



355 090325

**Name** : MS. DAISY PERSIS DODDI

**Ref. By** : Mediwheel

**Sent By** : Arcofemi Healthcare Pvt Ltd

**LAB ID** : 355

**Age** : 30 Yrs. **Sex** : F

**Printed** : 13/03/2025 15:54

**Sample Collection** : 09/03/2025 13:18

**Sample Received** : 09/03/2025 13:18

**Report Released** : 11/03/2025 13:00

**COMPLETE BLOOD COUNT \***

Test	Result	Unit	Biological Ref Range
Hemoglobin (SLS) Photometric	: <b>11.3</b>	g/dL	13-18 g/dL
Total RBC (Electrical Impedence)	: 4.34	10 <sup>6</sup> /μL	3.0-6.0 10 <sup>6</sup> /μL
Hematocrit (PCV) (Calculated)	: <b>35.8</b>	%	36-54 %
Mean Corpuscular Volume (MCV) (calculated)	: 82.5	fL	78-101 fL
Mean Corpuscular Hemoglobin (MCH) (Calculated)	: <b>26.0</b>	pg	27-32 pg
Mean Corpuscular Hemoglobin Concentration (MCHC) (Calculated)	: 31.6	g/dL	31.5-34.5 g/dL
Red Cell Distribution Width (RDW- CV) (Electrical Impedence)	: <b>15.30</b>	%	12-15 %
Total Leucocytes Count (Light Scattering)	: 5400	/cumm	4000-11000 /cumm
<b>Neutrophils</b> (Calculated)	: 59	%	40-75 %
<b>Eosinophils Percentage</b> (Calculated)	: 03	%	1-6 %
Lymphocyte Percentage (Calculated)	: 33	%	20-45 %
Basophils Percentage (Calculated)	: 0	%	0-1 %
Monocytes Percentage (Calculated)	: 05	%	1-10 %
RBC Morphology	: Normocytic, Normochromic		
WBC Morphology	: Normal Morphology		
Platelet Count (Electrical Impedence)	: 249000	/ul	150000-450000 /ul
Platelets on Smear	: Adequate		Adequate
E.S.R	: 18	mm at 1hr	0-20 mm at 1hr

Sample Type: EDTA whole blood (Westergren)

Sample Type : EDTA Whole Blood

Test done with THREE PART CELL COUNTER (Sysmex KX-21)

Note: Tests marked with \* are included in NABL scope.

\*All Samples Processed At Excellas Clinics Mulund Centre .

\*ESR NOT IN NABL scope.

(Collected At: 09/03/2025 13:18:59, Received At: 09/03/2025 13:18:59, Reported At: 11/03/2025 13:00:21)

  
**Dr. Santosh Khairnar**

Reg. No.-2000/08/2926





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**Blood Sugar Fasting (FBS) & Post Prandial Blood Sugar (PPBS)**

Test	Result	Unit	Biological Ref. Range
GLUCOSE (SUGAR) FASTING, (Fluoride Plasma Used)	: 79	mg/dL	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl
<i>Method: GOD-POD</i>			
GLUCOSE (SUGAR) PP, ( Fluoride Plasma Used )	: 87	mg/dl	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl

*Test Done on - Automated Biochemistry Analyzer (EM 200)*

\*All Samples Processed At Excellas Clinics Mulund Centre .

*(Collected At: 09/03/2025 13:18:59, Received At: 09/03/2025 13:18:59, Reported At: 11/03/2025 12:58:04)*
**HbA1c (Whole Blood)**

Test	Result	Unit	Reference Range
HbA1C-Glycosylated Haemoglobin	: 5.40	%	Non-diabetic: 4-6 Excellent Control: 6-7 Fair to good control: 7-8 Unsatisfactory control: 8-10 Poor Control: >10

*EDTA Whole Blood, Method: HPLC*

Estimated Average Glucose (eAG)	: 108.28	mg/dl	65.1-136.3 mg/dL mg/dl
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*EDTA Whole Blood, Method: Calculated*
**Interpretation:**

- The term HbA1c refers to Glycated Haemoglobin. Measuring HbA1c gives an overall picture of what the average blood sugar levels have been over a period of weeks/month. Higher the HbA1c, the greater the risk of developing diabetes-related complications.
- HbA1c has been endorsed by clinical groups and ADA (American Diabetes Association) guidelines 2012, for the diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is between 4-6%. Patients with HbA1c value between 6.0-6.5% are considered at risk for developing diabetes in the future. Trends in HbA1c area a better indicator of glucose control than standalone test.
- To estimate the eAG from the HbA1c value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$ .
- Diabetic must aspire to keep values under 7% to avoid the various complications resulting from diabetes.

\*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

*(Collected At: 09/03/2025 13:18:59, Received At: 09/03/2025 13:18:59, Reported At: 11/03/2025 13:00:26)*
  
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**Report Released** : 11/03/2025 12:58

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**BLOOD GROUP**

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Test	Result	Unit	Biological Ref. Range
Blood Group	: 'B' Rh POSITIVE		

Slide and Tube Agglutination Test

(Collected At: 09/03/2025 13:18:59, Received At: 09/03/2025 13:18:59, Reported At: 11/03/2025 12:56:09)

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**LIPID PROFILE**

Test	Result	Unit	Biological Ref. Range
Total Cholesterol	: <b>118</b>	mg/dl	Desirable: <200 Borderline high = 200-239 High: > 239
<i>Serum, Method: CHOD-PAP</i>			
S. Triglyceride	: 43	mg/dl	Desirable: <161 Borderline High: 161 - 199 High: > 200 - 499/ Very High:>499
<i>Serum, Method: GPO-Trinder</i>			
HDL Cholesterol	: <b>35</b>	mg/dl	35.3-79.5 mg/dl
<i>serum,Direct method</i>			
LDL Cholesterol	: 74.40	mg/dl	Optimal: <100; Near Optimal: 100-129; Borderline High: 130-159; High: 160-189; Very high: >190
<i>Serum, (Calculated)</i>			
VLDL Cholesterol	: 8.6	mg/dl	5-30 mg/dl
<i>Serum, Method: Calculated</i>			
LDL/HDL Ratio	: 2.1		Optimal: <2.5 Near Optimal: 2.5-3.5 High >3.5
<i>Serum, Method: Calculated</i>			
TC/HDL Ratio	: 3.4		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High >5.0
<i>Serum, Method: Calculated</i>			

*Test Done on - Automated Biochemistry Analyzer (EM 200).*
**Interpretation**

1. Triglycerides: When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.

2. HDL-Cholesterol: HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal.

3. LDL-Cholesterol: Desired goals for LDL-C levels change based on individual risk factors.

*\*All Samples Processed At Excellas Clinics Mulund Centre*

*(Collected At: 09/03/2025 13:18:59, Received At: 09/03/2025 13:18:59, Reported At: 11/03/2025 12:59:40)*

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**LIVER FUNCTION TEST**

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total) <i>Serum, Method: Diazo (walter &amp; Gerarde)</i>	: 0.46	mg/dl	0-2.0 mg/dl
S. Bilirubin (Direct) <i>Serum, Method: Diazo (walter &amp; Gerarde)</i>	: 0.22	mg/dl	0-0.4 mg/dl
S. Bilirubin (Indirect) <i>Serum, Method: Calculated</i>	: 0.24	mg/dl	0.10-1.0 mg/dl
Aspartate Transaminase (AST/SGOT) <i>Serum, Method: UV Kinetic with P5P</i>	: 21	IU/L	0-35 IU/L
Alanine Transaminase (ALT/SGPT) <i>Serum, Method: UV Kinetic with P5P</i>	: 13	IU/L	0-45 IU/L
S. Alkaline Phosphatase <i>Serum, Method: IFCC with AMP buffer</i>	: 59	IU/L	53-128 IU/L
Total Proteins <i>Serum, Method: Biuret</i>	: 7.4	gm/dl	6.4-8.3 gm/dl
S. Albumin <i>Serum, Method: BCG</i>	: 4.5	gm/dl	3.5-5.2 gm/dl
S. Globulin <i>Serum, Method: Calculated</i>	: 2.9	gm/dl	2.3-3.5 gm/dl
A/G Ratio <i>Serum, Method: Calculated</i>	: 1.55		0.90-2.00
Gamma GT <i>Serum, Method: G glutamyl carboxy nitroanilide</i> <i>Test Done on - Automated Biochemistry Analyzer (EM 200).</i>	: 15	U/L	0-55 U/L

\*All Samples Processed At Excellas Clinics Mulund Centre .

(Collected At: 09/03/2025 13:18:59, Received At: 09/03/2025 13:18:59, Reported At: 11/03/2025 13:00:45)

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**SERUM CREATININE**

Test	Result	Unit	Biological Ref. Range
S. Creatinine	: 0.75	mg/dl	0.7-1.3 mg/dl

*Serum, Method: Enzymatic*

Test Done on - Automated Biochemistry Analyzer (EM 200).

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*(Collected At: 09/03/2025 13:18:59, Received At: 09/03/2025 13:18:59, Reported At: 11/03/2025 13:00:05)*
**BLOOD UREA NITROGEN (BUN)**

Test	Result	Unit	Biological Ref. Range
Urea	: <b>18.83</b>	mg/dl	19-45 mg/dl

*Serum, Method: Urease - GLDH*

Blood Urea Nitrogen : 8.80 mg/dl 5-18 mg/dl

Test Done on - Automated Biochemistry Analyzer (EM 200)

*\*All Samples Processed At Excellas Clinics Mulund Centre*
*(Collected At: 09/03/2025 13:18:59, Received At: 09/03/2025 13:18:59, Reported At: 11/03/2025 13:00:01)*
**SERUM URIC ACID**

Test	Result	Unit	Biological Ref. Range
S. Uric Acid	: 4.50	mg/dl	3.5-7.2 mg/dl

*Serum, Method: Uricase - POD*

Test Done on - Automated Biochemistry Analyzer (EM 200).

*(Collected At: 09/03/2025 13:18:59, Received At: 09/03/2025 13:18:59, Reported At: 11/03/2025 12:59:46)*
  
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**BUN CREAT RATIO (BCR)**

Test	Result	Unit	Biological Ref. Range
BUN/Creatinine ratio	: 11.70		5-20

*Serum, Method: Calculated*

**NOTE:**

A blood urea nitrogen (BUN)/creatinine ratio (BCR) >20 is used to distinguish pre-renal azotemia (PRA) and acute tubular necrosis (ATN)

*(Collected At: 09/03/2025 13:18:59, Received At: 09/03/2025 13:18:59, Reported At: 11/03/2025 13:00:11)*

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**Sample Received** : 09/03/2025 13:18

**Report Released** : 11/03/2025 12:56

**EXAMINATION OF URINE**

Test	Result	Unit	Biological Ref. Range
<b><u>PHYSICAL EXAMINATION</u></b>			
Quantity :	20	ml	
Colour :	Pale yellow		
Appearance :	Slightly Hazy		
Reaction (pH) :	5.5		4.5 - 8.0
Specific Gravity :	1.025		1.010 - 1.030
<b><u>CHEMICAL EXAMINATION</u></b>			
Protein :	Absent		Absent
Glucose :	Absent		Absent
Ketones Bodies :	Absent		Absent
Occult Blood :	Absent		Absent
Bilirubin :	Absent		Absent
Urobilinogen :	Absent		Normal
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Epithelial Cells :	1 - 2	/ hpf	
Pus cells :	4 - 6	/ hpf	
Red Blood Cells :	Absent	/ hpf	
Casts :	Absent	/ lpf	Absent / lpf
Crystals :	<b>Calcium Oxalate +</b>		Absent
<b><u>OTHER FINDINGS</u></b>			
Yeast Cells :	Absent		Absent
Bacteria :	Absent		Absent
Mucus Threads :	Absent		
Spermatozoa :	Absent		
Deposit :	Absent		Absent
Amorphous Deposits :	Absent		Absent

sample type:Urine

Method:Visual and Microscopic

(Collected At: 09/03/2025 13:18:59, Received At: 09/03/2025 13:18:59, Reported At: 11/03/2025 12:56:43)

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**X RAY CHEST PA VIEW**

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**CLINICAL PROFILE: NO COMPLAINTS**

Both the lung fields appear normal.

Cardiac silhouette is within normal limits.

Bilateral hilar shadows appear normal.

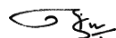
Bilateral costophrenic angles appear normal.

Bony thorax appears normal.

Soft tissues appear normal.

**IMPRESSION:**

**No significant abnormality detected.**



**Dr. Raj Shah**  
DMRE , M.B.B.S  
REG. NO. 2019/05/3609





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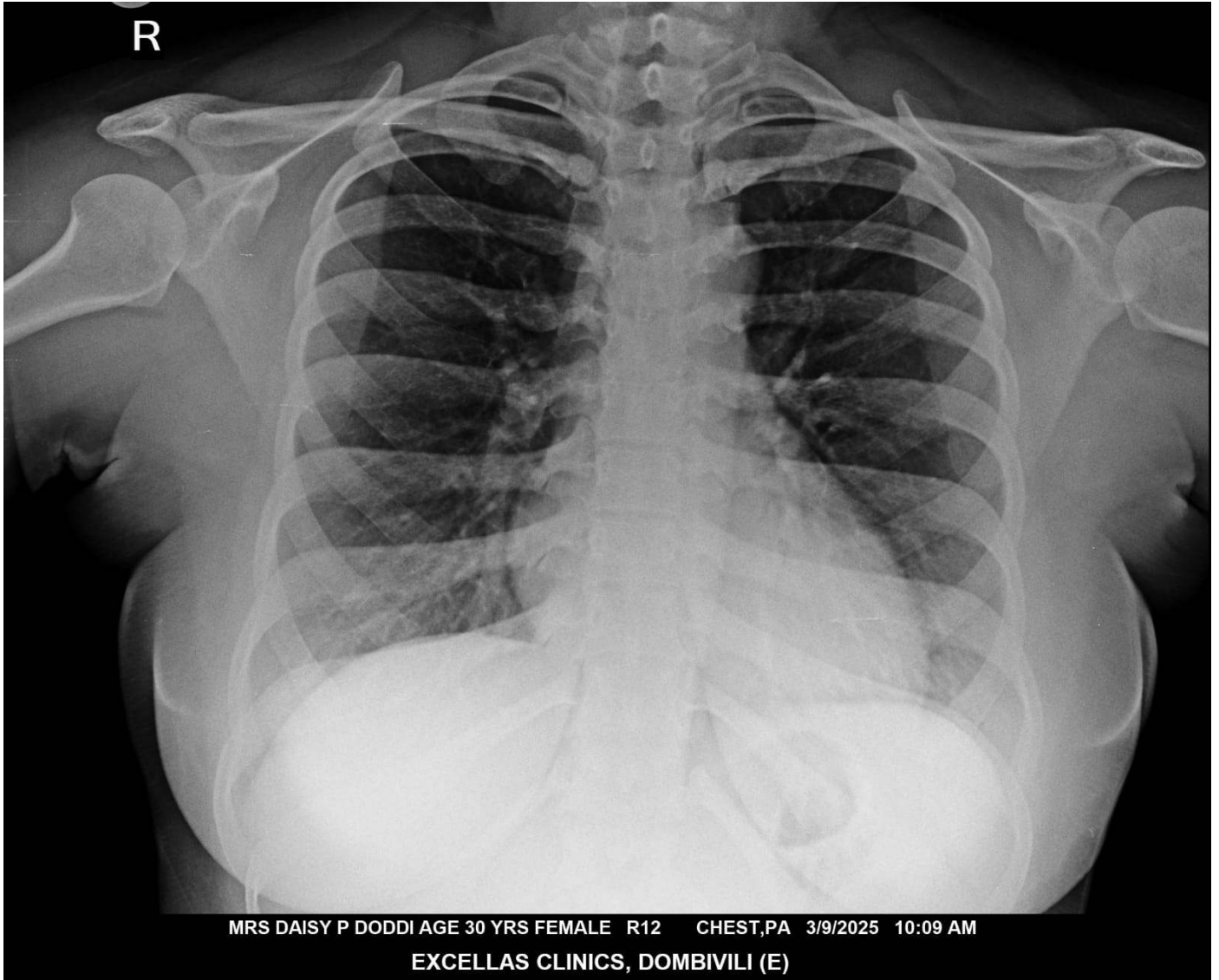
**Age** : 30 Yrs. **Sex** : F

**Printed** : 13/03/2025 15:54

**Sample Collection** : 09/03/2025 13:18

**Sample Received** : 09/03/2025 13:18

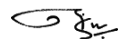
**Report Released** : 10/03/2025 14:30



(Collected At: 09/03/2025 13:18:59, Received At: 09/03/2025 13:18:59, Reported At: 10/03/2025 14:30:40)

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**USG ABDOMEN & PELVIS - FEMALE**

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**Liver:-** is normal in size(14.4 cm), shape and echotexture. No focal or diffuse lesion is seen. The portal and hepatic veins are normal. There is no IHBR dilatation seen.

**Gall Bladder:-** is normally distended. No mass lesion is seen. No GB wall thickening or pericholecystic fluid is seen. **A tiny 4 mm soft calculus/polyp is seen in the gall bladder.**

Visualised **CBD** is normal.

**Pancreas:-**is normal in size, shape and echotexture. There is no focal lesion seen.

**Spleen:-** is normal in size (10.4 cm) and echotexture. No focal lesion is seen.

**Kidneys:-** Both Kidneys are normal in size, shape, position. They show normal reflectivity. CMD is maintained. No calculi or hydronephrosis seen on either side.

Right kidney – 9.8 x 4.0 cms.

Left kidney – 10.0 x 4.2 cms.

**Urinary Bladder:-** is well distended and shows normal wall thickness.

There is no intraluminal lesion within.

**Uterus:-** is anteverted, **marginally bulky in size** and measures 9.3 x 5.7 x 5.1 cms

Myometrium shows homogenous echo pattern. No focal lesion is seen.

**ET:** 7 mm

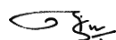
**Ovaries:-**appear normal in size & shape.

Right ovary measures – 1.7 x 2.0 cms. **Multiple small follicles are seen arranged peripherally in right ovary.**

Left ovary measures – 2.1 x 2.9 cms. **A simple cyst measuring 43 x 33 mm is seen in the left ovary.**

Both adnexae appear normal. **Minimal free fluid noted in POD.**

No significant lymphadenopathy is seen.



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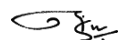
**IMPRESSION:**

- Tiny soft calculus/polyp is seen in the gall bladder. Follow up is suggested
- Marginally bulky uterus.
- Multiple small follicles are seen arranged peripherally in right ovary. Clinical correlation is advised to rule out PCOD.
- Left ovarian simple cyst.
- Minimal free fluid noted in POD.

*Thanks for the Referral*

(Collected At: 09/03/2025 13:18:59, Received At: 09/03/2025 13:18:59, Reported At: 10/03/2025 14:17:09)

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**OPHTHALMIC EVALUATION**

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<b>Examination</b>	<b>Right Eye</b>	<b>Left Eye</b>
Distance Vision	6/18	6/18
Near Vision	N/8	N/8
Color Vision	Normal	
Remarks		

(Collected At: 09/03/2025 13:18:59, Received At: 09/03/2025 13:18:59, Reported At: 10/03/2025 11:17:31)

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**Report Released** : 13/03/2025 08:48

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**CERVICAL CYTOLOGY REPORT**

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**PAPANICOLAOU SMEAR (CONVENTIONAL)**

Specimen :-

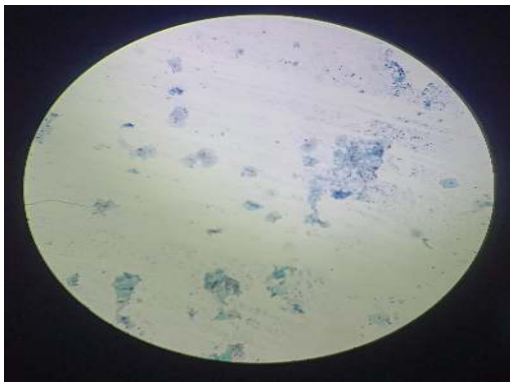
1. 2 unstained air dried smear received.
2. Stained with papanicolaou method and examined.

Smear shows :

- Many superficial squamous, intermediate squamous and few squamous metaplastic cells.
- Background shows few endocervical cells alongwith mild inflammatory infiltrate.
- No cellular atypia or malignancy noted.

**Impression : Essentially Normal Pap smear.**

**Comments:** The smears are reported using bethesda system for cervical cytology(2014) Interpretation(s).



(Collected At: 09/03/2025 13:18:59, Received At: 09/03/2025 13:18:59, Reported At: 13/03/2025 08:48:37)

----- End Of Report -----



  
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Reg. No.-2000/08/2926



Client Name: **MUM00247-Excellas Clinics**

Client Add: B-1 Commercial Wing, Vikash Paradise Lal Bahadur Shastri Marg, Below Axis Bank Muland West-400080 ,400080

Contact No. : 7718802445

Client Email : shreyansh.dhariwal@excellasclinic.com

Sample Processed At : DIAGNOSTICA SPAN - MUMBAI, Unit #3A, Mahajan Compound, Behind Union Bank, LBS Marg, Vikhroli(W), Mumbai-400079, , 0

<b>Patient Name : DAISY PERSIS DODDI</b>	Age / Gender : 30 years/Male	Sample Collection Time : 09/03/2025, 04:44 PM
Accession No.: 11250680172	Client Patient ID : <b>368121</b>	Sample Registration Time : 09/03/2025, 04:44 PM
<b>Ref Doctor : SELF</b>		Sample Received Time : 09/03/2025, 05:42 PM
<b>Status : Final Report</b>		Reported Time : 09/03/2025, 06:10 PM

**IMMUNOLOGY**



Test Description	Value(s)	Unit(s)	Biological Reference Interval
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**EXELLAS MW PACKAGE-001**

**THYROID PROFILE TOTAL**

Sample Type : SERUM

<b>TRI-IODO THYRONIN (T3)</b> (CLIA)	120.25	ng/dL	60.0 - 181.0
<b>THYROXIN (T4)</b> (CLIA)	4.9	µg/dL	3.2 - 12.6
<b>THYROID STIMULATING HORMONE</b> (CLIA)	17.17	µIU/mL	0.35 - 5.50

**Interpretation:**

Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disposal of Thyroid hormone are altered throughout the stages of pregnancy.

Hyperthyroidism (overactive thyroid) : Hyperthyroidism (overactive Thyroid) occurs when your thyroid gland produces too much of the hormone Thyroxine.

Hyperthyroidism can accelerate your body's metabolism, causing unintentional weight loss and a rapid or irregular heartbeat.

Hypothyroidism (underactive thyroid) : Hypothyroidism (underactive thyroid) is a condition in which your Thyroid gland doesn't produce enough of certain crucial hormones. Hypothyroidism may not cause noticeable symptoms in the early stages. Over time, untreated Hypothyroidism can cause a number of health problems, such as obesity, joint pain, infertility and heart disease.

**\*\*END OF REPORT\*\***



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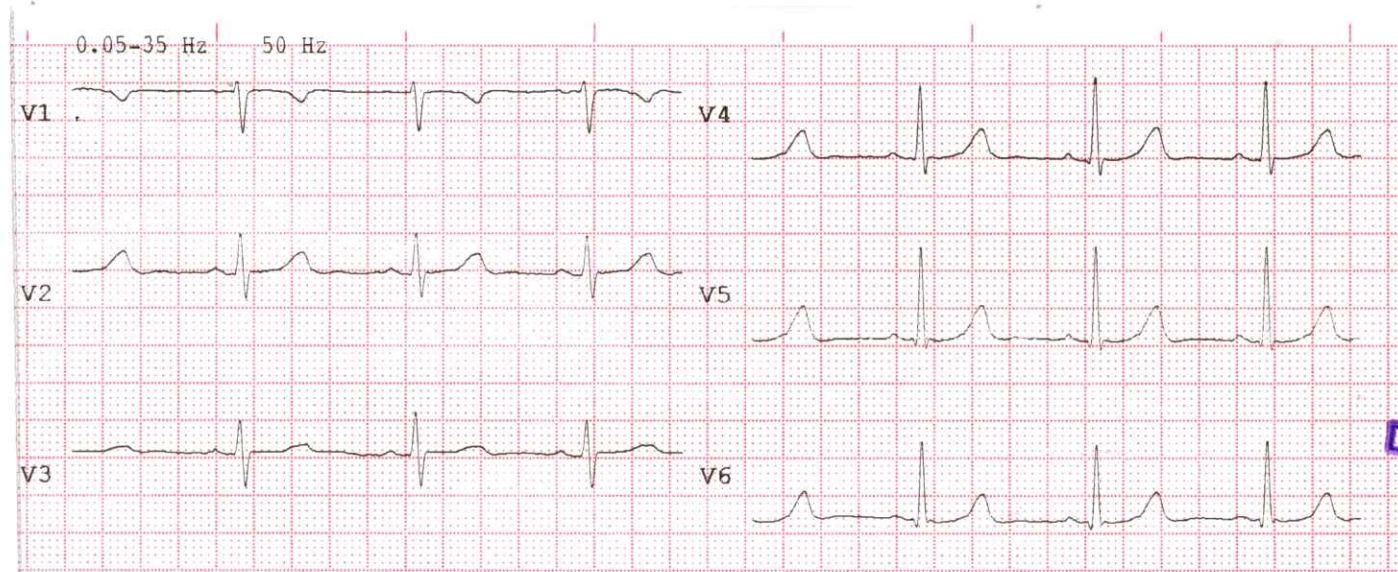
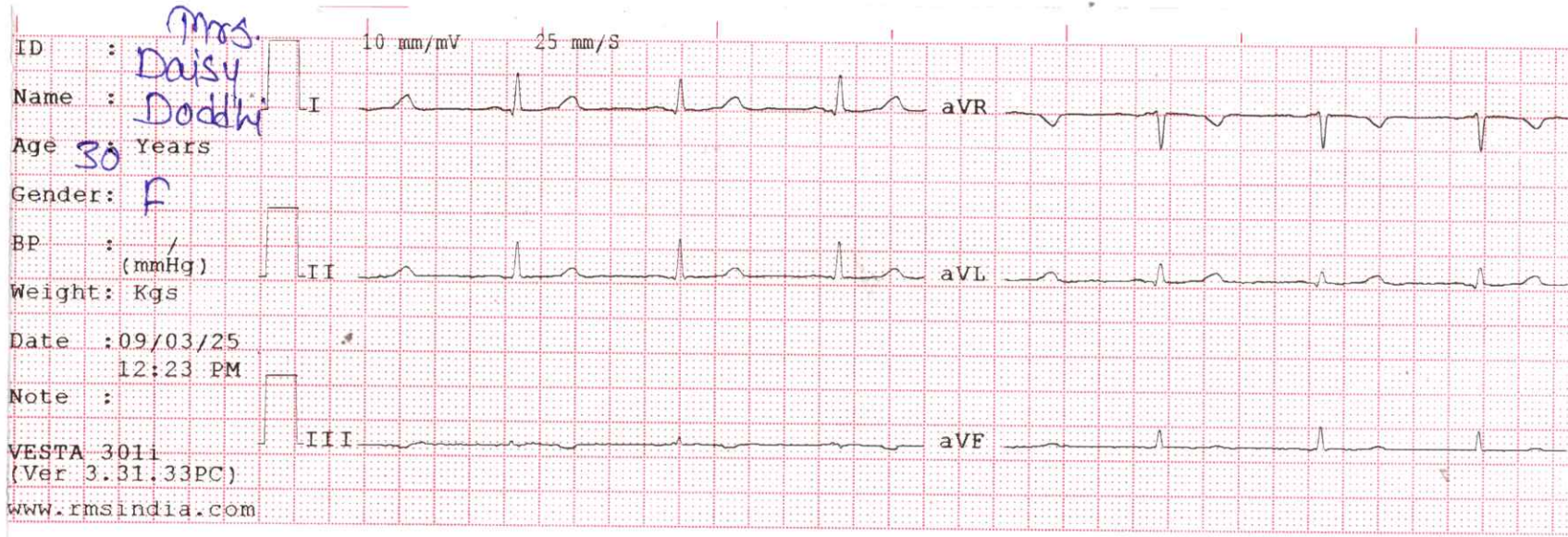
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