

**Health Check up Booking Confirmed Request(22S53106), Package Code-, Beneficiary Code-283195**

**From** Mediwheel <wellness@mediwheel.in>  
**Date** Wed 2/26/2025 11:55 AM  
**To** PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>  
**Cc** customercare@mediwheel.in <customercare@mediwheel.in>

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Hi **Manipal Hospital,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

**Hospital Package Name** : Mediwheel Full Body Health Checkup Female Below 40

**Patient Package Name** : Mediwheel Full Body Health Checkup Female Below 40

**Contact Details** : 7017216587

**Appointment Date** : 08-03-2025

**Confirmation Status** : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Jyoti	36 year	Female

We request you to facilitate the employee on priority.

Thanks,  
Mediwheel Team  
Please Download Mediwheel App



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Download Date: 24/06/2021



भारत सरकार  
GOVERNMENT OF INDIA



ज्योति वर्मा  
Jyoti Verma  
जन्म तिथि / DOB: 02/04/1988  
महिला / FEMALE  
Mobile No.: 7895548717

**5522 3102 0549**  
VID : 9164 1899 8649 5369

Issue Date: 23/11/2020

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



पता:

द्वारा: राकेश कुमार वर्मा, फ्लैट न. 1002, टवर न. 10,  
पंचशील प्राइमरोज, गोविन्दपुरम, गाजियाबाद,  
उत्तर प्रदेश - 201013

**Address:**

C/O: Rakesh Kumar Verma, Flat No. 1002, Tower  
No. 10, Panchsheel Primerose, Govindpuram,  
Ghaziabad, Uttar Pradesh - 201013



5522 3102 0549  
VID : 9164 1899 8649 5369



1947



help@uidai.gov.in



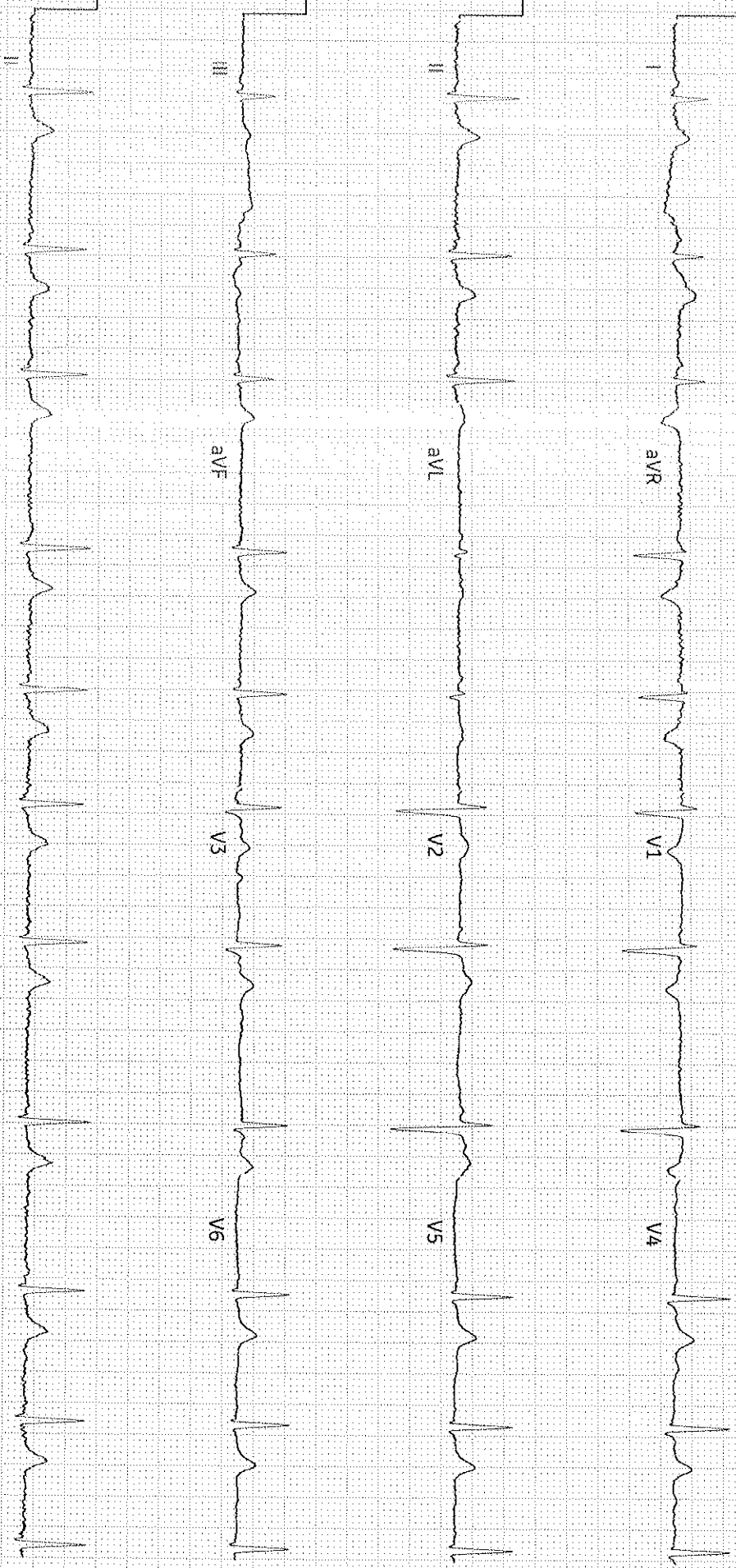
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Jyoti verma  
Female  
(36 Years)

Vital Signs™ 228 188 05

Vent. rate 64 BPM  
PR interval 96 ms  
QRS duration 76 ms  
QT/QTc-Baz 390/402 ms  
P-R-T axes 9 58 33

*HL*



Unconfirmed

08/03/2025 09:56:57 AM  
Manipal Hospital

25mm/s 10.0mm/mV 0.56-20 Hz ZPD

50 Hz

MAC™ 5 1.01 SP01

I2SL v24 4 by 2.5s + 1 rhythmId



Patient Name	MRS JYOTI VERMA	Location	: Ghaziabad
Age/Sex	: 36Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No	MH015982722	Order Date	: 08/03/2025
Ref. Doctor	: H/C	Report Date	: 08/03/2025

**Protocol** : Bruce **MPHR** : 184BPM  
**Duration of exercise** : 04min 33sec **85% of MPHR** : 156BPM  
**Reason for termination** : THR achieved **Peak HR Achieved** : 176BPM  
**Blood Pressure (mmHg)** : Baseline BP : 120/80mmHg **% Target HR** : 95%  
 Peak BP : 140/80mmHg **METS** : 6.4METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	102	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	163	130/80	Nil	No ST changes seen	Nil
STAGE 2	1:33	176	140/90	Nil	No ST changes seen	Nil
RECOVERY	2:33	116	120/80	Nil	No ST changes seen	Nil

**COMMENTS:**

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

**IMPRESSION:**

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

**Dr. Bhupendra Singh**  
MD, DM (CARDIOLOGY), FACC  
Sr. Consultant Cardiology

**Dr. Abhishek Singh**  
MD, DNB (CARDIOLOGY), MNAMS  
Sr. Consultant Cardiology

**Dr. Sudhanshu Mishra**  
Cardiology Registrar

  
**Dr. Geetesh Govil**  
MD, D. Card, PGDCC, MAAC, M. Med, MIMA, FAGE  
Jr. Consultant Cardiology

**Manipal Hospital, Ghaziabad**  
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P +91 80 4936 0300E info@manipalhospitals.com [www.manipalhospitals.com](http://www.manipalhospitals.com)

**RADIOLOGY REPORT**

<b>NAME</b>	Jyoti VERMA	<b>STUDY DATE</b>	08/03/2025 11:19AM
<b>AGE / SEX</b>	36 y / F	<b>HOSPITAL NO.</b>	MH015982722
<b>ACCESSION NO.</b>	R9495992	<b>MODALITY</b>	US
<b>REPORTED ON</b>	08/03/2025 11:59AM	<b>REFERRED BY</b>	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS****FINDINGS**

**LIVER:** appears enlarged in size (measures 179 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade II fatty infiltration. Rest normal.

**SPLEEN:** Spleen is normal in size (measures 97 mm), shape and echotexture. Rest normal.

**PORTAL VEIN:** Appears normal in size and measures 11 mm.

**COMMON BILE DUCT:** Appears normal in size and measures 2.3 mm.

**IVC, HEPATIC VEINS:** Normal.

**BILIARY SYSTEM:** Normal.

**GALL BLADDER:** Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

**PANCREAS:** Pancreas is normal in size, shape and echotexture. Rest normal.

**KIDNEYS:** Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

**Right Kidney:** measures 100 x 32 mm.

**Left Kidney:** measures 101 x 37 mm. It shows a concretion measuring 2.9 mm at upper calyx.

**PELVI-CALYCEAL SYSTEMS:** Compact.

**NODES:** Not enlarged.

**FLUID:** Nil significant.

**URINARY BLADDER:** Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

**UTERUS:** Uterus is anteverted, normal in size (measures 86 x 57 x 46 mm) and shape but shows coarse myometrial echotexture. Evidence of previous operation scar is seen. Endometrial thickness measures 4.9 mm. Cervix appears normal.

**OVARIES:** Both ovaries are normal in size, shape and echotexture. Rest normal.

**Right ovary** measures 30 x 26 x 17 mm with volume 6.8 cc.

**Left ovary** measures 28 x 28 x 17 mm with volume 7.1 cc.

**Bilateral adnexa** is clear.

**BOWEL:** Visualized bowel loops appear normal.

**IMPRESSION**

- **Hepatomegaly with diffuse grade II fatty infiltration in liver.**
- **Left renal concretion.**
- **Coarse myometrial echotexture of uterus.**

Recommend clinical correlation.

*Monica*

**Dr. Monica Shekhawat**

**MBBS, DNB, CCFRG, ACFRG (Reg No MCI 11-10887)**

**CONSULTANT RADIOLOGIST**



**RADIOLOGY REPORT**

NAME	Jyoti VERMA	STUDY DATE	08/03/2025 11:19AM
AGE / SEX	36 y / F	HOSPITAL NO.	MH015982722
ACCESSION NO.	R9495992	MODALITY	US
REPORTED ON	08/03/2025 11:59AM	REFERRED BY	HEALTH CHECK MGD

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



**RADIOLOGY REPORT**

NAME	Jyoti VERMA	STUDY DATE	08/03/2025 10:49AM
AGE / SEX	36 y / F	HOSPITAL NO.	MH015982722
ACCESSION NO.	R9495991	MODALITY	CR
REPORTED ON	08/03/2025 11:01AM	REFERRED BY	HEALTH CHECK MGD

**XR- CHEST PA VIEW****FINDINGS:**

LUNGS: Normal.  
TRACHEA: Normal.  
CARINA: Normal.  
RIGHT AND LEFT MAIN BRONCHI: Normal.  
PLEURA: Normal.  
HEART: Normal.  
RIGHT HEART BORDER: Normal.  
LEFT HEART BORDER: Normal.  
PULMONARY BAY: Normal.  
PULMONARY HILA: Normal.  
AORTA: Normal.  
THORACIC SPINE: Normal.  
OTHER VISUALIZED BONES: Normal.  
VISUALIZED SOFT TISSUES: Normal.  
DIAPHRAGM: Normal.  
VISUALIZED ABDOMEN: Normal.  
VISUALIZED NECK: Normal.

**IMPRESSION:**

**No significant abnormality noted.**  
Recommend clinical correlation.

**Dr. Monica Shekhawat**  
**MBBS, DNB, CCFRG, ACFRG (Reg No MCI 11-10887)**  
**CONSULTANT RADIOLOGIST**

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



## LABORATORY REPORT

Name : MRS JYOTI VERMA  
Registration No : MH015982722  
Patient Episode : H18000003899  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 09:34

Age : 36 Yr(s) Sex :Female  
Lab No : 202503001211  
Collection Date : 08 Mar 2025 09:34  
Reporting Date : 08 Mar 2025 15:40

### BIOCHEMISTRY

### BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Specimen Type : Serum</b>			
<b>THYROID PROFILE, Serum</b>			
T3 - Triiodothyronine (ELFA)	1.220	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	5.920	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.860	μIU/mL	[0.250-5.000]

#### NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders. The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.



LABORATORY REPORT

Name	: MRS JYOTI VERMA	Age	: 36 Yr(s) Sex :Female
Registration No	: MH015982722	Lab No	: 202503001211
Patient Episode	: H18000003899	Collection Date	: 08 Mar 2025 09:34
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Mar 2025 14:47
Receiving Date	: 08 Mar 2025 09:34		

**BLOOD BANK**

**BIOLOGICAL REFERENCE INTERVAL**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	B Rh(D) Positive		

**Technical note:**

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

This report supersedes if any prior report issued under lab episode number :202503001211

**NOTE:**

# - Abnormal Values

-----END OF REPORT-----

Dr. Charu Agarwal  
Consultant Pathologist



**LABORATORY REPORT**

Name : MRS JYOTI VERMA  
Registration No : MH015982722  
Patient Episode : H18000003899  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 09:33

Age : 36 Yr(s) Sex :Female  
Lab No : 202503001212  
Collection Date : 08 Mar 2025 09:33  
Reporting Date : 08 Mar 2025 16:17

**BIOCHEMISTRY**

**BIOLOGICAL REFERENCE INTERVAL**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	110.7 #	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).  
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),  
Drugs- insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----

*Charu*

Dr. Charu Agarwal  
Consultant Pathologist

Printed On : 10 Mar 2025 11:22



## LABORATORY REPORT

Name : MRS JYOTI VERMA  
Registration No : MH015982722  
Patient Episode : H18000003899  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 13:34

Age : 36 Yr(s) Sex :Female  
Lab No : 202503001213  
Collection Date : 08 Mar 2025 13:34  
Reporting Date : 09 Mar 2025 09:40

### BIOCHEMISTRY

### BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen: Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	138.4	mg/dl	[80.0-140.0]
Method: Hexokinase			

Note:  
Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption, post exercise

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-----END OF REPORT-----

Dr. Charu Agarwal  
Consultant Pathologist

Printed On : 10 Mar 2025 11:22



## LABORATORY REPORT

Name : MRS JYOTI VERMA  
Registration No : MH015982722  
Patient Episode : H18000003899  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 09:34

Age : 36 Yr(s) Sex :Female  
Lab No : 202503001211  
Collection Date : 08 Mar 2025 09:34  
Reporting Date : 08 Mar 2025 15:40

TEST	BIOCHEMISTRY		BIOLOGICAL REFERENCE INTERVAL
	RESULT	UNIT	
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.49	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.38	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	8.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.98	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.30	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.50		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	14.63	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	15.40	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC	90.2	IU/L	[32.0-91.0]
GGT	19.6	U/L	[7.0-50.0]



## LABORATORY REPORT

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Receiving Date : 08 Mar 2025 09:34

Age : 36 Yr(s) Sex :Female  
Lab No : 202503001211  
Collection Date : 08 Mar 2025 09:34  
Reporting Date : 08 Mar 2025 15:40

### BIOCHEMISTRY

RESULT UNIT

### BIOLOGICAL REFERENCE INTERVAL

#### TEST

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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-----END OF REPORT-----

Dr. Charu Agarwal  
Consultant Pathologist

Printed On : 10 Mar 2025 11:22



## LABORATORY REPORT

Name : MRS JYOTI VERMA  
Registration No : MH015982722  
Patient Episode : H18000003899  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 09:34

Age : 36 Yr(s) Sex :Female  
Lab No : 202503001211  
Collection Date : 08 Mar 2025 09:34  
Reporting Date : 08 Mar 2025 15:48

### CLINICAL PATHOLOGY

#### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	>100/hpf	(0-5/hpf)
RBC	2-4 /hpf	(0-2/hpf)
Epithelial Cells	2-3 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

#### Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	171	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	76	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500 [35-65]
HDL- CHOLESTEROL	45	mg/dl	
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	15	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	112.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189 <4.0 Optimal 4.0-5.0 Borderline >6 High Risk
Above optimal-100-129			
T.Chol/HDL.Chol ratio(Calculated)	3.8		
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.5		<3 Optimal 3-4 Borderline >6 High Risk





## LABORATORY REPORT

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Age : 36 Yr(s) Sex :Female  
Lab No : 202503001211  
Collection Date : 08 Mar 2025 09:34  
Reporting Date : 08 Mar 2025 15:40

### BIOCHEMISTRY

### BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Note:  
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

#### KIDNEY PROFILE

Specimen: Serum	22.2	mg/dl	[15.0-40.0]
UREA			
Method: GLDH, Kinatic assay	10.4	mg/dl	[8.0-20.0]
BUN, BLOOD UREA NITROGEN			
Method: Calculated	0.60 #	mg/dl	[0.70-1.20]
<b>CREATININE, SERUM</b>			
Method: Jaffe rate-IDMS Standardization	4.9	mg/dl	[4.0-8.5]
URIC ACID			
Method:uricase PAP			
SODIUM, SERUM	137.50	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.76	mmol/L	[3.60-5.10]
SERUM CHLORIDE	102.2	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	117.6	ml/min/1.73sq.m	[>60.0]

Technical Note  
eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.



## LABORATORY REPORT

Name : MRS JYOTI VERMA  
Registration No : MH015982722  
Patient Episode : H18000003899  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 09:34

Age : 36 Yr(s) Sex :Female  
Lab No : 202503001211  
Collection Date : 08 Mar 2025 09:34  
Reporting Date : 08 Mar 2025 12:39

### HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDEANCE)	4.94 #	millions/cumm	[3.80-4.80]
HEMOGLOBIN	14.0	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	41.6	%	[36.0-46.0]
MCV (DERIVED)	84.2	fL	[83.0-101.0]
MCH (CALCULATED)	28.3	pg	[25.0-32.0]
MCHC (CALCULATED)	33.7	g/dl	[31.5-34.5]
RDW CV% (Calculated)	13.4	%	[11.6-14.0]
Platelet count	268	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	10.60	fL	
WBC COUNT (TC) (Flow Cytometry/ Manual)	7.55	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	65.0	%	[40.0-80.0]
Lymphocytes	28.0	%	[20.0-40.0]
Monocytes	4.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	42.0 #	mm/1sthour	[0.0-20.0]



**LABORATORY REPORT**

Name : MRS JYOTI VERMA  
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Patient Episode : H18000003899  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 09:34

Age : 36 Yr(s) Sex :Female  
Lab No : 202503001211  
Collection Date : 08 Mar 2025 09:34  
Reporting Date : 08 Mar 2025 15:45

**BIOCHEMISTRY**

**BIOLOGICAL REFERENCE INTERVAL**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.9 #	%	[0.0-5.6] As per American Diabetes Association (ADA) HbA1c in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk ) 5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG) 123 mg/dl  
Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

**ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine**

MACROSCOPIC DESCRIPTION	RESULT	REFERENCE INTERVAL
Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	SLIGHTLY TURBID	(4.6-8.0)
pH(indicators)	6.0	(1.003-1.035)
Specific Gravity(Dip stick-ion)	1.010	

CHEMICAL EXAMINATION	RESULT	REFERENCE INTERVAL
Protein/Albumin(Dip stick)	NEGATIVE	(NEGATIVE)
Glucose(GOP/POD/Manual-Benedicts)	NIL	(NIL)
Ketone Bodies(Dip stick)	Negative	(NEGATIVE)
Urobilinogen(Dip stick)	Normal	(NORMAL)