Req Date/Time

Sampling Date/Time

: 25/09/2021 /09:33

: 25/9/2021 /09:37

Name : Mr. CHAITHANYA SHARMA DESHPAT

R/O : --

Age / Sex: 34 Years / MaleSample: EDTA Whole BloodBar Code: MEDIWHEEL

HAEMOGRAM WITH ESR **BIOLOGICAL** REFERENCE INTERVAL **RESULT UNITS** TEST(Methodology) **HAEMOGLOBIN** 14.6 13.0 - 17.0 g/dL ERYTHROCYTE COUNT(RBC) 4.8 $10^{6}/\mu L$ 4.5 - 5.5 PACKED CELL VOLUME (PCV) 42 % 40 - 50 83 - 101 **MCV** 88 fL27 - 32 **MCH** 30.5 pg **MCHC** 31.5 - 34.5 34.5 gm/dL 11.6 - 14.0 **RDW** 13.5 % TOTAL WBC COUNT 4 - 10 6.4 $10^3/\mu$ L MEDIWHEEL MALE ABOVE 30 YRS DIFFERENTIAL LEUCOCYTE COUNT **NEUTROPHILS** 40 - 80 66 % LYMPHOCYTES 28 % 20 - 40 MONOCYTES 4 % 2 - 10 **EOSINOPHILS** 1 - 6 2 % **BASOPHILS** 0 0 - 2% PLATELET COUNT 240 $10^3/\mu$ L 150 - 400 PERIPHERAL SMEAR **RBC** Normocytic and Normochromic W.B.C Within normal limits. No abnormal cells seen. PLATELETS. Discrete and adequate. Normal in morphology **ESR I HOUR** Η 15 mm/hr 0 - 10

**** End of Report ****

Method: Cell Counter (Photometry, Impedance, Light scattering, Calculation), Microscopy.

Name: Mr. CHAITHANYA SHARMA DESHPAT

R/O : [[PKG10000240]

Age / Sex : 34 Years / Male

Bar Code :

Referred By : SELF

 Req Date/Time
 : 25/09/2021/09:33

 Sampling Date/Time
 : 25/09/2021/09:37

 Sample
 : EDTA Whole Blood

Centre : MEDIWHEEL

HAEMATOLOGY

TEST(Methodology) RESULT

Method: Agglutination

BLOOD GROUPING & RH TYPING O POSITIVE

Note: Reconfirm the Blood Group and Rh Type & Cross-match before blood transfusion.

**** END OF REPORT ****

MEDIWHEEL MALE ABOVE 30 YRS

Reported on : 25/09/2021/ 12:52 Printed on : 27/09/2021/ 10:59

Name : Mr. CHAITHANYA SHARMA DESHPAT [[PKG10000240]Registration : 25/09/2021 / 109:33

R/o : --- Sampling Date/Time : 25/09/2021 / 15:00

Age / Sex : 34 Years / Male Sample : Fluoride Plasma

Bar Code : MEDIWHEEL

BIOCHEMISTRY				
TEST(Methodology)		RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
BLOOD GLUCOSE FASTING Method: GOD-PAP	Н	102	mg/dL	<100 : Normal 100 - 125 : Impaired fasting glucose >125 : Diabetic
BLOOD GLUCOSE POST PRANDIAL Method: GOD-PAP		138	mg/dL	90-140 : Normal 141-199 : Impaired glucose tolerance >=200 : Diabetic

MEDIWHEEL****End.of Report ****BOVE 30 YRS

Reported on : 25/09/2021 / 16:59 Printed on : 27/09/2021 / 10:59 DR KHUSHBOO GHANSHYANI MD PATHOLOGY

 Name
 : Mr. CHAITHANYA SHARMA DESHPAT
 Req Date/Time
 : 25/09/2021
 /09:33

 R/O
 : -- Sampling Date/Time
 : 25/09/2021
 /15:00

Age / Sex : 34 Years / Male : Urine

Bar Code : MEDIWHEEL : MEDIWHEEL

CLINICAL PATHOLOGY

BIOLOGICAL RESULT REFERENCE INTERVAL

Method: Reagent strip/Reflectance photometry

TEST(Methodology)

URINE SUGAR (F)* Nil NIL

URINE SUGAR (PP)* Nil NIL

**** End of Report ****

Reported on : 25/09/2021 /16:59 Printed on : 27/09/2021 /10:59 DR KHUSHBOO GHANSHYANI
MD PATHOLOGY

 Name
 : Mr. CHAITHANYA SHARMA DESHPAT [[PKG10000240] Req Date/Time
 : 25/09/2021 /09:33

 R/O
 : - Sampling Date/Time
 : 25/09/2021 /09:37

Age / Sex : 34 Years / Male : Serum

Bar Code : : MEDIWHEEL

BIOCHEMISTRY				
LIPID PROFILE [FASTING SAMPLE]			BIOLOGICAL	
TEST(Methodology)	RESULT	UNITS	REFERENCE INTERVAL	
CHOLESTEROL				
TOTAL CHOLESTEROL Method: CHOD-PAP	195	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240	
HDL CHOLESTEROL Method: Enzymatic Reaction	34	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >/=60:Considered protective against heart disease.	
LDL CHOLESTEROL	130	mg/dL	<100	
Method: Calculated VLDL CHOLESTEROL Method: Calculated	L 31//ALE	mg/dL	10-550 YRS	
TRIGLYCERIDES Method: GPO-POD	H 155	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>/=500	
CHOL:HDL RATIO Method: Calculated	5.74		Normal : <4 Low risk : 4 - 6 High risk : >6	
LDL:HDL RATIO. Method: Calculated	3.82			

**** End of Report ****

Reported on : 25/09/2021 /13:14 Printed on : 27/09/2021 /10:59

 Name
 : Mr. CHAITHANYA SHARMA DESHPAT [[PKG10000240] Req Date/Time
 : 25/09/2021 /09:33

 R/O
 : - Sampling Date/Time
 : 25/09/2021 /09:37

Age / Sex : 34 Years / Male Sample : Serum

Bar Code : MEDIWHEEL : MEDIWHEEL

		BIOCHEMISTRY	Υ	
LIVER FUNCTION TEST 16 YEARS And ABOVE BIOLOGICAL				
TEST(Methodology)		RESULT	UNITS	REFERENCE INTERVAL
BILIRUBIN				
BILIRUBIN TOTAL Method: Diazo with Sulphanilic acid		0.80	mg/dL	0.3 - 1.2
DIRECT BILIRUBIN Method: Diazo with sulphanilic acid		0.19	mg/dL	0.0 - 0.40
INDIRECT BILIRUBIN Method: Calculated		0.61	mg/dL	
SERUM SGPT(ALT) Method: IFCC without P5P	Н	59	U/L	10 - 40
SERUM SGOT(AST) Method: IFCC without P5P SERUM ALKALINE PHOSPHATASE Method: AMP-IFCC PROTEINS	L	32 84 84	ABOV	10 - 40 E 30 YRS 30 - 115
Total Proteins Method: Biuret		7.78	g/dL	6.0 - 8.0
ALBUMIN Method: Bromocresol Green (BCG)		4.73	G/dL	3.5 - 4.8
SERUM GLOBULIN Method: Calculated		3.05	g/dL	2.3 - 3.5
A/G RATIO Method: Calculated		1.55		0.8 - 2.0
SERUM GAMMA GT Method: IFCC-Enzymatic	Н	52	U/L	7.0 - 50.0

**** End of Report ****

Reported on : 25/09/2021 /13:07 Printed on : 27/09/2021 /10:59

Name : Mr. CHAITHANYA SHARMA DESHPAT [[PKG10000240]Registration : 25/09/2021 /09:33

R/o : --- **Sampling Date/Time** : 25/09/2021 / 09:37

Age / Sex : 34 Years / Male Sample : -

Bar Code : MEDIWHEEL

BIOCHEMISTRY				
TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	
BLOOD UREA NITROGEN (B.U.N)* Method: Calculated	8.5	mg/dL	7 - 23	
SERUM CREATININE Method: Alkaline picrate method	0.89	mg/dL	0.60 - 1.30	
SERUM URIC ACID Method: Uricase(Peroxidase)	6.72	mg/dL	2.5 - 8.0	

**** End of Report ****

MEDIWHEEL MALE ABOVE 30 YRS

Reported on : 25/09/2021/13:07 Printed on : 27/09/2021/10:59

Name : Mr. CHAITHANYA SHARMA DESHPAT [[PKG10000240]Registration : 25/09/2021 /09:33

R/o : --- **Sampling Date/Time** : 25/09/2021 / 09:37

Age / Sex : 34 Years / Male Sample : -

Bar Code : MEDIWHEEL

BIOCHEMISTRY				
TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	
BLOOD UREA NITROGEN (B.U.N)* Method: Calculated	8.5	mg/dL	7 - 23	
SERUM CREATININE Method: Alkaline picrate method	0.89	mg/dL	0.60 - 1.30	
SERUM URIC ACID Method: Uricase(Peroxidase)	6.72	mg/dL	2.5 - 8.0	

**** End of Report ****

MEDIWHEEL MALE ABOVE 30 YRS

Reported on : 25/09/2021/13:07 Printed on : 25/09/2021/15:32

Name : Mr. CHAITHANYA SHARMA DESHPAT [[PKG10000240]Registration : 25/09/2021 /09:33

R/o : --- Sampling Date/Time : 25/09/2021 /15:00

Age / Sex : 34 Years / Male : EDTA Whole Blood

Bar Code : : MEDIWHEEL

BIOCHEMISTRY				
TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	
Glycosylated Haemoglobin (Hb A1c)* Method: High Performance Liquid Chromatography (HPLC)	5.1	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% : Diabetes	
MEAN PLASMA GLUCOSE (MPG) ESTIMATE* Method: Derived from HBA1c	99	mg/dL	Excellent control: 90 to 120 Good control: 121 to 150 Average control: 151 to 180 Panic value: > 211	

Note:Mean Plasma Glucose is calucated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

MEDIWHEEL MALE ABOVE 30 YRS

INTERPRETATION:

- 1.Glycated hemoglobin(glycohemoglobin /HbA1c) is a form ofhemoglobin(Hb) that is chemically linked to a sugar.
- 2.A1c is measured primarily to determine the three-month averageblood sugar leveland can be used as a diagnostic test fordiabetes mellitusand as an assessment test for glycemic control in people with diabetes.
- 3.In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated withcardiovascular disease,nephropathy,neuropathy, andretinopathy.
- 4. American diabetes Association (ADA) recommends an A1C goal for many non pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive co morbid conditions etc, or where the harms of treatment are greater than the benefits.
- 5. Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

**** End of Report ****

Reported on : 25/09/2021 / 15:26 Printed on : 27/09/2021 / 10:59

Name : Mr. CHAITHANYA SHARMA DESHPAT

R/O : [[PKG10000240]

Age / Sex : 34 Years / Male

Bar Code :

Referred By : SELF

Req Date/Time : 25/09/2021 /09:33 **Sampling Date/Time** : 25/09/2021 /09:37

Sample : Urine

Centre : MEDIWHEEL

CLINICAL PATHOLOGY URINE ANALYSIS BIOLOGICAL TEST(Methodology) RESULT **UNITS** REFERENCE INTERVAL Metho Physical examination **COLOUR** LIGHT YELLOW Yellow **CLEAR APPEARANCE** Clear 1.003 - 1.030 SP GRAVITY 1.020 5.0 - 8.06.0 pН **PROTEIN** Negative **NEGATIVE NEGATIVE GLUCOSE** Negative **UROBILINOGEN** 0.2 - 1.0 mg% (Normal) Negative **KETONE NEGATIVE** Negative **NEGATIVE** BLOOD. Negative **BILE SALT** Negative **NEGATIVE NEGATIVE BILE PIGMENT** Negative MICROSCOPIC EXAMINATION PUS CELLS. Occasional /hpf 0 - 5 RBCs Nil 0 - 2 /hpf **EPITHELIAL CELLS** 0 - 8 Nil /hpf **CRYSTALS** Nil /lpf Nil CASTS* Nil /lpf Nil **OTHERS** Nil Nil

**** END OF REPORT ****

Reported on : 25/09/20 / 13:35 Printed on : 27/09/20 / 10:59

Name : Mr. CHAITHANYA SHARMA DESHPAT

R/O : [[PKG10000240]

Age / Sex : 34 Years / Male

Bar Code : Centre

IMMUNOASSAYS

BIOLOGICAL
RESULT UNITS REFERENCE INTERVAL

Method: Enhanced chemiluminescence

TEST(Methodology)

PROSTATE SPECIFIC ANTIGEN TOTAL*

0.45

ng/mL

Referred By

Sample

Req Date/Time

Sampling Date/Time

0 - 3.9

: SELF

: Serum

: 25/09/2021 /09:33

: 25/09/2021 /09:37

: MEDIWHEEL

Interpretation:

- 1.Prostate specific antigen (PSA) is a glycoprotein that is expressed by both normal and neoplastic prostate tissue
- 2.Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hyperplasia (BPH) or inflammatory conditions of other adjacent genitourinary tissues. PSA can also be elevated after digital rectal examination, prostatic massage, cystoscopy, needle biopsy etc
- 3.Measurement of serum PSA by itself is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels are also observed in patients with benign prostatic hyperplasia.
- 4. When employed for the management of prostate cancer patients, serial measurement of PSA is useful in detecting residual tumor and recurrent cancer after radical prostatectomy.
- 5.PSA has been demonstrated to be an accurate marker for monitoring advanced clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy.

**** End of Report ****

Reported on : 25/09/2021 / 13:13 Printed on : 27/09/2021 / 10:59 DR. JYOTHI KIRANMAI MD PATHOLOGY

Page 11 of 12

Name : Mr. CHAITHANYA SHARMA DESHPAT

R/O : [[PKG10000240]

Age / Sex : 34 Years / Male

Bar Code :

Referred By : SELF

Req Date/Time : 25/09/2021 /09:33 **Sampling Date/Time** : 25/09/2021 /09:37

Sample : Serum

Centre : MEDIWHEEL

MMUNOASSAYS

THYROID FUNCTION TEST (TOTAL)* TEST(Methodology)	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Metho Enhanced chemiluminescence			
T3 (TRI - IODOTHYRONINE)*	1.47	ng/mL	0.970 - 1.69
T4 (THYROXINE)*	7.75	μg/dL	5.53 - 11.0
TSH (THYROID STIMULATING HORMONE)*	1.73	μIU/mL	0.465 - 4.68

Note: Change in method and reference range

NOTE:

TSH - Reference ranges during pregnancy:*

1st Trimester : 0.10 - 2.50 2nd Trimester : 0.20 - 3.00 3dr Trimester : 0.30 - 3.00

- *As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.
- 1. Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.
- 2.Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.
- 3. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 Thyrotoxicosis.
- 4.Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol and propylthiouracil.
- 5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result form TSH secreting pituitary tumors(secondary).

**** END OF REPORT ****

Reported on : 25/09/20 / 13:13 Printed on : 27/09/20 / 10:59