

**DIAGNOSTIC REPORT**



Cert. No. MC-2396

**CLIENT CODE :** C000138363

**CLIENT'S NAME AND ADDRESS :**  
ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
F-703, LADO SARAI, MEHRAULI  
SOUTH WEST DELHI  
NEW DELHI 110030  
DELHI INDIA  
8800465156

SRL Ltd  
P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
Salt Lake,  
KOLKATA, 700091  
WEST BENGAL, INDIA  
Tel : 9111591115, Fax :  
CIN - U74899PB1995PLC045956  
Email : customercare.saltlake@srl.in

**PATIENT NAME :** MRS. SWETA SINHA

**PATIENT ID :** FH.10426423

**ACCESSION NO :** 0031VC028516 **AGE :** 37 Years **SEX :** Female

**DRAWN :** 26-03-2022 10:00

**RECEIVED :** 26-03-2022 10:19

**REPORTED :** 01-04-2022 14:55

**REFERRING DOCTOR :** SELF

**CLIENT PATIENT ID :**

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

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

**BLOOD COUNTS, EDTA WHOLE BLOOD**

HEMOGLOBIN	<b>11.6</b>	<b>Low</b> 12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	4.17	3.8 - 4.8	mil/ $\mu$ L
WHITE BLOOD CELL COUNT	5.27	4.0 - 10.0	thou/ $\mu$ L
PLATELET COUNT	198	150 - 410	thou/ $\mu$ L

**RBC AND PLATELET INDICES**

HEMATOCRIT	<b>35.1</b>	<b>Low</b> 36 - 46	%
MEAN CORPUSCULAR VOL	84.2	83 - 101	fL
MEAN CORPUSCULAR HGB.	27.7	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	32.9	31.5 - 34.5	g/dL
MENTZER INDEX	20.2		
RED CELL DISTRIBUTION WIDTH	<b>14.2</b>	<b>High</b> 11.6 - 14.0	%
MEAN PLATELET VOLUME	9.3	6.8 - 10.9	fL

**WBC DIFFERENTIAL COUNT - NLR**

SEGMENTED NEUTROPHILS	54	40 - 80	%
ABSOLUTE NEUTROPHIL COUNT	2.85	2.0 - 7.0	thou/ $\mu$ L
LYMPHOCYTES	35	20 - 40	%
ABSOLUTE LYMPHOCYTE COUNT	1.84	1 - 3	thou/ $\mu$ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.5		
EOSINOPHILS	4	1 - 6	%
ABSOLUTE EOSINOPHIL COUNT	0.21	0.02 - 0.50	thou/ $\mu$ L
MONOCYTES	7	2 - 10	%
ABSOLUTE MONOCYTE COUNT	0.37	0.20 - 1.00	thou/ $\mu$ L
BASOPHILS	0	0 - 2	%
ABSOLUTE BASOPHIL COUNT	<b>0.00</b>	<b>Low</b> 0.02 - 0.10	thou/ $\mu$ L

**MORPHOLOGY**

RBC	NORMOCYTIC NORMOCHROMIC
WBC	NORMAL MORPHOLOGY
PLATELETS	ADEQUATE

**ERYTHRO SEDIMENTATION RATE, BLOOD**

SEDIMENTATION RATE (ESR)	15	0 - 20	mm at 1 hr
--------------------------	----	--------	------------



Scan to View Details



Scan to View Report



Cert. No. MC-2396



**CLIENT CODE :** C000138363

**CLIENT'S NAME AND ADDRESS :**  
 ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
 F-703, LADO SARAI, MEHRAULI  
 SOUTH WEST DELHI  
 NEW DELHI 110030  
 DELHI INDIA  
 8800465156

SRL Ltd  
 P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
 Salt Lake,  
 KOLKATA, 700091  
 WEST BENGAL, INDIA  
 Tel : 9111591115, Fax :  
 CIN - U74899PB1995PLC045956  
 Email : customercare.saltlake@srl.in

**PATIENT NAME :** MRS. SWETA SINHA

**PATIENT ID :** FH.10426423

**ACCESSION NO :** 0031VC028516 **AGE :** 37 Years **SEX :** Female

**DRAWN :** 26-03-2022 10:00

**RECEIVED :** 26-03-2022 10:19

**REPORTED :** 01-04-2022 14:55

**REFERRING DOCTOR :** SELF

**CLIENT PATIENT ID :**

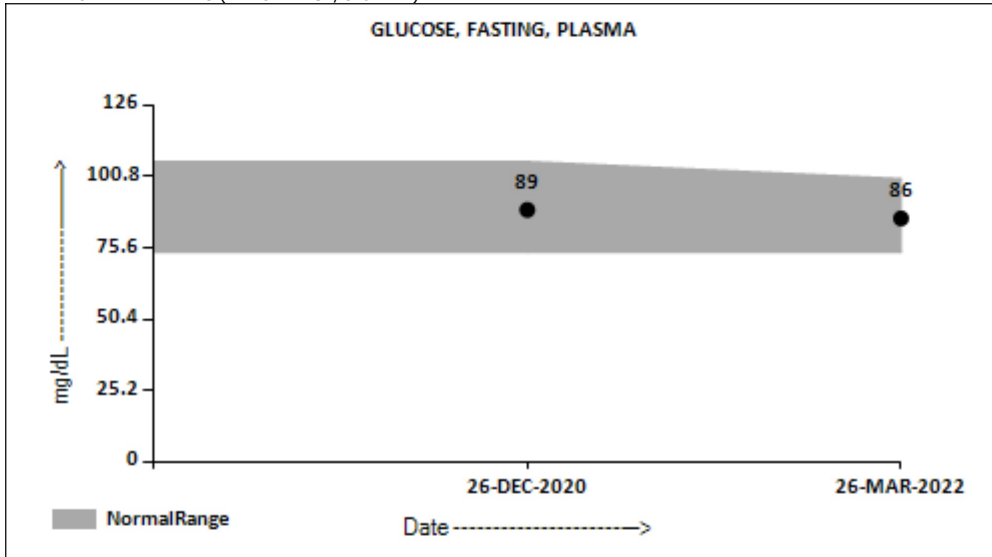
Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

METHOD : AUTOMATED (PHOTOMETRICAL CAPILLARY STOPPED FLOW KINETIC ANALYSIS)"

**GLUCOSE, FASTING, PLASMA**

GLUCOSE, FASTING, PLASMA 86 74 - 100 mg/dL

METHOD : ENZYMATIC (HEXOKINASE/G-6-PDH)



**GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD**

GLYCOSYLATED HEMOGLOBIN (HBA1C) 5.3 Non-diabetic: < 5.7 %

Pre-diabetics: 5.7 - 6.4

Diabetics: > or = 6.5

ADA Target: 7.0

Action suggested: > 8.0

METHOD : HPLC

MEAN PLASMA GLUCOSE 105.4 < 116.0 mg/dL



Scan to View Details



Scan to View Report

**DIAGNOSTIC REPORT**



Cert. No. MC-2396

**CLIENT CODE :** C000138363

**CLIENT'S NAME AND ADDRESS :**  
 ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
 F-703, LADO SARAI, MEHRAULI  
 SOUTH WEST DELHI  
 NEW DELHI 110030  
 DELHI INDIA  
 8800465156

SRL Ltd  
 P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
 Salt Lake,  
 KOLKATA, 700091  
 WEST BENGAL, INDIA  
 Tel : 9111591115, Fax :  
 CIN - U74899PB1995PLC045956  
 Email : customercare.saltlake@srl.in

**PATIENT NAME :** MRS. SWETA SINHA

**PATIENT ID :** FH.10426423

**ACCESSION NO :** 0031VC028516 **AGE :** 37 Years **SEX :** Female

**DRAWN :** 26-03-2022 10:00

**RECEIVED :** 26-03-2022 10:19

**REPORTED :** 01-04-2022 14:55

**REFERRING DOCTOR :** SELF

**CLIENT PATIENT ID :**

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

**SRL LIMITED - KOLKATA REF. LAB**  
**Bio-Rad Variant II Turbo CDM 5.4 S/N : 16043**

**PATIENT REP**  
**V2TURBO\_A1c**

**Patient Data**

Sample ID: 3106075869  
 Patient ID:  
 Name:  
 Physician:  
 Sex:  
 DOB:

**Analysis Data**

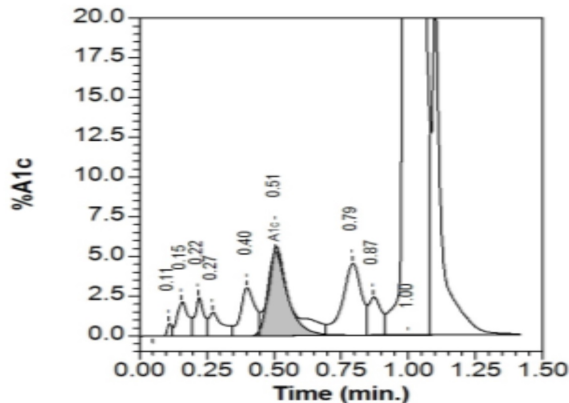
Analysis Performed: 26/MAR/2022 12:31:52  
 Injection Number: 8227  
 Run Number: 460  
 Rack ID: 0006  
 Tube Number: 4  
 Report Generated: 26/MAR/2022 13:32:54  
 Operator ID:

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.1	0.108	3071
A1a	---	1.0	0.154	20441
A1b	---	0.8	0.217	17457
F	---	0.8	0.269	17136
LA1c	---	1.7	0.398	36618
A1c	5.3	---	0.505	88747
P3	---	3.4	0.790	70554
P4	---	1.2	0.868	24953
Ao	---	86.7	1.000	1822530

**Total Area:** 2,101,507

**HbA1c (NGSP) = 5.3 %**



Scan to View Details



Scan to View Report



Cert. No. MC-2396

**CLIENT CODE :** C000138363

**CLIENT'S NAME AND ADDRESS :**  
 ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
 F-703, LADO SARAI, MEHRAULI  
 SOUTH WEST DELHI  
 NEW DELHI 110030  
 DELHI INDIA  
 8800465156

SRL Ltd  
 P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
 Salt Lake,  
 KOLKATA, 700091  
 WEST BENGAL, INDIA  
 Tel : 9111591115, Fax :  
 CIN - U74899PB1995PLC045956  
 Email : customercare.saltlake@srl.in

**PATIENT NAME :** MRS. SWETA SINHA

**PATIENT ID :** FH.10426423

**ACCESSION NO :** 0031VC028516 **AGE :** 37 Years **SEX :** Female

**DRAWN :** 26-03-2022 10:00

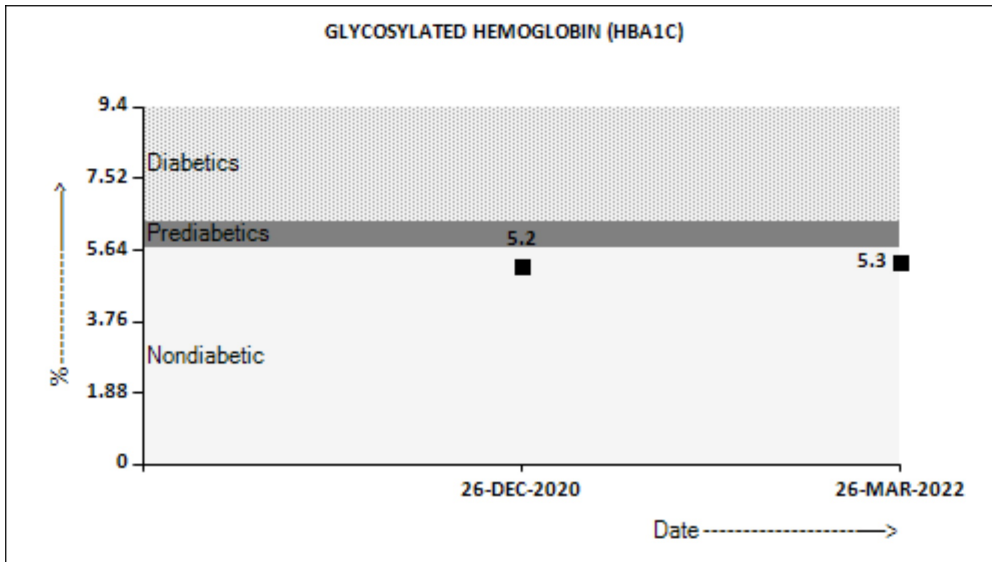
**RECEIVED :** 26-03-2022 10:19

**REPORTED :** 01-04-2022 14:55

**REFERRING DOCTOR :** SELF

**CLIENT PATIENT ID :**

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



**GLUCOSE, POST-PRANDIAL, PLASMA**

GLUCOSE, POST-PRANDIAL, PLASMA	TEST NOT PERFORMED	140 Normal 140 - 199 Pre-diabetic > or = 200 Diabetic	mg/dL
--------------------------------	--------------------	---	-------

METHOD : ENZYMATIC (HEXOKINASE/G-6-PDH)

**CORONARY RISK PROFILE (LIPID PROFILE), SERUM.**

CHOLESTEROL	174	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
-------------	-----	--	-------

METHOD : ENZYMATIC ASSAY

TRIGLYCERIDES	<b>206</b>	<b>High</b> < 150 Normal 150 - 199 Borderline High 200 - 499 High >/=500 Very High	mg/dL
---------------	------------	---	-------

METHOD : GLYCEROL PHOSPHATE OXIDASE

HDL CHOLESTEROL	<b>36</b>	<b>Low</b> Low : < 40 High : > / = 60	mg/dL
-----------------	-----------	--	-------

METHOD : ACCELERATOR SELECTIVE DETERGENT METHODOLOGY

DIRECT LDL CHOLESTEROL	128	Adult Optimal : < 100 Near optimal : 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very high : > or = 190	mg/dL
------------------------	-----	--	-------



Scan to View Details



Scan to View Report

**DIAGNOSTIC REPORT**



**CLIENT CODE :** C000138363

**CLIENT'S NAME AND ADDRESS :**  
 ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
 F-703, LADO SARAI, MEHRAULI  
 SOUTH WEST DELHI  
 NEW DELHI 110030  
 DELHI INDIA  
 8800465156

SRL Ltd  
 P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
 Salt Lake,  
 KOLKATA, 700091  
 WEST BENGAL, INDIA  
 Tel : 9111591115, Fax :  
 CIN - U74899PB1995PLC045956  
 Email : customercare.saltlake@srl.in

Cert. No. MC-2396

**PATIENT NAME :** MRS. SWETA SINHA

**PATIENT ID :** FH.10426423

**ACCESSION NO :** 0031VC028516 **AGE :** 37 Years **SEX :** Female

**DRAWN :** 26-03-2022 10:00

**RECEIVED :** 26-03-2022 10:19

**REPORTED :** 01-04-2022 14:55

**REFERRING DOCTOR :** SELF

**CLIENT PATIENT ID :**

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

METHOD : MEASURED, LIQUID SELECTIVE DETERGENT

NON HDL CHOLESTEROL	<b>138</b>	<b>High</b>	Desirable: Less than 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190 -219 Very High: >or = 220	mg/dL
---------------------	------------	-------------	--	-------

METHOD : CALCULATED

CHOL/HDL RATIO	<b>4.8</b>	<b>High</b>	3.3 - 4.4 Low Risk 4.5-7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk
----------------	------------	-------------	--

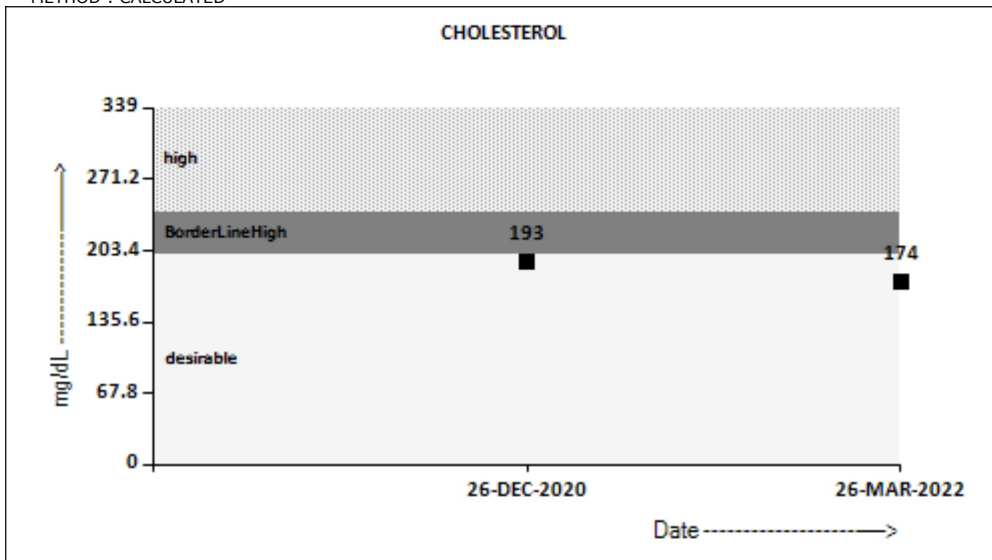
METHOD : CALCULATED

LDL/HDL RATIO	<b>3.6</b>	<b>High</b>	0.5 - 3.0 Desirable/ Low Risk 3.1-6.0 Borderline /Moderate Risk > 6.0 High Risk
---------------	------------	-------------	---

METHOD : CALCULATED

VERY LOW DENSITY LIPOPROTEIN	<b>41.2</b>	<b>High</b>	< or = 30	mg/dL
------------------------------	-------------	-------------	-----------	-------

METHOD : CALCULATED



Scan to View Details



Scan to View Report



Cert. No. MC-2396



**CLIENT CODE :** C000138363

**CLIENT'S NAME AND ADDRESS :**  
ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
F-703, LADO SARAI, MEHRAULI  
SOUTH WEST DELHI  
NEW DELHI 110030  
DELHI INDIA  
8800465156

SRL Ltd  
P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
Salt Lake,  
KOLKATA, 700091  
WEST BENGAL, INDIA  
Tel : 9111591115, Fax :  
CIN - U74899PB1995PLC045956  
Email : customercare.saltlake@srl.in

**PATIENT NAME :** MRS. SWETA SINHA

**PATIENT ID :** FH.10426423

**ACCESSION NO :** 0031VC028516 **AGE :** 37 Years **SEX :** Female

**DRAWN :** 26-03-2022 10:00

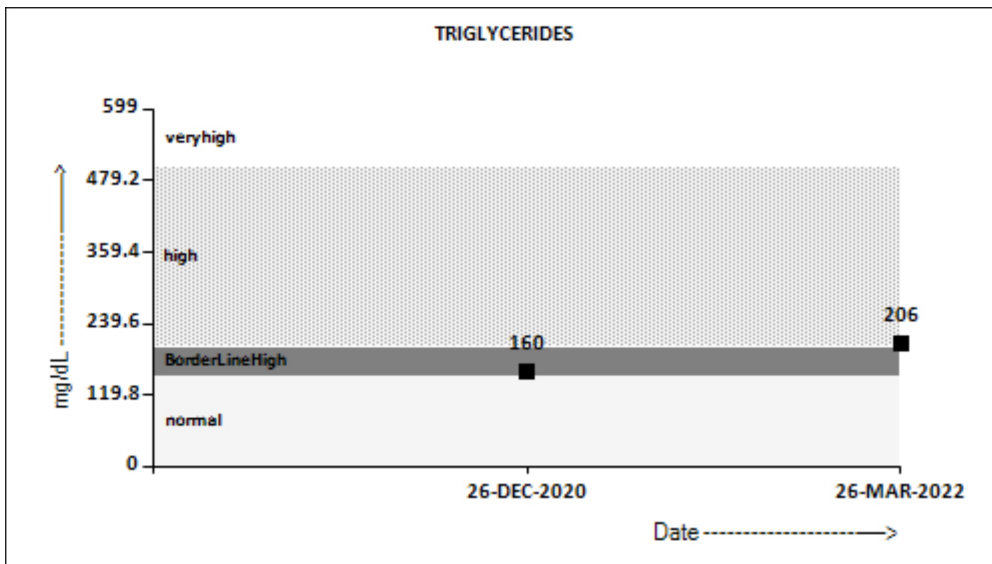
**RECEIVED :** 26-03-2022 10:19

**REPORTED :** 01-04-2022 14:55

**REFERRING DOCTOR :** SELF

**CLIENT PATIENT ID :**

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



**LIVER FUNCTION PROFILE, SERUM**

BILIRUBIN, TOTAL	0.53	0.2 - 1.2	mg/dL
METHOD : DIAZONIUM SALT			
BILIRUBIN, DIRECT	0.14	0.0 - 0.5	mg/dL
METHOD : DIAZO REACTION			
BILIRUBIN, INDIRECT	0.39	0.1 - 1.0	mg/dL
METHOD : CALCULATED			
TOTAL PROTEIN	7.6	6.0 - 8.30	g/dL
METHOD : BIURET			
ALBUMIN	4.3	3.5 - 5.2	g/dL
METHOD : COLORIMETRIC (BROMCRESOL GREEN)			
GLOBULIN	3.3	2.0 - 3.5	g/dL
ALBUMIN/GLOBULIN RATIO	1.3	1 - 2.1	RATIO
METHOD : CALCULATED PARAMETER			
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17	5 - 34	U/L
METHOD : ENZYMATIC (NADH (WITHOUT P-5'-P))			
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	0 - 55	U/L
METHOD : ENZYMATIC (NADH (WITHOUT P-5'-P))			
ALKALINE PHOSPHATASE	71	40 - 150	U/L
METHOD : PARA-NITROPHENYL PHOSPHATE			



Scan to View Details



Scan to View Report



Cert. No. MC-2396



**CLIENT CODE :** C000138363

**CLIENT'S NAME AND ADDRESS :**  
 ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
 F-703, LADO SARAI, MEHRAULI  
 SOUTH WEST DELHI  
 NEW DELHI 110030  
 DELHI INDIA  
 8800465156

SRL Ltd  
 P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
 Salt Lake,  
 KOLKATA, 700091  
 WEST BENGAL, INDIA  
 Tel : 9111591115, Fax :  
 CIN - U74899PB1995PLC045956  
 Email : customercare.saltlake@srl.in

**PATIENT NAME :** MRS. SWETA SINHA

**PATIENT ID :** FH.10426423

**ACCESSION NO :** 0031VC028516 **AGE :** 37 Years **SEX :** Female

**DRAWN :** 26-03-2022 10:00

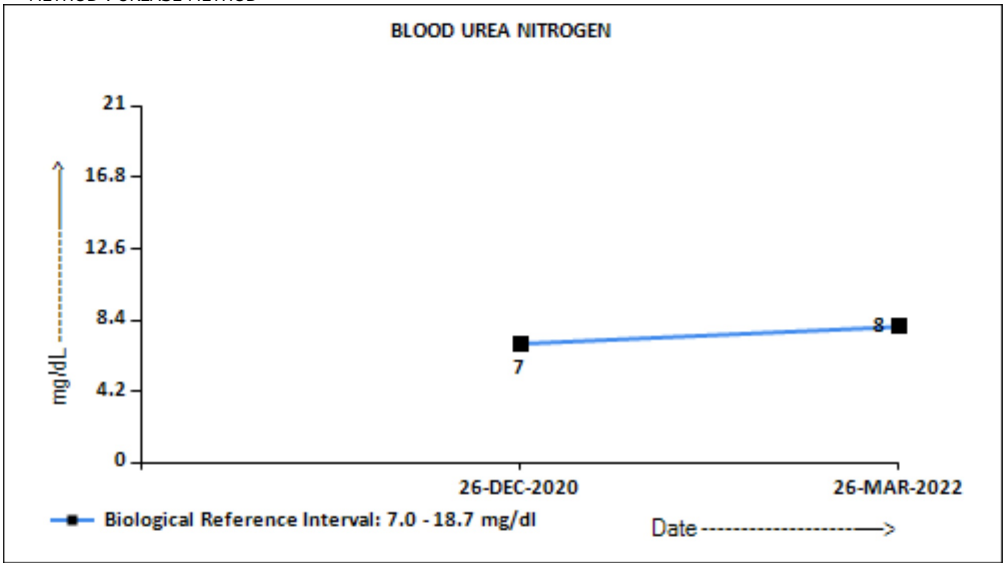
**RECEIVED :** 26-03-2022 10:19

**REPORTED :** 01-04-2022 14:55

**REFERRING DOCTOR :** SELF

**CLIENT PATIENT ID :**

Test Report Status	Final	Results	Biological Reference Interval	Units
GAMMA GLUTAMYL TRANSFERASE (GGT)		11	8 -33	U/L
METHOD : L-GAMMA-GLUTAMYL-4-NITROANALIDE /GLYCYLGLYCINE KINETIC METHOD				
LACTATE DEHYDROGENASE		151	125 - 220	U/L
METHOD : IFCC LACTATE TO PYRUVATE				
<b>SERUM BLOOD UREA NITROGEN</b>				
BLOOD UREA NITROGEN		8	7.0 - 18.7	mg/dL
METHOD : UREASE METHOD				



**CREATININE, SERUM**

CREATININE	0.68	0.57 - 1.11	mg/dL
METHOD : KINETIC ALKALINE PICRATE			



**DIAGNOSTIC REPORT**



Cert. No. MC-2396



**CLIENT CODE :** C000138363

**CLIENT'S NAME AND ADDRESS :**  
ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
F-703, LADO SARAI, MEHRAULI  
SOUTH WEST DELHI  
NEW DELHI 110030  
DELHI INDIA  
8800465156

SRL Ltd  
P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
Salt Lake,  
KOLKATA, 700091  
WEST BENGAL, INDIA  
Tel : 9111591115, Fax :  
CIN - U74899PB1995PLC045956  
Email : customercare.saltlake@srl.in

**PATIENT NAME :** MRS. SWETA SINHA

**PATIENT ID :** FH.10426423

**ACCESSION NO :** 0031VC028516 **AGE :** 37 Years **SEX :** Female

**DRAWN :** 26-03-2022 10:00

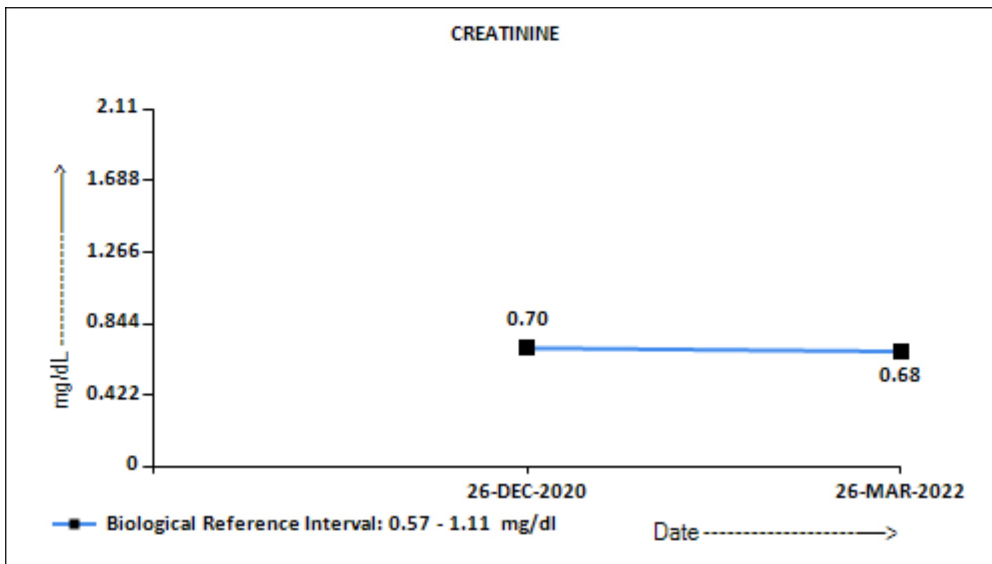
**RECEIVED :** 26-03-2022 10:19

**REPORTED :** 01-04-2022 14:55

**REFERRING DOCTOR :** SELF

**CLIENT PATIENT ID :**

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



**BUN/CREAT RATIO**

BUN/CREAT RATIO 11.76 5.0 - 15.0

**URIC ACID, SERUM**

URIC ACID 5.0 2.6 - 6.0 mg/dL

METHOD : URICASE

**TOTAL PROTEIN, SERUM**

TOTAL PROTEIN 7.6 6.0 - 8.3 g/dL

METHOD : BIURET

**ALBUMIN, SERUM**

ALBUMIN 4.3 3.5 - 5.2 g/dL

METHOD : COLORIMETRIC (BROMCRESOL GREEN)

**GLOBULIN**

GLOBULIN 3.3 2.0 - 3.5 g/dL

METHOD : CALCULATED PARAMETER

**ELECTROLYTES (NA/K/CL), SERUM**

SODIUM **134** **Low** 136 - 145 mmol/L

METHOD : ION SELECTIVE ELECTRODE TECHNOLOGY INDIRECT

POTASSIUM 4.60 3.5 - 5.1 mmol/L

METHOD : ION SELECTIVE ELECTRODE TECHNOLOGY INDIRECT



Scan to View Details



Scan to View Report



**DIAGNOSTIC REPORT**



Cert. No. MC-2396



**CLIENT CODE :** C000138363

**CLIENT'S NAME AND ADDRESS :**  
 ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
 F-703, LADO SARAI, MEHRAULI  
 SOUTH WEST DELHI  
 NEW DELHI 110030  
 DELHI INDIA  
 8800465156

SRL Ltd  
 P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
 Salt Lake,  
 KOLKATA, 700091  
 WEST BENGAL, INDIA  
 Tel : 9111591115, Fax :  
 CIN - U74899PB1995PLC045956  
 Email : customercare.saltlake@srl.in

**PATIENT NAME : MRS. SWETA SINHA**

**PATIENT ID : FH.10426423**

**ACCESSION NO : 0031VC028516**    **AGE :** 37 Years    **SEX :** Female

**DRAWN :** 26-03-2022 10:00

**RECEIVED :** 26-03-2022 10:19

**REPORTED :** 01-04-2022 14:55

**REFERRING DOCTOR :** SELF

**CLIENT PATIENT ID :**

Test Report Status	Final	Results	Biological Reference Interval	Units
CHLORIDE		99	98 - 107	mmol/L
METHOD : ION SELECTIVE ELECTRODE TECHNOLOGY INDIRECT				
<b>URINALYSIS</b>				
COLOR		PALE YELLOW		
APPEARANCE		CLEAR		
PH		6.5	4.7 - 7.5	
SPECIFIC GRAVITY		1.005	1.003 - 1.035	
METHOD : DIPSTICK				
GLUCOSE		NOT DETECTED	NOT DETECTED	
METHOD : DIPSTICK				
PROTEIN		NOT DETECTED	NOT DETECTED	
METHOD : DIPSTICK				
KETONES		NOT DETECTED	NOT DETECTED	
METHOD : DIPSTICK				
BLOOD		NOT DETECTED	NOT DETECTED	
METHOD : DIPSTICK				
BILIRUBIN		NOT DETECTED	NOT DETECTED	
METHOD : DIPSTICK				
UROBILINOGEN		NORMAL	NORMAL	
METHOD : DIPSTICK				
NITRITE		NOT DETECTED	NOT DETECTED	
METHOD : DIPSTICK				
PUS CELL (WBC'S)		2-3	0-5	/HPF
EPITHELIAL CELLS		1-2	0-5	/HPF
ERYTHROCYTES (RBC'S)		NOT DETECTED	NOT DETECTED	/HPF
CASTS		NOT DETECTED		
CRYSTALS		NOT DETECTED		
BACTERIA		NOT DETECTED	NOT DETECTED	

**Comments**

URINALYSIS: MICROSCOPIC EXAMINATION IS CARRIED OUT ON CENTRIFUGED URINARY SEDIMENT.

**THYROID PANEL, SERUM**

T3	95.5	58 - 193	ng/dL
METHOD : TWO-STEP CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY			
T4	10.01	4.87 - 11.71	µg/dL
METHOD : TWO-STEP CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY			



Scan to View Details



Scan to View Report

**DIAGNOSTIC REPORT**



Cert. No. MC-2396



**CLIENT CODE :** C000138363

**CLIENT'S NAME AND ADDRESS :**  
 ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
 F-703, LADO SARAI, MEHRAULI  
 SOUTH WEST DELHI  
 NEW DELHI 110030  
 DELHI INDIA  
 8800465156

SRL Ltd  
 P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
 Salt Lake,  
 KOLKATA, 700091  
 WEST BENGAL, INDIA  
 Tel : 9111591115, Fax :  
 CIN - U74899PB1995PLC045956  
 Email : customercare.saltlake@srl.in

**PATIENT NAME :** MRS. SWETA SINHA

**PATIENT ID :** FH.10426423

**ACCESSION NO :** 0031VC028516 **AGE :** 37 Years **SEX :** Female

**DRAWN :** 26-03-2022 10:00

**RECEIVED :** 26-03-2022 10:19

**REPORTED :** 01-04-2022 14:55

**REFERRING DOCTOR :** SELF

**CLIENT PATIENT ID :**

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

TSH 3RD GENERATION	3.057	0.350 - 4.940	µIU/mL
METHOD : TWO-STEP CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY			

**PAPANICOLAOU SMEAR**

SPECIMEN TYPE SAMPLE NOT RECEIVED

**\* ABO GROUP & RH TYPE, EDTA WHOLE BLOOD**

ABO GROUP TYPE A

METHOD : TUBE AGGLUTINATION

RH TYPE POSITIVE

METHOD : TUBE AGGLUTINATION

**XRAY-CHEST**

IMPRESSION NO ABNORMALITY DETECTED

**TMT OR ECHO**

TMT OR ECHO Echo Done - Normal

**ECG**

ECG WITHIN NORMAL LIMITS

**MEDICAL HISTORY**

RELEVANT PRESENT HISTORY Hypothyroid on medicines 3 yrs

RELEVANT PAST HISTORY NOT SIGNIFICANT

RELEVANT PERSONAL HISTORY NOT SIGNIFICANT

RELEVANT FAMILY HISTORY Father - HTN, Diaetes

OCCUPATIONAL HISTORY NOT SIGNIFICANT

HISTORY OF MEDICATIONS NOT SIGNIFICANT

**ANTHROPOMETRIC DATA & BMI**

HEIGHT IN METERS 1.51 mts

WEIGHT IN KGS. 60 Kgs

BMI 26  
 BMI & Weight Status as follows: kg/sqmts  
 Below 18.5: Underweight  
 18.5 - 24.9: Normal  
 25.0 - 29.9: Overweight  
 30.0 and Above: Obese

**GENERAL EXAMINATION**

MENTAL / EMOTIONAL STATE NORMAL

PHYSICAL ATTITUDE NORMAL

GENERAL APPEARANCE / NUTRITIONAL STATUS OVERWEIGHT

BUILT / SKELETAL FRAMEWORK AVERAGE



Scan to View Details



Scan to View Report

**DIAGNOSTIC REPORT**



Cert. No. MC-2396



**CLIENT CODE :** C000138363

**CLIENT'S NAME AND ADDRESS :**  
ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
F-703, LADO SARAI, MEHRAULI  
SOUTH WEST DELHI  
NEW DELHI 110030  
DELHI INDIA  
8800465156

SRL Ltd  
P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
Salt Lake,  
KOLKATA, 700091  
WEST BENGAL, INDIA  
Tel : 9111591115, Fax :  
CIN - U74899PB1995PLC045956  
Email : customercare.saltlake@srl.in

**PATIENT NAME :** MRS. SWETA SINHA

**PATIENT ID :** FH.10426423

**ACCESSION NO :** 0031VC028516 **AGE :** 37 Years **SEX :** Female

**DRAWN :** 26-03-2022 10:00

**RECEIVED :** 26-03-2022 10:19

**REPORTED :** 01-04-2022 14:55

**REFERRING DOCTOR :** SELF

**CLIENT PATIENT ID :**

Test Report Status	Final	Results	Biological Reference Interval	Units
FACIAL APPEARANCE		NORMAL		
SKIN		NORMAL		
UPPER LIMB		NORMAL		
LOWER LIMB		NORMAL		
NECK		NORMAL		
NECK LYMPHATICS / SALIVARY GLANDS		NOT ENLARGED OR TENDER		
THYROID GLAND		NOT ENLARGED		
CAROTID PULSATION		NORMAL		
BREAST (FOR FEMALES)		NORMAL		
TEMPERATURE		NORMAL		
PULSE		76/min-REGULAR, ALL PERIPHERAL PULSES WELL FELT		
RESPIRATORY RATE		NORMAL		
<b>CARDIOVASCULAR SYSTEM</b>				
BP		110/70 mm Hg		mm/Hg
PERICARDIUM		NORMAL		
APEX BEAT		NORMAL		
HEART SOUNDS		S1, S2 HEARD NORMALLY		
MURMURS		ABSENT		
<b>RESPIRATORY SYSTEM</b>				
SIZE AND SHAPE OF CHEST		NORMAL		
MOVEMENTS OF CHEST		SYMMETRICAL		
BREATH SOUNDS INTENSITY		NORMAL		
BREATH SOUNDS QUALITY		VESICULAR (NORMAL)		
ADDED SOUNDS		ABSENT		
<b>PER ABDOMEN</b>				
APPEARANCE		NORMAL		
VENOUS PROMINENCE		ABSENT		
LIVER		NOT PALPABLE		
SPLEEN		NOT PALPABLE		
HERNIA		ABSENT		
<b>CENTRAL NERVOUS SYSTEM</b>				
HIGHER FUNCTIONS		NORMAL		
CRANIAL NERVES		NORMAL		



**DIAGNOSTIC REPORT**

Patient Ref. No. 31000004326057



Cert. No. MC-2396



CLIENT CODE : C000138363

**CLIENT'S NAME AND ADDRESS :**

ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
 F-703, LADO SARAI, MEHRAULI  
 SOUTH WEST DELHI  
 NEW DELHI 110030  
 DELHI INDIA  
 8800465156

SRL Ltd  
 P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
 Salt Lake,  
 KOLKATA, 700091  
 WEST BENGAL, INDIA  
 Tel : 9111591115, Fax :  
 CIN - U74899PB1995PLC045956  
 Email : customercare.saltlake@srl.in

**PATIENT NAME : MRS. SWETA SINHA**PATIENT ID : **FH.10426423**ACCESSION NO : **0031VC028516** AGE : 37 Years SEX : Female

DRAWN : 26-03-2022 10:00

RECEIVED : 26-03-2022 10:19

REPORTED : 01-04-2022 14:55

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
CEREBELLAR FUNCTIONS		NORMAL		
SENSORY SYSTEM		NORMAL		
MOTOR SYSTEM		NORMAL		
REFLEXES		NORMAL		
<b>MUSCULOSKELETAL SYSTEM</b>				
SPINE		NORMAL		
JOINTS		NORMAL		
<b>BASIC EYE EXAMINATION</b>				
CONJUNCTIVA		NORMAL		
EYELIDS		NORMAL		
EYE MOVEMENTS		NORMAL		
DISTANT VISION RIGHT EYE WITHOUT GLASSES		6/6		
DISTANT VISION LEFT EYE WITHOUT GLASSES		6/6		
NEAR VISION RIGHT EYE WITHOUT GLASSES		N6		
NEAR VISION LEFT EYE WITHOUT GLASSES		N6		
COLOUR VISION		NORMAL		
<b>BASIC ENT EXAMINATION</b>				
EXTERNAL EAR CANAL		NORMAL		
TYMPANIC MEMBRANE		NORMAL		
NOSE		NO ABNORMALITY DETECTED		
SINUSES		NORMAL		
THROAT		NO ABNORMALITY DETECTED		
TONSILS		NOT ENLARGED		
<b>BASIC DENTAL EXAMINATION</b>				
TEETH		NORMAL		
GUMS		HEALTHY		
<b>SUMMARY</b>				
RELEVANT HISTORY		NOT SIGNIFICANT		
RELEVANT GP EXAMINATION FINDINGS		Overweight (60 kg)		
RELEVANT LAB INVESTIGATIONS		Low HB%(11.6), Raised TGL(206), VLDL(41.2)		
RELEVANT NON PATHOLOGY DIAGNOSTICS		GB polyp, Anterior wall subserous fibroid, Left adnexal follicular cyst in USG		



Scan to View Details

Page 12 Of 18



Scan to View Report



Cert. No. MC-2396



CLIENT CODE : C000138363

## CLIENT'S NAME AND ADDRESS :

ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
F-703, LADO SARAI, MEHRAULI  
SOUTH WEST DELHI  
NEW DELHI 110030  
DELHI INDIA  
8800465156

SRL Ltd  
P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
Salt Lake,  
KOLKATA, 700091  
WEST BENGAL, INDIA  
Tel : 9111591115, Fax :  
CIN - U74899PB1995PLC045956  
Email : customercare.saltlake@srl.in

PATIENT NAME : MRS. SWETA SINHA

PATIENT ID : FH.10426423

ACCESSION NO : 0031VC028516 AGE : 37 Years SEX : Female

DRAWN : 26-03-2022 10:00

RECEIVED : 26-03-2022 10:19

REPORTED : 01-04-2022 14:55

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

## REMARKS / RECOMMENDATIONS

On examination and investigations the candidate is found to be overweight and has Low HB%(11.6), raised TGL(206), VLDL(41.2) GB polyp, Anterior wall subserous fibroid, Left adnexal follicular cyst in USG

Should follow the given advice:

1. Avoid fat and oily diet
2. Reduce body weight
3. Estimated body weight should be : 56 kg
4. Regular physical exercise and walking
5. Drink plenty of water
6. Physician opinion

## Comments

MEDICAL EXAMINATION DONE BY:

DR. DEBIKA ROY, MBBS  
CONSULTANT PHYSICIAN  
WELLNESS CLINIC  
SALT LAKE REF LAB, KOLKATA

## Interpretation(s)

BLOOD COUNTS, EDTA WHOLE BLOOD-

The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

RBC AND PLATELET INDICES-

Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia (>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.

WBC DIFFERENTIAL COUNT - NLR-

The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504 This ratio element is a calculated parameter and out of NABL scope.

ERYTHRO SEDIMENTATION RATE, BLOOD-

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

Reference :

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition
2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin
3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th Edition"

GLUCOSE, FASTING, PLASMA-

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

Pre-diabetics: 100 - 125 mg/dL

Diabetic: &gt; or = 126 mg/dL

GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD-

Glycosylated hemoglobin (GHb) has been firmly established as an index of long-term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. Formation of GHb is essentially irreversible, and the concentration in the blood depends on both the life span of the red



Scan to View Details



Scan to View Report



Patient Ref. No. 3100004326057



Cert. No. MC-2396



CLIENT CODE : C000138363

## CLIENT'S NAME AND ADDRESS :

ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
F-703, LADO SARAI, MEHRAULI  
SOUTH WEST DELHI  
NEW DELHI 110030  
DELHI INDIA  
8800465156

SRL Ltd  
P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
Salt Lake,  
KOLKATA, 700091  
WEST BENGAL, INDIA  
Tel : 9111591115, Fax :  
CIN - U74899PB1995PLC045956  
Email : customercare.saltlake@srl.in

PATIENT NAME : MRS. SWETA SINHA

PATIENT ID : FH.10426423

ACCESSION NO : 0031VC028516 AGE : 37 Years SEX : Female

DRAWN : 26-03-2022 10:00

RECEIVED : 26-03-2022 10:19

REPORTED : 01-04-2022 14:55

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

blood cell (average 120 days) and the blood glucose concentration. Because the rate of formation of GHb is directly proportional to the concentration of glucose in the blood, the GHb concentration represents the integrated values for glucose over the preceding 6-8 weeks. Any condition that alters the life span of the red blood cells has the potential to alter the GHb level. Samples from patients with hemolytic anemias will exhibit decreased glycated hemoglobin values due to the shortened life span of the red cells. This effect will depend upon the severity of the anemia. Samples from patients with polycythemia or post-splenectomy may exhibit increased glycated hemoglobin values due to a somewhat longer life span of the red cells. Glycosylated hemoglobins results from patients with HbSS, HbCC, and HbSC and HbD must be interpreted with caution, given the pathological processes, including anemia, increased red cell turnover, transfusion requirements, that adversely impact HbA1c as a marker of long-term glycemic control. In these conditions, alternative forms of testing such as glycated serum protein (fructosamine) should be considered. "Targets should be individualized; More or less stringent glycemic goals may be appropriate for individual patients. Goals should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations."

## References

1. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R. Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 879-884.
2. Forsham PH. Diabetes Mellitus: A rational plan for management. Postgrad Med 1982, 71, 139-154.
3. Mayer TK, Freedman ZR. Protein glycosylation in Diabetes Mellitus: A review of laboratory measurements and their clinical utility. Clin Chim Acta 1983, 127, 147-184.

## CORONARY RISK PROFILE (LIPID PROFILE), SERUM.-

Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease. This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

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

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

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

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

## Recommendations:

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

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

LIVER FUNCTION PROFILE, SERUM-  
LIVER FUNCTION PROFILE

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice. Elevated levels result from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in Viral hepatitis, Drug reactions, Alcoholic liver disease. Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.

AST is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. AST levels may also increase after a heart attack or strenuous activity. ALT test measures the amount of this enzyme in the blood. ALT is found mainly in the liver, but also in smaller amounts in the kidneys, heart, muscles, and pancreas. It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. AST levels increase during acute hepatitis, sometimes due to a viral infection, ischemia to the liver, chronic



Scan to View Details



Scan to View Report



Cert. No. MC-2396



CLIENT CODE : C000138363

## CLIENT'S NAME AND ADDRESS :

ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
F-703, LADO SARAI, MEHRAULI  
SOUTH WEST DELHI  
NEW DELHI 110030  
DELHI INDIA  
8800465156

SRL Ltd  
P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
Salt Lake,  
KOLKATA, 700091  
WEST BENGAL, INDIA  
Tel : 9111591115, Fax :  
CIN - U74899PB1995PLC045956  
Email : customercare.saltlake@srl.in

PATIENT NAME : MRS. SWETA SINHA

PATIENT ID : FH.10426423

ACCESSION NO : 0031VC028516 AGE : 37 Years SEX : Female

DRAWN : 26-03-2022 10:00

RECEIVED : 26-03-2022 10:19

REPORTED : 01-04-2022 14:55

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

hepatitis, obstruction of bile ducts, cirrhosis.

ALP is a protein found in almost all body tissues. Tissues with higher amounts of ALP include the liver, bile ducts and bone. Elevated ALP levels are seen in Biliary obstruction, Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget's disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia, Malnutrition, Protein deficiency, Wilson's disease. GGT is an enzyme found in cell membranes of many tissues mainly in the liver, kidney and pancreas. It is also found in other tissues including intestine, spleen, heart, brain and seminal vesicles. The highest concentration is in the kidney, but the liver is considered the source of normal enzyme activity. Serum GGT has been widely used as an index of liver dysfunction. Elevated serum GGT activity can be found in diseases of the liver, biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-inducing drugs etc. Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc. Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc

## SERUM BLOOD UREA NITROGEN-

Causes of Increased levels

Pre renal

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

Post Renal

- Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels

- Liver disease

- 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's
- Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels

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

- Antioxidant rich foods

TOTAL PROTEIN, SERUM-

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

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

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

ALBUMIN, SERUM-



Scan to View Details



Scan to View Report





Cert. No. MC-2396



CLIENT CODE : C000138363

## CLIENT'S NAME AND ADDRESS :

ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
F-703, LADO SARAI, MEHRAULI  
SOUTH WEST DELHI  
NEW DELHI 110030  
DELHI INDIA  
8800465156

SRL Ltd  
P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
Salt Lake,  
KOLKATA, 700091  
WEST BENGAL, INDIA  
Tel : 9111591115, Fax :  
CIN - U74899PB1995PLC045956  
Email : customercare.saltlake@srl.in

PATIENT NAME : MRS. SWETA SINHA

PATIENT ID : FH.10426423

ACCESSION NO : 0031VC028516 AGE : 37 Years SEX : Female

DRAWN : 26-03-2022 10:00

RECEIVED : 26-03-2022 10:19

REPORTED : 01-04-2022 14:55

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

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

## ELECTROLYTES (NA/K/CL), SERUM-

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

URINALYSIS-Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of hemolytic anemia

## THYROID PANEL, SERUM-

Triiodothyronine T3, is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.

Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active.

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

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

Levels in	TOTAL T4 (µg/dL)	TSH3G (µIU/mL)	TOTAL T3 (ng/dL)
Pregnancy	6.6 - 12.4	0.1 - 2.5	81 - 190
1st Trimester	6.6 - 15.5	0.2 - 3.0	100 - 260
2nd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260
3rd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260

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

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

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.

Kindly note: Method specific reference ranges are appearing on the report under biological reference range.

## Reference:

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

## ABO GROUP &amp; RH TYPE, EDTA WHOLE BLOOD-

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.

MEDICAL



Scan to View Details



Scan to View Report



**DIAGNOSTIC REPORT**



Patient Ref. No. 3100004326057



Cert. No. MC-2396



CLIENT CODE : C000138363

CLIENT'S NAME AND ADDRESS :  
ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
F-703, LADO SARAI, MEHRAULI  
SOUTH WEST DELHI  
NEW DELHI 110030  
DELHI INDIA  
8800465156

SRL Ltd  
P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
Salt Lake,  
KOLKATA, 700091  
WEST BENGAL, INDIA  
Tel : 9111591115, Fax :  
CIN - U74899PB1995PLC045956  
Email : customercare.saltlake@srl.in

PATIENT NAME : MRS. SWETA SINHA

PATIENT ID : FH.10426423

ACCESSION NO : 0031VC028516 AGE : 37 Years SEX : Female

DRAWN : 26-03-2022 10:00

RECEIVED : 26-03-2022 10:19

REPORTED : 01-04-2022 14:55

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

HISTORY-\*\*\*\*\*

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

\*\*\*\*\*



Scan to View Details



Scan to View Report



Patient Ref. No. 31000004326057



Cert. No. MC-2396



CLIENT CODE : C000138363

## CLIENT'S NAME AND ADDRESS :

ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
F-703, LADO SARAI, MEHRAULI  
SOUTH WEST DELHI  
NEW DELHI 110030  
DELHI INDIA  
8800465156

SRL Ltd  
P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
Salt Lake,  
KOLKATA, 700091  
WEST BENGAL, INDIA  
Tel : 9111591115, Fax :  
CIN - U74899PB1995PLC045956  
Email : customercare.saltlake@srl.in

PATIENT NAME : MRS. SWETA SINHA

PATIENT ID : FH.10426423

ACCESSION NO : 0031VC028516 AGE : 37 Years SEX : Female

DRAWN : 26-03-2022 10:00

RECEIVED : 26-03-2022 10:19

REPORTED : 01-04-2022 14:55

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

**MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE****ULTRASOUND ABDOMEN****ULTRASOUND ABDOMEN****GB polyp, Anterior wall subserous fibroid, Left adnexal follicular cyst****\*\*End Of Report\*\***

Please visit [www.srlworld.com](http://www.srlworld.com) for related Test Information for this accession  
TEST MARKED WITH '\*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

Dr. Anwesha Chatterjee, MD  
Pathologist

Dr. Shilpi Kundu, MD  
Lab Head

Dr. Himadri Mondal, MD  
Consultant Microbiologist

**CONDITIONS OF LABORATORY TESTING & REPORTING**

1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
2. All Tests are performed and reported as per the turnaround time stated in the SRL Directory of services (DOS).
3. SRL confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
4. A requested test might not be performed if:
  - a. Specimen received is insufficient or inappropriate specimen quality is unsatisfactory
  - b. Incorrect specimen type
  - c. Request for testing is withdrawn by the ordering doctor or patient
  - d. There is a discrepancy between the label on the specimen container and the name on the test requisition form
5. The results of a laboratory test are dependent on the quality of the sample as well as the assay technology.
6. Result delays could be because of uncontrolled circumstances. e.g. assay run failure.
7. Tests parameters marked by asterisks are excluded from the "scope" of NABL accredited tests. (If laboratory is accredited).
8. Laboratory results should be correlated with clinical information to determine Final diagnosis.
9. Test results are not valid for Medico- legal purposes.
10. In case of queries or unexpected test results please call at SRL customer care (Toll free: 1800-222-000). Post proper investigation repeat analysis may be carried out.

**SRL Limited**

Fortis Hospital, Sector 62, Phase VIII,  
Mohali 160062



Scan to View Details



Scan to View Report