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Mr. Romona
Age / Sex : 40 Years / Female
Reg. No : 94

Registered on : 23/05/2026 6:25 PM
Referred By : Dr. Jack

FULL BODY CHECKUP (MALE)

Liver Function Test (LFT)

BIOCHEMISTRY

TEST	VALUE	UNIT	REFERENCE
Serum Bilirubin (Total)	0.7	mg/dl	0.2 - 1.2
Serum Bilirubin (Direct)	0.2	mg/dl	0 - 0.3
Serum Bilirubin (Indirect)	*0.5*	*mg/dL*	*0.2 - 0.8*
SGPT (ALT)	19	U/L	10 - 28
SGOT (AST)	15.5	U/L	0 - 31
Serum Albumin	4.3	g/dL	3.5 - 5
Serum Alkaline Phosphatase	69.5	U/L	35 - 104
Serum Protein (Total)	7.2	g/dL	6 - 8.3
Globulin	*2.9*	*g/dL*	*2.0 - 3.5*
A/G Ratio	*1.48*		*1.1 - 2.5*

Interpretations:

LFT Interpretation
Liver Function Blood Test gives an insight into your liver health and helps identify problems like hepatitis, cirrhosis, and fatty liver disease, which may cause similar symptoms but require different treatments to recover.

Test Significance
Besides diagnosing liver problems, LFT's also monitor overall liver functioning. Monitoring helps people with liver disease or taking medication, as it helps screen whether the treatment works fine or requires adjustments. Moreover, Liver Function Tests help determine if someone is at risk of developing liver diseases. Apart from assessing your chances, this test also checks the severity of the liver damage to help the doctor plan and prescribe appropriate treatment.

Increased in: Acute or chronic hepatitis, cirrhosis, biliary tract obstruction, toxic hepatitis, neonatal jaundice (neonatal hyperbilirubinemia), congenital liver enzyme abnormalities (Dubin-Johnson, Rotor, Gilbert, Crigler-Najjar syndromes), fasting, hemolytic disorders. Hepatotoxic drugs.

Kidney Function Test (KFT)

BIOCHEMISTRY

TEST	VALUE	UNIT	REFERENCE
Serum Creatinine	0.8	mg/dl	0.55 - 1.02
eGFR (CKD Stage)	*95.46 (G1)*	*mL/min/1.73m²*	*≥ 90*
Serum Urea	26.5	mg/dl	13 - 40
BUN	*12.38*	*mg/dL*	*7 - 20*
Serum Osmolality	*291.14*	*mOsm/kg*	*275 - 295*
Serum Calcium	9.7	mg/dl	8.8 - 10.6
Corrected Calcium	*9.46*	*mg/dL*	*8.5 - 10.5*
Serum Potassium	4.3	mmol/L	
eGFR	195	ml/min/1.73m^2	90 - 300
eGFR Category	G1		
Serum Sodium	141	mmol/L	136 - 146
Serum Uric Acid	4.3	mg/dl	2.6 - 6
Urea / Creatinine Ratio	30		20 - 40
BUN / Creatinine Ratio	15		10 - 20

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Interpretations:

Creatinine is a nitrogenous waste product formed in muscle from creatine phosphate. Endogenous production of creatinine is proportional to muscle mass and body weight.

Causes of Increased Serum Creatinine Level	Causes of Decreased Serum Creatinine Level
1. Pre-renal, renal, and post-renal azotemia 2. Large amount of dietary meat 3. Active acromegaly and gigantism	1. Pregnancy 2. Increasing age (reduction in muscle mass)

GFR is measured to (i) detect suspected incipient kidney disease (i.e. early detection), (ii)monitor the course of established kidney disease, (iii) plan renal replacement therapy in advanced renal disease, and (iv) adjust the dosage of certain drugs which are nephrotoxic.

BUN/creatinine ratio is to discriminate pre-renal and post-renal azotemia from renal azotemia.

Lipid Profile

BIOCHEMISTRY

TEST	VALUE	UNIT	REFERENCE
Total Cholesterol	162.5	mg/dl	125 - 200
HDL Cholesterol	57.5	mg/dl	35 - 80
Triglycerides	112.5	mg/dl	25 - 200
VLDL Cholesterol	*22.5*	*mg/dL*	*< 30*
LDL Cholesterol	*82.5*	*mg/dL*	*< 100*
Non-HDL Cholesterol	*105*	*mg/dL*	*< 130*
Total Cholesterol / HDL Ratio	*2.83*	*ratio*	*< 5*
LDL/HDL Ratio	*1.43*	*ratio*	*< 3.5*

Interpretations:

Abnormalities of lipids are associated with increased risk of coronary artery disease (CAD) in patients with DM. This risk can be reduced by intensive treatment of lipid abnormalities. The usual pattern of lipid abnormalities in type 2 DM is elevated triglycerides, decreased HDL cholesterol and higher proportion of small, dense LDL particles. Cholesterol is a lipid found in all cell membranes and in blood plasma. It is an essential component of the cell membranes, and is necessary for synthesis of steroid hormones, and for the formation of bile acids. Cholesterol is synthesized by the liver and many other organs, and is also ingested in the diet. Triglycerides are lipids in which three long-chain fatty acids are attached to glycerol. They are present in dietary fat and also synthesized by liver and adipose tissue.

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

Risk Category	**Treatment Goal**		**Consider Therapy**	
	LDL Cholesterol (LDL-C) (Mg/dl)	**Non-HDL Cholesterol (Non HDL-C) (Mg/dl)**	**LDL cholesterol (LDL-C) (Mg/dl)**	**Non- HDL Cholesterol (Non HDL-C) (Mg/dl)**
Extreme Risk Group Category A	< 50 (Optional Goal<=30)	<80 (Optional Goal<=60)	>=50	>=80
Extreme Risk Group Category A	<=30	<=60	>30	>60
Very High	<50	<80	>=50	>=80
High	<70	<100	>=70	>=100
Moderate	<100	<130	>=100	>=130
Low	<100	<130	>=130*	>=160*

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months.

Thyroid Function Test (TFT)

ENDOCRINOLOGY

TEST	VALUE	UNIT	REFERENCE
Serum T3 (Total)	1.4	ng/mL	0.69 - 2.15

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TEST	VALUE	UNIT	REFERENCE
Serum T4 (Total)	89.5	ng/mL	52 - 127
TSH	2.4	µIU/mL	0.3 - 4.5

Interpretations:

Physiologic Basis
Total T4 is a measure of thyroid gland secretion of T4, bound and free, and thus is influenced by levels of thyroid hormone binding proteins. Only free T4 is biologically active.
TSH is an anterior pituitary hormone that stimulates the thyroid gland to produce thyroid hormones. Secretion is stimulated by thyrotropin releasing hormones from the hypothalamus. There is negative feedback on TSH secretion by circulating thyroid hormone.
T3 is the primary active thyroid hormone. Approximately 80% of T3 is produced by extrathyroidal deiodination of T4 and the rest by thyroid gland. Total T3 is influenced by levels of thyroxine binding proteins.

Patterns of Thyroid Function Tests in Patients with Thyroid Disease

Type of disease	T4	T3	TSH
Conventional hyperthyroidism (95%)	Raised	Raised	Undetectable
T3 hyperthyroidism (5%)	Normal	Raised	Undetectable
Subclinical hyperthyroidism	Normal	Normal	Undetectable
Primary hypothyroidism	Low	Not indicated	Raised
Subclinical hypothyroidism	Normal	Not indicated	Raised
Secondary hypothyroidism	Low	Not indicated	Undetectable

CBC (with absolute counts)

HAEMATOLOGY

TEST	VALUE	UNIT	REFERENCE
Hemoglobin	13.8	g/dL	12.0 - 15.5
Total Leukocyte Count	7500	/µL	4000 - 11000
Differential Leucocyte Count			
Neutrophils	57.5	%	40 - 75
Neutrophil (Abs)	*4.31*	*×10³/µL*	*1.8 - 7.7*
Lymphocyte	32.5	%	20 - 45
Lymphocyte (Abs)	*2.44*	*×10³/µL*	*1.0 - 4.8*
Eosinophils	3.5	%	1 - 6
Absolute Eosinophil Count	*262.5*	*cells/µL*	*100 - 500*
Monocytes	6	%	2 - 10
Monocyte (Abs)	*0.45*	*×10³/µL*	*0.2 - 1.0*
Basophils	1	%	0 - 2
Basophil (Abs)	*0.07*	*×10³/µL*	*0 - 0.1*
Neutrophil Lymphocyte Ratio	*1.77*		*1 - 3*
Differential Leukocyte Count (Absolute count)			
Neutrophils	57.5	x10^3/µL	40 - 75
Lymphocytes	32.5	x10^3/µL	20 - 45
Eosinophils	3.5	x10^3/µL	1 - 6
Monocytes	6	x10^3/µL	2 - 10
Basophils	1	x10^3/µL	0 - 2
Platelet Count	2.8	lakhs/µL	1.5 - 4.0
Total RBC Count	4.6	million/µL	4.1 - 5.1
Hematocrit (HCT)	41	%	36 - 46
MCV	92	fL	

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TEST	VALUE	UNIT	REFERENCE
MCH	*30*	*pg*	*27 - 33*
Mean Platelet Volume (MPV)	10	fL	7.5 - 12.5
RDW-SD	45.5	fL	37 - 54

BIOCHEMISTRY

TEST	VALUE	UNIT	REFERENCE
Fasting Blood Sugar	85	mg/dL	70 - 100
HbA1c (Glycosylated Hemoglobin)			
HbA1c	5.4	%	< 5.7
Estimated Average Glucose	*108.28*	*mg/dL*	*< 117*
25-OH Vitamin D	65	ng/mL	30 - 100
Vitamin B12	561	pg/ml	211 - 911
Rheumatoid Factor (RA)	10	IU/mL	
CRP (Quantitative)	3	mg/L	0 - 6
Urine Routine Examination			
Chemical Examination			
Protein / Albumin	Absent		
Sugar / Glucose	Absent		
Ketone Bodies	Absent		
Bilirubin	Negative		
Nitrite	Negative		
Leukocytes	Negative		
Blood	Negative		
Microscopic Examination			
R.B.C.	4.6	/HPF	4.1 - 5.1
Pus Cells	1-2	/HPF	
Epithelial Cells	Few	/HPF	
Casts	Nil		
Crystals	Nil		
Bacteria	Nil		
Others	None		
Physical Examination			
Quantity	Random	ml	
Colour	Pale Yellow		
Transparency	Clear		
Specific Gravity L	1		1.005 - 1.03
pH	6		5 - 7
Folic Acid	10.3	ng/mL	3.1 - 17.5 Deficiency: < 3.0 Borderline: 3.0 - 5.9
Testosterone Total	42.5	ng/dL	15 - 70
CA 19-9	18.5	U/mL	0 - 37
Total PSA	2	ng/mL	0 - 4

~~~ End of report ~~~
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Mr. xxxx
DMLT, Lab Incharge

Dr. yyyyy
MBBS, MD Pathologist