

CLIENT CODE : C000138382
CLIENT'S NAME AND ADDRESS :
 ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
 F-703, LADO SARAI, MEHRAULI
 SOUTH WEST DELHI
 NEW DELHI 110030
 DELHI INDIA
 8800465156

SRL Ltd
 7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM
 BROOKEFIELD MAIN ROAD, KUNDALAHALLI
 BANGALORE, 560037
 KARNATAKA, INDIA
 Tel : 9111591115, Fax :
 CIN - U74899PB1995PLC045956
 Email : wellness.itpl@srl.in

PATIENT NAME : VIJAY KUMAR GUPTA
PATIENT ID : VIJAM25058575
ACCESSION NO : 0075WC001083 **AGE :** 37 Years **SEX :** Male

DRAWN : 11/03/2023 10:26

RECEIVED : 11/03/2023 10:38

REPORTED : 13/03/2023 12:44

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE
BLOOD COUNTS,EDTA WHOLE BLOOD

HEMOGLOBIN (HB)	12.8	Low 13.0 - 17.0	g/dL
RED BLOOD CELL (RBC) COUNT	4.27	Low 4.5 - 5.5	mil/ μ L
WHITE BLOOD CELL (WBC) COUNT	6.20	4.0 - 10.0	thou/ μ L
PLATELET COUNT	188	150 - 410	thou/ μ L

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	39.3	Low 40 - 50	%
MEAN CORPUSCULAR VOLUME (MCV)	92.0	83 - 101	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	30.1	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC)	32.7	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW)	14.0	11.6 - 14.0	%
MENTZER INDEX	21.6		
MEAN PLATELET VOLUME (MPV)	10.6	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

NEUTROPHILS	53	40 - 80	%
LYMPHOCYTES	38	20 - 40	%
MONOCYTES	7	2 - 10	%
EOSINOPHILS	2	1 - 6	%
BASOPHILS	0	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	3.29	2.0 - 7.0	thou/ μ L
ABSOLUTE LYMPHOCYTE COUNT	2.36	1.0 - 3.0	thou/ μ L
ABSOLUTE MONOCYTE COUNT	0.43	0.2 - 1.0	thou/ μ L
ABSOLUTE EOSINOPHIL COUNT	0.12	0.02 - 0.50	thou/ μ L
ABSOLUTE BASOPHIL COUNT	0.00	Low 0.02 - 0.10	thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.4		

MORPHOLOGY

RBC	PREDOMINANTLY NORMOCYTIC HYPOCHROMIC, FEW TEAR DROP CELLS AND RBC COUNT IS REDUCED
WBC	NORMAL IN COUNT, MORPHOLOGY AND DISTRIBUTION
PLATELETS	ADEQUATE
	NO HEMOPARASITES SEEN
IMPRESSION	NORMOCYTIC HYPOCHROMIC ANAEMIA



Scan to View Details



Scan to View Report

CLIENT CODE : C000138382
CLIENT'S NAME AND ADDRESS :
 ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
 F-703, LADO SARAI, MEHRAULI
 SOUTH WEST DELHI
 NEW DELHI 110030
 DELHI INDIA
 8800465156

SRL Ltd
 7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM
 BROOKEFIELD MAIN ROAD, KUNDALAHALLI
 BANGALORE, 560037
 KARNATAKA, INDIA
 Tel : 9111591115, Fax :
 CIN - U74899PB1995PLC045956
 Email : wellness.itpl@srl.in

PATIENT NAME : VIJAY KUMAR GUPTA

PATIENT ID : VIJAM25058575

ACCESSION NO : **0075WC001083** AGE : 37 Years SEX : Male

DRAWN : 11/03/2023 10:26

RECEIVED : 11/03/2023 10:38

REPORTED : 13/03/2023 12:44

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD

E.S.R	06	0 - 14	mm at 1 hr
-------	----	--------	------------

METHOD : MODIFIED WESTERGREN

GLUCOSE FASTING, FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR)	105	High 74 - 99	mg/dL
---------------------------	------------	---------------------	-------

METHOD : SPECTROPHOTOMETRY HEXOKINASE

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	5.5	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 ADA Target: 7.0 Action suggested: > 8.0	%
-------	-----	--	---

METHOD : PARTICLE-ENHANCED TURBIDIMETRIC INHIBITION IMMUNOASSAY(PETINIA)

ESTIMATED AVERAGE GLUCOSE(EAG)	111.2	< 116.0	mg/dL
--------------------------------	-------	---------	-------

METHOD : PARTICLE-ENHANCED TURBIDIMETRIC INHIBITION IMMUNOASSAY(PETINIA)

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)	136	70 - 139	mg/dL
---------------------------------	-----	----------	-------

METHOD : SPECTROPHOTOMETRY HEXOKINASE

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	208	High < 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
--------------------	------------	--	-------

METHOD : SPECTROPHOTOMETRY, CHOLESTEROL OXIDASE ESTERASE PEROXIDASE

TRIGLYCERIDES	99	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/=500 Very High	mg/dL
---------------	----	---	-------

METHOD : LIPOPROTEIN LIPASE (LPL), GLYCEROL KINASE (GK)

HDL CHOLESTEROL	51	< 40 Low >/=60 High	mg/dL
-----------------	----	------------------------	-------

METHOD : DIRECT HDL, PEGME

CHOLESTEROL LDL	137	High < 100 Optimal 100 - 129 Near optimal/ above optimal 130 - 159 Borderline High 160 - 189 High >/= 190 Very High	mg/dL
-----------------	------------	--	-------

METHOD : DIRECT ENZYME CLEARANCE



CLIENT CODE : C000138382
CLIENT'S NAME AND ADDRESS :
 ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
 F-703, LADO SARAI, MEHRAULI
 SOUTH WEST DELHI
 NEW DELHI 110030
 DELHI INDIA
 8800465156

SRL Ltd
 7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM
 BROOKEFIELD MAIN ROAD, KUNDALAHALLI
 BANGALORE, 560037
 KARNATAKA, INDIA
 Tel : 9111591115, Fax :
 CIN - U74899PB1995PLC045956
 Email : wellness.itpl@srl.in

PATIENT NAME : VIJAY KUMAR GUPTA
PATIENT ID : VIJAM25058575
ACCESSION NO : 0075WC001083 **AGE :** 37 Years **SEX :** Male

DRAWN : 11/03/2023 10:26

RECEIVED : 11/03/2023 10:38

REPORTED : 13/03/2023 12:44

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
NON HDL CHOLESTEROL		157	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		19.8	</= 30.0	mg/dL
CHOL/HDL RATIO		4.1	3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO		2.7	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
LIVER FUNCTION PROFILE, SERUM				
BILIRUBIN, TOTAL		0.60	0.2 - 1.0	mg/dL
METHOD : SPECTROPHOTOMETRY				
BILIRUBIN, DIRECT		0.10	0.0 - 0.2	mg/dL
METHOD : SPECTROPHOTOMETRY				
BILIRUBIN, INDIRECT		0.50	0.1 - 1.0	mg/dL
METHOD : CALCULATED PARAMETER				
TOTAL PROTEIN		7.0	6.4 - 8.2	g/dL
METHOD : SPECTROPHOTOMETRY, MODIFIED BIURET				
ALBUMIN		4.2	3.4 - 5.0	g/dL
METHOD : SPECTROPHOTOMETRIC - BROMOCRESOL GREEN (BCG)				
GLOBULIN		2.8	2.0 - 4.1	g/dL
METHOD : CALCULATED PARAMETER				
ALBUMIN/GLOBULIN RATIO		1.5	1.0 - 2.1	RATIO
METHOD : CALCULATED PARAMETER				
ASPARTATE AMINOTRANSFERASE (AST/SGOT)		29	15 - 37	U/L
METHOD : SPECTROPHOTOMETRY, UV WITH PYRIDOXAL -5-PHOSPHATE				
ALANINE AMINOTRANSFERASE (ALT/SGPT)		56	High < 45.0	U/L
METHOD : SPECTROPHOTOMETRY, UV WITH PYRIDOXAL -5-PHOSPHATE				
ALKALINE PHOSPHATASE		95	30 - 120	U/L
METHOD : SPECTROPHOTOMETRY				
GAMMA GLUTAMYL TRANSFERASE (GGT)		34	15 - 85	U/L



CLIENT CODE : C000138382
CLIENT'S NAME AND ADDRESS :
 ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
 F-703, LADO SARAI, MEHRAULI
 SOUTH WEST DELHI
 NEW DELHI 110030
 DELHI INDIA
 8800465156

SRL Ltd
 7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM
 BROOKEFIELD MAIN ROAD, KUNDALAHALLI
 BANGALORE, 560037
 KARNATAKA, INDIA
 Tel : 9111591115, Fax :
 CIN - U74899PB1995PLC045956
 Email : wellness.itpl@srl.in

PATIENT NAME : VIJAY KUMAR GUPTA
PATIENT ID : VIJAM25058575
ACCESSION NO : 0075WC001083 **AGE :** 37 Years **SEX :** Male

DRAWN : 11/03/2023 10:26

RECEIVED : 11/03/2023 10:38

REPORTED : 13/03/2023 12:44

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
METHOD : SPECTROPHOTOMETRY, G-GLUTAMYL-CARBOXY-NITRONILIDE				
LACTATE DEHYDROGENASE		155	100 - 190	U/L
METHOD : SPECTROPHOTOMETRY				
BLOOD UREA NITROGEN (BUN), SERUM				
BLOOD UREA NITROGEN		8	6 - 20	mg/dL
CREATININE, SERUM				
CREATININE		0.90	0.90 - 1.30	mg/dL
METHOD : SPECTROPHOTOMETRIC, JAFFE'S KINETICS				
BUN/CREAT RATIO				
BUN/CREAT RATIO		8.89	5.00 - 15.00	
URIC ACID, SERUM				
URIC ACID		5.0	3.5 - 7.2	mg/dL
METHOD : SPECTROPHOTOMETRY				
TOTAL PROTEIN, SERUM				
TOTAL PROTEIN		7.0	6.4 - 8.2	g/dL
METHOD : SPECTROPHOTOMETRY, MODIFIED BIURET				
ALBUMIN, SERUM				
ALBUMIN		4.2	3.4 - 5.0	g/dL
METHOD : SPECTROPHOTOMETRIC - BROMOCRESOL GREEN (BCG)				
GLOBULIN				
GLOBULIN		2.8	2.0 - 4.1	g/dL
METHOD : CALCULATED PARAMETER				
ELECTROLYTES (NA/K/CL), SERUM				
SODIUM, SERUM		138.5	137 - 145	mmol/L
POTASSIUM, SERUM		4.56	3.6 - 5.0	mmol/L
CHLORIDE, SERUM		106.0	98 - 107	mmol/L
PHYSICAL EXAMINATION, URINE				
COLOR		PALE YELLOW		
APPEARANCE		CLEAR		
CHEMICAL EXAMINATION, URINE				
PH		5.5	4.7 - 7.5	
SPECIFIC GRAVITY		1.010	1.003 - 1.035	
PROTEIN		NOT DETECTED	NOT DETECTED	
GLUCOSE		NOT DETECTED	NOT DETECTED	



CLIENT CODE : C000138382
CLIENT'S NAME AND ADDRESS :
 ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
 F-703, LADO SARAI, MEHRAULI
 SOUTH WEST DELHI
 NEW DELHI 110030
 DELHI INDIA
 8800465156

SRL Ltd
 7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM
 BROOKEFIELD MAIN ROAD, KUNDALAHALLI
 BANGALORE, 560037
 KARNATAKA, INDIA
 Tel : 9111591115, Fax :
 CIN - U74899PB1995PLC045956
 Email : wellness.itpl@srl.in

PATIENT NAME : VIJAY KUMAR GUPTA
PATIENT ID : VIJAM25058575
ACCESSION NO : 0075WC001083 **AGE :** 37 Years **SEX :** Male

DRAWN : 11/03/2023 10:26

RECEIVED : 11/03/2023 10:38

REPORTED : 13/03/2023 12:44

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	<u>Final</u>	Results	Biological Reference Interval	Units
KETONES		NOT DETECTED	NOT DETECTED	
BLOOD		NOT DETECTED	NOT DETECTED	
BILIRUBIN		NOT DETECTED	NOT DETECTED	
UROBILINOGEN		NORMAL	NORMAL	
NITRITE		NOT DETECTED	NOT DETECTED	
LEUKOCYTE ESTERASE		NOT DETECTED	NOT DETECTED	
MICROSCOPIC EXAMINATION, URINE				
RED BLOOD CELLS		NOT DETECTED	NOT DETECTED	/HPF
PUS CELL (WBC'S)		2-3	0-5	/HPF
EPITHELIAL CELLS		1-2	0-5	/HPF
CASTS		NOT DETECTED		
CRYSTALS		NOT DETECTED		
BACTERIA		NOT DETECTED	NOT DETECTED	
YEAST		NOT DETECTED	NOT DETECTED	
THYROID PANEL, SERUM				
T3		116.0	80.0 - 200.0	ng/dL
T4		8.31	5.10 - 14.10	µg/dL
TSH (ULTRASENSITIVE)		2.410	0.270 - 4.200	µIU/mL
PHYSICAL EXAMINATION, STOOL				
COLOUR		SAMPLE NOT RECEIVED		
CONSISTENCY		SAMPLE NOT RECEIVED		
MUCUS		SAMPLE NOT RECEIVED	NOT DETECTED	
VISIBLE BLOOD		SAMPLE NOT RECEIVED	ABSENT	
ADULT PARASITE		SAMPLE NOT RECEIVED		
CHEMICAL EXAMINATION, STOOL				
STOOL PH		SAMPLE NOT RECEIVED		
OCCULT BLOOD		SAMPLE NOT RECEIVED	NOT DETECTED	
MICROSCOPIC EXAMINATION, STOOL				
PUS CELLS		SAMPLE NOT RECEIVED		/hpf
RED BLOOD CELLS		SAMPLE NOT RECEIVED	NOT DETECTED	/HPF
CYSTS		SAMPLE NOT RECEIVED	NOT DETECTED	
OVA		SAMPLE NOT RECEIVED		
LARVAE		SAMPLE NOT RECEIVED	NOT DETECTED	



Scan to View Details



Scan to View Report

CLIENT CODE : C000138382
CLIENT'S NAME AND ADDRESS :
 ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
 F-703, LADO SARAI, MEHRAULI
 SOUTH WEST DELHI
 NEW DELHI 110030
 DELHI INDIA
 8800465156

SRL Ltd
 7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM
 BROOKEFIELD MAIN ROAD, KUNDALAHALLI
 BANGALORE, 560037
 KARNATAKA, INDIA
 Tel : 9111591115, Fax :
 CIN - U74899PB1995PLC045956
 Email : wellness.itpl@srl.in

PATIENT NAME : VIJAY KUMAR GUPTA

PATIENT ID : VIJAM25058575

ACCESSION NO : **0075WC001083** AGE : 37 Years SEX : Male

DRAWN : 11/03/2023 10:26

RECEIVED : 11/03/2023 10:38

REPORTED : 13/03/2023 12:44

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

TROPHOZOITES

SAMPLE NOT RECEIVED

NOT DETECTED

REMARK

SAMPLE NOT RECEIVED

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP

TYPE A

RH TYPE

POSITIVE

XRAY-CHEST

>>

BOTH THE LUNG FIELDS ARE CLEAR

>>

BOTH THE COSTOPHRENIC AND CARIOPHRENIC ANGELS ARE CLEAR

>>

BOTH THE HILA ARE NORMAL

>>

CARDIAC AND AORTIC SHADOWS APPEAR NORMAL

>>

BOTH THE DOMES OF THE DIAPHRAM ARE NORMAL

>>

VISUALIZED BONY THORAX IS NORMAL

IMPRESSION

NO ABNORMALITY DETECTED

METHOD : MICROSCOPIC EXAMINATION

ECG

ECG

WITHIN NORMAL LIMITS

MEDICAL HISTORY

RELEVANT PRESENT HISTORY

NOT SIGNIFICANT

RELEVANT PAST HISTORY

NOT SIGNIFICANT

RELEVANT PERSONAL HISTORY

NOT SIGNIFICANT

RELEVANT FAMILY HISTORY

NOT SIGNIFICANT

OCCUPATIONAL HISTORY

NOT SIGNIFICANT

HISTORY OF MEDICATIONS

NOT SIGNIFICANT

ANTHROPOMETRIC DATA & BMI

HEIGHT IN METERS

1.66

mts

WEIGHT IN KGS.

58.5

Kgs

BMI

21

BMI & Weight Status as follows: kg/sqmts
 Below 18.5: Underweight
 18.5 - 24.9: Normal
 25.0 - 29.9: Overweight
 30.0 and Above: Obese

GENERAL EXAMINATION

MENTAL / EMOTIONAL STATE

NORMAL

PHYSICAL ATTITUDE

NORMAL

GENERAL APPEARANCE / NUTRITIONAL STATUS

HEALTHY



Scan to View Details



Scan to View Report

CLIENT CODE : C000138382
CLIENT'S NAME AND ADDRESS :
 ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
 F-703, LADO SARAI, MEHRAULI
 SOUTH WEST DELHI
 NEW DELHI 110030
 DELHI INDIA
 8800465156

SRL Ltd
 7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM
 BROOKEFIELD MAIN ROAD, KUNDALAHALLI
 BANGALORE, 560037
 KARNATAKA, INDIA
 Tel : 9111591115, Fax :
 CIN - U74899PB1995PLC045956
 Email : wellness.itpl@srl.in

PATIENT NAME : VIJAY KUMAR GUPTA

PATIENT ID : VIJAM25058575

ACCESSION NO : 0075WC001083 **AGE :** 37 Years **SEX :** Male

DRAWN : 11/03/2023 10:26

RECEIVED : 11/03/2023 10:38

REPORTED : 13/03/2023 12:44

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
BUILT / SKELETAL FRAMEWORK		AVERAGE		
FACIAL APPEARANCE		NORMAL		
SKIN		NORMAL		
UPPER LIMB		NORMAL		
LOWER LIMB		NORMAL		
NECK		NORMAL		
NECK LYMPHATICS / SALIVARY GLANDS		NOT ENLARGED OR TENDER		
THYROID GLAND		NOT ENLARGED		
CAROTID PULSATION		NORMAL		
BREAST (FOR FEMALES)		NORMAL		
TEMPERATURE		NORMAL		
PULSE		REGULAR, ALL PERIPHERAL PULSES WELL FELT		
RESPIRATORY RATE		NORMAL		
CARDIOVASCULAR SYSTEM				
BP		140/80		mm/Hg
PERICARDIUM		NORMAL		
BASIC EYE EXAMINATION				
DISTANT VISION RIGHT EYE WITH GLASSES		NORMAL		
DISTANT VISION LEFT EYE WITH GLASSES		NORMAL		
NEAR VISION RIGHT EYE WITH GLASSES		NORMAL		
NEAR VISION LEFT EYE WITH GLASSES		NORMAL		
COLOUR VISION		NORMAL		
BASIC DENTAL EXAMINATION				
TEETH		CARIES		
GUMS		PIGMENTED		
SUMMARY				
RELEVANT HISTORY		NOT SIGNIFICANT		
RELEVANT GP EXAMINATION FINDINGS		NOT SIGNIFICANT		
RELEVANT LAB INVESTIGATIONS		WITHIN NORMAL LIMITS		
RELEVANT NON PATHOLOGY DIAGNOSTICS		NO ABNORMALITIES DETECTED		
REMARKS / RECOMMENDATIONS		NONE		
FITNESS STATUS				
FITNESS STATUS		FIT (AS PER REQUESTED PANEL OF TESTS)		



Scan to View Details



Scan to View Report

CLIENT CODE : C000138382
CLIENT'S NAME AND ADDRESS :
 ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
 F-703, LADO SARAI, MEHRAULI
 SOUTH WEST DELHI
 NEW DELHI 110030
 DELHI INDIA
 8800465156

SRL Ltd
 7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM
 BROOKEFIELD MAIN ROAD, KUNDALAHALLI
 BANGALORE, 560037
 KARNATAKA, INDIA
 Tel : 9111591115, Fax :
 CIN - U74899PB1995PLC045956
 Email : wellness.itpl@srl.in

PATIENT NAME : VIJAY KUMAR GUPTA

PATIENT ID : VIJAM25058575

ACCESSION NO : 0075WC001083 **AGE :** 37 Years **SEX :** Male

DRAWN : 11/03/2023 10:26

RECEIVED : 11/03/2023 10:38

REPORTED : 13/03/2023 12:44

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

Comments

*NOTE: NON PATHOLOGY TESTS ARE REVIEWED BY
 Consultant Physician: Dr.RITESH RAJ MBBS,CCEBDM
 Radiologist : Dr.THILAK BABU
 Dental Doctor:Dr Ashish sinha BDS,

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.
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, Vasculitides, 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.

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 sulfonyleureas,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 Glycosuria,Glycaemic index & response to food consumed,Alimentary Hypoglycemia,Increased insulin response & sensitivity etc.



Scan to View Details



Scan to View Report

CLIENT CODE : C000138382
CLIENT'S NAME AND ADDRESS :
 ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
 F-703, LADO SARAI, MEHRAULI
 SOUTH WEST DELHI
 NEW DELHI 110030
 DELHI INDIA
 8800465156

SRL Ltd
 7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM
 BROOKEFIELD MAIN ROAD, KUNDALAHALLI
 BANGALORE, 560037
 KARNATAKA, INDIA
 Tel : 9111591115, Fax :
 CIN - U74899PB1995PLC045956
 Email : wellness.itpl@srl.in

PATIENT NAME : VIJAY KUMAR GUPTA

PATIENT ID : VIJAM25058575

ACCESSION NO : 0075WC001083 **AGE : 37 Years** **SEX : Male**

DRAWN : 11/03/2023 10:26 **RECEIVED : 11/03/2023 10:38** **REPORTED : 13/03/2023 12:44**

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-Used For:

- Evaluating the long-term control of blood glucose concentrations in diabetic patients.
 - Diagnosing diabetes.
 - 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 patient's metabolic control has remained continuously within the target range.
- eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.
 - eAG gives an evaluation of blood glucose levels for the last couple of months.
 - eAG is calculated as $eAG (mg/dl) = 28.7 * HbA1c - 46.7$

HbA1c Estimation can get affected due to :

- Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results. Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
- Vitamin C & E are reported to falsely lower test results. (possibly by inhibiting glycation of hemoglobin).
- Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia, uremia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiates addition are reported to interfere with some assay methods, falsely increasing results.
- 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 platform (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 Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc. Additional test HbA1c LIVER FUNCTION PROFILE, SERUM-

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, Pagets disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia, Malnutrition, Protein deficiency, Wilsons 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 vesicles. 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.

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, Waldenstroms 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 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, Muscuophy

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- 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, Waldenstroms disease.

Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic



CLIENT CODE : C000138382
CLIENT'S NAME AND ADDRESS :
 ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
 F-703, LADO SARAI, MEHRAULI
 SOUTH WEST DELHI
 NEW DELHI 110030
 DELHI INDIA
 8800465156

SRL Ltd
 7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM
 BROOKEFIELD MAIN ROAD, KUNDALAHALLI
 BANGALORE, 560037
 KARNATAKA, INDIA
 Tel : 9111591115, Fax :
 CIN - U74899PB1995PLC045956
 Email : wellness.itpl@srl.in

PATIENT NAME : VIJAY KUMAR GUPTA PATIENT ID : **VIJAM25058575**

ACCESSION NO : **0075WC001083** AGE : 37 Years SEX : Male

DRAWN : 11/03/2023 10:26 RECEIVED : 11/03/2023 10:38 REPORTED : 13/03/2023 12:44

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

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

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.
 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.

MEDICAL

HISTORY-*****
 THIS REPORT CARRIES THE SIGNATURE OF OUR LABORATORY DIRECTOR. THIS IS AN INVIOABLE FEATURE OF OUR LAB MANAGEMENT SOFTWARE. HOWEVER, ALL EXAMINATIONS AND INVESTIGATIONS HAVE BEEN CONDUCTED BY OUR PANEL OF DOCTORS.

FITNESS STATUS-Conclusion on an individual's Fitness, which is commented upon mainly for Pre employment cases, is based on multi factorial findings and does not depend on any one single parameter. The final Fitness assigned to a candidate will depend on the Physician's findings and overall judgement on a case to case basis, details of the candidate's past and personal history as well as the comprehensiveness of the diagnostic panel which has been requested for .These are then further correlated with details of the job under consideration to eventually fit the right man to the right job.

Basis the above, SRL classifies a candidate's Fitness Status into one of the following categories:

- Fit (As per requested panel of tests) – SRL Limited gives the individual a clean chit to join the organization, on the basis of the General Physical Examination and the specific test panel requested for.
- Fit (with medical advice) (As per requested panel of tests) - This indicates that although the candidate can be declared as FIT to join the job, minimal problems have been detected during the Pre- employment examination. Examples of conditions which could fall in this category could be cases of mild reversible medical abnormalities such as height weight disproportions, borderline raised Blood Pressure readings, mildly raised Blood sugar and Blood Lipid levels, Hematuria, etc. Most of these relate to sedentary lifestyles and come under the broad category of life style disorders. The idea is to caution an individual to bring about certain lifestyle changes as well as seek a Physician's consultation and counseling in order to bring back to normal the mildly deranged parameters. For all purposes the individual is FIT to join the job.
- Fitness on Hold (Temporary Unfit) (As per requested panel of tests) - Candidate's reports are kept on hold when either the diagnostic tests or the physical findings reveal the presence of a medical condition which warrants further tests, counseling and/or specialist opinion, on the basis of which a candidate can either be placed into Fit, Fit (With Medical Advice), or Unfit category. Conditions which may fall into this category could be high blood pressure, abnormal ECG, heart murmurs, abnormal vision, grossly elevated blood sugars, etc.
- Unfit (As per requested panel of tests) - An unfit report by SRL Limited clearly indicates that the individual is not suitable for the respective job profile e.g. total color blindness in color related jobs.



Scan to View Details



Scan to View Report

CLIENT CODE : C000138382
CLIENT'S NAME AND ADDRESS :
 ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
 F-703, LADO SARAI, MEHRAULI
 SOUTH WEST DELHI
 NEW DELHI 110030
 DELHI INDIA
 8800465156

SRL Ltd
 7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM
 BROOKEFIELD MAIN ROAD, KUNDALAHALLI
 BANGALORE, 560037
 KARNATAKA, INDIA
 Tel : 9111591115, Fax :
 CIN - U74899PB1995PLC045956
 Email : wellness.itpl@srl.in

PATIENT NAME : VIJAY KUMAR GUPTA

PATIENT ID : VIJAM25058575

ACCESSION NO : **0075WC001083** AGE : 37 Years SEX : Male

DRAWN : 11/03/2023 10:26

RECEIVED : 11/03/2023 10:38

REPORTED : 13/03/2023 12:44

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

ULTRASOUND ABDOMEN

ULTRASOUND ABDOMEN

GRADE 1 FATTY LIVER

****End Of Report****

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



Dr. Anamika Pal
Lab Head

CONDITIONS OF LABORATORY TESTING & REPORTING

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form. 2. All tests are performed and reported as per the turnaround time stated in the SRL Directory of Services. 3. Result delays could occur due to unforeseen circumstances such as non-availability of kits / equipment breakdown / natural calamities / technical downtime or any other unforeseen event. 4. A requested test might not be performed if: <ol style="list-style-type: none"> i. Specimen received is insufficient or inappropriate ii. Specimen quality is unsatisfactory iii. Incorrect specimen type iv. Discrepancy between identification on specimen container label and test requisition form | <ol style="list-style-type: none"> 5. SRL confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity. 6. Laboratory results should not be interpreted in isolation; it must be correlated with clinical information and be interpreted by registered medical practitioners only to determine final diagnosis. 7. Test results may vary based on time of collection, physiological condition of the patient, current medication or nutritional and dietary changes. Please consult your doctor or call us for any clarification. 8. Test results cannot be used for Medico legal purposes. 9. In case of queries please call customer care (91115 91115) within 48 hours of the report. |
|---|---|

SRL Limited

Fortis Hospital, Sector 62, Phase VIII,
Mohali 160062



Scan to View Details



Scan to View Report