			PATHOLOGY dapur Road, Near S. T. Star 2 - 223121 (Hospital) : 222	d, B	aramati, Dist. P	ATORY une - 413102.
Reg No/PermNo	: 230301812 /OPD /100	2390	Reg. Date	:	25/03/2023	09:50AM
Name	: Mrs. PADMA SHRI VAR	PE	Age / Sex	:	36 Years / F	emale
Referred By	: Medi-Wheel Full Body H	Report Date	:	25/03/2023	1:00PM	
Referred By	: DR.R.R BHOITE MD, (ME	D)	Print Date	:	25/03/2023	3:46 PM
		HAEMATOLOGY	-			
Test Advised LOOD GROUP		<u>Result</u>				
Sample Tested :	:	EDTA Sample				
Blood Group	•	"A" Rh POSITIVE				
(Method:Slide haemagglu haemagglutination, (Forw						

This is for your information only. No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities of Blood Bank / Blood storage.

<u>Test Advised</u> <u>ESR</u>		<u>Result</u>	<u>Unit</u>	Reference Range
Sample Tested :	:	EDTA Sample		
ESR (Erythrocyte sedimentation Rate) (Method: Westerngren Method)	:	3	mm at end of 1hr	0 - 20

TEST DONE ON : Aspen ESR20Plus

Interpretation :

1) A normal ESR does not exclude active disease.

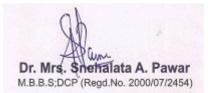
2) The ESR increases with age, and is raised in pregnancy and in anaemia; mild to moderate elevations should be interpreted with caution in these situations. It is increased in acute and chronic inflammatory disease and in neoplastic disease. The ESR may be very high (>100 mm in 1 hour) in multiple myeloma, tuberculosis and temporal arteritis. A low ESR (1 mm in 1 hour) may be seen in polycythaemia rubra vera and sickle cell disease.

Note :

The erythrocyte sedimentation rate is the rate at which red blood cells sediment in a period of one hour.

It is a common hematology test, and is a non-specific measure of inflammation.

.....END OF REPORT.....

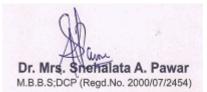


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) Č	GIRIJA PATHOLOGY LABORATORY
N A B	Giriraj Hospital Campus, In	ndapur Road, Near S. T. Stand, Baramati, Dist. Pune - 413102. 12 - 223121 (Hospital) : 222739, Email : girijalab@gmail.com
leg No/PermNo	: 230301812 /OPD /1002390	Reg. Date : 25/03/2023 09:50AM
Name	: Mrs. PADMA SHRI VARPE	Age / Sex : 36 Years / Female
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date : 25/03/2023 12:01PM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date : 25/03/2023 3:46 PM
	HAEMATOLOGY	<u> </u>
<u>Fest Advised</u>	<u>Result</u>	Unit Reference Range
AEMOGRAM		
ample Tested : E	DTA (Whole Blood)	

Method	:	WBC Impedance, Flow Cytometry and Hydrodynamic Focusing			
Haemoglobin (Method : Spectrophotometry)	:	13.2	gm/dl	11.5 - 13.5	
R.B.C. Count	:	<u>4.41</u>	mill/cmm	4.5 - 6.5	
НСТ	:	39.20	%	36 - 52	
MCV	:	88.89	fL	76 - 95	
МСН	:	29.93	pg	27 - 34	
МСНС	:	33.67	%	31.5 - 34.5	
RDW	:	12.10	%	11.5 - 16.5	
Platelet Count	:	222000	/cmm	150000 - 500000	
WBC Count	:	7690	cells/cmm	4000 - 11000	
DIFFERENTIAL COUNT					
Neutrophils	:	55	%	40 - 75	
Lymphocytes	:	45	%	20 - 45	
Eosinophils	:	00	%	0 - 6	
Monocytes	:	00	%	0 - 10	
Basophils	:	00	%	0 - 1	
TEST DONE ON : HORIBA YUMIZEN H55	0				

.....END OF REPORT.....



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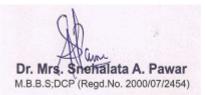


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Referred By	: Medi-Wheel Full Body Health Checkup	Report Date : 25/03/2023 12:01PM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date : 25/03/2023 3:46 PM

		CLINICAL PATHO	OGY	
<u>Test Advised</u> <u>URINE EXAMINATION</u>		<u>Result</u>	Unit	Reference Range
PHYSICAL EXAMINATION				
Quantity	:	10	ml	
Colour	:	Pale Yellow		
Appearance	:	Slightly Turbid		
рН	:	6.5		
CHEMICAL EXAMINATION				
Specific gravity	:	1.005		1.005 - 1.030
Reaction	:	Acidic		
Proteins	:	Absent		
Glucose	:	Absent		
Ketones	:	Absent		
Occult blood	:	Absent		
Bile salts	:	Absent		
Bile pigments	:	Absent		
Urobilinogen	:	Normal		
MICROSCOPIC EXAMINATION				
Pus cells	:	Absent	/hpf	
RBC	:	Absent	/hpf	
Epithelial cells	:	Absent	/hpf	
Crystals	:	Absent		
Amorphous material	:	Absent		
Yeast cells	:	Absent		
Other Findings	:	Absent		

.....END OF REPORT.....



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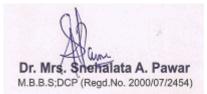
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Referred By	: Medi-Wheel Full Body Health Checkup	Report Date : 25/03/2023 1:57PM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date : 25/03/2023 3:46 PM

	CLINICAL PATHOLOGY								
Test Advised		<u>Result</u>	<u>Unit</u>	Reference Range					
STOOL EXAMINATION									
PHYSICAL EXAMINATION									
Colour	:	Yellowish							
Consistency	:	Semi-solid							
Mucus	:	Absent							
Blood	:	Absent							
Adult Worms	:	Absent							
CHEMICAL EXAMINATION									
Occult Blood	:	Absent							
MICROSCOPIC EXAMINATION									
Epithelial Cells	:	Absent	/hpf						
Pus Cells	:	Absent	/hpf						
Red Blood Cells	:	Absent	/hpf						
Ova/Eggs	:	Absent							
Fat Globules	:	Absent							
Vegetative Forms	:	Absent							
Cysts	:	Absent							
Macrophages	:	Absent							
Starch	:	Absent							
Vegetable Matter	:	Absent							
Miscellaneous :	:								

.....END OF REPORT.....



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Reg No/PermNo	: 230301812 /OPD /1002390	Reg. Date : 25/03/2023 09:50AM
Name	: Mrs. PADMA SHRI VARPE	Age / Sex : 36 Years / Female
Referred By	: Medi-Wheel Full Body Health Checkup	Report Date : 25/03/2023 11:59AM
Referred By	: DR.R.R BHOITE MD, (MED)	Print Date : 25/03/2023 3:46 PM

BIOCHEMISTRY							
<u>Test Advised</u> BLOOD SUGAR FASTING		<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>			
Sample Tested :	:	Fluoride Plasma					
Blood Sugar Fasting (Method :GOD - POD) TEST DONE ON : EM - 200	:	82	mg/dl	70 - 110			
TEST DOINE ON . EW - 200							

<u>Test Advised</u> Bio-Chemistry Test	<u>R</u> (<u>esult</u>	<u>Unit</u>	Reference Range
Sample Tested :	: Se	erum		
Blood Urea (Method : Urease-GLDH)	: 21	. 4	mg/dl	13 - 40
Blood Urea Nitrogen	: 10	0.0	mg/dl	8.4 - 25.7
Serum Creatinine (Method : ENZYMATIC COLORIMETRIC)	: 0.0	6	mg/dl	0.6 - 1.1
BUN/Creatinine Ratio	: 16	o.7		10.1 - 20.1
KIT USED :	: ER	RBA		

TEST DONE ON : EM - 200

NOTE : The ratio of BUN to creatinine is usually between 10:1 and 20:1. An increased ratio may be due to a condition that causes a decrease in the flow of blood to the kidneys, such as congestive heart failure or dehydration.

<u>Test Advised</u> BLOOD SUGAR P.P.	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>	
Sample Tested :	: Fluoride Plasma			
Blood Glucose P. P. (Method :GOD POD) TEST DONE ON : EM - 200	: 107	mg/dl	90 - 140	
<u>Test Advised</u> <u>Glycocylated Hb(HbA1C)</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>	
Sample Tested :	: EDTA Sample			



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			mpus, Indapur F	GIRIJA HOLOGY LABORATORY Road, Near S. T. Stand, Baramati, Dist. Pune - 413102. 3121 (Hospital) : 222739, Email : girijalab@gmail.com
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Referred By	: DR.R.R BHOI	TE MD, (MED)		Print Date : 25/03/2023 3:46 PM
		BIOCHEM	STRY	
Glycocylated Hb (H	,	: 5.4	%	Within Normal Limit 4.0 - 6.5
(Method :Sandwich immur	nodetection)			Good Control 6.5 - 7.5
				Moderate Control 7.5 - 9.0
			<i></i>	Poor Control 9.0 and Above
Mean Blood Glucos	e	: 93.82	mg%	
Interpretation		: Within Normal Limit		
KIT USED :		: FINECARE		
TEST DONE ON : F	INECARE .			

Note :

Glycosylated Haemoglobin is an accurate and true index of the " Mean Blood Glucose Level " in the body for the previous 2-3 months.

HbAlc is an indicator of glycemic control. HbAlc represent average glycemia over the past six to eight weeks.

Recent glycemia has the largest influence on the HbAlc value.

Clinical studies suggest that a patient in stable control will have 50% of their HbAlc formed in the month before sampling, 25% in the month before that, and the remaining 25% in months 2-4. Glycosylated Hb is useful in monitoring diabetic patients compliance with therapeutic regimen & long term blood glucose level control. Glycosylated Hb predicts risk of progression of diabetic complications.

When mean annual Glycosylated Hb is 1.1 x ULN (upper limit of normal), renal & retinal complications are rare, but complications occur in >70% of cases when Glycosylated Hb is >1.7.

<u>Test Advised</u> <u>GGT(GAMA GLUTAMYL TRANSFERASE)</u>		<u>Result</u>	<u>Unit</u>	Reference Range
Sample Tested :	:	Serum		
Gama Glutamyl Transfarase (Method :IFCC)	:	26.0	U/L	9 - 52
TEST DONE ON : EM - 200				

<u>Test Advised</u> <u>URIC ACID</u>		<u>Result</u>	<u>Unit</u>	Reference Range
Sample Tested :	:	Serum		
Uric Acid (Method :Enzymatic/ Uricase Colorimetric)	:	4.1	mg/dl	2.5 - 6.5
KIT USED :	:	ERBA		

TEST DONE ON : EM - 200



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Reg No/PermNo Name	: 230301812 /OPD /1002390 : Mrs. PADMA SHRI VARPE	Reg. Date : 25/03/2023 09:50AM Age / Sex : 36 Years / Female
•		

Note:

1) Increased levels are found in Gout, arthritis, impaired renal function, and starvation.

2) Decreased levels are found in Wilson $\sim\!\!\!s$ disease, Fanconi $\sim\!\!s$ syndrome and yellow atrophy of the liver.

.....END OF REPORT.....



*This is soft copy of reports, for signed copy please collect from Laboratory.

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		BIOCHEMISTRY	
<u>Test Advised</u> LIPID PROFILE	<u>Re</u>	<u>esult</u> <u>Unit</u>	Reference Range
Sample Tested :	: Ser	um	
Total Cholesterol (Method : CHOD-PAP)	: 164	4.0 mg/dl	130 - 250 Desirable
Triglycerides (Method :GPO-PAP/ Enzymatic Colorimetric/ End Point)	: 10	5.0 mg/dl	< 150 Desirable 150-199 Borderline 200-499 High > 500 Very high
HDL Cholesterol (Method :Direct Method/ Enzymatic colorimetric)	: 54	0 mg/dL	40-60 Desirable > 60 Best
LDL Cholesterol	: 89	0 mg/dl	60 - 130
VLDL Cholesterol	: 21	0 mg/dl	5 - 51
Cholesterol / HDL Ratio	: 3.0)	2 - 5
LDL / HDL Ratio	: 1.6)	0 - 3.5
KIT USED :	: ER	BA	

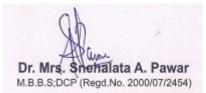
TEST DONE ON : EM - 200

Note:

CHOLESTEROL :
A) Increased levels are found in hypercholesterolaemia,
hyperlipidaemia, hypothyroidism, uncontrolled diabetes, nephritic syndrome and cirrhosis.
B) Decreased levels are found in malabsorption, malnutrition, hyperthyroidism,
anaemia and liver diseases.
TGL :
A) Increased levels are found in hyperlipidemias, diabetes,

A) Increased levels are found in hyperlipidemias, diabetes, nephrotic syndrome and hypothyroidism.B) Decreased levels are found in malnutrition and hyperthyroidism.

.....END OF REPORT.....



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BIOCHEMISTRY					
Test Advised LIVER FUNCTION TEST	<u>Resi</u>	<u>ult Unit</u>	<u>Reference Range</u>		
Sample Tested :	: Serum	1			
Total Bilirubin (Method :DIAZONIUM SALT(Colorimetric)/JENDRASSIK)	: 0.4	mg/dl	0.0 - 2.0		
Direct Bilirubin (Method :DIAZONIUM SALT(Colorimetric)/JENDRASSIK)	: 0.1	mg/dl	0 - 0.4		
Indirect Bilirubin	: 0.3	mg/dl	0.1 - 1.6		
SGPT (ALT) (Method :UV - Kinetic with PLP (P-5-P))	: 20.0	U/L	0 - 34		
SGOT (AST) (Method :UV-Kinetic with PLP (P-5-P))	: 25.0	U/L	0 - 31		
Alkaline Phosphatase (Method : PNP AMP KINETIC)	: 42.0	U/I	42 - 98		
Total Protein (<i>Method : BIURET - Colorimetric</i>)	: 6.9	gm/dl	6.4 - 8.3		
Albumin (Method : BCG - colorimetric)	: 3.7	gm/dl	3.5 - 5.2		
Globulin	: 3.2	gm/dl	2.3 - 3.5		
A/G Ratio	: 1.2		1.2 - 2.5		
TEST DONE ON : EM - 200					

.....END OF REPORT.....



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ENDOCRONOLOGY						
Test Advised		<u>Result</u>	<u>Unit</u>	Reference Range		
FREE THYROID FUNCTION TEST						
Sample Tested :	:	Fasting Sample				
Free T3(Free Triiodothyronine) (Method :ELFA)	:	5.00	pmol/L	4.0 - 8.3		
Free T4 (Free Thyroxine) (Method :ELFA)	:	15.80	pmol/L	10.6 - 19.4		
hTSH (Ultra sensitive) (Method :ELFA)	:	1.20	µUI/mI	0.25 - 6		
Method :	:	ELFA				

TEST DONE ON : VIDAS, fully automated ELFA analyzer from Bio-Merieux-France

Note :

1) Decreased T3 (normal T4 & TSH) have minimal clinical significance and are not recommended for diagnosis of hypothyroisidm.

2) Total T3 may be decreased by 25% in healthy older individuals.

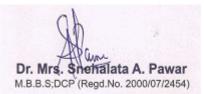
3) A High TSH level and low T3/T4 level indicate hypothyroidism.

4) Raised T3/T4 levels and low TSH levels indicate hyperthyroidism.

5) T4 levels are high at birth due to increased TBG concentration.

6) Quantitative T3 can give an indication of the severity and recovery from hyperthyroidism.

.....END OF REPORT.....



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