DIAGNOSTIC REPORT

SRL Diagnostics

PATIENT NAME : MONU BANSAL | **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000138383

PROVISIONAL REPORT

ACCESSION NO : **D080WC007762**
PATIENT ID : MONUM04068780
CLIENT PATIENT ID:
ABHA NO :

AGE/SEX : 35 Years Male
DRAWN :
RECEIVED : 20/03/2023 08:44:33
REPORTED : 20/03/2023 16:19:25

Test Report Status **Final**	Results	Biological Reference Interval	Units

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

THYROID PANEL, SERUM

T3 METHOD : COMPETITIVE (ECLIA)	80.9	80.00 - 200.00	ng/dL
T4 METHOD : COMPETITIVE (ECLIA)	13.10	5.10 - 14.10	µg/dL
TSH (ULTRASENSITIVE) METHOD : SANDWICH (ECLIA)	1.170	0.270 - 4.200	µIU/mL

Interpretation(s)

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Patient Ref. No. 80000001394824

DIAGNOSTIC REPORT

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HAEMATOLOGY - CBC

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

BLOOD COUNTS,EDTA WHOLE BLOOD			
HEMOGLOBIN (HB) METHOD : CYANMETHEMOGLOBIN METHOD	14.4	13.0 - 17.0	g/dL
RED BLOOD CELL (RBC) COUNT	4.92	4.5 - 5.5	mil/µL
WHITE BLOOD CELL (WBC) COUNT	8.10	4.0 - 10.0	thou/µL
PLATELET COUNT	335	150 - 410	thou/µL
RBC AND PLATELET INDICES			
HEMATOCRIT (PCV)	43.4	40.0 - 50.0	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : DERIVED PARAMETER FROM RBC HISTOGRAM	88.2	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER	29.3	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) METHOD : CALCULATED PARAMETER	33.2	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED PARAMETER	13.4	11.6 - 14.0	%
MENTZER INDEX	17.9		
MEAN PLATELET VOLUME (MPV) METHOD : DERIVED PARAMETER FROM PLATELET HISTOGRAM	8.0	6.8 - 10.9	fL
WBC DIFFERENTIAL COUNT			
NEUTROPHILS METHOD : LIGHT ABSORBANCE OF CYTCHEMICAL STAINED CELLS IMPEDENCE	71	40 - 80	%
LYMPHOCYTES METHOD : LIGHT ABSORBANCE OF CYTCHEMICAL STAINED CELLS IMPEDENCE	**18 Low**	20 - 40	%
MONOCYTES METHOD : LIGHT ABSORBANCE OF CYTCHEMICAL STAINED CELLS IMPEDENCE	9	2.0 - 10.0	%
EOSINOPHILS	1	1.0 - 6.0	%
BASOPHILS METHOD : LIGHT ABSORBANCE OF CYTCHEMICAL STAINED CELLS IMPEDENCE	1	0 - 1	%
ABSOLUTE NEUTROPHIL COUNT	5.75	2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT	1.46	1.0 - 3.0	thou/µL

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ABSOLUTE MONOCYTE COUNT	0.73	0.2 - 1.0	thou/µL
ABSOLUTE EOSINOPHIL COUNT	0.08	0.02 - 0.50	thou/µL
ABSOLUTE BASOPHIL COUNT	0.08	0.02 - 0.10	thou/µL
METHOD : CALCULATED PARAMETER			
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	4.0		
METHOD : CALCULATED PARAMETER			

Interpretation(s)
BLOOD COUNTS,EDTA WHOLE BLOOD-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-Mentzer Index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait
(<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.
WBC DIFFERENTIAL COUNT-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.

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HAEMATOLOGY

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

E.S.R	**16 High**	0 - 14	mm at 1 hr

METHOD : MODIFIED WESTERGREN

Interpretation(s)
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD-**TEST DESCRIPTION** :-
Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

TEST INTERPRETATION
Increase in: Infections, Vasculities, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.
Finding a very accelerated ESR(**>100 mm/hour**) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).
In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.
Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS
False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia
False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

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.

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IMMUNOHAEMATOLOGY

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP	TYPE O		
METHOD : SLIDE AGGLUTINATION			
RH TYPE	POSITIVE		
METHOD : SLIDE AGGLUTINATION			

vit-D

Interpretation(s)
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.

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BIOCHEMISTRY

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

GLUCOSE FASTING,FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR) METHOD : HEXOKINASE	97	74 - 106	mg/dL

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	5.3	Non-diabetic Adult < 5.7 Pre-diabetes 5.7 - 6.4 Diabetes diagnosis: > or = 6.5 Therapeutic goals: < 7.0 Action suggested : > 8.0 (ADA Guideline 2021)	%
ESTIMATED AVERAGE GLUCOSE(EAG)	105.4	< 116.0	mg/dL

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR) METHOD : HEXOKINASE	88	Non-Diabetes 70 - 140	mg/dL

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE	**208 High**	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
TRIGLYCERIDES METHOD : ENZYMATIC ASSAY	69	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/= 500 Very High	mg/dL
HDL CHOLESTEROL METHOD : DIRECT MEASURE - PEG	50	< 40 Low >/=60 High	mg/dL

Diet advised (remarks).

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CODE/NAME & ADDRESS : C000138383	ACCESSION NO : **0080WC007762**	AGE/SEX :35 Years Male
PROVISIONAL REPORT	PATIENT ID : MONUMD4D68780	DRAWN :
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CHOLESTEROL LDL	**144 High**	< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High >/= 190 Very High	mg/dL
METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE			
NON HDL CHOLESTEROL	**158 High**	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
METHOD : CALCULATED PARAMETER			
VERY LOW DENSITY LIPOPROTEIN	13.8	Desirable value : 10 - 35	mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO	4.2	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
METHOD : CALCULATED PARAMETER			
LDL/HDL RATIO	2.9	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
METHOD : CALCULATED PARAMETER			
Interpretation(s)			
LIVER FUNCTION PROFILE, SERUM			
BILIRUBIN, TOTAL	0.50	UPTO 1.2	mg/dL
METHOD : DIAZONIUM ION, BLANKED (ROCHE)			
BILIRUBIN, DIRECT	0.17	0.00 - 0.30	mg/dL
METHOD : DIAZOTIZATION			
BILIRUBIN, INDIRECT	0.33	0.00 - 0.60	mg/dL
METHOD : CALCULATED PARAMETER			
TOTAL PROTEIN	7.7	6.6 - 8.7	g/dL

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METHOD : BIURET			
ALBUMIN	4.6	3.97 - 4.94	g/dL
METHOD : BROMOCRESOL GREEN			
GLOBULIN	3.1	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
METHOD : CALCULATED PARAMETER			
ALBUMIN/GLOBULIN RATIO	1.5	1.0 - 2.0	RATIO
METHOD : CALCULATED PARAMETER			
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	40	0 - 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	**76 High**	0 - 41	U/L
METHOD : UV WITHOUT PYRIDOXAL-5 PHOSPHATE			
ALKALINE PHOSPHATASE	109	40 - 129	U/L
METHOD : PNPP - AMP BUFFER			
GAMMA GLUTAMYL TRANSFERASE (GGT)	**64 High**	8 - 61	U/L
METHOD : GAMMA GLUTAMYLCARBOXY 4NITROANILIDE			
LACTATE DEHYDROGENASE	145	135 - 225	U/L
METHOD : LACTATE -PYRUVATE			
BLOOD UREA NITROGEN (BUN), SERUM			
BLOOD UREA NITROGEN	9	6 - 20	mg/dL
METHOD : UREASE - UV			
CREATININE, SERUM			
CREATININE	0.71	0.70 - 1.20	mg/dL
METHOD : ALKALINE PICRATE-KINETIC			
BUN/CREAT RATIO			
BUN/CREAT RATIO	12.68	5.00 - 15.00	
METHOD : CALCULATED PARAMETER			
URIC ACID, SERUM			
URIC ACID	4.2	3.4 - 7.0	mg/dL
METHOD : URICASE, COLORIMETRIC			
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	7.7	6.6 - 8.7	g/dL
METHOD : BIURET			
ALBUMIN, SERUM			

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ALBUMIN METHOD : BROMOCRESOL GREEN	4.6	3.97 - 4.94	g/dL
GLOBULIN			
GLOBULIN METHOD : CALCULATED PARAMETER	3.1	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ELECTROLYTES (NA/K/CL), SERUM			
SODIUM, SERUM METHOD : ISE INDIRECT	138	136 - 145	mmol/L
POTASSIUM, SERUM METHOD : ISE INDIRECT	4.59	3.5 - 5.1	mmol/L
CHLORIDE, SERUM METHOD : ISE INDIRECT	104	98 - 107	mmol/L

Interpretation(s)

Interpretation(s)
GLUCOSE FASTING,FLUORIDE PLASMA-**TEST DESCRIPTION**
Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and sothat no glucose is excreted in the urine.
Increased in
Diabetes mellitus, Cushing' s syndrome (10 – 15%), chronic pancreatitis (30%). Drugs:corticosteroids,phenytoin, estrogen, thiazides.
Decreased in
Pancreatic islet cell disease with increased insulin,insulinoma,adrenocortical insufficiency, hypopituitarism,diffuse liver disease, malignancy (adrenocortical, stomach,fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases(e.g., galactosemia),Drugs- insulin, ethanol, propranolol; sulfonylureas,tolbutamide, and other oral hypoglycemic agents.
NOTE: While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals.Thus, glycosylated hemoglobin(HbA1c) levels are favored to monitor glycemic control.
High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-**Used For**:

1.Evaluating the long-term control of blood glucose concentrations in diabetic patients.
2.Diagnosing diabetes.
3.Identifying patients at increased risk for diabetes (prediabetes).
The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patients metabolic control has remained continuously within the target range.
1.eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as eAG (mg/dl) = 28.7 * HbA1c - 46.7

HbA1c Estimation can get affected due to :
1.Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic

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anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
II.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
III.Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates addiction are reported to interfere with some assay methods,falsely increasing results.
IV.Interference of hemoglobinopathies in HbA1c estimation is seen in
a.Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
b.Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
c.HbF > 25% on alternate paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy
GLUCOSE, POST-PRANDIAL, PLASMA-High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.Additional test HbA1c
LIVER FUNCTION PROFILE, SERUM-LIVER FUNCTION PROFILE
Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice.Elevated levels results from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in Viral hepatitis, Drug reactions, Alcoholic liver disease Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors &Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.
AST is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver,liver cancer,kidney failure,hemolytic anemia,pancreatitis,hemochromatosis. AST levels may also increase after a heart attack or strenuous activity.ALT test measures the amount of this enzyme in the blood.ALT is found mainly in the liver, but also in smaller amounts in the kidneys,heart,muscles, and pancreas.It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health.AST levels increase during acute hepatitis,sometimes due to a viral infection,ischemia to the liver,chronic hepatitis,obstruction of bile ducts,cirrhosis.
ALP is a protein found in almost all body tissues.Tissues with higher amounts of ALP include the liver,bile ducts and bone.Elevated ALP levels are seen in Biliary obstruction, Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget"""""s disease,Rickets,Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia,Malnutrition,Protein deficiency,Wilson"""""s disease.GGT is an enzyme found in cell membranes of many tissues mainly in the liver,kidney and pancreas.It is also found in other tissues including intestine,spleen,heart, brain and seminal vesides.The highest concentration is in the kidney,but the liver is considered the source of normal enzyme activity.Serum GGT has been widely used as an index of liver dysfunction.Elevated serum GGT activity can be found in diseases of the liver,biliary system and pancreas.Conditions that increase serum GGT are obstructive liver disease,high alcohol consumption and use of enzyme-inducing drugs etc.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.Human serum albumin is the most abundant protein in human blood plasma.It is produced in the liver.Albumin constitutes about half of the blood serum protein.Low blood albumin levels (hypoalbuminemia) can be caused by:Liver disease like cirrhosis of the liver, nephrotic syndrome,protein-losing enteropathy,Burns,hemodilution,increased vascular permeability or decreased lymphatic clearance,malnutrition and wasting etc
BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)
Causes of decreased level include 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

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,Multiple Sclerosis
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.
ALBUMIN, SERUM-Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance,malnutrition and wasting etc.

View Details View Report

PERFORMED AT :
SRL Ltd
24 SCO, SECTOR 11 D
CHANDIGARH, 160011
PUNJAB, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956

Patient Ref. No. 80000001394824

DIAGNOSTIC REPORT

SRL Diagnostics

PATIENT NAME : MONU BANSAL		**REF. DOCTOR :** SELF
CODE/NAME & ADDRESS : C00D138383	ACCESSION NO : **0080WC007762**	AGE/SEX :35 Years Male
PROVISIONAL REPORT	PATIENT ID : MONUM04068780	DRAWN :
	CLIENT PATIENT ID:	RECEIVED : 20/03/2023 08:44:33
	ABHA NO :	REPORTED : 20/03/2023 16:19:25

Test Report Status **Final**	Results	Biological Reference Interval	Units

CLINICAL PATH - URINALYSIS

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

PHYSICAL EXAMINATION, URINE			
COLOR	PALE YELLOW		
APPEARANCE	CLEAR		
CHEMICAL EXAMINATION, URINE			
PH	6.0	4.7 - 7.5	
METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD			
SPECIFIC GRAVITY	1.030	1.003 - 1.035	
METHOD : REFLECTANCE SPECTROPHOTOMETRY (PKA CHANGE OF PRETREATED POLY ELECTROLYTES)			
PROTEIN	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY (PROTEIN-ERROR-OF-INDICATORS PRINCIPLE)			
GLUCOSE	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY(GLUCOSE OXIDAE/PEROXIDASE METHOD)			
KETONES	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY (SODIUM NITROPRUSSIDE REACTION)			
BLOOD	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY (PEROXIDASE METHOD)			
BILIRUBIN	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY (DIAZO REACTION)			
UROBILINOGEN	NORMAL	NORMAL	
METHOD : REFLECTANCE SPECTROPHOTOMETRY - EHRLICH REACTION			
NITRITE	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY, CONVERSION OF NITRATE TO NITRITE			
LEUKOCYTE ESTERASE	NOT DETECTED	NOT DETECTED	
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
METHOD : MICROSCOPIC EXAMINATION			
PUS CELL (WBC'S)	1-2	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS	0-1	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION			
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		

View Details View Report

PERFORMED AT :
SRL Ltd
24 SCO, SECTOR 11 D
CHANDIGARH, 160011
PUNJAB, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956

Patient Ref. No. 80000001394824

DIAGNOSTIC REPORT

SRL Diagnostics

PATIENT NAME : MONU BANSAL | **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000138383	ACCESSION NO : **0080WC007762**	AGE/SEX : 35 Years Male
PROVISIONAL REPORT	PATIENT ID : MONUM04068780	DRAWN :
	CLIENT PATIENT ID:	RECEIVED : 20/03/2023 08:44:33
	ABHA NO :	REPORTED : 20/03/2023 16:19:25

Test Report Status **Final**	Results	Biological Reference Interval	Units
METHOD : MICROSCOPIC EXAMINATION			
BACTERIA	NOT DETECTED	NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION			
YEAST	NOT DETECTED	NOT DETECTED	

Interpretation(s)

View Details View Report

PERFORMED AT :
SRL Ltd
24 SCO, SECTOR 11 D
CHANDIGARH, 160011
PUNJAB, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956

Patient Ref. No. 80000001394824

DIAGNOSTIC REPORT

SRL Diagnostics

PATIENT NAME : MONU BANSAL		**REF. DOCTOR :** SELF
CODE/NAME & ADDRESS : C000138383	ACCESSION NO : **0080WC007762**	AGE/SEX : 35 Years Male
PROVISIONAL REPORT	PATIENT ID : MONUM04068780	DRAWN :
	CLIENT PATIENT ID:	RECEIVED : 20/03/2023 08:44:33
	ABHA NO :	REPORTED : 20/03/2023 16:19:25

Test Report Status **Final**	Results	Biological Reference Interval	Units

CLINICAL PATH - STOOL ANALYSIS

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

PHYSICAL EXAMINATION,STOOL			
COLOUR	BROWN		
CONSISTENCY	SEMI FORMED		
MUCUS	ABSENT	NOT DETECTED	
VISIBLE BLOOD	ABSENT	ABSENT	
ADULT PARASITE	NOT DETECTED		
METHOD : MICROSCOPIC EXAMINATION			
CHEMICAL EXAMINATION,STOOL			
STOOL PH	6.5		
MICROSCOPIC EXAMINATION,STOOL			
PUS CELLS	2-3		/hpf
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
CYSTS	NOT DETECTED	NOT DETECTED	
OVA	NOT DETECTED		
LARVAE	NOT DETECTED	NOT DETECTED	
TROPHOZOITES	NOT DETECTED	NOT DETECTED	

Interpretation(s)

****End Of Report****
Please visit www.srlworld.com for related Test Information for this accession

View Details View Report

PERFORMED AT :
SRL Ltd
24 SCO, SECTOR 11 D
CHANDIGARH, 160011
PUNJAB, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956

Patient Ref. No. 80000001394824

Fortis MEDCENTRE
CHANDIGARH
(A unit of Fortis Hospital Mohali)
SCO 11, Sector 11-D, Chandigarh - 160011

Name Mr: Monu Bansal
UHID : 12362487 Date : 20/3/23
Age : 35 Gender : M

Nursing Assessment

Profile	
Height (cm) : 170 cm	Waist Circumference (cm) : 32 Inch
Weight (Kg.) : 73.6 kg	Body Mass Index : 25.2 kg
Occupation : Road tailor	Marital Status ☐ Single ☒ Married

Vital Signs	
Pulse Rate (/min) : 78 b/m SpO2 = 98%	Respiratory Rate (/min) : 23 b/m
Blood Pressure (mmHg) : 120/90 mm Hg	Temperature (if febrile) : Afebrile

Past History	
☒ Hypertension :	☒ Diabetes :
☒ Heart disease :	☒ Dyslipidemia :
☒ Asthma :	☒ Tuberculosis :
☒ Allergies :	
☒ Others :	

For Women	
LMP:	Last Pap smear done in
Menopause ☐ Yes ☐ No	Last Mammography done in
Consent for X-ray & Mammography	

Current Medications
Herpes zoster for ~ 5 days.
NA

Signature, Name and Emp. ID of the Nurse : _____

Fortis MEDCENTRE
CHANDIGARH
(A unit of Fortis Hospital Mohali)
SCO 11, Sector 11-D, Chandigarh - 160011

Name: Mr. Manu Bansal
UHID: 12362487 Date: 20/3/23
Age: 35 Gender: M

Internal Medicine Consultation

Relevant History:
- No complaints
- On medication for Herpes zoster for 3 days.

Diagnosis: 1. Dislipidemia
2. Diagnosed CA T.

Examination Findings:
- WNL

Advice / Treatment Plan:
- Dietary Advice
- Regular Exercise

Dr. MANJEET SINGH TREHAN
MBBS,MD
Additional Director - Internal Medicine (PMC)
Fortis Hospital, Mohali (Pb.)
Mobile No.9814104609
Reg. No.PMC 24797

O+ve

Investigations:
TFT-N.
Hb-14.4 g%,
FBS-97. HbA1-5.32.
Chol-208, LDL-144
SGPT-76 NHDL-158.
AST-64
RFT/LFT-
Stool R/E
Urine R/E
ECG-N
USG abd-WNL

Signature and stamp of the Consultant: _____

Fortis MEDCENTRE
CHANDIGARH
(A unit of Fortis Hospital Mohali)
SCO 11, Sector 11-D, Chandigarh - 160011

Name Mr. Manu Bansal
UHID : 12362487 Date : 20/3/23
Age : 35 Gender : M

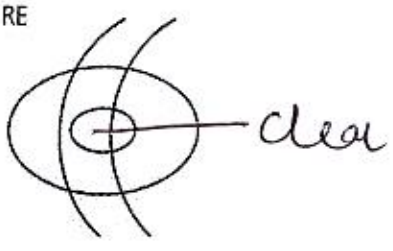
Ophthalmology Consultation

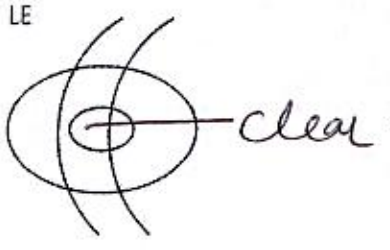
History: NIL

Examination findings:

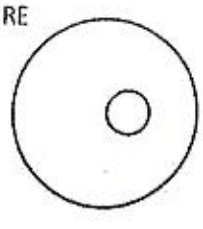
Visual acuity R / L Visual acuity with glasses R 6/6, L 6/6 Colour Vision R / L Defective BE

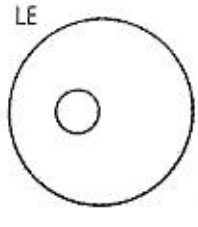
Slit Lamp Examination

RE 

LE 

Fundus Examination

RE 

LE 

Diagnosis: Myopic Astigmatism BE

Treatment"

Spectacle prescription:

Right eye

	SPH	CYL	AXIS	VA
Distance	aided			6/6
Near				N'6

Left eye

	SPH	CYL	AXIS	VA
Distance	aided			6/6
Near				N'6

Signature and stamp of the Ophthalmologist : _____

Monu bansal
ID: 12362487

Male

GE Healthcare REF I019728LSI CE LOT D750

20.03.2023 10:45:40
Fortis Med Centre
sector 11
Chandgarh

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

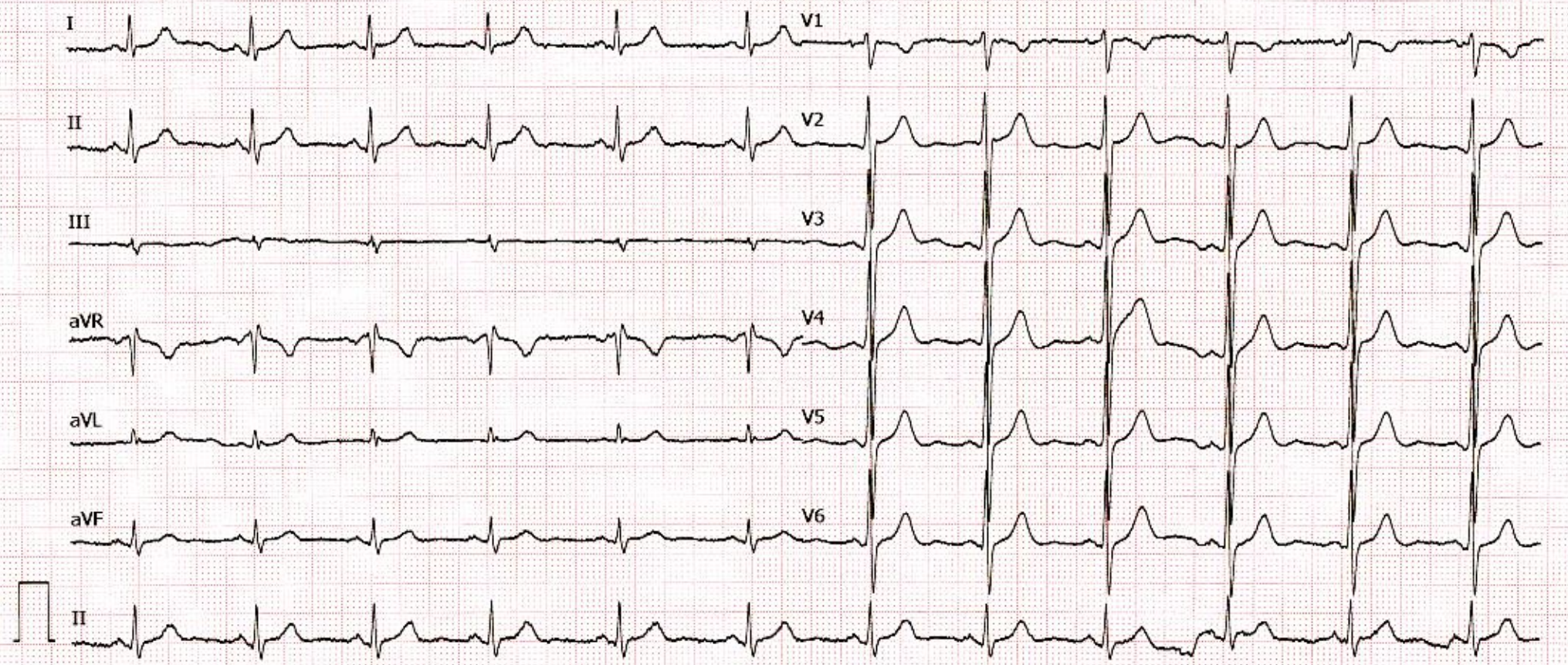
Room:

72 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	96 ms
QT / QTcBaz :	384 / 420 ms
PR :	120 ms
P :	98 ms
RR / PP :	828 / 833 ms
P / QRS / T :	51 / 37 / 36 degrees

Normal sinus rhythm
Normal ECG



Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-40 Hz 50 Hz 2x5x6_25_R1 1/1

Fortis MEDCENTRE
CHANDIGARH

Fortis Medcentre
SCO-11, Sector-11-D,
Chandigarh - 160 011 (India)
Telephone : 0172 506 1222 / 505 5441
Fax : 0172-5055440
E-mail : contactus.fmc@fortishealthcare.com
Website : www.fortishealthcare.com

NAME: MANU BANSAL
AGE AND SEX: 35/M
UHID :12362487
DATE-20/03/2023

CHEST- PA

Both the domes of diaphragm are normal.

Both costophrenic angles are normal.

Both lung fields are clear.

Cardiac size and silhouette are normal.

Both hila and mediastinum are normal.

Bony cage and soft tissues are normal.

IMPRESSION : NORMAL STUDY.

Please correlate clinically and with other relevant investigations.

DR NEHA CHHABRA
CONSULTANT RADIOLOGIST

Fortis MEDCENTRE
CHANDIGARH

Fortis Medcentre
SCO-11, Sector-11-D,
Chandigarh - 160 011 (India)
Telephone : 0172 506 1222 / 505 5441
Fax : 0172-5055440
E-mail : contactus.fmc@fortishealthcare.com
Website : www.fortishealthcare.com

NAME: MR. MANU BANSAL
AGE AND SEX: 35Y/M
UHID NO: 12362487
DATE: 20/03/2023
ROI: WHOLE ABDOMEN

Liver is normal in size, outline and echogenicity. No focal lesion seen. IHBR's are not dilated. Portal vein and hepatic veins are normal.

Gall bladder is normally distended with anechoic lumen. Wall thickness is normal. No calculus / focal lesion seen. No pericholecystic fluid / collection seen. CBD is normal.

Pancreas is visualized in region of head and proximal body and is normal in size, shape, outline and echotexture. No focal lesion seen. Distal body and tail are obscured by bowel gases.

Spleen is normal in size, outline and echotexture. No focal lesion seen.

Right kidney is normal in size, outline and echogenicity. Cortico-medullary differentiation is maintained. No hydronephrosis / calculus is seen.

Left kidney is normal in size, outline and echogenicity. Cortico-medullary differentiation is maintained. No hydronephrosis / calculus is seen.

Retroperitoneum is normal.

The urinary bladder is empty at the time of examination.

No free fluid is seen.

Opinion: Normal study.

Suggested clinical correlation.

Dr. NEHA CHHABRA.
Consultant Radiologist

MONU BANSAL 35M **Study Date: 20/03/2023**

Patient ID: 12362487 Accession #: Alt ID:

DOB: Age: Gender: M Ht: Wt: BSA:

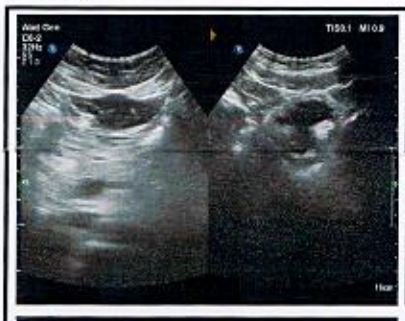
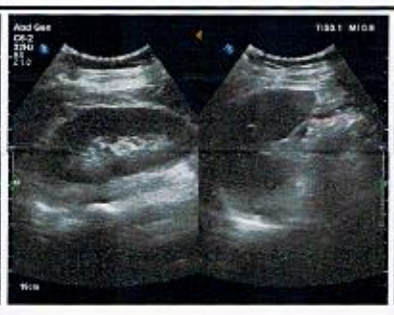
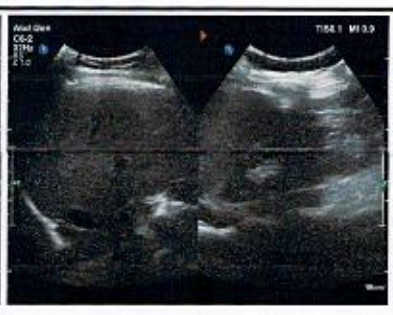
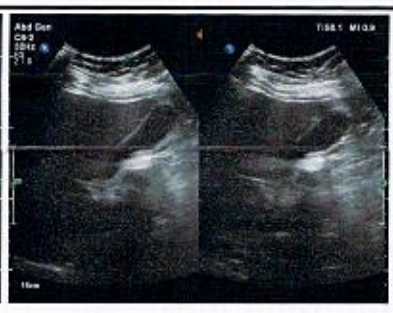
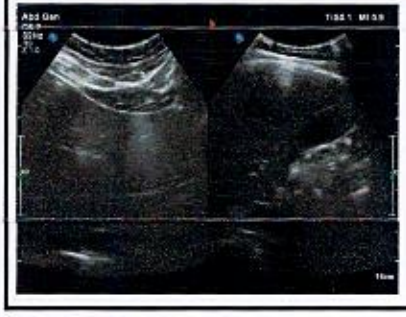
Institution: Fortis MEDCENTRE, Chandigarh

Referring Physician:

Physician of Record: Performed By:

Comments:

Images

Signature

Signature:

Name(Print): Date:

--
SCO 11, Sector 11 D
Chandigarh

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: MONU, BANSAL
Patient ID: 12362487
Height: 170 cm
Weight: 73 kg

DOB: 04.06.1987
Age: 35yrs
Gender: Male
Race: Indian

Study Date: 20.03.2023
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:07	0.00	3.60	86	130/90	
	STANDING	00:04	0.00	3.50	88		
	HYPERV.	00:11	0.00	3.50	91		
EXERCISE	STAGE 1	03:00	2.70	10.00	107	130/90	
	STAGE 2	03:00	4.00	12.00	130	140/90	
	STAGE 3	03:00	5.50	14.00	148	140/90	
	STAGE 4	02:07	6.80	16.00	179	145/90	
RECOVERY		01:24	0.00	3.50	137	130/90	

The patient exercised according to the BRUCE for 11:06 min:s, achieving a work level of Max. METS: 13.50. The resting heart rate of 82 bpm rose to a maximal heart rate of 181 bpm. This value represents 97 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/90 mmHg , rose to a maximum blood pressure of 145/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.

Conclusions

negative for inducible ischemia

--

Physician _____ Technician _____

DR. SANJEET SINGH TREHAN
MD, DM
Additional Director-Internal Medicine (FMC)
Fortis Hospital, Mohali (Pb.)
Mobile No.9814104609
Reg. No.PMC 24797

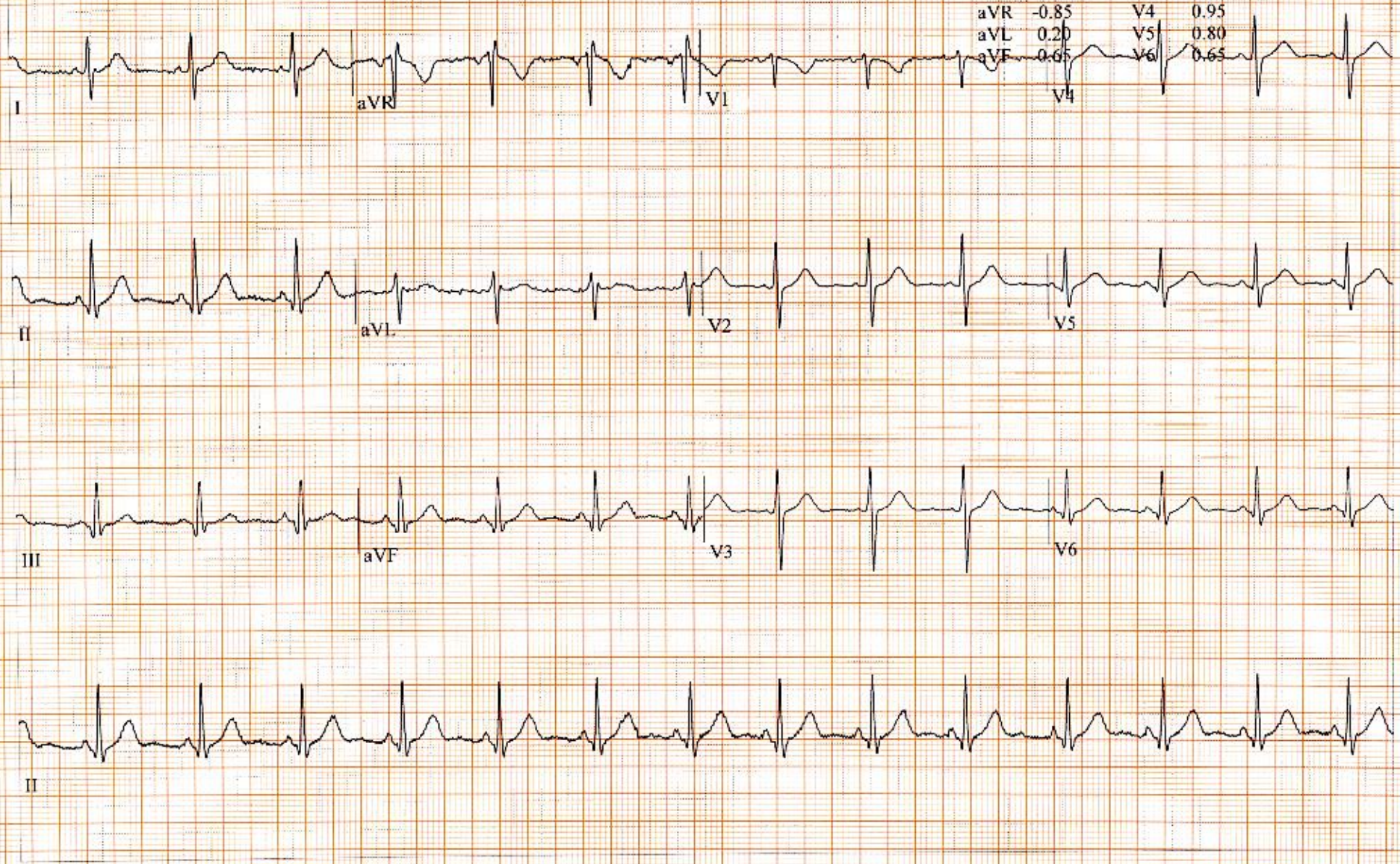
12-Lead Report

MONU, BANSAL
Patient ID 12362487
20.03.2023
12:29:21pm

85 bpm
130/90 mmHg

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.75	V1	0.45
II	1.05	V2	0.70
III	0.30	V3	1.00
aVR	-0.85	V4	0.95
aVL	0.20	V5	0.80
aVF	0.65	V6	0.65



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(V3,V2)

Start of Test: 12:29:17pm

12-Lead Report

MONU, BANSAL
Patient ID 12362487
20.03.2023
12:29:31pm

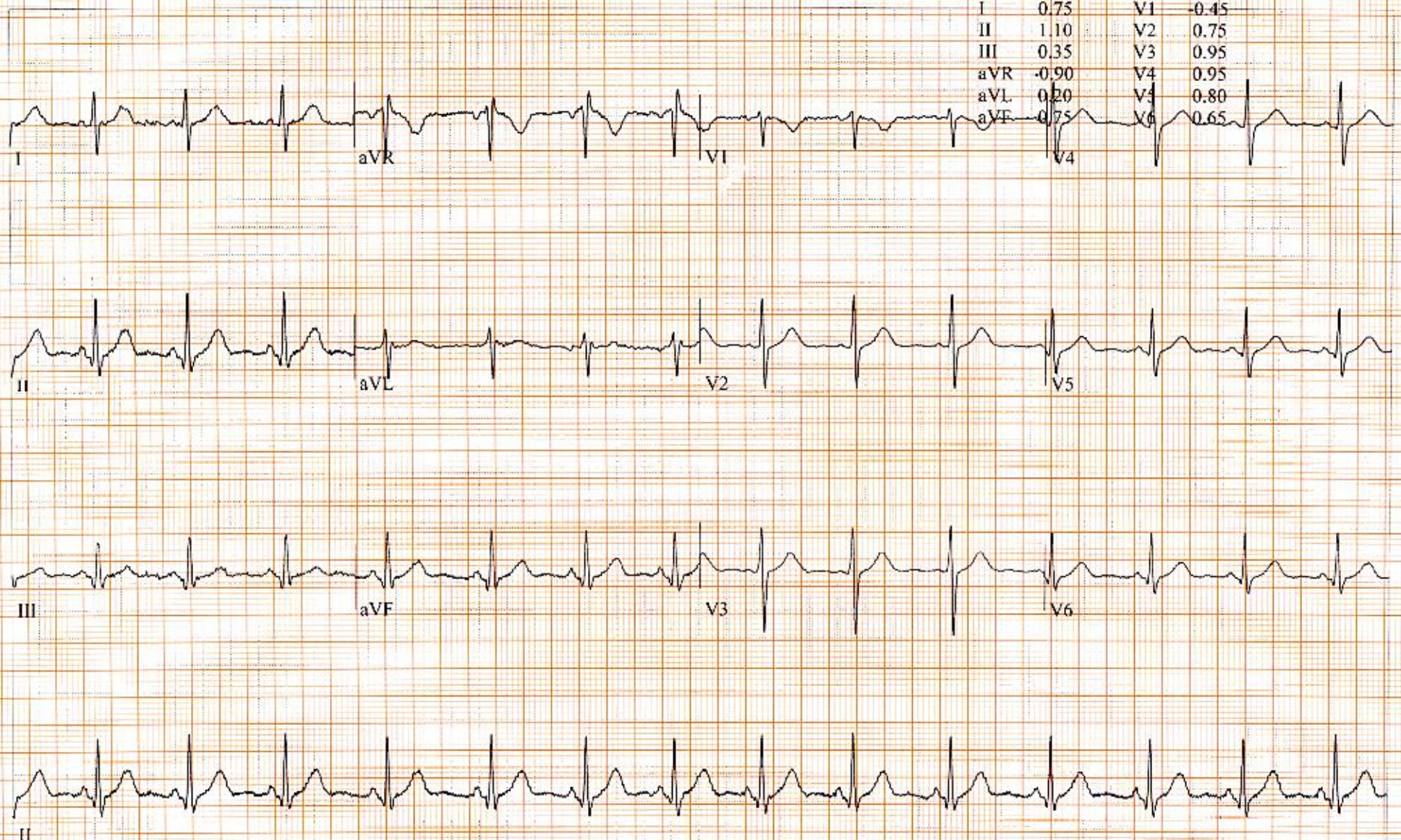
86 bpm
130/90 mmHg

PRETEST
STANDING
00:09

BRUCE
0.0 km/h
3.5 %

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.75	V1	-0.45
II	1.10	V2	0.75
III	0.35	V3	0.95
aVR	-0.90	V4	0.95
aVL	0.20	V5	0.80
aVF	0.75	V6	0.65



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(V3,V2)

Start of Test: 12:29:17pm

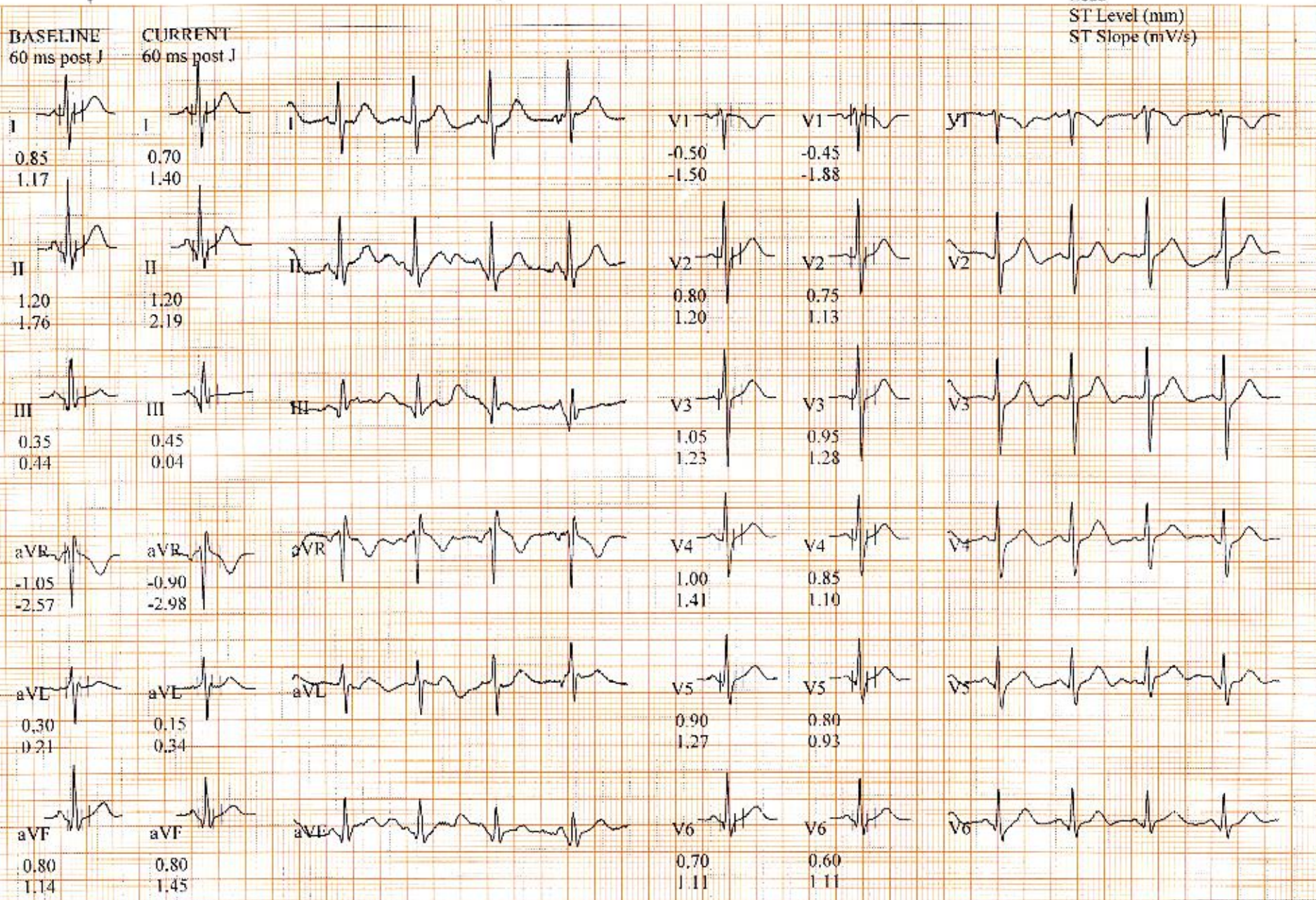
Comparative Medians Report

MONU, BANSAL
Patient ID 12362487
20.03.2023
12:32:26pm

107 bpm
130/90 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
2.7 km/h
10.0 %



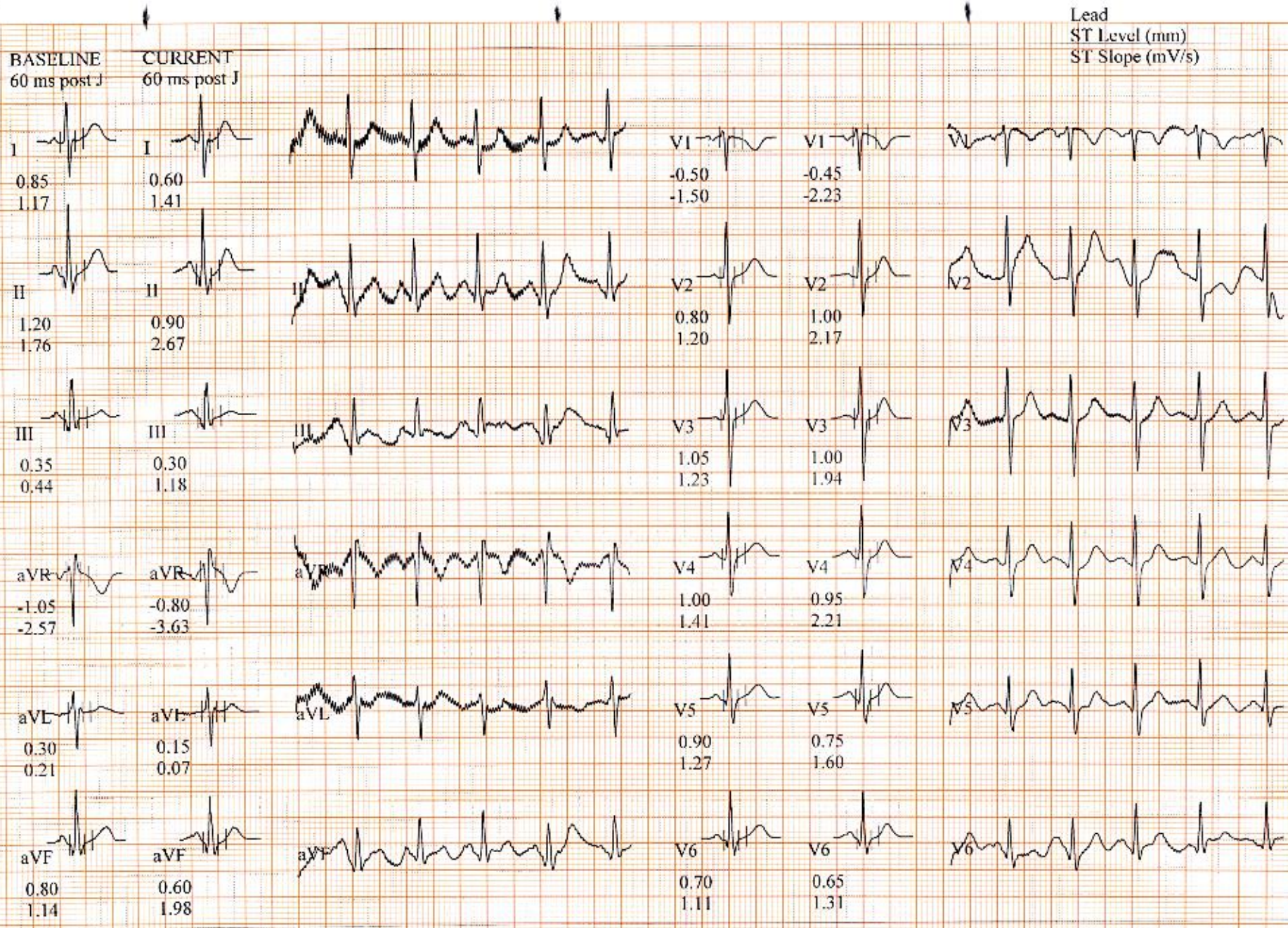
Comparative Medians Report

MONU, BANSAL
Patient ID 12362487
20.03.2023
12:35:26pm

125 bpm
140/90 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
4.0 km/h
12.0 %



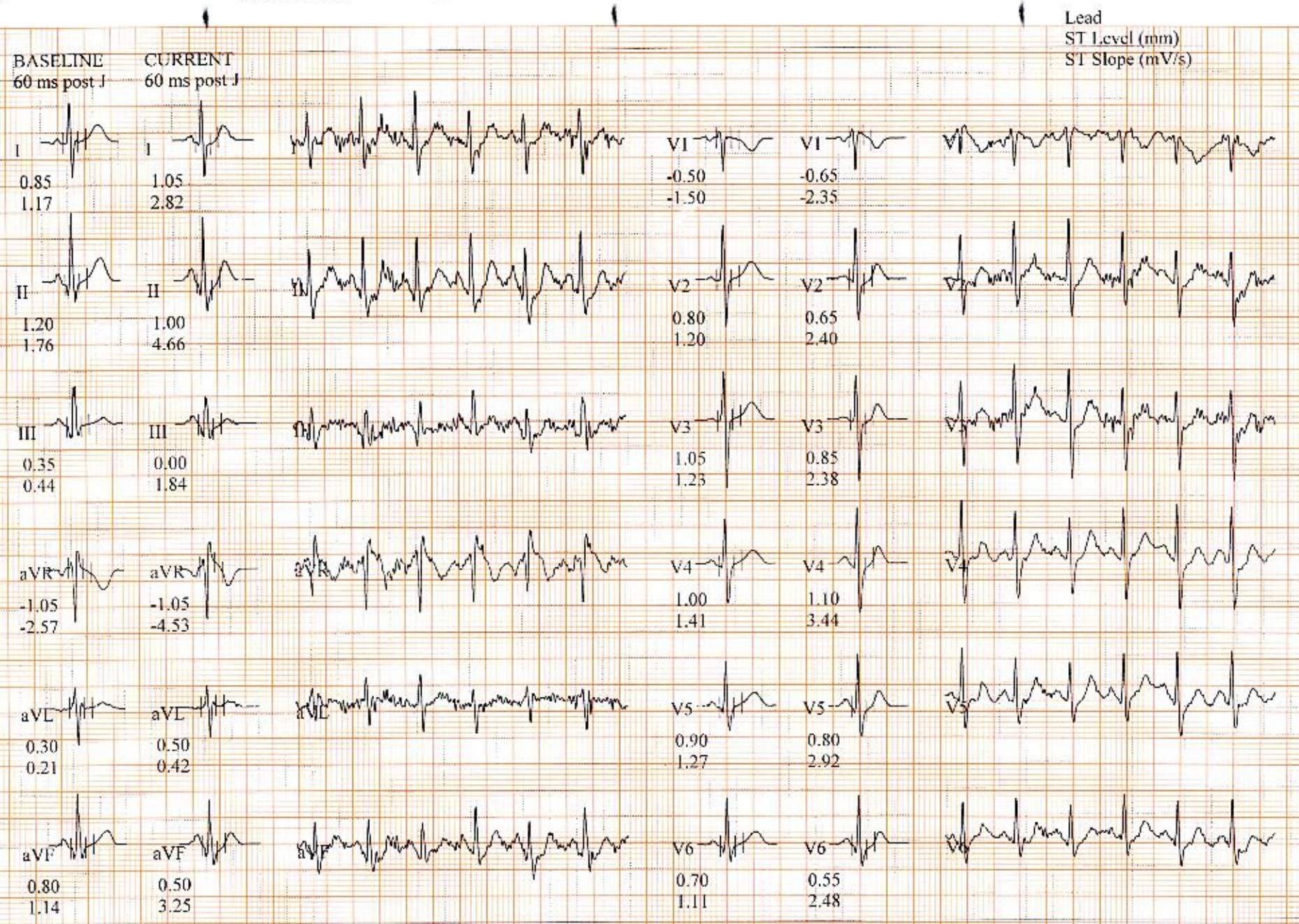
Comparative Medians Report

MONU, BANSAL
Patient ID 12362487
20.03.2023
12:38:26pm

148 bpm
140/90 mmHg

EXERCISE
STAGE 3
08:50

BRUCE
5.5 km/h
14.0 %



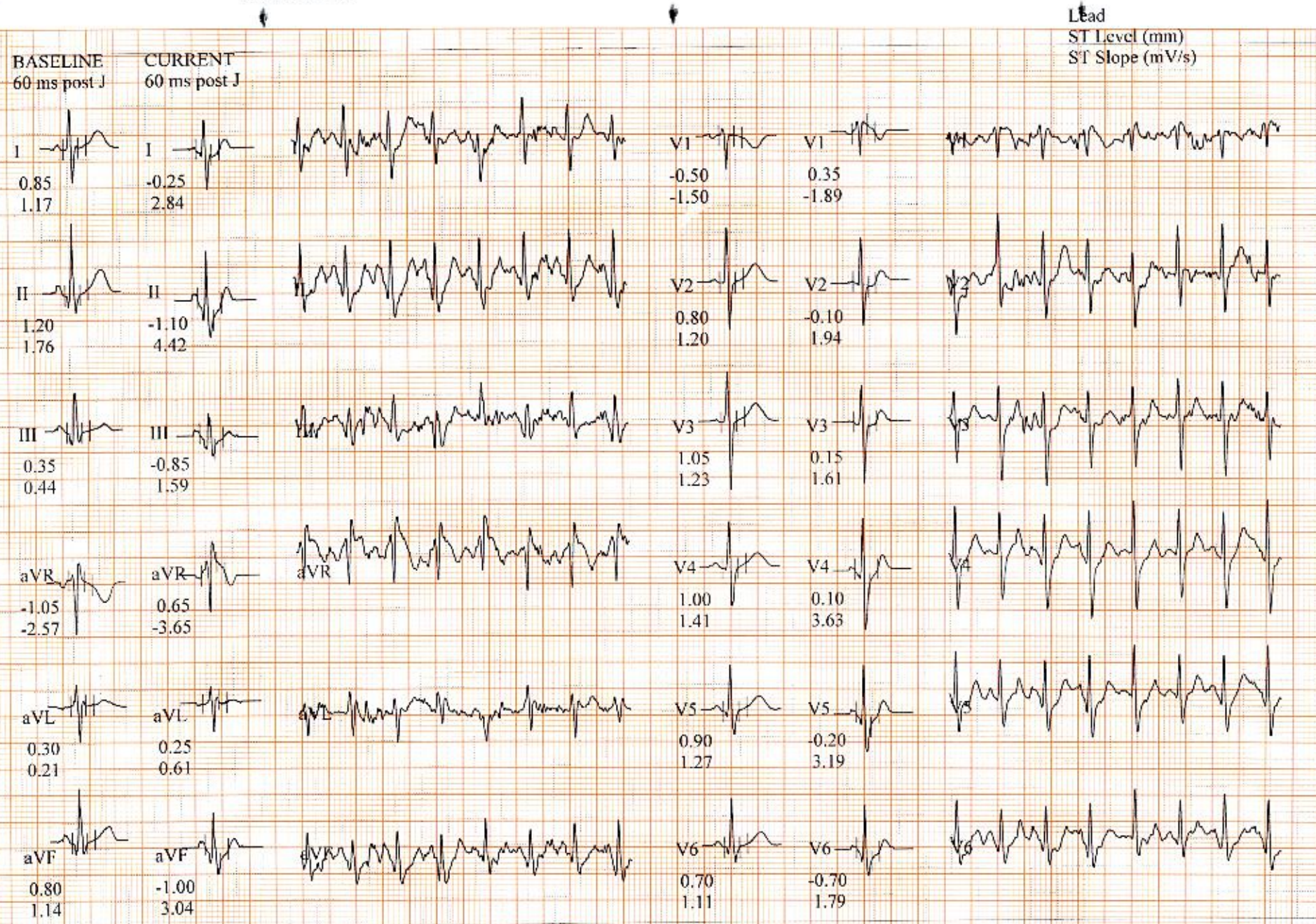
Comparative Medians Report (PEAK EXERCISE)

MONU, BANSAL
Patient ID 12362487
20.03.2023
12:40:43pm

179 bpm
145/90 mmHg

EXERCISE
STAGE 4
11:07

BRUCE
6.8 km/h
16.0 %



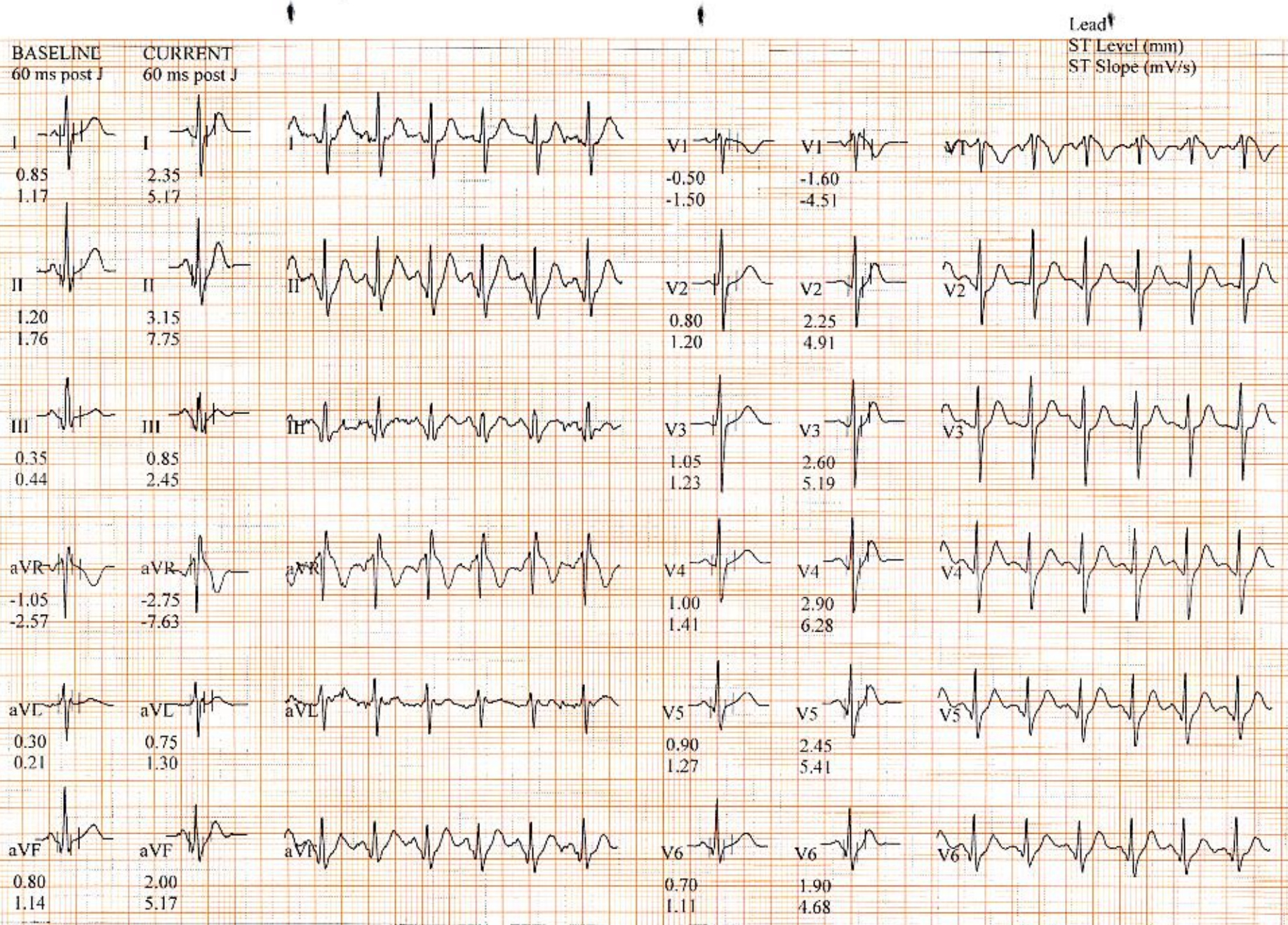
MONU, BANSAL
Patient ID 12362487
20.03.2023
12:41:32pm

Comparative Medians Report

153 bpm
145/90 mmHg

RECOVERY
#1
00:50

BRUCE
2.4 km/h
3.7 %



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S- HR(V2,V3)

Start of Test: 12:29:17pm

TEST REQUEST FORM

SRL Diagnostics

TRF ID : 0080WC007762 **TRF Date : 20/03/2023**

PATIENT INFORMATION

Name :	Mr. MONU BANSAL
Address :	,,,,
Phone No :	8146555542
Email :	MONUBANSAL1987@GMAIL.COM
Date Of Birth :	04/06/1987
Age / Sex :	35 / Male
Height / Weight :	/

BILL TO

Client Code :	C000138383
Client Name :	ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
Address :	NEW DELHI
Phone No. :	8800465156
Email :	

ESSENTIAL CLINICAL INFORMATION

Provisional Diagnosis :	
H / o Medication :	Yes / No
If Yes, Name :	
Status of Medication :	Ongoing / Terminated
If Ongoing, Duration :	
If Terminated, When :	
LMP (Where Applicable) :	
Fasting Period :	
24 Hour Urine Volume :	

For Histopathology / IHC, Attach Detailed History

Attach Other Relevant Information :

REFERRING DOCTOR

Doctor Name :	SELF
Phone No :	
City :	
Email :	

SPECIMEN INFORMATION

Patient Id / Hospital Id :	
SRL Id :	MONUM04068780
Date Drawn :	
Time Drawn(HRS) :	
Specimen Collected at :	

Rcvd In :SRL CHANDIGARH

Date :

Time :

TEMP SENT	TEMP RECD.
☐ Frozen(< - 10 Celcius)	☐ Frozen(< - 10 Celcius)
☐ Cold(2 - 8 Celcius)	☐ Cold(2 - 8 Celcius)
☐ Ambient	☐ Ambient

FOR REPEAT/FOLLOW-UP PATIENTS

Old Accession No. :

SRL Care Code No. :

PP PLASMA FL.

FASTING URINE

Please Note: After completion of the ordered tests, the remaining sample may be stored and used for research in medical sciences.

I agree **I don't agree**

Signature / Thumb impression of patient	**Signature of Requisitioner**
Date :	**Date :**

Important : It is mandatory to provide all the requested information to enable accurate and timely reporting.