



4031V1001529

SHYANA

X-RAY

ECG

MOTION

TMT.

4031V1001533

ARUN

MOTION

We voluntarily refused to take
the above mentioned tests.

Shyana

Shyana Sebastian.

Arjun

Arjun Joseph





Patient Ref. No. 666000001623264

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

ERANHIPALAM
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : SHIYANA SEBASTIAN

PATIENT ID : FHL39.121846

ACCESSION NO : 4031VI001529 AGE : 32 Years SEX : Female

ABHA NO :

DRAWN : RECEIVED : 21/09/2022 10:05

REPORTED : 22/09/2022 01:48

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

TREADMILL TEST

TREADMILL TEST COMPLETED

OPHTHAL

OPHTHAL completed



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SERUM BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 11.7 6 - 20 mg/dL

BUN/CREAT RATIO

BUN/CREAT RATIO 19.5:1 5 - 15

CREATININE, SERUM

CREATININE 0.6 0.50 - 0.90 mg/dL

GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA 72 Normal: < 140, mg/dL
Impaired Glucose Tolerance:140-199
Diabetic > or = 200

GLUCOSE, FASTING, PLASMA

GLUCOSE, FASTING, PLASMA 86 74 - 99 mg/dL

CORONARY RISK PROFILE (LIPID PROFILE), SERUM

CHOLESTEROL 154 Desirable: <200 mg/dL
BorderlineHigh : 200-239
High : > or = 240

TRIGLYCERIDES 34 Desirable: < 150 mg/dL
Borderline High: 150 - 199
High: 200 - 499
Very High : > or = 500

HDL CHOLESTEROL 52 < 40 Low mg/dL
> or = 60 High

DIRECT LDL CHOLESTEROL 91 Adult levels: mg/dL
Optimal < 100
Near optimal/above optimal: 100-129
Borderline high : 130-159
High : 160-189
Very high : = 190

NON HDL CHOLESTEROL 102 Desirable: Less than 130 mg/dL
Above Desirable: 130 - 159
Borderline High: 160 - 189
High: 190 - 219
Very high: > or = 220

CHOL/HDL RATIO 3.0 Low 3.30 - 4.40

LDL/HDL RATIO 1.8 0.5 - 3.0

VERY LOW DENSITY LIPOPROTEIN 6.8 < or = 30.0 mg/dL

LIVER FUNCTION TEST WITH GGT

BILIRUBIN, TOTAL 0.3 0.0 - 1.2 mg/dL



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Comments

(Note : Values rechecked)

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP TYPE O
RH TYPE POSITIVE

BLOOD COUNTS

HEMOGLOBIN 11.8 Low 12.0 - 16.0 g/dL
RED BLOOD CELL COUNT 4.07 3.8 - 4.8 mil/µL
WHITE BLOOD CELL COUNT 5.90 4.0 - 10.0 thou/µL
PLATELET COUNT 234 150 - 410 thou/µL

RBC AND PLATELET INDICES

HEMATOCRIT 36.4 36 - 46 %
MEAN CORPUSCULAR VOL 89.6 83 - 101 fL
MEAN CORPUSCULAR HGB. 29.1 27.0 - 32.0 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION 32.4 31.5 - 34.5 g/dL
RED CELL DISTRIBUTION WIDTH 13.2 11.6 - 14.0 %
MEAN PLATELET VOLUME 9.6 6.8 - 10.9 fL



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WBC DIFFERENTIAL COUNT - NLR

Table with 4 columns: Test Name, Result, Reference Range, Units. Rows include SEGMENTED NEUTROPHILS, ABSOLUTE NEUTROPHIL COUNT, LYMPHOCYTES, ABSOLUTE LYMPHOCYTE COUNT, NEUTROPHIL LYMPHOCYTE RATIO (NLR), EOSINOPHILS, ABSOLUTE EOSINOPHIL COUNT.

ERYTHRO SEDIMENTATION RATE, BLOOD

Table with 4 columns: Test Name, Result, Reference Range, Units. Row: SEDIMENTATION RATE (ESR)

SUGAR URINE - POST PRANDIAL

Table with 4 columns: Test Name, Result, Reference Range, Units. Row: SUGAR URINE - POST PRANDIAL

URINALYSIS

Table with 4 columns: Test Name, Result, Reference Range, Units. Rows include COLOR, APPEARANCE, PH, SPECIFIC GRAVITY, GLUCOSE, PROTEIN, KETONES, BLOOD, BILIRUBIN, UROBILINOGEN, NITRITE, WBC, EPITHELIAL CELLS, RED BLOOD CELLS, CASTS, CRYSTALS, BACTERIA.

THYROID PANEL, SERUM

Table with 4 columns: Test Name, Result, Reference Range, Units. Row: T3



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Table with 4 columns: Test Report Status, Final, Results, Units. Rows include T4 (7.10, 3.2 - 12.6, µg/dl) and TSH 3RD GENERATION (2.060, 0.35 - 5.50, µIU/mL).

Interpretation(s)

SERUM BLOOD UREA NITROGEN-

Causes of Increased levels

Pre renal

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

Post Renal

- Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels

- Liver disease

- SIADH.

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)

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 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.



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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-

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
2. Paediatric reference intervals. AACC Press, 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



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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 Pregnancy TOTAL T4 (µg/dL) TSH3G (µIU/mL) TOTAL T3 (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
Below mentioned are the guidelines for age related reference ranges for T3 and T4.
T3 (ng/dL) T4 (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:

- 1. Burtis C.A., Ashwood E. R. Bruns D.E. Teitz textbook of Clinical Chemistry and Molecular Diagnostics, 4th Edition.
2. 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



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ECG WITH REPORT

REPORT

COMPLETED

USG ABDOMEN AND PELVIS

REPORT

COMPLETED

CHEST X-RAY WITH REPORT

REPORT

COMPLETED

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession

ANANYA T C
LAB TECHNICIAN

DHANYA PRAKASH
LAB TECHNICIAN

ALFA PV
LAB TECHNICIAN

ATHIRA P
LAB TECHNICIAN



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Name	Mrs. SHIYANA SEBASTIAN	Date	21/09/2022
Age/sex	32 Years/ Female	Patient ID	YCC116978
Ref. by	MEDICAL OFFICER		

USG-ABDOMEN/PELVIS

Observations:

LIVER: Normal in size (14.5 cm). Parenchymal echogenicity appears normal. Intra hepatic biliary radicles not dilated. No focal mass lesion identified.

PORTAL VEIN: Normal in caliber. No evidence of portal vein thrombosis.

CBD is normal in caliber. No evidence of intraluminal lesions.

GALL BLADDER: Normally distended. No calculi. No wall thickening/irregularity. Pericholecystic space appears normal.

SPLEEN: Normal in size (9.2 cm) with normal echopattern. No focal mass.

PANCREAS: Normal in size and echopattern. No focal mass noted. Pancreatic duct is not dilated. No calculi. No peripancreatic collection.

RIGHT KIDNEY: Normal in size (9.9 x 3.8 cm) , shape, position, axis and echopattern. Corticomedullary differentiation is maintained. No focal mass lesion. No calculi. No dilatation of pelvicalyceal system noted.

LEFT KIDNEY: Normal in size (9.5 x 3.8 cm), shape, position, axis and echopattern. Corticomedullary differentiation is maintained. No focal mass lesion. No calculi. No dilatation of pelvicalyceal system noted.

URINARY BLADDER: Well distended. No calculi. No wall thickening/irregularity.

UTERUS: Anteverted, measures 6 x 4.2 x 3.2 cm normal in size and echopattern; ET- 5 mm

OVARIES: Both ovaries appear normal.


Retroperitoneum: No significant lymphadenopathy in visualized parts.

Bowel: No obvious bowel wall thickening/ mass lesion noted.

No ascites. No basal pleural effusion.

IMPRESSION

❖ No significant abnormality noted in ultra sound study of abdomen and pelvis


Dr. AMAR S PRASAD MBBS MD RD
CONSULTANT RADIOLOGIST

