

**DIAGNOSTIC REPORT**

Patient Ref. No. 666000003345796



**CLIENT CODE :** CA00010147 - MEDIWHEEL  
**CLIENT'S NAME AND ADDRESS:** MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
 F701A, LADO SARAI, NEW DELHI,  
 SOUTH DELHI, DELHI,  
 SOUTH DELHI 110030  
 DELHI INDIA  
 8800465156



Cert. No. MC-2809

DDRC SRL DIAGNOSTICS

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 Tel : 93334 93334  
 Email : customercare.ddrc@srl.in

**PATIENT NAME : REMYA** PATIENT ID : **REMYF1002794036**

ACCESSION NO : **4036WB001799** AGE : 44 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 10/02/2023 08:14 REPORTED : 10/02/2023 17:16

**REFERRING DOCTOR :** DR. MEDIWHEEL CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
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**MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT****\* TREADMILL TEST**

TREADMILL TEST COMPLETED

**DENTAL CHECK UP**

DENTAL CHECK UP COMPLETED

**OPHTHAL**

OPHTHAL COMPLETED

**\* PHYSICAL EXAMINATION**

PHYSICAL EXAMINATION COMPLETED



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**ACCESSION NO :** 4036WB001799 **AGE :** 44 Years **SEX :** Female **ABHA NO :**  
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**MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT**

**BLOOD UREA NITROGEN (BUN), SERUM**

BLOOD UREA NITROGEN 5 Adult(<60 yrs) : 6 to 20 mg/dL

**\* BUN/CREAT RATIO**

BUN/CREAT RATIO 8.19 5 - 15

**CREATININE, SERUM**

CREATININE 0.61 18 - 60 yrs : 0.6 - 1.1 mg/dL

**GLUCOSE, POST-PRANDIAL, PLASMA**

GLUCOSE, POST-PRANDIAL, PLASMA 130 Diabetes Mellitus : > or = 200.  
Impaired Glucose tolerance/  
Prediabetes : 140 - 199.  
Hypoglycemia : < 55. mg/dL

**LIPID PROFILE, SERUM**

CHOLESTEROL 227 Desirable : < 200  
Borderline : 200-239  
High : >or= 240 mg/dL

TRIGLYCERIDES 138 Normal : < 150  
High : 150-199  
Hypertriglyceridemia : 200-499  
Very High : > 499 mg/dL

HDL CHOLESTEROL 55 General range : 40-60 mg/dL

DIRECT LDL CHOLESTEROL **169** **High** Optimum : < 100  
Above Optimum : 100-139  
Borderline High : 130-159  
High : 160-189  
Very High : >or= 190 mg/dL

NON HDL CHOLESTEROL **172** **High** Desirable: Less than 130  
Above Desirable: 130 - 159  
Borderline High: 160 - 189  
High: 190 - 219  
Very high: > or = 220 mg/dL

VERY LOW DENSITY LIPOPROTEIN 27.6 < or = 30.0 mg/dL

CHOL/HDL RATIO 4.1 3.30 - 4.40

LDL/HDL RATIO **3.1** **High** 0.5 - 3.0



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**Interpretation(s)**

- 1) Cholesterol levels help assess the patient risk status and to follow the progress of patient under treatment to lower serum cholesterol concentrations.
- 2) Serum Triglyceride (TG) are a type of fat and a major source of energy for the body. Both quantity and composition of the diet impact on plasma triglyceride concentrations. Elevations in TG levels are the result of overproduction and impaired clearance. High TG are associated with increased risk for CAD (Coronary artery disease) in patients with other risk factors, such as low HDL-C, some patient groups with elevated apolipoprotein B concentrations, and patients with forms of LDL that may be particularly atherogenic.
- 3) HDL-C plays a crucial role in the initial step of reverse cholesterol transport, this considered to be the primary atheroprotective function of HDL
- 4) LDL -C plays a key role in causing and influencing the progression of atherosclerosis and, in particular, coronary sclerosis. The majority of cholesterol stored in atherosclerotic plaques originates from LDL, thus LDL-C value is the most powerful clinical predictor.
- 5) Non HDL cholesterol: Non-HDL-C measures the cholesterol content of all atherogenic lipoproteins, including LDL hence it is a better marker of risk in both primary and secondary prevention studies. Non-HDL-C also covers, to some extent, the excess ASCVD risk imparted by the sdLDL, which is significantly more atherogenic than the normal large buoyant particles, an elevated non-HDL-C indirectly suggests greater proportion of the small, dense variety of LDL particles

Serum lipid profile is measured for cardiovascular risk prediction. Lipid Association of India recommends LDL-C as primary target and Non HDL-C as co-primary treatment target.

**Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India**

Risk Category	
Extreme risk group	A. CAD with > 1 feature of high risk group B. CAD with > 1 feature of Very high risk group or recurrent ACS (within 1 year) despite LDL-C < or = 50 mg/dl or polyvascular disease
Very High Risk	1. Established ASCVD 2. Diabetes with 2 major risk factors or evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
High Risk	1. Three major ASCVD risk factors. 2. Diabetes with 1 major risk factor or no evidence of end organ damage. 3. CKD stage 3B or 4. 4. LDL >190 mg/dl 5. Extreme of a single risk factor. 6. Coronary Artery Calcium - CAC >300 AU. 7. Lipoprotein a >= 50mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors	
1. Age > or = 45 years in males and > or = 55 years in females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020.

Risk Group	Treatment Goals	Consider Drug Therapy





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	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal < OR = 30 )	< 80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	<OR = 30	<OR = 60	> 30	>60
Very High Risk	<50	<80	>OR= 50	>OR= 80
High Risk	<70	<100	>OR= 70	>OR= 100
Moderate Risk	<100	<130	>OR= 100	>OR= 130
Low Risk	<100	<130	>OR= 130*	>OR= 160

\*After an adequate non-pharmacological intervention for at least 3 months.

**References:** Management of Dyslipidaemia for the Prevention of Stroke: Clinical Practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology, 2022, 20, 134-155.

**GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**

GLYCOSYLATED HEMOGLOBIN (HBA1C) **5.8**

Normal : 4.0 - 5.6%. %  
Non-diabetic level : < 5.7%.  
Diabetic : >6.5%

Glycemic control goal  
More stringent goal : < 6.5 %.  
General goal : < 7%.  
Less stringent goal : < 8%.

Glycemic targets in CKD :-  
If eGFR > 60 : < 7%.  
If eGFR < 60 : 7 - 8.5%.

**LIVER FUNCTION TEST WITH GGT**

BILIRUBIN, TOTAL	0.31	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.12	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	0.19	0.00 - 1.00	mg/dL
TOTAL PROTEIN	7.5	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.4	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	3.1	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	1.4	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24	Adults : < 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	Adults : < 34	U/L



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ALKALINE PHOSPHATASE		72	Adult(<60yrs) : 35 - 105 U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)		23	Adult (female) : < 40 U/L
<b>TOTAL PROTEIN, SERUM</b>			
TOTAL PROTEIN		7.5	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8 g/dL
<b>URIC ACID, SERUM</b>			
URIC ACID		5.4	Adults : 2.4-5.7 mg/dL
<b>ABO GROUP &amp; RH TYPE, EDTA WHOLE BLOOD</b>			
ABO GROUP		TYPE O	
RH TYPE		POSITIVE	
<b>BLOOD COUNTS, EDTA WHOLE BLOOD</b>			
HEMOGLOBIN		12.7	12.0 - 15.0 g/dL
RED BLOOD CELL COUNT		4.14	3.8 - 4.8 mil/ $\mu$ L
WHITE BLOOD CELL COUNT		8.00	4.0 - 10.0 thou/ $\mu$ L
PLATELET COUNT		<b>411</b>	<b>High</b> 150 - 410 thou/ $\mu$ L
<b>RBC AND PLATELET INDICES</b>			
HEMATOCRIT		38.4	36 - 46 %
MEAN CORPUSCULAR VOL		93.0	83 - 101 fL
MEAN CORPUSCULAR HGB.		30.7	27.0 - 32.0 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION		33.1	31.5 - 34.5 g/dL
RED CELL DISTRIBUTION WIDTH		<b>10.8</b>	<b>Low</b> 11.6 - 14.0 %
MENTZER INDEX		22.5	
<b>WBC DIFFERENTIAL COUNT</b>			
SEGMENTED NEUTROPHILS		59	40 - 80 %
LYMPHOCYTES		39	20 - 40 %
MONOCYTES		<b>00</b>	<b>Low</b> 2 - 10 %
EOSINOPHILS		02	1 - 6 %
ABSOLUTE NEUTROPHIL COUNT		4.72	2.0 - 7.0 thou/ $\mu$ L
ABSOLUTE LYMPHOCYTE COUNT		<b>3.12</b>	<b>High</b> 1.0 - 3.0 thou/ $\mu$ L
ABSOLUTE MONOCYTE COUNT		<b>0</b>	<b>Low</b> 0.2 - 1.0 thou/ $\mu$ L
ABSOLUTE EOSINOPHIL COUNT		0.16	0.02 - 0.50 thou/ $\mu$ L



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NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.5		
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD</b>			
SEDIMENTATION RATE (ESR)	17	0 - 20	mm at 1 hr
<b>SUGAR URINE - POST PRANDIAL</b>			
SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED	
<b>THYROID PANEL, SERUM</b>			
T3	116.33	Non-Pregnant : 60-181	ng/dL
		Pregnant Trimester-wise	
		1st : 81-190	
		2nd : 100-260	
		3rd : 100-260	
T4	10.10	3.2 - 12.6	µg/dl
TSH 3RD GENERATION	5.950	(Non Pregnant) : 0.4 - 4.2	µIU/mL
		Pregnant(Trimester wise)	
		1st : 0.1 - 2.5	
		2nd : 0.2 - 3	
		3rd : 0.3 - 3	



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**Interpretation(s)**

**Triiodothyronine T3 , Thyroxine T4, and Thyroid Stimulating Hormone TSH** are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1)Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3)Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of Clinical chemistry 2.Guidlines of the American Thyroid association duriing pregnancy and Postpartum, 2011.  
**NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.**TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

**SUGAR URINE - FASTING**

SUGAR URINE - FASTING NOT DETECTED NOT DETECTED

**PHYSICAL EXAMINATION, URINE**

COLOR PALE YELLOW  
 APPEARANCE SLIGHTLY HAZY



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**\* CHEMICAL EXAMINATION, URINE**

PH	5.0	4.7 - 7.5	
SPECIFIC GRAVITY	1.020	1.003 - 1.035	
PROTEIN	NOT DETECTED	NOT DETECTED	
GLUCOSE	NOT DETECTED	NOT DETECTED	
KETONES	NOT DETECTED	NOT DETECTED	
BLOOD	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
NITRITE	NOT DETECTED	NOT DETECTED	

**MICROSCOPIC EXAMINATION, URINE**

RED BLOOD CELLS	1 - 2	NOT DETECTED	/HPF
WBC	8-10	0-5	/HPF
EPITHELIAL CELLS	8-10	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	<b>DETECTED</b>	NOT DETECTED	
YEAST	<b>DETECTED</b>	NOT DETECTED	

<b>Comments</b>

NOTE - Kindly correlate clinically.



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**Interpretation(s)**

The following table describes the probable conditions, in which the analytes are present in urine

Presence of	Conditions
Proteins	Inflammation or immune illnesses
Pus (White Blood Cells)	Urinary tract infection, urinary tract or kidney stone, tumors or any kind of kidney impairment
Glucose	Diabetes or kidney disease
Ketones	Diabetic ketoacidosis (DKA), starvation or thirst
Urobilinogen	Liver disease such as hepatitis or cirrhosis
Blood	Renal or genital disorders/trauma
Bilirubin	Liver disease
Erythrocytes	Urological diseases (e.g. kidney and bladder cancer, urolithiasis), urinary tract infection and glomerular diseases
Leukocytes	Urinary tract infection, glomerulonephritis, interstitial nephritis either acute or chronic, polycystic kidney disease, urolithiasis, contamination by genital secretions
Epithelial cells	Urolithiasis, bladder carcinoma or hydronephrosis, ureteric stents or bladder catheters for prolonged periods of time
Granular Casts	Low intratubular pH, high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration, acute congestive heart failure, renal diseases
Calcium oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of vitamin C, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (Averrhoa carambola) or its juice
Uric acid	arthritis
Bacteria	Urinary infection when present in significant numbers & with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

**GLUCOSE FASTING, FLUORIDE PLASMA**

GLUCOSE, FASTING, PLASMA 106 Diabetes Mellitus : > or = 126. mg/dL  
 Impaired fasting Glucose/  
 Prediabetes : 101 - 125.  
 Hypoglycemia : < 55.



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**MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT****\* ECG WITH REPORT****REPORT****COMPLETED****\* MAMMOGRAPHY -BOTH****REPORT****COMPLETED****\* USG ABDOMEN AND PELVIS****REPORT****COMPLETED****\* CHEST X-RAY WITH REPORT****REPORT****COMPLETED****\*\*End Of Report\*\***

Please visit [www.srlworld.com](http://www.srlworld.com) for related Test Information for this accession  
 TEST MARKED WITH '\*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

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