



Patient Ref. No. 77500001862641

CLIENT CODE : C000138354

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
Shop CG 017, PALM SPRINGS PLAZA
GURUGRAM, 122001
HARYANA, INDIA
Tel : 9111591115

PATIENT NAME : DEEPSHIKHA ARYA

PATIENT ID : DEEPF181191282

ACCESSION NO : 0282VK000868 AGE : 30 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 12/11/2022 12:35:50

REPORTED : 14/11/2022 15:12:03

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE**BLOOD COUNTS,EDTA WHOLE BLOOD**

HEMOGLOBIN (HB)	12.2	12.0 - 15.0	g/dL
METHOD : SPECTROPHOTOMETRY			
RED BLOOD CELL (RBC) COUNT	4.30	3.8 - 4.8	mil/ μ L
METHOD : IMPEDANCE			
WHITE BLOOD CELL (WBC) COUNT	4.78	4.0 - 10.0	thou/ μ L
METHOD : IMPEDANCE			
PLATELET COUNT	243	150 - 410	thou/ μ L
METHOD : IMPEDANCE			

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	37.4	36 - 46	%
METHOD : CALCULATED			
MEAN CORPUSCULAR VOLUME (MCV)	87.0	83 - 101	fL
METHOD : DERIVED FROM IMPEDANCE MEASURE			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	28.4	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC)	32.7	31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER			
RED CELL DISTRIBUTION WIDTH (RDW)	16.0	High 11.6 - 14.0	%
METHOD : DERIVED FROM IMPEDANCE MEASURE			
MENTZER INDEX	20.2		
MEAN PLATELET VOLUME (MPV)	11.2	High 6.8 - 10.9	fL
METHOD : DERIVED FROM IMPEDANCE MEASURE			

WBC DIFFERENTIAL COUNT

NEUTROPHILS	57	40 - 80	%
METHOD : DHSS FLOWCYTOMETRY			
LYMPHOCYTES	34	20 - 40	%
METHOD : DHSS FLOWCYTOMETRY			
MONOCYTES	07	2 - 10	%
METHOD : DHSS FLOWCYTOMETRY			
EOSINOPHILS	02	1 - 6	%
METHOD : DHSS FLOWCYTOMETRY			
BASOPHILS	00	0 - 2	%
METHOD : IMPEDANCE			



Scan to View Details



Scan to View Report



Patient Ref. No. 775000001862641

CLIENT CODE : C000138354

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
 Shop CG 017, PALM SPRINGS PLAZA
 GURUGRAM, 122001
 HARYANA, INDIA
 Tel : 9111591115

PATIENT NAME : DEEPSHIKHA ARYA

PATIENT ID : DEEPF181191282

ACCESSION NO : 0282VK000868 **AGE :** 30 Years **SEX :** Female

ABHA NO :

DRAWN : **RECEIVED :** 12/11/2022 12:35:50

REPORTED : 14/11/2022 15:12:03

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
ABSOLUTE NEUTROPHIL COUNT		2.72	2.0 - 7.0	thou/ μ L
METHOD : DHSS FLOWCYTOMETRY, CALCULATED				
ABSOLUTE LYMPHOCYTE COUNT		1.63	1 - 3	thou/ μ L
METHOD : DHSS FLOWCYTOMETRY, CALCULATED				
ABSOLUTE MONOCYTE COUNT		0.33	0.20 - 1.00	thou/ μ L
METHOD : DHSS FLOWCYTOMETRY, CALCULATED				
ABSOLUTE EOSINOPHIL COUNT		0.10	0.02 - 0.50	thou/ μ L
METHOD : DHSS FLOWCYTOMETRY, CALCULATED				
ABSOLUTE BASOPHIL COUNT		00	Low 0.02 - 0.10	thou/ μ L
METHOD : DHSS FLOWCYTOMETRY, CALCULATED				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		1.7		
METHOD : CALCULATED				
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD				
E.S.R		12	0 - 20	mm at 1 hr
METHOD : AUTOMATED (PHOTOMETRICAL CAPILLARY STOPPED FLOW KINETIC ANALYSIS)				
GLUCOSE FASTING,FLUORIDE PLASMA				
FBS (FASTING BLOOD SUGAR)		88	Normal 75 - 99 Pre-diabetics: 100 - 125 Diabetic: > or = 126	mg/dL
METHOD : SPECTROPHOTOMETRY HEXOKINASE				
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD				
HBA1C		5.2	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 ADA Target: 7.0 Action suggested: > 8.0	%
METHOD : CAPILLARY ELECTROPHORESIS				
ESTIMATED AVERAGE GLUCOSE(EAG)		102.5	< 116	mg/dL
METHOD : CALCULATED PARAMETER				





CLIENT CODE : C000138354

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
 Shop CG 017, PALM SPRINGS PLAZA
 GURUGRAM, 122001
 HARYANA, INDIA
 Tel : 9111591115

PATIENT NAME : DEEPSHIKHA ARYA

PATIENT ID : DEEPF181191282

ACCESSION NO : 0282VK000868 **AGE :** 30 Years **SEX :** Female

ABHA NO :

DRAWN : **RECEIVED :** 12/11/2022 12:35:50

REPORTED : 14/11/2022 15:12:03

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

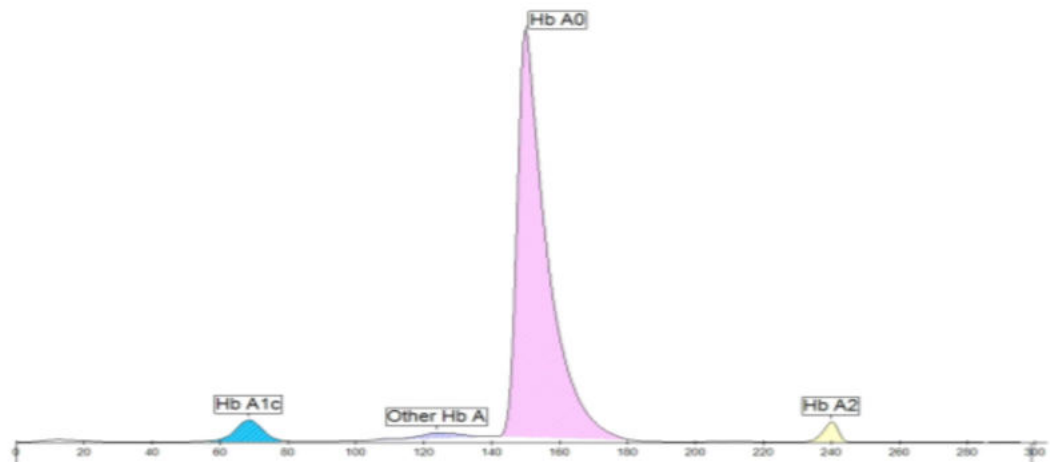
PLOT NO.31,ELECTRONIC CITY,SECTOR 18, GURUGRAM

ID : 28212316826

Sample Date: 11/13/2022

Name :

Sample num.: 76



A1c Haemoglobin Electrophoresis

Fractions	%	mmol/mol	Cal. %
Hb A1c	-	33	5.2
Other Hb A	1.9		
Hb A0	91.3		
Hb A2	2.4		

HbA1c % cal : 5.2 %

Comments :



Scan to View Details



Scan to View Report



Patient Ref. No. 775000001862641

CLIENT CODE : C000138354

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
 Shop CG 017, PALM SPRINGS PLAZA
 GURUGRAM, 122001
 HARYANA, INDIA
 Tel : 9111591115

PATIENT NAME : DEEPSHIKHA ARYA

PATIENT ID : DEEPF181191282

ACCESSION NO : 0282VK000868 **AGE :** 30 Years **SEX :** Female

ABHA NO :

DRAWN : **RECEIVED :** 12/11/2022 12:35:50

REPORTED : 14/11/2022 15:12:03

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR) 79 70 - 139 mg/dL

METHOD : SPECTROPHOTOMETRY, HEXOKINASE

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL 151 Desirable cholesterol level < 200 mg/dL

Borderline high cholesterol 200 - 239
 High cholesterol > / = 240

METHOD : ENZYMATIC COLORIMETRIC ASSAY

TRIGLYCERIDES 63 Normal: < 150 mg/dL

Borderline high: 150 - 199
 High: 200 - 499
 Very High: > / = 500

METHOD : ENZYMATIC COLORIMETRIC ASSAY

HDL CHOLESTEROL 53 Low HDL Cholesterol <40 mg/dL

High HDL Cholesterol > / = 60

METHOD : HOMOGENEOUS ENZYMATIC COLORIMETRIC ASSAY

CHOLESTEROL LDL 77 Adult levels: mg/dL

Optimal < 100
 Near optimal/above optimal: 100-129
 Borderline high : 130-159
 High : 160-189
 Very high : = 190

METHOD : HOMOGENEOUS ENZYMATIC COLORIMETRIC ASSAY

NON HDL CHOLESTEROL 98 Desirable : < 130 mg/dL

Above Desirable : 130 -159
 Borderline High : 160 - 189
 High : 190 - 219
 Very high : > / = 220

METHOD : CALCULATED PARAMETER

CHOL/HDL RATIO 3.0 **Low** Low Risk : 3.3 - 4.4

Average Risk : 4.5 - 7.0
 Moderate Risk : 7.1 - 11.0
 High Risk : > 11.0

METHOD : CALCULATED PARAMETER

LDL/HDL RATIO 1.5 0.5 - 3.0 Desirable/Low Risk

3.1 - 6.0 Borderline/Moderate Risk
 >6.0 High Risk

METHOD : CALCULATED PARAMETER





Patient Ref. No. 775000001862641

CLIENT CODE : C000138354

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
Shop CG 017, PALM SPRINGS PLAZA
GURUGRAM, 122001
HARYANA, INDIA
Tel : 9111591115

PATIENT NAME : DEEPSHIKHA ARYA

PATIENT ID : DEEPF181191282

ACCESSION NO : 0282VK000868 AGE : 30 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 12/11/2022 12:35:50 REPORTED : 14/11/2022 15:12:03

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
VERY LOW DENSITY LIPOPROTEIN		12.7	< OR = 30.0	mg/dL
METHOD : CALCULATED PARAMETER				
LIVER FUNCTION PROFILE, SERUM				
BILIRUBIN, TOTAL		0.3	Upto 1.2	mg/dL
METHOD : COLORIMETRIC DIAZO METHOD				
BILIRUBIN, DIRECT		0.2	< 0.30	mg/dL
METHOD : COLORIMETRIC DIAZO METHOD				
BILIRUBIN, INDIRECT		0.10	0.1 - 1.0	mg/dL
METHOD : CALCULATED PARAMETER				
TOTAL PROTEIN		7.3	6.0 - 8.0	g/dL
METHOD : SPECTROPHOTOMETRY, BIURET				
ALBUMIN		4.8	3.97 - 4.94	g/dL
METHOD : SPECTROPHOTOMETRY, BROMOCRESOL GREEN(BCG) - DYE BINDING				
GLOBULIN		2.5	2.0 - 3.5	g/dL
METHOD : CALCULATED PARAMETER				
ALBUMIN/GLOBULIN RATIO		1.9	1.0 - 2.1	RATIO
METHOD : CALCULATED PARAMETER				
ASPARTATE AMINOTRANSFERASE (AST/SGOT)		19	< OR = 35	U/L
METHOD : SPECTROPHOTOMETRY, WITH PYRIDOXAL PHOSPHATE ACTIVATION-IFCC				
ALANINE AMINOTRANSFERASE (ALT/SGPT)		14	< OR = 35	U/L
METHOD : SPECTROPHOTOMETRY, WITH PYRIDOXAL PHOSPHATE ACTIVATION-IFCC				
ALKALINE PHOSPHATASE		101	35 - 104	U/L
METHOD : SPECTROPHOTOMETRY, PNPP, AMP BUFFER - IFCC				
GAMMA GLUTAMYL TRANSFERASE (GGT)		10	0 - 40	U/L
METHOD : ENZYMATIC COLORIMETRIC ASSAY STANDARDIZED AGAINST IFCC / SZASZ				
LACTATE DEHYDROGENASE		162	125 - 220	U/L
METHOD : SPECTROPHOTOMETRY, LACTATE TO PYRUVATE - UV-IFCC				
BLOOD UREA NITROGEN (BUN), SERUM				
BLOOD UREA NITROGEN		9.9	6 - 20	mg/dL
METHOD : SPECTROPHOTOMETRY, KINETIC TEST WITH UREASE AND GLUTAMATE DEHYDROGENASE				
CREATININE, SERUM				
CREATININE		0.64	0.5 - 0.9	mg/dL
METHOD : SPECTROPHOTOMETRIC, JAFFE'S KINETICS				
BUN/CREAT RATIO				
BUN/CREAT RATIO		15.50	High 8.0 - 15.0	
METHOD : CALCULATED PARAMETER				



Scan to View Details



Scan to View Report



Patient Ref. No. 775000001862641

CLIENT CODE : C000138354

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
Shop CG 017, PALM SPRINGS PLAZA
GURUGRAM, 122001
HARYANA, INDIA
Tel : 9111591115

PATIENT NAME : DEEPSHIKHA ARYA

PATIENT ID : DEEPF181191282

ACCESSION NO : 0282VK000868 AGE : 30 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 12/11/2022 12:35:50

REPORTED : 14/11/2022 15:12:03

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

URIC ACID, SERUM

URIC ACID	4.4	2.4 - 5.7	mg/dL
-----------	-----	-----------	-------

METHOD : SPECTROPHOTOMETRY, URICASE

TOTAL PROTEIN, SERUM

TOTAL PROTEIN	7.3	6.0 - 8.0	g/dL
---------------	-----	-----------	------

METHOD : SPECTROPHOTOMETRY, BIURET

ALBUMIN, SERUM

ALBUMIN	4.8	3.97 - 4.94	g/dL
---------	-----	-------------	------

METHOD : SPECTROPHOTOMETRY, BROMOCRESOL GREEN(BCG) - DYE BINDING

GLOBULIN

GLOBULIN	2.5	2.0 - 3.5	g/dL
----------	-----	-----------	------

METHOD : CALCULATED PARAMETER

ELECTROLYTES (NA/K/CL), SERUM

SODIUM, SERUM	141	136 - 145	mmol/L
---------------	-----	-----------	--------

METHOD : ISE INDIRECT

POTASSIUM, SERUM	4.4	3.5 - 5.1	mmol/L
------------------	-----	-----------	--------

METHOD : ISE INDIRECT

CHLORIDE, SERUM	105	98 - 107	mmol/L
-----------------	-----	----------	--------

METHOD : ISE INDIRECT

Interpretation(s)

PHYSICAL EXAMINATION, URINE

COLOR	PALE YELLOW
-------	-------------

APPEARANCE	CLEAR
------------	-------

Comments

NOTE :MICROSCOPIC EXAMINATION OF URINE IS PERFORMED ON CENTRIFUGED URINARY SEDIMENT.
IN NORMAL URINE SAMPLES CAST AND CRYSTALS ARE NOT DETECTED.

CHEMICAL EXAMINATION, URINE

PH	6.0	4.7 - 7.5
SPECIFIC GRAVITY	>=1.030	1.003 - 1.035
PROTEIN	NOT DETECTED	NOT DETECTED
GLUCOSE	NOT DETECTED	NOT DETECTED
KETONES	NOT DETECTED	NOT DETECTED
BLOOD	NOT DETECTED	NOT DETECTED



Scan to View Details



Scan to View Report



Patient Ref. No. 775000001862641

CLIENT CODE : C000138354

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
Shop CG 017, PALM SPRINGS PLAZA
GURUGRAM, 122001
HARYANA, INDIA
Tel : 9111591115

PATIENT NAME : DEEPSHIKHA ARYA

PATIENT ID : DEEPF181191282

ACCESSION NO : 0282VK000868 AGE : 30 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 12/11/2022 12:35:50 REPORTED : 14/11/2022 15:12:03

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
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)		0-1	0-5	/HPF
EPITHELIAL CELLS		2-3	0-5	/HPF
CASTS		NOT DETECTED		
CRYSTALS		NOT DETECTED		
BACTERIA		NOT DETECTED	NOT DETECTED	

METHOD : DIP STICK/MICRO SCOPY/REFLECTANCE SPECTROPHOTOMETRY

Interpretation(s)

THYROID PANEL, SERUM

T3	120.0	80 - 200	ng/dL
METHOD : ELECTROCHEMILUMINESCENCE IMMUNO ASSAY			
T4	8.80	5.1 - 14.1	µg/dL
METHOD : ELECTROCHEMILUMINESCENCE IMMUNO ASSAY			
TSH (ULTRASENSITIVE)	2.380	0.27 - 4.2	µIU/mL
METHOD : ELECTROCHEMILUMINESCENCE IMMUNO ASSAY			

Interpretation(s)

PAPANICOLAOU SMEAR



Scan to View Details



Scan to View Report

**Patient Ref. No. 775000001862641****CLIENT CODE :** C000138354**CLIENT'S NAME AND ADDRESS :**
ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULI
SOUTH WEST DELHI
NEW DELHI 110030
DELHI INDIA
8800465156SRL Ltd
Shop CG 017, PALM SPRINGS PLAZA
GURUGRAM, 122001
HARYANA, INDIA
Tel : 9111591115**PATIENT NAME :** DEEPSHIKHA ARYA**PATIENT ID :** DEEPF181191282**ACCESSION NO :** 0282VK000868 **AGE :** 30 Years **SEX :** Female **ABHA NO :****DRAWN :** **RECEIVED :** 12/11/2022 12:35:50 **REPORTED :** 14/11/2022 15:12:03**REFERRING DOCTOR :** SELF **CLIENT PATIENT ID :**

Test Report Status	Final	Results	Biological Reference Interval	Units
SPECIMEN TYPE		Serial no : FC/8595/2022		
		CLASSIFICATION Bethesda 2014		
		SPECIMEN SITE Cervix		
		SPECIMEN TYPE Conventional PAP smear - Cervix Received two unstained smears in a slides mailer labelled with two identifiers.		
		Processing and evaluation - Manual		
		SPECIMEN ADEQUACY Satisfactory for evaluation Endocervical component- Present		
		GENERAL CATEGORIZATION Negative for intraepithelial lesion or malignancy		
		FINDINGS Superficial and intermediate squamous epithelial cells along with metaplastic epithelial cells seen in background of mild inflammation.		
		INTERPRETATION/RESULTS Negative for intraepithelial lesion or malignancy		
		DISCLAIMER Gynaecological cytology is a screening procedure subject to both false negative and false positive results. It is most reliable when a satisfactory sample is obtained on a regular and repetitive basis. Results must be interpreted in context of the historic and current clinical information. Corroboration of cytopathologic findings with colposcopic/ local examination and ancillary findings is recommended.		

STOOL: OVA & PARASITE

COLOUR	BROWN
CONSISTENCY	SEMI FORMED
ODOUR	FOUL



Patient Ref. No. 775000001862641

CLIENT CODE : C000138354

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
Shop CG 017, PALM SPRINGS PLAZA
GURUGRAM, 122001
HARYANA, INDIA
Tel : 9111591115

PATIENT NAME : DEEPSHIKHA ARYA

PATIENT ID : DEEPF181191282

ACCESSION NO : 0282VK000868 AGE : 30 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 12/11/2022 12:35:50 REPORTED : 14/11/2022 15:12:03

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

RELEVANT PERSONAL HISTORY	MARRIED, ONE CHILD 7 MONTHS OLD
MENSTRUAL HISTORY (FOR FEMALES)	NORMAL
LMP (FOR FEMALES)	5DAYS AGO
RELEVANT FAMILY HISTORY	HIGH BLOOD PRESSURE- MOTHER
OCCUPATIONAL HISTORY	SERVICE
HISTORY OF MEDICATIONS	NOT SIGNIFICANT

ANTHROPOMETRIC DATA & BMI

HEIGHT IN METERS	1.53	mts
WEIGHT IN KGS.	65	Kgs
BMI	28	

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	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
THYROID GLAND	NOT ENLARGED
CAROTID PULSATION	NORMAL
TEMPERATURE	NORMAL
PULSE	80/ MINUTE, REGULAR, ALL PERIPHERAL PULSES FELT.
RESPIRATORY RATE	NORMAL

CARDIOVASCULAR SYSTEM

BP	110/70 MMHG (SUPINE)	mm/Hg
PERICARDIUM	NORMAL	
APEX BEAT	NORMAL	



Scan to View Details



Scan to View Report



Patient Ref. No. 775000001862641

CLIENT CODE : C000138354

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
Shop CG 017, PALM SPRINGS PLAZA
GURUGRAM, 122001
HARYANA, INDIA
Tel : 9111591115

PATIENT NAME : DEEPSHIKHA ARYA

PATIENT ID : DEEPF181191282

ACCESSION NO : 0282VK000868 AGE : 30 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 12/11/2022 12:35:50

REPORTED : 14/11/2022 15:12:03

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
HEART SOUNDS		NORMAL		
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		
CENTRAL NERVOUS SYSTEM				
HIGHER FUNCTIONS		NORMAL		
CRANIAL NERVES		NORMAL		
CEREBELLAR FUNCTIONS		NORMAL		
SENSORY SYSTEM		NORMAL		
MOTOR SYSTEM		NORMAL		
REFLEXES		NORMAL		
MUSCULOSKELETAL SYSTEM				
SPINE		NORMAL		
JOINTS		NORMAL		
BASIC EYE EXAMINATION				
DISTANT VISION RIGHT EYE WITHOUT GLASSES		6/6		
DISTANT VISION LEFT EYE WITHOUT GLASSES		6/6		
NEAR VISION RIGHT EYE WITHOUT GLASSES		N/6		
NEAR VISION LEFT EYE WITHOUT GLASSES		N/6		
COLOUR VISION		17/17		

SUMMARY



Scan to View Details



Scan to View Report

DIAGNOSTIC REPORT**Patient Ref. No. 775000001862641****CLIENT CODE :** C000138354**CLIENT'S NAME AND ADDRESS :**ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULI
SOUTH WEST DELHI
NEW DELHI 110030
DELHI INDIA
8800465156SRL Ltd
Shop CG 017, PALM SPRINGS PLAZA
GURUGRAM, 122001
HARYANA, INDIA
Tel : 9111591115**PATIENT NAME :** DEEPSHIKHA ARYA**PATIENT ID :** DEEPF181191282**ACCESSION NO :** 0282VK000868 **AGE :** 30 Years **SEX :** Female **ABHA NO :****DRAWN :** **RECEIVED :** 12/11/2022 12:35:50 **REPORTED :** 14/11/2022 15:12:03**REFERRING DOCTOR :** SELF**CLIENT PATIENT ID :**

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

REMARKS / RECOMMENDATIONS

ADVISED
LIFESTYLE CHANGES
FOLLOW UP WITH PHYSICIAN WITH ALL REPORTS.
REVIEW WITH CXR,USG ,PAP ,STOOL RE REPORTS.

Scan to View Details

Page 12 Of 16



Scan to View Report



Patient Ref. No. 775000001862641

CLIENT CODE : C000138354

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
Shop CG 017, PALM SPRINGS PLAZA
GURUGRAM, 122001
HARYANA, INDIA
Tel : 9111591115

PATIENT NAME : DEEPSHIKHA ARYA

PATIENT ID : DEEPF181191282

ACCESSION NO : 0282VK000868 AGE : 30 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 12/11/2022 12:35:50 REPORTED : 14/11/2022 15:12:03

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE**ULTRASOUND ABDOMEN****ULTRASOUND ABDOMEN**

NO ABNORMALITIES DETECTED

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

Increased in: Infections, Vasculitis, 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, (Sickle Cells, 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 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; sulfonylureas, tolbutamide, and other oral hypoglycemic agents.

NOTE:

Hypoglycemia is defined as a glucose of < 50 mg/dL in men and < 40 mg/dL in women.

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



Patient Ref. No. 775000001862641

CLIENT CODE : C000138354

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
Shop CG 017, PALM SPRINGS PLAZA
GURUGRAM, 122001
HARYANA, INDIA
Tel : 9111591115

PATIENT NAME : DEEPSHIKHA ARYA

PATIENT ID : DEEPF181191282

ACCESSION NO : 0282VK000868 AGE : 30 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 12/11/2022 12:35:50 REPORTED : 14/11/2022 15:12:03

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

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.
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



Scan to View Details



Scan to View Report

DIAGNOSTIC REPORT



CLIENT CODE : C000138354

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
Shop CG 017, PALM SPRINGS PLAZA
GURUGRAM, 122001
HARYANA, INDIA
Tel : 9111591115

PATIENT NAME : DEEPSHIKHA ARYA

PATIENT ID : DEEPF181191282

ACCESSION NO : 0282VK000868 **AGE :** 30 Years **SEX :** Female **ABHA NO :**

DRAWN : **RECEIVED :** 12/11/2022 12:35:50 **REPORTED :** 14/11/2022 15:12:03

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

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, Waldenström's disease

Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage),Burns,Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome,Protein-losing enteropathy etc.

ALBUMIN, SERUM-

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

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.

****End Of Report****

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





Patient Ref. No. 775000001862641

CLIENT CODE : C000138354

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
Shop CG 017, PALM SPRINGS PLAZA
GURUGRAM, 122001
HARYANA, INDIA
Tel : 9111591115

PATIENT NAME : DEEPSHIKHA ARYA

PATIENT ID : DEEPF181191282

ACCESSION NO : 0282VK000868 AGE : 30 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 12/11/2022 12:35:50 REPORTED : 14/11/2022 15:12:03

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

CONDITIONS OF LABORATORY TESTING & REPORTING

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:
 - 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
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