

PATIENT NAME : WRITABRATA GANGULY

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138363

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156

ACCESSION NO : 0031WA013463

PATIENT ID : WRITM06048631

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 36 Years Male

DRAWN : 19/01/2023 08:00:00

RECEIVED : 19/01/2023 08:52:12

REPORTED : 20/01/2023 13:12:17

Test Report Status Final

Results

Biological Reference Interval Units

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

XRAY-CHEST

IMPRESSION NO ABNORMALITY DETECTED

TMT OR ECHO

TMT OR ECHO Echo Done - Normal

ECG

ECG WITHIN NORMAL LIMITS

MEDICAL HISTORY

RELEVANT PRESENT HISTORY NOT SIGNIFICANT

RELEVANT PAST HISTORY Covid, Malaria, Jaundice

RELEVANT PERSONAL HISTORY Smoker - 10/day

RELEVANT FAMILY HISTORY Mother - HTN and Father - Diabetes

OCCUPATIONAL HISTORY NOT SIGNIFICANT

HISTORY OF MEDICATIONS NOT SIGNIFICANT

ANTHROPOMETRIC DATA & BMI

HEIGHT IN METERS 1.71 mts

WEIGHT IN KGS. 75 Kgs

BMI 26 BMI & Weight Status as follows: 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 OVERWEIGHT

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

Dr. Debika Roy
MBBS Consultant Physician

Page 1 Of 20



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THYROID GLAND	NOT ENLARGED			
CAROTID PULSATION	NORMAL			
TEMPERATURE	NORMAL			
PULSE	78/min-REGULAR, ALL PERIPHERAL PULSES WELL FELT			
RESPIRATORY RATE	NORMAL			

CARDIOVASCULAR SYSTEM

BP	116/74 mm Hg		mm/Hg	
PERICARDIUM	NORMAL			
APEX BEAT	NORMAL			
HEART SOUNDS	S1, S2 HEARD NORMALLY			
MURMURS	ABSENT			

RESPIRATORY SYSTEM

SIZE AND SHAPE OF CHEST	NORMAL			
MOVEMENTS OF CHEST	SYMMETRICAL			
BREATH SOUNDS INTENSITY	NORMAL			
BREATH SOUNDS QUALITY	VESICULAR (NORMAL)			
ADDED SOUNDS	ABSENT			

PER ABDOMEN

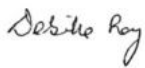
APPEARANCE	NORMAL			
VENOUS PROMINENCE	ABSENT			
LIVER	NOT PALPABLE			
SPLEEN	NOT PALPABLE			
HERNIA	ABSENT			

CENTRAL NERVOUS SYSTEM

HIGHER FUNCTIONS	NORMAL			
CRANIAL NERVES	NORMAL			
CEREBELLAR FUNCTIONS	NORMAL			
SENSORY SYSTEM	NORMAL			
MOTOR SYSTEM	NORMAL			
REFLEXES	NORMAL			

MUSCULOSKELETAL SYSTEM

SPINE	NORMAL			
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Page 2 Of 20



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JOINTS

NORMAL

BASIC EYE EXAMINATION

CONJUNCTIVA

NORMAL

EYELIDS

NORMAL

EYE MOVEMENTS

NORMAL

DISTANT VISION RIGHT EYE WITHOUT
GLASSES

6/6

DISTANT VISION LEFT EYE WITHOUT
GLASSES

6/6

NEAR VISION RIGHT EYE WITHOUT GLASSES

N6

NEAR VISION LEFT EYE WITHOUT GLASSES

N6

COLOUR VISION

NORMAL

BASIC ENT EXAMINATION

EXTERNAL EAR CANAL

NORMAL

TYMPANIC MEMBRANE

NORMAL

NOSE

NO ABNORMALITY DETECTED

SINUSES

NORMAL

THROAT

NO ABNORMALITY DETECTED

TONSILS

NOT ENLARGED

BASIC DENTAL EXAMINATION

TEETH

NORMAL

GUMS

HEALTHY

SUMMARY

RELEVANT HISTORY

NOT SIGNIFICANT

RELEVANT GP EXAMINATION FINDINGS

Overweight (75 kg)

RELEVANT LAB INVESTIGATIONS

Raised FBS(104),HbA1C(6.1),TGL(178)

RELEVANT NON PATHOLOGY DIAGNOSTICS

NO ABNORMALITIES DETECTED

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Page 3 Of 20



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Biological Reference Interval Units

REMARKS / RECOMMENDATIONS

On examination and investigations the candidate is found to be overweight and has raised FBS(104),HbA1C(6.1),TGL(178)

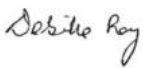
Should follow the given advice:

1. Avoid fat, oil and high carbohydrate diet
2. Reduce body weight
3. Estimated body weight should be : 72 kg
4. Regular physical exercise and walking
5. Drink plenty of water
6. Physician opinion
7. Stop smoking

Comments

MEDICAL EXAMINATION DONE BY:

DR. DEBIKA ROY, MBBS
REG NO: 51651 (WBMC)
CONSULTANT PHYSICIAN
WELLNESS CLINIC
SALT LAKE REF LAB, KOLKATA



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MBBS Consultant Physician

Page 4 Of 20



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Units

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

ULTRASOUND ABDOMEN

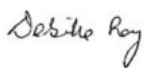
ULTRASOUND ABDOMEN

NO ABNORMALITIES DETECTED

Interpretation(s)

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.



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Patient Ref. No. 31000004601252



MC-2396

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Test Report Status Final**Results****Biological Reference Interval Units****HAEMATOLOGY - CBC****MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE****BLOOD COUNTS, EDTA WHOLE BLOOD**

Parameter	Result	Reference Interval	Units
HEMOGLOBIN (HB) METHOD : SPECTROPHOTOMETRY	15.1	13.0 - 17.0	g/dL
RED BLOOD CELL (RBC) COUNT METHOD : ELECTRICAL IMPEDANCE	5.29	4.5 - 5.5	mil/ μ L
WHITE BLOOD CELL (WBC) COUNT METHOD : ELECTRICAL IMPEDANCE	6.30	4.0 - 10.0	thou/ μ L
PLATELET COUNT METHOD : ELECTRONIC IMPEDENCE & MICROSCOPY	150	150 - 410	thou/ μ L

RBC AND PLATELET INDICES

HEMATOCRIT (PCV) METHOD : CALCULATED	44.5	40 - 50	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : ELECTRICAL IMPEDANCE	84.2	83 - 101	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED	28.6	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) METHOD : CALCULATED	34.0	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : ELECTRICAL IMPEDANCE	13.3	11.6 - 14.0	%
MENTZER INDEX	15.9		
MEAN PLATELET VOLUME (MPV) METHOD : CALCULATED	12.5 High	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

NEUTROPHILS METHOD : FLOWCYTOMETRY, ELECTRONIC IMPEDANCE & MICROSCOPY.	67	40 - 80	%
LYMPHOCYTES METHOD : FLOWCYTOMETRY, ELECTRONIC IMPEDANCE & MICROSCOPY.	22	20 - 40	%
MONOCYTES METHOD : FLOWCYTOMETRY, ELECTRONIC IMPEDANCE & MICROSCOPY.	9	2 - 10	%
EOSINOPHILS	2	1 - 6	%
BASOPHILS	0	0 - 2	%

*AChatterjee***Dr. Anwesha Chatterjee, MD**
Pathologist

Page 6 Of 20



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METHOD : FLOWCYTOMETRY, ELECTRONIC IMPEDANCE & MICROSCOPY.

ABSOLUTE NEUTROPHIL COUNT	4.22	2.0 - 7.0	thou/ μ L
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METHOD : FLOWCYTOMETRY & CALCULATED

ABSOLUTE LYMPHOCYTE COUNT	1.39	1 - 3	thou/ μ L
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METHOD : FLOWCYTOMETRY & CALCULATED

ABSOLUTE MONOCYTE COUNT	0.57	0.20 - 1.00	thou/ μ L
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METHOD : FLOWCYTOMETRY & CALCULATED

ABSOLUTE EOSINOPHIL COUNT	0.13	0.02 - 0.50	thou/ μ L
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METHOD : FLOWCYTOMETRY & CALCULATED

ABSOLUTE BASOPHIL COUNT	0 Low	0.02 - 0.10	thou/ μ L
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METHOD : FLOWCYTOMETRY & CALCULATED

MORPHOLOGY

RBC NORMOCYTIC NORMOCHROMIC

METHOD : MICROSCOPIC EXAMINATION

WBC NORMAL MORPHOLOGY

METHOD : MICROSCOPIC EXAMINATION

PLATELETS ADEQUATE

METHOD : MICROSCOPIC EXAMINATION

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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Pathologist

Page 7 Of 20



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HAEMATOLOGY**MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE****ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD**E.S.R **17 High** 0 - 14 mm at 1 hr

METHOD : AUTOMATED (PHOTOMETRICAL CAPILLARY STOPPED FLOW KINETIC ANALYSIS)"

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, 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.

*AChatterjee***Dr.Anwesa Chatterjee,MD**
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Page 8 Of 20



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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 B

METHOD : GEL CARD METHOD

RH TYPE

POSITIVE

METHOD : GEL CARD METHOD

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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Page 9 Of 20



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BIOCHEMISTRY**MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE****GLUCOSE FASTING, FLUORIDE PLASMA**

FBS (FASTING BLOOD SUGAR)	104 High	74 - 100	mg/dL
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METHOD : ENZYMATIC (HEXOKINASE/G-6-PDH)

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	6.1 High	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)	%
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METHOD : HPLC

ESTIMATED AVERAGE GLUCOSE(EAG)	128.4 High	< 116.0	mg/dL
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*Chaitali***Dr. Chaitali Ray, PhD**
Chief Biochemist cum MRQA

Page 10 Of 20



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

SRL LIMITED - KOLKATA REF. LAB
Bio-Rad Variant II Turbo CDM 5.4 S/N : 16043

PATIENT REP
V2TURBO_A1c

Patient Data

Sample ID: 3106711068
Patient ID: 0031WA013463
Name: WRITABRATAGANGULY
Physician:
Sex:
DOB:

Analysis Data

Analysis Performed: 19/JAN/2023 13:01:53
Injection Number: 2542
Run Number: 122
Rack ID: 0001
Tube Number: 6
Report Generated: 19/JAN/2023 13:43:15
Operator ID:

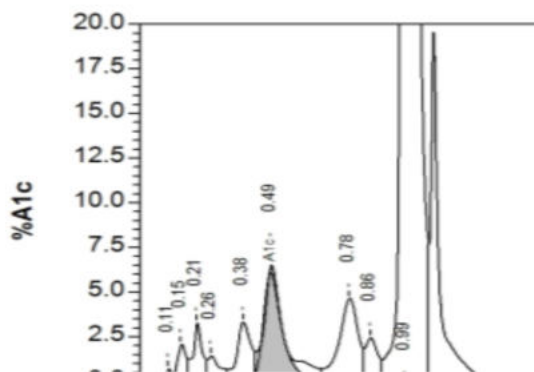
Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.1	0.105	2495
A1a	---	0.8	0.152	15900
A1b	---	1.2	0.210	25183
F	---	0.7	0.264	14880
LA1c	---	1.9	0.385	38522
A1c	6.1*	---	0.487	98314
P3	---	3.6	0.778	73991
P4	---	1.2	0.856	25219
Ao	---	85.6	0.986	1750008

*Values outside of expected ranges

Total Area: 2,044,513

HbA1c (NGSP) = 6.1* %



Chaitali

Dr. Chaitali Ray, PhD
Chief Biochemist cum MRQA

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SRL Ltd
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Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.saltlake@srl.in



Patient Ref. No. 3100004601252



MC-2396

PATIENT NAME : WRITABRATA GANGULY**REF. DOCTOR : SELF****CODE/NAME & ADDRESS : C000138363**ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156**ACCESSION NO : 0031WA013463**

PATIENT ID : WRITM06048631

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 36 Years Male

DRAWN : 19/01/2023 08:00:00

RECEIVED : 19/01/2023 08:52:12

REPORTED : 20/01/2023 13:12:17

Test Report Status Final**Results****Biological Reference Interval Units****GLUCOSE, POST-PRANDIAL, PLASMA**

PPBS(POST PRANDIAL BLOOD SUGAR)

129

140 Normal
140 - 199 Pre-diabetic
> or = 200 Diabetic

mg/dL

METHOD : ENZYMATIC (HEXOKINASE/G-6-PDH)

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL

143

< 200 Desirable
200 - 239 Borderline High
>/= 240 High

mg/dL

METHOD : ENZYMATIC ASSAY

TRIGLYCERIDES

178 High< 150 Normal
150 - 199
Borderline High
200 - 499 High
>/=500 Very High

mg/dL

METHOD : GLYCEROL PHOSPHATE OXIDASE

HDL CHOLESTEROL

40

Low : < 40
High : > / = 60

mg/dL

METHOD : ACCELERATOR SELECTIVE DETERGENT METHODOLOGY

CHOLESTEROL LDL

67

mg/dL

NON HDL CHOLESTEROL

103

Desirable: Less than 130
Above Desirable: 130-159
Borderline High: 160-189
High: 190 -219
Very High: >or = 220

mg/dL

METHOD : CALCULATED

VERY LOW DENSITY LIPOPROTEIN

35.6

mg/dL

CHOL/HDL RATIO

3.6

LDL/HDL RATIO

1.7

Interpretation(s)**LIVER FUNCTION PROFILE, SERUM**

BILIRUBIN, TOTAL

0.62

0.2 - 1.2

mg/dL

METHOD : DIAZONIUM SALT

BILIRUBIN, DIRECT

0.25

0.0 - 0.5

mg/dL

METHOD : DIAZO REACTION

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Test Report Status	Final	Results	Biological Reference Interval	Units
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BILIRUBIN, INDIRECT	0.37	0.1 - 1.0	mg/dL
---------------------	------	-----------	-------

METHOD : CALCULATED

TOTAL PROTEIN	7.1	6.0 - 8.30	g/dL
---------------	-----	------------	------

METHOD : BIURET

ALBUMIN	4.5	3.5 - 5.2	g/dL
---------	-----	-----------	------

METHOD : COLORIMETRIC (BROMCRESOL GREEN)

GLOBULIN	2.6	2.0 - 3.5	g/dL
----------	-----	-----------	------

ALBUMIN/GLOBULIN RATIO	1.7	1 - 2.1	RATIO
------------------------	-----	---------	-------

METHOD : CALCULATED PARAMETER

ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34	5 - 34	U/L
---------------------------------------	----	--------	-----

METHOD : ENZYMATIC (NADH (WITHOUT P-5'-P))

ALANINE AMINOTRANSFERASE (ALT/SGPT)	49	0 - 55	U/L
-------------------------------------	----	--------	-----

METHOD : ENZYMATIC (NADH (WITHOUT P-5'-P))

ALKALINE PHOSPHATASE	101	40 - 150	U/L
----------------------	-----	----------	-----

METHOD : PARA-NITROPHENYL PHOSPHATE

GAMMA GLUTAMYL TRANSFERASE (GGT)	37	11 - 59	U/L
----------------------------------	----	---------	-----

METHOD : L-GAMMA-GLUTAMYL-4-NITROANALIDE /GLYCYLGLYCINE KINETIC METHOD

LACTATE DEHYDROGENASE	150	125 - 220	U/L
-----------------------	-----	-----------	-----

METHOD : IFCC LACTATE TO PYRUVATE

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN	10	8.9 - 20.6	mg/dL
---------------------	----	------------	-------

METHOD : UREASE METHOD

CREATININE, SERUM

CREATININE	1.04	0.60 - 1.2	mg/dL
------------	------	------------	-------

METHOD : KINETIC ALKALINE PICRATE

BUN/CREAT RATIO

BUN/CREAT RATIO	9.62	5.0 - 15.0	
-----------------	------	------------	--

URIC ACID, SERUM

URIC ACID	5.7	3.5 - 7.2	mg/dL
-----------	-----	-----------	-------

METHOD : URICASE

TOTAL PROTEIN, SERUM

TOTAL PROTEIN	7.1	6.0 - 8.3	g/dL
---------------	-----	-----------	------

*Chaitali***Dr. Chaitali Ray, PhD**
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Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

METHOD : BIURET

ALBUMIN, SERUM

ALBUMIN

4.5

3.5 - 5.2

g/dL

METHOD : COLORIMETRIC (BROMCRESOL GREEN)

GLOBULIN

GLOBULIN

2.6

2.0 - 3.5

g/dL

METHOD : CALCULATED PARAMETER

ELECTROLYTES (NA/K/CL), SERUM

SODIUM, SERUM

137

136 - 145

mmol/L

METHOD : ION SELECTIVE ELECTRODE TECHNOLOGY INDIRECT

POTASSIUM, SERUM

4.20

3.5 - 5.1

mmol/L

METHOD : ION SELECTIVE ELECTRODE TECHNOLOGY INDIRECT

CHLORIDE, SERUM

101

98 - 107

mmol/L

METHOD : ION SELECTIVE ELECTRODE TECHNOLOGY INDIRECT

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 so that 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.

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 patient's metabolic control has remained continuously within the target range.

1. eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.

2. eAG gives an evaluation of blood glucose levels for the last couple of months.

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Chief Biochemist cum MRQA

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Email : customercare.saltlake@srl.in**Patient Ref. No. 3100004601252**



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Test Report Status Final Results Biological Reference Interval Units

3. eAG is calculated as eAG (mg/dl) = 28.7 * HbA1c - 46.7

HbA1c Estimation can get affected due to :

I.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.
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 addition 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 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-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 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.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.

Signature of Dr. Chaitali Ray

Dr. Chaitali Ray, PhD
Chief Biochemist cum MRQA



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Patient Ref. No. 3100004601252



MC-2396

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REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138363

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
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NEW DELHI 110030
8800465156

ACCESSION NO : 0031WA013463

PATIENT ID : WRITM06048631

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 36 Years Male

DRAWN : 19/01/2023 08:00:00

RECEIVED : 19/01/2023 08:52:12

REPORTED : 20/01/2023 13:12:17

Test Report Status	Final	Results	Biological Reference Interval	Units
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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.

Dr. Chaitali Ray, PhD
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REPORTED : 20/01/2023 13:12:17

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

SPECIFIC GRAVITY 1.005 1.003 - 1.035

METHOD : DIPSTICK

PROTEIN NOT DETECTED NOT DETECTED

METHOD : DIPSTICK

GLUCOSE NOT DETECTED NOT DETECTED

METHOD : DIPSTICK

KETONES NOT DETECTED NOT DETECTED

METHOD : DIPSTICK

BLOOD NOT DETECTED NOT DETECTED

METHOD : DIPSTICK

BILIRUBIN NOT DETECTED NOT DETECTED

METHOD : DIPSTICK

UROBILINOGEN NORMAL NORMAL

METHOD : DIPSTICK

NITRITE NOT DETECTED NOT DETECTED

METHOD : DIPSTICK

LEUKOCYTE ESTERASE NEGATIVE NOT DETECTED

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS NOT DETECTED NOT DETECTED /HPF

PUS CELL (WBC'S) 1-2 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

Dr. Himadri Mondal, MD
Consultant Microbiologist

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Test Report Status	<u>Final</u>	Results	Biological Reference Interval	Units
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Comments

URINALYSIS: MICROSCOPIC EXAMINATION IS CARRIED OUT ON CENTRIFUGED URINARY SEDIMENT.

Interpretation(s)

Himadri Mondal

Dr.Himadri Mondal, MD
Consultant Microbiologist



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Test Report Status	Final	Results	Biological Reference Interval	Units
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CLINICAL PATH - STOOL ANALYSIS

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

PHYSICAL EXAMINATION,STOOL

COLOUR

SAMPLE NOT RECEIVED

METHOD : VISUAL

Himadri Mondal

Dr.Himadri Mondal, MD
Consultant Microbiologist



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T3	132.9	35 - 193	ng/dL
METHOD : TWO-STEP CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY			
T4	9.98	4.87 - 11.71	µg/dL
METHOD : TWO-STEP CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY			
TSH (ULTRASENSITIVE)	2.107	0.350 - 4.940	µIU/mL
METHOD : TWO-STEP CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY			

Interpretation(s)****End Of Report******Please visit www.srlworld.com for related Test Information for this accession***Chaitali***Dr. Chaitali Ray, PhD**
Chief Biochemist cum MRQA

Page 20 Of 20



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