



CLIENT CODE : CA00010147 CLIENT'S NAME AND ADDRESS : MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI, SOUTH DELHI, DELHI, SOUTH DELHI 110030 DELHI INDIA 8800465156 8800465156

DDRC SRL DIAGNOSTICS
Phoenix Tower, Near Central Park Hotel
Prathibha Junction, Kadappakada,
KOLLAM, 691008
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

Test Report Status <u>Final</u>	Results	Biological Reference Interval Units
REFERRING DOCTOR : SELF		CLIENT PATIENT ID :
DRAWN :	RECEIVED : 22/10/2022 10:38	REPORTED : 23/10/2022 11:24
ACCESSION NO : 4071VJ004808	AGE : 30 Years SEX : Male	
PATIENT NAME: RAMA PRASAD		PATIENT ID : RAMAM2910914071

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

OPTHAL	
OPTHAL	REPORTED
TREADMILL TEST	
TREADMILL TEST	REPORTED
PHYSICAL EXAMINATION	
PHYSICAL EXAMINATION	REPORTED





DDRC SRL Diagnostic Services	Patient Ref. No. 666000002020	LABORATORY SERVICES
CLIENT CODE: CA00010147 CLIENT'S NAME AND ADDRESS: MEDIWHEEL ARCOFEMI HEALTHCARE LIMI' F701A, LADO SARAI, NEW DELHI, SOUTH DELHI, DELHI, SOUTH DELHI 110030 DELHI INDIA 8800465156	TED	DDRC SRL DIAGNOSTICS Phoenix Tower, Near Central Park Hotel, Prathibha Junction, Kadappakada, KOLLAM, 691008 KERALA, INDIA Tel : 93334 93334 Email : customercare.ddrc@srl.in
PATIENT NAME : RAMA PRASAD		PATIENT ID : RAMAM2910914071
ACCESSION NO : 4071VJ004808	AGE : 30 Years SEX : Male	2
DRAWN :	RECEIVED : 22/10/2022 10:3	8 REPORTED : 23/10/2022 11:24
REFERRING DOCTOR : SELF		CLIENT PATIENT ID :
Test Report Status Final	Results	Units
MEDIWHEEL HEALTH CHEKUP BEL	<u>.OW 40(M)TMT</u>	
BUN/CREAT RATIO		
BUN/CREAT RATIO	10.48	
CREATININE, SERUM		
CREATININE	1.24	18 - 60 yrs : 0.9 - 1.3 mg/dL
GLUCOSE, POST-PRANDIAL, PLAS	MA	
GLUCOSE, POST-PRANDIAL, PLASMA	68	Diabetes Mellitus : > or = 200 mg/dL mg/dL. Impaired Glucose tolerance/ Prediabetes : 140 to 199 mg/dL. Hypoglycemia : < 55 mg/dL.
Comments		
* Kindly correlate clinically. * Kindly inform lab within 24 hours if clinic GLUCOSE, FASTING, PLASMA	ally not correlating.	
GLUCOSE, FASTING, PLASMA	94	Diabetes Mellitus : > or = 126 mg/dL mg/dL. Impaired fasting Glucose/ Prediabetes : 101 to 125 mg/dL. Hypoglycemia : < 55 mg/dL.
GLYCOSYLATED HEMOGLOBIN, ED	TA WHOLE BLOOD	
GLYCOSYLATED HEMOGLOBIN (HBA1	C) 4.8	Normal : 4.0 - 5.6 %. % Non-diabetic level : $<$ 5.7%. More stringent goal : $<$ 6.5 %. General goal : $<$ 7%. Less stringent goal : $<$ 8%. Glycemic targets in CKD :- If eGFR $>$ 60 : $<$ 7%. If eGFR $<$ 60 : 7 - 8.5%.
MEAN PLASMA GLUCOSE	91.1	< 116.0 mg/dL
CORONARY RISK PROFILE (LIPID	-	
CHOLESTEROL	185	Desirable cholesterol level mg/dL < 200 Borderline high cholesterol 200 - 239 High cholesterol > / = 240







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TRIGLYCERIDES	64		Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High: > 499	mg/dL
HDL CHOLESTEROL	45		40 - 60	mg/dL
DIRECT LDL CHOLESTEROL	143	High	Adult Optimal : < 100 Near optimal : 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very high : > or = 190	mg/dL
NON HDL CHOLESTEROL	140	High	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
CHOL/HDL RATIO	4.1		3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	3.2	High	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate R >6.0 High Risk	lisk
VERY LOW DENSITY LIPOPROTEIN	12.8		Desirable value : 10 - 35	mg/dL
LIVER FUNCTION TEST WITH GGT				
BILIRUBIN, TOTAL	1.36	High	< 1.1	mg/dL
BILIRUBIN, DIRECT	0.35	High	< 0.31	mg/dL
BILIRUBIN, INDIRECT	1.01	High	0.00 - 0.60	mg/dL
TOTAL PROTEIN	7.1		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	5.2		3.5 - 5.2	g/dL
GLOBULIN	1.9	Low	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	2.7	High	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	46	High	< 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	68	High	< 45	
ALKALINE PHOSPHATASE	59		40 -130	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	29		8 - 61	U/L
TOTAL PROTEIN, SERUM				



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REPORTED :

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ACCESSION NO : **4071VJ004808** AGE : 30 Years SEX : Male DRAWN : RECEIVED : 22/10/2022 10:38

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PATIENT ID :

REFERRING DOCTOR : SELF

DELHI INDIA 8800465156

Test Report Status <u>Final</u>	Results			Units
TOTAL PROTEIN	7.1		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
URIC ACID, SERUM				
URIC ACID	6.1		3.4 - 7.0	mg/dL
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD				
ABO GROUP	TYPE O			
RH TYPE	POSITIVE			
BLOOD COUNTS				
HEMOGLOBIN	15.8		13.0 - 17.0	g/dL
RED BLOOD CELL COUNT	5.49		4.5 - 5.5	mil/µL
WHITE BLOOD CELL COUNT	6.73		4.0 - 10.0	thou/µL
PLATELET COUNT	219		150 - 410	thou/µL
RBC AND PLATELET INDICES				
HEMATOCRIT	46.9		40 - 50	%
MEAN CORPUSCULAR VOL	85.4		83 - 101	fL
MEAN CORPUSCULAR HGB.	28.8		27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.8		31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	12.9		11.6 - 14.0	%
MEAN PLATELET VOLUME	11.1	High	6.8 - 10.9	fL
WBC DIFFERENTIAL COUNT - NLR				
SEGMENTED NEUTROPHILS	57		40 - 80	%
ABSOLUTE NEUTROPHIL COUNT	3.84		2.0 - 7.0	thou/µL
LYMPHOCYTES	40		20 - 40	%
ABSOLUTE LYMPHOCYTE COUNT	2.69		1.0 - 3.0	thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.4			
EOSINOPHILS	2		1 - 6	%
ABSOLUTE EOSINOPHIL COUNT	0.13		0.02 - 0.50	thou/µL
MONOCYTES	1	Low	2 - 10	%
ABSOLUTE MONOCYTE COUNT	0.07	Low	0.2 - 1.0	thou/µL
ERYTHRO SEDIMENTATION RATE, BLOOD				
SEDIMENTATION RATE (ESR)	1		0 - 14	mm at 1 hr
STOOL: OVA & PARASITE				
COLOUR	BROWNISH			
CONSISTENCY	SEMI FORMED			



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23/10/2022 11:24

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DRAWN :		RECE	IVED : 22/10)/2022 10:38

<u>Final</u>

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Test Report Status

RED BLOOD CELLS

MUCUS

CYSTS

OVA

CLIENT PATIENT ID : Results Units NOT DETECTED ABSENT POLYMORPHONUCLEAR LEUKOCYTES 2-3/HPF 0 - 5 /HPF NOT DETECTED /HPF 3 - 5 NOT DETECTED NOT DETECTED NOT DETECTED NOT DETECTED NOT DETECTED DETECTED NOT DETECTED

LARVAE **SUGAR URINE - POST PRANDIAL** SUGAR URINE - POST PRANDIAL **THYROID PANEL, SERUM** Т3 129.50 80 - 200 ng/dL Τ4 9.97 5.1 - 14.1 µg/dl TSH 3RD GENERATION 1.410 0.4 - 4.2 µIU/mL **URINE ANALYSIS** COLOR AMBER APPEARANCE CLEAR SPECIFIC GRAVITY 1.003 - 1.035 1.025 **KETONES** NOT DETECTED NOT DETECTED BLOOD NOT DETECTED NOT DETECTED UROBILINOGEN NORMAL NORMAL NITRITE NOT DETECTED NOT DETECTED WBC 1-2 0-5 /HPF CHEMICAL EXAMINATION, URINE 4.7 - 7.5 PH 6.0 PROTEIN NOT DETECTED NOT DETECTED GLUCOSE NOT DETECTED NOT DETECTED NOT DETECTED NOT DETECTED BILIRUBIN **MICROSCOPIC EXAMINATION, URINE** EPITHELIAL CELLS 1-2 0-5/HPF **RED BLOOD CELLS** NOT DETECTED NOT DETECTED /HPF CASTS NIL CRYSTALS NIL SERUM BLOOD UREA NITROGEN **BLOOD UREA NITROGEN** 13 6 - 20 mg/dL





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Comments

*Sample is icteric in appearance.

*Kindly correlate clinically.

SUGAR URINE - FASTING

SUGAR URINE - FASTING

DETECTED (TRACE)

NOT DETECTED

Interpretation(s) CREATININE, SERUM-

Higher than normal level may be due to:

Blockage in the urinary tract
Kidney problems, such as kidney damage or failure, infection, or reduced blood flow

Loss of body fluid (dehydration)

- Muscle problems, such as breakdown of muscle fibers
- Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:

 Myasthenia Gravis Muscular dystrophy

GLUCOSE, POST-PRANDIAL, PLASMA-ADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water, over a period of 5 minutes. GLUCOSE, FASTING, PLASMA-

ADA 2012 guidelines for adults as follows: Pre-diabetics: 100 - 125 mg/dL Diabetic: > or = 126 mg/dL

(Ref: Tietz 4th Edition & ADA 2012 Guidelines)

GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD-Glycosylated hemoglobin (GHb) has been firmly established as an index of long-term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. Formation of GHb is essentially irreversible, and the concentration in the blood depends on both the life span of the red blood cell (average 120 days) and the blood glucose concentration. Because the rate of formation of GHb is directly proportional to the concentration of glucose in the blood, the GHb concentration represents the integrated values for glucose over the preceding 6-8 weeks.

Any condition that alters the life span of the red blood cells has the potential to alter the GHb level. Samples from patients with hemolytic anemias will exhibit decreased glycated hemoglobin values due to the shortened life span of the red cells. This effect will depend upon the severity of the anemia. Samples from patients with polycythemia

grycated hemoglobins values due to a softed the short of the red censis intervention of the red censis of the red cells. Glycosylated hemoglobins results from patients with HbSS, HbCC, and HbSC and HbD must be interpreted with caution, given the pathological processes, including anemia, increased red cell turnover, transfusion requirements, that adversely impact HbA1c as a marker of long-term glycemic control. In these conditions, alternative forms of

"Targets should be individualized; More or less stringent glycemic goals may be appropriate for individual patients. Goals should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations.

References

1. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R.Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 879-884.

2. Forsham PH. Diabetes Mellitus: A rational plan for management. Postgrad Med 1982, 71,139-154.

3. Mayer TK, Freedman ZR: Protein glycosylation in Diabetes Mellitus: A review of laboratory measurements and their clinical utility. Clin Chim Acta 1983, 127, 147-184. CORONARY RISK PROFILE (LIPID PROFILE), SERUM-Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease This test can help determine your risk of the build up of

plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination



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Units

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		1

Test Report Status <u>Final</u>

provides valuable information for the assessment of coronary heart disease risk. It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the ""good"" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely.HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

Results

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease. Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:

Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult. TOTAL PROTEIN, SERUM-

Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum.. Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.

URIC ACID, SERUM-Causes of Increased levels

Dietary High Protein Intake.

- Prolonged Fasting,
- Rapid weight loss. Gout

Lesch nyhan syndrome.

Type 2 DM. Metabolic syndrome

Causes of decreased levels

- Low Zinc Intake
- OCP's Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels • Drink plenty of fluids

- Limit animal proteins
- · High Fibre foods Vit C Intake

Antioxidant rich foods
 ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same.

The test is performed by both forward as well as reverse grouping methods. BLOOD COUNTS-

The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology. RBC AND PLATELET INDICES-

The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology. WBC DIFFERENTIAL COUNT - NLR-



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The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504 This ratio element is a calculated parameter and out of NABL scope.

ERYTHRO SEDIMENTATION RATE, BLOOD-Erythrocyte sedimentation rate (ESR) is a non - specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0 -1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Reference :

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition

Paediatria and Oski S Haematology of Infancy and Childhood, Stiff edition
 Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin
 The reference for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th Edition" SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT'S TEST
 THYROID PANEL, SERUM-

Triiodothyronine T3 , is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.

Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

Levels in	TOTAL T4	TSH3G	TOTAL T3
Pregnancy	(µg/dL)	(µIU/mL)	(ng/dL)
First Trimester	6.6 - 12.4	0.1 - 2.5	81 - 190
2nd Trimester	6.6 - 15.5	0.2 - 3.0	100 - 260
3rd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260
Delaw mentioned	are the quidelines for	an ago volatod vofor	nee renges for T2

Below mentioned are the guidelines for age related reference ranges for T3 and T4. T3 T4 T4

(μg/dL) 1-3 day: 8.2 - 19.9 1 Week: 6.0 - 15.9 (ng/dL) New Born: 75 - 260

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.

Kindly note: Method specific reference ranges are appearing on the report under biological reference range.

Reference:

1. Burtis C.A., Ashwood E. R. Bruns D.E. Teitz textbook of Clinical Chemistry and Molecular Diagnostics, 4th Edition.

Gowenlock A.H. Varley's Practical Clinical Biochemistry, 6th Edition.

3. Behrman R.E. Kilegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition MICROSCOPIC EXAMINATION, URINE-

Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection. Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in

bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of hemolytic anemia

SERUM BLOOD UREA NITROGEN-Causes of Increased levels

Pre renal

• High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal

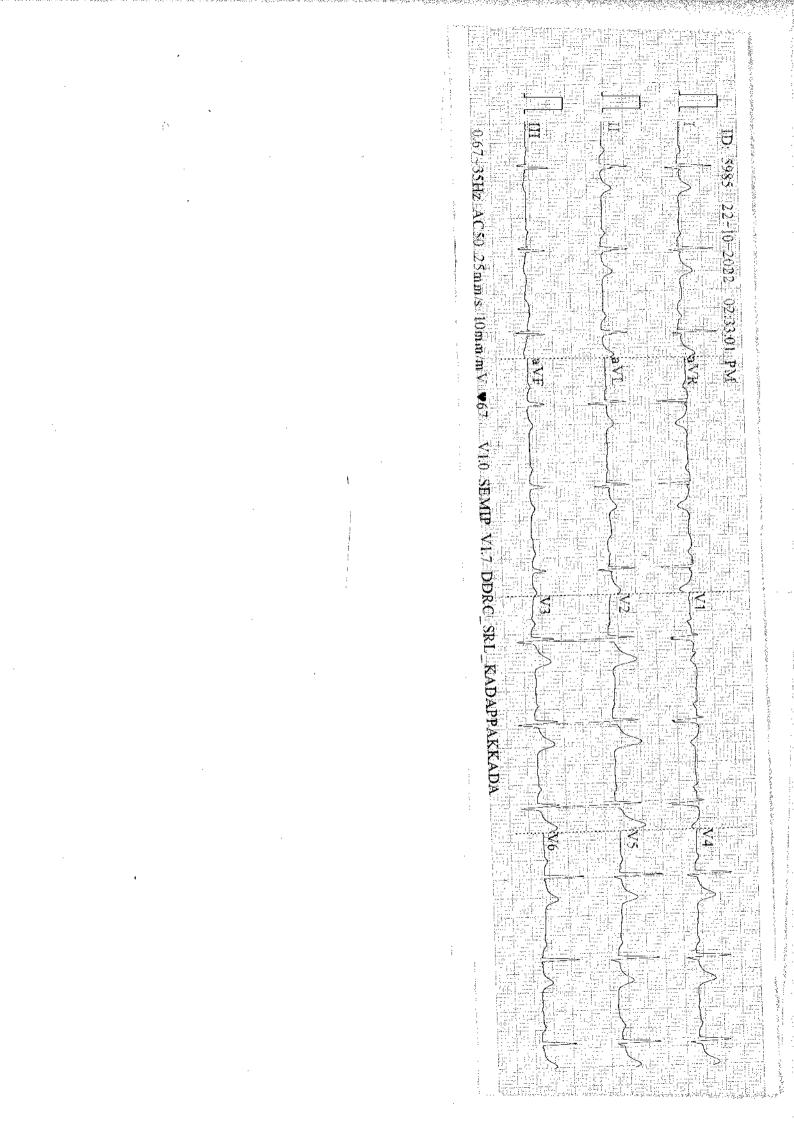


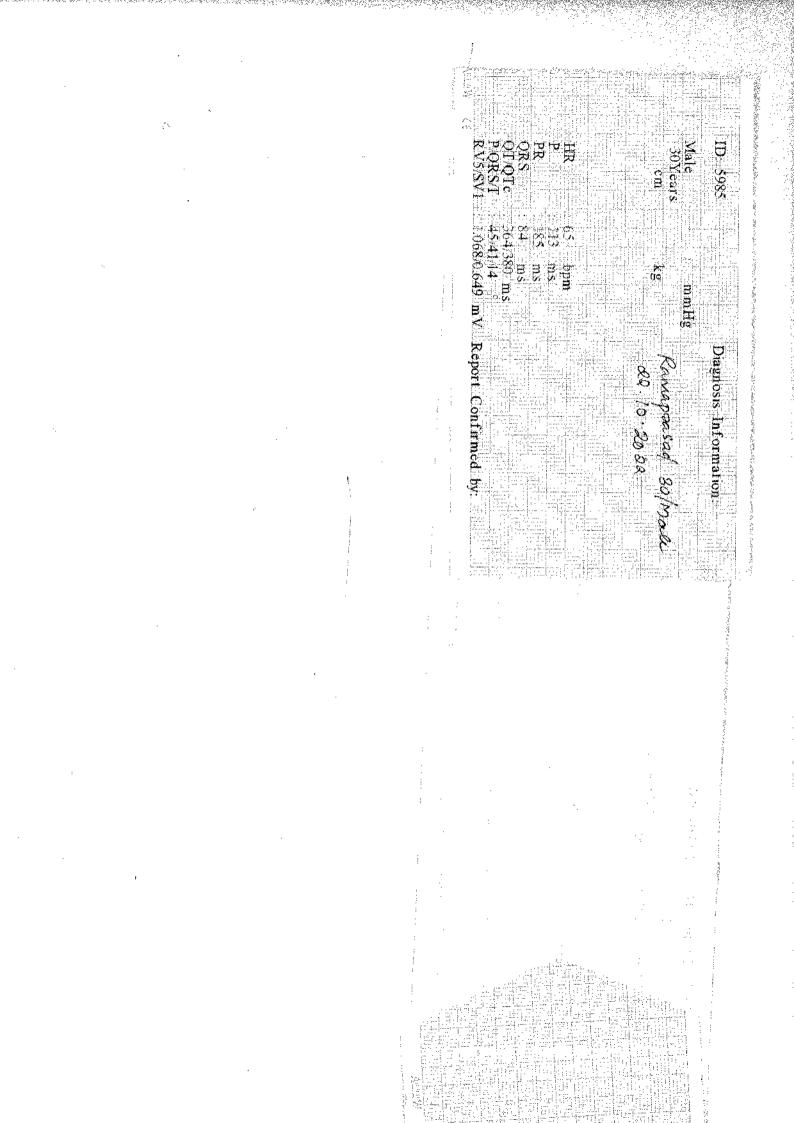
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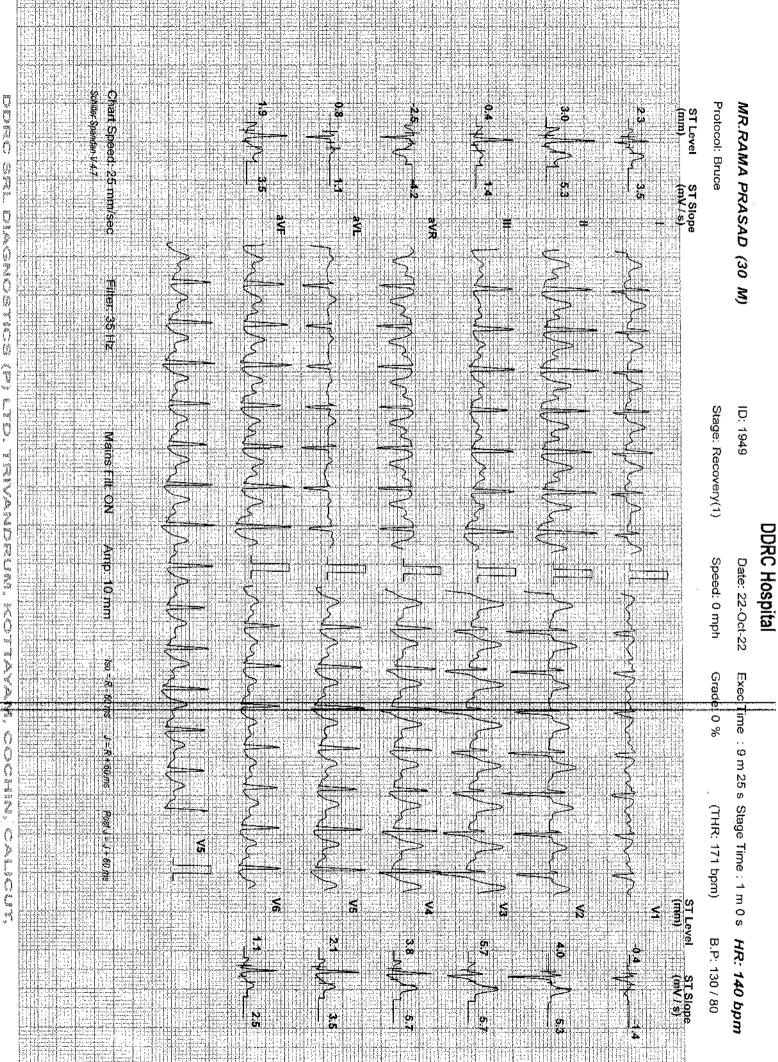
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CLIENT CODE: CA00010147 CLIENT'S NAME AND ADDRESS: MEDIWHEEL ARCOFEMI HEALTHCARE LIM F701A, LADO SARAI, NEW DELHI, SOUTH DELHI, DELHI, SOUTH DELHI 110030 DELHI INDIA 8800465156	IITED	DDRC SRL DIAGNOSTICS Phoenix Tower, Near Centra Prathibha Junction, Kadappa KOLLAM, 691008 KERALA, INDIA Tel : 93334 93334 Email : customercare.ddrc@	akada,	
PATIENT NAME : RAMA PRASAD		P/	ATIENT ID:	RAMAM2910914071
ACCESSION NO : 4071VJ004808	AGE: 30 Years SEX: Ma	ale		
DRAWN :	RECEIVED : 22/10/2022 10	:38 REPORTED :	23/10/20	22 11:24
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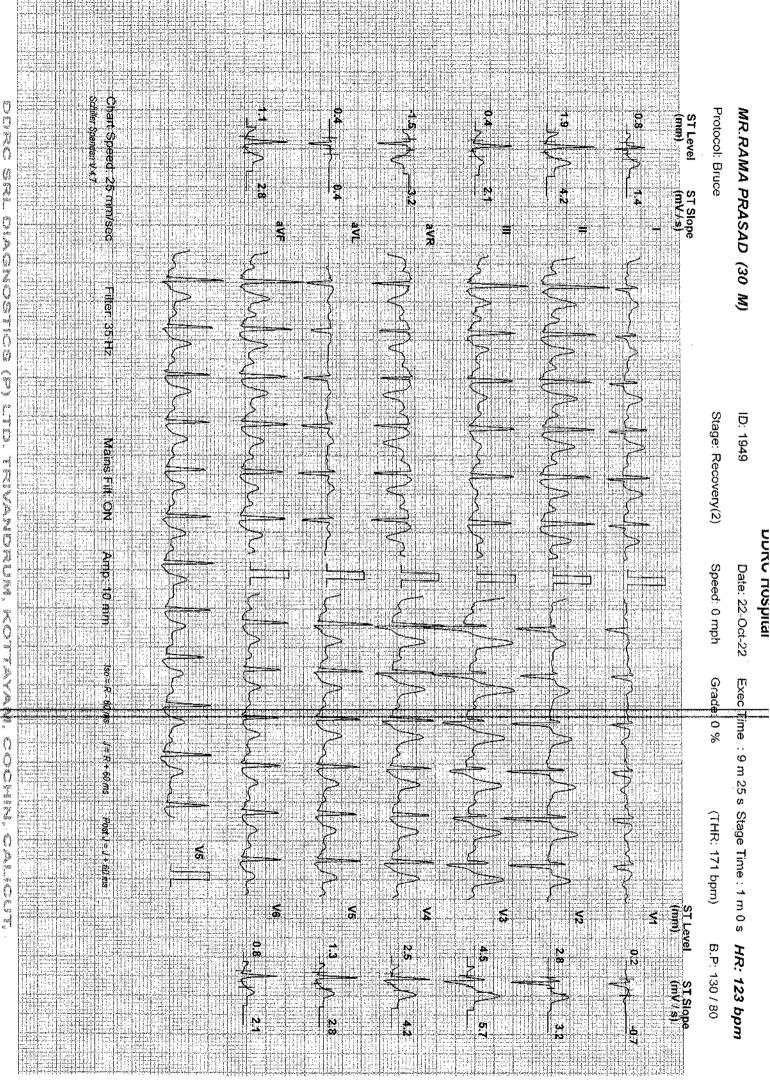






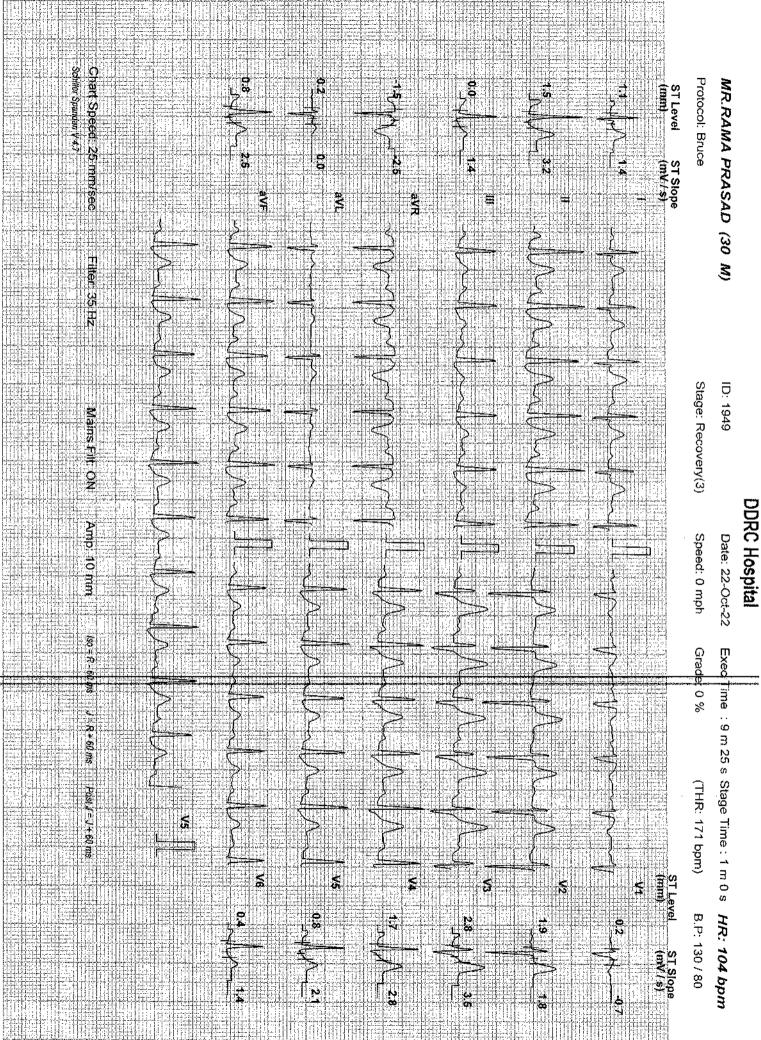


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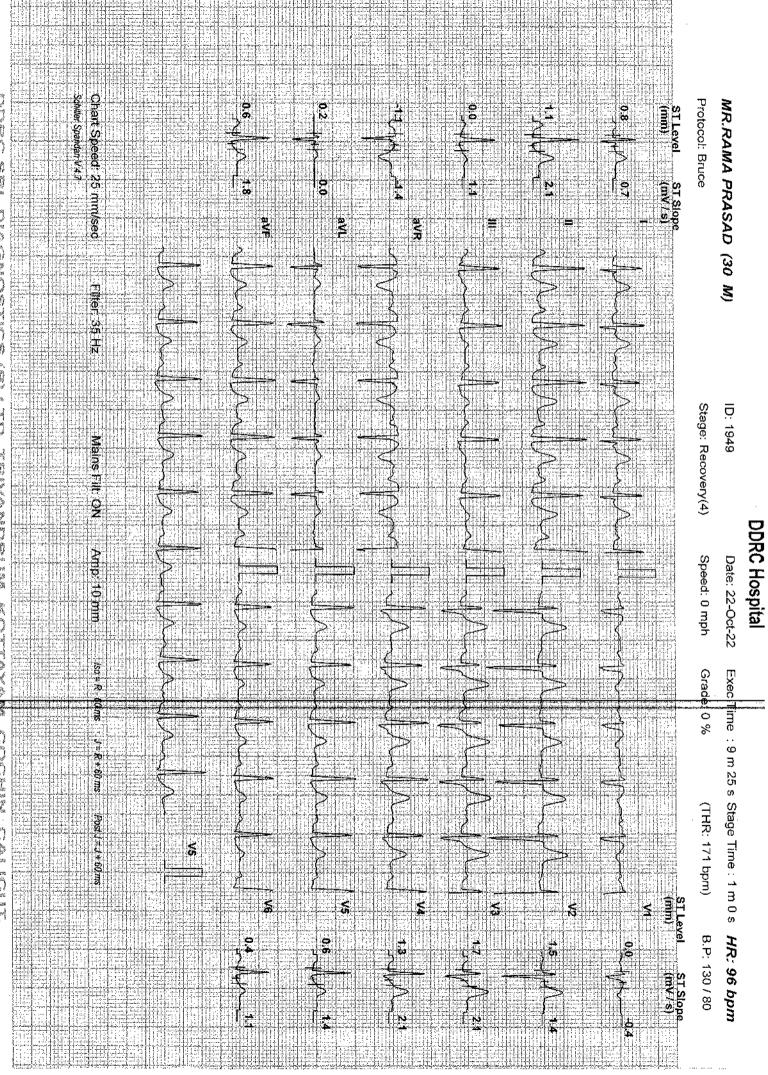


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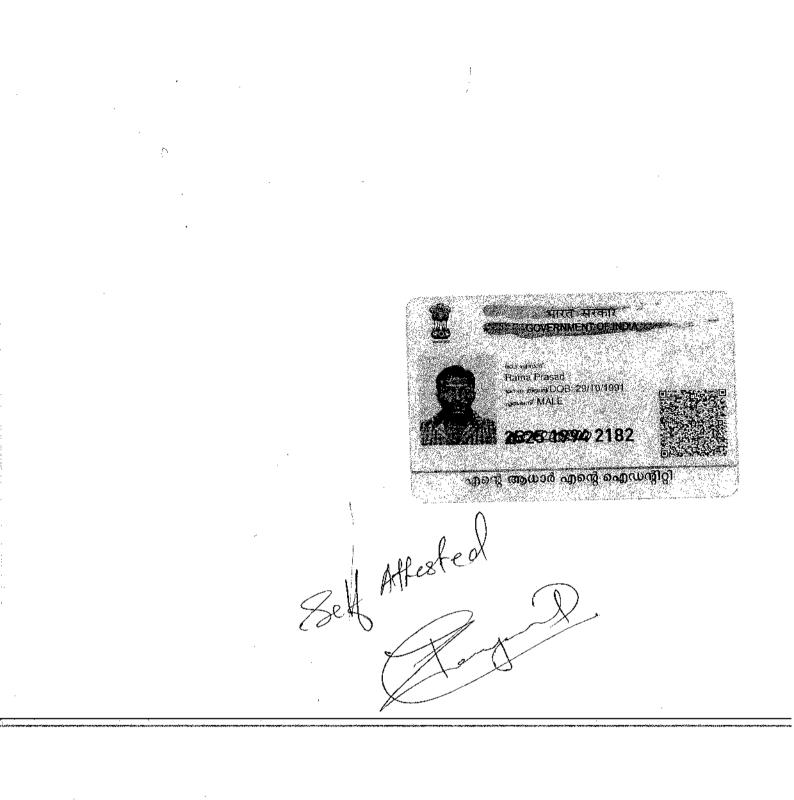
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DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYA**R**, COCHIN, CALICUT, Name: MR.RAMA PRASAD ID: 1949 Interpretation Age: 30 y **Patient Details** 165(37% of Pr. MHR)bpm. Resting Blood pressure 100/70 mmHg.Rose to maximum blood pressure of 130/80 mmHg Waximum Wets 13.50 Resting heart rate Initially 63 born. Rose to a maximum heart rate The Patient exercised according to the Bruce Protocol for 9 m 25 s achieving a work level if (Summary Report edited by user) Ref. Doctor: + 1 V G WHICK IN THE REAL PRINCE ۍ م Sex: M Date: 22-Oct-22 N IAN LLAW CALARYA Height: 172 cms Time: 2:59:13 PM A YN X X DDRC Hospital (c) Schiller Healthca Doctor: SSN 2 THE REAL PROPERTY OF Chan-1.000 þ leight: 78 Kgs India Pvt. Ltd. V 4.7







NAME : RAMAPRASAD

AGE/ SEX : 30/M

DATE: 22.10.2022

ELECTRO CARDIOGRAM REPORT

ELECTRO CARDIOGRAM

: NSR – $\mathcal{L}\mathcal{H}$./minute. No evidence of ischaemia or chamber hypertrophy

> Impression

: ECG within normal limits.

DR. ANJALI NAIR, V. MBBS, MD Reg. No: 46952 CONSULTANT MICROBIOLOGIST

DR. ANJALI NAIR V MBBS,MD CONSULTANT MICROBIOLOGIST DDRC SRL DIAGNOSTICS PVT LTD

Sameer		1
	SAC	MRD No. : 03-123683
	Biorit, Wilder, John	Name : MR. RAMA PRASAD
	Chaithanya Eye Hospital and Research Institute - KLM	
	Prathibha Jn	Age : 30 Years
	Kadappakada Kollam	Gender : Male
	Phone : 0474 2735500	Location : KLM
		User ; D097
	E-mail : info.klm@chaithanya.org	Date/Time :22-10-2022 14:33:47
	Web Site : www.chaithanya.org	

Glass Prescription

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Prescribed by :

(Sameer I)

Tips to maintain your Glasses

1. Always use both hands to put on or take off the glasses.

Clean the glasses once a week with cleaning solution provided at our optical services.

3. Always keep the glasses in the lens case when not in use.

If there are more scratches affecting vision, please visit us for change of glasses.

5. Please contact our Optical services to know more about your glasses.

Chaithanya Eye Hospital and Research Institute

Page 1 of 1



RADIOLOCY DIVISION

~
Date: 22.10.2022

USG OF ABDOMEN

<u>LIVER</u>: Is normal in size (15.1 cms). *Echotexture is increased uniformly through out of liver, suggestive of fatty changes.* No focal lesions are seen. No dilatation of intrahepatic biliary radicles present. Portal vein is normal. Common bile duct is normal.

GALL BLADDER: Is distended. Normal in wall thickness. No calculus or mass.

PANCREAS: Visualized head & body appear normal. Rest obscured by bowel gas.

SPLEEN: Is normal in size (8.2 cms) and echotexture.

<u>RIGHT KIDNEY</u>: Measures 8.7 x 3.5 cms. Normal in size and echotexture. Cortico medullary differentiation is well maintained. No calculus, hydronephrosis or mass.

<u>LEFT KIDNEY</u> Measures 9.2 x 4.1 cms. Normal in size and echotexture. Cortico medullary differentiation is well maintained. No calculus, hydronephrosis or mass.

<u>URINARY BLADDER</u>: Is partially distended. Normal in wall thickness. No evidence of calculus or mass. No vesical diverticulum present.

PROSTATE: Is normal in size (Volume - 15.3 cc). Parenchymal echoes appear normal.

No ascites present. No retroperitoneal lymphadenopathy present.

Both iliac fossae appear normal and there is no obvious evidence of bowel mass or bowel wall thickening present.

IMPRESSION:

Grade I fatty infiltration of liver.

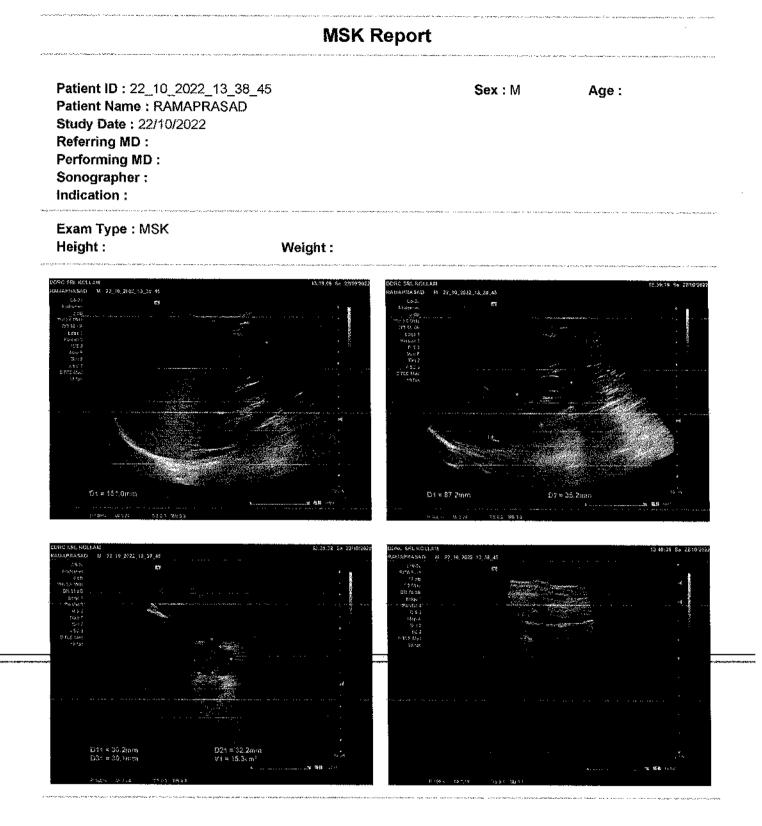
- Suggested follow up & clinical correlation.
- Images overleaf.

Dr. AISALUTH THULASEEDHARAN MBBS, DMRD

(Note: Diagnosis should not be made solely on one investigation. Advised further / repeat investigation and clinical correlation in suspected cases and in case of unexpected results, ultrasound is not 100% accurate and this report is not valid for medico legal purpose.)

DDRC SRL Diagnostics Private Limited

Aster Square, Medical College P.O., Trivandrum - 695 011. Ph: 0471 - 2551125. e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com Corp. Office: DDRC SRL Tower, G-131, Panampilly Nagar, Ernakulam, Kerala - 682 036. Web: www.ddrcsrl.com



Signature

Page 1/1



NAME: RAMAPRASAD

Diagnostic Services

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AGE/ SEX : 30/M

DATE: 22.10.2022

LABORATORY SERVICES

X-RAY -CHEST WITH REPORT

:

CHEST X-RAY

NORMAL



LJR. ANJALI NAIR. V. MBBS, MD Reg. No: 46952 CONSULTANT MICROBIOLOGIST

DR . ANJALI NAIR V

MBBS MD

CONULTANT MICROBIOLOGIST

DDRC SRL DIAGNOSTICS PVT LTD



RAMAPRASAD 30YMCHEST-PA22-Oct-2202:50PMDDRC SRL DIAGNOSTIC (P) LTD, KADAPPAKKADA, KOLLAM