Fortis MEDCENTRE
CHANDIGARH
(A unit of Fortis Hospital Mohali)
SCO 11, Sector 11-D, Chandigarh - 160011

Name : Mrs. Jyoti Bansal
UHID : 12362463 Date : 20/3/23
Age : 34 Gender : F

Nursing Assessment

Profile	
Height (cm) : 160 cm	Waist Circumference (cm) : 32 inches
Weight (Kg.) : 71 Kg	Body Mass Index : 27.7 kg/m² (18-23)
Occupation :	Marital Status ☐ Single ☑ Married << Salcy

Vital Signs	
Pulse Rate (/min) : 112 b/min	Respiratory Rate (/min) : SpO_2 - 98%
Blood Pressure (mmHg) : 110/80 mm Hg	Temperature (if febrile) : Afebrile

Past History	
☑ Hypertension :	☑ Diabetes :
☑ Heart disease :	☑ Dyslipidemia :
☑ Asthma :	☐ Tuberculosis :
☒ Allergies :	
☑ Others :	

For Women	
LMP:	Last Pap smear done in
Menopause ☐ Yes ☐ No	Last Mammography done in
Consent for X-ray & Mammography	

Current Medications
NA

Signature, Name and Emp. ID of the Nurse : _____

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Name Mrs. Jyoti Bansal
UHID : 12362463 Date : 20/3/23
Age : 34 Gender : F

Internal Medicine Consultation

Relevant History:

- No complaints
- No medicine
- milk cough x 3d

Examination Findings:

- Rest WNL

B+ve

Investigations:

TSH - 4.790
Hb - 10.4 (↓ PCV, MCV, MCH)
- ESR mm
FBS - 88 HbA1c - 5.5 %.
PP - 114
Lipid (F) - n
RFT | LFT | S.e | - n
stool R/E | urine R/E | - n
ECG - n
USG - fatty liver gr I.
CBP
Echo

Diagnosis: 1. Subclinical Hypothyroidism.
2. Anaemia
3. Fatty liver gr I
4. OVERWEIGHT
- 25-OH-D
- Serum iron studies | Ferritin | B-12 | folate
5. ? URI.

Advice / Treatment Plan:

℞
Regular Exercise
- Tab. Zentle stat
- Tab. NORTHERAA - OD. (empty stomach)
- Tab. Azithromycin SW - OD x 5D.
- Acnesol Lotion - BD.
- Weight Reduction.
- WIKORAL 1 — 0 — 1

Dr. MANJEET SINGH TREHAN
MBBS, MD (AIIMS)
Additional Director-Internal Medicine (FMC)
Fortis Hospital, Mohali (Pb.)
Mobile No.9814104609
Reg. No.PMC 24797
20/3/23

Signature and stamp of the Consultant

Fortis MEDCENTRE
CHANDIGARH
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SCO 11, Sector 11-D, Chandigarh - 160011

Name: Mrs. Jyoti Bansal
UHID: 12362463 Date: 20/3/23
Age: 34 Gender: F

Ophthalmology Consultation

History: NIL

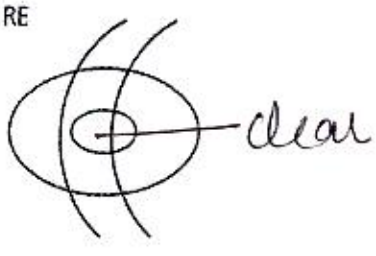
Examination findings:

Visual acuity R 6/9, L 6/6 Visual acuity with glasses R, L

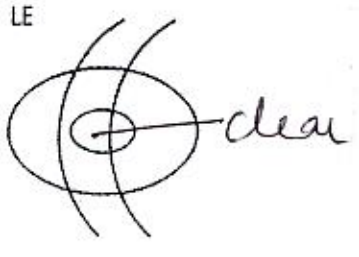
Colour Vision R WNL, L WNL

Slit Lamp Examination

RE

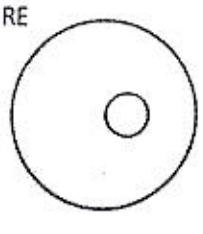


LE

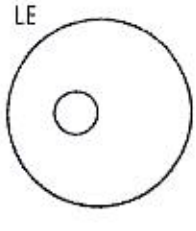


Fundus Examination

RE



LE



Diagnosis: NAD BE

Treatment: G. Refresh tears QDS

Spectacle prescription:

Right eye

	SPH	CYL	AXIS	VA
Distance	Plano			6/6P
Near				N6

Left eye

	SPH	CYL	AXIS	VA
Distance	Plano			6/6
Near				N6

Signature and stamp of the Ophthalmologist: _____

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SCO 11, Sector 11-D, Chandigarh - 160011

Name: Mrs Jyoti Bansal.
UHID: 12360463 Date: 20/3/2023
Age: 34 year.

20/3/23

Gynecology Consultation

Symptoms: wants check up

Diagnosis: —

Obstetric History:
OH = 2 FTNVD 1 abortion 1½ half.
LD = 8 yr old Not taking any OCPs

Advice / Treatment Plan:

Menstrual History:
MH = 5 days / 30-35
LMP = 16th feb

Past & Family History:
Not taking any medication for illness.
No sig family history.

Examination Findings:

- Breast:
- P/A: Soft no palpable mass no tenderness anywhere.
- P/S: Cx → mild erosion
  Vagina N
- P/V: Cx to ut AV/AF a/s free

Investigations: Pap smear sent

Signature and stamp of the Consultant:

Dr. SANTOSH YADAV
MBBS,MS (Obs. & Gynae)
Empanelled Consultant-Gynaecology
Reg. No.RMC 7446
Mobile:94140 45452
Fortis MEDCENTRE (A unit of Fortis Hospital,Mohali)
S.C.O, 11, Sector 11-D, Chandigarh-160011 (INDIA)
Phone No 0172-5061222,5055441

GE Healthcare REF I019728LSI CE LOT D750

Jyoti bansal
ID: 12362463

Female

20.03.2023 11:33:39
Fortis Med Centre
sector 11
Chandgarh

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

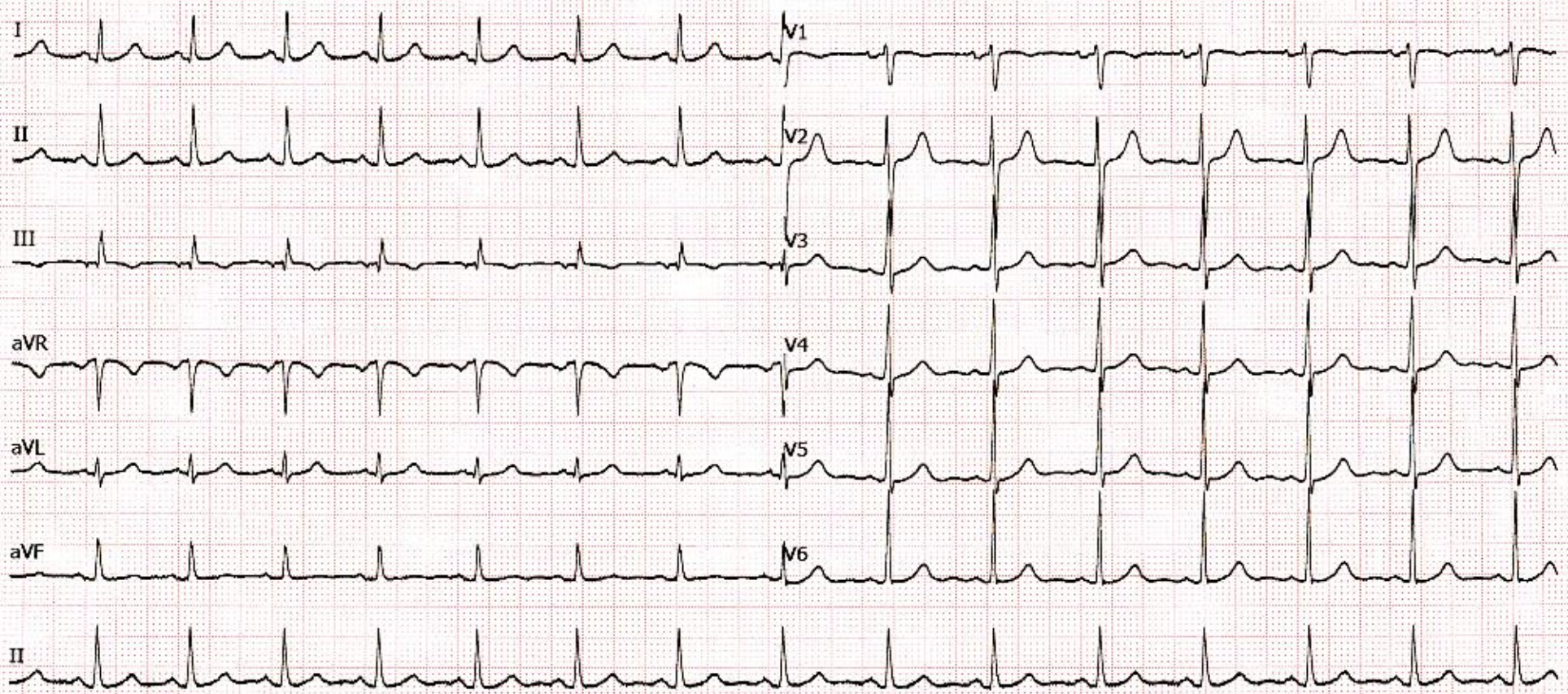
Room:

92 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	70 ms
QT / QTcBaz :	346 / 427 ms
PR :	134 ms
P :	110 ms
RR / PP :	654 / 652 ms
P / QRS / T :	31 / 47 / 19 degrees

Normal sinus rhythm
Normal ECG



Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 2x5x6_25_R1 1/1

Fortis MEDCENTRE
CHANDIGARH

Fortis Medcentre
SCO-11, Sector-11-D,
Chandigarh - 160 011 (India)
Telephone : 0172 506 1222 / 505 5441
Fax : 0172-5055440
E-mail : contactus.fmc@fortishealthcare.com
Website : www.fortishealthcare.com

NAME: JOYTI BANSAL
AGE AND SEX: 34/F
UHID :12362463
DATE-20/03/2023

CHEST- PA

Both the domes of diaphragm are normal.

Both costophrenic angles are normal.

Both lung fields are clear.

Cardiac size and silhouette are normal.

Both hila and mediastinum are normal.

Bony cage and soft tissues are normal.

IMPRESSION : NORMAL STUDY.

Please correlate clinically and with other relevant investigations.

DR NEHA CHHABRA
CONSULTANT RADIOLOGIST

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CHANDIGARH

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E-mail : contactus.fmc@fortishealthcare.com
Website : www.fortishealthcare.com

NAME: MRS. JYOTI BANSAL
AGE AND SEX:34 Y/F
UHID NO:12362463
DAT: 20/03/2023
ROI: WHOLE ABDOMEN

Liver is normal in size, outline and shows mildly increased echogenicity. No focal lesion seen. IHBR's are not dilated. Portal vein and hepatic veins are normal.

Gall bladder is normally distended with anechoic lumen. Wall thickness is normal. No calculus / focal lesion seen. No pericholecystic fluid / collection seen. CBD is normal.

Pancreas is visualized in region of head and proximal body and is normal in size, shape, outline and echotexture. No focal lesion seen. Distal body and tail are obscured by bowel gases

Spleen is normal in size, outline and echotexture. No focal lesion

Right kidney is normal in size, outline and echogenicity. Cortico-medullary differentiation is maintained .No hydronephrosis / calculus is seen

Left kidney is normal in size, outline and echogenicity. Cortico-medullary differentiation is maintained .No hydronephrosis / calculus is seen.

Retroperitoneum is normal.

The urinary bladder is fully distended with normal outline and wall thickness . No calculus / SOL seen .

Uterus is normal in size, shape and outline. Endometrium measures 11.5 mm . No SOL seen.

Bilateral ovaries are normal (LO -11.5 cc, RO-8.5 cc)in size , shape and echotexture.

No free fluid is seen in POD.

Opinion: Fatty Liver Grade I

Suggested clinical correlation.

Dr. NEHA CHHABRA.
Consultant Radiologist

JYOTI 34F **Study Date: 20/03/2023**

Patient ID: 52031020230320 Accession #: Alt ID:

DOB: Age: Gender: F Ht: Wt: BSA:

Institution: Fortis MEDCENTRE, Chandigarh

Referring Physician:

Physician of Record: Performed By:

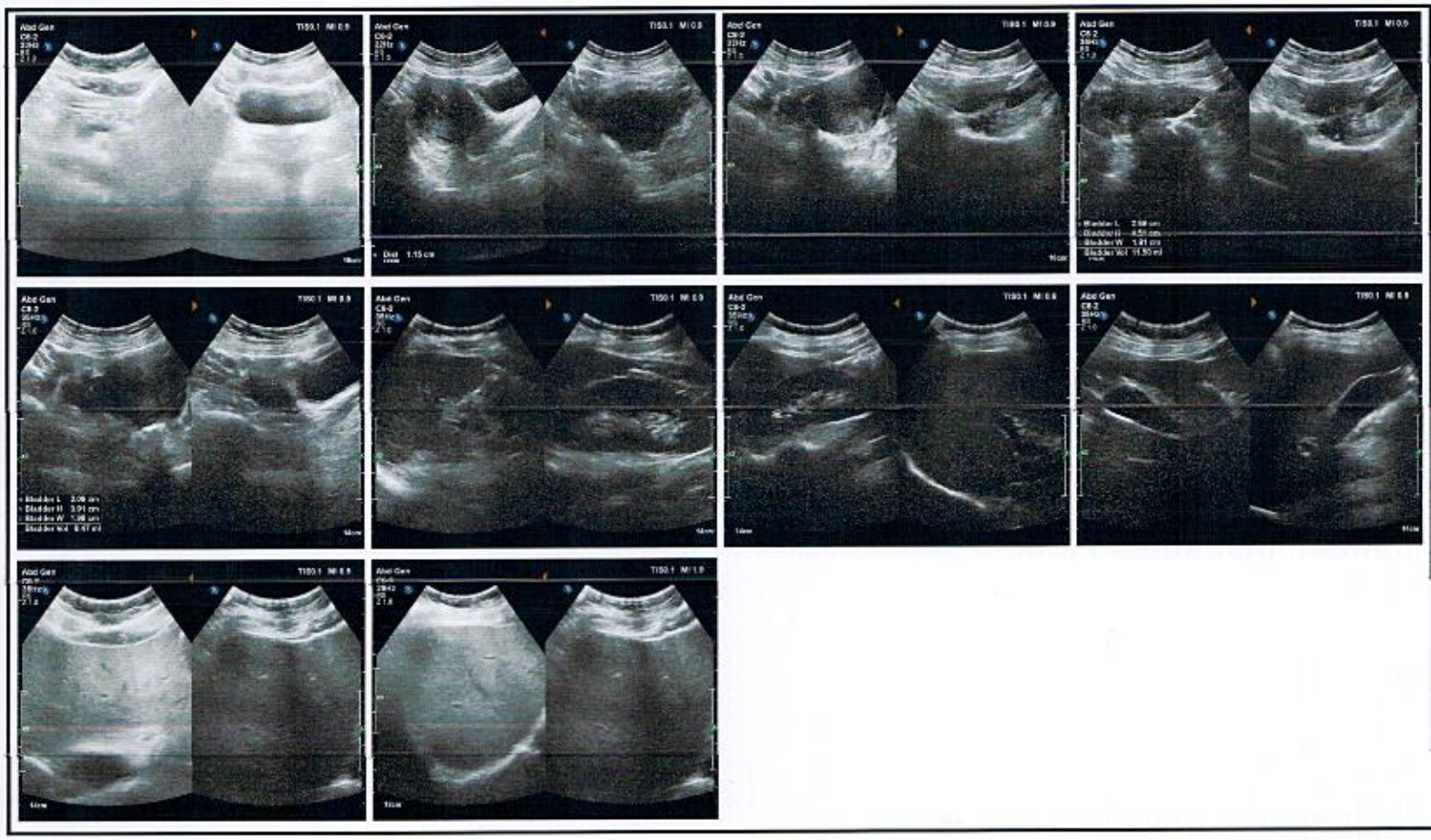
Comments:

Abdominal: Measurements and Calculations

2D Abdominal Organs and Vessels

Bladder Vol	**7.92 ml**	Bladder H	1.72 cm
Bladder L	4.44 cm	Bladder W	1.98 cm

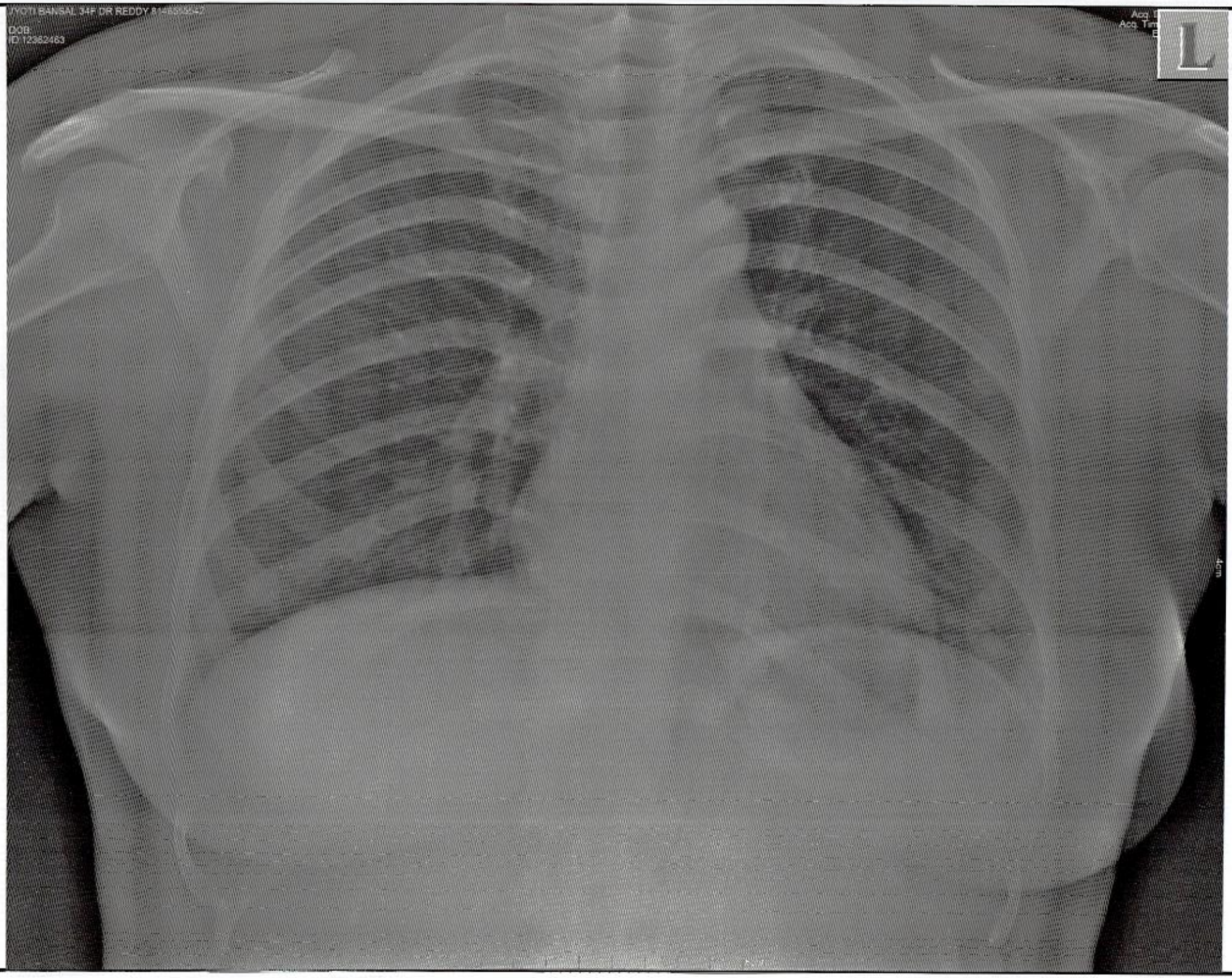
Images



Signature

Signature:

Name(Print): Date:


JYOTI BANSAL 34F DR REDDY
DOB:
ID:12382463
L
4cm

Fortis MEDCENTRE
CHANDIGARH

Fortis Medcentre
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E-mail : contactus.fmc@fortishealthcare.com
Website : www.fortishealthcare.com

DEPARTMENT OF CARDIOLOGY
ECHOCARDIOGRAPHY LABORATORY
Phone 0172-5061222; Ext. 6422

Dated:21 March 2023

Name: **MRS JYOTI BANSAL** **Age: 34** **Sex : FEMALE**

FHL No 12362463 **Lab No:**

Clinical Diagnosis: **R/O CAD**

Ref By: **FMC**

MEASUREMENTS

Aortic Root Diameter	:	2.7	cm	Left Atrial dimension		2.7	cm
Aortic Valve Opening	:	----	cm	Right Ventricular dimension		1.2	cm
Left Ventricular ED dimension	:	3.7	cm	Left Ventricular ES dimension		2.5	cm
Interventricular Septal thickness	ED:	1.0	cm		ES:	1.1	cm
Left Ventricular PW thickness	ED:	0.8	cm		ES:	1.5	cm

INDICES OF LEFT VENTRICULAR FUNCTION:

LV Ejection Fraction : 64 %

IMAGING:

M mode examination revealed normal movement of both Mitral leaflets during diastole. No SAM or Mitral valve prolapse is seen. Aortic root is normal in size. Dimensions of left atrium and left ventricle are normal

2-D imaging in PLAX. SAX and apical views revealed normal sized left ventricle. Movement of anterior wall, septum, apex, inferior wall, posterior and lateral walls is normal. Mitral valve opening is normal. No evidence of Mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Pulmonary valve is normal. Interatrial and interventricular septa are intact. No intracardiac mass or thrombus is seen. No pericardial pathology is observed.

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CHANDIGARH

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DOPPLER: PULSE WAVE; CONTINUOUS WAVE & COLOR FLOW MAPPING

Mitral Valve	:	E= 76 A= 60 cm/sec; E > A; No MR
		E wave Deceleration Time = 173 msec
Aortic Valve	:	140 cm/sec No AR
Tricuspid Valve	:	No TR ; RVSP = + RAP mmHg
Pulmonary Valve	:	93 cm/sec

FINAL DIAGNOSIS

- **NO REGIONAL WALL MOTION ABNORMALITY OF LEFT VENTRICLE**
- **NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION (LVEF 64%)**

Dr. MUKTI SHARMA
MD, DNB, FIAP, FCSI
Sr. Consultant
Fortis MEDCENTRE

TEST REQUEST FORM

SRL Diagnostics

TRF ID : 0080WC007764 **TRF Date : 20/03/2023**

PATIENT INFORMATION

Name :	Ms. JYOTI BANSAL
Address :	,,,,
Phone No :	8146555542
Email :	MONUBANSAL1987@GMAIL.COM
Date Of Birth :	13/08/1988
Age / Sex :	34 / Female
Height / Weight :	/

BILL TO

Client Code :	C000138383
Client Name :	ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
Address :	NEW DELHI
Phone No. :	8800465156
Email :	

ESSENTIAL CLINICAL INFORMATION

Provisional Diagnosis : _____

H / o Medication : Yes / No

If Yes, Name : _____

Status of Medication : Ongoing / Terminated

If Ongoing, Duration : _____

If Terminated, When : _____

LMP (Where Applicable) : _____

Fasting Period : _____

24 Hour Urine Volume : _____

For Histopathology / IHC, Attach Detailed History

Attach Other Relevant Information : _____

REFERRING DOCTOR

Doctor Name :	SELF
Phone No :	
City :	
Email :	

SPECIMEN INFORMATION

Patient Id / Hospital Id :	
SRL Id :	JYOTF13088880
Date Drawn :	
Time Drawn(HRS) :	
Specimen Collected at :	_____

Rcvd In :SRL CHANDIGARH

Date :

Time :

TEMP SENT / TEMP RECD.

TEMP SENT	TEMP RECD.
☐ Frozen(< - 10 Celcius)	☐ Frozen(< - 10 Celcius)
☐ Cold(2 - 8 Celcius)	☐ Cold(2 - 8 Celcius)
☐ Ambient	☐ Ambient

FOR REPEAT/FOLLOW-UP PATIENTS

Old Accession No. : _____

SRL Care Code No. : _____

Product Details

HM7235F	MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

Specimen Details

SERUM
SMEAR
STOOL
URINE
OTHERS (FX)
EDTA WHOLE BLOOD
FASTING PLASMA FL.

Please Note: After completion of the ordered tests, the remaining sample may be stored and used for research in medical sciences.

I agree **I don't agree**

Signature / Thumb impression of patient

Date :

Signature of Requisitioner

Date :

Important : It is mandatory to provide all the requested information to enable accurate and timely reporting.

DIAGNOSTIC REPORT

SRL Diagnostics

PATIENT NAME : JYOTI BANSAL	**REF. DOCTOR :** SELF	
CODE/NAME & ADDRESS : C000138383	ACCESSION NO : **0080WC007764**	AGE/SEX :34 Years Female
PROVISIONAL REPORT	PATIENT ID : JYOTF13088880	DRAWN :
	CLIENT PATIENT ID:	RECEIVED :20/03/2023 08:46:05
	ABHA NO :	REPORTED :20/03/2023 16:19:33

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

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

THYROID PANEL, SERUM

T3 METHOD : COMPETITIVE (ECLIA)	124.3	80.00 - 200.00	ng/dL
T4 METHOD : COMPETITIVE (ECLIA)	13.26	5.10 - 14.10	µg/dL
TSH (ULTRASENSITIVE)	**4.790 High**	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

Repeat x 1 month

METHOD : SANDWICH (ECLIA)

Interpretation(s)

PAPANICOLAOU SMEAR

TEST METHOD	CONVENTIONAL GYNEC CYTOLOGY
SPECIMEN TYPE	TWO UNSTAINED CERVICAL SMEARS RECEIVED
REPORTING SYSTEM	2014 BETHESDA SYSTEM FOR REPORTING CERVICAL CYTOLOGY
SPECIMEN ADEQUACY	SATISFACTORY
MICROSCOPY	SMEARS SHOW ADEQUATE CELLULARITY COMPOSED PREDOMINANTLY OF INTERMEDIATE SQUAMOUS EPITHELIAL CELLS ALONG WITH FEW SUPERFICIAL SQUAMOUS EPITHELIAL CELLS IN A BACKGROUND OF POLYMORPHS AND BLOOD.ENDOCERVICAL CELLS SEEN.NO EVIDENCE OF MALIGNANCY SEEN.
INTERPRETATION / RESULT	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY
	REACTIVE CELLULAR CHANGES ASSOCIATED WITH INFLAMMATION.

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PERFORMED AT :
SRL Ltd
24 SCO, SECTOR 11 D
CHANDIGARH, 160011
PUNJAB, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956

Patient Ref. No. 80000001394826

DIAGNOSTIC REPORT

SRL Diagnostics

PATIENT NAME : JYOTI BANSAL		**REF. DOCTOR :** SELF
CODE/NAME & ADDRESS : C000138383 PROVISIONAL REPORT	ACCESSION NO : **0080WC007764** PATIENT ID : JYOTF13088880 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 34 Years Female DRAWN : RECEIVED : 20/03/2023 08:46:05 REPORTED : 20/03/2023 16:19:33

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

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

LETTER

REQUEST LETTER CX/191/2023

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HAEMATOLOGY - CBC

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

BLOOD COUNTS,EDTA WHOLE BLOOD			
HEMOGLOBIN (HB) METHOD : CYANMETHEMOGLOBIN METHOD	**10.4 Low**	12.0 - 15.0	g/dL
RED BLOOD CELL (RBC) COUNT	3.89	3.8 - 4.8	mil/µL
WHITE BLOOD CELL (WBC) COUNT	5.60	4.0 - 10.0	thou/µL
PLATELET COUNT	259	150 - 410	thou/µL
RBC AND PLATELET INDICES			
HEMATOCRIT (PCV)	**31.8 Low**	36.0 - 46.0	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : DERIVED PARAMETER FROM RBC HISTOGRAM	**81.7 Low**	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER	**26.8 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) METHOD : CALCULATED PARAMETER	**15.5 High**	11.6 - 14.0	%
MENTZER INDEX	21.0		
MEAN PLATELET VOLUME (MPV) METHOD : DERIVED PARAMETER FROM PLATELET HISTOGRAM	8.5	6.8 - 10.9	fL
WBC DIFFERENTIAL COUNT			
NEUTROPHILS METHOD : LIGHT ABSORBANCE OF CYTCHEMICAL STAINED CELLS IMPEDENCE	67	40 - 80	%
LYMPHOCYTES METHOD : LIGHT ABSORBANCE OF CYTCHEMICAL STAINED CELLS IMPEDENCE	24	20 - 40	%
MONOCYTES METHOD : LIGHT ABSORBANCE OF CYTCHEMICAL STAINED CELLS IMPEDENCE	4	2.0 - 10.0	%
EOSINOPHILS	5	1.0 - 6.0	%
BASOPHILS METHOD : LIGHT ABSORBANCE OF CYTCHEMICAL STAINED CELLS IMPEDENCE	0	0 - 1	%
ABSOLUTE NEUTROPHIL COUNT	3.75	2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT	1.34	1.0 - 3.0	thou/µL

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DIAGNOSTIC REPORT

SRL Diagnostics

PATIENT NAME : JYOTI BANSAL		**REF. DOCTOR :** SELF
CODE/NAME & ADDRESS : C000138383	ACCESSION NO : **0080WC007764**	AGE/SEX : 34 Years Female
PROVISIONAL REPORT	PATIENT ID : JYOTF13088880	DRAWN :
	CLIENT PATIENT ID:	RECEIVED : 20/03/2023 08:46:05
	ABHA NO :	REPORTED : 20/03/2023 16:19:33

Test Report Status **Final**	Results	Biological Reference Interval	Units
ABSOLUTE MONOCYTE COUNT	0.22	0.2 - 1.0	thou/µL
ABSOLUTE EOSINOPHIL COUNT	0.28	0.02 - 0.50	thou/µL
ABSOLUTE BASOPHIL COUNT	**0.00 Low**	0.02 - 0.10	thou/µL
METHOD : CALCULATED PARAMETER			
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	2.8		
METHOD : CALCULATED PARAMETER			

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.

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DIAGNOSTIC REPORT

SRL Diagnostics

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CODE/NAME & ADDRESS : C000138383 PROVISIONAL REPORT	ACCESSION NO : **0080WC007764** PATIENT ID : JYOTF13088880 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 34 Years Female DRAWN : RECEIVED : 20/03/2023 08:46:05 REPORTED : 20/03/2023 16:19:33

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HAEMATOLOGY

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD			
E.S.R	**50 High**	0 - 20	mm at 1 hr

METHOD : MODIFIED WESTERGREN

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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Patient Ref. No. 80000001394826

DIAGNOSTIC REPORT

SRL Diagnostics

PATIENT NAME : JYOTI BANSAL	**REF. DOCTOR :** SELF	
CODE/NAME & ADDRESS : C000138383	ACCESSION NO : **0080WC007764**	AGE/SEX : 34 Years Female
PROVISIONAL REPORT	PATIENT ID : JYOTF13088880	DRAWN :
	CLIENT PATIENT ID:	RECEIVED : 20/03/2023 08:46:05
	ABHA NO :	REPORTED : 20/03/2023 16:19:33

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

IMMUNOHAEMATOLOGY

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP	TYPE B		
METHOD : SLIDE AGGLUTINATION			
RH TYPE	POSITIVE		
METHOD : SLIDE 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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BIOCHEMISTRY

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

GLUCOSE FASTING,FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR) METHOD : HEXOKINASE	88	74 - 106	mg/dL

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	5.5	Non-diabetic Adult < 5.7 Pre-diabetes 5.7 - 6.4 Diabetes diagnosis: > or = 6.5 Therapeutic goals: < 7.0 Action suggested : > 8.0 (ADA Guideline 2021)	%
ESTIMATED AVERAGE GLUCOSE(EAG)	111.2	< 116.0	mg/dL

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR) METHOD : HEXOKINASE	114	Non-Diabetes 70 - 140	mg/dL

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE	127	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
TRIGLYCERIDES METHOD : ENZYMATIC ASSAY	73	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/= 500 Very High	mg/dL
HDL CHOLESTEROL METHOD : DIRECT MEASURE - PEG	**32 Low**	< 40 Low >/=60 High	mg/dL

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Patient Ref. No. 80000001394826

DIAGNOSTIC REPORT

SRL Diagnostics

PATIENT NAME : JYOTI BANSAL | **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000138383	ACCESSION NO : **D080WC007764**	AGE/SEX : 34 Years Female
PROVISIONAL REPORT	PATIENT ID : JYOTF13088880	DRAWN :
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CHOLESTEROL LDL	80	< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High >/= 190 Very High	mg/dL
METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE			
NON HDL CHOLESTEROL	95	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
METHOD : CALCULATED PARAMETER			
VERY LOW DENSITY LIPOPROTEIN	14.6	Desirable value : 10 - 35	mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO	4.0	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
METHOD : CALCULATED PARAMETER			
LDL/HDL RATIO	2.5	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
METHOD : CALCULATED PARAMETER			
Interpretation(s)			
LIVER FUNCTION PROFILE, SERUM			
BILIRUBIN, TOTAL	0.25	UPTO 1.2	mg/dL
METHOD : DIAZONIUM ION, BLANKED (ROCHE)			
BILIRUBIN, DIRECT	0.10	0.00 - 0.30	mg/dL
METHOD : DIAZOTIZATION			
BILIRUBIN, INDIRECT	0.15	0.00 - 0.60	mg/dL
METHOD : CALCULATED PARAMETER			
TOTAL PROTEIN	7.3	6.6 - 8.7	g/dL

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METHOD : BIURET			
ALBUMIN	4.1	3.97 - 4.94	g/dL
METHOD : BROMOCRESOL GREEN			
GLOBULIN	3.2	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
METHOD : CALCULATED PARAMETER			
ALBUMIN/GLOBULIN RATIO	1.3	1.0 - 2.0	RATIO
METHOD : CALCULATED PARAMETER			
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15	0 - 32	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	0 - 31	U/L
METHOD : UV WITHOUT PYRIDOXAL-5 PHOSPHATE			
ALKALINE PHOSPHATASE	50	35 - 105	U/L
METHOD : PNPP - AMP BUFFER			
GAMMA GLUTAMYL TRANSFERASE (GGT)	11	5 - 36	U/L
METHOD : GAMMA GLUTAMYLCARBOXY 4NITROANILIDE			
LACTATE DEHYDROGENASE	153	135 - 214	U/L
METHOD : LACTATE -PYRUVATE			
BLOOD UREA NITROGEN (BUN), SERUM			
BLOOD UREA NITROGEN	8	6 - 20	mg/dL
METHOD : UREASE - UV			
CREATININE, SERUM			
CREATININE	0.61	0.50 - 0.90	mg/dL
METHOD : ALKALINE PICRATE-KINETIC			
BUN/CREAT RATIO			
BUN/CREAT RATIO	13.11	5.00 - 15.00	
METHOD : CALCULATED PARAMETER			
URIC ACID, SERUM			
URIC ACID	4.0	2.4 - 5.7	mg/dL
METHOD : URICASE, COLORIMETRIC			
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	7.3	6.6 - 8.7	g/dL
METHOD : BIURET			
ALBUMIN, SERUM			

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Test Report Status **Final**	Results	Biological Reference Interval	Units
ALBUMIN METHOD : BROMOCRESOL GREEN	4.1	3.97 - 4.94	g/dL
GLOBULIN			
GLOBULIN METHOD : CALCULATED PARAMETER	3.2	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ELECTROLYTES (NA/K/CL), SERUM			
SODIUM, SERUM METHOD : ISE INDIRECT	136	136 - 145	mmol/L
POTASSIUM, SERUM METHOD : ISE INDIRECT	4.55	3.5 - 5.1	mmol/L
CHLORIDE, SERUM METHOD : ISE INDIRECT	104	98 - 107	mmol/L

Interpretation(s)

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 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, glycosylated hemoglobin(HbA1c) levels are favored to monitor glycemic control.
High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal 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.
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

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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 addiction 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 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 Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.Additional test HbA1c
LIVER FUNCTION PROFILE, SERUM-LIVER FUNCTION PROFILE
Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice.Elevated levels results from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in Viral hepatitis, Drug reactions, Alcoholic liver disease Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors &Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.
AST is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver,liver cancer,kidney failure,hemolytic anemia,pancreatitis,hemochromatosis. AST levels may also increase after a heart attack or strenuous activity.ALT test measures the amount of this enzyme in the blood.ALT is found mainly in the liver, but also in smaller amounts in the kidneys,heart,muscles, and pancreas.It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health.AST levels increase during acute hepatitis,sometimes due to a viral infection,ischemia to the liver,chronic hepatitis,obstruction of bile ducts,cirrhosis.
ALP is a protein found in almost all body tissues.Tissues with higher amounts of ALP include the liver,bile ducts and bone.Elevated ALP levels are seen in Biliary obstruction, Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget"""'s disease,Rickets,Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia,Malnutrition,Protein deficiency,Wilson"""""s disease.GGT is an enzyme found in cell membranes of many tissues mainly in the liver,kidney and pancreas.It is also found in other tissues including intestine,spleen,heart, brain and seminal vesicles.The highest concentration is in the kidney,but the liver is considered the source of normal enzyme activity.Serum GGT has been widely used as an index of liver dysfunction.Elevated serum GGT activity can be found in diseases of the liver,biliary system and pancreas.Conditions that increase serum GGT are obstructive liver disease,high alcohol consumption and use of enzyme-inducing drugs etc.Serum total protein,also known as total protein,is a biochemical test for measuring the total amount of protein in serum.Protein in the plasma is made up of albumin and globulin.Higher-than-normal levels may be due to:Chronic inflammation or infection,including HIV and hepatitis B or C,Multiple myeloma,Waldenstrom"""""s disease.Lower-than-normal levels may be due to: Agammaglobulinemia,Bleeding (hemorrhage),Burns,Glomerulonephritis,Liver disease, Malabsorption,Malnutrition,Nephrotic syndrome,Protein-losing enteropathy etc.Human serum albumin is the most abundant protein in human blood plasma.It is produced in the liver.Albumin constbutes about half of the blood serum protein.Low blood albumin levels (hypoalbuminemia) can be caused by:Liver disease like cirrhosis of the liver, nephrotic syndrome,protein-losing enteropathy,Burns,hemodilution,increased vascular permeability or decreased lymphatic clearance,malnutrition and wasting etc
BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Corosol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)
Causes of decreased level include Liver disease, SIADH.
CREATININE, SERUM-Higher than normal level may be due to:
- Blockage in the urinary tract
- Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
- Loss of body fluid (dehydration)
- Muscle problems, such as breakdown of muscle fibers
- Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:
- Myasthenia Gravis
- Muscular dystrophy

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 constbutes 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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DIAGNOSTIC REPORT

SRL Diagnostics

PATIENT NAME : JYOTI BANSAL		**REF. DOCTOR :** SELF
CODE/NAME & ADDRESS : C000138383 PROVISIONAL REPORT	ACCESSION NO : **DD80WC007764** PATIENT ID : JYOTF13088880 CLIENT PATIENT ID: ABHA NO :	AGE/SEX :34 Years Female DRAWN : RECEIVED : 20/03/2023 08:46:05 REPORTED : 20/03/2023 16:19:33

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CLINICAL PATH - URINALYSIS

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

PHYSICAL EXAMINATION, URINE			
COLOR	PALE YELLOW		
APPEARANCE	**SLIGHTLY HAZY**		
CHEMICAL EXAMINATION, URINE			
PH	5.5	4.7 - 7.5	
METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD			
SPECIFIC GRAVITY	1.025	1.003 - 1.035	
METHOD : REFLECTANCE SPECTROPHOTOMETRY (PKA CHANGE OF PRETREATED POLY ELECTROLYTES)			
PROTEIN	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY (PROTEIN-ERROR-OF-INDICATORS PRINCIPLE)			
GLUCOSE	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY(GLUCOSE OXIDAE/PEROXIDASE METHOD)			
KETONES	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY (SODIUM NITROPRUSSIDE REACTION)			
BLOOD	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY (PEROXIDASE METHOD)			
BILIRUBIN	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY (DIAZO REACTION)			
UROBILINOGEN	NORMAL	NORMAL	
METHOD : REFLECTANCE SPECTROPHOTOMETRY - EHRLICH REACTION			
NITRITE	NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY, CONVERSION OF NITRATE TO NITRITE			
LEUKOCYTE ESTERASE	NOT DETECTED	NOT DETECTED	
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
METHOD : MICROSCOPIC EXAMINATION			
PUS CELL (WBC'S)	3-5	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS	3-5	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION			
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		

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METHOD : MICROSCOPIC EXAMINATION			
BACTERIA	NOT DETECTED	NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION			
YEAST	NOT DETECTED	NOT DETECTED	

Interpretation(s)

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CLINICAL PATH - STOOL ANALYSIS

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

PHYSICAL EXAMINATION,STOOL			
COLOUR	BROWN		
CONSISTENCY	SEMI FORMED		
MUCUS	ABSENT	NOT DETECTED	
VISIBLE BLOOD	ABSENT	ABSENT	
ADULT PARASITE	NOT DETECTED		
METHOD : MICROSCOPIC EXAMINATION			
CHEMICAL EXAMINATION,STOOL			
STOOL PH	6.0		
MICROSCOPIC EXAMINATION,STOOL			
PUS CELLS	2-3		/hpf
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
CYSTS	NOT DETECTED	NOT DETECTED	
OVA	NOT DETECTED		
LARVAE	NOT DETECTED	NOT DETECTED	
TROPHOZOITES	NOT DETECTED	NOT DETECTED	

Interpretation(s)

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