Patient Name	: Mr.N SATHISH	Collected	: 06/Apr/2026 08:50AM
Age/Gender	: 53 Y 4 M 6 D/M	Received	: 06/Apr/2026 12:28PM
UHID/MR No	: CMAR.0000396561	Reported	: 06/Apr/2026 01:51PM
Visit ID	: CMAROPV1068103	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: IMAGINE HEALTHFIN PRIVATE LIMIT ED
Emp/Auth/TPA ID	: 306856000298385606		

DEPARTMENT OF HAEMATOLOGY

IMAGINE HEALTHFIN - ALYVE HEALTH MIBL - AHC PACK 5 MALE - PAN INDIA - FY2526

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM WITH PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	14.9	g/dL	13-17	Spectrophotometer
PCV	42.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.07	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	84.5	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	**34.7**	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,250	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54	%	40-80	Flow cytometry
LYMPHOCYTES	36	%	20-40	Flow cytometry
EOSINOPHILS	3	%	1-6	Flow cytometry
MONOCYTES	7	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3375	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2250	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	187.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	437.5	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.5		0.78- 3.53	Calculated
PLATELET COUNT	239000	cells/cu.mm	150000-410000	Electrical impedence
MPV	8.3	Fl	8.1-13.9	Calculated
ESR	2	mm at the end of 1 hour	0-15	Kinetic photometry

PERIPHERAL SMEAR

RBCs: Normocytic Normochromic

WBCs: Normal in number, morphology and distribution

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SIN No:CHL260401545

This test has been performed at Apollo Health and Lifestyle ltd- RRL Bangalore , Madiwala.

Patient Name	: Mr.N SATHISH	Collected	: 06/Apr/2026 08:50AM
Age/Gender	: 53 Y 4 M 6 D/M	Received	: 06/Apr/2026 12:28PM
UHID/MR No	: CMAR.0000396561	Reported	: 06/Apr/2026 01:51PM
Visit ID	: CMAROPV1068103	Status	: Final Report
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Platelets: Adequate in number.

Hemoparasites: Not Seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Correlate with clinical history.

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SIN No:CHL260401545

This test has been performed at Apollo Health and Lifestyle ltd- RRL Bangalore , Madiwala.

Patient Name	: Mr.N SATHISH	Collected	: 06/Apr/2026 08:50AM
Age/Gender	: 53 Y 4 M 6 D/M	Received	: 06/Apr/2026 12:57PM
UHID/MR No	: CMAR.0000396561	Reported	: 06/Apr/2026 01:28PM
Visit ID	: CMAROPV1068103	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: IMAGINE HEALTHFIN PRIVATE LIMIT ED
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DEPARTMENT OF BIOCHEMISTRY

IMAGINE HEALTHFIN - ALYVE HEALTH MIBL - AHC PACK 5 MALE - PAN INDIA - FY2526

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , *NAF PLASMA*	**126**	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

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SIN No:CHL260401541

Patient Name	: Mr.N SATHISH	Collected	: 06/Apr/2026 11:55AM
Age/Gender	: 53 Y 4 M 6 D/M	Received	: 06/Apr/2026 04:30PM
UHID/MR No	: CMAR.0000396561	Reported	: 06/Apr/2026 05:03PM
Visit ID	: CMAROPV1068103	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: IMAGINE HEALTHFIN PRIVATE LIMIT ED
Emp/Auth/TPA ID	: 306856000298385606		

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IMAGINE HEALTHFIN - ALYVE HEALTH MIBL - AHC PACK 5 MALE - PAN INDIA - FY2526

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	**162**	mg/dL	Non-diabetic <140 ~ Impaired glucose Tolerance 140 - 200 ~ Diabetic >200	Hexokinase

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

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Patient Name	: Mr.N SATHISH	Collected	: 06/Apr/2026 08:50AM
Age/Gender	: 53 Y 4 M 6 D/M	Received	: 06/Apr/2026 12:40PM
UHID/MR No	: CMAR.0000396561	Reported	: 06/Apr/2026 01:57PM
Visit ID	: CMAROPV1068103	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: IMAGINE HEALTHFIN PRIVATE LIMIT ED
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DEPARTMENT OF BIOCHEMISTRY

IMAGINE HEALTHFIN - ALYVE HEALTH MIBL - AHC PACK 5 MALE - PAN INDIA - FY2526

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	**6.8**	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	148	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

Reference Group	HbA1c (%)	HbA1c (mmol/mol)
Non-Diabetic	<5.7	<38.8
Prediabetes	5.7 – 6.4	38.8 – 46.5
Diabetes	≥ 6.5	≥47.5
Diabetics		
Excellent control	6 – 7	42.1 – 53.0
Fair to good control	7 – 8	53.0 – 63.9
Unsatisfactory control	8 – 10	63.9 – 85.8
Poor control	>10	>85.8
Note: HbA1c IFCC (mmol/mol) = (10.93 x HbA1c NGSP (%)) – 23.50		

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.
3. Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
5. In cases of Interference from Haemoglobin variants (HbF >25%, Homozygous Hemoglobinopathies) in HbA1C testing, alternative methods (Fructosamine) estimation is recommended for Glycemic Control. Abnormal Haemoglobin studies (HPLC/Electrophoresis) is recommended for detection of Hemoglobinopathies.

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Patient Name	: Mr.N SATHISH	Collected	: 06/Apr/2026 08:50AM
Age/Gender	: 53 Y 4 M 6 D/M	Received	: 06/Apr/2026 12:32PM
UHID/MR No	: CMAR.0000396561	Reported	: 06/Apr/2026 01:14PM
Visit ID	: CMAROPV1068103	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

IMAGINE HEALTHFIN - ALYVE HEALTH MIBL - AHC PACK 5 MALE - PAN INDIA - FY2526

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	152	mg/dL	< 200	CHOD-PAD
TRIGLYCERIDES	149	mg/dL	< 150	GPO-PAP
HDL CHOLESTEROL	**33**	mg/dL	>=40 Desirable	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	119	mg/dL	<130	Calculated
LDL CHOLESTEROL	89.1	mg/dL	<100	Calculated (Friedewald)
VLDL CHOLESTEROL	29.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.59		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	**0.290**		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.
Below Table as per Lipid Association of India (LAI) (2023) and Cardiological Society of India (CSI) (2024) Guidelines and Consensus Statements for Dyslipidemia Management:

	Low Risk	Moderate Risk	High Risk	Very High Risk	Extremely High Risk
Total Cholesterol	< 200	< 200	200 – 239	≥ 240	≥ 240
Triglycerides	<150	< 150	150 – 199	200 – 499	≥ 500
LDL	< 100	100 – 129	130 – 159 Target for High Risk: < 70	160 – 189 Target for Very High Risk: < 50	≥ 190 Target for Extreme Risk – Category A,B :< 30,Category C: 10 – 15
HDL	≥ 60	≥ 60	M: <40, F: <50	<30	<30
Non-HDL Cholesterol	< 130	130 – 159	160-189 Target for High Risk: < 100	190 – 219 Target for Very High Risk: < 80	≥220 Target for Extreme Risk – Category A,B :< 60, Category C: 40 – 45

Note: **Low risk** – No known risk factor of cardiovascular disease.**Moderate risk** – Any one risk factor eg;smoking/hypertension/diabetes mellitus etc.
High risk – Two or more risk factors without any disease manifestation, chronic kidney disease, long-standing diabetes mellitus existing for >10 years,history of heterozygous familial hypercholesterolemia. **Very high risk** – clinical evidence of coronary artery disease, long-standing diabetes mellitus existingfor >20 years, etc. **Extremely high risk** – recurrent vascular events.
1. Measurements for Lipids (Especially Triglycerides) can show physiological (Dependent on diet,10-12 hrs fasting pre-test condition) & analytical variations.
2. Lipid Association of India (LAI) recommends screening of all adults (>20 yrs) for Atherosclerotic Cardiovascular Disease (ASCVD) risk factors with lipid profile testing. The association recommends testing also to include Apolipoprotein B & Lipoprotein (a) for stratification and defining LDL – C targets.

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SIN No:CHL260401542

Patient Name	: Mr.N SATHISH	Collected	: 06/Apr/2026 08:50AM
Age/Gender	: 53 Y 4 M 6 D/M	Received	: 06/Apr/2026 12:32PM
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DEPARTMENT OF BIOCHEMISTRY

IMAGINE HEALTHFIN - ALYVE HEALTH MIBL - AHC PACK 5 MALE - PAN INDIA - FY2526

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.53	mg/dL	0-1.2	Diazo
BILIRUBIN CONJUGATED (DIRECT)	0.21	mg/dL	0-0.3	Diazo
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Calculated
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	10-50	IFCC with Pyridoxal Phosphate
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.5	U/L	10-50	IFCC with Pyridoxal Phosphate
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	**1.2**		<1.15	Calculated
ALKALINE PHOSPHATASE	63.00	U/L	40-129	IFCC
PROTEIN, TOTAL	6.85	g/dL	6.4-8.3	Biuret
ALBUMIN	4.57	g/dL	3.5-5.2	Bromo Cresol Green
GLOBULIN	2.28	g/dL	2.0-3.5	Calculated
A/G RATIO	2		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury: *AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.Note- If both SGPT and SGOT are within reference range then AST:ALT (De Ritis ratio) does not have any clinical significance.
2. Cholestatic Pattern:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin (Direct) and GGT elevated- helps to establish hepatic origin.
3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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SIN No:CHL260401542

Patient Name	: Mr.N SATHISH	Collected	: 06/Apr/2026 08:50AM
Age/Gender	: 53 Y 4 M 6 D/M	Received	: 06/Apr/2026 12:32PM
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DEPARTMENT OF BIOCHEMISTRY

IMAGINE HEALTHFIN - ALYVE HEALTH MIBL - AHC PACK 5 MALE - PAN INDIA - FY2526

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.87	mg/dL	0.7-1.2	Jaffe
.eGFR - ESTIMATED GLOMERULAR FILTRATION RATE	102.88	mL/min/1.73m²	>60	CKD-EPI Formula 2021
UREA	36.40	mg/dL	13-43	Urease
BLOOD UREA NITROGEN	17.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.95	mg/dL	3.5-7.2	Uricase
CALCIUM	9.38	mg/dL	8.6-10	NM-Bapta
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.6	mmol/L	136-145	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.5	mmol/L	98-107	ISE (Indirect)
PROTEIN, TOTAL	6.85	g/dL	6.4-8.3	Biuret
ALBUMIN	4.57	g/dL	3.5-5.2	Bromo Cresol Green
GLOBULIN	2.28	g/dL	2.0-3.5	Calculated
A/G RATIO	2		0.9-2.0	Calculated

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SIN No:CHL260401542

Patient Name	: Mr.N SATHISH	Collected	: 06/Apr/2026 08:50AM
Age/Gender	: 53 Y 4 M 6 D/M	Received	: 06/Apr/2026 12:32PM
UHID/MR No	: CMAR.0000396561	Reported	: 06/Apr/2026 01:06PM
Visit ID	: CMAROPV1068103	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

IMAGINE HEALTHFIN - ALYVE HEALTH MIBL - AHC PACK 5 MALE - PAN INDIA - FY2526

Test Name	Result	Unit	Bio. Ref. Interval	Method
ELECTROLYTES - SERUM , *SERUM*				
SODIUM	139.6	mmol/L	136-145	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105.5	mmol/L	98-107	ISE (Indirect)

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SIN No:CHL260401542

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Patient Name	: Mr.N SATHISH	Collected	: 06/Apr/2026 08:50AM
Age/Gender	: 53 Y 4 M 6 D/M	Received	: 06/Apr/2026 12:31PM
UHID/MR No	: CMAR.0000396561	Reported	: 06/Apr/2026 01:28PM
Visit ID	: CMAROPV1068103	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: IMAGINE HEALTHFIN PRIVATE LIMITED
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DEPARTMENT OF IMMUNOLOGY

IMAGINE HEALTHFIN - ALYVE HEALTH MIBL - AHC PACK 5 MALE - PAN INDIA - FY2526

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	124	ng/dL	84.6-202	ECLIA
THYROXINE (T4, TOTAL)	8.97	µg/dL	5.12-14.06	ECLIA
TSH (Ultrasensitive/4thGen)	2.490	µIU/mL	0.270-4.20	ECLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) & its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active. Isolated low T3 is often noticed in elderly
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Possible Suggested Conditions correlating with pattern
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Treatment.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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Consultant Pathologist

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Patient Name	: Mr.N SATHISH	Collected	: 06/Apr/2026 08:50AM
Age/Gender	: 53 Y 4 M 6 D/M	Received	: 06/Apr/2026 12:31PM
UHID/MR No	: CMAR.0000396561	Reported	: 06/Apr/2026 01:36PM
Visit ID	: CMAROPV1068103	Status	: Final Report
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DEPARTMENT OF IMMUNOLOGY

IMAGINE HEALTHFIN - ALYVE HEALTH MIBL - AHC PACK 5 MALE - PAN INDIA - FY2526

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , *SERUM*	**14.7**	ng/mL	30-100	ECLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:- Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease., Drugs like Anticonvulsants, Nephrotic syndrome.

Increased levels:- Vitamin D intoxication.

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Patient Name	: Mr.N SATHISH	Collected	: 06/Apr/2026 08:50AM
Age/Gender	: 53 Y 4 M 6 D/M	Received	: 06/Apr/2026 12:31PM
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Visit ID	: CMAROPV1068103	Status	: Final Report
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DEPARTMENT OF IMMUNOLOGY

IMAGINE HEALTHFIN - ALYVE HEALTH MIBL - AHC PACK 5 MALE - PAN INDIA - FY2526

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , *SERUM*	327	pg/mL	197-771	ECLIA

Comment:

Population based data reflecting exact scenario of vitamin B12 levels in Indian population is still evolving, however, different studies reporting a deficiency in adults, pregnant women and children ranging from 16% to 77% with average of about 47%. This high incidence is attributed to vegetarian food habits of large majority of Indian population.

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency. B12 levels in the range of 150 to 190 pg/ml may not be associated with any clinical manifestations, while B12 levels below 100 pg/ml are often associated with clinical symptoms. However, for an individual based on other co-morbid conditions or other nutritional deficiency (especially folate) the manifestations can vary accordingly.

If clinical symptoms suggest deficiency, measurement of active vitamin B12, MMA and homocysteine should be considered as further workup.

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , *SERUM*	0.610	ng/mL	< 3.1	ECLIA

Comment:

- Prostate specific antigen (PSA) is a glycoprotein having a close structural relationship to the glandular kallikrein & functions as a serine proteinase. PSA about 70-90% circulates in blood by formation of complexes with protease inhibitors (such as alpha 1 antichymotrypsin (ACT), alpha 2 macroglobulin), while about remaining 10 30 % of PSA in blood circulates in the free form, but is proteolytically inactive.
- Elevated levels of serum PSA can be associated with various benign prostatic conditions. Infection, trauma, inflammation, and benign prostatic hyperplasia can elevate serum PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations. For results between 4-10 ng/ml, free PSA & free/total ratio is recommended.
- PSA measurements are also used in the monitoring of therapy in cancer patients.

Dr.Anusha B M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

Patient Name	: Mr.N SATHISH	Collected	: 06/Apr/2026 08:50AM
Age/Gender	: 53 Y 4 M 6 D/M	Received	: 06/Apr/2026 01:28PM
UHID/MR No	: CMAR.0000396561	Reported	: 06/Apr/2026 02:44PM
Visit ID	: CMAROPV1068103	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: IMAGINE HEALTHFIN PRIVATE LIMIT ED
Emp/Auth/TPA ID	: 306856000298385606		

DEPARTMENT OF CLINICAL PATHOLOGY

IMAGINE HEALTHFIN - ALYVE HEALTH MIBL - AHC PACK 5 MALE - PAN INDIA - FY2526

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
Physical Examination				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	5.50		5-7.5	Automated-Reflectance Spectrophotometer
SP. GRAVITY	1.025			Automated-Reflectance Spectrophotometer
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error of Indicator/Sulpho salicylic Acid
GLUCOSE	NORMAL		NEGATIVE	Glucose oxidase/Benedicts Test
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO coupling reaction/Fouchets
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside/Rotheras Test
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Modified Ehrlichs
NITRITE	NEGATIVE		NEGATIVE	Diazotisation
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
Pus Cells	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Dr.Rose Maria Thomas
M.B.B.S,MD(Pathology)
Consultant Pathologist.

DR.Lucky Sinha
M.B.B.S,M.D(Pathology)
Consultant pathologist

SIN No:CHL260401546

This test has been performed at Apollo Health and Lifestyle ltd- RRL Bangalore , Madiwala.

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Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

***** End Of Report *****

Dr.Rose Maria Thomas
M.B.B.S,MD(Pathology)
Consultant Pathologist.

DR.Lucky Sinha
M.B.B.S,M.D(Pathology)
Consultant pathologist

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6. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen
7. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
8. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies
9. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
10. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only

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