

Health Check up Booking Confirmed Request(22E53105), Package Code-, Beneficiary Code-283195

From Mediwheel <wellness@mediwheel.in>
Date Wed 2/26/2025 11:56 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 Male Above 40

Patient Package Name : Mediwheel Full Body Health Checkup Male Above 40

Contact Details : 7017216587

Appointment Date : 08-03-2025

Confirmation Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. VERMA RAKESH KUMAR	40 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team
Please Download Mediwheel App



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भारत सरकार
GOVERNMENT OF INDIA



आधार

Download Date: 23/05/2021



राकेश कुमार वर्मा
Rakesh Kumar Verma
जन्म तिथि / DOB: 12/06/1984
पुरुष / MALE
Mobile No.: 7895548717

Issue Date: 23/11/2020

9294 5028 2896
VID : 9171 5759 3619 6138

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

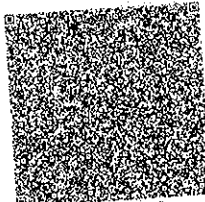


पता:

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

Address:

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



9294 5028 2896

UID : 9474 5759 3619 6138



1947



help@uidai.gov.in



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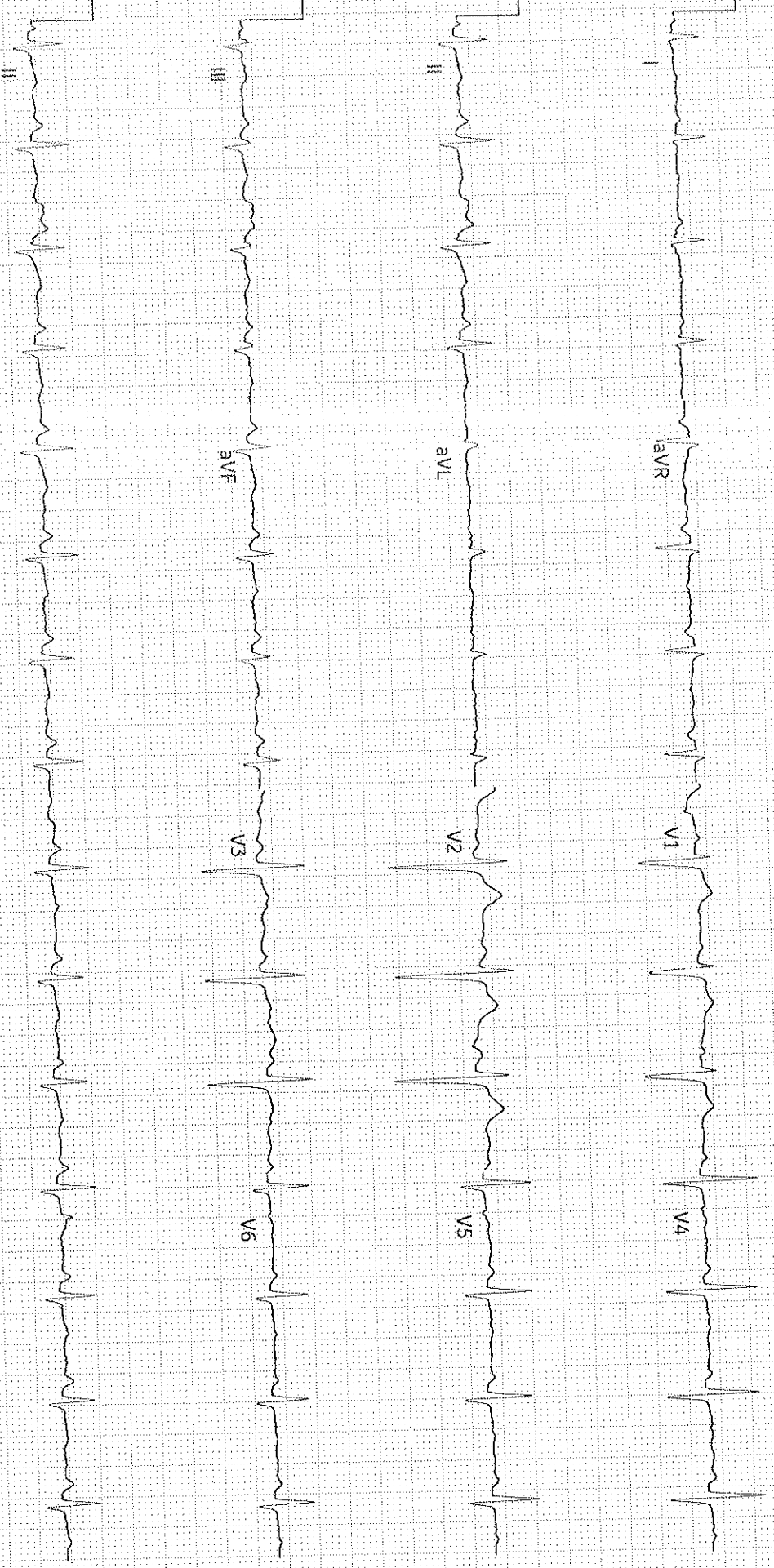
Rakesh kumar V... Signs™
228.166.05
Male
(40 Years)

Vent. rate 88 BPM
PR interval 138 ms
QRS duration 90 ms
QT/QTc-Baz 360/435 ms
P-R-T axes 64 23 77

HL

08/03/2025 10:09:53 AM
Manipal Hospital

Unconfirmed



25mm/s 100mm/mV 0.56-20 Hz ZPD 50 Hz MAC™ 5.101 SP01

12SL V24 4 by 2.5s + 1 rhythm Id



Patient Name	MR RAKESH KUMAR VERMA	Location	: Ghaziabad
Age/Sex	: 40Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH015982680	Order Date	: 08/03/2025
Ref. Doctor	: H/C	Report Date	: 08/03/2025

Protocol : Bruce **MPHR** : 180BPM
Duration of exercise : 05min 39sec **85% of MPHR** : 153BPM
Reason for termination : THR achieved **Peak HR Achieved** : 193BPM
Blood Pressure (mmHg) : Baseline BP : 120/80mmHg **% Target HR** : 107%
 Peak BP : 140/80mmHg **METS** : 7.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	71	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	128	130/80	Nil	No ST changes seen	Nil
STAGE 2	2:39	164	140/80	Nil	No ST changes seen	Nil
RECOVERY	2:14	109	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

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300E info@manipalhospitals.com www.manipalhospitals.com



RADIOLOGY REPORT

NAME	Rakesh Kumar VERMA	STUDY DATE	08/03/2025 11:11AM
AGE / SEX	40 y / M	HOSPITAL NO.	MH015982680
ACCESSION NO.	R9495777	MODALITY	US
REPORTED ON	08/03/2025 11:58AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS FINDINGS

LIVER: appears enlarged in size (measures 152 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade I 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 10.4 mm.
 COMMON BILE DUCT: Appears normal in size and measures 2.9 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 104 x 43 mm.
 Left Kidney: measures 98 x 44 mm.
 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.
 PROSTATE: Prostate is normal in size, shape and echotexture. It measures 33 x 25 x 24 mm with volume 10 cc. Rest normal.
 SEMINAL VESICLES: Normal.
 BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- **Hepatomegaly with diffuse grade I fatty infiltration in liver.**

Recommend clinical correlation.

Monica

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

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

**RADIOLOGY REPORT**

NAME	Rakesh Kumar VERMA	STUDY DATE	08/03/2025 10:48AM
AGE / SEX	40 y / M	HOSPITAL NO.	MH015982680
ACCESSION NO.	R9495775	MODALITY	CR
REPORTED ON	08/03/2025 11:02AM	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	: MR RAKESH KUMAR VERMA	Age	: 40 Yr(s) Sex :Male
Registration No	: MH015982680	Lab No	: 202503001205
Patient Episode	: H18000003897	Collection Date	: 08 Mar 2025 09:34
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Mar 2025 09:42
Receiving Date	: 08 Mar 2025 09:34		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type	: Serum		
PROSTATE SPECIFIC ANTIGEN (PSA-Total)	: 0.230	ng/mL	[<2.000]

Method :ELFA

Note :1.This is a recommended test for detection of prostate cancer along with Digital Recta Examination (DRE) in males above 50 years of age
 damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.
 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
 3. PSA levels may appear consistently elevated / depressed due to the interference by hetero antibodies & nonspecific protein binding
 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massag indwelling catheterization, and ultrasonography and needle biopsy of prostate is not recomme as they falsely elevate levels
 5. PSA values regardless of levels should not be interpreted as absolute evidence of the pre or absence of disease. All values should be correlated with clinical findings and results of other investigations
 6. Sites of Non - prostatic PSA production are breast epithelium, salivary glands, peri - urethral & anal glands, cells of male urethra && breast mil
 7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity

Recommended Testing Intervals

- * Pre-operatively (Baseline)
- * 2-4 days post-operatively
- * Prior to discharge from hospital
- * Monthly follow-up if levels are high or show a rising trend

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal

**LABORATORY REPORT**

Name	: MR RAKESH KUMAR VERMA	Age	: 40 Yr(s) Sex :Male
Registration No	: MH015982680	Lab No	: 202503001205
Patient Episode	: H18000003897	Collection Date	: 08 Mar 2025 09:34
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2025 15:40
Receiving Date	: 08 Mar 2025 09:34		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	1.110	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.280	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.720	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 hypophysical 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.

Page 1 of 3

**LABORATORY REPORT**

Name : MR RAKESH KUMAR VERMA Age : 40 Yr(s) Sex : Male
Registration No : MH015982680 Lab No : 202503001205
Patient Episode : H18000003897 Collection Date : 08 Mar 2025 09:34
Referred By : HEALTH CHECK MGD Reporting Date : 09 Mar 2025 10:17
Receiving Date : 08 Mar 2025 09:34

BLOOD BANK

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

Technical note:

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

Page 1 of 1

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR RAKESH KUMAR VERMA
Registration No : MH015982680
Patient Episode : H18000003897
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 09:34

Age : 40 Yr(s) Sex : Male
Lab No : 202503001206
Collection Date : 08 Mar 2025 09:34
Reporting Date : 08 Mar 2025 11:47

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	134.3 #	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-----

Dr. Charu Agarwal
Consultant Pathologist

Printed On : 10 Mar 2025 11:20



LABORATORY REPORT

Name : MR RAKESH KUMAR VERMA
Registration No : MH015982680
Patient Episode : H18000003897
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 13:35

Age : 40 Yr(s) Sex : Male
Lab No : 202503001207
Collection Date : 08 Mar 2025 13:35
Reporting Date : 08 Mar 2025 16:16

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	228.4 #	mg/dl	[80.0-140.0]

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

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

Dr. Charu Agarwal
Consultant Pathologist

Printed On : 10 Mar 2025 11:20



LABORATORY REPORT

Name : MR RAKESH KUMAR VERMA
Registration No : MH015982680
Patient Episode : H18000003897
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 09:34

Age : 40 Yr(s) Sex : Male
Lab No : 202503001205
Collection Date : 08 Mar 2025 09:34
Reporting Date : 08 Mar 2025 15:40

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	113.5	ml/min/1.73sq.m	[>60.0]
<p>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.</p>			

LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.48	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.37	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.90	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.77	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.10	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.52		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	19.71	U/L	[0.00-40.00]

**LABORATORY REPORT**

Name : MR RAKESH KUMAR VERMA Age : 40 Yr(s) Sex : Male
 Registration No : MH015982680 Lab No : 202503001205
 Patient Episode : H18000003897 Collection Date : 08 Mar 2025 09:34
 Referred By : HEALTH CHECK MGD Reporting Date : 08 Mar 2025 15:40
 Receiving Date : 08 Mar 2025 09:34

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	25.30	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	72.8	IU/L	[32.0-91.0]
GGT	23.9	U/L	[7.0-50.0]

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 11:20



LABORATORY REPORT

Name : MR RAKESH KUMAR VERMA
Registration No : MH015982680
Patient Episode : H18000003897
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 09:34

Age : 40 Yr(s) Sex : Male
Lab No : 202503001205
Collection Date : 08 Mar 2025 09:34
Reporting Date : 08 Mar 2025 15:45

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	7.3 #	%	[0.0-5.6]
Method: HPLC			
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)	163	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.			

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	222 #	mg/dl	[<200]
Method: Oxidase, esterase, peroxide			Moderate risk: 200-239
			High risk: >240
TRIGLYCERIDES (GPO/POD)	131	mg/dl	[<150]
			Borderline high: 151-199
			High: 200 - 499
			Very high: >500
HDL- CHOLESTEROL	39	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	26	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	157.0 #	mg/dl	[<120.0]
			Near/
Above optimal-100-129			Borderline High: 130-159
			High Risk: 160-189



LABORATORY REPORT

Name : MR RAKESH KUMAR VERMA
Registration No : MH015982680
Patient Episode : H18000003897
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 09:34

Age : 40 Yr(s) Sex : Male
Lab No : 202503001205
Collection Date : 08 Mar 2025 09:34
Reporting Date : 08 Mar 2025 15:40

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	5.7		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	4.0		<3 Optimal 3-4 Borderline >6 High Risk

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			
UREA	14.6 #	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	6.8 #	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.77	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.3	mg/dl	[4.0-8.5]
Method: uricase PAP			
SODIUM, SERUM	137.30	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.38	mmol/L	[3.60-5.10]
SERUM CHLORIDE	101.0	mmol/L	[101.0-111.0]
Method: ISE Indirect			



LABORATORY REPORT

Name : MR RAKESH KUMAR VERMA
Registration No : MH015982680
Patient Episode : H18000003897
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 09:34

Age : 40 Yr(s) Sex : Male
Lab No : 202503001205
Collection Date : 08 Mar 2025 09:34
Reporting Date : 08 Mar 2025 15:48

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
pH(indicators)	5.0	(4.6-8.0)
Specific Gravity(Dip stick-ion)	1.020	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin(Dip stick)	+	(NEGATIVE)
Glucose(GOP/POD/Manual-Benedicts)	NIL	(NIL)
Ketone Bodies(Dip stick)	Negative	(NEGATIVE)
Urobilinogen(Dip stick)	Normal	(NORMAL)

MICROSCOPIC EXAMINATION(Automated/Manual)

Pus Cells	0-1 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



LABORATORY REPORT

Name	: MR RAKESH KUMAR VERMA	Age	: 40 Yr(s) Sex :Male
Registration No	: MH015982680	Lab No	: 202503001205
Patient Episode	: H18000003897	Collection Date	: 08 Mar 2025 09:34
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2025 12:39
Receiving Date	: 08 Mar 2025 09:34		

HAEMATATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	5.55 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	16.1	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	46.6	%	[40.0-50.0]
MCV (DERIVED)	84.0	fL	[83.0-101.0]
MCH (CALCULATED)	29.0	pg	[25.0-32.0]
MCHC (CALCULATED)	34.5	g/dl	[31.5-34.5]
RDW CV% (Calculated)	12.5	%	[11.6-14.0]
Platelet count	237	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	11.00	fL	
WBC COUNT (TC) (Flow Cytometry/ Manual)	6.45	x 10 ³ cells/	
cumm	[4.00-10.00]		
DIFFERENTIAL COUNT			
(VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	58.0	%	[40.0-80.0]
Lymphocytes	33.0	%	[20.0-40.0]
Monocytes	5.0	%	[2.0-10.0]
Eosinophils	4.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	20.0 #	mm/1sthour	[0.0-10.0]