

DIAGNOSTIC REPORT



Patient Ref. No. 2000010993441



Cert. No. MC-2010

SRL
Diagnostics

CLIENT CODE : C000138356

CLIENT'S NAME AND ADDRESS :

VRUSHALI PATIL
TILAK APARTMENT ROAD NO 1, M G ROAD,GOREGAON

SRL Ltd
PRIME SQUARE BUILDING,PLOT NO 1,GAIWADI INDUSTRIAL
ESTATE,S.V. ROAD,GOREGAON (W)
Mumbai, 400062
MAHARASHTRA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956

PATIENT NAME : VRUSHALI PATIL

PATIENT ID : VRUSF1406942

ACCESSION NO : **0002VE039840** AGE : 27 Years SEX : Female

ABHA NO :

DRAWN : 19/05/2022 08:35

RECEIVED : 19/05/2022 08:36

REPORTED : 20/05/2022 12:49

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	12.5	12.0 - 15.0	g/dL
METHOD : PHOTOMETRIC MEASUREMENT			
RED BLOOD CELL COUNT	4.30	3.8 - 4.8	mil/ μ L
METHOD : COULTER PRINCIPLE			
WHITE BLOOD CELL COUNT	6.90	4.0 - 10.0	thou/ μ L
METHOD : COULTER PRINCIPLE			
PLATELET COUNT	320	150 - 410	thou/ μ L
METHOD : ELECTRONIC IMPEDENCE & MICROSCOPY			

RBC AND PLATELET INDICES

HEMATOCRIT	38.0	36.0 - 46.0	%
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR VOL	88.3	83.0 - 101.0	fL
METHOD : DERIVED PARAMETER FROM RBC HISTOGRAM			
MEAN CORPUSCULAR HGB.	29.1	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.0	31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER			
MENTZER INDEX	20.5		
RED CELL DISTRIBUTION WIDTH	13.2	11.6 - 14.0	%
METHOD : DERIVED PARAMETER FROM RBC HISTOGRAM			
MEAN PLATELET VOLUME	6.8	6.8 - 10.9	fL
METHOD : DERIVED PARAMETER FROM PLATELET HISTOGRAM			

WBC DIFFERENTIAL COUNT - NLR

SEGMENTED NEUTROPHILS	47	40 - 80	%
METHOD : VCSN TECHNOLOGY/ MICROSCOPY			
ABSOLUTE NEUTROPHIL COUNT	3.24	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER			
LYMPHOCYTES	42	High 20 - 40	%
METHOD : VCSN TECHNOLOGY/ MICROSCOPY			
ABSOLUTE LYMPHOCYTE COUNT	2.90	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER			
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.1		
METHOD : CALCULATED			
EOSINOPHILS	2	1.0 - 6.0	%



Scan to View Details



Scan to View Report

DIAGNOSTIC REPORT



Patient Ref. No. 2000010993441



Cert. No. MC-2010

SRL
Diagnostics

CLIENT CODE : C000138356

CLIENT'S NAME AND ADDRESS :

VRUSHALI PATIL
TILAK APARTMENT ROAD NO 1, M G ROAD,GOREGAON

SRL Ltd
PRIME SQUARE BUILDING,PLOT NO 1,GAIWADI INDUSTRIAL
ESTATE,S.V. ROAD,GOREGAON (W)
Mumbai, 400062
MAHARASHTRA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956

PATIENT NAME : VRUSHALI PATIL

PATIENT ID : VRUSF1406942

ACCESSION NO : **0002VE039840** AGE : 27 Years SEX : Female

ABHA NO :

DRAWN : 19/05/2022 08:35

RECEIVED : 19/05/2022 08:36

REPORTED : 20/05/2022 12:49

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

METHOD : VCSN TECHNOLOGY/ MICROSCOPY				
ABSOLUTE EOSINOPHIL COUNT	0.14	0.02 - 0.50		thou/ μ L
METHOD : CALCULATED PARAMETER				
MONOCYTES	8	2.0 - 10.0		%
METHOD : VCSN TECHNOLOGY/ MICROSCOPY				
ABSOLUTE MONOCYTE COUNT	0.55	0.2 - 1.0		thou/ μ L
METHOD : CALCULATED PARAMETER				
BASOPHILS	1	0 - 1		%
METHOD : VCSN TECHNOLOGY/ MICROSCOPY				
ABSOLUTE BASOPHIL COUNT	0.07	0.02 - 0.10		thou/ μ L
METHOD : CALCULATED PARAMETER				
* ERYTHRO SEDIMENTATION RATE, BLOOD				
SEDIMENTATION RATE (ESR)	12	0 - 20		mm at 1 hr
METHOD : AUTOMATED (PHOTOMETRICAL CAPILLARY STOPPED FLOW KINETIC ANALYSIS)				
GLUCOSE, FASTING, PLASMA				
GLUCOSE, FASTING, PLASMA	86	74 - 99		mg/dL
METHOD : SPECTROPHOTOMETRY HEXOKINASE				
GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD				
GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.4	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 ADA Target: 7.0 Action suggested: > 8.0		%
METHOD : ION- EXCHANGE HPLC				
MEAN PLASMA GLUCOSE	108.3	< 116.0		mg/dL
METHOD : CALCULATED PARAMETER				
GLUCOSE, POST-PRANDIAL, PLASMA				
GLUCOSE, POST-PRANDIAL, PLASMA	93	70 - 139		mg/dL
METHOD : SPECTROPHOTOMETRY HEXOKINASE				
CORONARY RISK PROFILE (LIPID PROFILE), SERUM				
CHOLESTEROL	165	Desirable cholesterol level < 200 Borderline high cholesterol 200 - 239 High cholesterol > / = 240		mg/dL
METHOD : SPECTROPHOTOMETRY, ENZYMATIC COLORIMETRIC - CHOLETSEROL OXIDASE, ESTERASE, PEROXIDASE				



Scan to View Details



Scan to View Report

DIAGNOSTIC REPORT



Patient Ref. No. 2000010993441



Cert. No. MC-2010

SRL
Diagnostics

CLIENT CODE : C000138356

CLIENT'S NAME AND ADDRESS :

VRUSHALI PATIL
TILAK APARTMENT ROAD NO 1, M G ROAD,GOREGAON

SRL Ltd
PRIME SQUARE BUILDING,PLOT NO 1,GAIWADI INDUSTRIAL
ESTATE,S.V. ROAD,GOREGAON (W)
Mumbai, 400062
MAHARASHTRA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956

PATIENT NAME : VRUSHALI PATIL

PATIENT ID : **VRUSF1406942**

ACCESSION NO : **0002VE039840** AGE : 27 Years SEX : Female

ABHA NO :

DRAWN : 19/05/2022 08:35

RECEIVED : 19/05/2022 08:36

REPORTED : 20/05/2022 12:49

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

TRIGLYCERIDES 121 Normal: < 150 mg/dL
Borderline high: 150 - 199
High: 200 - 499
Very High: >/= 500

METHOD : SPECTROPHOTOMETRY, ENZYMATIC ENDPOINT WITH GLYCEROL BLANK

HDL CHOLESTEROL 42 Low HDL cholesterol mg/dL
< 40
High HDL cholesterol
> / = 60

METHOD : SPECTROPHOTOMETRY, HOMOGENEOUS DIRECT ENZYMATIC COLORIMETRIC

DIRECT LDL CHOLESTEROL 104 Optimal : < 100 mg/dL
Near optimal/above optimal : 100 - 129
Borderline high : 130 - 159
High : 160 - 189
Very high : > / = 190

METHOD : SPECTROPHOTOMETRY, HOMOGENEOUS ENZYMATIC COLORIMETRIC

NON HDL CHOLESTEROL 123 Desirable : < 130 mg/dL
Above Desirable : 130 -159
Borderline High : 160 - 189
High : 190 - 219
Very high : > / = 220

METHOD : CALCULATED PARAMETER

CHOL/HDL RATIO 3,9 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 2,5 Desirable/Low Risk : 0,5 - 3,0
Borderline/Moderate Risk : 3,1 - 6,0
High Risk : > 6,0

METHOD : CALCULATED PARAMETER

VERY LOW DENSITY LIPOPROTEIN 24,0 < or = 30,0 mg/dL

METHOD : CALCULATED PARAMETER

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL 0,68 Upto 1.2 mg/dL
METHOD : SPECTROPHOTOMETRY, COLORIMETRIC -DIAZO METHOD

BILIRUBIN, DIRECT **0.29** High 0.0 - 0.2 mg/dL
METHOD : SPECTROPHOTOMETRY, JENDRASSIK & GROFF - DIAZOTIZATION

BILIRUBIN, INDIRECT 0,39 0,1 - 1,0 mg/dL
METHOD : CALCULATED PARAMETER

TOTAL PROTEIN 6,7 6,0 - 8,0 g/dL



Scan to View Details



Scan to View Report

DIAGNOSTIC REPORT



Patient Ref. No. 2000010993441



Cert. No. MC-2010

SRL
Diagnostics

CLIENT CODE : C000138356

CLIENT'S NAME AND ADDRESS :

VRUSHALI PATIL
TILAK APARTMENT ROAD NO 1, M G ROAD,GOREGAON

SRL Ltd
PRIME SQUARE BUILDING,PLOT NO 1,GAIWADI INDUSTRIAL
ESTATE,S.V. ROAD,GOREGAON (W)
Mumbai, 400062
MAHARASHTRA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956

PATIENT NAME : VRUSHALI PATIL

PATIENT ID : **VRUSF1406942**

ACCESSION NO : **0002VE039840** AGE : 27 Years SEX : Female

ABHA NO :

DRAWN : 19/05/2022 08:35

RECEIVED : 19/05/2022 08:36

REPORTED : 20/05/2022 12:49

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

METHOD : SPECTROPHOTOMETRY, COLORIMETRIC -BIURET, REAGENT BLANK, SERUM BLANK

ALBUMIN 4.4 3.97 - 4.94 g/dL

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

GLOBULIN 2.3 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) 21 Upto 32 U/L

METHOD : SPECTROPHOTOMETRY, WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION(P5P) - IFCC

ALANINE AMINOTRANSFERASE (ALT/SGPT) 17 Upto 33 U/L

METHOD : SPECTROPHOTOMETRY, WITHOUT PYRIDOXAL PHOSPHATE ACTIVATION(P5P) - IFCC

ALKALINE PHOSPHATASE 84 35 - 104 U/L

METHOD : SPECTROPHOTOMETRY, PNPP, AMP BUFFER - IFCC

GAMMA GLUTAMYL TRANSFERASE (GGT) 13 < 40 U/L

METHOD : SPECTROPHOTOMETRY, ENZYMATIC COLORIMETRIC - G-GLUTAMYL-CARBOXY-NITROANILIDE - IFCC

LACTATE DEHYDROGENASE 167 < 223 U/L

METHOD : SPECTROPHOTOMETRY, LACTATE TO PYRUVATE - UV-IFCC

SERUM BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 8 6 - 20 mg/dL

METHOD : SPECTROPHOTOMETRY, UREASE -COLORIMETRIC

CREATININE, SERUM

CREATININE 0.75 0.60 - 1.10 mg/dL

METHOD : SPECTROPHOTOMETRY, JAFFE'S ALKALINE PICRATE KINETIC - RATE BLANKED - IFCC-IDMS STANDARDIZED

BUN/CREAT RATIO

BUN/CREAT RATIO 10.67 8 - 15

METHOD : CALCULATED PARAMETER

URIC ACID, SERUM

URIC ACID 5.3 2.4 - 5.7 mg/dL

METHOD : SPECTROPHOTOMETRY, ENZYMATIC COLORIMETRIC- URICASE

TOTAL PROTEIN, SERUM

TOTAL PROTEIN 6.7 6.0 - 8.0 g/dL

METHOD : SPECTROPHOTOMETRY, COLORIMETRIC -BIURET, REAGENT BLANK, SERUM BLANK

ALBUMIN, SERUM

ALBUMIN 4.4 3.97 - 4.94 g/dL

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

GLOBULIN

GLOBULIN 2.3 2.0 - 3.5 g/dL



Scan to View Details



Scan to View Report

DIAGNOSTIC REPORT



Patient Ref. No. 2000010993441



Cert. No. MC-2010

SRL
Diagnostics

CLIENT CODE : C000138356

CLIENT'S NAME AND ADDRESS :

VRUSHALI PATIL
TILAK APARTMENT ROAD NO 1, M G ROAD,GOREGAON

SRL Ltd
PRIME SQUARE BUILDING,PLOT NO 1,GAIWADI INDUSTRIAL
ESTATE,S.V. ROAD,GOREGAON (W)
Mumbai, 400062
MAHARASHTRA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956

PATIENT NAME : VRUSHALI PATIL

PATIENT ID : **VRUSF1406942**

ACCESSION NO : **0002VE039840** AGE : 27 Years SEX : Female

ABHA NO :

DRAWN : 19/05/2022 08:35

RECEIVED : 19/05/2022 08:36

REPORTED : 20/05/2022 12:49

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

METHOD : CALCULATED PARAMETER

ELECTROLYTES (NA/K/CL), SERUM

SODIUM	138	136 - 145	mmol/L
METHOD : ISE INDIRECT			
POTASSIUM	4.30	3.5 - 5.1	mmol/L
METHOD : ISE INDIRECT			
CHLORIDE	106	98 - 106	mmol/L
METHOD : ISE INDIRECT			

PHYSICAL EXAMINATION, URINE

COLOR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.000	Low 1.010 - 1.030	

CHEMICAL EXAMINATION, URINE

PH	6.0	5.00 - 7.50	
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	NOT-DETECTED	NORMAL	
NITRITE	NOT-DETECTED	NOT DETECTED	
LEUKOCYTE ESTERASE	NOT-DETECTED	NOT DETECTED	

MICROSCOPIC EXAMINATION, URINE

PUS CELL (WBC'S)	1-2	0-5	/HPF
EPITHELIAL CELLS	10-15	0-5	/HPF
ERYTHROCYTES (RBC'S)	NOT DETECTED	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
YEAST	NOT DTECTED	NOT DETECTED	

METHOD : URINE ROUTINE & MICROSCOPY EXAMINATION BY INTEGRATED AUTOMATED SYSTEM

Comments

NOTE:KINDLY EXERT CAUTION DURING INTERPRETATION OF FINDINGS REPORTED IN URINALYSIS WHERE IN THE SAMPLE IS MORE THAN TWO HOURS OLD.



Scan to View Details



Scan to View Report



CLIENT CODE : C000138356

CLIENT'S NAME AND ADDRESS :

VRUSHALI PATIL
TILAK APARTMENT ROAD NO 1, M G ROAD,GOREGAONSRL Ltd
PRIME SQUARE BUILDING,PLOT NO 1,GAIWADI INDUSTRIAL
ESTATE,S.V. ROAD,GOREGAON (W)
Mumbai, 400062
MAHARASHTRA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956

PATIENT NAME : VRUSHALI PATIL

PATIENT ID : VRUSF1406942

ACCESSION NO : 0002VE039840 AGE : 27 Years SEX : Female

ABHA NO :

DRAWN : 19/05/2022 08:35

RECEIVED : 19/05/2022 08:36

REPORTED : 20/05/2022 12:49

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

THYROID PANEL, SERUM

T3	125.0	Non-Pregnant Women 80,0 - 200,0 Pregnant Women 1st Trimester 105,0 - 230,0 2nd Trimester 129.0 - 262.0 3rd Trimester 135.0 - 262.0	ng/dL
----	-------	---	-------

METHOD : COMPETITIVE ELECTROCHEMILUMINESCENCE IMMUNOASSAY

T4	10.10	Non-Pregnant Women 5,10 - 14,10 Pregnant Women 1st Trimester: 7,33 - 14,80 2nd Trimester: 7,93 - 16,10 3rd Trimester: 6,95 - 15,70	µg/dL
----	-------	---	-------

METHOD : COMPETITIVE ELECTROCHEMILUMINESCENCE IMMUNOASSAY

TSH 3RD GENERATION	2,670	Non Pregnant Women 0,27 - 4,20 Pregnant Women 1st Trimester: 0,33 - 4,59 2nd Trimester: 0,35 - 4,10 3rd Trimester: 0,21 - 3,15	µIU/mL
--------------------	-------	---	--------

METHOD : SANDWICH ELECTROCHEMILUMINESCENCE IMMUNOASSAY

* PAPANICOLAOU SMEAR

TEST METHOD	CONVENTIONAL GYNEC CYTOLOGY
SPECIMEN TYPE	TWO UNSTAINED CERVICAL SMEARS RECEIVED. 2CV-11400
REPORTING SYSTEM	2014 BETHESDA SYSTEM FOR REPORTING CERVICAL CYTOLOGY
SPECIMEN ADEQUACY	SMEARS ARE SATISFACTORY FOR EVALUATION.
MICROSCOPY	THE SMEARS SHOW MAINLY SUPERFICIAL SQUAMOUS CELLS, FEW INTERMEDIATE SQUAMOUS CELLS, OCCASIONAL SQUAMOUS METAPLASTIC CELLS, OCCASIONAL CLUSTERS OF ENDOCERVICAL CELLS AND FEW TO MANY POLYMORPHS.
INTERPRETATION / RESULT	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Comments

Suggestions / Guidelines: (REF: THE BETHESDA SYSTEM FOR REPORTING CERVICAL CYTOLOGY,2014, 3rd Edition)
PAP RE-TESTING AT 3 YEARS

- 1) Please note papanicolaou smear study is a screening procedure for cervical cancer with inherent false negative results, hence should be interpreted with caution.
- 2) No cytologic evidence of hpv infection in the smears studied.
- 3) Primary screening of papanicolaou smears is carried out by cytotechnologist with 100% rescreening and reporting by surgical pathologist.



Scan to View Details



Scan to View Report

DIAGNOSTIC REPORT



Patient Ref. No. 2000010993441



Cert. No. MC-2010

SRL
Diagnostics

CLIENT CODE : C000138356

CLIENT'S NAME AND ADDRESS :

VRUSHALI PATIL
TILAK APARTMENT ROAD NO 1, M G ROAD,GOREGAON

SRL Ltd
PRIME SQUARE BUILDING,PLOT NO 1,GAIWADI INDUSTRIAL
ESTATE,S.V. ROAD,GOREGAON (W)
Mumbai, 400062
MAHARASHTRA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956

PATIENT NAME : VRUSHALI PATIL

PATIENT ID : VRUSF1406942

ACCESSION NO : **0002VE039840** AGE : 27 Years SEX : Female

ABHA NO :

DRAWN : 19/05/2022 08:35

RECEIVED : 19/05/2022 08:36

REPORTED : 20/05/2022 12:49

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

STOOL: OVA & PARASITE

REMARK TEST CANCELLED AS SPECIMEN NOT RECEIVED

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP B

METHOD : HAEMAGGLUTINATION (AUTOMATED)

RH TYPE POSITIVE

METHOD : HAEMAGGLUTINATION (AUTOMATED)

*** XRAY-CHEST**

IMPRESSION NO ABNORMALITY DETECTED

TMT OR ECHO

TMT OR ECHO PENDING

*** ECG**

ECG WITHIN NORMAL LIMITS

*** MEDICAL HISTORY**

RELEVANT PRESENT HISTORY FULLY VACCINATED FOR COVID 19
HEEL PAIN BILATRLY SINCE 3-4 MONTHS
RELEVANT PAST HISTORY FIBROID IN BREAST SINCE 2016 NO MEDICATION
OPERATED TONSILICETOMY IN CHILDHOOD
OPERATED LASIC FOR BOTH EYES

RELEVANT PERSONAL HISTORY NOT SIGNIFICANT

MENSTRUAL HISTORY (FOR FEMALES) IRREGULAR

LMP (FOR FEMALES) 14/02/2022

RELEVANT FAMILY HISTORY DIABETES,CANCER

HISTORY OF MEDICATIONS NOT SIGNIFICANT

*** ANTHROPOMETRIC DATA & BMI**

HEIGHT IN METERS 1.61 mts

WEIGHT IN KGS. 58.8 Kgs

BMI 23

BMI & Weight Status as follows: kg/sqmts

Below 18.5: Underweight

18.5 - 24.9: Normal

25.0 - 29.9: Overweight

30.0 and Above: Obese

*** GENERAL EXAMINATION**

MENTAL / EMOTIONAL STATE NORMAL

PHYSICAL ATTITUDE NORMAL

GENERAL APPEARANCE / NUTRITIONAL STATUS HEALTHY

BUILT / SKELETAL FRAMEWORK AVERAGE



Scan to View Details



Scan to View Report

DIAGNOSTIC REPORT



Patient Ref. No. 2000010993441



Cert. No. MC-2010

SRL
Diagnostics

CLIENT CODE : C000138356

CLIENT'S NAME AND ADDRESS :

VRUSHALI PATIL
TILAK APARTMENT ROAD NO 1, M G ROAD,GOREGAON

SRL Ltd
PRIME SQUARE BUILDING,PLOT NO 1,GAIWADI INDUSTRIAL
ESTATE,S.V. ROAD,GOREGAON (W)
Mumbai, 400062
MAHARASHTRA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956

PATIENT NAME : VRUSHALI PATIL

PATIENT ID : **VRUSF1406942**

ACCESSION NO : **0002VE039840** AGE : 27 Years SEX : Female

ABHA NO :

DRAWN : 19/05/2022 08:35

RECEIVED : 19/05/2022 08:36

REPORTED : 20/05/2022 12:49

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

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/MIN REGULAR, ALL PERIPHERAL PULSES WELL FELT, NO CAROTID BRUIT		
RESPIRATORY RATE		NORMAL		
* CARDIOVASCULAR SYSTEM				
BP		94/72 MM HG (SUPINE)		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		



Scan to View Details



Scan to View Report

DIAGNOSTIC REPORT



Patient Ref. No. 2000010993441



Cert. No. MC-2010

SRL
Diagnostics

CLIENT CODE : C000138356

CLIENT'S NAME AND ADDRESS :

VRUSHALI PATIL
TILAK APARTMENT ROAD NO 1, M G ROAD,GOREGAON

SRL Ltd
PRIME SQUARE BUILDING,PLOT NO 1,GAIWADI INDUSTRIAL
ESTATE,S.V. ROAD,GOREGAON (W)
Mumbai, 400062
MAHARASHTRA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956

PATIENT NAME : VRUSHALI PATIL

PATIENT ID : **VRUSF1406942**

ACCESSION NO : **0002VE039840** AGE : 27 Years SEX : Female

ABHA NO :

DRAWN : 19/05/2022 08:35

RECEIVED : 19/05/2022 08:36

REPORTED : 20/05/2022 12:49

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

SENSORY SYSTEM		NORMAL		
MOTOR SYSTEM		NORMAL		
REFLEXES		NORMAL		
* MUSCULOSKELETAL SYSTEM				
SPINE		NORMAL		
JOINTS		NORMAL		
* BASIC EYE EXAMINATION				
CONJUNCTIVA		NORMAL		
EYELIDS		NORMAL		
EYE MOVEMENTS		NORMAL		
CORNEA		NORMAL		
DISTANT VISION RIGHT EYE WITHOUT GLASSES		WITHIN NORMAL LIMIT (6/6)		
DISTANT VISION LEFT EYE WITHOUT GLASSES		REDUCE VISUAL ACUITY (6/9)		
NEAR VISION RIGHT EYE WITHOUT GLASSES		WITHIN NORMAL LIMIT (N6)		
NEAR VISION LEFT EYE WITHOUT GLASSES		WITHIN NORMAL LIMIT (N6)		
COLOUR VISION		NORMAL (17/17)		
* 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		NOT SIGNIFICANT		
RELEVANT LAB INVESTIGATIONS		RAISED LYMPHOCYTES (42)		
RELEVANT NON PATHOLOGY DIAGNOSTICS		USG-FINDINGS ARE SUGGESTIVE OF BILATERAL POLYCYSTIC OVARIAN SYNDROME.		
REMARKS / RECOMMENDATIONS		FOLLOW UP WITH PHYSICIAN		



Scan to View Details



Scan to View Report



CLIENT CODE : C000138356

CLIENT'S NAME AND ADDRESS :

VRUSHALI PATIL
TILAK APARTMENT ROAD NO 1, M G ROAD,GOREGAONSRL Ltd
PRIME SQUARE BUILDING,PLOT NO 1,GAIWADI INDUSTRIAL
ESTATE,S.V. ROAD,GOREGAON (W)
Mumbai, 400062
MAHARASHTRA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956

PATIENT NAME : VRUSHALI PATIL

PATIENT ID : VRUSF1406942

ACCESSION NO : 0002VE039840 AGE : 27 Years SEX : Female

ABHA NO :

DRAWN : 19/05/2022 08:35

RECEIVED : 19/05/2022 08:36

REPORTED : 20/05/2022 12:49

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

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 - NLR-

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.

ERYTHRO SEDIMENTATION RATE, BLOOD-

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0-1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Reference :

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition
2. Paediatric reference intervals. AACCPress, 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, PLASMA-

ADA 2021 guidelines for adults, after 8 hrs fasting is as follows:

Pre-diabetics: 100 - 125 mg/dL

Diabetic: > or = 126 mg/dL

GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD-

Glycosylated hemoglobin (GHb) has been firmly established as an index of long-term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. Formation of GHb is essentially irreversible, and the concentration in the blood depends on both the life span of the red blood cell (average 120 days) and the blood glucose concentration. Because the rate of formation of GHb is directly proportional to the concentration of glucose in the blood, the GHb concentration represents the integrated values for glucose over the preceding 6-8 weeks.

Any condition that alters the life span of the red blood cells has the potential to alter the GHb level. Samples from patients with hemolytic anemias will exhibit decreased glycated hemoglobin values due to the shortened life span of the red cells. This effect will depend upon the severity of the anemia. Samples from patients with polycythemia or post-splenectomy may exhibit increased glycated hemoglobin values due to a somewhat longer life span of the red cells.

Glycosylated hemoglobins results from patients with HbSS, HbCC, and HbSC, and HbD must be interpreted with caution, given the pathological processes, including anemia, increased red cell turnover, transfusion requirements, that adversely impact HbA1c as a marker of long-term glycemic control. In these conditions, alternative forms of testing such as glycated serum protein (fructosamine) should be considered.

"Targets should be individualized; More or less stringent glycemic goals may be appropriate for individual patients. Goals should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations."

References

1. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R. Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 879-884.
 2. Forsham PH. Diabetes Mellitus: A rational plan for management. Postgrad Med 1982, 71, 139-154.
 3. Mayer TK, Freedman ZR: Protein glycosylation in Diabetes Mellitus: A review of laboratory measurements and their clinical utility. Clin Chim Acta 1983, 127, 147-184.
- GLUCOSE, POST-PRANDIAL, PLASMA-ADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water, over a period of 5 minutes.
- CORONARY RISK PROFILE (LIPID PROFILE), SERUM-
- Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease. This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk. It is done in fasting state.



Scan to View Details



Scan to View Report



Patient Ref. No. 2000010993441



Cert. No. MC-2010

SRL
Diagnostics

CLIENT CODE : C000138356

CLIENT'S NAME AND ADDRESS :

VRUSHALI PATIL
TILAK APARTMENT ROAD NO 1, M G ROAD,GOREGAON

SRL Ltd
PRIME SQUARE BUILDING,PLOT NO 1,GAIWADI INDUSTRIAL
ESTATE,S.V. ROAD,GOREGAON (W)
Mumbai, 400062
MAHARASHTRA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956

PATIENT NAME : VRUSHALI PATIL

PATIENT ID : VRUSF1406942

ACCESSION NO : **0002VE039840** AGE : 27 Years SEX : Female

ABHA NO :

DRAWN : 19/05/2022 08:35

RECEIVED : 19/05/2022 08:36

REPORTED : 20/05/2022 12:49

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

High-density lipoprotein (HDL) cholesterol. This is sometimes called the "good" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely. HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease. Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:

Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.

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 result 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

SERUM BLOOD UREA NITROGEN-

Causes of Increased levels

Pre renal

- High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
- Renal Failure

Post Renal

- Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels

- Liver disease
- STADH.

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)



Scan to View Details



Scan to View Report



CLIENT CODE : C000138356

CLIENT'S NAME AND ADDRESS :

VRUSHALI PATIL
TILAK APARTMENT ROAD NO 1, M G ROAD,GOREGAON

SRL Ltd
PRIME SQUARE BUILDING,PLOT NO 1,GAIWADI INDUSTRIAL
ESTATE,S.V. ROAD,GOREGAON (W)
Mumbai, 400062
MAHARASHTRA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956

PATIENT NAME : VRUSHALI PATIL

PATIENT ID : VRUSF1406942

ACCESSION NO : **0002VE039840** AGE : 27 Years SEX : Female

ABHA NO :

DRAWN : 19/05/2022 08:35

RECEIVED : 19/05/2022 08:36

REPORTED : 20/05/2022 12:49

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

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's
- Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels

- Drink plenty of fluids
- Limit animal proteins
- High Fibre foods
- Vit C Intake
- Antioxidant rich foods

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.

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.

ELECTROLYTES (NA/K/CL), SERUM-

Sodium levels are Increased in dehydration, cushing's syndrome, aldosteronism & decreased in Addison's disease, hypopituitarism,liver disease. Hypokalemia (low K) is common in vomiting, diarrhea, alcoholism, folic acid deficiency and primary aldosteronism. Hyperkalemia may be seen in end-stage renal failure, hemolysis, trauma, Addison's disease, metabolic acidosis, acute starvation, dehydration, and with rapid K infusion.Chloride is increased in dehydration, renal tubular acidosis (hyperchloremia metabolic acidosis), acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfunction, salicylate intoxication and with excessive infusion of isotonic saline or extremely high dietary intake of salt.Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure, Addisonian crisis, certain types of metabolic acidosis, persistent gastric secretion and prolonged vomiting,

THYROID PANEL, SERUM-

Triiodothyronine T3 , is a thyroid hormone. It affects 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.

Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called 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.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

Levels in	TOTAL T4 (µg/dL)	TSH3G (µIU/mL)	TOTAL T3 (ng/dL)
Pregnancy			
First Trimester	6.6 - 12.4	0.1 - 2.5	81 - 190
2nd Trimester	6.6 - 15.5	0.2 - 3.0	100 - 260
3rd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260

Below mentioned are the guidelines for age related reference ranges for T3 and T4.

	T3 (ng/dL)	T4 (µg/dL)
New Born:	75 - 260	1-3 day: 8.2 - 19.9
		1 Week: 6.0 - 15.9

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well



Scan to View Details



Scan to View Report

DIAGNOSTIC REPORT



Patient Ref. No. 2000010993441



CLIENT CODE : C000138356

CLIENT'S NAME AND ADDRESS :

VRUSHALI PATIL
TILAK APARTMENT ROAD NO 1, M G ROAD,GOREGAON

SRL Ltd
PRIME SQUARE BUILDING,PLOT NO 1,GAIWADI INDUSTRIAL
ESTATE,S.V. ROAD,GOREGAON (W)
Mumbai, 400062
MAHARASHTRA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956

PATIENT NAME : VRUSHALI PATIL

PATIENT ID : VRUSF1406942

ACCESSION NO : 0002VE039840 AGE : 27 Years SEX : Female

ABHA NO :

DRAWN : 19/05/2022 08:35

RECEIVED : 19/05/2022 08:36

REPORTED : 20/05/2022 12:49

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

documented in the pediatric population including the infant age group.
Kindly note: Method specific reference ranges are appearing on the report under biological reference range.

- Reference:
- Burtis C.A., Ashwood E. R. Bruns D.E. Teitz textbook of Clinical Chemistry and Molecular Diagnostics, 4th Edition.
 - Gowenlock A.H. Varley's Practical Clinical Biochemistry, 6th Edition.
 - Behrman R.E. Kliegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition

STOOL: OVA & PARASITE-

Acute infective diarrhoea and gastroenteritis (diarrhoea with vomiting) are major causes of ill health and premature death in developing countries. Loss of water and electrolytes from the body can lead to severe dehydration which if untreated, can be rapidly fatal in young children, especially that are malnourished, hypoglycaemic, and generally in poor health.

Laboratory diagnosis of parasitic infection is mainly based on microscopic examination and the gross examination of the stool specimen. Depending on the nature of the parasite, the microscopic observations include the identification of cysts, ova, trophozoites, larvae or portions of adult structure. The two classes of parasites that cause human infection are the Protozoa and Helminths. The protozoan infections include amoebiasis mainly caused by Entamoeba histolytica and giardiasis caused by Giardia lamblia. The common helminthic parasites are Trichuris trichiura, Ascaris lumbricoides, Strongyloides stercoralis, Taenia sp. 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.



Scan to View Details



Scan to View Report

DIAGNOSTIC REPORT

Patient Ref. No. 2000010993441



Cert. No. MC-2010

SRL
Diagnostics

CLIENT CODE : C000138356

CLIENT'S NAME AND ADDRESS :VRUSHALI PATIL
TILAK APARTMENT ROAD NO 1, M G ROAD,GOREGAONSRL Ltd
PRIME SQUARE BUILDING,PLOT NO 1,GAIWADI INDUSTRIAL
ESTATE,S.V. ROAD,GOREGAON (W)
Mumbai, 400062
MAHARASHTRA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956**PATIENT NAME : VRUSHALI PATIL**PATIENT ID : **VRUSF1406942**ACCESSION NO : **0002VE039840** AGE : 27 Years SEX : Female

ABHA NO :

DRAWN : 19/05/2022 08:35

RECEIVED : 19/05/2022 08:36

REPORTED : 20/05/2022 12:49

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status **Final****Results****Units****MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE***** ULTRASOUND ABDOMEN****ULTRASOUND ABDOMEN**

- FINDINGS ARE SUGGESTIVE OF BILATERAL POLYCYSTIC OVARIAN SYNDROME (PCOS).
- SUGGEST: CLINICAL AND HORMONAL CORRELATION.

****End Of Report****Please visit www.srlworld.com for related Test Information for this accession
TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.Dr. Kshama P, MD
(Reg No. MMC2000/02/0552)
BiochemistDr. J N Shukla ,MBBS, AFIH
Consultant PhysicianDr. Swati Karmarkar,
MD,DNB,DMRD
Consultant RadiologistDr. Sukanya Verma
(Reg.No.MMC2012/03/0443)
Consultant Microbiologist

Scan to View Details



Scan to View Report

DIAGNOSTIC REPORT

Patient Ref. No. 2000010993441



Cert. No. MC-2010

SRL
Diagnostics

CLIENT CODE : C000138356

CLIENT'S NAME AND ADDRESS :VRUSHALI PATIL
TILAK APARTMENT ROAD NO 1, M G ROAD,GOREGAONSRL Ltd
PRIME SQUARE BUILDING,PLOT NO 1,GAIWADI INDUSTRIAL
ESTATE,S.V. ROAD,GOREGAON (W)
Mumbai, 400062
MAHARASHTRA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956**PATIENT NAME : VRUSHALI PATIL**PATIENT ID : **VRUSF1406942**ACCESSION NO : **0002VE039840** AGE : 27 Years SEX : Female

ABHA NO :

DRAWN : 19/05/2022 08:35

RECEIVED : 19/05/2022 08:36

REPORTED : 20/05/2022 12:49

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status **Final****Results****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 (DOS).
3. SRL confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
4. A requested test might not be performed if:
 - a. Specimen received is insufficient or inappropriate specimen quality is unsatisfactory
 - b. Incorrect specimen type
 - c. Request for testing is withdrawn by the ordering doctor or patient
 - d. There is a discrepancy between the label on the specimen container and the name on the test requisition form
5. The results of a laboratory test are dependent on the quality of the sample as well as the assay technology.
6. Result delays could be because of uncontrolled circumstances, e.g. assay run failure.
7. Tests parameters marked by asterisks are excluded from the "scope" of NABL accredited tests. (If laboratory is accredited).
8. Laboratory results should be correlated with clinical information to determine Final diagnosis.
9. Test results are not valid for Medico- legal purposes.
10. In case of queries or unexpected test results please call at SRL customer care (91115 91115). Post proper investigation repeat analysis may be carried out.

SRL LimitedFortis Hospital, Sector 62, Phase VIII,
Mohali 160062

Scan to View Details



Scan to View Report