



Lab No.	012411150271	Age/Gender	37 YRS/MALE	Coll. ON	15/Nov/2024 08:38AM
NAME	Mr. NITIN			Reg. ON	15/Nov/2024
Ref. Dr.	MEDIWHEEL	BarcodeNo	01150271	Approved ON	15/Nov/2024 10:19AM
Rpt. Centre				Printed ON	15/Nov/2024 05:10PM

Test Name	Value	Unit	Biological Reference Interval
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Complete Haemogram, EDTA whole blood

Haemoglobin (Hb) <i>Method : Colorimetry</i>	13.50	gm/dl	13.0 - 17.0
RBC count <i>Method : Electrical impedance</i>	4.76	Millions/cmm	4.5 - 5.5
PCV / Haematocrit <i>Method : Calculated</i>	40.20	%	40.0 - 50.0
MCV <i>Method : Calculated</i>	84.30	fl	83.0 - 101.0
MCH <i>Method : Calculated</i>	28.30	picogram	27.0 - 32.0
MCHC <i>Method : Calculated</i>	33.60	%	31.5 - 34.5
RDW - CV <i>Method : Calculated</i>	14.30	%	11.6 - 14.0
Mentzer Index <i>Method : Calculated</i>	17.71		>= 13.0

The Mentzer index (MCV/ RBC count) is a useful tool for initial screening of patients with a microcytic hypochromic blood picture to rule out a thalassemia trait. If the index is less than 13, thalassemia is said to be more likely. If the result is greater than 13, then iron-deficiency anemia is said to be more likely. All patients with a low normal to low hemoglobin and a Mentzer index below 13 should be screened for thalassemia trait by HPLC.

TLC (Total Leucocyte Count) <i>Method : Flowcytometry</i>	5,530	/cmm	4000 - 10000
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DLC (Flowcytometry)

Neutrophils	41.60	%	35.0 - 75.0
Lymphocytes	43.60	%	25.0 - 45.0
Eosinophils	9.80	%	1.0 - 5.0
Monocytes	4.60	%	1.0 - 6.0
Basophils	0.40	%	0 - 1

Absolute Leucocyte Count (Calculated)

Absolute Neutrophil Count	2,300.48	/cmm	2000 - 7000
Absolute Lymphocyte Count	2,411.08	/cmm	1000 - 3000
Absolute Eosinophil count	541.94	/cmm	20 - 500
Absolute Monocyte count	254.38	/cmm	200 - 1000
Absolute Basophil count	22.12	/cmm	0 - 100

Platelet count <i>Method : Electrical impedance</i>	2.08	Lakh/cmm	1.5 - 4.1
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ESR (Erythrocyte Sedimentation Rate) <i>Method : Westergren method</i>	6	mm/1st hr	0 - 22
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Peripheral Smear

RBCs are normocytic and normochromic.
Leucocytic series reveals relative eosinophilia.
Platelets are adequate in number and are normal in morphology.
No atypical cells or haemoparasites are seen.
Impression: Relative eosinophilia.

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MD(Biochemistry)
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Test Name	Value	Unit	Biological Reference Interval
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Blood Group (ABO + RH)
Blood Group , EDTA blood B
Method : Slide agglutination (Forward & Reverse grouping)
Rh type , EDTA blood Positive
Method : Slide agglutination

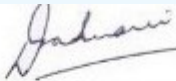


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Ref. Dr.	MEDIWHEEL	BarcodeNo	01150271	Approved ON	15/Nov/2024 10:02AM
Rpt. Centre				Printed ON	15/Nov/2024 05:10PM

Test Name	Value	Unit	Biological Reference Interval
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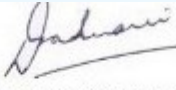
Glucose Fasting, <i>plasma</i> <i>Method : GOD POD</i>	96.50	mg/dL	60 - 100
Interpretation (In accordance with the American diabetes association guidelines):			
<ul style="list-style-type: none"> A fasting plasma glucose level below 100 mg/dl is considered normal. A fasting plasma glucose level between 100-126 mg/dl is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients. A fasting plasma glucose level of above 126 mg/dl is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dl on both the occasions is confirmatory of a diabetic state. 			

Glucose PP, <i>plasma</i> <i>Method : GOD POD</i>	91.00	mg/dL	90 - 140
Interpretation (In accordance with the American diabetes association guidelines):			
<ul style="list-style-type: none"> A post-prandial plasma glucose level below 140 mg/dl is considered normal. A post-prandial plasma glucose level between 140-199 mg/dl is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients. A post-prandial plasma glucose level of above 200 mg/dl is highly suggestive of a diabetic state. A repeat post-prandial test is strongly recommended for all such patients. A post-prandial plasma glucose level in excess of 200 mg/dl on both the occasions is confirmatory of a diabetic state. 			

Blood Urea Nitrogen (BUN), <i>serum</i> <i>Method : Calculated</i>	11.14	mg/dl	7.8 - 20.2
Serum Creatinine <i>Method : Jaffe kinetic</i>	0.94	mg/dl	0.7 - 1.2
Serum Uric Acid <i>Method : Uricase-Peroxidase</i>	4.84	mg/dl	3.6 - 8.2

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 Dr. Deepak Sadwani MD(Pathology) Lab Director
 Dr. Moushmi Mukherjee MBBS,MD (Pathology) Consultant Pathologist

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Lab No.	012411150271	Age/Gender	37 YRS/MALE	Coll. ON	15/Nov/2024 08:38AM
NAME	Mr. NITIN			Reg. ON	15/Nov/2024
Ref. Dr.	MEDIWHEEL	BarcodeNo	01150271	Approved ON	15/Nov/2024 09:45AM
Rpt. Centre				Printed ON	15/Nov/2024 05:10PM

Test Name	Value	Unit	Biological Reference Interval
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HbA1c (Glycosylated haemoglobin) , EDTA whole blood <i>Method : HPLC</i>	5.90	%	< 5.7
Estimated average plasma Glucose <i>Method : Calculated</i>	122.63	mg/dL	65 - 136

The test is approved by NGSP for patient sample testing.

Interpretation:

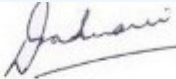
Metabolically normal patients	%	< 5.7
Pre-diabetic	%	5.7 - 6.4
Diabetic	%	> 6.4

Glycosylated hemoglobin or HbA1C is a reliable indicator of mean plasma glucose levels for a period of 8-12 weeks preceding the date on which the test is performed and is a more reliable indicator of overall blood sugar control in known diabetic patients than blood sugar levels. A value of less than 5.7 % is usually seen in metabolically normal patients, however diabetics with very good control can also yield similar values. The HbA1c test, thus can not be used to differentiate between diabetic patients with very good control over the plasma glucose levels from metabolically normal, non-diabetic subjects as both groups may reveal very similar values in the assay.



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Rpt. Centre				Printed ON	15/Nov/2024 05:10PM

Test Name	Value	Unit	Biological Reference Interval
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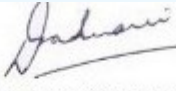
LFT (Liver Function Test)

Serum Bilirubin Total <i>Method : Diazotized Sulfanilic Acid (DSA)</i>	0.51	mg/dl	0.1 - 1.2
Serum Bilirubin Direct <i>Method : Diazotized Sulfanilic Acid (DSA)</i>	0.19	mg/dl	0.0 - 0.3
Serum Bilirubin Indirect <i>Method : Calculated</i>	0.32	mg/dl	0.1 - 1.1
Serum SGOT/AST <i>Method : IFCC without P5P</i>	23.90	U/l	<= 35.0
Serum SGPT/ALT <i>Method : IFCC without P5P</i>	38.20	U/l	<= 45.0
Serum Alkaline Phosphatase <i>Method : PNP, AMP Buffer</i>	51.20	U/l	30.0 - 120.0
Serum GGT (Gamma Glutamyl Transpeptidase) <i>Method : UV-assay according to Szasz</i>	83.40	U/l	11.0 - 61.0
Serum total Protein <i>Method : Biuret</i>	6.99	g/dl	6.6 - 8.3
Serum Albumin <i>Method : Bromo Cresol Green</i>	4.50	g/dl	3.5 - 5.2
Serum Globulin <i>Method : Calculated</i>	2.49	g/dl	2.0 - 3.5
Albumin / Globulin ratio <i>Method : Calculated</i>	1.81		1.5 - 2.5



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Lipid Profile basic (direct HDL,calculated LDL)

Total Cholesterol, , serum Method : CHOD-POD	158.80	mg/dl	< 200.0
Triglycerides , serum Method : GPO-POD	107.70	mg/dl	< 150
HDL Cholesterol , serum Method : Direct measure PEG (CHE-CHO)	47.70	mg/dl	> 40
VLDL Cholesterol , serum Method : Calculated	21.54	mg/dl	< 30
L.D.L Cholesterol , serum Method : Calculated	89.56	mg/dl	< 100
Cholesterol, Non HDL , serum Method : Calculated	111.10	mg/dl	< 130
Total Cholesterol / HDL Cholesterol Ratio , serum Method : Calculated	3.33		< 5.0
LDL / HDL Cholesterol ratio , serum Method : Calculated	1.88		< 3.5

Interpretation:

National Lipid Association Recommendation (NLA-2014)	
Total Cholesterol Desirable: <200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	Triglycerides Normal: <150 mg/dL Borderline high: 150-199 mg/dL High: 200-499 mg/dL Very high: > or =500 mg/dL
Non HDL Cholesterol Desirable: <130 mg/dL Borderline high: 130-159 mg/dL High: 160-189 mg/dL Very high: > or =190 mg/dL	LDL Cholesterol Optimal: <100 mg/dL Near Optimal: 100-129 mg/dL Borderline high: 130-159 mg/dL High: 160-189 mg/dL Very high: > or =190 mg/dL
HDL Cholesterol Low (Men) <40 mg/dL Low (Women) <50 mg/dL	

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Ref. Dr.	MEDIWHEEL	BarcodeNo	01150271	Approved ON	15/Nov/2024 10:00AM
Rpt. Centre				Printed ON	15/Nov/2024 05:10PM

Test Name	Value	Unit	Biological Reference Interval
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Thyroid Profile Total (T3, T4, TSH)

T3, (Triiodothyronine) , serum Method : ECLIA	1.21	ng/mL	0.80 - 2.0
T4, (Thyroxine) , serum Method : ECLIA	10.20	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum Method : ECLIA	2.88	uIU/ml	0.27 - 4.2

Interpretation:

- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

Note: Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

The following ranges are recommended for pregnant females:

Gestation period	TSH (uIU/ml)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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Ref. Dr.	MEDIWHEEL	BarcodeNo	01150271	Approved ON	15/Nov/2024 11:14AM
Rpt. Centre				Printed ON	15/Nov/2024 05:10PM

Test Name	Value	Unit	Biological Reference Interval
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Urine Routine & Microscopic Examination

Physical examination

Volume	10	mL	
Colour	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Specific gravity	1.020		1.003 - 1.035
<i>Method : pKa change</i>			

Chemical examination

Protein	Nil		Nil
<i>Method : error-of-indicator</i>			
Glucose	Nil		Nil
<i>Method : GOD-POD</i>			
pH	5.0		
<i>Method : Double indicator</i>			
Bilirubin	Negative		Negative
<i>Method : Azo-coupling reaction</i>			
Urobilinogen	Normal		Normal
<i>Method : Azo-coupling reaction</i>			
Ketone	Negative		Negative
<i>Method : Legals test</i>			
Erythrocytes	Absent		Absent
<i>Method : Peroxidase</i>			
Nitrite	Negative		Negative
<i>Method : Griess reaction</i>			
Leukocytes	Absent	Leu/uL	Negative
<i>Method : Esterase activity of granulocytes</i>			

Microscopic examination

WBC	0 - 1	/ HPF	0 - 2
RBC	Nil	/ HPF	0 - 2
Casts	Nil	/ HPF	Nil
Crystals	Nil	/ HPF	Nil
Epithelial cells	Occasional	/ HPF	0 - 15
Bacteria	Absent		Absent
Others	Nil		
<i>Method : Light microscopy</i>			

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Rpt. Centre	Courier			Printed ON	15/Nov/2024 05:10PM

ECG Electro-cardiography

Normal ECG.

Eye Vision		
	Right Eye	Left Eye
NEAR VISION	N/6 (With Glass)	N/6
DISTANCE VISION	6/6 (With Glass)	6/6
COLOR VISION	Normal	Normal

MER

General Condition	Fair, no pallor, no icterus, no anemia observed
Height (cm)	181
Weight (kg)	86
Pulse (bpm)	73
BP (mm/hg)	116/69

Please note: Kindly review with clinician in view of abnormal reports (if any).

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DMC Regd. No. 48732

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X-Ray Chest PA view

Trachea and mediastinum are central.
Bilateral lung fields are clear.
Bilateral hilar shadows are normal.
Bilateral costophrenic angles are clear.
Cardiac shadow is normal.
Soft tissue shadows and bony rib cage is normal.
Impression: No significant abnormality seen .
Please correlate clinically

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*** Partial Report ***



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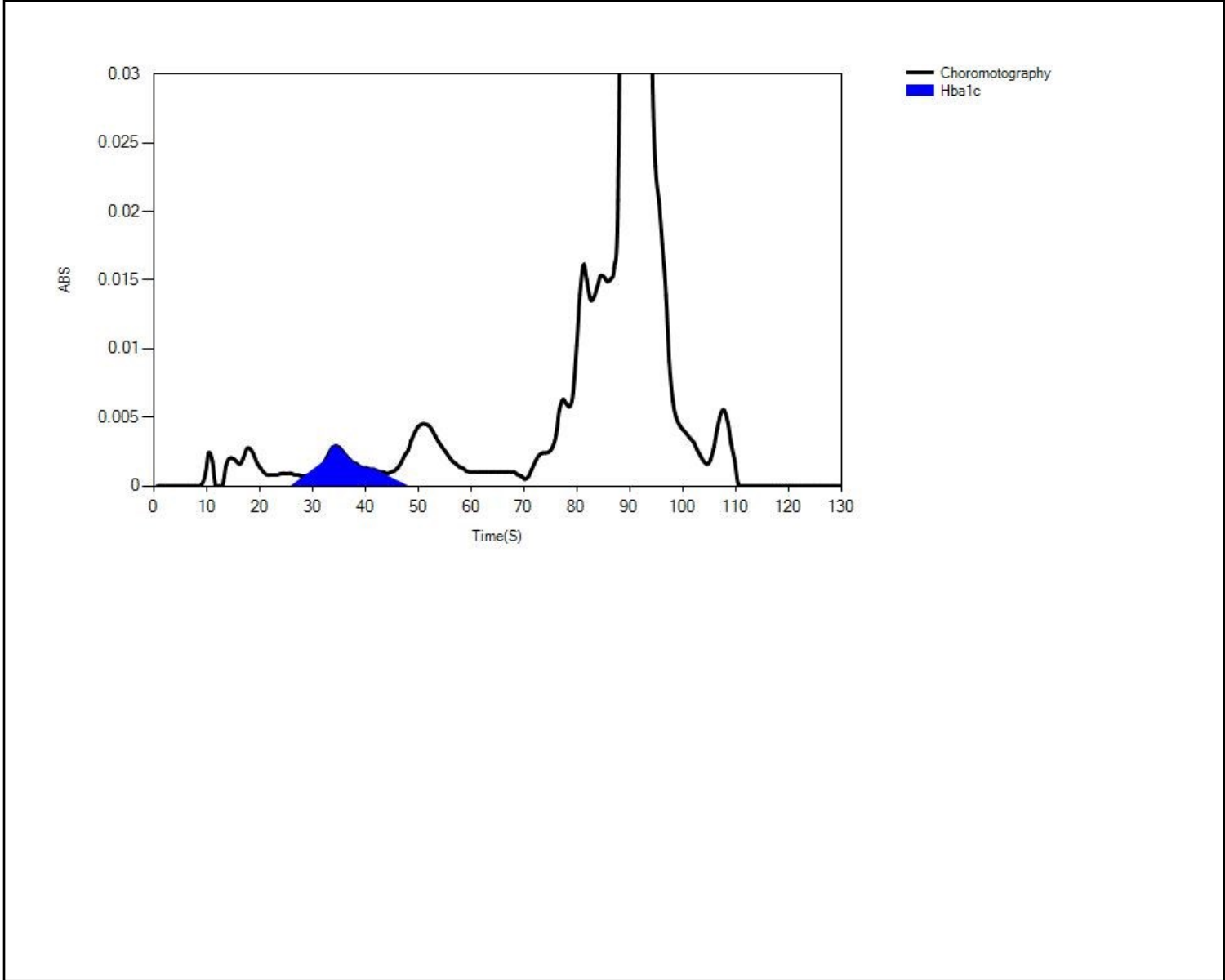
DR AMIT JAISWAL
MBBS,DMRD.DNB (RADIO DIAGNOSIS)
DMC No. 55709

Address:DELHI, Mobile:9873520440

LIFOTRONIC Graph Report

Name :	Case :	Patient Type :	Test Date : 15/11/2024 09:38:18
Age :	Department :	Sample Type : Whole Blood EDTA	Sample Id : 01150271
Gender :			Total Area : 9368

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	66	2930	8394	87.3
HbA1c	37	46	573	5.9
La1c	25	29	201	2.1
HbF	21	7	11	0.1
Hba1b	13	28	111	1.1
Hba1a	10	20	78	0.8



PROGNOSIS LABORATORIES

A SUBSIDIARY OF MEDGENOME

515-516 DWARKA SEC19 NEW DELHI 110075

Mr. NITIN

ID. : 298

AGE/SEX : 37 Yr /M

HT/WT : /

DATE : 15-11-2024 10:23:31 AM

REF.BY : Dr.MEDIWHEEL

MACHINE INTERPRETATION : Normal ECG.

RATE : 77 bpm

BP : N/A

P Axis : 44 deg.

QRS Axis : -8 deg.

T Axis : 18 deg.

P Duration : 112 ms

PR Duration : 155 ms

QRS Duration : 99 ms

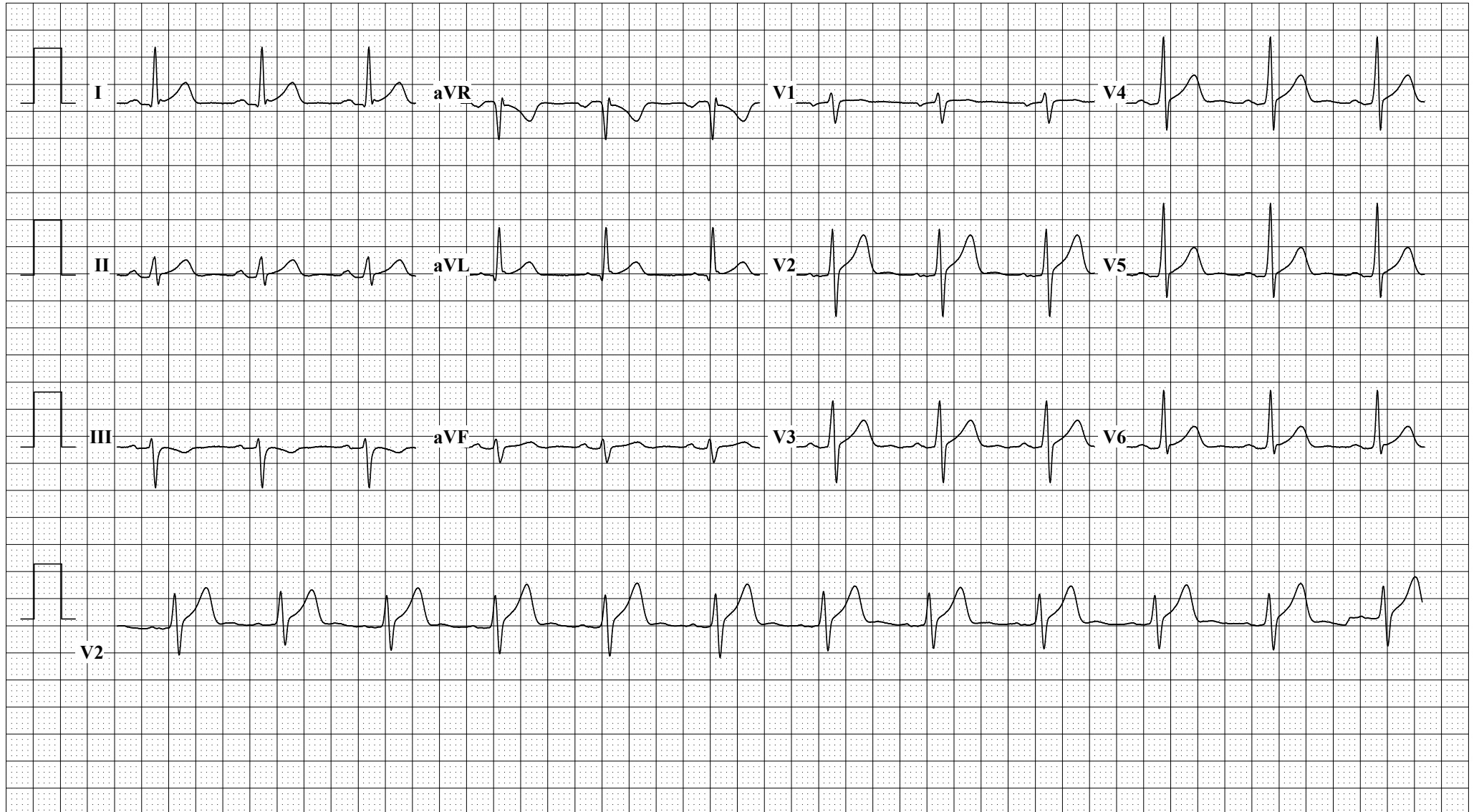
QT Interval : 343 ms

QTc Interval : 376 ms

Linked Median

Speed : 25 mm/s

Sensitivity : 10 mm/mV



Transport Department Government of NCT of Delhi
Licence to Drive Vehicles Throughout India

Licence No. : DL09 20079120907 (P) D
Name : NITIN
S/W/D : SH PRIT SINGH



DOB : 18/12/1987 BG : U
Address :
VILL DARIYA PUR PO UJWA NEW
DELHI 110073



Auth to Drive
LMV
MCWG

Date of Issue
05/02/2007
05/02/2007

(Holder Signature)

Issue Date : 27/07/2019
Validity(NT) : 04/02/2027
Validity(T) : NA
Inv Carr No : NA

Issuing Authority
SWZ-1,PALAM