

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. AKHIL JONES
2. Mark of Identification	:	(Mole/Scar/any other (specify location)): MOLE - LEFT MIDDLE FINGER
3. Age/Date of Birth	:	34, 06/02/1988 Gender: F/M MALE
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height ...174..... (cms)	b. Weight82..... (Kgs)	c. Girth of Abdomen92..... (cms)
d. Pulse Rate ...70..... (/Min)	e. Blood Pressure: 130 Systolic 80 Diastolic	
	1 st Reading	
	2 nd Reading	

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	61	Good health	
Mother	56	" "	
Brother(s)	28	" "	
Sister(s)	—		

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
nil	nil	nil

PERSONAL HISTORY

- | | |
|---|---|
| a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. Y/N | c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? Y/N |
| b. Have you undergone/been advised any surgical procedure? Y/N | d. Have you lost or gained weight in past 12 months? Y/N |

Have you ever suffered from any of the following?

- | | |
|--|---|
| • Psychological Disorders or any kind of disorders of the Nervous System? Y/N | • Any disorder of Gastrointestinal System? Y/N |
| • Any disorders of Respiratory system? Y/N | • Unexplained recurrent or persistent fever, and/or weight loss Y/N |
| • Any Cardiac or Circulatory Disorders? Y/N | • Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Y/N |
| • Enlarged glands or any form of Cancer/Tumour? Y/N | • Are you presently taking medication of any kind? Y/N |
| • Any Musculoskeletal disorder? Y/N | |

- Any disorders of Urinary System? **Y/N**
- Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin **X/N**

FOR FEMALE CANDIDATES ONLY *NA*

- a. Is there any history of diseases of breast/genital organs? **Y/N**
- b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports) **Y/N**
- c. Do you suspect any disease of Uterus, Cervix or Ovaries? **Y/N**
- d. Do you have any history of miscarriage/abortion or MTP **Y/N**
- e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc **Y/N**
- f. Are you now pregnant? If yes, how many months? **Y/N**

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? **Y/N**
- Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job? **Y/N**
- Are there any points on which you suggest further information be obtained? **Y/N**
- Based on your clinical impression, please provide your suggestions and recommendations below;

Medically fit

- Do you think he/she is **MEDICALLY FIT** or **UNFIT** for employment.

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

[Handwritten Signature]
Dr. Sagar

Seal of Medical Examiner :

Name & Seal of DDRC SRL Branch :

Dr. C. SAGAR
Reg No. 10159
Consultant Executive Medical Check Up
DDRC SRL Diagnostics Pvt. Limited

Date & Time :



12/09/2022

DDRC SRL Diagnostics Private Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.

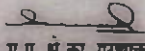
Bank of Baroda
बैंक ऑफ बड़ौदा




नाम
Name : **AKHIL JONES**

कर्मचारी कूट. क्र.
E.C.No : **164157**

जाहिरकर्ता प्राधिकारी
Issuing Authority


उ. म. प्र. अं. का. एरनाकुलम
DGM, RO, Ernakulam


धारक के हस्ताक्षर
Signature of Holder







Cert. No. MC-2354

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

DDRC SRL DIAGNOSTICS
 DDRC SRL Tower, G-131, Panampilly Nagar,
 PANAMPALLY NAGAR, 682036
 KERALA, INDIA
 Tel : 93334 93334
 Email : customercare.ddrc@srl.in

PATIENT NAME : AKHIL JONES

PATIENT ID : AKHIM1009884126

ACCESSION NO : 4126VI002465 **AGE :** 34 Years **SEX :** Male

DRAWN : **RECEIVED :** 10/09/2022 09:22 **REPORTED :** 11/09/2022 21:00

REFERRING DOCTOR : DR. BOB

CLIENT PATIENT ID :

Test Report Status	Final	Results	Units
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MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMI
LIVER PROFILE - EXTENDED

ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24	< 40	U/L
METHOD : IFCC WITHOUT PDP			
ALANINE AMINOTRANSFERASE (ALT/SGPT)	36	< 45	U/L
METHOD : IFCC WITHOUT PDP			
ALKALINE PHOSPHATASE	70	40 -130	U/L
METHOD : IFCC			
LACTATE DEHYDROGENASE	163	135 - 225	U/L
METHOD : UV WITH P5P-IFCC			
BILIRUBIN, TOTAL	0.47	< 1.1	mg/dL
TOTAL PROTEIN	7.5	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
METHOD : BIURET			
ALBUMIN	4.7	3.5 - 5.2	g/dL
METHOD : BCG			
GLOBULIN	2.8	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	1.6	1.0 - 2.0	Ratio
HEPATITIS B SURFACE ANTIGEN	NON REACTIVE	NON REACTIVE	
BUN/CREAT RATIO			
BUN/CREAT RATIO	12		
CREATININE, SERUM			
CREATININE	1.00	0.9 - 1.3	mg/dL
METHOD : JAFFE KINETIC METHOD			
GLUCOSE, POST-PRANDIAL, PLASMA			
GLUCOSE, POST-PRANDIAL, PLASMA	106	Diabetes Mellitus : > or = 200 mg/dL mg/dL. Impaired Glucose tolerance/ Prediabetes : 140 to 199 mg/dL. Hypoglycemia : < 55 mg/dL.	
METHOD : HEXOKINASE			
GLUCOSE, FASTING, PLASMA			



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GLUCOSE, FASTING, PLASMA	84	Diabetes Mellitus : > or = 126 mg/dL mg/dL. Impaired fasting Glucose/ Prediabetes : 101 to 125 mg/dL. Hypoglycemia : < 55 mg/dL.	
METHOD : HEXOKINASE			
GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD			
GLYCOSYLATED HEMOGLOBIN (HBA1C)	4.4	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% < 116.0	%
MEAN PLASMA GLUCOSE			
MEAN PLASMA GLUCOSE	79.6	< 116.0	mg/dL
CORONARY RISK PROFILE (LIPID PROFILE), SERUM			
CHOLESTEROL	181	Desirable cholesterol level < 200 Borderline high cholesterol 200 - 239 High cholesterol > / = 240	mg/dL
TRIGLYCERIDES	112	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	36	Low 40 - 60	mg/dL
METHOD : DIRECT ENZYME CLEARANCE			
DIRECT LDL CHOLESTEROL	119	High Adult Optimal : < 100 Near optimal : 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very high : > or = 190	mg/dL
NON HDL CHOLESTEROL	145	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	5.0	High 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	1.6	0.5 - 3.0 Desirable/ Low Risk 3.1-6.0 Borderline /Moderate Risk > 6.0 High Risk	



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VERY LOW DENSITY LIPOPROTEIN		22.4	Desirable value : 10 - 35 mg/dL
LIVER FUNCTION TEST WITH GGT			
BILIRUBIN, DIRECT		0.17	< 0.31 mg/dL
METHOD : DIAZO METHOD			
BILIRUBIN, INDIRECT		0.31	0.00 - 0.60 mg/dL
TOTAL PROTEIN		7.5	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8 g/dL
ALBUMIN		4.7	3.5 - 5.2 g/dL
GLOBULIN		2.8	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04 g/dL
ALBUMIN/GLOBULIN RATIO		1.6	1.00 - 2.00 RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)		24	< 40 U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)		36	< 45 U/L
METHOD : IFCC WITHOUT PDP			
ALKALINE PHOSPHATASE		70	40 -130 U/L
METHOD : IFCC			
GAMMA GLUTAMYL TRANSFERASE (GGT)		47	< 60 U/L
URIC ACID, SERUM			
URIC ACID		8.1	High 3.4 - 7.0 mg/dL
METHOD : SPECTROPHOTOMETRY			
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD			
ABO GROUP		B	
METHOD : GEL CARD METHOD			
RH TYPE		POSITIVE	
BLOOD COUNTS			
HEMOGLOBIN		15.0	13.0 - 17.0 g/dL
METHOD : NON CYANMETHEMOGLOBIN			
RED BLOOD CELL COUNT		4.93	4.5 - 5.5 mil/ μ L
METHOD : IMPEDANCE			
WHITE BLOOD CELL COUNT		5.47	4.0 - 10.0 thou/ μ L
METHOD : IMPEDANCE			
PLATELET COUNT		194	150 - 410 thou/ μ L
METHOD : IMPEDANCE			



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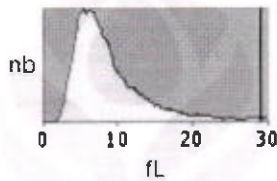
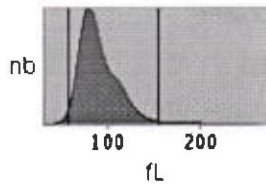
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**RBC AND PLATELET INDICES**

HEMATOCRIT	45.3	40 - 50	%
METHOD : CALCULATED			
MEAN CORPUSCULAR VOL	91.9	83 - 101	fL
METHOD : DERIVED FROM IMPEDANCE MEASURE			
MEAN CORPUSCULAR HGB.	30.4	27.0 - 32.0	pg
METHOD : CALCULATED			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.1	31.5 - 34.5	g/dL
METHOD : CALCULATED			
RED CELL DISTRIBUTION WIDTH	14.6	High 11.6 - 14.0	%
METHOD : DERIVED FROM IMPEDANCE MEASURE			
MEAN PLATELET VOLUME	8.9	6.8 - 10.9	fL
METHOD : DERIVED FROM IMPEDANCE MEASURE			

WBC DIFFERENTIAL COUNT - NLR

SEGMENTED NEUTROPHILS	47	40 - 80	%
METHOD : DHSS FLOWCYTOMETRY			
ABSOLUTE NEUTROPHIL COUNT	2.57	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED			
LYMPHOCYTES	40	20 - 40	%
METHOD : DHSS FLOWCYTOMETRY			
ABSOLUTE LYMPHOCYTE COUNT	2.19	1 - 3	thou/ μ L
METHOD : CALCULATED			



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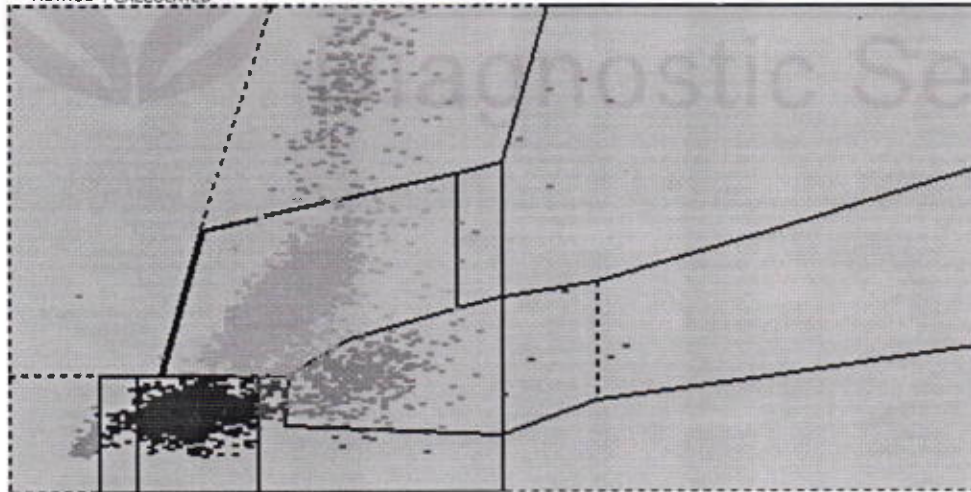
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Test Report Status	Final	Results	Units
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		1.2	
EOSINOPHILS		6	1 - 6 %
METHOD : DHSS FLOWCYTOMETRY			
ABSOLUTE EOSINOPHIL COUNT		0.33	0.02 - 0.50 thou/µL
METHOD : CALCULATED			
MONOCYTES		7	2 - 10 %
METHOD : DHSS FLOWCYTOMETRY			
ABSOLUTE MONOCYTE COUNT		0.38	0.20 - 1.00 thou/µL
METHOD : CALCULATED			
BASOPHILS		0	0 - 1 %
METHOD : IMPEDANCE			
ABSOLUTE BASOPHIL COUNT		0	Low 0.02 - 0.10 thou/µL
METHOD : CALCULATED			



ERYTHRO SEDIMENTATION RATE, BLOOD

SEDIMENTATION RATE (ESR) **06** **0 - 14** **mm at 1 hr**



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Test Report Status	Final	Results	Units
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METHOD : WESTERNGREN METHOD

STOOL: OVA & PARASITE

COLOUR	BROWN		
CONSISTENCY	WELL FORMED		
ODOUR	FAECAL		
MUCUS	NOT DETECTED	NOT DETECTED	
VISIBLE BLOOD	ABSENT	ABSENT	
POLYMPHONUCLEAR LEUKOCYTES	1-2	0 - 5	/HPF
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
CYSTS	NOT DETECTED	NOT DETECTED	
LARVAE	NOT DETECTED	NOT DETECTED	

*** SUGAR URINE - POST PRANDIAL**

SUGAR URINE - POST PRANDIAL NOT DETECTED NOT DETECTED

URINALYSIS

COLOR	PALE YELLOW		
APPEARANCE	CLEAR		
PH	5.0	4.8 - 7.4	
SPECIFIC GRAVITY	1.015	1.015 - 1.030	
GLUCOSE	NOT DETECTED	NOT DETECTED	
PROTEIN	NOT DETECTED	NOT DETECTED	
KETONES	NOT DETECTED	NOT DETECTED	
BLOOD	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
NITRITE	NOT DETECTED	NOT DETECTED	
WBC	1-2	0-5	/HPF
EPITHELIAL CELLS	1-2	0-5	/HPF
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	

THYROID PANEL, SERUM

T3 110.40 80 - 200 ng/dL

METHOD : ELECTROCHEMILUMINESCENCE



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Test Report Status	Final	Results	Units
T4		7.53	5.1 - 14.1 µg/dl
METHOD : ELECTROCHEMILUMINESCENCE			
TSH 3RD GENERATION		1.530	0.4 - 4.2 µIU/mL
METHOD : ELECTROCHEMILUMINESCENCE			

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 glycosylated 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 or post-splenectomy may exhibit increased glycosylated hemoglobin values due to a somewhat longer life span 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 testing such as glycosylated serum protein (fructosamine) should be considered.

"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 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



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DDRC SRL DIAGNOSTICS
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 PANAMPALLY NAGAR, 682036
 KERALA, INDIA
 Tel : 93334 93334
 Email : customercare.ddrc@srl.in

PATIENT NAME : AKHIL JONES
PATIENT ID : AKHIM1009884126
ACCESSION NO : 4126VI002465 AGE : 34 Years SEX : Male
DRAWN : RECEIVED : 10/09/2022 09:22 REPORTED : 11/09/2022 21:00
REFERRING DOCTOR : DR. BOB
CLIENT PATIENT ID :

Test Report Status	Final	Results	Units
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and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

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.

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-

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.



Scan to View Details



Scan to View Report

CIN : U85190MH2006PTC161480

(Refer to "CONDITIONS OF REPORTING" overleaf)



Cert. No. MC-2354

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

DDRC SRL DIAGNOSTICS
 DDRC SRL Tower, G-131, Panampilly Nagar,
 PANAMPALLY NAGAR, 682036
 KERALA, INDIA
 Tel : 93334 93334
 Email : customercare.ddrc@srl.in

PATIENT NAME : AKHIL JONES

PATIENT ID : AKHIM1009884126

ACCESSION NO : 4126VI002465 AGE : 34 Years SEX : Male

DRAWN : RECEIVED : 10/09/2022 09:22 REPORTED : 11/09/2022 21:00

REFERRING DOCTOR : DR. BOB

CLIENT PATIENT ID :

Test Report Status	Final	Results	Units
--------------------	-------	---------	-------

Reference :

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition
 2. Paediatric reference intervals. AACCPress, 7th edition. Edited by S. Soldin
 3. 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
 URINALYSIS-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
 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
	(µg/dL)	(µIU/mL)	(ng/dL)
Pregnancy			
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

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

	T3	T4
	(ng/dL)	(µg/dL)
New Born:	75 - 260	1-3 day: 8.2 - 19.9
		1 Week: 6.0 - 15.9

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:

- 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.
- Behrman R.E. Kliegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition

End Of Report

Please visit www.srlworld.com for related Test Information for this accession
 TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

ANCY ABRAHAM
 Senior Microbiologist

DR. HARI SHANKAR, MBBS MD
 HEAD - Biochemistry &
 Immunology

DR. VIJAY K N, MD(PATH)
 HEAD-HAEMATOLOGY &
 CLINICAL PATHOLOGY

Dr. ASWATHY VARGHESE
 Microbiology



Scan to View Details



Scan to View Report

CIN : U85190MH2006PTC161480

(Refer to "CONDITIONS OF REPORTING" overleaf)

ID: 2465
AKHIL JONES
Male 34Years

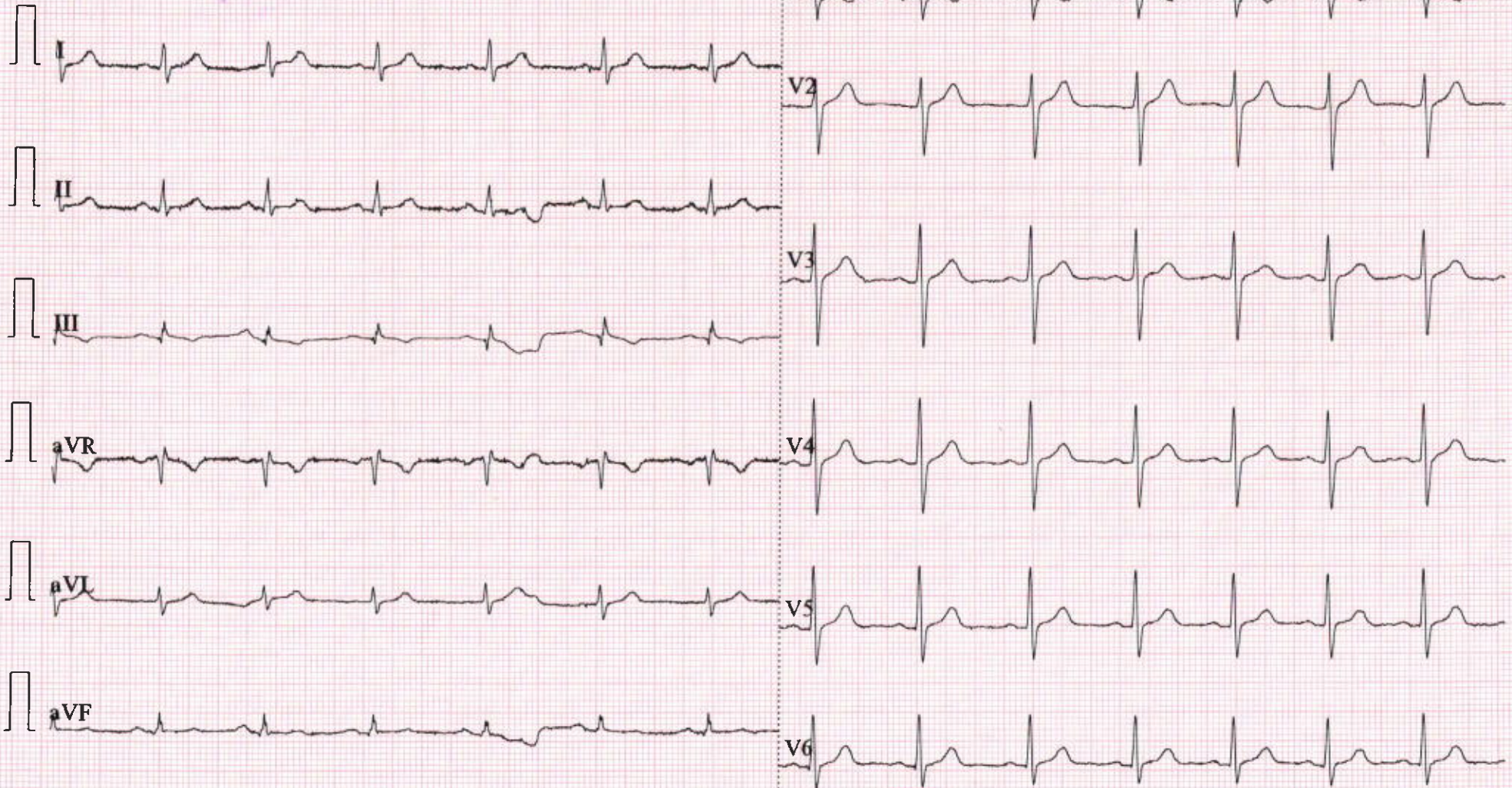
10-09-2022 11:23:32 AM
HR : 82 bpm
P : 104 ms
PR : 161 ms
QRS : 85 ms
QT/QTc : 347/406 ms
P/QRS/T : 64/51/13 °
RV5/SV1 : 1.007/0.410 mV

Diagnosis Information:

T inversion in III
(Signature)

Technician : ALEENA
Ref-Phys. : BOB
Report Confirmed by:

Dr. GEORGE THOMAS
MD, FCSI, FIAE
CARDIOLOGIST
Reg. 86614



NAME: MR AKHIL JONES	STUDY DATE:10/09/2022
AGE / SEX : 34 YRS / M	REPORTING DATE :10/09/2022
REFERRED BY : MEDIWHEEL ARCOFEMI	ACC NO : 4126VI002465

X - RAY - CHEST PA VIEW

- Both the lung fields are clear.
- B/L hila and mediastinal shadows are normal.
- Cardiac silhouette appears normal.
- Cardio – thoracic ratio is normal.
- Bilateral CP angles and domes of diaphragm appear normal.

IMPRESSION: NORMAL STUDY


Dr. Hrishikesh DMRD (DNB)
Consultant Radiologist.



Date..10.09.2022

OPHTHALMOLOGY REPORT

This is to certify that I have examined

Mr / Ms : Akhil Jones.....Aged...34.....and his / her

visual standards is as follows :

Visual Acuity:

For far vision R: 6/6.....
L: 6/6.....

*EPUC R 6/6
L 6/6*

For near vision R: N6.....

L: N6.....

Color Vision : Normal.....

.....



Nannu Elizabeth
Nannu Elizabeth
(Optometrist)

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

AKHIL JONES (34 M)

ID: VI002465

Date: 10-Sep-22

Exec Time : 0 m 0 s

Stage Time : 0 m 10 s

HR: 108 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 110 / 70

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

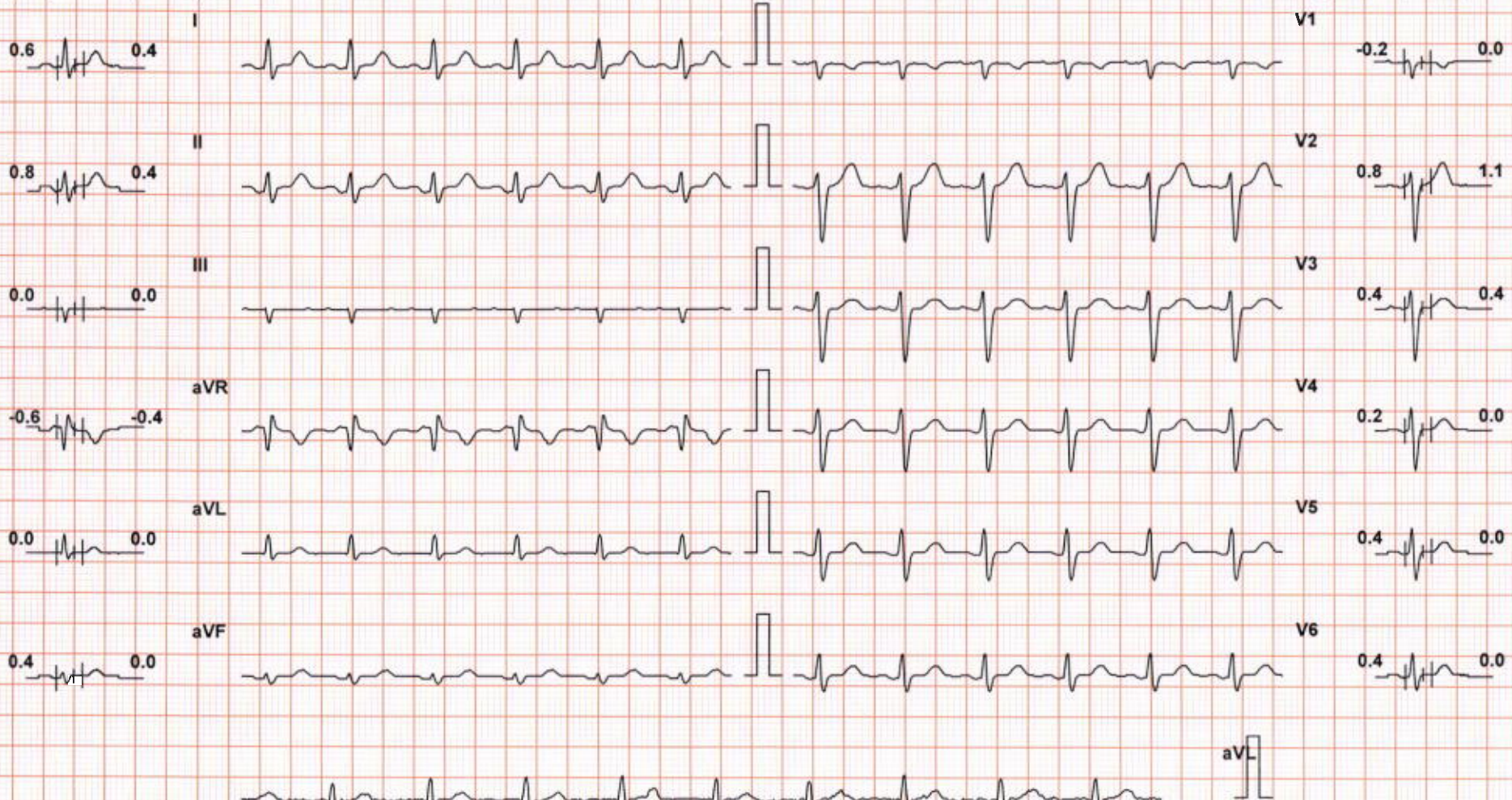


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

AKHIL JONES (34 M)

ID: VI002465

Date: 10-Sep-22

Exec Time : 0 m 0 s

Stage Time : 0 m 27 s HR: 103 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 110 / 70

ST Level (mm) ST Slope (mV / s)

0.2 0.0

I

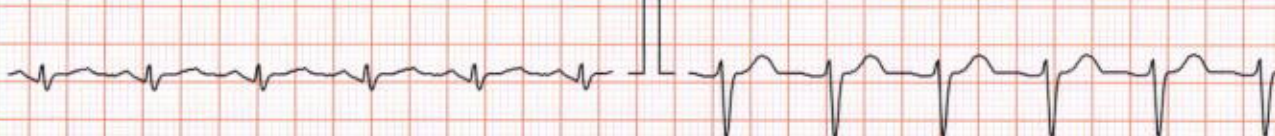


ST Level (mm) ST Slope (mV / s)

V1 0.0 0.0

II

0.6 0.0

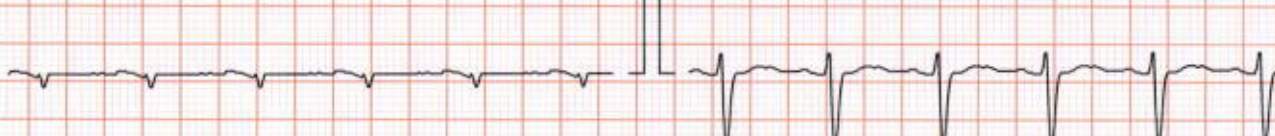


V2

0.8 0.7

III

0.2 0.0

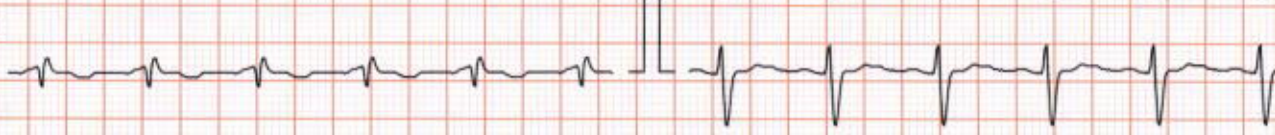


V3

0.4 0.4

aVR

-0.4 0.0



V4

0.2 0.0

aVL

0.0 0.0

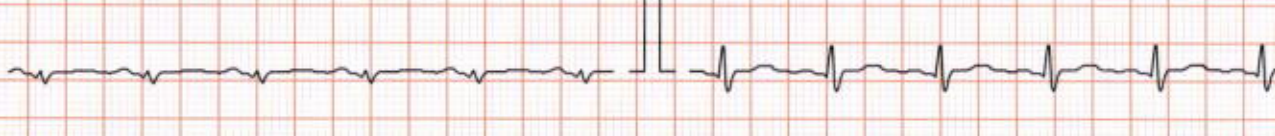


V5

0.4 0.0

aVF

0.4 0.0



V6

0.4 0.0

aVL



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

AKHIL JONES (34 M)

ID: VI002465

Date: 10-Sep-22

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 124 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 158 bpm)

B.P: 120 / 70

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

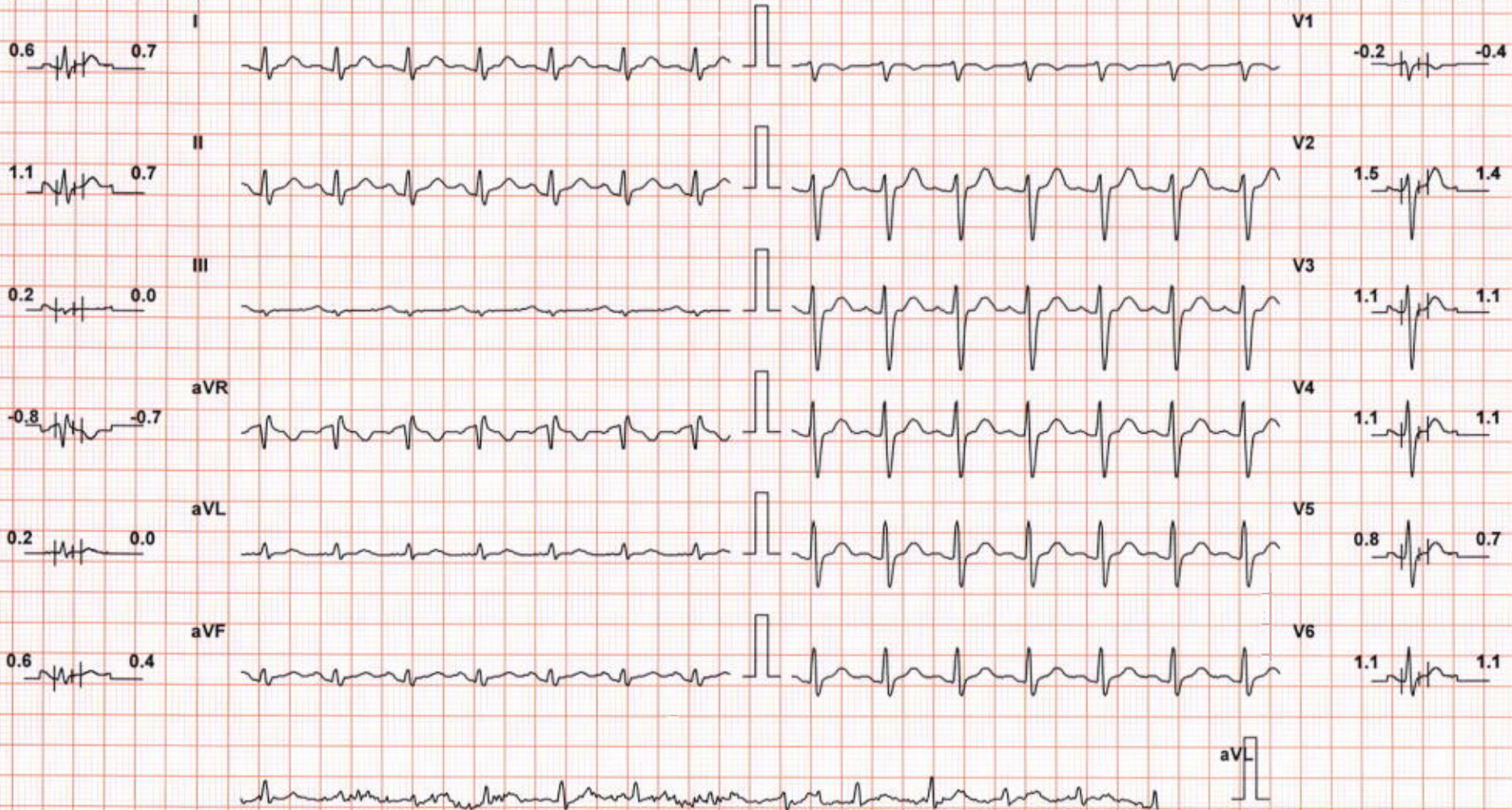


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

AKHIL JONES (34 M)

ID: VI002465

Date: 10-Sep-22

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s HR: 149 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 158 bpm)

B.P: 130 / 70

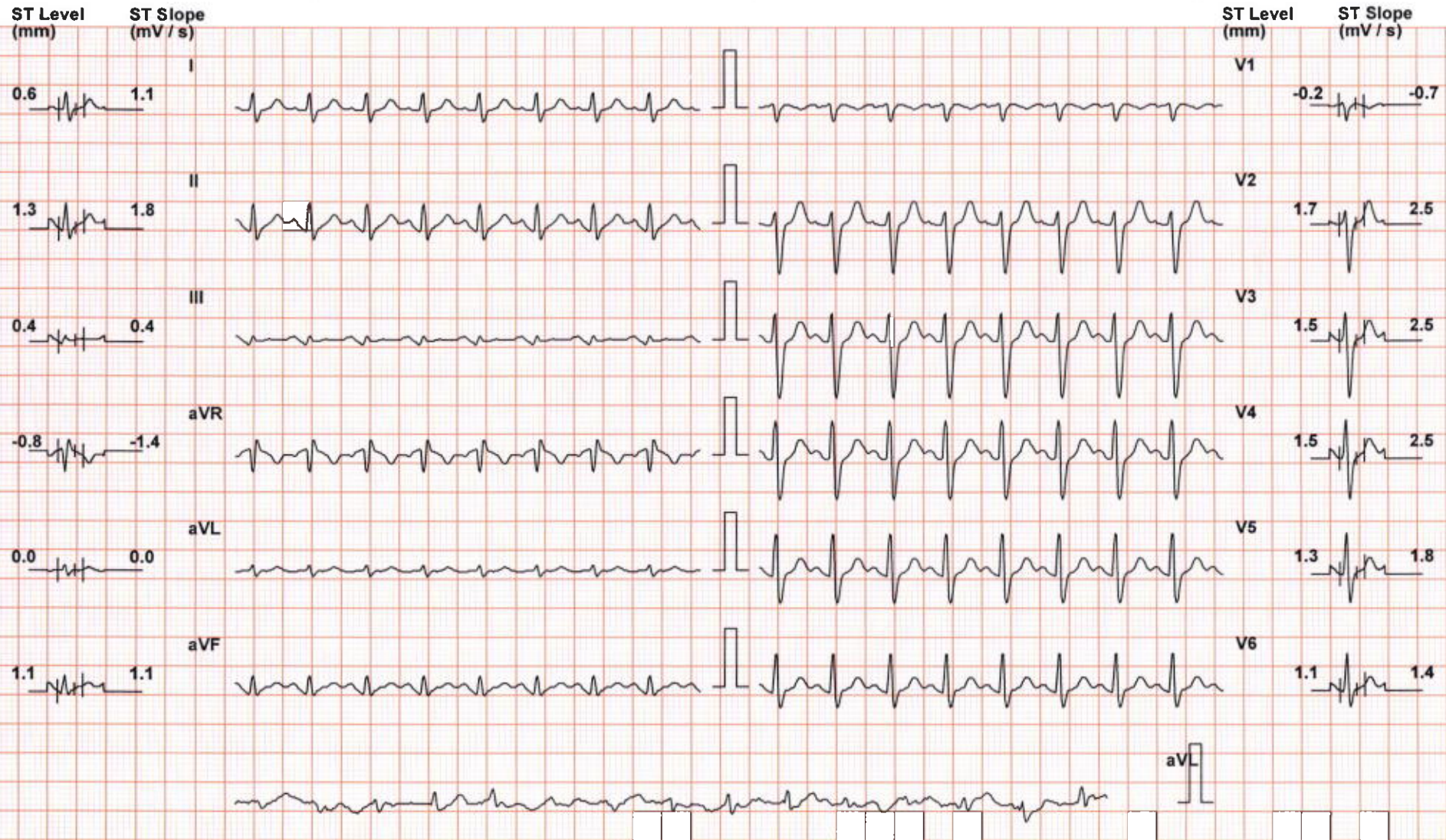


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

AKHIL JONES (34 M)

ID: VI002465

Date: 10-Sep-22

Exec Time : 7 m 54 s

Stage Time : 1 m 54 s

HR: 179 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 158 bpm)

B.P: 140 / 70

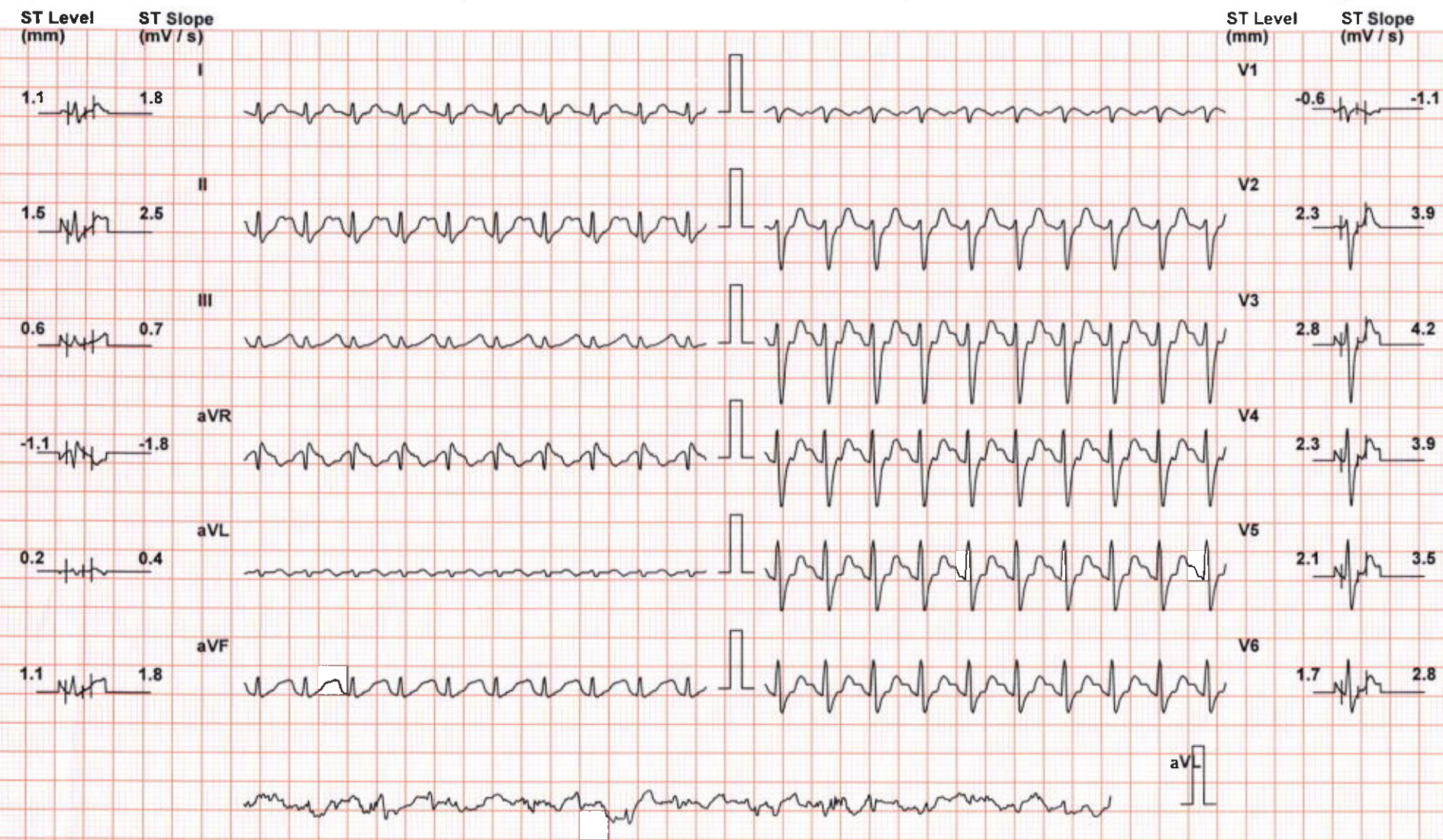


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

AKHIL JONES (34 M)

ID: VI002465

Date: 10-Sep-22

Exec Time : 8 m 0 s

Stage Time : 0 m 54 s HR: 143 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 170 / 70

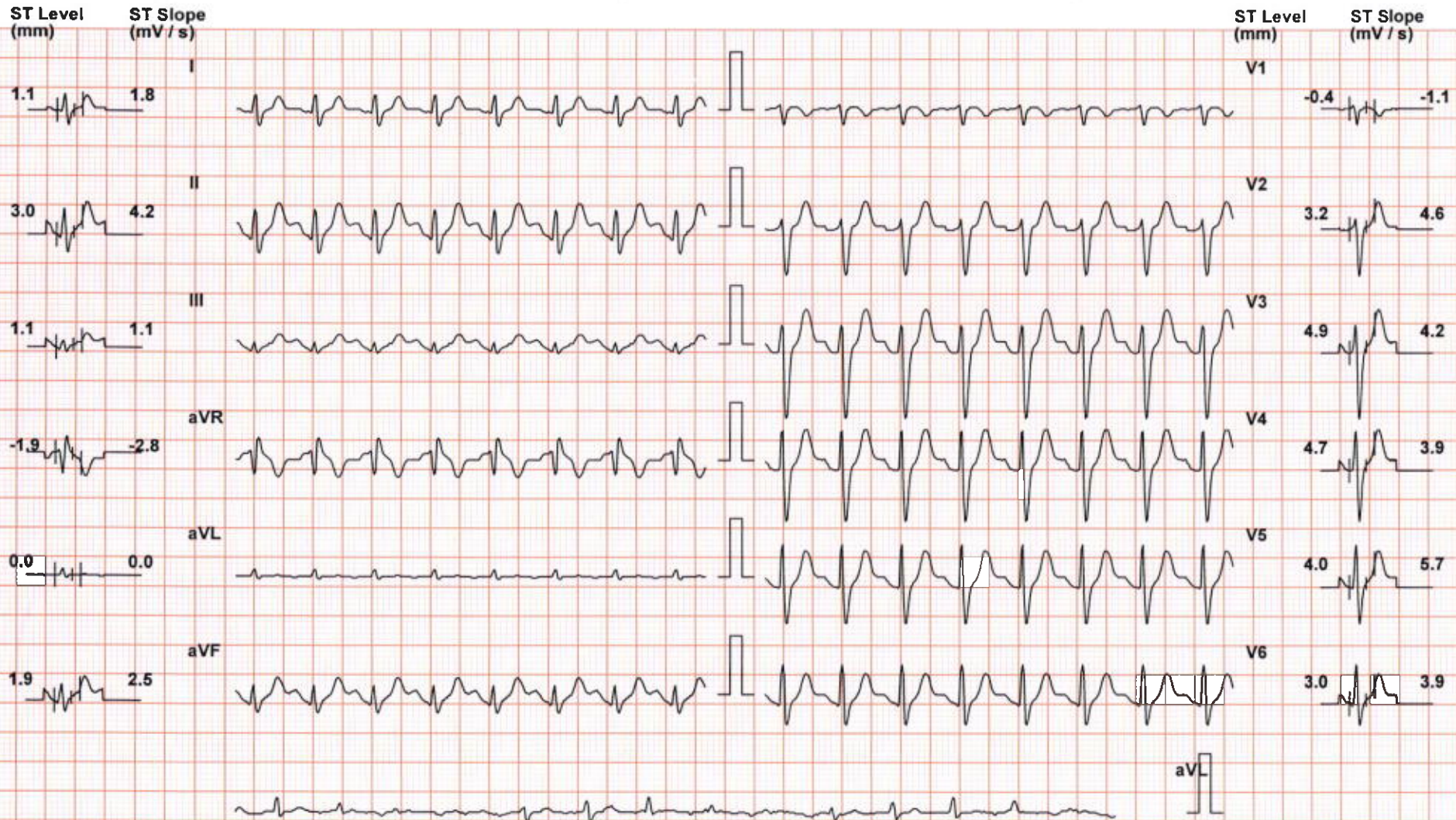


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

AKHIL JONES (34 M)

ID: VI002465

Date: 10-Sep-22

Exec Time : 8 m 0 s

Stage Time : 0 m 54 s HR: 135 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

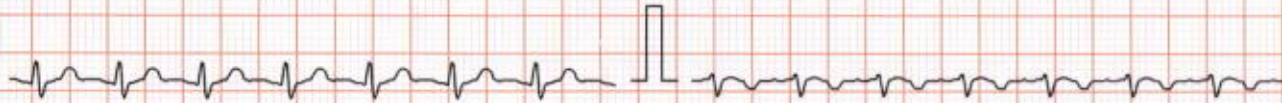
(THR: 158 bpm)

B.P: 150 / 70

ST Level (mm) ST Slope (mV / s)

0.4 0.7

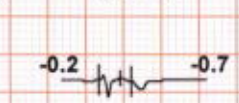
I



ST Level (mm) ST Slope (mV / s)

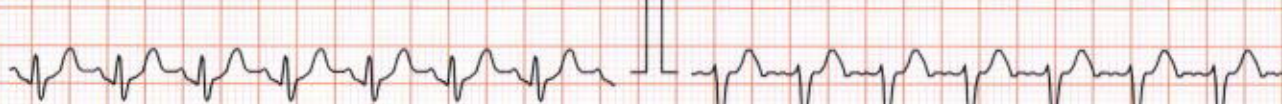
V1 -0.2 -0.7

V1



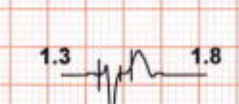
1.3 1.4

II



1.3 1.8

V2



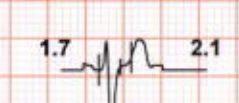
0.6 0.4

III



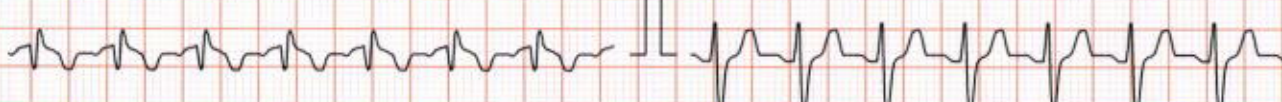
1.7 2.1

V3



-0.8 -1.1

aVR



1.5 1.8

V4



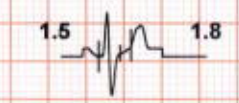
0.0 0.0

aVL



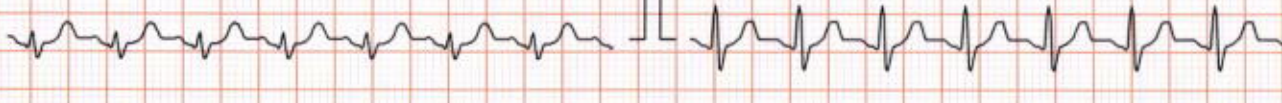
1.5 1.8

V5



0.8 1.1

aVF



1.1 1.4

V6



aVL

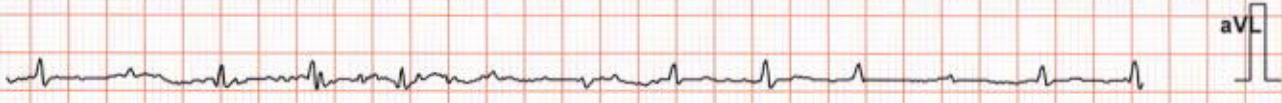


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

AKHIL JONES (34 M)

ID: VI002465

Date: 10-Sep-22

Exec Time : 8 m 0 s

Stage Time : 0 m 54 s HR: 112 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 140 / 70



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Isa = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

AKHIL JONES (34 M)

ID: VI002465

Date: 10-Sep-22

Exec Time : 8 m 0 s

Stage Time : 0 m 54 s **HR: 112 bpm**

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 140 / 70

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

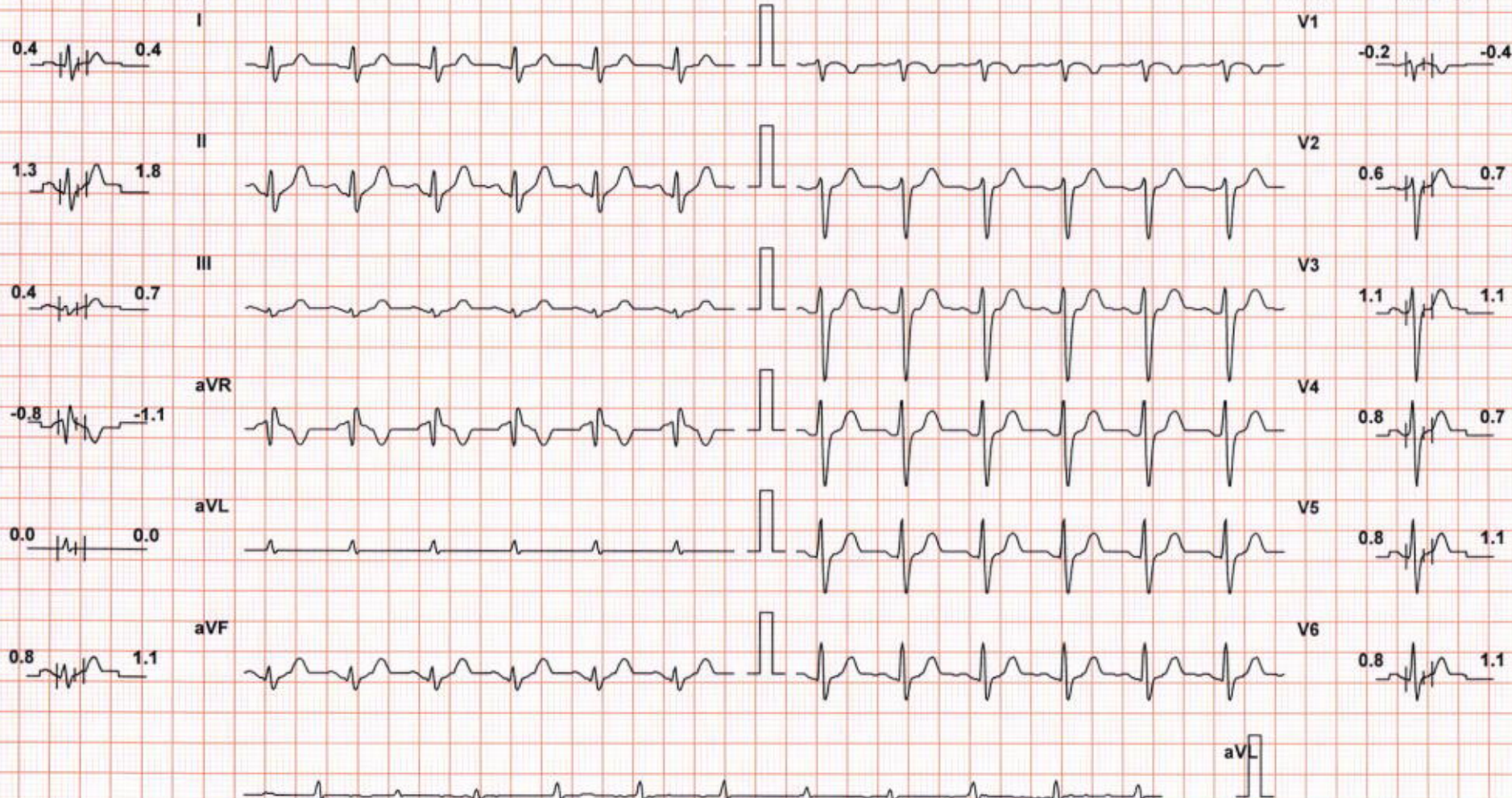


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Patient Details Date: 10-Sep-22 Time: 11:12:37
Name: AKHIL JONES ID: VI002465
Age: 34 y Sex: M Height: 174 cms Weight: 82 Kgs
Clinical History: NIL

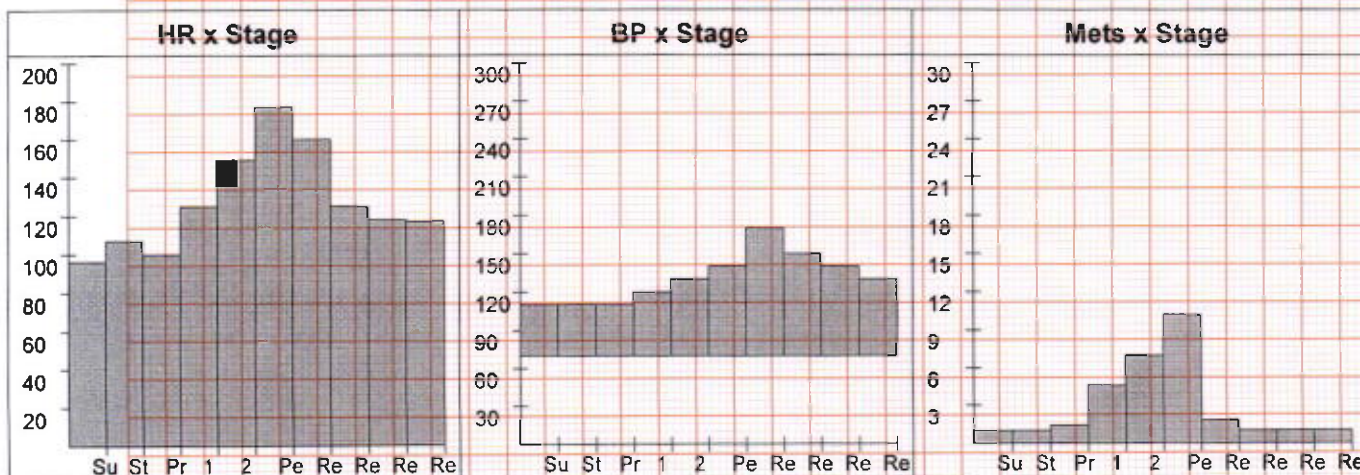
Medications: NIL

Test Details

Protocol: Bruce Pr.MHR: 186 bpm THR: 158 (85 % of Pr.MHR) bpm
Total Exec. Time: 8 m 0 s Max. HR: 177 (95% of Pr.MHR)bpm Max. Mets: 10.20
Max. BP: 170 / 70 mmHg Max. BP x HR: 30090 mmHg/min Min. BP x HR: 6720 mmHg/min
Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 16	1.0	0	0	96	110 / 70	-0.85 aVR	1.06 V2
Standing	0 : 33	1.0	0	0	107	110 / 70	-0.85 aVR	1.42 V6
1	3 : 0	4.6	1.7	10	125	120 / 70	-0.85 aVR	1.42 V2
2	3 : 0	7.0	2.5	12	149	130 / 70	-1.27 aVR	3.18 V2
Peak Ex	2 : 0	10.2	3.4	14	177	140 / 70	-1.27 aVR	4.95 V3
Recovery(1)	1 : 0	1.8	1	0	160	170 / 70	-2.12 aVR	5.66 V2
Recovery(2)	1 : 0	1.0	0	0	125	150 / 70	-1.91 aVR	5.66 V3
Recovery(3)	1 : 0	1.0	0	0	118	140 / 70	-1.06 aVR	3.54 V3
Recovery(4)	0 : 6	1.0	0	0	117	130 / 70	-0.85 aVR	1.77 II



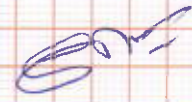
DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Patient Details	Date: 10-Sep-22	Time: 11:12:37
Name: AKHIL JONES ID: VI002465		
Age: 34 y	Sex: M	Height: 174 cms
		Weight: 82 Kgs

Interpretation

The patient exercised according to the Bruce protocol for 8 m 0 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 96 bpm, rose to a max. heart rate of 177 (95% of Pr.MHR) bpm. Resting blood Pressure 110 / 70 mmHg, rose to a maximum blood pressure of 170 / 70 mmHg, No Angina, No Arrhythmia.

- No significant ST changes
 - Test negative for inducible ischemia



Dr. GEORGE THOMAS
 MD, FCSI, FIAE
 CARDIOLOGIST
 Reg. 86614



Ref. Doctor: BANK OD BARODA

Doctor: -----

(Summary Report edited by user)

NAME	MR AKHIL JONES	AGE	34 YRS
SEX	MALE	DATE	September 10, 2022
REFERRAL	BANK OF BARODA	ACC NO	4126VI002465

USG ABDOMEN AND PELVIS

LIVER	Measures ~ 14.2 cm. Normal in shape, shows increased echoes. Smooth margins and no obvious focal lesion within. No IHBR dilatation. Portal vein normal in caliber.
GB	No calculus within gall bladder. Normal GB wall caliber.
SPLEEN	Measures ~ 9.4 cm, normal to visualized extent. Splenic vein normal.
PANCREAS	Normal to visualized extent. PD is not dilated.
KIDNEYS	RK: 10.3 x 4.5 cm, appears normal in size and echotexture. LK: 10.1 x 6.1 cm, appears normal in size and echotexture. No focal lesion / calculus within. Maintained corticomedullary differentiation and normal parenchymal thickness. No hydroureteronephrosis.
BLADDER	Normal wall caliber, no internal echoes/calculus within.
PROSTATE	Normal in volume and echopattern.
NODES/FLUID	Nil to visualized extent.
BOWEL	Visualized bowel loops appear normal.
IMPRESSION	Grade I Fatty Liver. Kindly correlate clinically.



Dr Hrishikesh DMRD
Consultant Radiologist

Thank you for referral. Your feedback will be appreciated.



NOTE: This report is only a professional opinion based on the real time image finding and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.

