

BEFORE THE NATIONAL GREEN TRIBUNAL,
PRINCIPAL BENCH AT NEW DELHI

ORIGINAL APPLICATION NO. 453 OF 2024

IN THE MATTER OF:
SAMPURNA NAND

.... APPLICANT

VERSUS

M/S RK CONSTRUCTION COMPANY
& ORS.

.... RESPONDENTS

INDEX

SL. NO.	PARTICULARS	PAGES
1.	AFFIDAVIT ON BEHALF OF THE UTTAR PRADESH POLLUTION CONTROL BOARD IN COMPLIANCE OF ORDER DATED 25.08.2025 PASSED BY THIS HON'BLE TRIBUNAL	1-5
2	<u>ANNEXURE-1</u> A copy of letter Dated 13.10.2025	6
3	<u>ANNEXURE-</u> A Copy of letter dated 15.10.2025	7
4	<u>ANNEXURE-3</u> A copy of reply letter dated 17.10.2025	8-90

NEW DELHI

DATED: 28.10.2025

28.10.25

(PRADEEP MISRA & DALEEP DHYANI)

Counsel for U.P. Pollution Control Board

138, New Lawyers Chamber,

Supreme Court of India,

New Delhi-110001

(M.) 9810252518

Email: pradeepmisra@yahoo.com

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

ORIGINAL APPLICATION NO. 453 OF 2024

IN THE MATTER OF:
SAMPURNA NAND

.... APPLICANT

VERSUS

M/S RK CONSTRUCTION COMPANY & 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 abovenoted capacity am well conversant with the facts and records of the present case, hence am competent to swear this affidavit.
2. That the present matter is about illegal mining and blasting causing severe environmental pollution on hills in the area of villages Bhagoti Dei, Sonpur, Biahur and Chakjata, Pargana Bhagwat, Police Station Ahraura, Tehsil Chunar in District Mirzapur, Uttar Pradesh.

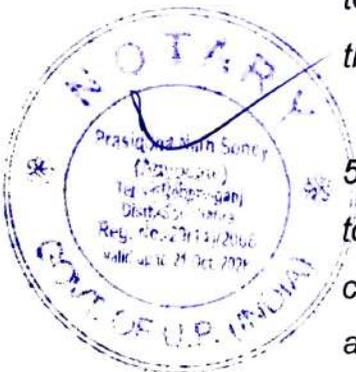


2 Tickets Rs. 10/-
27/10/2025
(P.N. SONEY)
Adv. NOTARY
Robertsganj-Sonbhadra

3. That this Hon'ble Tribunal vide order dated 21.07.2025 has directed the UPPCB to file "Additional response regarding compliance status of respondent no. 1 i.e. M/s R.K. construction Company, Arazi No. 57 Village-Sonpur, Post-Patihatt, Tehsil-Chunar, District 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 months".
4. That in compliance of the above directions passed by this Hon'ble Tribunal, officials of UPPCB has conducted the field visit of above concerned Stone Crusher Unit i.e. M/s R.K. construction Company, Arazi No. 57, Village-Sonpur, Post-Patihatt, 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:

....."2. 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.”

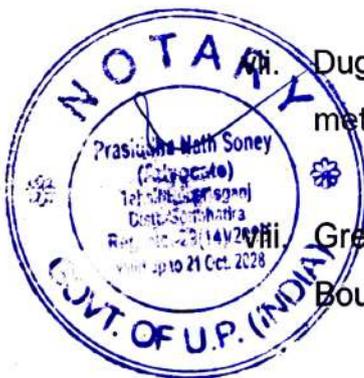
7. That in compliance of above, directions have been issued to above Stone Crusher Unit i.e. M/s M/s R.K. Construction Company, Arazi No. 57, Village-Sonpur, Post-Patihatta, Tehsil-Chunar, District-Mirzapur by UPPCB vide letter ref. No. G1195/R.K. Construction/Sahmati/2025 dated 13.10.2025 for compliance conditions of CTO issued to above Unit by UPPCB vide ref. No. 157839/UPPCB/Sonebhadra (UPPCBRO)/CTO /both/ Mirzapur/2025 dated 09.06.2022 and to submit compliance status. Further, directions were also issued to the 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 of this Hon'ble Tribunal vide order dated 25.08.2025, a copy of Videography along with Affidavit, which was filed before this Hon'ble Tribunal has been sent to above Stone Crusher Unit in pen drive vide letter ref. No. G1216/OA No. 453/2025 dated 15.10.2025. A Copy of letter dated 15.10.2025 is being Annexed as **Annexure No.2.**

9. 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.

- ii. During inspection Air pollution sources i.e. such as Primary Jaw Crusher, Vibrating screen, and conveyer belts end points were found 04 sides covered with metallic sheet/telescopic suit.
- iii. To control dust emission at End points of conveyer belts water sprinkling mechanism was found established.
- iv. 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. Inside the premises of stone Crusher Unit, metallic road/concrete road was found established to Control Dust Emission during vehicular movement.
- vii. Dug was found covered on top and along 03 sides with metallic sheet.
- viii. Green belt Dense Plantation was found along the Boundaries of the Unit.
- ix. 04 Nos. of Anti-smog gun was also found established to control fugitive dust emission generated during vehicular movement and during loading/unloading of Raw material.



(Handwritten signature)

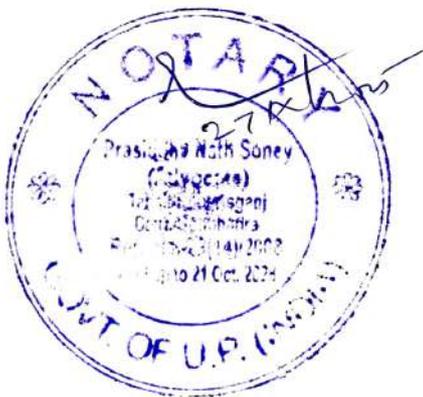
- 10. That reply in compliance of letter dated 13.10.2025 issued by UPPCB has been submitted by representative of above unit vide letter dated 17.10.2025 along with a copy of compliance status of CTO issued, Ambient Air Quality monitoring report and copy of Health Check-up report of Staff/Workers of 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.

↓
DEPONENT

VERIFICATION:

Verified at Robertson 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.

25773



↓
DEPONENT

Ramish Dhandy
 I, Ramish Dhandy of Robertson District of U.P.
 has been identified by Shri. Prashant Nath Soney
 Appeared before me on 27/10/25 at Robertson a.m./P.m.
 I certified that he/she understands and admits the truthness
 of facts mentioned in the affidavit/declaration and I
 administered oath to him

↓
DEPONENT

PRASHANT SONNEY
 ADV. MUZAFFARNAGAR
 1st FLOOR, GANGA GHAT



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

Annexure No.1



संदर्भ संख्या:- ७/११९५/आर०के० कन्स्ट्रक्शन/सहमति/२०२५
 Ref.No.:

दिनांक:- 13/10/2025
 Date:

सेवा में,

मेसर्स आर०के० कन्स्ट्रक्शन कम्पनी,
 आराजी नं०-५७, ग्राम-सोनपुर, पोस्ट-पटिहट्टा, तहसील-चुनार,
 जनपद-मीरजापुर।

विषय:- वायु (प्रदूषण निवारण तथा नियंत्रण) अधिनियम, १९८१ (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-४५३/२०२४ सम्पूर्णानन्द बनाम आर०के० कन्स्ट्रक्शन कम्पनी व अन्य में पारित आदेश दिनांक-२५.०८.२०२५ 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-२१.०७.२०२५ के अनुपालन में आपके इकाई का निरीक्षण इस कार्यालय के प्राधिकारियों द्वारा दिनांक-१८.०८.२०२५ 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, १९८१ (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,

(Handwritten Signature)

(आर०के० सिंह)
 क्षेत्रीय अधिकारी

पृ०सं० एवं दिनांक उपरोक्तानुसार।

प्रतिलिपि:- मुख्य पर्यावरण अधिकारी (वृत्त-२), उ०प्र० प्रदूषण नियंत्रण बोर्ड, लखनऊ को सूचनार्थ एवं आवश्यक कार्यवाही हेतु सादर प्रेषित।

क्षेत्रीय अधिकारी

०८



7
क्षेत्रीय कार्यालय,
REGIONAL OFFICE,
उ०प्र० प्रदूषण नियंत्रण बोर्ड
U.P. POLLUTION CONTROL BOARD
सोनभद्र
SONBHADRA



संदर्भ संख्या:- G/1216/0.A.No.453/2025
Ref.No.:

दिनांक:- 15/10/2025
Date:

सेवा में,

मेसर्स आर०के० कन्स्ट्रक्शन कम्पनी,
आराजी नं०-57, ग्राम-सोनपुर, पोस्ट-पटिहट्टा, तहसील-चुनार,
जनपद-मीरजापुर।

विषय:- मा० राष्ट्रीय हरित अधिकरण, नई दिल्ली में योजित ओ०ए० संख्या-453/2024 सम्पूर्णानन्द बनाम
आर०के० कन्स्ट्रक्शन कम्पनी 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-453/2024 सम्पूर्णानन्द बनाम आर०के० कन्स्ट्रक्शन कम्पनी 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

Received
17.10.25

K. K. Singh



M/s R.K. Construction Company

Gau Ghat, Mirzapur (U.P.) 231001

Stone Crusher, Building Materials & General Government Order Supplier

Ref

Date 17.10.25

सेवा में,

क्षेत्रीय अधिकारी,
उ०प्र० प्रदूषण नियंत्रण बोर्ड,
सोनभद्र।

विषय:-बोर्ड द्वारा निर्गत सहमति (जल एवं वायु)/(CTO) दिनांक-09.06.2022 एवं आप द्वारा प्रेषित पत्रांक-
जी 1195/आर०के० कन्स्ट्रक्शन/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-
15.10.2025 को प्राप्त हुआ है। उक्त के सम्बन्ध में अवगत कराना है कि आप द्वारा पत्रांक-
157839/UPPCB/SONBHADRA(UPPCBRO)/CTO/both/MIRZAPUR/2022 दिनांक-09.06.2022 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-प्राइमरी, सेकेंड्री एवं
स्क्रीनिंग तथा कन्वेयर बेल्ट्स का पूर्णतः टिन शेड से कवर्ड किया गया है तथा इकाईयों पर वॉटर स्प्रीकलिंग व्यवस्था
स्थापित है। इकाई द्वारा दिनांक-03.10.2025 को परिवेशीय वायु गुणता का अनुश्रवण का कार्य कराया गया, जो
मानको के अनुरूप पायी गयी (परिवेशीय वायु अनुश्रवण आख्या संलग्न)। 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। आप द्वारा प्रेषित पत्र दिनांक-13.10.2025 में दिये गये निर्देशों की
अनुपालन आख्या निम्नवत् है:-

Sl.No.	CPCB/UPPCB Guideline or Pollution Control Measure	Compliance Status	Remark	
1.	Unloading of raw material into hopper	Three sides and top should be covered and one side may be kept open for vehicular movement	Complying	-
2.	Health survey of workers should be carried out by the stone crusher on half-yearly basis	Complying	स्टोन क्रशर इकाई के संचालन हेतु कार्यरत प्रत्येक कर्मचारी का छमाही स्वास्थ्य परीक्षण कराया जायेगा।	

स्टोन क्रशर इकाई में कार्यरत 07 स्टाफों/कर्मचारियों का स्वास्थ्य जाँच करायी गयी है, जो कि संलग्न है।

संलग्नक:-

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

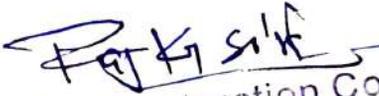
Raj K. Singh
R.K. Construction Co.
Sonpur, Ahraura 17/10/25
Mirzapur

Compliance Status of Conditions imposed in Consent to Operate (CTO) issued to M/s R. K. Construction Company Arazi No. 57, Area-1.0120 Hectare, Vill. Sonpur, Post-Patihatta, Teh. Chunar, Distt. Mirzapur by Uttar Pradesh Pollution Control Board.

S.No.	Specific conditions imposed in CTO issued on dated-09.06.2022	Complain Status/ Remark
1.	This consent to operate is granted to M/s R. K. CONSTRUCTION COMPANY for production of Stone Grits of different sizes @ 250 TPH using stone boulder as raw material at ARAZI NO. 57, AREA-1.0120 HECTARE, VILL. SONPUR, POST-PATIHATTA, TEH. CHUNAR, DISTT. MIRZAPUR (U.P.).	Noted and Agreed
2.	The Geo-Coordinate of the crusher unit is 25.053835 N, 83.0021003 E.	Noted
3.	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
4.	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
5.	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
6.	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
7.	Industry shall comply all the conditions imposed in affidavit No. GA061300 submitted by industry.	Noted and Agreed
8.	The industry shall ensure to discharge the effluent generated from domestic sources through septic tank and soak pit.	Noted and Complied
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 Complied
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 complaint.	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 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.	Noted and Complied
13.	The industry shall install air pollution control measures as mentioned below:- 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.	Noted and Complied

	<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>	
14.	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.	Noted and Complied
15.	All openings provided for ventilation in the enclosures shall be covered by canvas bag filter to arrest the escaping dust.	Noted and Complied
16.	All belt conveyors shall be covered by the industry.	Noted and Complied
17.	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.	Noted and Complied
18.	A minimum 12 feet high metal sheet barricading/boundary wall as wind braking wall shall be provided by the stone crusher.	Noted and Complied
19.	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.	Noted and Complied
20.	Green belt along the boundary wall shall be developed by stone crusher in at least three layers.	Noted and Complied
21.	Metallic road shall be installed inside the premises with Regular wetting of the ground within the factory premises.	Noted and Complied
22.	Industry shall provide sufficient no. of Helmets, Gumboots, Goggles, and Masks etc. to the workers for their safety.	Noted and Complied
23.	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 Complied
24.	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
25.	For green belt at least 8 feet height plants should be planted which shall be properly protected as proper irrigation and measuring 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
26.	Industry shall comply the all conditions mentioned in previous CTE/CTO's issued by the Board.	Noted and Complied
27.	Industry shall abstract ground water with the valid permission (NOC) of the competent Authority.	Noted and Complied

28.	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
29.	This consent is valid for discharge of domestic effluent only.	Noted and Agreed
30.	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.	Noted and Agreed
31.	The Board reserves the right to revoke/add/modify any stipulated condition issued along with CCA.	Noted and Agreed
32.	Industry shall maintain D.G. Set Stack height as per Board Norms & and in Enclosure.	Noted and Complied
33.	The person authorized shall not rent, land, sell, transfer or otherwise transport the hazardous waste without obtaining prior permission of the Board	Noted and Complied


R.K. Construction Co. 17.10.25
Sonpur, Ahraura
Mirzapur



ENVIRO TECH SERVICES PVT. LTD.

An Analytical Laboratory

(AN ISO 45001:2018 Certified Laboratory)

Plot No. 1/32, S.S. of G.T. Road Industrial Area, Ghaziabad (U.P.) - 201001

E-mail : etslab2012@gmail.com | Website : www.etslab.in | Ph.: 9911516076, 8130255461



TC-15390

TEST REPORT

TEST REPORT NO.: ETS/1525/10/2025 ULRNO.TC153902500001525F DATE OF REPORT: 09.10.2025

AMBIENT AIR QUALITY MONITORING AND ANALYSIS REPORT

Name And Address of Customer : M/S. R.K CONSTRUCTION COMPANY
ARAZI NO.57, AREA-1.0120 HECTARE, VILL-SONPUR,
POST-PATIHATTA, THE-CHUNAR, DISTT-MIRZAPUR (U.P)

Date of Monitoring : 03.10.2025
Analysis Start Date : 06.10.2025
Analysis End Date : 09.10.2025
Duration Of Monitoring : 03.10.2025 To 04.10.2025
Time Of Monitoring : 10:38 AM To 10:38 AM (CO for 1.0 Hrs.)
Sample ID No : 1525
Sampling Done By : ETS STAFF
Sampling Location : INSIDE PREMISES
Sampling Method : ETS/STP/AIR-01
Sampling Machine Placed At Height : 1.5 METER FROM GROUND LEVEL
Weather Condition : CLEAR Ambient Temperature: 30.0 °C
Wind Direction : E To W
Equipment Used : Respirable Dust Sampler (PM₁₀) + Fine Particulate Sampler (PM_{2.5})

S. No.	Test Parameter	Unit	Result	Specification/Limit (As per CPCB)	Test Method
1	Particulate Matters,(PM ₁₀)	µg/m ³	82.0	For 24 Hrs.=100	IS 5182 (Part-23)
2	Particulate Matters,(PM _{2.5})	µg/m ³	42.2	For 24 Hrs.=60	IS 5182 (Part-24)
3	Sulphur Dioxide, (SO ₂)	µg/m ³	11.4	For 24 Hrs.=80	IS: 5182 (Part-2)
4	Nitrogen Dioxide,(NO ₂)	µg/m ³	27.5	For 24 Hrs.=80	IS: 5182 (Part-6)

CHECKED BY
ASHISH



For Enviro Tech Services Pvt. Ltd.

AUTHORIZED SIGNATORY

Md Humraj
(Quality Manager)

Format No ETS/LAB/TR-01, Issue No. 05, Date 01.04.2019, Amd. No. 04 Date 01.04.2019

Note :-

1. Test reports without ETS LAB HOLOGRAM are not issued by our laboratory.
2. The results indicated only refer to the tested samples and listed applicable parameters.
3. No complaint will be entertained if received after 7 days of issue of test report.
4. Our liability is limited to invoice value only.
5. This sample shall be destroyed after 15 days & Biological / Perishable sample shall be destroyed immediately after issue of test report.
6. This test report shall not be used in any advertising media or as evidence in the court of Law without prior written permission of the laboratory.



(AN ISO 45001:2018 Certified Laboratory)

Plot No. 1/32, S.S. of G.T. Road Industrial Area, Ghaziabad (U.P.) - 201001

E-mail : etslab2012@gmail.com | Website : www.etslab.in | Ph.: 9911516076, 8130255461



TEST REPORT

TEST REPORT NO.: ETS/1525/10/2025

DATE OF REPORT: 09.10.2025

AMBIENT AIR QUALITY MONITORING AND ANALYSIS REPORT

S. No.	Test Parameter	Unit	Result	Specification/Limit (As per CPCB)	Test Method
5	Carbon Monoxide, (CO)	mg/m ³	0.62	For 1 Hrs.=4	IS 5182 (Part-10)

*****End of Test Report*****



For Enviro Tech Services Pvt. Ltd.

AUTHORIZED SIGNATORY

Md Humraj
(Quality Manager)

Format No ETS/LAB/TR-01, Issue No. 05, Date 01.04.2019, Amd. No. 04 Date 01.04.2019

Note :-

1. Test reports without ETS LAB HOLOGRAM are not issued by our laboratory.
2. The results indicated only refer to the tested samples and listed applicable parameters.
3. No complaint will be entertained if received after 7 days of issue of test report.
4. Our liability is limited to invoice value only.
5. This sample shall be destroyed after 15 days & Biological / Perishable sample shall be destroyed immediately after issue of test report.
6. This test report shall not be used in any advertising media or as evidence in the court of Law without prior written permission of the laboratory.

Mr ASHUTOSH PANDEY Age : 39 Yrs Gender : Male PID : 1200C076250821007530 VID : 1200C076250821003676	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 : 21/08/2025 03:47 PM Reported : 21/08/2025 07:52 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932121 , 999932120 , 999932119		

Test Name	Result	Biological Ref. Interval	Unit
HEALTHKIND ACTIVE			
 Complete Blood Count (CBC) Sample : Whole Blood, EDTA			
Haemoglobin (Hb)	16.00	13.00 - 17.00	gm/dL
Total WBC Count / TLC	6.49	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)	3634.40	2000.00 - 7000.00	/ μ L
Absolute Lymphocyte Count	2206.60	1000.00 - 3000.00	/ μ L
Absolute Eosinophil Count (AEC)	129.80	20.00 - 500.00	/ μ L
Absolute Monocyte Count	519.20	200.00 - 1000.00	/ μ L
Absolute Basophil Count	0.00 L	20.00 - 100.00	/ μ L
RBC Count	5.06	4.50 - 5.50	million/ μ L
PCV / Hematocrit	48.90	40.00 - 50.00	%
MCV	96.60	83.00 - 101.00	fL
MCH	31.60	27.00 - 32.00	pg
MCHC	32.70	31.50 - 34.50	gm/dL
RDW (Red Cell Distribution Width)	13.10	11.80 - 15.60	%
Platelet Count	148.00 L	150.00 - 410.00	thou/ μ L
MPV (Mean Platelet Volume)	---	6.80 - 10.90	fL
Method: HB By Spectrophotometry Measurement , TLC By Impedance , By VCS Technology & Microscopy , By Microscopy/ Cell Counter , By Calculated , By Calculated/ Drived From Impedence Measure , By Spectrophotometry Measurement , By Impedance ,Neutrophils/Lymphocytes/Eosinophils/Monocytes/Basophils By VCS Technology & Microscopy ,ANC/ALC/AEC By Microscopy/ Cell Counter ,AMC/ABC By Calculated , By Calculated/ Drived From Impedence Measure ,			

**Mr ASHUTOSH PANDEY**

Age : 39 Yrs
 Gender : Male
 PID : 1200C076250821007530
 VID : 1200C076250821003676

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 : 21/08/2025 03:47 PM
 Reported : 21/08/2025 07:52 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932121 , 999932120 , 999932119

Test Name	Result	Biological Ref. Interval	Unit
By Spectrophotometry Measurement ,RBC/Platelet Count By Impedance , By VCS Technology & Microscopy , By Microscopy/ Cell Counter ,MCV/MCH/MCHC/RDW/MPV By Calculated ,PCV By Calculated/ Drived From Impedence Measure			



Mr ASHUTOSH PANDEY Age : 39 Yrs Gender : Male PID : 1200C076250821007530 VID : 1200C076250821003676	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 : 21/08/2025 03:47 PM Reported : 21/08/2025 07:52 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932121 , 999932120 , 999932119		

Test Name	Result	Biological Ref. Interval	Unit
HbA1C (Glycosylated Hemoglobin) Sample : Whole Blood, EDTA			
HbA1c Method : High Performance Liquid Chromatography (HPLC)	5.30	Non Diabetic : < 5.7 Pre Diabetic Range: 5.7 - 6.4 Diabetic Range: > 6.5 Goal of Therapy: < 7.0 Action Suggested: > 8.0	%
Mean Plasma Glucose Method : Calculated	105.41	0.00 - 116.00	mg/dL
 Glucose Random Sample : Plasma Fluoride - Random Method : Hexokinase	115.84	70.00 - 140.00	mg/dL



Mr ASHUTOSH PANDEY Age : 39 Yrs Gender : Male PID : 1200C076250821007530 VID : 1200C076250821003676	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 : 21/08/2025 03:47 PM Reported : 21/08/2025 07:52 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932121 , 999932120 , 999932119		

Test Name	Result	Biological Ref. Interval	Unit
Lipid Profile			
Sample : Serum			
Total Cholesterol Method : CHOD-PAP Gen.2	218.05 H	No Risk : < 200 Moderate Risk : 200 - 239 High Risk : > 240	mg/dL
Triglycerides Method : GPO-PAP	393.27 H	Desirable : < 150 Boderline High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dL
LDL Cholesterol (Calculated) Method : Calculated	104.72 H	0.00 - 100.00	mg/dL
HDL Cholesterol Method : Enzymatic :CHOD/POD	34.68 L	Low : < 40 Optimal : 40 - 60 High > 60	mg/dL
VLDL Cholesterol Method : Calculated	78.66 H	Desirable : 10 - 35	mg/dL
Total Cholesterol / HDL Ratio Method : Calculated	6.29 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	3.02 H	Low Risk : 0.5 - 3.0 Moderate Risk : 3.1 - 6.0 High Risk : > 6.0	Ratio
Non HDL Cholesterol Method : Manual	183.37 H	0.00 - 130.00	mg/dL



Mr ASHUTOSH PANDEY Age : 39 Yrs Gender : Male PID : 1200C076250821007530 VID : 1200C076250821003676	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 : 21/08/2025 03:47 PM Reported : 21/08/2025 07:52 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932121 , 999932120 , 999932119		

Test Name	Result	Biological Ref. Interval	Unit
Liver Function Test (LFT)			
Sample : Serum			
Bilirubin Total Method : Diazotization	0.60	0.00 - 1.20	mg/dL
Bilirubin Direct Method : Diazo Gen.2 Jendrassik-Grof	0.19	0.00 - 0.20	mg/dL
Serum Bilirubin (Indirect) Method : Calculated	0.40	0.00 - 0.90	mg/dL
SGOT / AST Method : IFCC without pyridoxal phosphate	47.99 H	0.00 - 40.00	U/L
SGPT / ALT Method : IFCC without pyridoxal phosphate	101.66 H	0.00 - 41.00	U/L
AST / ALT Ratio Method : Calculated	0.47	-	Ratio
Alkaline Phosphatase (ALP) Method : PNP	140.25 H	40.00 - 129.00	U/L
Total Protein Method : BIURET	8.35 H	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	4.86	3.97 - 4.94	gm/dL
Globulin Method : Calculated	3.50	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.39	1.00 - 2.10	Ratio



**Mr ASHUTOSH PANDEY**

Age : 39 Yrs
 Gender : Male
 PID : 1200C076250821007530
 VID : 1200C076250821003676

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 : 21/08/2025 03:47 PM
 Reported : 21/08/2025 07:52 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932121 , 999932120 , 999932119

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)	5.38	5.10 - 14.10	µg/dL
TSH 3rd Generation	2.380	0.27 - 4.20	µIU/mL



Mr ASHUTOSH PANDEY

Age : 39 Yrs
 Gender : Male
 PID : 1200C076250821007530
 VID : 1200C076250821003676

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 : 21/08/2025 03:47 PM
 Reported : 21/08/2025 07:52 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932121 , 999932120 , 999932119

Test Name	Result	Biological Ref. Interval	Unit
Kidney Function Test			
Sample : Serum			
Blood Urea Nitrogen Method : Urease UV	13.67	7.70 - 22.60	mg/dL
Blood Urea Method : Urease /GLDH	29.25	16.60 - 48.50	mg/dL
Creatinine Method : Jaffe	0.75	0.70 - 1.20	mg/dL
BUN Creatinine Ratio Method : Calculated	18.33	10.00 - 20.00	Ratio
Uric Acid Method : Uricase Colorimetric	6.79	3.40 - 7.00	mg/dL
Sodium Method : ISE-direct	138.40	136.00 - 145.00	mmol/L
Potassium Method : ISE-direct	4.00	3.50 - 5.10	mmol/L
Chloride Method : ISE-direct	102.40	97.00 - 107.00	mmol/L
Total Protein Method : BIURET	8.35 H	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	4.86	3.97 - 4.94	gm/dL
Globulin Method : Calculated	3.50	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.39	1.00 - 2.10	Ratio
Calcium Method : 5-Nitro-5-methyl-BAPTA Gen-2	10.12 H	8.60 - 10.00	mg/dL



Mr ASHUTOSH PANDEY

Age : 39 Yrs
 Gender : Male
 PID : 1200C076250821007530
 VID : 1200C076250821003676

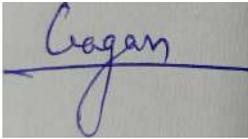
Collected at: Vanshika Collection Cen
 Ahraura Bazar Satyanganj Ahaoura
 Mirzapur UP 231301 Ph 8765807798

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

Collected : 21/08/2025 03:47 PM
 Reported : 21/08/2025 07:52 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932121 , 999932120 , 999932119

Test Name	Result	Biological Ref. Interval	Unit
Estimated Glomerular Filtration Rate (eGFR)			
Sample : Serum			
Age Method : Manual	39.00	-	Years
GFR Male Method : Calculated	125.15	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

Authenticated by


**Dr. Gagan Kumar
 Rangari**
 MD,DipRCPPath (UK)
 Pathology
 Lab Head

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

Kidney Function Test

Kidney function tests (KFT) are usually ordered when a patient has risk factors for kidney dysfunction such as high blood pressure (hypertension), diabetes, cardiovascular disease, obesity, elevated cholesterol or a family history of kidney disease. It may also be ordered when someone has signs and symptoms of kidney disease, though in early stage often no noticeable symptoms are observed. Kidney panel is useful for general health screening; screening patients at risk of developing kidney disease; management of patients with known kidney disease.

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



Mr ASHUTOSH PANDEY Age : 39 Yrs Gender : Male PID : 1200C076250821007530 VID : 1200C076250821003676	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 : 21/08/2025 03:47 PM Reported : 21/08/2025 07:52 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932121 , 999932120 , 999932119		

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

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.

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.

Complete Blood Count (CBC)

CBC comprises of estimation of the cellular componenets 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 coitent 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.

HbA1C (Glycosylated Hemoglobin)

Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span. and may not reflect glycemic control in these cases accurately.

Reports to Follow Gamma-Glutamyl Transferase (GGT), Phosphorus Serum

** End of Report **



Mr BHUVNESHWAR SINGH

Age : 34 Yrs
 Gender : Male
 PID : 1200C076250821007585
 VID : 1200C076250821003696

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 : 21/08/2025 03:52 PM
 Reported : 21/08/2025 08:12 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932115 , 999932114 , 999932113

Test Name	Result	Biological Ref. Interval	Unit
HEALTHKIND NEO			
 Complete Blood Count (CBC) Sample : Whole Blood, EDTA			
Haemoglobin (Hb)	14.20	13.00 - 17.00	gm/dL
Total WBC Count / TLC	8.74	4.00 - 10.00	thou/ μ L
Neutrophils	55.00	40.00 - 80.00	%
Lymphocytes	32.00	20.00 - 40.00	%
Eosinophils	7.00 H	1.00 - 6.00	%
Monocytes	6.00	2.00 - 10.00	%
Basophils	0.00	0.00 - 2.00	%
Absolute Neutrophil Count (ANC)	4807.00	2000.00 - 7000.00	/ μ L
Absolute Lymphocyte Count	2796.80	1000.00 - 3000.00	/ μ L
Absolute Eosinophil Count (AEC)	611.80 H	20.00 - 500.00	/ μ L
Absolute Monocyte Count	524.40	200.00 - 1000.00	/ μ L
Absolute Basophil Count	0.00 L	20.00 - 100.00	/ μ L
RBC Count	4.47 L	4.50 - 5.50	million/ μ L
PCV / Hematocrit	46.60	40.00 - 50.00	%
MCV	104.30 H	83.00 - 101.00	fL
MCH	31.80	27.00 - 32.00	pg
MCHC	30.50 L	31.50 - 34.50	gm/dL
RDW (Red Cell Distribution Width)	14.40	11.80 - 15.60	%
Platelet Count	150.00	150.00 - 410.00	thou/ μ L
MPV (Mean Platelet Volume)	13.40 H	6.80 - 10.90	fL
Method: HB By Spectrophotometry Measurement , TLC By Impedance , By VCS Technology & Microscopy , By Microscopy/ Cell Counter , By Calculated , By Calculated/ Drived From Impedence Measure , By Spectrophotometry Measurement , By Impedance ,Neutrophils/Lymphocytes/Eosinophils/Monocytes/Basophils By VCS Technology & Microscopy ,ANC/ALC/AEC By Microscopy/ Cell Counter ,AMC/ABC By Calculated , By Calculated/ Drived From Impedence Measure ,			



<p>Mr BHUVNESHWAR SINGH</p> <p>Age : 34 Yrs Gender : Male PID : 1200C076250821007585 VID : 1200C076250821003696</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 : 21/08/2025 03:52 PM Reported : 21/08/2025 08:12 PM Report Status : Preliminary Ref. By : Self</p>
<p>Barcode: 999932115 , 999932114 , 999932113</p>		

Test Name	Result	Biological Ref. Interval	Unit
By Spectrophotometry Measurement ,RBC/Platelet Count By Impedance , By VCS Technology & Microscopy , By Microscopy/ Cell Counter ,MCV/MCH/MCHC/RDW/MPV By Calculated ,PCV By Calculated/ Drived From Impedence Measure			


Mr BHUVNESHWAR SINGH

Age : 34 Yrs
 Gender : Male
 PID : 1200C076250821007585
 VID : 1200C076250821003696

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 : 21/08/2025 03:52 PM
 Reported : 21/08/2025 08:12 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932115 , 999932114 , 999932113

Test Name	Result	Biological Ref. Interval	Unit
Any One Glucose			
 Glucose Random Sample :Plasma Fluoride - Random Method : Hexokinase	89.26	70.00 - 140.00	mg/dL



Mr BHUVNESHWAR SINGH Age : 34 Yrs Gender : Male PID : 1200C076250821007585 VID : 1200C076250821003696	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 : 21/08/2025 03:52 PM Reported : 21/08/2025 08:12 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932115 , 999932114 , 999932113		

Test Name	Result	Biological Ref. Interval	Unit
Lipid Profile			
Sample : Serum			
Total Cholesterol Method : CHOD-PAP Gen.2	257.79 H	No Risk : < 200 Moderate Risk : 200 - 239 High Risk : > 240	mg/dL
Triglycerides Method : GPO-PAP	148.68	Desirable : < 150 Boderline High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dL
LDL Cholesterol (Calculated) Method : Calculated	173.31 H	0.00 - 100.00	mg/dL
HDL Cholesterol Method : Enzymatic :CHOD/POD	54.74	Low : < 40 Optimal : 40 - 60 High > 60	mg/dL
VLDL Cholesterol Method : Calculated	29.74	Desirable : 10 - 35	mg/dL
Total Cholesterol / HDL Ratio Method : Calculated	4.71 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	3.17 H	Low Risk : 0.5 - 3.0 Moderate Risk : 3.1 - 6.0 High Risk : > 6.0	Ratio
Non HDL Cholesterol Method : Manual	203.05 H	0.00 - 130.00	mg/dL

Mr BHUVNESHWAR SINGH

Age : 34 Yrs
 Gender : Male
 PID : 1200C076250821007585
 VID : 1200C076250821003696

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 : 21/08/2025 03:52 PM
 Reported : 21/08/2025 08:12 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932115 , 999932114 , 999932113

Test Name	Result	Biological Ref. Interval	Unit
Kidney Profile			
Blood Urea Nitrogen Sample :Serum Method : Urease UV	17.93	7.70 - 22.60	mg/dL
 Blood Urea Sample :Serum Method : Urease /GLDH	38.37	16.60 - 48.50	mg/dL
 Creatinine Sample :Serum Method : Jaffe	1.11	0.70 - 1.20	mg/dL
BUN Creatinine Ratio Sample :Serum Method : Calculated	16.19	10.00 - 20.00	Ratio
 Uric Acid Sample :Serum Method : Uricase Colorimetric	7.49 H	3.40 - 7.00	mg/dL
 Total Protein Sample :Serum Method : BIURET	8.12	6.40 - 8.30	gm/dL
 Albumin Sample :Serum Method : Bromo Cresol Green(BCG)	4.75	3.97 - 4.94	gm/dL



Mr BHUVNESHWAR SINGH Age : 34 Yrs Gender : Male PID : 1200C076250821007585 VID : 1200C076250821003696	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 : 21/08/2025 03:52 PM Reported : 21/08/2025 08:12 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932115 , 999932114 , 999932113		

Test Name	Result	Biological Ref. Interval	Unit
Globulin Sample :Serum Method : Calculated	3.36	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Sample :Serum Method : Calculated	1.42	1.00 - 2.10	Ratio
 Sodium Sample :Serum Method : ISE-direct	137.80	136.00 - 145.00	mmol/L
 Potassium Sample :Serum Method : ISE-direct	4.10	3.50 - 5.10	mmol/L
Chloride Sample :Serum Method : ISE-direct	101.60	97.00 - 107.00	mmol/L



**Mr BHUVNESHWAR SINGH**

Age : 34 Yrs
 Gender : Male
 PID : 1200C076250821007585
 VID : 1200C076250821003696

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 : 21/08/2025 03:52 PM
 Reported : 21/08/2025 08:12 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932115 , 999932114 , 999932113

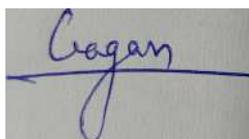
Test Name	Result	Biological Ref. Interval	Unit
Liver Function Test (LFT)			
Sample : Serum			
Bilirubin Total Method : Diazotization	1.01	0.00 - 1.20	mg/dL
Bilirubin Direct Method : Diazo Gen.2 Jendrassik-Grof	0.34 H	0.00 - 0.20	mg/dL
Serum Bilirubin (Indirect) Method : Calculated	0.66	0.00 - 0.90	mg/dL
SGOT / AST Method : IFCC without pyridoxal phosphate	41.50 H	0.00 - 40.00	U/L
SGPT / ALT Method : IFCC without pyridoxal phosphate	57.23 H	0.00 - 41.00	U/L
AST / ALT Ratio Method : Calculated	0.73	-	Ratio
Alkaline Phosphatase (ALP) Method : PNP	119.44	40.00 - 129.00	U/L
Total Protein Method : BIURET	8.12	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	4.75	3.97 - 4.94	gm/dL
Globulin Method : Calculated	3.36	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.41	1.00 - 2.10	Ratio



Mr BHUVNESHWAR SINGH Age : 34 Yrs Gender : Male PID : 1200C076250821007585 VID : 1200C076250821003696	Collected at: Vanshika Collection Cen Ahraura Bazar Satyanganj Ahaoura Mirzapur UP 231301 Ph 8765807798	Collected : 21/08/2025 03:52 PM Reported : 21/08/2025 08:12 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: 999932115 , 999932114 , 999932113		

Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total Sample : Serum Method : ECLIA			
Total T3 (Triiodothyronine)	0.71 L	0.80 - 2.00	ng/mL
Total T4 (Thyroxine)	4.35 L	5.10 - 14.10	µg/dL
TSH 3rd Generation	1.410	0.27 - 4.20	µIU/mL
Estimated Glomerular Filtration Rate (eGFR) Sample : Serum			
Age	34.00	-	Years
Method : Manual			
GFR Male	81.44 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 m2
Method : Calculated			

Authenticated by



Dr. Gagan Kumar
Rangari
 MD, DipRCPATH (UK)
 Pathology
 Lab Head

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

<p>Interpretation</p> <p>Thyroid Profile Total</p> <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

Mr BHUVNESHWAR SINGH Age : 34 Yrs Gender : Male PID : 1200C076250821007585 VID : 1200C076250821003696	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 : 21/08/2025 03:52 PM Reported : 21/08/2025 08:12 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932115 , 999932114 , 999932113		

Test Name	Result	Biological Ref. Interval	Unit
	<p>hypothyroidism.</p> <ul style="list-style-type: none"> 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. 		
	<p>Lipid Profile</p> <p>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).</p> <p>NCEP (ATP III) Guidelines.</p>		
	<p>Liver Function Test (LFT)</p> <p>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>Estimated Glomerular Filtration Rate (eGFR)</p> <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>		
	<p>Albumin</p> <p>"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>Chloride</p> <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 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>Potassium</p> <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>		



<p>Mr BHUVNESHWAR SINGH</p> <p>Age : 34 Yrs Gender : Male PID : 1200C076250821007585 VID : 1200C076250821003696</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 : 21/08/2025 03:52 PM Reported : 21/08/2025 08:12 PM Report Status : Preliminary Ref. By : Self</p>
<p>Barcode: 999932115 , 999932114 , 999932113</p>		

Test Name	Result	Biological Ref. Interval	Unit
<p>Sodium Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.</p>			
<p>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.</p>			
<p>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.</p>			
<p>Creatinine Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.</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 DHIRAJ SINGH Age : 30 Yrs Gender : Male PID : 1200C076250821007622 VID : 1200C076250821003710	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 : 21/08/2025 03:54 PM Reported : 21/08/2025 07:35 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932104 , 999932103 , 999932102 , 999932101		

Test Name	Result	Biological Ref. Interval	Unit
HEALTHKIND NEO			
 Complete Blood Count (CBC) Sample : Whole Blood, EDTA			
Haemoglobin (Hb)	14.00	13.00 - 17.00	gm/dL
Total WBC Count / TLC	9.28	4.00 - 10.00	thou/ μ L
Neutrophils	54.00	40.00 - 80.00	%
Lymphocytes	31.00	20.00 - 40.00	%
Eosinophils	7.00 H	1.00 - 6.00	%
Monocytes	8.00	2.00 - 10.00	%
Basophils	0.00	0.00 - 2.00	%
Absolute Neutrophil Count (ANC)	5011.20	2000.00 - 7000.00	/ μ L
Absolute Lymphocyte Count	2876.80	1000.00 - 3000.00	/ μ L
Absolute Eosinophil Count (AEC)	649.60 H	20.00 - 500.00	/ μ L
Absolute Monocyte Count	742.40	200.00 - 1000.00	/ μ L
Absolute Basophil Count	0.00 L	20.00 - 100.00	/ μ L
RBC Count	4.34 L	4.50 - 5.50	million/ μ L
PCV / Hematocrit	45.80	40.00 - 50.00	%
MCV	105.50 H	83.00 - 101.00	fL
MCH	32.30 H	27.00 - 32.00	pg
MCHC	30.60 L	31.50 - 34.50	gm/dL
RDW (Red Cell Distribution Width)	14.50	11.80 - 15.60	%
Platelet Count	233.00	150.00 - 410.00	thou/ μ L
MPV (Mean Platelet Volume)	11.90 H	6.80 - 10.90	fL
Method: HB By Spectrophotometry Measurement , TLC By Impedance , By VCS Technology & Microscopy , By Microscopy/ Cell Counter , By Calculated , By Calculated/ Drived From Impedence Measure , By Spectrophotometry Measurement , By Impedance ,Neutrophils/Lymphocytes/Eosinophils/Monocytes/Basophils By VCS Technology & Microscopy ,ANC/ALC/AEC By Microscopy/ Cell Counter ,AMC/ABC By Calculated , By Calculated/ Drived From Impedence Measure ,			



Mr DHIRAJ SINGH Age : 30 Yrs Gender : Male PID : 1200C076250821007622 VID : 1200C076250821003710	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 : 21/08/2025 03:54 PM Reported : 21/08/2025 07:35 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932104 , 999932103 , 999932102 , 999932101		

Test Name	Result	Biological Ref. Interval	Unit
By Spectrophotometry Measurement ,RBC/Platelet Count By Impedance , By VCS Technology & Microscopy , By Microscopy/ Cell Counter ,MCV/MCH/MCHC/RDW/MPV By Calculated ,PCV By Calculated/ Drived From Impedence Measure			



**Mr DHIRAJ SINGH**

Age : 30 Yrs
 Gender : Male
 PID : 1200C076250821007622
 VID : 1200C076250821003710

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 : 21/08/2025 03:54 PM
 Reported : 21/08/2025 07:35 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932104 , 999932103 , 999932102 , 999932101

Test Name	Result	Biological Ref. Interval	Unit
Any One Glucose			
 Glucose Random Sample :Plasma Fluoride - Random Method : Hexokinase	99.83	70.00 - 140.00	mg/dL



Mr DHIRAJ SINGH Age : 30 Yrs Gender : Male PID : 1200C076250821007622 VID : 1200C076250821003710	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 : 21/08/2025 03:54 PM Reported : 21/08/2025 07:35 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932104 , 999932103 , 999932102 , 999932101		

Test Name	Result	Biological Ref. Interval	Unit
Lipid Profile			
Sample : Serum			
Total Cholesterol Method : CHOD-PAP Gen.2	179.30	No Risk : < 200 Moderate Risk : 200 - 239 High Risk : > 240	mg/dL
Triglycerides Method : GPO-PAP	207.84 H	Desirable : < 150 Boderline High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dL
LDL Cholesterol (Calculated) Method : Calculated	93.48	0.00 - 100.00	mg/dL
HDL Cholesterol Method : Enzymatic :CHOD/POD	44.25	Low : < 40 Optimal : 40 - 60 High > 60	mg/dL
VLDL Cholesterol Method : Calculated	41.57 H	Desirable : 10 - 35	mg/dL
Total Cholesterol / HDL Ratio Method : Calculated	4.05	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	2.11	Low Risk : 0.5 - 3.0 Moderate Risk : 3.1 - 6.0 High Risk : > 6.0	Ratio
Non HDL Cholesterol Method : Manual	135.05 H	0.00 - 130.00	mg/dL

Mr DHIRAJ SINGH Age : 30 Yrs Gender : Male PID : 1200C076250821007622 VID : 1200C076250821003710	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 : 21/08/2025 03:54 PM Reported : 21/08/2025 07:35 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932104 , 999932103 , 999932102 , 999932101		

Test Name	Result	Biological Ref. Interval	Unit
Kidney Profile			
Blood Urea Nitrogen Sample :Serum Method : Urease UV	11.63	7.70 - 22.60	mg/dL
 Blood Urea Sample :Serum Method : Urease /GLDH	24.89	16.60 - 48.50	mg/dL
 Creatinine Sample :Serum Method : Jaffe	1.17	0.70 - 1.20	mg/dL
BUN Creatinine Ratio Sample :Serum Method : Calculated	9.93 L	10.00 - 20.00	Ratio
 Uric Acid Sample :Serum Method : Uricase Colorimetric	7.97 H	3.40 - 7.00	mg/dL
 Total Protein Sample :Serum Method : BIURET	7.97	6.40 - 8.30	gm/dL
 Albumin Sample :Serum Method : Bromo Cresol Green(BCG)	4.40	3.97 - 4.94	gm/dL



Mr DHIRAJ SINGH Age : 30 Yrs Gender : Male PID : 1200C076250821007622 VID : 1200C076250821003710	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 : 21/08/2025 03:54 PM Reported : 21/08/2025 07:35 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932104 , 999932103 , 999932102 , 999932101		

Test Name	Result	Biological Ref. Interval	Unit
Globulin Sample :Serum Method : Calculated	3.57	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Sample :Serum Method : Calculated	1.23	1.00 - 2.10	Ratio
 Sodium Sample :Serum Method : ISE-direct	138.40	136.00 - 145.00	mmol/L
 Potassium Sample :Serum Method : ISE-direct	4.10	3.50 - 5.10	mmol/L
Chloride Sample :Serum Method : ISE-direct	101.60	97.00 - 107.00	mmol/L



**Mr DHIRAJ SINGH**

Age : 30 Yrs
 Gender : Male
 PID : 1200C076250821007622
 VID : 1200C076250821003710

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 : 21/08/2025 03:54 PM
 Reported : 21/08/2025 07:35 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932104 , 999932103 , 999932102 , 999932101

Test Name	Result	Biological Ref. Interval	Unit
Liver Function Test (LFT)			
Sample : Serum			
Bilirubin Total Method : Diazotization	0.58	0.00 - 1.20	mg/dL
Bilirubin Direct Method : Diazo Gen.2 Jendrassik-Grof	0.23 H	0.00 - 0.20	mg/dL
Serum Bilirubin (Indirect) Method : Calculated	0.35	0.00 - 0.90	mg/dL
SGOT / AST Method : IFCC without pyridoxal phosphate	39.20	0.00 - 40.00	U/L
SGPT / ALT Method : IFCC without pyridoxal phosphate	66.24 H	0.00 - 41.00	U/L
AST / ALT Ratio Method : Calculated	0.59	-	Ratio
Alkaline Phosphatase (ALP) Method : PNP	102.50	40.00 - 129.00	U/L
Total Protein Method : BIURET	7.97	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	4.40	3.97 - 4.94	gm/dL
Globulin Method : Calculated	3.57	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.23	1.00 - 2.10	Ratio



Mr DHIRAJ SINGH Age : 30 Yrs Gender : Male PID : 1200C076250821007622 VID : 1200C076250821003710	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 : 21/08/2025 03:54 PM Reported : 21/08/2025 07:35 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932104 , 999932103 , 999932102 , 999932101		

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)	9.97	5.10 - 14.10	µg/dL
TSH 3rd Generation	2.560	0.27 - 4.20	µIU/mL
Estimated Glomerular Filtration Rate (eGFR)			
Sample : Serum			
Age	30.00	-	Years
Method : Manual			
GFR Male	77.80 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 m2
Method : Calculated			

**Mr DHIRAJ SINGH**

Age : 30 Yrs
 Gender : Male
 PID : 1200C076250821007622
 VID : 1200C076250821003710

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 : 21/08/2025 03:54 PM
 Reported : 21/08/2025 07:35 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932104 , 999932103 , 999932102 , 999932101

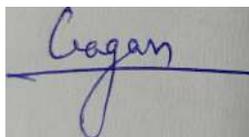
Test Name	Result	Biological Ref. Interval	Unit
Urine Routine & Microscopic Examination			
Sample : Urine, Random			
Colour, Urine Method : Physical Examination	Pale Yellow	Pale Yellow	---
Appearance Method : Physical Examination	Slightly Hazy	Clear	---
Specific Gravity Method : Ionic concentration method	1.010	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	Detected (+)	Not Detected	---
Ketones Method : Rothera's Method	Not Detected	Not Detected	---
Blood Method : Spectrophotometry	Not Detected	Not Detected	---
Leucocyte esterase 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 DHIRAJ SINGH Age : 30 Yrs Gender : Male PID : 1200C076250821007622 VID : 1200C076250821003710	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 : 21/08/2025 03:54 PM Reported : 21/08/2025 07:35 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932104 , 999932103 , 999932102 , 999932101		

Test Name	Result	Biological Ref. Interval	Unit
Epithelial Cells Method : Microscopy	2-3	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. Gagan Kumar
Rangari
 MD,DipRCPPath (UK)
 Pathology
 Lab Head

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

<p>Interpretation</p> <p>Thyroid Profile Total</p> <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.

Mr DHIRAJ SINGH Age : 30 Yrs Gender : Male PID : 1200C076250821007622 VID : 1200C076250821003710	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 : 21/08/2025 03:54 PM Reported : 21/08/2025 07:35 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932104 , 999932103 , 999932102 , 999932101		

Test Name	Result	Biological Ref. Interval	Unit
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.			
Liver Function Test (LFT) Indications for liver function assessment includes: <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 			
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.			
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."			
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 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.			
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.			
Sodium Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.			
Uric Acid			



Mr DHIRAJ SINGH Age : 30 Yrs Gender : Male PID : 1200C076250821007622 VID : 1200C076250821003710	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 : 21/08/2025 03:54 PM Reported : 21/08/2025 07:35 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932104 , 999932103 , 999932102 , 999932101		

Test Name	Result	Biological Ref. Interval	Unit
<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> <p>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.</p> <p>Creatinine Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.</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 KEDAR SINGH Age : 55 Yrs Gender : Male PID : 1200C076250821007565 VID : 1200C076250821003687	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 : 21/08/2025 03:49 PM Reported : 21/08/2025 07:32 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932118 , 999932117 , 999932116 , 999932093		

Test Name	Result	Biological Ref. Interval	Unit
HEALTHKIND NEO			
 Complete Blood Count (CBC) Sample : Whole Blood, EDTA			
Haemoglobin (Hb)	11.00 L	13.00 - 17.00	gm/dL
Total WBC Count / TLC	5.42	4.00 - 10.00	thou/ μ L
Neutrophils	55.00	40.00 - 80.00	%
Lymphocytes	38.00	20.00 - 40.00	%
Eosinophils	3.00	1.00 - 6.00	%
Monocytes	4.00	2.00 - 10.00	%
Basophils	0.00	0.00 - 2.00	%
Absolute Neutrophil Count (ANC)	2981.00	2000.00 - 7000.00	/ μ L
Absolute Lymphocyte Count	2059.60	1000.00 - 3000.00	/ μ L
Absolute Eosinophil Count (AEC)	162.60	20.00 - 500.00	/ μ L
Absolute Monocyte Count	216.80	200.00 - 1000.00	/ μ L
Absolute Basophil Count	0.00 L	20.00 - 100.00	/ μ L
RBC Count	4.27 L	4.50 - 5.50	million/ μ L
PCV / Hematocrit	36.60 L	40.00 - 50.00	%
MCV	85.70	83.00 - 101.00	fL
MCH	25.80 L	27.00 - 32.00	pg
MCHC	30.10 L	31.50 - 34.50	gm/dL
RDW (Red Cell Distribution Width)	15.40	11.80 - 15.60	%
Platelet Count	217.00	150.00 - 410.00	thou/ μ L
MPV (Mean Platelet Volume)	11.70 H	6.80 - 10.90	fL
Method: HB By Spectrophotometry Measurement , TLC By Impedance , By VCS Technology & Microscopy , By Microscopy/ Cell Counter , By Calculated , By Calculated/ Drived From Impedence Measure , By Spectrophotometry Measurement , By Impedance ,Neutrophils/Lymphocytes/Eosinophils/Monocytes/Basophils By VCS Technology & Microscopy ,ANC/ALC/AEC By Microscopy/ Cell Counter ,AMC/ABC By Calculated , By Calculated/ Drived From Impedence Measure ,			



<p>Mr KEDAR SINGH</p> <p>Age : 55 Yrs Gender : Male PID : 1200C076250821007565 VID : 1200C076250821003687</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 : 21/08/2025 03:49 PM Reported : 21/08/2025 07:32 PM Report Status : Preliminary Ref. By : Self</p>
<p>Barcode: 999932118 , 999932117 , 999932116 , 999932093</p>		

Test Name	Result	Biological Ref. Interval	Unit
By Spectrophotometry Measurement ,RBC/Platelet Count By Impedance , By VCS Technology & Microscopy , By Microscopy/ Cell Counter ,MCV/MCH/MCHC/RDW/MPV By Calculated ,PCV By Calculated/ Drived From Impedence Measure			



**Mr KEDAR SINGH**

Age : 55 Yrs
 Gender : Male
 PID : 1200C076250821007565
 VID : 1200C076250821003687

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 : 21/08/2025 03:49 PM
 Reported : 21/08/2025 07:32 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932118 , 999932117 , 999932116 , 999932093

Test Name	Result	Biological Ref. Interval	Unit
Any One Glucose			
 Glucose Random Sample :Plasma Fluoride - Random Method : Hexokinase	110.46	70.00 - 140.00	mg/dL



Mr KEDAR SINGH Age : 55 Yrs Gender : Male PID : 1200C076250821007565 VID : 1200C076250821003687	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 : 21/08/2025 03:49 PM Reported : 21/08/2025 07:32 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932118 , 999932117 , 999932116 , 999932093		

Test Name	Result	Biological Ref. Interval	Unit
Lipid Profile			
Sample : Serum			
Total Cholesterol Method : CHOD-PAP Gen.2	174.74	No Risk : < 200 Moderate Risk : 200 - 239 High Risk : > 240	mg/dL
Triglycerides Method : GPO-PAP	339.29 H	Desirable : < 150 Boderline High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dL
LDL Cholesterol (Calculated) Method : Calculated	69.79	0.00 - 100.00	mg/dL
HDL Cholesterol Method : Enzymatic :CHOD/POD	37.09 L	Low : < 40 Optimal : 40 - 60 High > 60	mg/dL
VLDL Cholesterol Method : Calculated	67.86 H	Desirable : 10 - 35	mg/dL
Total Cholesterol / HDL Ratio Method : Calculated	4.71 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	1.88	Low Risk : 0.5 - 3.0 Moderate Risk : 3.1 - 6.0 High Risk : > 6.0	Ratio
Non HDL Cholesterol Method : Manual	137.64 H	0.00 - 130.00	mg/dL

Mr KEDAR SINGH Age : 55 Yrs Gender : Male PID : 1200C076250821007565 VID : 1200C076250821003687	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 : 21/08/2025 03:49 PM Reported : 21/08/2025 07:32 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932118 , 999932117 , 999932116 , 999932093		

Test Name	Result	Biological Ref. Interval	Unit
Kidney Profile			
Blood Urea Nitrogen Sample :Serum Method : Urease UV	10.84	7.70 - 22.60	mg/dL
 Blood Urea Sample :Serum Method : Urease /GLDH	23.20	16.60 - 48.50	mg/dL
 Creatinine Sample :Serum Method : Jaffe	0.74	0.70 - 1.20	mg/dL
BUN Creatinine Ratio Sample :Serum Method : Calculated	14.74	10.00 - 20.00	Ratio
 Uric Acid Sample :Serum Method : Uricase Colorimetric	6.88	3.40 - 7.00	mg/dL
 Total Protein Sample :Serum Method : BIURET	7.93	6.40 - 8.30	gm/dL
 Albumin Sample :Serum Method : Bromo Cresol Green(BCG)	4.47	3.97 - 4.94	gm/dL



Mr KEDAR SINGH Age : 55 Yrs Gender : Male PID : 1200C076250821007565 VID : 1200C076250821003687	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 : 21/08/2025 03:49 PM Reported : 21/08/2025 07:32 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932118 , 999932117 , 999932116 , 999932093		

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	1.29	1.00 - 2.10	Ratio
 Sodium Sample :Serum Method : ISE-direct	137.00	136.00 - 145.00	mmol/L
 Potassium Sample :Serum Method : ISE-direct	4.03	3.50 - 5.10	mmol/L
Chloride Sample :Serum Method : ISE-direct	102.40	97.00 - 107.00	mmol/L

Mr KEDAR SINGH Age : 55 Yrs Gender : Male PID : 1200C076250821007565 VID : 1200C076250821003687	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 : 21/08/2025 03:49 PM Reported : 21/08/2025 07:32 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932118 , 999932117 , 999932116 , 999932093		

Test Name	Result	Biological Ref. Interval	Unit
Liver Function Test (LFT)			
Sample : Serum			
Bilirubin Total Method : Diazotization	0.45	0.00 - 1.20	mg/dL
Bilirubin Direct Method : Diazo Gen.2 Jendrassik-Grof	0.20	0.00 - 0.20	mg/dL
Serum Bilirubin (Indirect) Method : Calculated	0.24	0.00 - 0.90	mg/dL
SGOT / AST Method : IFCC without pyridoxal phosphate	36.63	0.00 - 40.00	U/L
SGPT / ALT Method : IFCC without pyridoxal phosphate	29.46	0.00 - 41.00	U/L
AST / ALT Ratio Method : Calculated	1.24	-	Ratio
Alkaline Phosphatase (ALP) Method : PNP	143.95 H	40.00 - 129.00	U/L
Total Protein Method : BIURET	7.93	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	4.47	3.97 - 4.94	gm/dL
Globulin Method : Calculated	3.47	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.29	1.00 - 2.10	Ratio



Mr KEDAR SINGH Age : 55 Yrs Gender : Male PID : 1200C076250821007565 VID : 1200C076250821003687	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 : 21/08/2025 03:49 PM Reported : 21/08/2025 07:32 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932118 , 999932117 , 999932116 , 999932093		

Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total			
Sample : Serum			
Method : ECLIA			
Total T3 (Triiodothyronine)	1.20	0.80 - 2.00	ng/mL
Total T4 (Thyroxine)	6.95	5.10 - 14.10	µg/dL
TSH 3rd Generation	4.660 H	0.27 - 4.20	µIU/mL
Estimated Glomerular Filtration Rate (eGFR)			
Sample : Serum			
Age	55.00	-	Years
Method : Manual			
GFR Male	118.56	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 KEDAR SINGH Age : 55 Yrs Gender : Male PID : 1200C076250821007565 VID : 1200C076250821003687	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 : 21/08/2025 03:49 PM Reported : 21/08/2025 07:32 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932118 , 999932117 , 999932116 , 999932093		

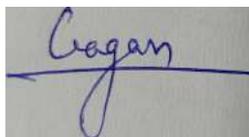
Test Name	Result	Biological Ref. Interval	Unit
Urine Routine & Microscopic Examination			
Sample : Urine, Random			
Colour, Urine Method : Physical Examination	Pale Yellow	Pale Yellow	---
Appearance Method : Physical Examination	Slightly Hazy	Clear	---
Specific Gravity Method : Ionic concentration method	1.020	1.00 - 1.03	---
pH Method : Double indicator principle	5.00	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 esterase 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 KEDAR SINGH Age : 55 Yrs Gender : Male PID : 1200C076250821007565 VID : 1200C076250821003687	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 : 21/08/2025 03:49 PM Reported : 21/08/2025 07:32 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932118 , 999932117 , 999932116 , 999932093		

Test Name	Result	Biological Ref. Interval	Unit
Epithelial Cells Method : Microscopy	2-3	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. Gagan Kumar
Rangari
 MD,DipRCPATH (UK)
 Pathology
 Lab Head

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

<p>Interpretation</p> <p>Thyroid Profile Total</p> <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.

**Mr KEDAR SINGH**

Age : 55 Yrs
 Gender : Male
 PID : 1200C076250821007565
 VID : 1200C076250821003687

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 : 21/08/2025 03:49 PM
 Reported : 21/08/2025 07:32 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932118 , 999932117 , 999932116 , 999932093

Test Name	Result	Biological Ref. Interval	Unit
<p>Lipid Profile</p> <p>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>			
<p>Liver Function Test (LFT)</p> <p>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>Estimated Glomerular Filtration Rate (eGFR)</p> <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. eGFR calculation is provided only for adults more than 18 years of age.</p>			
<p>Albumin</p> <p>"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>Chloride</p> <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 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>Potassium</p> <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>			
<p>Sodium</p> <p>Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.</p>			
<p>Uric Acid</p>			



Mr KEDAR SINGH Age : 55 Yrs Gender : Male PID : 1200C076250821007565 VID : 1200C076250821003687	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 : 21/08/2025 03:49 PM Reported : 21/08/2025 07:32 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932118 , 999932117 , 999932116 , 999932093		

Test Name	Result	Biological Ref. Interval	Unit
<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> <p>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.</p> <p>Creatinine Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.</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 KUSH SINGH Age : 28 Yrs Gender : Male PID : 1200C076250821007856 VID : 1200C076250821003808	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 : 21/08/2025 04:10 PM Reported : 21/08/2025 07:49 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932097 , 999932096 , 999932095		

Test Name	Result	Biological Ref. Interval	Unit
HEALTHKIND NEO			
 Complete Blood Count (CBC) Sample : Whole Blood, EDTA			
Haemoglobin (Hb)	15.20	13.00 - 17.00	gm/dL
Total WBC Count / TLC	6.00	4.00 - 10.00	thou/ μ L
Neutrophils	46.00	40.00 - 80.00	%
Lymphocytes	42.00 H	20.00 - 40.00	%
Eosinophils	4.00	1.00 - 6.00	%
Monocytes	8.00	2.00 - 10.00	%
Basophils	0.00	0.00 - 2.00	%
Absolute Neutrophil Count (ANC)	2760.00	2000.00 - 7000.00	/ μ L
Absolute Lymphocyte Count	2520.00	1000.00 - 3000.00	/ μ L
Absolute Eosinophil Count (AEC)	240.00	20.00 - 500.00	/ μ L
Absolute Monocyte Count	480.00	200.00 - 1000.00	/ μ L
Absolute Basophil Count	0.00 L	20.00 - 100.00	/ μ L
RBC Count	5.97 H	4.50 - 5.50	million/ μ L
PCV / Hematocrit	50.60 H	40.00 - 50.00	%
MCV	84.80	83.00 - 101.00	fL
MCH	25.50 L	27.00 - 32.00	pg
MCHC	30.00 L	31.50 - 34.50	gm/dL
RDW (Red Cell Distribution Width)	15.70 H	11.80 - 15.60	%
Platelet Count	209.00	150.00 - 410.00	thou/ μ L
MPV (Mean Platelet Volume)	---	6.80 - 10.90	fL
Method: HB By Spectrophotometry Measurement , TLC By Impedance , By VCS Technology & Microscopy , By Microscopy/ Cell Counter , By Calculated , By Calculated/ Drived From Impedence Measure , By Spectrophotometry Measurement , By Impedance ,Neutrophils/Lymphocytes/Eosinophils/Monocytes/Basophils By VCS Technology & Microscopy ,ANC/ALC/AEC By Microscopy/ Cell Counter ,AMC/ABC By Calculated , By Calculated/ Drived From Impedence Measure ,			



<p>Mr KUSH SINGH</p> <p>Age : 28 Yrs Gender : Male PID : 1200C076250821007856 VID : 1200C076250821003808</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 : 21/08/2025 04:10 PM Reported : 21/08/2025 07:49 PM Report Status : Preliminary Ref. By : Self</p>
<p>Barcode: 999932097 , 999932096 , 999932095</p>		

Test Name	Result	Biological Ref. Interval	Unit
<p>By Spectrophotometry Measurement ,RBC/Platelet Count By Impedance , By VCS Technology & Microscopy , By Microscopy/ Cell Counter ,MCV/MCH/MCHC/RDW/MPV By Calculated ,PCV By Calculated/ Drived From Impedence Measure</p>			

**Mr KUSH SINGH**

Age : 28 Yrs
 Gender : Male
 PID : 1200C076250821007856
 VID : 1200C076250821003808

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 : 21/08/2025 04:10 PM
 Reported : 21/08/2025 07:49 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932097 , 999932096 , 999932095

Test Name	Result	Biological Ref. Interval	Unit
Any One Glucose			
 Glucose Random Sample :Plasma Fluoride - Random Method : Hexokinase	116.97	70.00 - 140.00	mg/dL



Mr KUSH SINGH Age : 28 Yrs Gender : Male PID : 1200C076250821007856 VID : 1200C076250821003808	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 : 21/08/2025 04:10 PM Reported : 21/08/2025 07:49 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932097 , 999932096 , 999932095		

Test Name	Result	Biological Ref. Interval	Unit
Lipid Profile			
Sample : Serum			
Total Cholesterol Method : CHOD-PAP Gen.2	184.58	No Risk : < 200 Moderate Risk : 200 - 239 High Risk : > 240	mg/dL
Triglycerides Method : GPO-PAP	136.15	Desirable : < 150 Boderline High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dL
LDL Cholesterol (Calculated) Method : Calculated	115.80 H	0.00 - 100.00	mg/dL
HDL Cholesterol Method : Enzymatic :CHOD/POD	41.54	Low : < 40 Optimal : 40 - 60 High > 60	mg/dL
VLDL Cholesterol Method : Calculated	27.23	Desirable : 10 - 35	mg/dL
Total Cholesterol / HDL Ratio Method : Calculated	4.44 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	143.03 H	0.00 - 130.00	mg/dL



Mr KUSH SINGH Age : 28 Yrs Gender : Male PID : 1200C076250821007856 VID : 1200C076250821003808	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 : 21/08/2025 04:10 PM Reported : 21/08/2025 07:49 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932097 , 999932096 , 999932095		

Test Name	Result	Biological Ref. Interval	Unit
Kidney Profile			
Blood Urea Nitrogen Sample :Serum Method : Urease UV	9.60	7.70 - 22.60	mg/dL
 Blood Urea Sample :Serum Method : Urease /GLDH	20.55	16.60 - 48.50	mg/dL
 Creatinine Sample :Serum Method : Jaffe	0.97	0.70 - 1.20	mg/dL
BUN Creatinine Ratio Sample :Serum Method : Calculated	9.86 L	10.00 - 20.00	Ratio
 Uric Acid Sample :Serum Method : Uricase Colorimetric	8.25 H	3.40 - 7.00	mg/dL
 Total Protein Sample :Serum Method : BIURET	8.04	6.40 - 8.30	gm/dL
 Albumin Sample :Serum Method : Bromo Cresol Green(BCG)	4.86	3.97 - 4.94	gm/dL



Mr KUSH SINGH Age : 28 Yrs Gender : Male PID : 1200C076250821007856 VID : 1200C076250821003808	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 : 21/08/2025 04:10 PM Reported : 21/08/2025 07:49 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932097 , 999932096 , 999932095		

Test Name	Result	Biological Ref. Interval	Unit
Globulin Sample :Serum Method : Calculated	3.19	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Sample :Serum Method : Calculated	1.53	1.00 - 2.10	Ratio
 Sodium Sample :Serum Method : ISE-direct	137.80	136.00 - 145.00	mmol/L
 Potassium Sample :Serum Method : ISE-direct	4.00	3.50 - 5.10	mmol/L
Chloride Sample :Serum Method : ISE-direct	102.60	97.00 - 107.00	mmol/L



**Mr KUSH SINGH**

Age : 28 Yrs
 Gender : Male
 PID : 1200C076250821007856
 VID : 1200C076250821003808

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 : 21/08/2025 04:10 PM
 Reported : 21/08/2025 07:49 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932097 , 999932096 , 999932095

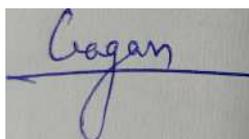
Test Name	Result	Biological Ref. Interval	Unit
Liver Function Test (LFT)			
Sample : Serum			
Bilirubin Total Method : Diazotization	0.50	0.00 - 1.20	mg/dL
Bilirubin Direct Method : Diazo Gen.2 Jendrassik-Grof	0.18	0.00 - 0.20	mg/dL
Serum Bilirubin (Indirect) Method : Calculated	0.32	0.00 - 0.90	mg/dL
SGOT / AST Method : IFCC without pyridoxal phosphate	38.30	0.00 - 40.00	U/L
SGPT / ALT Method : IFCC without pyridoxal phosphate	73.27 H	0.00 - 41.00	U/L
AST / ALT Ratio Method : Calculated	0.52	-	Ratio
Alkaline Phosphatase (ALP) Method : PNP	123.01	40.00 - 129.00	U/L
Total Protein Method : BIURET	8.04	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	4.86	3.97 - 4.94	gm/dL
Globulin Method : Calculated	3.19	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.53	1.00 - 2.10	Ratio



Mr KUSH SINGH Age : 28 Yrs Gender : Male PID : 1200C076250821007856 VID : 1200C076250821003808	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 : 21/08/2025 04:10 PM Reported : 21/08/2025 07:49 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932097 , 999932096 , 999932095		

Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total			
Sample : Serum			
Method : ECLIA			
Total T3 (Triiodothyronine)	1.73	0.80 - 2.00	ng/mL
Total T4 (Thyroxine)	8.73	5.10 - 14.10	µg/dL
TSH 3rd Generation	0.754	0.27 - 4.20	µIU/mL
Estimated Glomerular Filtration Rate (eGFR)			
Sample : Serum			
Age	28.00	-	Years
Method : Manual			
GFR Male	97.95	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			

Authenticated by



Dr. Gagan Kumar
Rangari
 MD, DipRCPPath (UK)
 Pathology
 Lab Head

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

Interpretation

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



Mr KUSH SINGH Age : 28 Yrs Gender : Male PID : 1200C076250821007856 VID : 1200C076250821003808	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 : 21/08/2025 04:10 PM Reported : 21/08/2025 07:49 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932097 , 999932096 , 999932095		

Test Name	Result	Biological Ref. Interval	Unit
<p>hypothyroidism.</p> <ul style="list-style-type: none"> 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. <p>Lipid Profile</p> <p>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).</p> <p>NCEP (ATP III) Guidelines.</p> <p>Liver Function Test (LFT)</p> <p>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>Estimated Glomerular Filtration Rate (eGFR)</p> <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> <p>Albumin</p> <p>"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>Chloride</p> <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 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>Potassium</p> <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>			

Mr KUSH SINGH Age : 28 Yrs Gender : Male PID : 1200C076250821007856 VID : 1200C076250821003808	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 : 21/08/2025 04:10 PM Reported : 21/08/2025 07:49 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932097 , 999932096 , 999932095		

Test Name	Result	Biological Ref. Interval	Unit
<p>Sodium Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.</p> <p>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.</p> <p>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.</p> <p>Creatinine Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.</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 RAJU SINGH Age : 45 Yrs Gender : Male PID : 1200C076250821007462 VID : 1200C07620258210008	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 : 21/08/2025 03:41 PM Reported : 21/08/2025 07:59 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932108 , 999932107 , 999932106 , 999932105		

Test Name	Result	Biological Ref. Interval	Unit
HEALTHKIND ADVANCE			
 Complete Blood Count (CBC) Sample : Whole Blood, EDTA			
Haemoglobin (Hb)	12.50 L	13.00 - 17.00	gm/dL
Total WBC Count / TLC	8.46	4.00 - 10.00	thou/ μ L
Neutrophils	49.00	40.00 - 80.00	%
Lymphocytes	39.00	20.00 - 40.00	%
Eosinophils	4.00	1.00 - 6.00	%
Monocytes	8.00	2.00 - 10.00	%
Basophils	0.00	0.00 - 2.00	%
Absolute Neutrophil Count (ANC)	4145.40	2000.00 - 7000.00	/ μ L
Absolute Lymphocyte Count	3299.40 H	1000.00 - 3000.00	/ μ L
Absolute Eosinophil Count (AEC)	338.40	20.00 - 500.00	/ μ L
Absolute Monocyte Count	676.80	200.00 - 1000.00	/ μ L
Absolute Basophil Count	0.00 L	20.00 - 100.00	/ μ L
RBC Count	5.25	4.50 - 5.50	million/ μ L
PCV / Hematocrit	42.80	40.00 - 50.00	%
MCV	81.50 L	83.00 - 101.00	fL
MCH	23.80 L	27.00 - 32.00	pg
MCHC	29.20 L	31.50 - 34.50	gm/dL
RDW (Red Cell Distribution Width)	14.40	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 By Impedance , By VCS Technology & Microscopy , By Microscopy/ Cell Counter , By Calculated , By Calculated/ Drived From Impedence Measure , By Spectrophotometry Measurement , By Impedance ,Neutrophils/Lymphocytes/Eosinophils/Monocytes/Basophils By VCS Technology & Microscopy ,ANC/ALC/AEC By Microscopy/ Cell Counter ,AMC/ABC By Calculated , By Calculated/ Drived From Impedence Measure ,			



<p>Mr RAJU SINGH</p> <p>Age : 45 Yrs Gender : Male PID : 1200C076250821007462 VID : 1200C07620258210008</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 : 21/08/2025 03:41 PM Reported : 21/08/2025 07:59 PM Report Status : Preliminary Ref. By : Self</p>
<p>Barcode: 999932108 , 999932107 , 999932106 , 999932105</p>		

Test Name	Result	Biological Ref. Interval	Unit
By Spectrophotometry Measurement ,RBC/Platelet Count By Impedance , By VCS Technology & Microscopy , By Microscopy/ Cell Counter ,MCV/MCH/MCHC/RDW/MPV By Calculated ,PCV By Calculated/ Drived From Impedence Measure			

Mr RAJU SINGH

Age : 45 Yrs
 Gender : Male
 PID : 1200C076250821007462
 VID : 1200C07620258210008

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 : 21/08/2025 03:41 PM
 Reported : 21/08/2025 07:59 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932108 , 999932107 , 999932106 , 999932105

Test Name	Result	Biological Ref. Interval	Unit
Erythrocyte Sedimentation Rate (ESR) Sample : Whole Blood, EDTA Method : Modified Westergren Method	25.00 H	0.00 - 10.00	mm 1st Hour
HbA1C (Glycosylated Hemoglobin) Sample : Whole Blood, EDTA			
HbA1c Method : High Performance Liquid Chromatography (HPLC)	6.90 H	Non Diabetic : < 5.7 Pre Diabetic Range: 5.7 - 6.4 Diabetic Range: > 6.5 Goal of Therapy: < 7.0 Action Suggested: > 8.0	%
Mean Plasma Glucose Method : Calculated	151.33 H	0.00 - 116.00	mg/dL
 Glucose Random Sample : Plasma Fluoride - Random Method : Hexokinase	158.23 H	70.00 - 140.00	mg/dL



Mr RAJU SINGH Age : 45 Yrs Gender : Male PID : 1200C076250821007462 VID : 1200C07620258210008	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 : 21/08/2025 03:41 PM Reported : 21/08/2025 07:59 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932108 , 999932107 , 999932106 , 999932105		

Test Name	Result	Biological Ref. Interval	Unit
Liver Function Test (LFT)			
Sample : Serum			
Bilirubin Total Method : Diazotization	0.53	0.00 - 1.20	mg/dL
Bilirubin Direct Method : Diazo Gen.2 Jendrassik-Grof	0.18	0.00 - 0.20	mg/dL
Serum Bilirubin (Indirect) Method : Calculated	0.34	0.00 - 0.90	mg/dL
SGOT / AST Method : IFCC without pyridoxal phosphate	28.35	0.00 - 40.00	U/L
SGPT / ALT Method : IFCC without pyridoxal phosphate	43.05 H	0.00 - 41.00	U/L
AST / ALT Ratio Method : Calculated	0.66	-	Ratio
Alkaline Phosphatase (ALP) Method : PNP	76.80	40.00 - 129.00	U/L
Total Protein Method : BIURET	7.90	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	4.50	3.97 - 4.94	gm/dL
Globulin Method : Calculated	3.40	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.32	1.00 - 2.10	Ratio



**Mr RAJU SINGH**

Age : 45 Yrs
 Gender : Male
 PID : 1200C076250821007462
 VID : 1200C07620258210008

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 : 21/08/2025 03:41 PM
 Reported : 21/08/2025 07:59 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932108 , 999932107 , 999932106 , 999932105

Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total			
Sample : Serum			
Method : ECLIA			
Total T3 (Triiodothyronine)	1.30	0.80 - 2.00	ng/mL
Total T4 (Thyroxine)	5.82	5.10 - 14.10	µg/dL
TSH 3rd Generation	2.030	0.27 - 4.20	µIU/mL
Healthkind Vitamin Profile			
Vitamin B12 / Cobalamin	263.40	197.00 - 771.00	pg/mL
Sample : Serum			
Method : ECLIA			
Vitamin D 25 - Hydroxy	16.61 L	Deficiency <=20 Insufficiency 21 - 29 Sufficiency >=30	ng/mL
Sample : Serum			
Method : ECLIA			



Mr RAJU SINGH Age : 45 Yrs Gender : Male PID : 1200C076250821007462 VID : 1200C07620258210008	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 : 21/08/2025 03:41 PM Reported : 21/08/2025 07:59 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932108 , 999932107 , 999932106 , 999932105		

Test Name	Result	Biological Ref. Interval	Unit
Kidney Function Test			
Sample : Serum			
Blood Urea Nitrogen Method : Urease UV	11.69	7.70 - 22.60	mg/dL
Blood Urea Method : Urease /GLDH	25.02	16.60 - 48.50	mg/dL
Creatinine Method : Jaffe	0.73	0.70 - 1.20	mg/dL
BUN Creatinine Ratio Method : Calculated	16.10	10.00 - 20.00	Ratio
Uric Acid Method : Uricase Colorimetric	5.06	3.40 - 7.00	mg/dL
Sodium Method : ISE-direct	137.60	136.00 - 145.00	mmol/L
Potassium Method : ISE-direct	4.00	3.50 - 5.10	mmol/L
Chloride Method : ISE-direct	101.40	97.00 - 107.00	mmol/L
Total Protein Method : BIURET	7.90	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	4.50	3.97 - 4.94	gm/dL
Globulin Method : Calculated	3.40	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.32	1.00 - 2.10	Ratio
Calcium Method : 5-Nitro-5-methyl-BAPTA Gen-2	9.48	8.60 - 10.00	mg/dL



**Mr RAJU SINGH**

Age : 45 Yrs
 Gender : Male
 PID : 1200C076250821007462
 VID : 1200C07620258210008

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 : 21/08/2025 03:41 PM
 Reported : 21/08/2025 07:59 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932108 , 999932107 , 999932106 , 999932105

Test Name	Result	Biological Ref. Interval	Unit
Estimated Glomerular Filtration Rate (eGFR)			
Sample : Serum			
Age Method : Manual	45.00	-	Years
GFR Male Method : Calculated	125.47	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



Mr RAJU SINGH Age : 45 Yrs Gender : Male PID : 1200C076250821007462 VID : 1200C07620258210008	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 : 21/08/2025 03:41 PM Reported : 21/08/2025 07:59 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932108 , 999932107 , 999932106 , 999932105		

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	1.020	1.00 - 1.03	---
pH Method : Double indicator principle	5.00	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 esterase 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 RAJU SINGH**

Age : 45 Yrs
 Gender : Male
 PID : 1200C076250821007462
 VID : 1200C07620258210008

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 : 21/08/2025 03:41 PM
 Reported : 21/08/2025 07:59 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932108 , 999932107 , 999932106 , 999932105

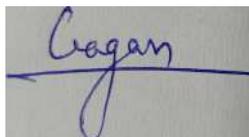
Test Name	Result	Biological Ref. Interval	Unit
Epithelial Cells Method : Microscopy	1-2	0-5	/hpf
Casts Method : Microscopy	Not Detected	Not Detected	---
Crystals Method : Microscopy	Not Detected	Not Detected	---
Bacteria Method : Microscopy	Not Detected	Not Detected	---
Remarks Method: Manual Microscopic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



Mr RAJU SINGH Age : 45 Yrs Gender : Male PID : 1200C076250821007462 VID : 1200C07620258210008	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 : 21/08/2025 03:41 PM Reported : 21/08/2025 07:59 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932108 , 999932107 , 999932106 , 999932105		

Test Name	Result	Biological Ref. Interval	Unit
 Hepatitis B Surface Antigen (HBsAg), Rapid Card Sample : Serum Method : Immunochromatography Please note that while rapid test is a sensitive and reliable screening test, it should not be used as a sole criterion for diagnosis. It is recommended to use molecular testing (PCR) for confirmation	Non Reactive	Non Reactive	---

Authenticated by



Dr. Gagan Kumar
Rangari
 MD,DipRCPPath (UK)
 Pathology
 Lab Head

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

<p>Interpretation</p> <p>Vitamin D 25 - Hydroxy The 25-hydroxy vitamin D test is used to detect bone weakness or other bone malfunctions or disorders that occur as a result of a vitamin D deficiency. Those who are at high risk of having low levels of vitamin D include people who don't get much exposure to the sun, older adult, people with obesity, babies who are breastfed only, post gastric bypass surgery, Crohn's disease and other intestinal malabsorption conditions. Hypervitaminosis D usually occurs due to over intake of Vitamin D supplementation.</p> <p>Vitamin B12 / Cobalamin Vitamin B12 is necessary for hematopoiesis and normal neuronal function. It requires intrinsic factor (IF) for absorption. Vitamin B12 deficiency may be due to lack of IF secretion by gastric mucosa (eg, gastrectomy, gastric atrophy) or intestinal malabsorption (eg, ileal resection, small intestinal diseases). Vitamin B12 deficiency results in macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.</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
--

Mr RAJU SINGH Age : 45 Yrs Gender : Male PID : 1200C076250821007462 VID : 1200C07620258210008	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 : 21/08/2025 03:41 PM Reported : 21/08/2025 07:59 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932108 , 999932107 , 999932106 , 999932105		

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. 			
Kidney Function Test Kidney function tests (KFT) are usually ordered when a patient has risk factors for kidney dysfunction such as high blood pressure (hypertension), diabetes, cardiovascular disease, obesity, elevated cholesterol or a family history of kidney disease. It may also be ordered when someone has signs and symptoms of kidney disease, though in early stage often no noticeable symptoms are observed. Kidney panel is useful for general health screening; screening patients at risk of developing kidney disease; management of patients with known kidney disease.			
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.			
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 componenets 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 cointent 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.			
Erythrocyte Sedimentation Rate (ESR) The erythrocyte sedimentation rate (ESR) is a simple but non-specific test that helps to detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases.			
HbA1C (Glycosylated Hemoglobin) Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic			

Mr RAJU SINGH Age : 45 Yrs Gender : Male PID : 1200C076250821007462 VID : 1200C07620258210008	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 : 21/08/2025 03:41 PM Reported : 21/08/2025 07:59 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932108 , 999932107 , 999932106 , 999932105		

Test Name	Result	Biological Ref. Interval	Unit
<p>patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span. and may not reflect glycemic control in these cases accurately.</p> <p>Hepatitis B Surface Antigen (HBsAg), Rapid Card</p> <p>Hepatitis B surface antigen (HBsAg) is the first serologic marker appearing in the serum at 6 to 16 weeks following exposure to HBV. In acute infection, HBsAg usually disappears in 1 to 2 months after the onset of symptoms. Persistence of HBsAg for more than 6 months in duration indicates development of either a chronic carrier state or chronic HBV infection.</p> <p>In case of negative results:</p> <p>Please note that while rapid test is a sensitive and reliable screening test, it should not be used as a sole criterion for diagnosis. It is recommended to use molecular testing (PCR) for confirmation.</p> <p>In case of positive results:</p> <p>The test has been performed on two different rapid technologies. Please note that while rapid test is a sensitive and reliable screening test, it should not be used as a sole criterion for diagnosis. It is recommended to use molecular testing (PCR) for confirmation.</p> <p>Reports to Follow Ferritin ,Gamma-Glutamyl Transferase (GGT),Iron Studies (Iron, TIBC, UIBC, % Saturation),Lactate Dehydrogenase (LDH),Lipid Profile Direct,Phosphorus Serum</p>			

** End of Report **



Mr VISHAL SINGH Age : 38 Yrs Gender : Male PID : 1200C076250821007423 VID : 1200C07620258210007	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 : 21/08/2025 03:38 PM Reported : 21/08/2025 07:59 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932112 , 999932111 , 999932110 , 999932109		

Test Name	Result	Biological Ref. Interval	Unit
HEALTHKIND ADVANCE			
 Complete Blood Count (CBC) Sample : Whole Blood, EDTA			
Haemoglobin (Hb)	14.60	13.00 - 17.00	gm/dL
Total WBC Count / TLC	5.39	4.00 - 10.00	thou/ μ L
Neutrophils	56.00	40.00 - 80.00	%
Lymphocytes	32.00	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)	3018.40	2000.00 - 7000.00	/ μ L
Absolute Lymphocyte Count	1724.80	1000.00 - 3000.00	/ μ L
Absolute Eosinophil Count (AEC)	161.70	20.00 - 500.00	/ μ L
Absolute Monocyte Count	485.10	200.00 - 1000.00	/ μ L
Absolute Basophil Count	0.00 L	20.00 - 100.00	/ μ L
RBC Count	4.93	4.50 - 5.50	million/ μ L
PCV / Hematocrit	47.40	40.00 - 50.00	%
MCV	96.10	83.00 - 101.00	fL
MCH	29.60	27.00 - 32.00	pg
MCHC	30.80 L	31.50 - 34.50	gm/dL
RDW (Red Cell Distribution Width)	13.90	11.80 - 15.60	%
Platelet Count	86.00 L	150.00 - 410.00	thou/ μ L
MPV (Mean Platelet Volume)	---	6.80 - 10.90	fL
Method: HB By Spectrophotometry Measurement , TLC By Impedance , By VCS Technology & Microscopy , By Microscopy/ Cell Counter , By Calculated , By Calculated/ Drived From Impedence Measure , By Spectrophotometry Measurement , By Impedance ,Neutrophils/Lymphocytes/Eosinophils/Monocytes/Basophils By VCS Technology & Microscopy ,ANC/ALC/AEC By Microscopy/ Cell Counter ,AMC/ABC By Calculated , By Calculated/ Drived From Impedence Measure ,			

<p>Mr VISHAL SINGH</p> <p>Age : 38 Yrs Gender : Male PID : 1200C076250821007423 VID : 1200C07620258210007</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 : 21/08/2025 03:38 PM Reported : 21/08/2025 07:59 PM Report Status : Preliminary Ref. By : Self</p>
<p>Barcode: 999932112 , 999932111 , 999932110 , 999932109</p>		

Test Name	Result	Biological Ref. Interval	Unit
By Spectrophotometry Measurement ,RBC/Platelet Count By Impedance , By VCS Technology & Microscopy , By Microscopy/ Cell Counter ,MCV/MCH/MCHC/RDW/MPV By Calculated ,PCV By Calculated/ Drived From Impedence Measure			

**Mr VISHAL SINGH**

Age : 38 Yrs
 Gender : Male
 PID : 1200C076250821007423
 VID : 1200C07620258210007

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 : 21/08/2025 03:38 PM
 Reported : 21/08/2025 07:59 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932112 , 999932111 , 999932110 , 999932109

Test Name	Result	Biological Ref. Interval	Unit
Erythrocyte Sedimentation Rate (ESR) Sample : Whole Blood, EDTA Method : Modified Westergren Method	15.00 H	0.00 - 10.00	mm 1st Hour
HbA1C (Glycosylated Hemoglobin) Sample : Whole Blood, EDTA			
HbA1c Method : High Performance Liquid Chromatography (HPLC)	5.40	Non Diabetic : < 5.7 Pre Diabetic Range: 5.7 - 6.4 Diabetic Range: > 6.5 Goal of Therapy: < 7.0 Action Suggested: > 8.0	%
Mean Plasma Glucose Method : Calculated	108.28	0.00 - 116.00	mg/dL
 Glucose Random Sample : Plasma Fluoride - Random Method : Hexokinase	136.86	70.00 - 140.00	mg/dL



Mr VISHAL SINGH Age : 38 Yrs Gender : Male PID : 1200C076250821007423 VID : 1200C07620258210007	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 : 21/08/2025 03:38 PM Reported : 21/08/2025 07:59 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932112 , 999932111 , 999932110 , 999932109		

Test Name	Result	Biological Ref. Interval	Unit
Liver Function Test (LFT)			
Sample : Serum			
Bilirubin Total Method : Diazotization	0.56	0.00 - 1.20	mg/dL
Bilirubin Direct Method : Diazo Gen.2 Jendrassik-Grof	0.21 H	0.00 - 0.20	mg/dL
Serum Bilirubin (Indirect) Method : Calculated	0.34	0.00 - 0.90	mg/dL
SGOT / AST Method : IFCC without pyridoxal phosphate	92.14 H	0.00 - 40.00	U/L
SGPT / ALT Method : IFCC without pyridoxal phosphate	177.98 H	0.00 - 41.00	U/L
AST / ALT Ratio Method : Calculated	0.52	-	Ratio
Alkaline Phosphatase (ALP) Method : PNP	117.10	40.00 - 129.00	U/L
Total Protein Method : BIURET	8.30	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	4.77	3.97 - 4.94	gm/dL
Globulin Method : Calculated	3.53	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.35	1.00 - 2.10	Ratio



**Mr VISHAL SINGH**

Age : 38 Yrs
 Gender : Male
 PID : 1200C076250821007423
 VID : 1200C07620258210007

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 : 21/08/2025 03:38 PM
 Reported : 21/08/2025 07:59 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932112 , 999932111 , 999932110 , 999932109

Test Name	Result	Biological Ref. Interval	Unit
Thyroid Profile Total			
Sample : Serum			
Method : ECLIA			
Total T3 (Triiodothyronine)	1.53	0.80 - 2.00	ng/mL
Total T4 (Thyroxine)	8.87	5.10 - 14.10	µg/dL
TSH 3rd Generation	2.270	0.27 - 4.20	µIU/mL
Healthkind Vitamin Profile			
Vitamin B12 / Cobalamin	585.30	197.00 - 771.00	pg/mL
Sample : Serum			
Method : ECLIA			
Vitamin D 25 - Hydroxy	20.65 L	Deficiency <=20 Insufficiency 21 - 29 Sufficiency >=30	ng/mL
Sample : Serum			
Method : ECLIA			



Mr VISHAL SINGH Age : 38 Yrs Gender : Male PID : 1200C076250821007423 VID : 1200C07620258210007	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 : 21/08/2025 03:38 PM Reported : 21/08/2025 07:59 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932112 , 999932111 , 999932110 , 999932109		

Test Name	Result	Biological Ref. Interval	Unit
Kidney Function Test			
Sample : Serum			
Blood Urea Nitrogen Method : Urease UV	10.09	7.70 - 22.60	mg/dL
Blood Urea Method : Urease /GLDH	21.60	16.60 - 48.50	mg/dL
Creatinine Method : Jaffe	1.07	0.70 - 1.20	mg/dL
BUN Creatinine Ratio Method : Calculated	9.47 L	10.00 - 20.00	Ratio
Uric Acid Method : Uricase Colorimetric	5.37	3.40 - 7.00	mg/dL
Sodium Method : ISE-direct	139.60	136.00 - 145.00	mmol/L
Potassium Method : ISE-direct	4.30	3.50 - 5.10	mmol/L
Chloride Method : ISE-direct	102.40	97.00 - 107.00	mmol/L
Total Protein Method : BIURET	8.30	6.40 - 8.30	gm/dL
Albumin Method : Bromo Cresol Green(BCG)	4.77	3.97 - 4.94	gm/dL
Globulin Method : Calculated	3.53	1.90 - 3.70	gm/dL
Albumin Globulin A/G Ratio Method : Calculated	1.35	1.00 - 2.10	Ratio
Calcium Method : 5-Nitro-5-methyl-BAPTA Gen-2	9.64	8.60 - 10.00	mg/dL



**Mr VISHAL SINGH**

Age : 38 Yrs
 Gender : Male
 PID : 1200C076250821007423
 VID : 1200C07620258210007

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 : 21/08/2025 03:38 PM
 Reported : 21/08/2025 07:59 PM
 Report Status : **Preliminary**
 Ref. By : **Self**

Barcode: 999932112 , 999932111 , 999932110 , 999932109

Test Name	Result	Biological Ref. Interval	Unit
Estimated Glomerular Filtration Rate (eGFR)			
Sample : Serum			
Age Method : Manual	38.00	-	Years
GFR Male Method : Calculated	83.10 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 m2



Mr VISHAL SINGH Age : 38 Yrs Gender : Male PID : 1200C076250821007423 VID : 1200C07620258210007	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 : 21/08/2025 03:38 PM Reported : 21/08/2025 07:59 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932112 , 999932111 , 999932110 , 999932109		

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	6.00	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 esterase 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 VISHAL SINGH Age : 38 Yrs Gender : Male PID : 1200C076250821007423 VID : 1200C07620258210007	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 : 21/08/2025 03:38 PM Reported : 21/08/2025 07:59 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932112 , 999932111 , 999932110 , 999932109		

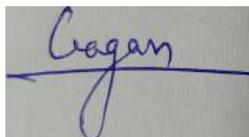
Test Name	Result	Biological Ref. Interval	Unit
Epithelial Cells Method : Microscopy	1-2	0-5	/hpf
Casts Method : Microscopy	Not Detected	Not Detected	---
Crystals Method : Microscopy	Not Detected	Not Detected	---
Bacteria Method : Microscopy	Not Detected	Not Detected	---
Remarks Method: Manual Microscopic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



Mr VISHAL SINGH Age : 38 Yrs Gender : Male PID : 1200C076250821007423 VID : 1200C07620258210007	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 : 21/08/2025 03:38 PM Reported : 21/08/2025 07:59 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932112 , 999932111 , 999932110 , 999932109		

Test Name	Result	Biological Ref. Interval	Unit
 Hepatitis B Surface Antigen (HBsAg), Rapid Card Sample : Serum Method : Immunochromatography Please note that while rapid test is a sensitive and reliable screening test, it should not be used as a sole criterion for diagnosis. It is recommended to use molecular testing (PCR) for confirmation	Non Reactive	Non Reactive	---

Authenticated by



Dr. Gagan Kumar
 Rangari
 MD, DipRCPPath (UK)
 Pathology
 Lab Head

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

<p>Interpretation</p> <p>Vitamin D 25 - Hydroxy The 25-hydroxy vitamin D test is used to detect bone weakness or other bone malfunctions or disorders that occur as a result of a vitamin D deficiency. Those who are at high risk of having low levels of vitamin D include people who don't get much exposure to the sun, older adult, people with obesity, babies who are breastfed only, post gastric bypass surgery, Crohn's disease and other intestinal malabsorption conditions. Hypervitaminosis D usually occurs due to over intake of Vitamin D supplementation.</p> <p>Vitamin B12 / Cobalamin Vitamin B12 is necessary for hematopoiesis and normal neuronal function. It requires intrinsic factor (IF) for absorption. Vitamin B12 deficiency may be due to lack of IF secretion by gastric mucosa (eg, gastrectomy, gastric atrophy) or intestinal malabsorption (eg, ileal resection, small intestinal diseases). Vitamin B12 deficiency results in macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.</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
--

Mr VISHAL SINGH Age : 38 Yrs Gender : Male PID : 1200C076250821007423 VID : 1200C07620258210007	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 : 21/08/2025 03:38 PM Reported : 21/08/2025 07:59 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932112 , 999932111 , 999932110 , 999932109		

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. 			
Kidney Function Test Kidney function tests (KFT) are usually ordered when a patient has risk factors for kidney dysfunction such as high blood pressure (hypertension), diabetes, cardiovascular disease, obesity, elevated cholesterol or a family history of kidney disease. It may also be ordered when someone has signs and symptoms of kidney disease, though in early stage often no noticeable symptoms are observed. Kidney panel is useful for general health screening; screening patients at risk of developing kidney disease; management of patients with known kidney disease.			
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.			
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 componenets 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 cointent 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.			
Erythrocyte Sedimentation Rate (ESR) The erythrocyte sedimentation rate (ESR) is a simple but non-specific test that helps to detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases.			
HbA1C (Glycosylated Hemoglobin) Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic			

Mr VISHAL SINGH Age : 38 Yrs Gender : Male PID : 1200C076250821007423 VID : 1200C07620258210007	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 : 21/08/2025 03:38 PM Reported : 21/08/2025 07:59 PM Report Status : Preliminary Ref. By : Self
Barcode: 999932112 , 999932111 , 999932110 , 999932109		

Test Name	Result	Biological Ref. Interval	Unit
<p>patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span. and may not reflect glycemic control in these cases accurately.</p> <p>Hepatitis B Surface Antigen (HBsAg), Rapid Card</p> <p>Hepatitis B surface antigen (HBsAg) is the first serologic marker appearing in the serum at 6 to 16 weeks following exposure to HBV. In acute infection, HBsAg usually disappears in 1 to 2 months after the onset of symptoms. Persistence of HBsAg for more than 6 months in duration indicates development of either a chronic carrier state or chronic HBV infection.</p> <p>In case of negative results:</p> <p>Please note that while rapid test is a sensitive and reliable screening test, it should not be used as a sole criterion for diagnosis. It is recommended to use molecular testing (PCR) for confirmation.</p> <p>In case of positive results:</p> <p>The test has been performed on two different rapid technologies. Please note that while rapid test is a sensitive and reliable screening test, it should not be used as a sole criterion for diagnosis. It is recommended to use molecular testing (PCR) for confirmation.</p> <p>Reports to Follow Ferritin ,Gamma-Glutamyl Transferase (GGT),Iron Studies (Iron, TIBC, UIBC, % Saturation),Lactate Dehydrogenase (LDH),Lipid Profile Direct,Phosphorus Serum</p>			

** End of Report **

