



Lab No.	012503120328	Age/Gender	47.0 YRS/FEMALE	Coll. ON	12/Mar/2025 09:04AM
NAME	Mrs. PINKI			Reg. ON	12/Mar/2025
Ref. Dr.	MEDIWHEEL	BarcodeNo	01120328	Approved ON	12/Mar/2025 11:21AM
Rpt. Centre	Email, undefined			Printed ON	12/Mar/2025 05:05PM

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

Haemoglobin (Hb) <i>Method : Colorimetry</i>	14.50	gm/dl	12.0 - 15.0
RBC count <i>Method : Electrical impedance</i>	4.65	Millions/cmm	3.8 - 4.8
PCV / Haematocrit <i>Method : Calculated</i>	43.60	%	36.0 - 46.0
MCV <i>Method : Calculated</i>	93.80	fl	83.0 - 101.0
MCH <i>Method : Calculated</i>	31.10	picogram	27.0 - 32.0
MCHC <i>Method : Calculated</i>	33.20	%	31.5 - 34.5
RDW - CV <i>Method : Calculated</i>	13.80	%	11.6 - 14.0
Mentzer Index <i>Method : Calculated</i>	20.17		>= 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>	3,920	/cmm	4000 - 10000
DLC (Flowcytometry)			
Neutrophils	56.90	%	35.0 - 75.0
Lymphocytes	36.30	%	25.0 - 45.0
Eosinophils	0.90	%	1.0 - 5.0
Monocytes	5.40	%	1.0 - 6.0
Basophils	0.50	%	0 - 1
Absolute Leucocyte Count (Calculated)			
Absolute Neutrophil Count	2,230.48	/cmm	2000 - 7000
Absolute Lymphocyte Count	1,422.96	/cmm	1000 - 3000
Absolute Eosinophil count	35.28	/cmm	20 - 500
Absolute Monocyte count	211.68	/cmm	200 - 1000
Absolute Basophil count	19.60	/cmm	0 - 100
Platelet count <i>Method : Electrical impedance</i>	1.89	Lakh/cmm	1.5 - 4.1
ESR (Erythrocyte Sedimentation Rate) <i>Method : Westergren method</i>	15	mm/1st hr	0 - 29

Peripheral Smear
RBCs are normocytic and normochromic.
The total leucocyte counts are reduced, however the differential counts are within normal limits.
Platelets are adequate in number and are normal in morphology.
No atypical cells or haemoparasites are seen.
Impression: Leucopenia.

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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



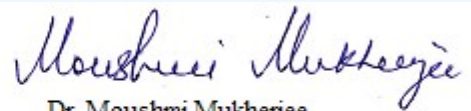
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Test Name	Value	Unit	Biological Reference Interval
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Glucose Fasting, plasma <i>Method : GOD POD</i>	111.50	mg/dL	60 - 100
-----------------------------------------------------------	---------------	-------	----------

Interpretation (In accordance with the American diabetes association guidelines):

- 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.



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Test Name	Value	Unit	Biological Reference Interval
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Glucose PP, plasma Method : GOD POD	125.70	mg/dL	90 - 140
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Interpretation (In accordance with the American diabetes association guidelines):

- 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.



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Test Name	Value	Unit	Biological Reference Interval
Blood Urea Nitrogen (BUN), serum <i>Method : Calculated</i>	10.90	mg/dl	7.8 - 20.2
Serum Creatinine <i>Method : Jaffe kinetic</i>	0.90	mg/dl	0.5 - 0.9
Serum Uric Acid <i>Method : Uricase-Peroxidase</i>	4.30	mg/dl	2.3 - 6.1



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HbA1c (Glycosylated haemoglobin), EDTA whole blood <i>Method : HPLC</i>	5.30	%	< 5.7
Estimated average plasma Glucose <i>Method : Calculated</i>	105.41	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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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>	0.68	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>	0.49	mg/dl	0.1 - 1.1
Serum SGOT/AST <i>Method : IFCC without P5P</i>	24.00	U/l	<= 31.0
Serum SGPT/ALT <i>Method : IFCC without P5P</i>	22.40	U/l	<= 34.0
Serum Alkaline Phosphatase <i>Method : PNP, AMP Buffer</i>	89.30	U/l	30.0 - 120.0
Serum GGT (Gamma Glutamyl Transpeptidase) <i>Method : UV-assay according to Szasz</i>	14.50	U/l	9.0 - 39.0
Serum total Protein <i>Method : Biuret</i>	6.55	g/dl	6.6 - 8.3
Serum Albumin <i>Method : Bromo Cresol Green</i>	4.40	g/dl	3.5 - 5.2
Serum Globulin <i>Method : Calculated</i>	2.15	g/dl	2.0 - 3.5
Albumin / Globulin ratio <i>Method : Calculated</i>	2.05		1.5 - 2.5



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Lipid Profile basic (direct HDL,calculated LDL)

Total Cholesterol, , serum Method : CHOD-POD	166.40	mg/dl	< 200.0
Triglycerides , serum Method : GPO-POD	115.10	mg/dl	< 150
HDL Cholesterol , serum Method : Direct measure PEG (CHE-CHO)	47.00	mg/dl	> 50
VLDL Cholesterol , serum Method : Calculated	23.02	mg/dl	< 30
L.D.L Cholesterol , serum Method : Calculated	96.38	mg/dl	< 100
Cholesterol, Non HDL , serum Method : Calculated	119.40	mg/dl	< 130
Total Cholesterol / HDL Cholesterol Ratio , serum Method : Calculated	3.54		< 5.0
LDL / HDL Cholesterol ratio , serum Method : Calculated	2.05		< 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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Thyroid Profile Total (T3, T4, TSH)			
T3, (Triiodothyronine) , serum Method : ECLIA	1.15	ng/mL	0.80 - 2.0
T4, (Thyroxine) , serum Method : ECLIA	12.41	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum Method : ECLIA	3.15	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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Urine Routine & Microscopic Examination

Physical examination

Volume	5	mL	
Colour	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Specific gravity	1.020		1.003 - 1.035

Method : pKa change

Chemical examination

Protein	Nil		Nil
Glucose	Nil		Nil
pH	5.0		
Bilirubin	Negative		Negative
Urobilinogen	Normal		Normal
Ketone	Negative		Negative
Erythrocytes	Absent		Absent
Nitrite	Negative		Negative
Leukocytes	Absent	Leu/uL	Negative

Method : error-of-indicator

Method : GOD-POD

Method : Double indicator

Method : Azo-coupling reaction

Method : Azo-coupling reaction

Method : Legals test

Method : Peroxidase

Method : Griess reaction

Method : Esterase activity of granulocytes

Microscopic examination

WBC	0 - 1	/ HPF	0 - 5
RBC	Nil	/ HPF	0 - 2
Casts	Nil	/ HPF	Nil
Crystals	Nil	/ HPF	Nil
Epithelial cells	0 - 1	/ HPF	0 - 15
Bacteria	Absent		Absent
Others	Nil		

Method : Light microscopy

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ECG Electro-cardiography

Normal ECG.

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

MER

General Condition	Fair, no pallor, no icterus, no anemia observed
Height (cm)	155
Weight (kg)	57
Pulse (bpm)	79
BP (mm/hg)	122/71

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

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X-RAY CHEST PA VIEW

PROTOCOL :- 1 view obtained.

CLINICAL BRIEF :- HEALTH CHECKUP

OBSERVATIONS :

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal.

The domes of the diaphragms are normal in position, and show smooth outline.

IMPRESSION :- No significant abnormality detected.

ADVICE :- Clinical correlation and follow up.

Disclaimer: Report is done by teleradiology after the images acquired by PACS (picture archiving and communication system). Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. Conclusion is markedly affected by input provided at that time. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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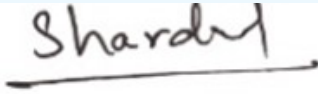


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*** Partial Report ***



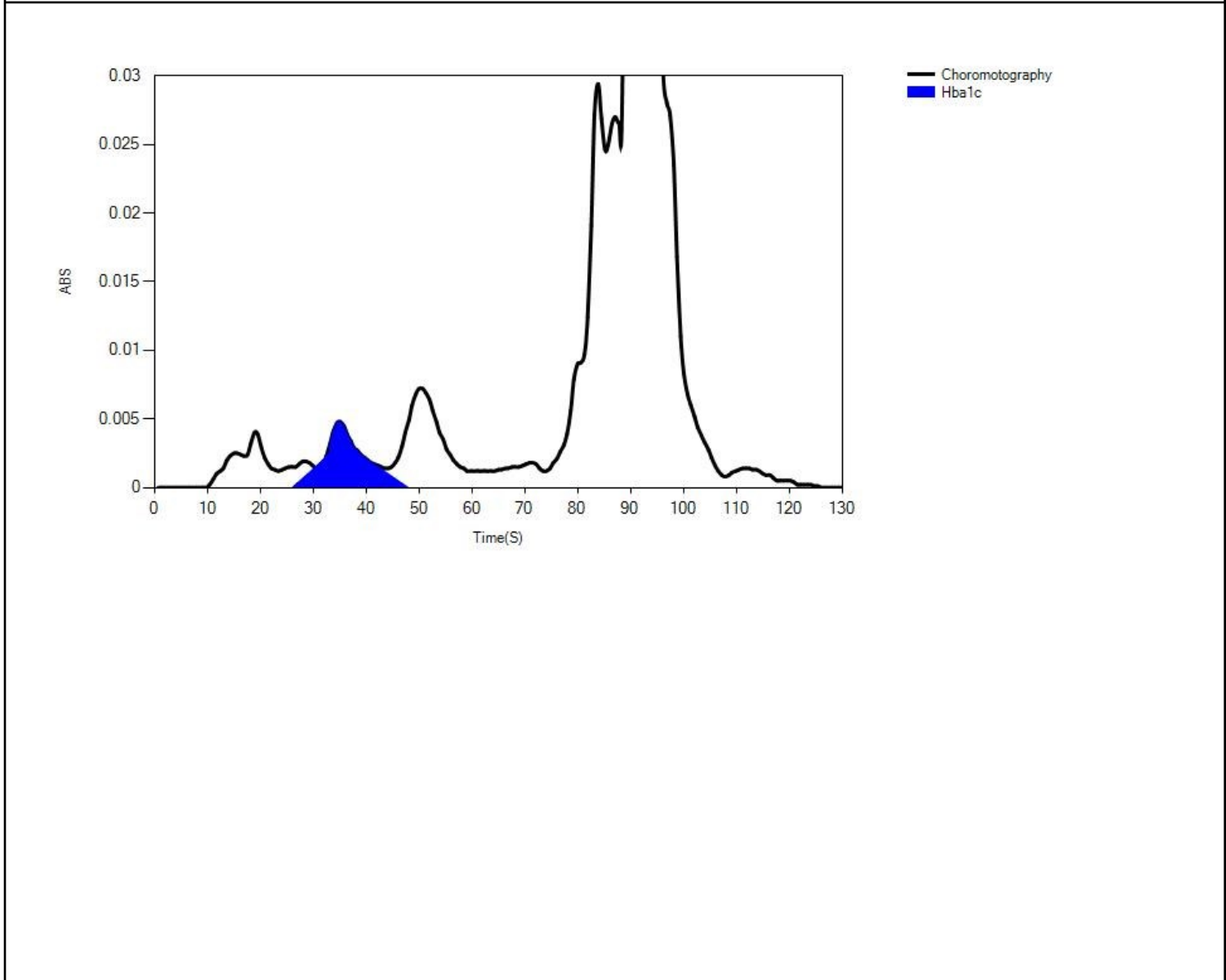
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LIFOTRONIC Graph Report

Name :	Case :	Patient Type :	Test Date : 12/03/2025 10:32:10
Age :	Department :	Sample Type : Whole Blood EDTA	Sample Id : 01120328
Gender :			Total Area : 13834

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	67	4129	12443	86.4
HbA1c	37	72	770	5.3
La1c	25	48	332	2.3
HbF	20	19	34	0.2
Hba1b	14	41	146	1.0
Hba1a	11	25	109	0.8



PROGNOSIS LABORATORIES

A SUBSIDIARY OF MEDGENOME
515-516 DWARKA SEC -19 NEW DELHI-110075

Ms. PINKI

ID. : 633

AGE/SEX : 47 Yr /F

HT/WT : /

DATE : 12-03-2025 10:23:55 AM

REF.BY : Dr.MEDIWHEEL

MACHINE INTERPRETATION : Normal ECG.

RATE : 75 bpm

BP : N/A

P Axis : 19 deg.

QRS Axis : 61 deg.

T Axis : 29 deg.

P Duration : 73 ms

PR Duration : 106 ms

QRS Duration : 86 ms

QT Interval : 356 ms

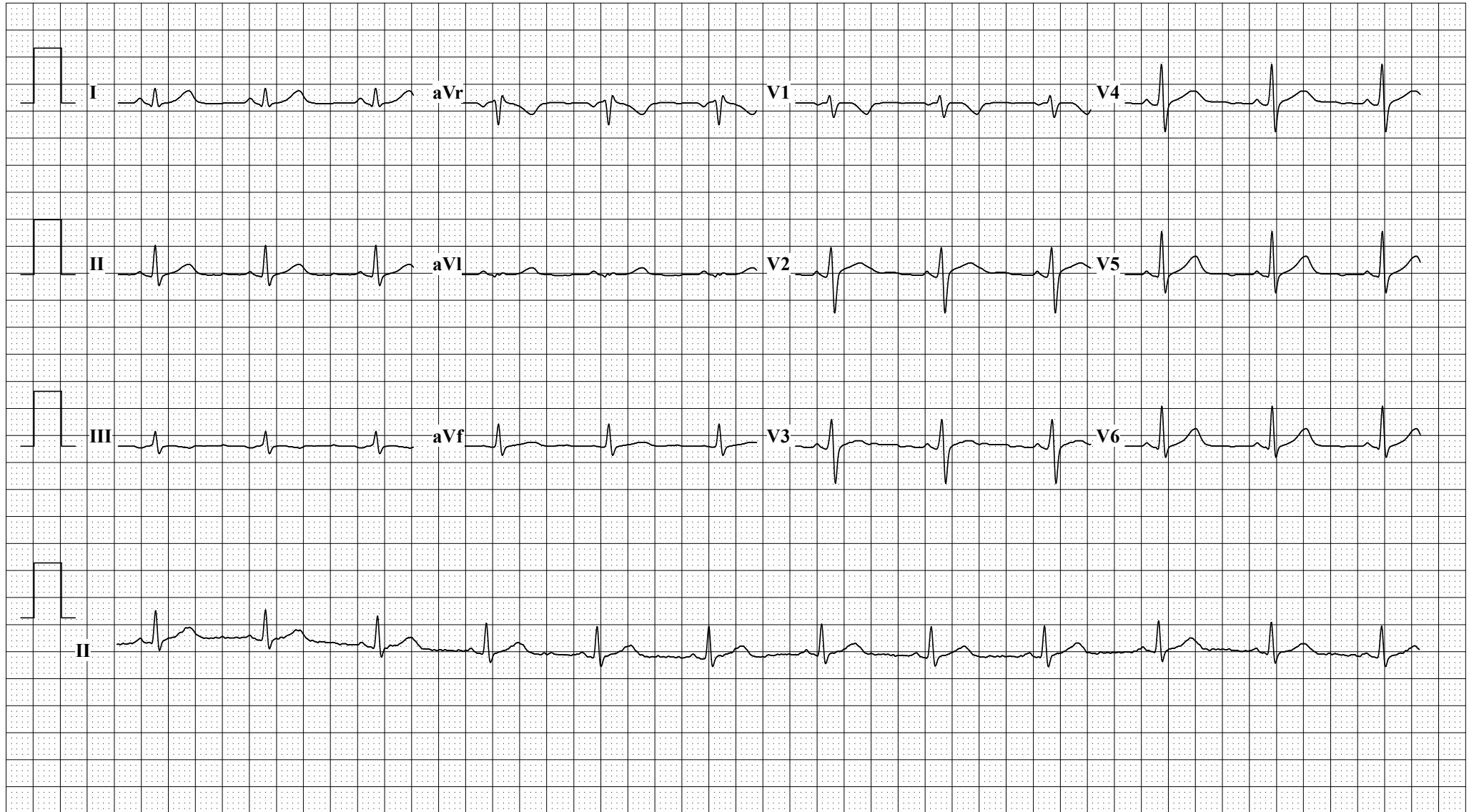
QTc Interval : 385 ms

Linked Median

Average Filtered

Speed : 25 mm/s

Sensitivity : 10 mm/mV





भारत सरकार
GOVERNMENT OF INDIA



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