PATIENT NAME : SACHIN THORAT	REF. DOCTOR :	SELF
	ACCESSION NO : 0042WD001156 PATIENT ID : SACHM08048842	AGE/SEX : 35 Years Male
DELHI	CLIENT PATIENT ID:	RECEIVED :08/04/2023 09:39:07 REPORTED :10/04/2023 10:02:58
NEW DELHI 110030 8800465156	ABHA NO :	10,04,2025 10.02.50
Test Report Status <u>Final</u>	Results Biological	Reference Interval Units

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40) MALE
VDAV CHECT	

XRAY-CHEST			
»»	BOTH THE LUNG FIELDS ARE CLEAR		
»»	BOTH THE COSTOPHRENIC AND CARIOPHRENIC ANGELS ARE CLEAR		
»»	BOTH THE HILA ARE NORM	MAL	
»»	CARDIAC AND AORTIC SH	ADOWS APPEAR NORMAL	
»»	BOTH THE DOMES OF THE	DIAPHRAM ARE NORMAL	
»»	VISUALIZED BONY THORA	X IS NORMAL	
IMPRESSION	NO ABNORMALITY DETECT	ΤΕD	
TMT OR ECHO			
TMT OR ECHO	NORMAL		
ECG			
ECG	WITHIN NORMAL LIMITS		
MEDICAL HISTORY			
RELEVANT PRESENT HISTORY	NOT SIGNIFICANT		
RELEVANT PAST HISTORY	NOT SIGNIFICANT		
RELEVANT PERSONAL HISTORY	NOT SIGNIFICANT		
RELEVANT FAMILY HISTORY	NOT SIGNIFICANT		
OCCUPATIONAL HISTORY	NOT SIGNIFICANT		
HISTORY OF MEDICATIONS	NOT SIGNIFICANT		
ANTHROPOMETRIC DATA & BMI			
HEIGHT IN METERS	1.71		mts
WEIGHT IN KGS.	71		Kgs
BMI	24	BMI & Weight Status as fol Below 18.5: Underweight 18.5 - 24.9: Normal 25.0 - 29.9: Overweight 30.0 and Above: Obese	lo \g /sqmts
GENERAL EXAMINATION		JOID AND ADDRE. ODESE	
MENTAL / EMOTIONAL STATE	NORMAL		
PHYSICAL ATTITUDE	NORMAL		
GENERAL APPEARANCE / NUTRITIONAL STATUS	HEALTHY		

AVERAGE

R. Swarupa.

Dr.R.Swarupa Consultant Pathologist

BUILT / SKELETAL FRAMEWORK

Page 1 Of 20



View Details View Report



CODE/NAME & ADDRESS : C000138369		
	ACCESSION NO : 0042WD001156	AGE/SEX : 35 Years Male
ACROFEMI HEALTHCARE LTD (MEDIWHEEL)	PATIENT ID : SACHM08048842	DRAWN :
F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI	CLIENT PATIENT ID:	RECEIVED : 08/04/2023 09:39:07
NEW DELHI 110030	ABHA NO :	REPORTED :10/04/2023 10:02:58
8800465156		
Test Report Status <u>Final</u>	Results Biologica	al 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	74/REGULAR, ALL PERIPHERAL PULSE	ES WELL FELT, NO CAROTID BRUIT
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	
D. Sumaupa.		

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Page 2 Of 20



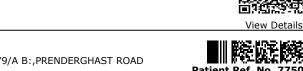




ACCESSION NO : 0042WD001156	AGE/SEX : 35 Years Male		
PATIENT ID : SACHM08048842	DRAWN :		
CLIENT PATIENT ID:	RECEIVED :08/04/2023 09:39:07		
ABHA NO :	REPORTED :10/04/2023 10:02:58		
Results Biologica	al Reference Interval Units		
NORMAL			
NORMAL			
NORMAL			
NORMAL			
WITHIN NORMAL LIMIT			
NORMAL			
NORMAL			
NORMAL			
NO ABNORMALITY DETECTED			
NORMAL			
NO ABNORMALITY DETECTED			
NOT ENLARGED			
NORMAL			
HEALTHY			
NOT SIGNIFICANT			
NOT SIGNIFICANT			
ESR-16,HBA1C-6.3,PPBS-141,TG-159			
	Results Biological NORMAL NORMAL NORMAL IMIT WITHIN NORMAL LIMIT WITHIN NORMAL LIMIT WITHIN NORMAL LIMIT NORMAL NORMAL <t< td=""></t<>		

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Page 3 Of 20



Details View Report



PATIENT NAME : SACHIN THORAT	REF. DOCTOR :	SELF
CODE/NAME & ADDRESS : C000138369	ACCESSION NO : 0042WD001156	AGE/SEX : 35 Years Male
ACROFEMI HEALTHCARE LTD (MEDIWHEEL)	PATIENT ID : SACHM08048842	DRAWN :
F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI	CLIENT PATIENT ID:	RECEIVED : 08/04/2023 09:39:07
NEW DELHI 110030	ABHA NO :	REPORTED :10/04/2023 10:02:58
8800465156		
Test Report Status <u>Final</u>	Results Biologica	l Reference Interval Units
RELEVANT NON PATHOLOGY DIAGNOSTICS	NO ABNORMALITIES DETECTED	
REMARKS / RECOMMENDATIONS	REPEAT FBS,PLBS.	
	ADVICE TO FOLLOW UP WITH PHYSIC	
	ADVICE TO FOLLOW UP WITH PHYSIC: LEVELS.	IAN FOR HIGH LIPID PROFILE
	ADVICE TO FOLLOW UP WITH PHYSIC	IAN FOR RAISED LIVER ENZYMES.
FITNESS STATUS		
FITNESS STATUS	FIT (WITH MEDICAL ADVICE) (AS PER	REQUESTED PANEL OF TESTS)

R. Swarupa.

Dr.R.Swarupa Consultant Pathologist

Page 4 Of 20





View Report



PATIENT NAME : SACHIN THORAT	REF. DOCTOR : S	SELF
		AGE/SEX : 35 Years Male
F-703, LADO SARAI, MEHRAULISOUTH WEST	5/10/11/000/100/12	DRAWN : RECEIVED :08/04/2023 09:39:07
NEW DELHI 110030 AE 8800465156 AE	BHA NO :	REPORTED :10/04/2023 10:02:58

Test Report Status **Final**

Results

Biological Reference Interval Units

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE ULTRASOUND ABDOMEN ULTRASOUND ABDOMEN

NO ABNORMALITIES DETECTED

Interpretation(s)

MEDIĊAL

HISTORY-* THIS REPORT CARRIES THE SIGNATURE OF OUR LABORATORY DIRECTOR. THIS IS AN INVIOLABLE FEATURE OF OUR LAB MANAGEMENT SOFTWARE. HOWEVER, ALL EXAMINATIONS AND INVESTIGATIONS HAVE BEEN CONDUCTED BY OUR PANEL OF DOCTORS.

FITNESS STATUS-Conclusion on an individual's Fitness, which is commented upon mainly for Pre employment cases, is based on multi factorial findings and does not depend on any one single parameter. The final Fitness assigned to a candidate will depend on the Physician's findings and overall judgement on a case to case basis, details of the candidate's past and personal history; as well as the comprehensiveness of the diagnostic panel which has been requested for . These are then further correlated with details of the job under consideration to eventually fit the right man to the right job.

Basis the above, SRL classifies a candidate's Fitness Status into one of the following categories: • Fit (As per requested panel of tests) – SRL Limited gives the individual a clean chit to join the organization, on the basis of the General Physical Examination and the specific test panel requested for.

• Fit (with medical advice) (As per requested panel of tests) - This indicates that although the candidate can be declared as FIT to join the job, minimal problems have been detected during the Pre- employment examination. Examples of conditions which could fall in this category could be cases of mild reversible medical abnormalities such as height weight disproportions, borderline raised Blood Pressure readings, mildly raised Blood sugar and Blood Lipid levels, Hematuria, etc. Most of these relate to sedentary lifestyles and come under the broad category of life style disorders. The idea is to caution an individual to bring about certain lifestyle changes as well as seek a Physician¹¹¹'s consultation and counseling in order to bring back to normal the mildly deranged parameters. For all purposes the individual is FIT to join the job. • Fitness on Hold (Temporary Unfit) (As per requested panel of tests) - Candidate's reports are kept on hold when either the diagnostic tests or the physical findings reveal the presence of a medical condition which warrants further tests, counseling and/or specialist opinion, on the basis of which a candidate can either be placed into Fit, Fit (With Medical Advice), exhering the extension which warrants further tests, counseling and/or specialist opinion, on the basis of which a candidate can either be placed into Fit, Fit

(With Medical Advice), or Unfit category. Conditions which may fall into this category could be high blood pressure, abnormal ECG, heart murmurs, abnormal vision, grossly elevated blood sugars, etc.

• Unfit (As per requested panel of tests) - An unfit report by SRL Limited clearly indicates that the individual is not suitable for the respective job profile e.g. total color blindness in color related jobs

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Page 5 Of 20

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PATIENT NAME : SACHIN THORAT		REF. DOCTOR :	SELF	
CODE/NAME & ADDRESS : C000138369	ACCESSION NO : 0042WD001156 AGE/SEX : 35 Years Male			
ACROFEMI HEALTHCARE LTD (MEDIWHEEL)	PATIENT ID : SACHI	408048842	DRAWN :	
F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI	CLIENT PATIENT ID:		RECEIVED : 08/0	04/2023 09:39:07
NEW DELHI 110030	ABHA NO :			04/2023 10:02:58
8800465156				
Fest Report Status <u>Final</u>	Results Biological Reference Interval U			erval Units
Н	IAEMATOLOGY - CBC			
MEDI WHEEL FULL BODY HEALTH CHECK UP B	ELOW 40 MALE			
BLOOD COUNTS,EDTA WHOLE BLOOD				
HEMOGLOBIN (HB)	13.5	13.0 - 17.	0	g/dL
METHOD : CYANMETHEMOGLOBIN METHOD				
RED BLOOD CELL (RBC) COUNT METHOD : ELECTRICAL IMPEDANCE	5.28	4.5 - 5.5		mil/µL
WHITE BLOOD CELL (WBC) COUNT METHOD : ELECTRICAL IMPEDANCE	6.30	4.0 - 10.0		thou/µL
PLATELET COUNT METHOD : ELECTRICAL IMPEDANCE	200	150 - 410		thou/µL
RBC AND PLATELET INDICES				
HEMATOCRIT (PCV)	41.2	40 - 50		%
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR VOLUME (MCV)	78.0 Low	83 - 101		fL
METHOD : CALCULATED PARAMETER			_	
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER	25.6 Low	27.0 - 32.	0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) METHOD : CALCULATED PARAMETER	32.8	31.5 - 34.	5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW)	14.0	11.6 - 14.	0	%
METHOD : CALCULATED PARAMETER				
MENTZER INDEX	14.8			
MEAN PLATELET VOLUME (MPV)	9.6	6.8 - 10.9		fL
METHOD : CALCULATED PARAMETER				
WBC DIFFERENTIAL COUNT				
NEUTROPHILS METHOD : ACV TECHNOLOGY	56	40 - 80		%
LYMPHOCYTES METHOD : ACV TECHNOLOGY	36	20 - 40		%
MONOCYTES METHOD : ACV TECHNOLOGY	4	2 - 10		%
EOSINOPHILS	4	1 - 6		%

R. Swarupa.

Dr.R.Swarupa Consultant Pathologist Page 6 Of 20





PATIENT NAME : SACHIN THORAT	REF. DOCTOR : SELF			
CODE/NAME & ADDRESS : C000138369 ACROFEMI HEALTHCARE LTD (MEDIWHEEL) F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0042WD001156 PATIENT ID : SACHM08048842 CLIENT PATIENT ID: ABHA NO :		AGE/SEX :35 Years Male DRAWN : RECEIVED :08/04/2023 09:39:07 REPORTED :10/04/2023 10:02:58	
Test Report Status <u>Final</u>	Results	Biological R	eference Interval Units	
BASOPHILS METHOD : ACV TECHNOLOGY	0	0 - 2	%	
ABSOLUTE NEUTROPHIL COUNT METHOD : CALCULATED PARAMETER	3.53	2.0 - 7.0	thou/µL	
ABSOLUTE LYMPHOCYTE COUNT METHOD : CALCULATED PARAMETER	2.27	1.0 - 3.0	thou/µL	
ABSOLUTE MONOCYTE COUNT METHOD : CALCULATED PARAMETER	0.25	0.2 - 1.0	thou/µL	
ABSOLUTE EOSINOPHIL COUNT METHOD : CALCULATED PARAMETER	0.25	0.02 - 0.50	thou/µL	
ABSOLUTE BASOPHIL COUNT METHOD : CALCULATED PARAMETER	0 Low	0.02 - 0.10	thou/µL	
NEUTROPHIL LYMPHOCYTE RATIO (NLR) METHOD : CALCULATED	1.6			
MORPHOLOGY				
RBC METHOD : MICROSCOPIC EXAMINATION	NORMOCYTIC NORM	OCHROMIC WITH FEV	W MICROCYTES.	
WBC	WITHIN NORMAL LIMITS.			
METHOD : MICROSCOPIC EXAMINATION PLATELETS METHOD : MICROSCOPIC EXAMINATION	ADEQUATE ON SME	AR.		

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 REC 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.

R'Swarupa.

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Page 7 Of 20

|| 膝疑疑疑疑 Patient Ref. No. 775000002844337

PATIENT NAME : SACHIN THORAT	REF. DOCTOR :	SELF
ACROFEMI HEALTHCARE LTD (MEDIWHEEL) F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI	ACCESSION NO : 0042WD001156 PATIENT ID : SACHM08048842 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 35 Years Male DRAWN : RECEIVED : 08/04/2023 09:39:07 REPORTED :10/04/2023 10:02:58
Test Report Status <u>Final</u>	Results Biological	Reference Interval Units

HAEMATOLOGY MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE **ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE** BLOOD 16 High E.S.R 0 - 14 mm at 1 hr METHOD : WESTERGREN METHOD

Interpretation(s) 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, Vasculities, 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: Polycythermia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia False Decreased : Poikilocytosis,(SickleCells,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.

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Page 8 Of 20



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PATIENT NAME : SACHIN THORAT	REF. DOCTOR :	SELF
CODE/NAME & ADDRESS : C000138369	ACCESSION NO : 0042WD001156	AGE/SEX : 35 Years Male
ACROFEMI HEALTHCARE LTD (MEDIWHEEL)	PATIENT ID : SACHM08048842	DRAWN :
F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI	CLIENT PATIENT ID:	RECEIVED :08/04/2023 09:39:07
NEW DELHI 110030	ABHA NO :	REPORTED :10/04/2023 10:02:58
8800465156		
(

Test	Report	Status	<u>Final</u>
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Biological Reference Interval Units

IMMUNOHAEMATOLOGY

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP	TYPE O
METHOD : TUBE AGGLUTINATION	
RH TYPE	POSITIVE
METHOD : TUBE AGGLUTINATION	

Interpretation(s) 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.

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Page 9 Of 20

V<u>iew Report</u>



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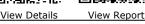
PATIENT NAME : SACHIN THORAT		REF. DOCTOR :	SELF	
CODE/NAME & ADDRESS : C000138369	ACCESSION NO : 0042	WD001156	AGE/SEX : 35 Year	rs Male
ACROFEMI HEALTHCARE LTD (MEDIWHEEL)	PATIENT ID : SACH	M08048842	DRAWN :	
F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI	CLIENT PATIENT ID: RECEIVED : 08/04		RECEIVED : 08/04/2	2023 09:39:07
NEW DELHI 110030	ABHA NO :		REPORTED :10/04/	2023 10:02:58
3800465156				
Test Report Status <u>Final</u>	Results	Biological	Reference Interv	al Units
	BIOCHEMISTRY			
MEDI WHEEL FULL BODY HEALTH CHECK UP I	BELOW 40 MALE			
GLUCOSE FASTING, FLUORIDE PLASMA				<i>.</i>
FBS (FASTING BLOOD SUGAR) METHOD : SPECTROPHOTOMETRY HEXOKINASE	98	74 - 99		mg/dL
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA BLOOD				
HBA1C	6.3 High	Diabetics: Therapeut Action sug	tic: < 5.7 tics: 5.7 - 6.4 > or = 6.5 tic goals: < 7.0 gested : > 8.0 leline 2021)	%
METHOD : ION- EXCHANGE HPLC		,	,	
ESTIMATED AVERAGE GLUCOSE(EAG) METHOD : ION- EXCHANGE HPLC	134.1 High	< 116.0		mg/dL
GLUCOSE, POST-PRANDIAL, PLASMA				
PPBS(POST PRANDIAL BLOOD SUGAR) METHOD : SPECTROPHOTOMETRY HEXOKINASE LIPID PROFILE, SERUM	141 High	70 - 139		mg/dL
CHOLESTEROL, TOTAL	200	< 200 De 200 - 239 >/= 240 I	Borderline High	mg/dL
METHOD : SPECTROPHOTOMETRY, CHOLESTEROL OXIDASE ESTER	RASE PEROXIDASE	,	5	
TRIGLYCERIDES	159 High	< 150 Noi 150 - 199 200 - 499 >/=500 V	Borderline High High	mg/dL
METHOD : SPECTROPHOTOMETRY, LIPASE				
HDL CHOLESTEROL	28 Low	< 40 Low >/=60 Hig	jh	mg/dL
METHOD : SPECTROPHOTOMETRY, POLYANIONIC DETERGENT/CH	DD			

R. Swarupa.

Dr.R.Swarupa Consultant Pathologist

Page 10 Of 20







PATIENT NAME : SACHIN THORAT	REF. DOCTOR : SELF			
CODE/NAME & ADDRESS : C000138369	ACCESSION NO : 004		AGE/SEX :35 Years	Male
ACROFEMI HEALTHCARE LTD (MEDIWHEEL)		HM08048842	DRAWN :	
F-703, LADO SARAI, MEHRAULISOUTH WEST	CLIENT PATIENT ID:	111100040042	RECEIVED :08/04/2	023 09:39:07
DELHI NEW DELHI 110030	ABHA NO :		REPORTED :10/04/2	
8800465156				
r				
Test Report Status <u>Final</u>	Results	Biological	Reference Interva	l Units
CHOLESTEROL LDL	140 High	< 100 Opt	imal	mg/dL
		100 - 129 Near optin	nal/ above optimal	
		130 - 159		
		Borderline	High	
		160 - 189	-	
NON HDL CHOLESTEROL	172 High	>/= 190 V	ery High Less than 130	mg/dL
NON TIDE CHOLESTEROL	172 mgn		sirable: 130 - 159	nig/uE
			High: 160 - 189	
		High: 190		
			> or = 220	<i>.</i>
VERY LOW DENSITY LIPOPROTEIN	31.8 High	= 30.0</td <td></td> <td>mg/dL</td>		mg/dL
CHOL/HDL RATIO	7.1 High	3.3 - 4.4		
		Low Risk 4.5 - 7.0		
		Average R	isk	
		7.1 - 11.0		
		Moderate	Risk	
		> 11.0 High Risk		
LDL/HDL RATIO	5 High	-	Desirable/Low Risk	
	5		Borderline/Moderat	
		Risk		
Interpretation(s)		>6.0 High	Risk	
Interpretation(3)				
LIVER FUNCTION PROFILE, SERUM				
BILIRUBIN, TOTAL	0.36	0.2 - 1.0		mg/dL
METHOD : SPECTROPHOTOMETRY, JENDRASSIK & GROFF				
BILIRUBIN, DIRECT	0.07	0.0 - 0.2		mg/dL
METHOD : SPECTROPHOTOMETRY, JENDRASSIK & GROFF				
BILIRUBIN, INDIRECT	0.29	0.1 - 1.0		mg/dL
METHOD : SPECTROPHOTOMETRY,CALCULATED	7 2			a (di
	7.2	6.4 - 8.2		g/dL
METHOD : SPECTROPHOTOMETRY, MODIFIED BIURET	4 1			a/di
ALBUMIN METHOD : SPECTROPHOTOMETRY, BCP - DYE BINDING	4.1	3.4 - 5.0		g/dL
HERED I DECIMONOREIRI, DEF - DIE DINDING				

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Page 11 Of 20



Vie<u>w Details</u>



CODE/NAME & ADDRESS : C000138369 ACCESSION NO : 0042WD001156 AGC/SEX : 35 Years Male ARCORENT HEALTHCARE LDD (MEDIWHEEL) PATEMT ID :: SACHM00048842 DRAWN :: RECEIVED : 08/04/2023 09: 39: 07 REV DELHI 110030 ABHA NO : RECEIVED : 08/04/2023 10:02: 58 RECEIVED : 08/04/2023 10:02: 58 Test Report Status Final Results Biological Reference Interval Units GLOBULIN 3.1 2.0 - 4.1 g/dL MEMO: : SECTORPHOTOMERY, CALCULATED 1.3 1.0 - 2.1 RATIO MEMO: : SECTORPHOTOMERY, CALCULATED 1.3 1.0 - 2.1 RATIO MEMO: : SECTORPHOTOMERY, CALCULATED 1.3 1.0 - 2.1 RATIO MEMO: : SECTORPHOTOMERY, MUNIT PRIDOXAL - SPHOSHATE ALANING TRANSFERASE (AST/SGOT) 15 15 - 37 U/L MEMO: : SECTORPHOTOMERY, MUNIT PRIDOXAL - SPHOSHATE ALALINE AMINOTRANSFERASE (GGT) 33 15 - 85 U/L MEMO: : SECTORPHOTOMERY, MUNIT PRIDOXAL - SPHOSHATE ALALINE MINOTRANSFERASE (GGT) 33 15 - 85 U/L MEMO: : SECTORPHOTOMERY, MONTRANSFERASE (GGT) 33 15 - 85 U/L MEMO: : SECTORPHOTOMERY, ALA	PATIENT NAME : SACHIN THORAT		REF. DOCTOR :	SELF	
F-703, LADO SARAI, MEHRAULISOUTH WEST Intern PATENT D: SALI INDUBAGUAL RECEIVED : 10/04/2023 09:39:07 RECEIVED : 10/04/2023 10:02:58 RECEIVED : 10/04/2023 10:02:58 800455156 ABHA NO : RECEIVED : 10/04/2023 10:02:58 Test Report Status Einal Results Biological Reference Interval Units GLOBULIN 3.1 2.0 - 4.1 g/dL MEMOD : SPECIMPHOTOMERY, CALCULATED 1.3 1.0 - 2.1 RATIO MEMOD : SPECIMPHOTOMERY, CALCULATED 1.3 1.0 - 2.1 RATIO MEMOD : SPECIMPHOTOMERY, CALCULATED 1.3 1.0 - 2.1 RATIO MEMOD : SPECIMPHOTOMERY, CALCULATED 1.3 1.0 - 2.1 RATIO MEMOD : SPECIMPHOTOMERY, CALCULATED 1.3 1.0 - 2.1 RATIO MEMOD : SPECIMPHOTOMERY, MURTH PHILOCAL SPROSPHATE ALANINOTRANSFERASE (CAST/SGOT) 15 15 - 37 U/L MEMOD : SPECIMPHOTOMERY, MURTH PHILOCAL SPROSPHATE ALANINOTRANSFERASE (GGT) 33 15 - 85 U/L METHOD : SPECIMPHOTOMERY, MORTHE ENZYMATIC LACTATE - PRUMATE BLOOD UL/L U/L METHOD : SPECIMPHOTOMERY, MORTHE ENZYMATIC LACTATE - PRUMATE BLOOD UREA NITROGEN (BUN), SERUM 12 6 - 20 mg/dL BLOOD UREA NITROGEN (BUN), SERUM 12 6 - 20 mg/dL BUN/CREAT RATIO 13.48	CODE/NAME & ADDRESS : C000138369	ACCESSION NO : 0042	2WD001156	AGE/SEX :35 Years	Male
F-703, LADO SARAT, MEHRAULISOUTH WEST DELHT CLIENT PATTERNT ID: ABHA NO : RECEIVED : 08/04/2023 09:39:07 REPORTED : 10/04/2023 10:02:58 Test Report Status Einal Results Biological Reference Interval Units GLOBULIN 3.1 2.0 - 4.1 g/dL METHOD:: SPECTROPHOTOMETRY, CALCULATED 1.3 1.0 - 2.1 RATIO METHOD:: SPECTROPHOTOMETRY, CALCULATED 1.3 1.0 - 2.1 RATIO ASPARTATE AMINOTRANSFERASE (AST/SGOT) 15 15 - 37 U/L METHOD:: SPECTROPHOTOMETRY, UW WITH PRILIDOXAL -5-PHOSPHATE V/L V/L ALANINE AMINOTRANSFERASE (GGT) 20 < 45.0 U/L METHOD:: SPECTROPHOTOMETRY, WU WITH PRILIDOXAL -5-PHOSPHATE V/L V/L ALANINE AMINOTRANSFERASE (GGT) 33 15 - 85 U/L METHOD:: SPECTROPHOTOMETRY, NOPITED FUZMATE LACATE - PRULATE V/L V/L METHOD:: SPECTROPHOTOMETRY, MODIFIED FUZMATE LACATE - PRULATE V/L V/L METHOD:: SPECTROPHOTOMETRY, MODIFIED FUZMATE LACATE - PRULATE V/L V/L METHOD:: SPECTROPHOTOMETRY, MODIFIED FUZMATE LACATE - PRULATE V/L V/L METHOD:: SPECTROPHOTOMETRY, MODIFIED FUZMATE LACATE - PRULATE		PATIENT ID : SACH	IM08048842	DRAWN :	
NEW DELHI 110030 ABHA NO : REPORTED::10/04/2023:10:02:58 Test Report Status Einal Results Biological Reference Interval Units GLOBULIN 3.1 2.0 - 4.1 g/dL METHOD::SPECTROPHOTOMERY, CALCULATED 1.3 1.0 - 2.1 RATIO ALBUMIN/GLOBULIN RATO 1.3 1.0 - 2.1 RATIO METHOD::SPECTROPHOTOMERY, CALCULATED 1.3 1.0 - 2.1 RATIO ALBUMIN/GLOBULIN RATO 1.3 1.0 - 2.1 RATIO ALBUNE AMINOTRANSFERASE (AST/SGOT) 15 15 - 37 U/L METHOD::SPECTROPHOTOMERY, UW WITH PIRIDONAL -S-PHOSPHATE ALANINE AMINOTRANSFERASE (AGT/SGOT) 30 - 120 U/L METHOD::SPECTROPHOTOMERY, ALMORTANSFERASE (GGT) 33 15 - 85 U/L METHOD::SPECTROPHOTOMERY, AND CARD EXPANDER LACTET - PRUVATE BLOOD UREA NITROGEN 12 6 - 20 mg/dL BLOOD UREA NITROGEN 12 6 - 20 mg/dL MethoD::SPECTROPHOTOMERY, AUALINE FIGHTE KINETIC LAPPED BUN/CREAT RATIO 13.48 5.00 - 15.00 METHOD::SPECTROPHOTOMERY,		CLIENT PATIENT ID:		RECEIVED : 08/04/20	23 09:39:07
8800465156 Final Results Biological Reference Interval Units GLOBULIN 3.1 2.0 - 4.1 g/dL MITIOD : SPECTROPHOTOMETRY, CALCULATED 1.3 1.0 - 2.1 RAITO ALBUMIN/GLOBULIN RATIO 1.3 1.0 - 2.1 RAITO METROD : SPECTROPHOTOMETRY, CALCULATED 1.5 15 - 37 U/L SPARTATE AMINOTRANSFERASE (ALT/SGOT) 15 15 - 37 U/L METROD : SPECTROPHOTOMETRY, UW WITH PRILDOXAL -S-PHOSPHATE 0.45.0 U/L ALANINE AMINOTRANSFERASE (ALT/SGOT) 20 < 45.0 U/L METROD : SPECTROPHOTOMETRY, WUTH PRILDOXAL -S-PHOSPHATE 0.120 U/L METROD : SPECTROPHOTOMETRY, NOW THE PRILDOXAL -S-PHOSPHATE U/L U/L GAMMA GLUTAMYL TRANSFERASE (GGT) 33 15 - 85 U/L GAMMA GLUTAMYL TRANSFERASE (GGT) 33 15 - 85 U/L METROD : SPECTROPHOTOMETRY, NODERED PRAYMATE LACTATE - PRILVATE U/L METROD : SPECTROPHOTOMETRY, NODERED PRAYMATE LACTATE - PRILVATE U/L BLOOD UREA NITROGEN (BUN), SERUM 12 6 - 20 mg/dL BLOOD UREA NITROGEN WETRY, ALKAINE PICEATE KINETIC JAMEES U/L U/L BUN/CREAT RATIO 0.389 Low 0.90 - 1.30 mg/dL METROD : SPECTROPHOTOMETRY, ALKAINE PICEATE KINETIC JA		ABHA NO :		REPORTED :10/04/20	23 10:02:58
GLOBULIN 3.1 2.0 - 4.1 g/dL METHOD : SPECTROPHOTOMETRY, CALCULATED ALBUMIN/GLOBULIN RATIO 1.3 I.0 - 2.1 RATIO METHOD : SPECTROPHOTOMETRY, CALCULATED ASPARTATE AMINOTRANSFERASE(AST/SGOT) 15 15 - 37 U/L METHOD : SPECTROPHOTOMETRY, UV WITH PYRIDOXAL -5-PHOSPHATE ALANINE AMINOTRANSFERASE (ALT/SGPT) 20 <45.0 U/L METHOD : SPECTROPHOTOMETRY, UV WITH PYRIDOXAL -5-PHOSPHATE ALANINE AMINOTRANSFERASE (ALT/SGPT) 20 45.0 U/L METHOD : SPECTROPHOTOMETRY, UV WITH PYRIDOXAL -5-PHOSPHATE ALANINE AMINOTRANSFERASE (GT) 33 15 - 85 U/L METHOD : SPECTROPHOTOMETRY, UV WITH PYRIDOXAL -5-PHOSPHATE ALKALINE PHOSPHATASE 79 30 - 120 U/L METHOD : SPECTROPHOTOMETRY, UV WITH PYRIDOXAL -5-PHOSPHATE BLOOD UREA NITROGEN (GUITAMYL CARDOX-MITRONILIDE LACTATE DEHYDROGENASE 124 100 - 190 U/L METHOD : SPECTROPHOTOMETRY, URABUTE, OSUMATICATIONETRY, URABUTE BLOOD UREA NITROGEN (BUN), SERUM BLOOD UREA NITROGEN 12 6 - 20 mg/dL METHOD : SPECTROPHOTOMETRY, URABUTE BLOOD UREA NITROGEN (BUN), SERUM BLOOD UREA NITROGEN (BUN), SERUM UNICACID : SPECTROPHOTOMETRY, URABUTE DUN/CREAT RATIO BUN/CREAT RATIO 13.48 5.00 - 15.00 METHOD : SPECTROPHOTOMETRY, ALKALINE PICKATE KINETIC IAFTE'S BUN/CREAT RATIO DUNICACID, SERUM TOTAL PROTEIN, SERUM TOTAL PROTEIN, SERUM TOTAL PROTEIN, SERUM TOTAL PROTEIN, SERUM ALBUMIN 7.2 6.4 - 8.2 g/dL METHOD : SPECTROPHOTOMETRY, MODIFIED BURET ALBUMIN, SERUM ALBUMIN, SAL 2.0 - 4.1 g/dL					
GLOBULIN 3.1 2.0 - 4.1 g/dL METHOD : SPECTROPHOTOMETRY, CALCULATED ALBUMIN/GLOBULIN RATIO 1.3 I.0 - 2.1 RATIO METHOD : SPECTROPHOTOMETRY, CALCULATED ASPARTATE AMINOTRANSFERASE(AST/SGOT) 15 15 - 37 U/L METHOD : SPECTROPHOTOMETRY, UV WITH PYRIDOXAL -5-PHOSPHATE ALANINE AMINOTRANSFERASE (ALT/SGPT) 20 <45.0 U/L METHOD : SPECTROPHOTOMETRY, UV WITH PYRIDOXAL -5-PHOSPHATE ALANINE AMINOTRANSFERASE (ALT/SGPT) 20 45.0 U/L METHOD : SPECTROPHOTOMETRY, UV WITH PYRIDOXAL -5-PHOSPHATE ALANINE AMINOTRANSFERASE (GT) 33 15 - 85 U/L METHOD : SPECTROPHOTOMETRY, UV WITH PYRIDOXAL -5-PHOSPHATE ALKALINE PHOSPHATASE 79 30 - 120 U/L METHOD : SPECTROPHOTOMETRY, UV WITH PYRIDOXAL -5-PHOSPHATE BLOOD UREA NITROGEN (GUITAMYL CARDOX-MITRONILIDE LACTATE DEHYDROGENASE 124 100 - 190 U/L METHOD : SPECTROPHOTOMETRY, URABUTE, OSUMATICATIONETRY, URABUTE BLOOD UREA NITROGEN (BUN), SERUM BLOOD UREA NITROGEN 12 6 - 20 mg/dL METHOD : SPECTROPHOTOMETRY, URABUTE BLOOD UREA NITROGEN (BUN), SERUM BLOOD UREA NITROGEN (BUN), SERUM UNICACID : SPECTROPHOTOMETRY, URABUTE DUN/CREAT RATIO BUN/CREAT RATIO 13.48 5.00 - 15.00 METHOD : SPECTROPHOTOMETRY, ALKALINE PICKATE KINETIC IAFTE'S BUN/CREAT RATIO DUNICACID, SERUM TOTAL PROTEIN, SERUM TOTAL PROTEIN, SERUM TOTAL PROTEIN, SERUM TOTAL PROTEIN, SERUM ALBUMIN 7.2 6.4 - 8.2 g/dL METHOD : SPECTROPHOTOMETRY, MODIFIED BURET ALBUMIN, SERUM ALBUMIN, SAL 2.0 - 4.1 g/dL	(
METHOD: SPECTROPHOTOMETRY, CALCULATED ALBUMIN/GLOBULIN RATIO 1.3 1.0 - 2.1 RATIO METHOD: SPECTROPHOTOMETRY, CALCULATED 15 - 37 V/L ASPARTATE AMINOTRANSFERASE(AST/SGOT) 15 15 - 37 V/L METHOD: SPECTROPHOTOMETRY, UW UTH PRIDOXAL -5-PHOSPHATE V/L ALKALINE PHOSPHATASE 79 30 - 120 V/L METHOD: SPECTROPHOTOMETRY, UW UTH PRIDOXAL -5-PHOSPHATE V/L ALKALINE PHOSPHATASE 79 30 - 120 V/L METHOD: SPECTROPHOTOMETRY, UW UTH PRIDOXAL -5-PHOSPHATE V/L GAMMA GLUTAMVL TRANSFERASE (GGT) 33 15 - 85 V/L METHOD: SPECTROPHOTOMETRY, OUTHER PRIDOXEL CATER - PRIDUXTE V/L BLODD UREA NITROGEN (BUN), SERUM U/L V/L BLODD UREA NITROGEN (BUN), SERUM NOTHON: SPECTROPHOTOMETRY, URASE UV CREATININE 0.89 Low 0,90 - 1,30 mg/dL METHOD: SPECTROPHOTOMETRY, URASE UV SPECTROPHOTOMETRY, URASE UV SPECTROPHOTOMETRY, URASE UV CREATININE 0.89 Low 0,90 - 1,30	Test Report Status <u>Final</u>	Results	Biological	Reference Interval	Units
ALBUMIN/GLOBULIN RATIO 1.3 1.0 - 2.1 RATIO MININO : SPECTROPHOTOMETRY, CALCULATED 15 - 37 U/L ASPARTATE AMINOTRANSFERASE (AST/SGOT) 15 15 - 37 U/L MININO : SPECTROPHOTOMETRY, UW WITH PYRIDOXAL -S-PHOSPHATE 45.0 U/L ALKALINE AMINOTRANSFERASE (ALT/SGOT) 20 45.0 U/L MIETHOD : SPECTROPHOTOMETRY, UW WITH PYRIDOXAL -S-PHOSPHATE 30 - 120 U/L ALKALINE AMINOTOMETRY, UW WITH PYRIDOXAL -S-PHOSPHATE 30 - 120 U/L MIETHOD : SPECTROPHOTOMETRY, PARP AMP BUFFER) 79 30 - 120 U/L GAMMA GLUTAMYL TRANSFERASE (GGT) 3 15 - 85 U/L MIETHOD : SPECTROPHOTOMETRY, CALCULATED ENZYMATIC LACTATE - PYRUVATE U/L U/L BLOOD UREA NITROGEN (BUN), SERUM 12 6 - 20 mg/dL BLOOD UREA NITROGEN (BUN), SERUM 0.90 - 1.30 mg/dL MIETHOD : SPECTROPHOTOMETRY, RULATINE FICATE KINETIC JAFEE' UNCREAT RATIO 13.48 BUN/CREAT RATIO 13.48 5.00 - 15.00 URICA CALD MIETHO : SPECTROPHOTOMETRY, MICHAE BURGEN URICA CALD g/dL URICA CALD SERUM 1.0 - 5.7 mg/dL <td>GLOBULIN</td> <td>3.1</td> <td>2.0 - 4.1</td> <td></td> <td>g/dL</td>	GLOBULIN	3.1	2.0 - 4.1		g/dL
ALLO TURY OF THE ACTION OF THE ACCOUNT OF THE ACTION OF THE ACCOUNT	METHOD : SPECTROPHOTOMETRY,CALCULATED				
METHOD : SPECTROPHOTOMETRY, UV WITH PYRIDOXAL -S-PHOSPHATE V/L ALANINE AMINOTRANSFERASE (ALT/SGPT) 20 < 45.0		1.3	1.0 - 2.1		RATIO
METHOD: SPECTROPHOTOMETRY, UV WITH PRIDOXAL-S-HOSPHATE ALKALINE PHOSPHATASE 79 30 - 120 U/L METHOD: SPECTROPHOTOMETRY, PAPP (AMP BUFFER) GAMMA GLUTAMYL TRANSFERASE (GGT) 33 15 - 85 U/L METHOD: SPECTROPHOTOMETRY, G-GUITAMYL-CABOXYI-NITRONLIDE LACTATE DEHYDROGENASE 124 100 - 190 U/L METHOD: SPECTROPHOTOMETRY, MODIFIED ENZYMATIC LACTATE - PYRUVATE BLOOD UREA NITROGEN (BUN), SERUM BLOOD UREA NITROGEN (BUN), SERUM BLOOD UREA NITROGEN (BUN), SERUM CREATININE, SERUM CREATININE, SERUM CREATININE, SERUM CREATININE, SERUM CREATININE, SERUM URIC CACID, SPECTROPHOTOMETRY, ALKALINE PICRATE KINETIC JAFFE'S BUN/CREAT RATIO BUN/CREAT RATIO 13.48 5.00 - 15.00 METHOD: SPECTROPHOTOMETRY, URICASE URIC ACID, SERUM URIC ACID, SERUM URIC ACID, SERUM URIC ACID, SERUM TOTAL PROTEIN, SERUM TOTAL PROTEIN, SERUM TOTAL PROTEIN, SERUM ALBUMIN, SERUM ALBUMIN, SERUM ALBUMIN, SERUM ALBUMIN, SERUM ALBUMIN, SERUM ALBUMIN, SERUM ALBUMIN 4.1 3.4 - 5.0 g/dL		-	15 - 37		U/L
ALKALINE PHOSPHATASE 79 30 - 120 V/L METHOD : SPECTROPHOTOMETRY, PANPP (AMP BUFFER) 15 - 85 V/L GAMMA GLUTAMYL TRANSFERASE (GGT) 3 15 - 85 V/L LACTATE DEHYDROGENASE 124 100 - 190 V/L ELACTATE DEHYDROGENASE 124 100 - 190 V/L BLOOD UREA NITROGEN (BUN), SERUM 12 mg/dL BLOOD UREA NITROGEN (BUN), SERUM 12 mg/dL CREATININE, SECTROPHOTOMETRY, VELASE UV mg/dL mg/dL CREATININE, SERUM 0.90 - 1.30 mg/dL METHOD : SPECTROPHOTOMETRY, ALKALINE PICRATE KINETIC JAFFEY mg/dL mg/dL BUN/CREAT RATIO 13.48 5.00 - 15.00 mg/dL METHOD : SPECTROPHOTOMETRY, ALKALINE PICRATE KINETIC JAFFEY mg/dL mg/dL URIC ACID 5.8 3.5 - 7.2 mg/dL METHOD : SPECTROPHOTOMETRY, MICLASE mg/dL mg/dL URIC ACID 5.8 3.5 - 7.2 mg/dL METHOD : SPECTROPHOTOMETRY, MICLASE mg/dL mg/dL TOTAL PROTEIN, SERUM 1.1 mg/dL mg/dL METHOD : SPECTROPHOTOMETRY, MICLA		-	< 45.0		U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)315 - 85V/LMETHOD : SPECTROPHOTOMETRY, G-GLUTAMYL-CARBOXY-NITRONILLOE124100 - 190V/LMETHOD : SPECTROPHOTOMETRY, MODIFIED ENZYMATIC LACTATE · PYRUVATE100 - 190V/LBLOOD UREA NITROGEN (BUN), SERUM126 - 20mg/dLBLOOD UREA NITROGEN (BUN), SERUM126 - 20mg/dLCREATININE, SERUM0.89 Low0.90 - 1.30mg/dLCREATININE0.89 Low0.90 - 1.30mg/dLMETHOD : SPECTROPHOTOMETRY, ALKALINE PICRATE KINETIC JAFESHOUSENHOUSENBUN/CREAT RATIO13.485.00 - 15.00HOUSENURIC ACID, SERUMHUNCREAT RATIO13.48Mg/dLURIC ACID, SERUMHUNCREATHUNCREATHUNCREATURIC ACID, SERUMJJJMg/dLURIC ACID, SERUMHUNCREATHUNCREATHUNCREATHURIC SEPECTROPHOTOMETRY, URICASEHUNCREATHUNCREATMg/dLHENDO : SPECTROPHOTOMETRY, URICASEHUNCREATJJTOTAL PROTEIN, SERUM1.2G.4 - 8.2g/dLALBUMIN, SERUM4.13.4 - 5.0g/dLALBUMIN, SERUM4.1J.4 - 5.0g/dLHENDO : SPECTROPHOTOMETRY, BEP - DYE BINDINGHUNCREATHUNCREATGLOBULINJ.1Z.0 - 4.1g/dL	ALKALINE PHOSPHATASE		30 - 120		U/L
LACTATE DEHYDROGENASE 124 100 - 190 V/L METHOD : SPECTROPHOTOMETRY, MODIFIED ENZYMATIC LACTATE - PYRUVATE BLOOD UREA NITROGEN (BUN), SERUM ng/dL BLOOD UREA NITROGEN (BUN), SERUM 12 6 - 20 ng/dL METHOD : SPECTROPHOTOMETRY, UREASE UV 0.89 Low 0.90 - 1.30 ng/dL CREATININE, SERUM 0.89 Low 0.90 - 1.30 mg/dL BUN/CREAT RATIO 13.48 5.00 - 15.00 SECTROPHOTOMETRY, UREASE URIC ACID, SERUM 13.48 5.00 - 15.00 SECTROPHOTOMETRY, URICASE URIC ACID, SERUM 5.8 3.5 - 7.2 ng/dL URIC ACID, SERUM 7.2 6.4 - 8.2 g/dL METHOD : SPECTROPHOTOMETRY, MODIFIED BURFT SECTROPHOTOMETRY, MODIFIED BURFT J/dL ALBUMIN, SERUM 7.2 6.4 - 8.2 g/dL METHOD : SPECTROPHOTOMETRY, MODIFIED BURFT J/dL J/dL ALBUMIN, SERUM 4.1 3.4 - 5.0 g/dL METHOD : SPECTROPHOTOMETRY, MODIFIED BURFT J/dL J/dL GLOBULIN 3.1 2.0 - 4.1 g/dL	GAMMA GLUTAMYL TRANSFERASE (GGT)		15 - 85		U/L
BLOOD UREA NITROGEN (BUN), SERUM 12 6 - 20 mg/dL BLOOD UREA NITROGEN 12 6 - 20 mg/dL METHOD : SPECTROPHOTOMETRY, UREASE UV Mg/dL CREATININE, SERUM CREATININE, SERUM METHOD : SPECTROPHOTOMETRY, ALKALINE PICRATE KINETIC JAFFE' 0.90 - 1.30 mg/dL BUN/CREAT RATIO METHOD : SPECTROPHOTOMETRY, CALCULATED 3.48 5.00 - 15.00 METHOD : SPECTROPHOTOMETRY, URICASE mg/dL URIC ACID, SERUM MG/L URIC ACID, SERUM OTAL PROTEIN, URICASE TOTAL PROTEIN, SERUM OTAL PROTEIN, SERUM ALBUMIN, SERUM GLOBULIN GLOBULIN GLOBULIN			100 - 190	1	U/L
BLOOD UREA NITROGEN METHOD : SPECTROPHOTOMETRY, UREASE UV126 - 20mg/dLCREATININE, SERUMCREATININE, SERUMCREATININE CREATININE0.89 Low0.90 - 1.30mg/dLMICREAT RATIO METHOD : SPECTROPHOTOMETRY, ALKALINE PICRATE KINETIC JAFFE'SBUN/CREAT RATIO METHOD : SPECTROPHOTOMETRY, CALCULATEDUN/CREAT RATIO METHOD : SPECTROPHOTOMETRY, CALCULATEDURIC ACID, SERUMURIC ACID, SERUMURIC ACID, SERUMTOTAL PROTEIN, SERUMTOTAL PROTEIN, SERUMALBUMIN, SERUMALBUMIN, SERUMALBUMIN, SERUMALBUMIN, SERUMALBUMIN, SERUMALBUMIN, SERUMALBUMIN, SERUMGLOBULINGLOBULIN3.12.0 - 4.11g/dL	METHOD : SPECTROPHOTOMETRY, MODIFIED ENZYMATIC LACTATE -	PYRUVATE			
METHOD : SPECTROPHOTOMETRY, UREASE UV Image: Constraint of the constraint	BLOOD UREA NITROGEN (BUN), SERUM				
CREATININE, SERUM 0.89 Low 0.90 - 1.30 mg/dL METHOD: SPECTROPHOTOMETRY, ALKALINE PICRATE KINETIC JAFFE' No.90 - 1.30 mg/dL BUN/CREAT RATIO 13.48 5.00 - 15.00 Term of the sepectrophotometry, calculated DUN/CREAT RATIO 13.48 5.00 - 15.00 Term of the sepectrophotometry, calculated URIC ACID, SERUM 5.8 3.5 - 7.2 mg/dL URIC ACID 5.8 3.5 - 7.2 mg/dL TOTAL PROTEIN, SERUM 7.2 6.4 - 8.2 g/dL ALBUMIN, SERUM 1.1 3.4 - 5.0 g/dL CIBUNIN SERUM 1.1 3.4 - 5.0 g/dL GLOBULIN 3.1 2.0 - 4.1 g/dL	BLOOD UREA NITROGEN	12	6 - 20		mg/dL
CREATININE 0.89 Low 0.90 - 1.30 mg/dL METHOD : SPECTROPHOTOMETRY, ALKALINE PICRATE KINETIC JAFFE' <td>METHOD : SPECTROPHOTOMETRY, UREASE UV</td> <td></td> <td></td> <td></td> <td></td>	METHOD : SPECTROPHOTOMETRY, UREASE UV				
METHOD: SPECTROPHOTOMETRY, ALKALINE PICRATE KINETIC JAFFE'S BUN/CREAT RATIO 13.48 5.00 - 15.00 METHOD: SPECTROPHOTOMETRY, CALCULATED Image: Calculate Calcu	CREATININE, SERUM				
BUN/CREAT RATIO 13.48 5.00 - 15.00 METHOD : SPECTROPHOTOMETRY, CALCULATED 10.48 5.00 - 15.00 URIC ACID, SERUM 10.10 10.10 URIC ACID, SERUM 5.8 3.5 - 7.2 mg/dL METHOD : SPECTROPHOTOMETRY, URICASE 10.10 10.10 10.10 METHOD : SPECTROPHOTOMETRY, URICASE 7.2 6.4 - 8.2 g/dL TOTAL PROTEIN, SERUM 7.2 6.4 - 8.2 g/dL ALBUMIN, SERUM 4.1 3.4 - 5.0 g/dL METHOD : SPECTROPHOTOMETRY, BCP - DYE BINDING 10.10 3.4 - 5.0 g/dL GLOBULIN 3.1 2.0 - 4.1 g/dL	CREATININE	0.89 Low	0.90 - 1.3	0	mg/dL
Augmentation13.485.00 - 15.00METHOD : SPECTROPHOTOMETRY, CALCULATED13.485.00 - 15.00URIC ACID, SERUMUNIC ACIDMg/dLURIC ACID5.83.5 - 7.2mg/dLMETHOD : SPECTROPHOTOMETRY, URICASETOTAL PROTEIN, SERUMMg/dLTOTAL PROTEIN, SERUM7.26.4 - 8.2g/dLALBUMIN, SERUM4.13.4 - 5.0g/dLMETHOD : SPECTROPHOTOMETRY, BCP - DYE BINDINGJ.12.0 - 4.1g/dL	METHOD : SPECTROPHOTOMETRY, ALKALINE PICRATE KINETIC JAFF	E'S			
METHOD : SPECTROPHOTOMETRY, CALCULATED URIC ACID, SERUM URIC ACID 5.8 3.5 - 7.2 mg/dL METHOD : SPECTROPHOTOMETRY, URICASE TOTAL PROTEIN, SERUM TOTAL PROTEIN, SERUM TOTAL PROTEIN 0 7.2 6.4 - 8.2 g/dL METHOD : SPECTROPHOTOMETRY, MODIFIED BIURET ALBUMIN, SERUM ALBUMIN, SERUM ALBUMIN, SERUM GLOBULIN 3.1 2.0 - 4.1 g/dL	BUN/CREAT RATIO				
URIC ACID, SERUMURIC ACID5.83.5 - 7.2mg/dLMETHOD : SPECTROPHOTOMETRY, URICASE	BUN/CREAT RATIO	13.48	5.00 - 15	.00	
URIC ACID METHOD : SPECTROPHOTOMETRY, URICASE5.83.5 - 7.2mg/dLTOTAL PROTEIN, SERUM7.26.4 - 8.2g/dLTOTAL PROTEIN METHOD : SPECTROPHOTOMETRY, MODIFIED BIURET7.26.4 - 8.2g/dLALBUMIN, SERUM4.13.4 - 5.0g/dLGLOBULINGLOBULIN3.12.0 - 4.1g/dL	METHOD : SPECTROPHOTOMETRY,CALCULATED				
METHOD : SPECTROPHOTOMETRY, URICASE TOTAL PROTEIN, SERUM TOTAL PROTEIN 7.2 6.4 - 8.2 g/dL METHOD : SPECTROPHOTOMETRY, MODIFIED BIURET ALBUMIN, SERUM ALBUMIN 6 SPECTROPHOTOMETRY, BCP - DYE BINDING METHOD : SPECTROPHOTOMETRY, BCP - DYE BINDING GLOBULIN 3.1 2.0 - 4.1 g/dL	URIC ACID, SERUM				
TOTAL PROTEIN, SERUMTOTAL PROTEIN7.26.4 - 8.2g/dLMETHOD : SPECTROPHOTOMETRY, MODIFIED BIURET7.26.4 - 8.2g/dLALBUMIN, SERUMALBUMIN4.13.4 - 5.0g/dLMETHOD : SPECTROPHOTOMETRY, BCP - DYE BINDING7.13.4 - 5.0g/dLGLOBULIN3.12.0 - 4.1g/dL	URIC ACID	5.8	3.5 - 7.2		mg/dL
TOTAL PROTEIN METHOD : SPECTROPHOTOMETRY, MODIFIED BIURET7.26.4 - 8.2g/dLALBUMIN, SERUM4.13.4 - 5.0g/dLALBUMIN METHOD : SPECTROPHOTOMETRY, BCP - DYE BINDING4.13.4 - 5.0g/dLGLOBULIN3.12.0 - 4.1g/dL	METHOD : SPECTROPHOTOMETRY, URICASE				
METHOD : SPECTROPHOTOMETRY, MODIFIED BIURET ALBUMIN, SERUM ALBUMIN 4.1 3.4 - 5.0 g/dL METHOD : SPECTROPHOTOMETRY, BCP - DYE BINDING GLOBULIN 3.1 2.0 - 4.1 g/dL	TOTAL PROTEIN, SERUM				
ALBUMIN METHOD : SPECTROPHOTOMETRY, BCP - DYE BINDING4.13.4 - 5.0g/dLGLOBULIN3.12.0 - 4.1g/dL		7.2	6.4 - 8.2		g/dL
METHOD : SPECTROPHOTOMETRY, BCP - DYE BINDING GLOBULIN 3.1 2.0 - 4.1 g/dL	ALBUMIN, SERUM				
METHOD : SPECTROPHOTOMETRY, BCP - DYE BINDING GLOBULIN 3.1 2.0 - 4.1 g/dL		4.1	3.4 - 5.0		g/dL
GLOBULIN 3.1 2.0 - 4.1 g/dL					
	GLOBULIN				
	GLOBULIN	3.1	2.0 - 4.1		g/dL
					-

R. Swarupa.

Dr.R.Swarupa Consultant Pathologist

Page 12 Of 20



Vie<u>w Details</u>



PATIENT NAME : SACHIN THORAT	RE	F. DOCTOR : SELF	
CODE/NAME & ADDRESS : C000138369 ACROFEMI HEALTHCARE LTD (MEDIWHEEL) F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0042W PATIENT ID : SACHMO CLIENT PATIENT ID: ABHA NO :	8048842 DRAWN RECEIVED :	35 Years Male 08/04/2023 09:39:07 10/04/2023 10:02:58
Test Report Status <u>Final</u>	Results	Biological Reference	Interval Units
ELECTROLYTES (NA/K/CL), SERUM			
SODIUM, SERUM METHOD : INTEGRATED MULTISENSOR TECHNOLOGY-INDIRECT	142	136 - 145	mmol/L
POTASSIUM, SERUM Method : INTEGRATED MULTISENSOR TECHNOLOGY-INDIRECT	3.98	3.50 - 5.10	mmol/L
CHLORIDE, SERUM	101	98 - 107	mmol/L

METHOD : INTEGRATED MULTISENSOR TECHNOLOGY-INDIRECT

Interpretation(s)

Sodium	Potassium	Chloride
Decreased in:CCF, cirrhosis,	Decreased in: Low potassium	Decreased in: Vomiting, diarrhea,
vomiting, diarrhea, excessive	intake, prolonged vomiting or diarrhea,	renal failure combined with salt
sweating, salt-losing	RTA types I and II,	deprivation, over-treatment with
nephropathy, adrenal insufficiency,	hyperaldosteronism, Cushing's	diuretics, chronic respiratory acidosis
nephrotic syndrome, water	syndrome,osmotic diuresis (e.g.,	diabetic ketoacidosis, excessive
intoxication, SIADH. Drugs:	hyperglycemia), alkalosis, familial	sweating, SIADH, salt-losing
thiazides, diuretics, ACE inhibitors,	periodic paralysis,trauma	nephropathy, porphyria, expansion o
chlorpropamide,carbamazepine,anti	(transient).Drugs: Adrenergic agents,	extracellular fluid volume,
depressants (SSRI), antipsychotics.	diuretics.	adrenalinsufficiency,
		hyperaldosteronism, metabolic
		alkalosis. Drugs: chronic
		laxative,corticosteroids, diuretics.
Increased in: Dehydration	Increased in: Massive hemolysis,	Increased in: Renal failure, nephrotic
(excessivesweating, severe	severe tissue damage, rhabdomyolysis,	syndrome, RTA, dehydration,
vomiting or diarrhea), diabetes	acidosis, dehydration, renal failure,	overtreatment with
mellitus, diabetesinsipidus,	Addison's disease, RTA type IV,	saline, hyperparathyroidism, diabetes
hyperaldosteronism, inadequate	hyperkalemic familial periodic	insipidus, metabolic acidosis from
water intake. Drugs: steroids,	paralysis. Drugs: potassium salts,	diarrhea (Loss of HCO3-}, respiratory
licorice, oral contraceptives.	potassium- sparing diuretics,NSAIDs,	alkalosis, hyperadre no corticism.
	beta-blockers, ACE inhibitors, high-	Drugs: acetazolamide, and rogens,
	dose trimethoprim-sulfamethoxazole.	hydrochlorothiazide, salicylates.
Interferences: Severe lipemia or	interferences: Hemolysis of sample,	Interferences:Test is helpful in
hyperproteinemi, if sodium analysis	delayed separation of serum,	assessing normal and increased anion
involves a dilution step can cause	prolonged fist clenching during blood	gap metabolic acidosis and in
spurious results. The serum sodium	drawing, and prolonged tourniquet	distinguishing hypercalcemia due to
falls about 1.6 mEq/L for each 100	placement. Very high WBC/PLT counts	hyperparathyroidism (high serum
mg/dL increase in blood glucose.	may cause spurious. Plasma potassium	chloride} from that due to malignancy
	levels are normal.	(Normal serum chloride)

Interpretation(s) 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 sothat 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

R'Swarupa.

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Page 13 Of 20

View Report

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PATIENT NAME : SACHIN THORAT	REF. DOCTOR : S	ELF
CODE/NAME & ADDRESS : C000138369	ACCESSION NO : 0042WD001156	AGE/SEX : 35 Years Male
	PATIENT ID : SACHM08048842	DRAWN :
F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI	CLIENT PATIENT ID:	RECEIVED :08/04/2023 09:39:07
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8800465156		
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Test Report Status	<u>Final</u>	Results	Biological Reference Interval	Units
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diseases(e.g.galactosemia),Drugs-insulin,ethanol,propranolol;sulfonylureas,tolbutamide,and other oral hypoglycemic agents.

NOTE: While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals. Thus, alvcosylated 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 Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc. 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 patients metabolic control has remained continuously within the target range. 1. eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.

eAG gives an evaluation of blood glucose levels for the last couple of months.
 eAG is calculated as eAG (mg/dl) = 28.7 * HbA1c - 46.7

HbA1c Estimation can get affected due to :

1. 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. 2.Vitamin C & E are reported to falsely lower test results (possibly by inhibiting glycation of hemoglobin.

3. Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia, uremia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiates addiction are reported to interfere with some assay methods, falsely increasing results.

4. 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 paltform (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 Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.Additional test HbA1c LIVER FUNCTION PROFILE, SERUM-

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, (indirect) bilirubin in Viral 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, Pagets disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia, Malnutrition, Protein deficiency, Wilsons 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 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.

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, Waldenstroms 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 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

BLODD 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

K. Swarupa.

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Page 14 Of 20

Vie<u>w</u> Details



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PATIENT NAME : SACHIN THORAT	REF. DOCTOR : S	SELF
CODE/NAME & ADDRESS : C000138369	ACCESSION NO : 0042WD001156	AGE/SEX : 35 Years Male
ACROFEMI HEALTHCARE LTD (MEDIWHEEL)	PATIENT ID : SACHM08048842	DRAWN :
F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI		RECEIVED : 08/04/2023 09:39:07
NEW DELHI 110030	ABHA NO :	REPORTED :10/04/2023 10:02:58
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Test Report Status	<u>Final</u>	Results	Biological Reference Interval	Units

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, Muscuophy

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-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, Waldenstroms 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.

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Page 15 Of 20



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PATIENT NAME : SACHIN THORAT	REF.	DOCTOR : SELF
CODE/NAME & ADDRESS : C000138369	ACCESSION NO : 0042WD0	AGE/SEX : 35 Years Male
ACROFEMI HEALTHCARE LTD (MEDIWHEEL)	PATIENT ID : SACHM0804	48842 DRAWN :
F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI	CLIENT PATIENT ID:	RECEIVED :08/04/2023 09:39:07
NEW DELHI 110030	ABHA NO :	REPORTED :10/04/2023 10:02:58
8800465156		
 Test Report Status <u>Final</u>	Results	Biological Reference Interval Units
	NICAL PATH - URINALYSIS	
MEDI WHEEL FULL BODY HEALTH CHECK UP PHYSICAL EXAMINATION, URINE	BELOW 40 MALE	
COLOR	PALE YELLOW	
METHOD : MANUAL		
APPEARANCE	CLEAR	
METHOD : MANUAL		
CHEMICAL EXAMINATION, URINE		
РН	6.0	4.7 - 7.5
METHOD : REFLECTANCE SPECTROPHOTOMETRY		
SPECIFIC GRAVITY	1.020	1.003 - 1.035
METHOD : REFLECTANCE SPECTROPHOTOMETRY	NOT DETECTED	NOT DETECTED
PROTEIN METHOD : REFLECTANCE SPECTROPHOTOMETRY	NOT DETECTED	NOT DETECTED
GLUCOSE	NOT DETECTED	NOT DETECTED
METHOD : REFLECTANCE SPECTROPHOTOMETRY	NOT DETECTED	
KETONES	NOT DETECTED	NOT DETECTED
METHOD : REFLECTANCE SPECTROPHOTOMETRY		
BLOOD	NOT DETECTED	NOT DETECTED
METHOD : REFLECTANCE SPECTROPHOTOMETRY		
BILIRUBIN	NOT DETECTED	NOT DETECTED
METHOD : REFLECTANCE SPECTROPHOTOMETRY		
UROBILINOGEN	NORMAL	NORMAL
METHOD : REFLECTANCE SPECTROPHOTOMETRY		
	NOT DETECTED	NOT DETECTED
LEUKOCYTE ESTERASE	NOT DETECTED	NOT DETECTED
MICROSCOPIC EXAMINATION, URINE		
RED BLOOD CELLS METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	NOT DETECTED /HPF
PUS CELL (WBC'S)	2-3	0-5 /HPF
METHOD : MICROSCOPIC EXAMINATION	Z-J	0.5 /////
EPITHELIAL CELLS	1-2	0-5 /HPF
METHOD : MICROSCOPIC EXAMINATION	÷ =	
CASTS	NOT DETECTED	

R. Swarupa.

Dr.R.Swarupa Consultant Pathologist

Page 16 Of 20





PATIENT NAME : SACHIN THORAT	REF.	DOCTOR : SELF
CODE/NAME & ADDRESS : C000138369	ACCESSION NO : 0042WD0	01156 AGE/SEX : 35 Years Male
ACROFEMI HEALTHCARE LTD (MEDIWHEEL)	PATIENT ID : SACHM080	048842 DRAWN :
F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI	CLIENT PATIENT ID:	RECEIVED : 08/04/2023 09:39:07
NEW DELHI 110030	ABHA NO :	REPORTED :10/04/2023 10:02:58
8800465156		
Test Report Status <u>Final</u>	Results	Biological Reference Interval Units
METHOD : MICROSCOPIC EXAMINATION		
CRYSTALS METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	
BACTERIA METHOD : MICROSCOPIC EXAMINATION	NOT DETECTED	NOT DETECTED
YEAST	NOT DETECTED	NOT DETECTED

Comments

NOTE : URINE MICROSCOPIC EXAMINATION IS CARRIED OUT ON CENTRIFUGED URINE SEDIMENT. Interpretation(s)

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Page 17 Of 20

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Patient Ref. No. 775000002844337

PATIENT NAME : SACHIN THORAT	REF. DOCTOR :	SELF
CODE/NAME & ADDRESS : C000138369	ACCESSION NO : 0042WD001156	AGE/SEX : 35 Years Male
	PATIENT ID : SACHM08048842	DRAWN :
F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI	CLIENT PATIENT ID:	RECEIVED :08/04/2023 09:39:07
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8800465156		

Test	Report	Status	<u>Final</u>
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Biological Reference Interval Units

CLINICAL PATH - STOOL ANALYSIS

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE MICROSCOPIC EXAMINATION, STOOL

REMARK

Interpretation(s)

SAMPLE NOT RECEIVED

M.P

Dr M. Prasanthi Consultant Microbiologist



Page 18 Of 20

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PATIENT NAME : SACHIN THORAT	REF. DOCTOR : S	SELF
CODE/NAME & ADDRESS : C000138369	ACCESSION NO : 0042WD001156	AGE/SEX : 35 Years Male
ACROFEMI HEALTHCARE LTD (MEDIWHEEL) F-703, LADO SARAI, MEHRAULISOUTH WEST	PATIENT ID : SACHM08048842	DRAWN :
DELHI	CLIENT PATIENT ID:	RECEIVED :08/04/2023 09:39:07
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MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

<u>Final</u>

THYROID PANEL, SERUM			
T3 METHOD : ECLIA	110.90	80.0 - 200.0	ng/dL
T4 METHOD : ECLIA	7.13	5.10 - 14.10	µg/dL
TSH (ULTRASENSITIVE) METHOD : ECLIA	1.680	0.270 - 4.200	µIU/mL
Tutowww.atation(a)			

Interpretation(s)

Test Report Status

Triiodothyronine T3, Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate.

Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.

Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low. owidetlparowidetlparBelow mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the scrum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4,

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

K. Swarupa

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Page 19 Of 20



Biological Reference Interval Units



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CODE/NAME & ADDRESS : C000138369	ACCESSION NO : 0042WD001156	AGE/SEX : 35 Years Male
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Biological Reference Interval Units

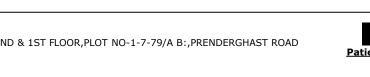
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies
REF: 1. 1	REF: 1. TIETZ Fundamentals of Clinical chemistry 2. Guidlines of the American Thyroid association duriing pregnancy and Postpartum, 2011.				

NOTE: It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

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

R. Swarupa

Dr.R.Swarupa **Consultant Pathologist**



Page 20 Of 20



Details



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