PID No. : MED111038078 : 812202027 SID No.

Age / Sex : 30 Year(s) / Female

: OP

Type

Ref. Dr

Report On : 29/03/2022 9:07 PM

Printed On : 02/04/2022 12:55 PM

Register On : 29/03/2022 10:37 AM

Collection On : 29/03/2022 11:24 AM

: MediWheel



<u>Investigation</u>	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	11.1	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	36.3	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.64	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	78.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	23.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	30.6	g/dL	32 - 36
RDW-CV (Derived from Impedance)	17.0	%	11.5 - 16.0
RDW-SD (Derived from Impedance)	46.41	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	8700	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	59.1	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	31.3	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	1.1	%	01 - 06



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Monocytes (Blood/Impedance Variation & Flow Cytometry)	7.9	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.6	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.14	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.72	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.10	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.69	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.05	10^3 / μl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	120	10^3 / μl	150 - 450
Remark: Mildly reduced on smear with few macroplate	lets		
MPV (Blood/Derived from Impedance)	13.6	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.16	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/Modified Westergren)	40	mm/hr	< 20



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Investigation BIOCHEMISTRY	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.2	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.2	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.3	gm/dL	3.5 - 5.2
Globulin (Serum/ <i>Derived</i>)	2.9	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.5		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	21	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	18	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	117	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase)	15	U/L	< 38



(Serum/SZASZ standarised IFCC)



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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	213	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	161	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

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INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	58	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	122.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	32.2	mg/dL	< 30





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<u>Investigation</u>	<u>Observed</u>		
	<u>Value</u>		Reference Interval
Non HDL Cholesterol	155.0	mg/dL	Ontimal: < 130

Above Optimal: 130 - 159 (Serum/Calculated) Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1. Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a

Total Cholesterol/HDL Cholesterol Ratio 3.7 Optimal: < 3.3Low Risk: 3.4 - 4.4 (Serum/Calculated) Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0

Triglyceride/HDL Cholesterol Ratio 2.8 Optimal: < 2.5

co-primary target for cholesterol lowering therapy.

Mild to moderate risk: 2.5 - 5.0 (TG/HDL) High Risk: > 5.0

(Serum/Calculated)

Optimal: 0.5 - 3.0 LDL/HDL Cholesterol Ratio 2.1 Borderline: 3.1 - 6.0 (Serum/Calculated) High Risk: > 6.0



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<u>Investigation</u>	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/ <i>HPLC</i>)	5.5	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

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INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

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Estimated Average Glucose 111.15 mg/dL

(Whole Blood)

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbAlC values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.



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<u>Investigation</u>	<u>Observed</u>	<u>Unit</u>	<u>Biological</u>
	Value		Reference Interval

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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.72 ng/mL 0.7 - 2.04

(Serum/CMIA)

INTERPRETATION:

Comment:

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is

Metabolically active.

T4 (Thyroxine) - Total 8.86 μg/dL 4.2 - 12.0

(Serum/CMIA)

INTERPRETATION:

Comment:

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) 3.29 µIU/mL 0.35 - 5.50

(Serum/Chemiluminescent Microparticle

Immunoassay(CMIA))

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment:

- 1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.
- 2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- 3. Values&lt,0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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	<u>Value</u>		Reference Interval

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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine)	Pale Yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	20	mL	
CHEMICAL EXAMINATION(Automated- Urineanalyser)			
pH	6.0		4.5 - 8.0

Specific Gravity	1.025	1.002 - 1.035
(TT:)		

(Urine)

Ketones Negative Negative

(Urine)

Urobilinogen 0.2 0.2 - 1.0

(Urine/AUTOMATED URINANALYSER)

(Urine/AUTOMATED URINANALYSER)

Blood Negative Negative

(Urine/AUTOMATED URINANALYSER)

Nitrite Negative Negative

(Urine/AUTOMATED URINANALYSER)

Bilirubin Negative Negative

(Urine/AUTOMATED URINANALYSER)

Protein Negative Negative

(Urine)



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glucose (Urine)	Negative		Negative
Leukocytes (Urine) <u>MICROSCOPY(URINE DEPOSITS)</u>	Negative	leuco/uL	Negative
Pus Cells (Urine/Flow cytometry)	2-4	/hpf	3-5
Epithelial Cells (Urine)	1-2	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	NIL
Others (Urine)	Nil		Nil
Casts (Urine/Flow cytometry)	Nil	/hpf	0 - 1
Crystals (Urine)	Nil		NIL



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InvestigationObservedUnitBiologicalValueReference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING 'O' 'Positive'

(EDTA Blood/Agglutination)



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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
BUN / Creatinine Ratio	11.6		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	82	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose Fasting - Urine (Urine - F)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	7	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.6	mg/dL	0.6 - 1.1
Uric Acid (Serum/Uricase/Peroxidase)	4.4	mg/dL	2.6 - 6.0





APPROVED BY

-- End of Report --

Name	PRAGATI GUPTA	ID	MED111038078
Age & Gender	30/FeMale		29-03-2022 00:00:00
Ref Doctor Name	MediWheel		



ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (10.3cm) and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents. Gall bladder wall is of normal thickness.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size (9.6cm) and echopattern.

BOTH KIDNEYS

Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

The Ridney measures at	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	8.7	1.1
Left Kidney	9.0	1.1

URINARY BLADDER show normal shape and wall thickness. It has clear contents. No evidence of diverticula.

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern.

Endometrial echo is of normal thickness - 6.8mm.

Uterus measures LS: 6.8cms AP: 3.8cms TS: 4.8cms.

OVARIES are normal in size, shape and echotexture

Right ovary measures 2.5x1.9cm. Left ovary measures 2.1x1.6cm.

POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

• No significant abnormality detected.

Name	PRAGATI GUPTA	ID	MED111038078
Age & Gender	30/FeMale		29-03-2022 00:00:00
Ref Doctor Name	MediWheel		



DR.S.K.SOMU ELANGOVAN DR ANAND H.K. DR. HAMSINI B.C.

CONSULTANT RADIOLOGISTS:

Name	PRAGATI GUPTA	ID	MED111038078
Age & Gender	30/FeMale		29-03-2022 00:00:00
Ref Doctor Name	MediWheel		



X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: Essentially normal study.