



Patient Ref. No. 775000001713021

CLIENT CODE : C000138362

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
Ground floor 365/6, Aaj Ka Aanand building, Shivaji Nagar
PUNE, 411005
MAHARASHTRA, INDIA
Tel : 9111591115, Fax : 020 30251212
CIN - U74899PB1995PLC045956
Email : customercare.pune@srl.in

PATIENT NAME : VIPLAV KRISHNA DUBE

PATIENT ID : VIPLM04058830

ACCESSION NO : 0030VJ001595 AGE : 34 Years SEX : Male

ABHA NO :

DRAWN :

RECEIVED : 08/10/2022 10:18

REPORTED : 10/10/2022 16:08

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE**BLOOD COUNTS,EDTA WHOLE BLOOD**

HEMOGLOBIN	16.1	13.0 - 17.0	g/dL
RED BLOOD CELL COUNT	4.71	4.5 - 5.5	mil/ μ L
WHITE BLOOD CELL COUNT	5.70	4.0 - 10.0	thou/ μ L
PLATELET COUNT	203	150 - 410	thou/ μ L

RBC AND PLATELET INDICES

HEMATOCRIT	47.0	40 - 50	%
MEAN CORPUSCULAR VOL	100.0	83 - 101	fL
MEAN CORPUSCULAR HGB.	34.3	High 27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	34.4	31.5 - 34.5	g/dL
MENTZER INDEX	21.2		
RED CELL DISTRIBUTION WIDTH	11.5	Low 11.6 - 14.0	%
MEAN PLATELET VOLUME	10.0	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

SEGMENTED NEUTROPHILS	43	40 - 80	%
ABSOLUTE NEUTROPHIL COUNT	2.45	2.0 - 7.0	thou/ μ L
LYMPHOCYTES	47	High 20 - 40	%
ABSOLUTE LYMPHOCYTE COUNT	2.68	1.0 - 3.0	thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	0.9		
EOSINOPHILS	1	1 - 6	%
ABSOLUTE EOSINOPHIL COUNT	0.06	0.02 - 0.50	thou/ μ L
MONOCYTES	8	2 - 10	%
ABSOLUTE MONOCYTE COUNT	0.46	0.2 - 1.0	thou/ μ L
BASOPHILS	1	0 - 2	%
ABSOLUTE BASOPHIL COUNT	0.06	0.02 - 0.10	thou/ μ L

DIFFERENTIAL COUNT PERFORMED ON: EDTA SMEAR

MORPHOLOGY

REMARKS

RBCS: PREDOMINANTLY NORMOCYTIC NORMOCHROMIC.

WBCS: WBCS ARE NORMAL IN NUMBER & MORPHOLOGY.

PLATELETS: ADEQUATE ON PERIPHERAL SMEAR.



Scan to View Details



Scan to View Report



Patient Ref. No. 775000001713021

CLIENT CODE : C000138362

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
Ground floor 365/6, Aaj Ka Aanand building, Shivaji Nagar
PUNE, 411005
MAHARASHTRA, INDIA
Tel : 9111591115, Fax : 020 30251212
CIN - U74899PB1995PLC045956
Email : customercare.pune@srl.in

PATIENT NAME : VIPLAV KRISHNA DUBE

PATIENT ID : VIPLM04058830

ACCESSION NO : 0030VJ001595 AGE : 34 Years SEX : Male

ABHA NO :

DRAWN :

RECEIVED : 08/10/2022 10:18

REPORTED : 10/10/2022 16:08

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD

SEDIMENTATION RATE (ESR)	11	0 - 14	mm at 1 hr
--------------------------	----	--------	------------

METHOD : WESTEREGREN METHOD

GLUCOSE FASTING, FLUORIDE PLASMA RESULT PENDING

GLYCOSYLATED HEMOGLOBIN (HBA1C), EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.3	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 ADA Target: 7.0 Action suggested: > 8.0	%
MEAN PLASMA GLUCOSE	105.4	< 116.0	mg/dL

GLUCOSE, POST-PRANDIAL, PLASMA RESULT PENDING

CORONARY RISK PROFILE, SERUM RESULT PENDING

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL	0.45	0.0 - 1.2	mg/dL
BILIRUBIN, DIRECT	0.16	0.0 - 0.2	mg/dL
BILIRUBIN, INDIRECT	0.29	0.00 - 1.00	mg/dL
TOTAL PROTEIN	7.7	6.4 - 8.3	g/dL
ALBUMIN	4.9	3.50 - 5.20	g/dL
GLOBULIN	2.8	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	1.8	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26	UPTO 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	34	UP TO 45	U/L
ALKALINE PHOSPHATASE	104	40 - 129	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	29	8 - 61	U/L
LACTATE DEHYDROGENASE	174	135 - 225	U/L

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN	10	6 - 20	mg/dL
---------------------	----	--------	-------

CREATININE, SERUM

CREATININE	0.75	0.70 - 1.20	mg/dL
------------	------	-------------	-------

BUN/CREAT RATIO

BUN/CREAT RATIO	13.33	5.0 - 15.0	
-----------------	-------	------------	--

URIC ACID, SERUM

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

TOTAL PROTEIN, SERUM


Scan to View Details



Scan to View Report



CLIENT CODE : C000138362

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
Ground floor 365/6, Aaj Ka Aanand building, Shivaji Nagar
PUNE, 411005
MAHARASHTRA, INDIA
Tel : 9111591115, Fax : 020 30251212
CIN - U74899PB1995PLC045956
Email : customercare.pune@srl.in

PATIENT NAME : VIPLAV KRISHNA DUBE

PATIENT ID : VIPLM04058830

ACCESSION NO : 0030VJ001595 AGE : 34 Years SEX : Male

ABHA NO :

DRAWN :

RECEIVED : 08/10/2022 10:18

REPORTED : 10/10/2022 16:08

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
TOTAL PROTEIN		7.7	6.4 - 8.3	g/dL
ALBUMIN, SERUM				
ALBUMIN		4.9	3.5 - 5.2	g/dL
GLOBULIN				
GLOBULIN		2.8	2.0 - 4.1	g/dL
ELECTROLYTES (NA/K/CL), SERUM				
SODIUM		141	137 - 145	mmol/L
POTASSIUM		4.40	3.6 - 5.0	mmol/L
CHLORIDE		104	98 - 107	mmol/L
PHYSICAL EXAMINATION, URINE				
COLOR		PALE YELLOW		
APPEARANCE		CLEAR		
SPECIFIC GRAVITY		<=1.005	1.003 - 1.035	
CHEMICAL EXAMINATION, URINE				
PH		6.0	4.7 - 7.5	
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				
PUS CELL (WBC'S)		1-2	0-5	/HPF
EPITHELIAL CELLS		1-2	0-5	/HPF
ERYTHROCYTES (RBC'S)		NOT DETECTED	NOT DETECTED	/HPF
CASTS		NOT DETECTED		
CRYSTALS		NOT DETECTED		
BACTERIA		NOT DETECTED	NOT DETECTED	
REMARKS		URINE ANALYSIS : MICROSCOPIC EXAMINATION IS CARRIED OUT ON CENTRIFUGED URINARY SEDIMENT.		
THYROID PANEL, SERUM				
T3		109.76	58 - 159	ng/dL
T4		7.25	4.87 - 11.71	µg/dL



Scan to View Details



Scan to View Report



CLIENT CODE : C000138362

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
Ground floor 365/6, Aaj Ka Anand building, Shivaji Nagar
PUNE, 411005
MAHARASHTRA, INDIA
Tel : 9111591115, Fax : 020 30251212
CIN - U74899PB1995PLC045956
Email : customercare.pune@srl.in

PATIENT NAME : VIPLAV KRISHNA DUBE

PATIENT ID : VIPLM04058830

ACCESSION NO : 0030VJ001595 AGE : 34 Years SEX : Male

ABHA NO :

DRAWN :

RECEIVED : 08/10/2022 10:18

REPORTED : 10/10/2022 16:08

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

TSH 3RD GENERATION

1.904

0.350 - 4.940

μIU/mL

STOOL: OVA & PARASITE

RESULT PENDING

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP

TYPE B

RH TYPE

POSITIVE

XRAY-CHEST

IMPRESSION

NO ABNORMALITY DETECTED

TMT OR ECHO

TMT OR ECHO

NEGATIVE

ECG

ECG

WITHIN NORMAL LIMITS

MEDICAL HISTORY

RESULT PENDING

ANTHROPOMETRIC DATA & BMI

HEIGHT IN METERS

1.65

mts

WEIGHT IN KGS.

78

Kgs

BMI

29

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

74/MIN REGULAR, ALL PERIPHERAL PULSES WELL FELT, NO CAROTID BRUIT



Scan to View Details



Scan to View Report



CLIENT CODE : C000138362

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
Ground floor 365/6, Aaj Ka Aanand building, Shivaji Nagar
PUNE, 411005
MAHARASHTRA, INDIA
Tel : 9111591115, Fax : 020 30251212
CIN - U74899PB1995PLC045956
Email : customercare.pune@srl.in

PATIENT NAME : VIPLAV KRISHNA DUBE

PATIENT ID : VIPLM04058830

ACCESSION NO : 0030VJ001595 AGE : 34 Years SEX : Male

ABHA NO :

DRAWN :

RECEIVED : 08/10/2022 10:18

REPORTED : 10/10/2022 16:08

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

RESPIRATORY RATE

NORMAL

CARDIOVASCULAR SYSTEM

BP

120/80 MM HG
(SITTING)

mm/Hg

PERICARDIUM

NORMAL

APEX BEAT

NORMAL

HEART SOUNDS

S1, S2 HEARD NORMALLY

MURMURS

ABSENT

RESPIRATORY SYSTEM

SIZE AND SHAPE OF CHEST

NORMAL

MOVEMENTS OF CHEST

SYMMETRICAL

BREATH SOUNDS INTENSITY

NORMAL

BREATH SOUNDS QUALITY

VESICULAR (NORMAL)

ADDED SOUNDS

ABSENT

PER ABDOMEN

APPEARANCE

NORMAL

VENOUS PROMINENCE

ABSENT

LIVER

NOT PALPABLE

SPLEEN

NOT PALPABLE

HERNIA

ABSENT

CENTRAL NERVOUS SYSTEM

HIGHER FUNCTIONS

NORMAL

CRANIAL NERVES

NORMAL

CEREBELLAR FUNCTIONS

NORMAL

SENSORY SYSTEM

NORMAL

MOTOR SYSTEM

NORMAL

REFLEXES

NORMAL

MUSCULOSKELETAL SYSTEM

SPINE

NORMAL

JOINTS

NORMAL

BASIC EYE EXAMINATION

CONJUNCTIVA

NORMAL

EYELIDS

NORMAL

EYE MOVEMENTS

NORMAL



Scan to View Details



Scan to View Report



CLIENT CODE : C000138362

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
Ground floor 365/6, Aaj Ka Aanand building, Shivaji Nagar
PUNE, 411005
MAHARASHTRA, INDIA
Tel : 9111591115, Fax : 020 30251212
CIN - U74899PB1995PLC045956
Email : customercare.pune@srl.in

PATIENT NAME : VIPLAV KRISHNA DUBE

PATIENT ID : VIPLM04058830

ACCESSION NO : 0030VJ001595 AGE : 34 Years SEX : Male

ABHA NO :

DRAWN : RECEIVED : 08/10/2022 10:18

REPORTED : 10/10/2022 16:08

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

CORNEA	NORMAL
DISTANT VISION RIGHT EYE WITHOUT GLASSES	DISTANT VISION 6/6 (NORMAL)
DISTANT VISION LEFT EYE WITHOUT GLASSES	DISTANT VISION 6/6 (NORMAL)
NEAR VISION RIGHT EYE WITHOUT GLASSES	NEAR VISION N 6 (NORMAL)
NEAR VISION LEFT EYE WITHOUT GLASSES	NEAR VISION N 6 (NORMAL)
COLOUR VISION	NORMAL

BASIC ENT EXAMINATION

EXTERNAL EAR CANAL	NORMAL
TYMPANIC MEMBRANE	NORMAL
NOSE	NO ABNORMALITY DETECTED
SINUSES	NORMAL
THROAT	NORMAL
TONSILS	NOT ENLARGED

SUMMARY RESULT PENDING

FITNESS STATUS RESULT PENDING

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

Increase in: Infections, Vasculitides, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

Finding a very accelerated ESR (>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy BRI in first trimester is 0-48 mm/hr (62 if anemic) and in second trimester (0-70 mm/hr (95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs (Vitamin A, Dextran etc), Hypercholesterolemia

False Decreased : Poikilocytosis, (Sickle Cells, spherocytes), Microcytosis, Low fibrinogen, Very high WBC counts, Drugs (Quinine,



Scan to View Details



Scan to View Report



CLIENT CODE : C000138362

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
Ground floor 365/6, Aaj Ka Aanand building, Shivaji Nagar
PUNE, 411005
MAHARASHTRA, INDIA
Tel : 9111591115, Fax : 020 30251212
CIN - U74899PB1995PLC045956
Email : customercare.pune@srl.in

PATIENT NAME : VIPLAV KRISHNA DUBE

PATIENT ID : VIPLM04058830

ACCESSION NO : 0030VJ001595 AGE : 34 Years SEX : Male

ABHA NO :

DRAWN : RECEIVED : 08/10/2022 10:18

REPORTED : 10/10/2022 16:08

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

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.
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

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, 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. 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 hemorrhage, 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



Scan to View Details



Scan to View Report



CLIENT CODE : C000138362

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
Ground floor 365/6, Aaj Ka Aanand building, Shivaji Nagar
PUNE, 411005
MAHARASHTRA, INDIA
Tel : 9111591115, Fax : 020 30251212
CIN - U74899PB1995PLC045956
Email : customercare.pune@srl.in

PATIENT NAME : VIPLAV KRISHNA DUBE

PATIENT ID : VIPLM04058830

ACCESSION NO : 0030VJ001595 AGE : 34 Years SEX : Male

ABHA NO :

DRAWN : RECEIVED : 08/10/2022 10:18

REPORTED : 10/10/2022 16:08

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

• Muscular dystrophy

URIC ACID, SERUM-

Causes of Increased levels:-Dietary(High Protein Intake,Prolonged Fasting,Rapid weight loss),Gout,Lesch nyhan syndrome,Type 2 DM,Metabolic syndrome**Causes of decreased levels:**-Low Zinc intake,OCP,Multiple Sclerosis

TOTAL PROTEIN, SERUM-

Serum total protein,also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease

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

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.



Scan to View Details



Scan to View Report



Patient Ref. No. 775000001713021

CLIENT CODE : C000138362

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
Ground floor 365/6, Aaj Ka Anand building, Shivaji Nagar
PUNE, 411005
MAHARASHTRA, INDIA
Tel : 9111591115, Fax : 020 30251212
CIN - U74899PB1995PLC045956
Email : customercare.pune@srl.in

PATIENT NAME : VIPLAV KRISHNA DUBE

PATIENT ID : VIPLM04058830

ACCESSION NO : 0030VJ001595 AGE : 34 Years SEX : Male

ABHA NO :

DRAWN :

RECEIVED : 08/10/2022 10:18

REPORTED : 10/10/2022 16:08

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Units
--------------------	-------	---------	-------

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 YEARS

ULTRASOUND ABDOMEN

RESULT PENDING

****End Of Report****Please visit www.srlworld.com for related Test Information for this accession

Dr. Swati Pravin Mulani,
MD Pathology
Lab Head

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