of serum Potassium is seen in acute renal disease and end-stage renal failure due to decreased excretion. Levels are also high during the diuretic phase of acute tubular necrosis, during administration of non-potassium sparing diuretic therapy, and during states of excess mineralocorticoid or glucocorticoid.

Creatinine

Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.

Chloride

Chloride (Cl) is the major extracellular anion and it has an important role in maintaining proper body water distribution, osmotic pressure, and normal anion-cation balance in the extracellular fluid compartment. Chloride is increased in dehydration, renal tubular acidosis, acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfunction, salicylate intoxication and with excessive infusion of isotonic

Mr SUJIT SINGH Age : 42 Yrs Gender : Male PID : 1200C076251016006171 VID : 1200C076251016003011	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:35 PM Reported : 16/10/2025 06:16 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158194 , 16158193 , 16158192 , 16158191		

Test Name	Result	Biological Ref. Interval	Unit
saline or extremely high dietary intake of salt. Hyperchloremia acidosis may be a sign of severe renal tubular pathology. Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure, Addisonian crisis, certain types of metabolic acidosis, persistent gastric secretion and prolonged vomiting, aldosteronism, bromide intoxication, syndrome of inappropriate antidiuretic hormone secretion, and conditions associated with expansion of extracellular fluid volume.			
Albumin "Hypoalbuminemia can be caused by impaired synthesis due to liver disease (primary) or due to diminished protein intake (secondary), increased catabolism due to tissue damage and inflammation; malabsorption of amino acids; and increased renal excretion (eg, nephrotic syndrome). Hyperalbuminemia is seen in dehydration."			
Urine Routine & Microscopic Examination Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.			
Complete Blood Count (CBC) CBC comprises of estimation of the cellular components of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin content of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.			

** End of Report **



Mr RAHUL SINGH Age : 30 Yrs Gender : Male PID : 1200C076251016006262 VID : 1200C076251016003050	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:41 PM Reported : 16/10/2025 06:17 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158190 , 16158189 , 16158188 , 16158187		

Test Name	Result	Biological Ref. Interval	Unit
HEALTHKIND NEO			
 Complete Blood Count (CBC) Sample : Whole Blood, EDTA			
Haemoglobin (Hb)	15.50	13.00 - 17.00	gm/dL
Total WBC Count / TLC	8.23	4.00 - 10.00	thou/ μ L
Neutrophils	50.00	40.00 - 80.00	%
Lymphocytes	40.00	20.00 - 40.00	%
Eosinophils	2.00	1.00 - 6.00	%
Monocytes	8.00	2.00 - 10.00	%
Basophils	0.00	0.00 - 2.00	%
Absolute Neutrophil Count (ANC)	4115.00	2000.00 - 7000.00	/ μ L
Absolute Lymphocyte Count	3292.00 H	1000.00 - 3000.00	/ μ L
Absolute Eosinophil Count (AEC)	164.60	20.00 - 500.00	/ μ L
Absolute Monocyte Count	658.40	200.00 - 1000.00	/ μ L
Absolute Basophil Count	0.00 L	20.00 - 100.00	/ μ L
RBC Count	4.35 L	4.50 - 5.50	million/ μ L
PCV / Hematocrit	49.40	40.00 - 50.00	%
MCV	113.60 H	83.00 - 101.00	fL
MCH	35.60 H	27.00 - 32.00	pg
MCHC	31.40 L	31.50 - 34.50	gm/dL
RDW (Red Cell Distribution Width)	14.90	11.80 - 15.60	%
Platelet Count	246.00	150.00 - 410.00	thou/ μ L
MPV (Mean Platelet Volume)	12.30 H	6.80 - 10.90	fL
Method: HB By Spectrophotometry Measurement , TLC/Neutrophils /Lymphocytes/Eosinophils/Monocytes/Basophils/RBC/Platelet Count By Impedance ,ANC/ALC/AEC By Microscopy/ Cell Counter ,AMC/ABC/MCV/MCH/MCHC/RDW/MPV By Calculated ,PCV By Calculated/ Drived From Impedence Measure			

Mr RAHUL SINGH

Age : 30 Yrs
 Gender : Male
 PID : 1200C076251016006262
 VID : 1200C076251016003050

Collected at: Vanshika Collection Cen
 Ahraura Bazar Satyanganj Ahaoura
 Mirzapur UP 231301 Ph 8765807798

Processed at: Pathkind Labs Lanka, B
 32/81 A 9 BHU Rd Rashmi nagar nariya
 Opp Emergency gate 221005, Ph
 7827949763

Collected : 16/10/2025 03:41 PM
 Reported : 16/10/2025 06:17 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 16158190 , 16158189 , 16158188 , 16158187

Test Name	Result	Biological Ref. Interval	Unit
Any One Glucose			
 Glucose Random Sample :Plasma Fluoride - Random Method : Hexokinase	98.13	70.00 - 140.00	mg/dL



Mr RAHUL SINGH Age : 30 Yrs Gender : Male PID : 1200C076251016006262 VID : 1200C076251016003050	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:41 PM Reported : 16/10/2025 06:17 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158190 , 16158189 , 16158188 , 16158187		

Test Name	Result	Biological Ref. Interval	Unit
Lipid Profile			
Sample : Serum			
Total Cholesterol Method : CHOD-PAP Gen.2	178.21	No Risk : < 200 Moderate Risk : 200 - 239 High Risk : > 240	mg/dL
Triglycerides Method : GPO-PAP	156.07 H	Desirable : < 150 Boderline High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dL
LDL Cholesterol (Calculated) Method : Calculated	111.97 H	0.00 - 100.00	mg/dL
HDL Cholesterol Method : Enzymatic :CHOD/POD	35.02 L	Male- No Risk : > 55 Moderate Risk : 33 - 55 High Risk : <35	mg/dL
VLDL Cholesterol Method : Calculated	31.21	Desirable : 10 - 35	mg/dL
Total Cholesterol / HDL Ratio Method : Calculated	5.09 H	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0	Ratio
LDL / HDL Ratio Method : Calculated	3.20 H	Low Risk : 0.5 - 3.0 Moderate Risk : 3.1 - 6.0 High Risk : > 6.0	Ratio
Non HDL Cholesterol Method : Manual	143.19 H	0.00 - 130.00	mg/dL

Mr RAHUL SINGH Age : 30 Yrs Gender : Male PID : 1200C076251016006262 VID : 1200C076251016003050	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:41 PM Reported : 16/10/2025 06:17 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158190 , 16158189 , 16158188 , 16158187		

Test Name	Result	Biological Ref. Interval	Unit
Kidney Profile			
Blood Urea Nitrogen Sample :Serum Method : Urease UV	12.68	7.70 - 22.60	mg/dL
 Blood Urea Sample :Serum Method : Urease /GLDH	27.14	16.60 - 48.50	mg/dL
 Creatinine Sample :Serum Method : Jaffe	0.87	0.70 - 1.20	mg/dL
BUN Creatinine Ratio Sample :Serum Method : Calculated	14.58	10.00 - 20.00	Ratio
 Uric Acid Sample :Serum Method : Uricase Colorimetric	6.93	3.40 - 7.00	mg/dL
 Total Protein Sample :Serum Method : BIURET	8.30	6.40 - 8.30	gm/dL
 Albumin Sample :Serum Method : Bromo Cresol Green(BCG)	4.83	3.97 - 4.94	gm/dL



Mr RAHUL SINGH Age : 30 Yrs Gender : Male PID : 1200C076251016006262 VID : 1200C076251016003050	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:41 PM Reported : 16/10/2025 06:17 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158190 , 16158189 , 16158188 , 16158187		

Test Name	Result	Biological Ref. Interval	Unit
Globulin Sample :Serum Method : Calculated	3.47	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Sample :Serum Method : Calculated	1.39	1.00 - 2.10	Ratio
 Sodium Sample :Serum Method : ISE-direct	136.00	136.00 - 145.00	mmol/L
 Potassium Sample :Serum Method : ISE-direct	4.63	3.50 - 5.10	mmol/L
Chloride Sample :Serum Method : ISE-direct	105.60	97.00 - 107.00	mmol/L

Mr RAHUL SINGH Age : 30 Yrs Gender : Male PID : 1200C076251016006262 VID : 1200C076251016003050	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:41 PM Reported : 16/10/2025 06:17 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158190 , 16158189 , 16158188 , 16158187		

Test Name	Result	Biological Ref. Interval	Unit
Liver Function Test (LFT)			
Sample : Serum			
Bilirubin Total Method : Diazotization	0.70	0.00 - 1.10	mg/dL
Bilirubin Direct Method : Diazo Gen.2 Jendrassik-Grof	0.19	0.00 - 0.30	mg/dL
Serum Bilirubin (Indirect) Method : Calculated	0.51	0.00 - 0.90	mg/dL
SGOT / AST Method : IFCC without pyridoxal phosphate	42.41	10.00 - 50.00	U/L
SGPT / ALT Method : IFCC without pyridoxal phosphate	70.12 H	0.00 - 41.00	U/L
AST / ALT Ratio Method : Calculated	0.61		Ratio
Alkaline Phosphatase (ALP) Method : PNP	96.95	40.00 - 129.00	U/L
Total Protein Method : BIURET	8.30	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	4.83	3.97 - 4.94	gm/dL
Globulin Method : Calculated	3.47	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.39	1.00 - 2.10	Ratio

Mr RAHUL SINGH

Age : 30 Yrs
 Gender : Male
 PID : 1200C076251016006262
 VID : 1200C076251016003050

Collected at: Vanshika Collection Cen
 Ahraura Bazar Satyanganj Ahaoura
 Mirzapur UP 231301 Ph 8765807798

Processed at: Pathkind Labs Lanka, B
 32/81 A 9 BHU Rd Rashmi nagar nariya
 Opp Emergency gate 221005, Ph
 7827949763

Collected : 16/10/2025 03:41 PM
 Reported : 16/10/2025 06:17 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 16158190 , 16158189 , 16158188 , 16158187

Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total			
Sample : Serum			
Method : ECLIA			
Total T3 (Triiodothyronine)	1.36	0.80 - 2.00	ng/mL
Total T4 (Thyroxine)	7.68	5.10 - 14.10	µg/dL
TSH 3rd Generation	2.970	0.27 - 4.20	µIU/mL
Estimated Glomerular Filtration Rate (eGFR)			
Sample : Serum			
Age	30.00	-	Years
Method : Manual			
GFR Male	110.98	30-59: Moderate decrease in GFR 15-29: Severe decrease in GFR <15: Kidney failure >90: Normal GFR 60-89: Mild decrease in GFR	mL/min/1.73 m ²
Method : Calculated			



**Mr RAHUL SINGH**

Age : 30 Yrs
 Gender : Male
 PID : 1200C076251016006262
 VID : 1200C076251016003050

Collected at: Vanshika Collection Cen
 Ahraura Bazar Satyanganj Ahaoura
 Mirzapur UP 231301 Ph 8765807798

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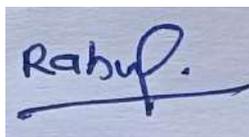
Test Name	Result	Biological Ref. Interval	Unit
Urine Routine & Microscopic Examination			
Sample : Urine, Random			
Colour, Urine Method : Physical Examination	Pale Yellow	Pale Yellow	---
Appearance Method : Physical Examination	Clear	Clear	---
Specific Gravity Method : Ionic concentration method	1.030	1.00 - 1.03	---
pH Method : Double indicator principle	6.00	4.70 - 7.50	---
Glucose Method : Spectrophotometry	Not Detected	Not Detected	---
Protein Method : Protein-Error of indications Principle	Not Detected	Not Detected	---
Ketones Method : Rothera's Method	Not Detected	Not Detected	---
Blood Method : Spectrophotometry	Not Detected	Not Detected	---
Leucocyte Method : Manual	Not Detected	Not Detected	---
Bilirubin Method : Spectrophotometry	Not Detected	Not Detected	---
Urobilinogen Method : Ehrlich's Reaction	Normal	Normal	---
Nitrite Method : Nitrite Test	Not Detected	Not Detected	---
Pus Cells Method : Microscopy	1-2	0-5	/hpf
RBC Method : Microscopy	Not Detected	0-2	/hpf



Mr RAHUL SINGH Age : 30 Yrs Gender : Male PID : 1200C076251016006262 VID : 1200C076251016003050	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798 Processed at: Pathkind Labs Lanka, B 32/81 A 9 BHU Rd Rashmi nagar nariya Opp Emergency gate 221005, Ph 7827949763	Collected : 16/10/2025 03:41 PM Reported : 16/10/2025 06:17 PM Report Status : Preliminary Ref. By : Self
Barcode: 16158190 , 16158189 , 16158188 , 16158187		

Test Name	Result	Biological Ref. Interval	Unit
Epithelial Cells Method : Microscopy	1-2	0-5	/hpf
Casts Method : Microscopy	Not Detected	Not Detected	---
Crystals Method : Microscopy	Not Detected	Not Detected	---
Bacteria Method : Microscopy	Not Detected	Not Detected	---
Remarks Method: Manual Microscopic examination has been performed on urine sediment.			

Authenticated by



Dr. Rahul
MBBS MD (Pathology)

Note: Tests marked with NABL symbol are accredited by NABL vide Certificate No. M(EL)T- 00255

<p>Interpretation</p> <p>Liver Function Test (LFT) Indications for liver function assessment includes:</p> <ul style="list-style-type: none"> • Screen for liver infections, such as hepatitis • Monitor the progression of a disease, such as viral or alcoholic hepatitis, and determine how well a treatment is working • Measure the severity of a disease, particularly scarring of the liver (cirrhosis) • Monitor possible side effects of medications <p>Lipid Profile Lipid Profile consist of Triglycerides, Cholesterol and other lipoprotein fractions in serum. The levels reflect the status of Lipid metabolism in the body, collectively they aid in the diagnosis of various abnormal hyper lipidaemias. Analysis of Lipids has assumed greater importance due to increasing prevalence rates of Ischaemic Heart Diseases (IHD). NCEP (ATP III) Guidelines.</p>
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Mr RAHUL SINGH

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Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total			
<ul style="list-style-type: none"> • Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet & drug therapy. • T3 is one of the thyroid hormones derived due to peripheral conversion of T4. The levels of T3 helps in the diagnosis of T3 Thyrotoxicosis and monitoring the course of hypothyroidism. However, T3 is not recommended for diagnosis of hyperthyroidism as decreased values have minimal clinical significance. Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism. • Elevated level of T4 is seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum TBG. Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in TBG. • TSH controls biosynthesis and release of thyroid hormones T3 & T4. TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium, and iodide induced or deficiency goiter. 			
Estimated Glomerular Filtration Rate (eGFR)			
eGFR is a test used to assess kidney function. It is not used to diagnose any disease. The eGFR test involves a blood test which measures creatinine. The eGFR is calculated from age, sex and blood creatinine level.			
EGFR calculation is provided only for adults more than 18 years of age.			
Uric Acid			
Uric acid is the final product of purine metabolism. Serum uric acid levels are raised in case of increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy and cytotoxic drugs. Decreased levels are seen in chronic renal failure, severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies.			
Total Protein			
High levels of Serum Total Protein is seen in increased acute phase reactants in inflammation, late-stage liver disease, infections, multiple myeloma and other malignant paraproteinemias. Hypoproteinemia is seen in hypogammaglobulinemia, nephrotic syndrome and protein-losing enteropathy.			
Sodium			
Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.			
Potassium			
Potassium (K+) is the major intracellular cation. It regulates neuromuscular excitability, heart contractility, intracellular fluid volume, and hydrogen ion concentration. High levels of serum Potassium is seen in acute renal disease and end-stage renal failure due to decreased excretion. Levels are also high during the diuretic phase of acute tubular necrosis, during administration of non-potassium sparing diuretic therapy, and during states of excess mineralocorticoid or glucocorticoid.			
Creatinine			
Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.			
Chloride			
Chloride (Cl) is the major extracellular anion and it has an important role in maintaining proper body water distribution, osmotic pressure, and normal anion-cation balance in the extracellular fluid compartment. Chloride is increased in dehydration, renal tubular acidosis, acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfunction, salicylate intoxication and with excessive infusion of isotonic			



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Test Name	Result	Biological Ref. Interval	Unit
<p>saline or extremely high dietary intake of salt. Hyperchloremia acidosis may be a sign of severe renal tubular pathology. Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure, Addisonian crisis, certain types of metabolic acidosis, persistent gastric secretion and prolonged vomiting, aldosteronism, bromide intoxication, syndrome of inappropriate antidiuretic hormone secretion, and conditions associated with expansion of extracellular fluid volume.</p> <p>Albumin "Hypoalbuminemia can be caused by impaired synthesis due to liver disease (primary) or due to diminished protein intake (secondary), increased catabolism due to tissue damage and inflammation; malabsorption of amino acids; and increased renal excretion (eg, nephrotic syndrome). Hyperalbuminemia is seen in dehydration."</p> <p>Urine Routine & Microscopic Examination Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.</p> <p>Complete Blood Count (CBC) CBC comprises of estimation of the cellular components of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin content of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.</p>			

** End of Report **

