



NABL & ISO 9001 : 2008 Certified
Wellness . Diagnostics
A Unit of Gian Life Care Limited



7/216 (6), Swaroop Nagar
(In Front of L.L.R. Hospital), Kanpur
Mob. : 8808051576
E-mail : reportsgpx@gmail.com
arunguptagpx@gmail.com

Gian Pathology and X-Ray

Pathology . Radiology

Gian Life Line - Health Checkup

Lab No.	: 012201080140	Reg No.	: 325258
Patient Name	: Mrs..APARNA MISHRA	Reg. Date	: 08/Jan/2022 10:28AM
Age/Sex	: 46 Y / Female	Sample Taken Date	: 08/Jan/2022 11:18AM
Client Code/Name	: MEDIWHEEL FULL BODY CHECKUP	Report Date	: 08/Jan/2022 12:10PM
Referred By Doctor	: Dr. B O B		

BIOCHEMISTRY

Blood Sugar (Fasting)

Blood Sugar Fasting 91 mg/dl 70 - 100
Glucose Oxidase Peroxidase

Sample Type:Plasma

Blood Sugar (PP)

Blood Sugar PP (2 Hr.) 108 mg/dL 70 - 140
Glucose Oxidase Peroxidase

Sample Type:Plasma

GAMMA GT/GGT

GAMMA GT / GGT 21 IU/l 12 - 43

Sample Type:Serum

BUN / BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 8.9 mg/dl 7.0 - 18.7
Urease

Sample Type:Plasma

CREATININE SERUM

CREATININE, Serum 0.52 mg/dl 0.52 - 1.04
Aminohydrolaase

Sample Type:Serum

URIC ACID

URIC ACID, Serum 3.7 mg/dl 2.5 - 6.2
Uricase Peroxidase

Sample Type:Serum



Arun Kumar Gupta

Dr. Arun Kumar Gupta
M.D. Chief Pathologist
(Reg No. 34930)



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BIOCHEMISTRY

LFT/LIVER FUNCTION TESTS

BILIRUBIN TOTAL Reflectance spectrophotometry	1.0	mg/dl	0.10 - 1.00
BILIRUBIN DIRECT Reflectance Spectrophotometry	0.2	mg/dl	0.0 - 0.3
BILIRUBIN INDIRECT Reflectance Spectrophotometry	0.8	mg/dl	0.10 - 1.1
SGOT /AST Mutipoint Rate with P-5-P	23	U/L	14 - 36
SGPT /ALT UV with P5P	17	U/L	0 - 35
Alk. Phosphatase, Serum PNPP AMP BUFFER	74	U/L	38 - 126
PROTEIN TOTAL Biuret	7.3	g/dl	6.4 - 8.3
ALBUMIN BCP	5.0	g/dl	3.5 - 5.0
GLOBULIN Calculated	2.3	g/dl	2.3 - 3.5
A/G RATIO Calculated	2.17		1.5 - 2.5

Sample Type:Serum



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BIOCHEMISTRY

Lipid Profile

CHOLESTEROL TOTAL Cholesterol Oxidase	198	mg/dl	Desirable: <200 Boderline High: 200 – 239 High : ≥240
TRIGLYCERIDES Lip/Gluceron Kinase	76	mg/dl	Normal <150 Boderline High: 150 – 199 High : 200 – 499 Very High: ≥500
HDL CHOLESTEROL Non HDL Precipitation	65	mg/dl	40 - 60
LDL CHOLESTEROL Calculated	117.8	mg/dl	100 - 130
VLDL CALCULATED Calculated	15.2	mg/dl	13 - 36
CHOL/ HDL RATIO	3.05		
LDL / HDL RATIO	1.81		3.3 - 4.4 (Low Risk) 4.4-7.1 (Average Risk) 7.1-11.0 (Moderate Risk)

Ratio of LDL to HDL

Risk	Men	Women
Very low (1/2 average)	1	1.5
Average risk	3.6	3.2
Moderate risk (2x average)	6.3	5.0
High risk (3x risk)	8	6.1

HDL levels have an inverse relationship with coronary heart disease. The ability of **HDL** to predict the development of coronary atherosclerosis has been estimated to be four times greater than **LDL** and eight times greater than **TC**. Treatment is recommended for those with a **HDL** level below 40 mg/dL. An **HDL** of 60 mg/dL is considered protection against heart disease.

Preparation:

Blood should be collected after a 12-hour fast (no food or drink, except water). For the most accurate results, wait at least 2 months after a heart attack, surgery, infection, injury or pregnancy to check Lipid Profile.

Sample Type:Serum



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BIOCHEMISTRY

BUN/CREATININE RATIO

BLOOD UREA NITROGEN Urease	8.9	mg/dl	7.0 - 18.7
CREATININE, Serum Aminohydrolaase	0.52	mg/dl	0.52 - 1.04
Ratio	17.11		

Sample Type:Serum



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CYTOLOGY

MEDIWHEEL FEMALE ABOVE 40

PAP SMEAR EXAMINATION

Case number: C-34/22

Specimen: Pap smear

Gross description:

3 smears prepared and stained with Hematoxylin and Eosin.

Microscopic description:

Smears are cellular and show scattered predominantly superficial squamous epithelial cells alongwith fewer intermediate and parabasal cells in a background of moderate neutrophilic inflammation. No cells with unequivocal morphology of carcinoma cells are evident.

Impression: Inflammatory smears. Negative for intraepithelial lesion or malignancy.



Divya Chaudhary

Dr. Divya Chaudhary
M.D. Pathology (KGMU)
(Reg. No. 65431)



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Client Code/Name	: MEDIWHEEL FULL BODY CHECKUP	Report Date	: 08/Jan/2022 12:48PM
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HAEMATOLOGY

MEDIWHEEL FEMALE ABOVE 40

CBC / COMPLETE BLOOD COUNT

HEMOGLOBIN (Hb) Photometry	13.6	g/dl	12.0 - 16.0
TLC Impedence	5500	/cumm	4000-11000
DLC (%)			
NEUTROPHIL DHSS/Microscopic	62	%	40-80
LYMPHOCYTE DHSS/Microscopic	26	%	24-44
EOSINOPHIL DHSS/Microscopic	7	%	01-06
MONOCYTE DHSS/Microscopic	5	%	3-6
Platelet Impedance/Microscopic	165	10 ³ /μL	140 - 440
RBC COUNT Impedance	4.5	10 ⁶ /μL	4.5 - 5.5
PCV (HCT) Numeric Integration	40.9	%	41-53
MCV Calculated	91.2	fL	83-91
MCH Calculated	30.4	pg	26-34
MCHC Calculated	33.3	g/dL	31-37
RDW-CV Calculated	13.8	%	11.6 - 14.0
MPV	11.3	fL	8 - 12

ABSOLUTE LEUCOCYTE COUNT

ABSOLUTE NEUTROPHIL COUNT	3.4		
ABSOLUTE LYMPHOCYTE COUNT	1.4		
ABSOLUTE MONOCYTE COUNT	0.3		
ABSOLUTE EOSINOPHIL COUNT	0.4	10 ³ /μL	0.02 - 0.50
N/L Ratio	2.43	Ratio	Normal: 1 - 3 Mildly High: 4 - 6 Moderately High: 7 - 9



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HAEMATOLOGY

Sample Type Whole Blood EDTA

Severly High: >9.0

ESR WESTERGREN (Automated)

ESR WESTERGREN (Automated)	12	0 - 14
WESTERGREN		

Sample Type:EDTA Blood

ABO Rh / BLOOD GROUP (FORWARD & REVERSE GROUPING)

BLOOD GROUP / ABO-RH

ABO	B	-
Reverse & Forward		
Rh	POSITIVE	-
Reverse & Forward		

Sample Type:EDTA Blood



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HAEMATOLOGY

HbA1C/GLYCATED HEMOGLOBIN/GHB

HBA1C/GLYCATED HEMOGLOBIN 4.8 %
Average of Glucose Level 91 mg/dl
Test is done by HPLC method (Gold Standard) D-10 Analyzer.

Expected Values :-

Test	Normal Range	
HbA1c	Non Diabetic:	4.0% - 6.0%
	Good Control:	6.1% - 8.0%
	Poor Control:	8.1% - 9.0 %
	Unsatisfactory:	> 9 %

To convert an A1c to the new average mean blood glucose, use this formula:
eAG(mg/dl) = (28.7 X HbA1c) - 46.7

Sample Type:EDTA Blood



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IMMUNOASSAY

MEDIWHEEL FEMALE ABOVE 40

T3 / TRIDOTHYRONINE TOTAL

T3 TOTAL 1.46 ng/mL 0.97 - 1.69
CLIA

Increased levels are seen in hyperthyroidism and decreased levels are seen in hypothyroidism.

Sample Type:Serum

T4 / THYROXIN TOTAL

T4 TOTAL 8.66 µg/dl 5.53 - 11.0
CLIA

Increased levels are seen in graves disease cancer of thyroid as symptoms of hyperthyroidism.Low levels are seen in hypothyroidism whose symptoms are myoxyedema hashmito disease and pituitary disorders

TSH (Thyroid Stimulating Hormone)

TSH (ECLIA) 3.20 µIU/ml 0.46 - 4.68
CLIA

NOTE:

Guidelines for interpretation of abnormal thyroid function test.

TSH	T4/FT4	T3/FT3	Interpretation
High	Normal Normal	Mild(subclinical)	Hypothyroidism.
High	Low	Low/Normal	Hypothyroidism
Low	Normal Normal	Mild (subclinical)	Hyperthyroidism.
Low	High/Normal	High/Normal	Hyperthyroidism
Low	Low/Normal	Low/Normal	Rare pituitary(secondary)Hypothyroidism.

Sample Type:Serum



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MICROBIOLOGY

MEDIWHEEL FEMALE ABOVE 40

URINE SUGAR (F)

URINE SUGAR (F) ABSENT

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

TURBIDITY	ABSENT	
COLOUR	STRAW	
Deposit (UR)	ABSENT	
REACTION	ACIDIC	0.06 - 0.1
PROTEIN	NIL	Nil
GLUCOSE	NIL	Nil
pH	6.0	7.50 - 8.0
SPECIFIC GRAVITY	1.020	1.001 - 1.030
KETONE	NEGATIVE	Nil
BILL PIGMENT	NEGATIVE	Negative
UROBILINOGEN	NEGATIVE	Normal
Nitrite	NEGATIVE	Negative
Leucocyte Esterase	NEGATIVE	Negative

MICROSCOPIC EXAMINATION

RBC	NIL	per HPF	
PUS CELLS	0-1	Per HPF	0 - 5 WBC/hpf
EPITHELIAL CELLS	0-1	Per HPF	
CASTS	NIL	Per LPF	
CRYSTALS	NIL		
Amorphous Material	Nil		Nil
BACTERIA	NIL	Per HPF	0-0



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MICROBIOLOGY

URINE SUGAR (PP)

URINE SUGAR (PP) ABSENT

*** End Of Report ***



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