



Patient Ref. No. 775000001712454

CLIENT CODE : C000138376

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
PLOT NO.160,POCKET D-11 SECTOR 8, ROHINI

NEW DELHI, 110085
NEW DELHI, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : customercare.pitampura@srl.in

PATIENT NAME : VARUN KASHYAP

PATIENT ID : VARUM26098662

ACCESSION NO : 0062VJ000199 AGE : 36 Years SEX : Male

ABHA NO :

DRAWN : RECEIVED : 08/10/2022 08:24:41

REPORTED : 11/10/2022 11:42:04

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status Final Results Biological Reference Interval Units

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

BLOOD COUNTS,EDTA WHOLE BLOOD

Table with 5 columns: Test Name, Result, Reference Range, and Units. Rows include Hemoglobin (12.4, Low), Red Blood Cell Count (4.68), White Blood Cell Count (6.13), and Platelet Count (192).

RBC AND PLATELET INDICES

Table with 5 columns: Test Name, Result, Reference Range, and Units. Rows include Hematocrit (38.9, Low), Mean Corpuscular Vol (83.1), Mean Corpuscular Hgb (26.4, Low), Mean Corpuscular Hemoglobin Concentration (31.8), Mentzer Index (17.8), Red Cell Distribution Width (16.5, High), and Mean Platelet Volume (11.3, High).

WBC DIFFERENTIAL COUNT - NLR

Table with 5 columns: Test Name, Result, Reference Range, and Units. Rows include Segmented Neutrophils (64), Absolute Neutrophil Count (3.92), Lymphocytes (28), Absolute Lymphocyte Count (1.72), Neutrophil Lymphocyte Ratio (NLR) (2.2), Eosinophils (02), Absolute Eosinophil Count (0.12), Monocytes (06), Absolute Monocyte Count (0.37), Basophils (00), and Absolute Basophil Count (0, Low).

DIFFERENTIAL COUNT PERFORMED ON: EDTA SMEAR

ERYTHRO SEDIMENTATION RATE, BLOOD

Table with 5 columns: Test Name, Result, Reference Range, and Units. Row: Sedimentation Rate (ESR) (23, High) mm at 1 hr

METHOD : WESTERGREEN METHOD

GLUCOSE, FASTING, PLASMA



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GLUCOSE, FASTING, PLASMA 96 74 - 99 mg/dL
METHOD : SPECTROPHOTOMETRY, O-CRESOLPHTHALEIN COMPLEXONE

GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C) 5.9 High Non-diabetic: < 5.7
Pre-diabetics: 5.7 - 6.4
Diabetics: > or = 6.5
ADA Target: 7.0
Action suggested: > 8.0

MEAN PLASMA GLUCOSE 122.6 High < 116.0 mg/dL

GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA 111 70 - 139 mg/dL

CORONARY RISK PROFILE, SERUM

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

METHOD : CHOD-POD

TRIGLYCERIDES 137 < 150 Normal
150 - 199 Borderline High
200 - 499 High
>/=500 Very High mg/dL

METHOD : LIPASE / GLUCOSE DEHYDROGENASE

HDL CHOLESTEROL 32 Low < 40 Low
>/=60 High mg/dL

CHOLESTEROL LDL 181 High < 100 Optimal
100 - 129
Near optimal/ above optimal
130 - 159
Borderline High
160 - 189 High
>/= 190 Very High mg/dL

NON HDL CHOLESTEROL 208 High Desirable: Less than 130
Above Desirable: 130 - 159
Borderline High: 160 - 189
High: 190 - 219
Very high: > or = 220 mg/dL



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Table rows for CHOL/HDL RATIO, LDL/HDL RATIO, and VERY LOW DENSITY LIPOPROTEIN with their respective values and reference intervals.

LIVER FUNCTION PROFILE, SERUM

Table rows for BILIRUBIN (TOTAL, DIRECT, INDIRECT), TOTAL PROTEIN, ALBUMIN, GLOBULIN, ALBUMIN/GLOBULIN RATIO, ASPARTATE AMINOTRANSFERASE (AST/SGOT), ALANINE AMINOTRANSFERASE (ALT/SGPT), ALKALINE PHOSPHATASE, GAMMA GLUTAMYL TRANSFERASE (GGT), and LACTATE DEHYDROGENASE.



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SERUM BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 11 6 - 20 mg/dL
METHOD : UREASE KINETIC

CREATININE, SERUM

CREATININE 0.91 0.90 - 1.30 mg/dL
METHOD : SPECTROPHOTOMETRY, O-CRESOLPHTHALEIN COMPLEXONE

BUN/CREAT RATIO

BUN/CREAT RATIO 12.09 5.00 - 15.00

URIC ACID, SERUM

URIC ACID 5.1 3.5 - 7.2 mg/dL
METHOD : URICASE/CATALASE UV

TOTAL PROTEIN, SERUM

TOTAL PROTEIN 8.0 6.4 - 8.2 g/dL
METHOD : BIURET

ALBUMIN, SERUM

ALBUMIN 4.1 3.4 - 5.0 g/dL
METHOD : SPECTROPHOTOMETRY, O-CRESOLPHTHALEIN COMPLEXONE

GLOBULIN

GLOBULIN 3.9 2.0 - 4.1 g/dL
METHOD : SPECTROPHOTOMETRY, O-CRESOLPHTHALEIN COMPLEXONE

ELECTROLYTES (NA/K/CL), SERUM

SODIUM 130 Low 136 - 145 mmol/L
METHOD : ISE INDIRECT

POTASSIUM 3.97 3.50 - 5.10 mmol/L

CHLORIDE 95 Low 98 - 107 mmol/L
METHOD : ISE INDIRECT

PHYSICAL EXAMINATION, URINE

COLOR SAMPLE NOT RECEIVED

THYROID PANEL, SERUM

T3 132.10 80.00 - 200.00 ng/dL

T4 8.35 5.10 - 14.10 µg/dL

TSH 3RD GENERATION 1.930 0.270 - 4.200 µIU/mL

STOOL: OVA & PARASITE



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COLOUR SAMPLE NOT RECEIVED

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP TYPE AB

METHOD : TUBE AGGLUTINATION

RH TYPE POSITIVE

METHOD : TUBE AGGLUTINATION

XRAY-CHEST

>>> BOTH THE LUNG FIELDS ARE CLEAR
>>> BOTH THE COSTOPHRENIC AND CARIOPHRENIC ANGELS ARE CLEAR
>>> BOTH THE HILA ARE NORMAL
>>> CARDIAC AND AORTIC SHADOWS APPEAR NORMAL
>>> BOTH THE DOMES OF THE DIAPHRAM ARE NORMAL
>>> VISUALIZED BONY THORAX IS NORMAL

IMPRESSION NO ABNORMALITY DETECTED

TMT OR ECHO

TMT OR ECHO PENDING

ECG

ECG WITHIN NORMAL LIMITS

MEDICAL HISTORY

RELEVANT PRESENT HISTORY NOT SIGNIFICANT
RELEVANT PAST HISTORY NOT SIGNIFICANT
RELEVANT PERSONAL HISTORY MARRIED, 01 CHILD, NON VEG.
RELEVANT FAMILY HISTORY MOTHER - DIABETES, HEART DISEASE
OCCUPATIONAL HISTORY BANKER
HISTORY OF MEDICATIONS NOT SIGNIFICANT

ANTHROPOMETRIC DATA & BMI

HEIGHT IN METERS 1.66 mts
WEIGHT IN KGS. 83.95 Kgs
BMI 30

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



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GENERAL EXAMINATION

MENTAL / EMOTIONAL STATE NORMAL
PHYSICAL ATTITUDE NORMAL
GENERAL APPEARANCE / NUTRITIONAL STATUS HEALTHY
BUILT / SKELETAL FRAMEWORK AVERAGE
FACIAL APPEARANCE NORMAL
SKIN NORMAL
UPPER LIMB NORMAL
LOWER LIMB NORMAL
NECK NORMAL
NECK LYMPHATICS / SALIVARY GLANDS NOT ENLARGED OR TENDER
THYROID GLAND NOT ENLARGED
CAROTID PULSATION NORMAL
BREAST (FOR FEMALES) NORMAL
TEMPERATURE NORMAL
PULSE 101/MIN REGULAR, ALL PERIPHERAL PULSES WELL FELT, NO CAROTID BRUIT
RESPIRATORY RATE NORMAL

CARDIOVASCULAR SYSTEM

BP 126/77 MM HG mm/Hg (SITTING)
PERICARDIUM NORMAL
APEX BEAT NORMAL
HEART SOUNDS S1, S2 HEARD NORMALLY
MURMURS ABSENT

RESPIRATORY SYSTEM

SIZE AND SHAPE OF CHEST NORMAL
MOVEMENTS OF CHEST SYMMETRICAL
BREATH SOUNDS INTENSITY NORMAL
BREATH SOUNDS QUALITY VESICULAR (NORMAL)
ADDED SOUNDS ABSENT

PER ABDOMEN



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APPEARANCE		NORMAL		
VENOUS PROMINENCE		ABSENT		
LIVER		NOT PALPABLE		
SPLEEN		NOT PALPABLE		
HERNIA		ABSENT		
ANY OTHER COMMENTS		NIL		

CENTRAL NERVOUS SYSTEM

HIGHER FUNCTIONS		NORMAL		
CRANIAL NERVES		NORMAL		
CEREBELLAR FUNCTIONS		NORMAL		
SENSORY SYSTEM		NORMAL		
MOTOR SYSTEM		NORMAL		
REFLEXES		NORMAL		

MUSCULOSKELETAL SYSTEM

SPINE		NORMAL		
JOINTS		NORMAL		

BASIC EYE EXAMINATION

CONJUNCTIVA		NORMAL		
EYELIDS		NORMAL		
EYE MOVEMENTS		NORMAL		
CORNEA		NORMAL		
DISTANT VISION RIGHT EYE WITH GLASSES		6/9		
DISTANT VISION LEFT EYE WITH GLASSES		6/12		
NEAR VISION RIGHT EYE WITH GLASSES		N/6		
NEAR VISION LEFT EYE WITH GLASSES		N/6		
COLOUR VISION		NORMAL		

BASIC ENT EXAMINATION

EXTERNAL EAR CANAL		NORMAL		
TYMPANIC MEMBRANE		NORMAL		
NOSE		NO ABNORMALITY DETECTED		
SINUSES		NORMAL		





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THROAT NORMAL
TONSILS NOT ENLARGED

BASIC DENTAL EXAMINATION

TEETH CARIES
GUMS HEALTHY

SUMMARY

RELEVANT HISTORY NOT SIGNIFICANT
RELEVANT GP EXAMINATION FINDINGS NOT SIGNIFICANT
RELEVANT LAB INVESTIGATIONS ESR, HBA1C, PL. GL., LIVER ENZYMES - ABOVE NORMAL LIMITS
RELEVANT NON PATHOLOGY DIAGNOSTICS NO ABNORMALITIES DETECTED
REMARKS / RECOMMENDATIONS CURTAIL WEIGHT, SUGAR, FAT INTAKE; MONITOR ELEVATED LAB PARAMETERS; OPHTHALMOLGIST CONSULTATION; DENTAL TREATMENT

FITNESS STATUS

FITNESS STATUS FIT (WITH MEDICAL ADVICE) (AS PER REQUESTED PANEL OF TESTS)





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ULTRASOUND ABDOMEN

ULTRASOUND ABDOMEN

PENDING

Interpretation(s)

BLOOD COUNTS,EDTA WHOLE BLOOD-

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

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: > 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 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.

LIVER FUNCTION PROFILE, SERUM-

LIVER FUNCTION PROFILE



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

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

ALP is a protein found in almost all body tissues. Tissues with higher amounts of ALP include the liver, bile ducts and bone. Elevated ALP levels are seen in biliary obstruction, osteoblastic bone tumors, osteomalacia, hepatitis, hyperparathyroidism, leukemia, lymphoma, Paget's disease, rickets, sarcoidosis etc. Lower-than-normal ALP levels seen in hypophosphatasia, malnutrition, protein deficiency, Wilson's disease. GGT is an enzyme found in cell membranes of many tissues mainly in the liver, kidney and pancreas. It is also found in other tissues including intestine, spleen, heart, brain and seminal vesicles. The highest concentration is in the kidney, but the liver is considered the source of normal enzyme activity. Serum GGT has been widely used as an index of liver dysfunction. Elevated serum GGT activity can be found in diseases of the liver, biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-inducing drugs etc. Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: chronic inflammation or infection, including HIV and hepatitis B or C, multiple myeloma, 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



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Patient Ref. No. 77500001712454

CLIENT CODE : C000138376

CLIENT'S NAME AND ADDRESS :

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PATIENT NAME : VARUN KASHYAP

PATIENT ID : VARUM26098662

ACCESSION NO : 0062VJ000199 AGE : 36 Years SEX : Male ABHA NO :

DRAWN : RECEIVED : 08/10/2022 08:24:41 REPORTED : 11/10/2022 11:42:04

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status Final Results Biological Reference Interval Units

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-

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,

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

Table with 4 columns: Levels in, TOTAL T4 (µg/dL), TSH3G (µIU/mL), TOTAL T3 (ng/dL). Rows for Pregnancy, First Trimester, 2nd Trimester, 3rd Trimester.

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

Table with 2 columns: T3 (ng/dL), T4 (µg/dL). Rows for 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. Kilegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition

STOOL: OVA & PARASITE-

Acute infective diarrhoea and gastroenteritis (diarrhoea with vomiting) are major causes of ill health and premature death in developing countries. Loss of water and electrolytes from the body can lead to severe dehydration which if untreated, can be rapidly fatal in young children, especially that are malnourished, hypoglycaemic, and generally in poor health.

Laboratory diagnosis of parasitic infection is mainly based on microscopic examination and the gross examination of the stool specimen. Depending on the nature of the



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parasite, the microscopic observations include the identification of cysts, ova, trophozoites, larvae or portions of adult structure. The two classes of parasites that cause human infection are the Protozoa and Helminths. The protozoan infections include amoebiasis mainly caused by Entamoeba histolytica and giardiasis caused by Giardia lamblia. The common helminthic parasites are Trichuris trichiura, Ascaris lumbricoides, Strongyloides stercoralis, Taenia sp. etc
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-
Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

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

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

MEDICAL

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.

FITNESS STATUS-

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

Basis the above, SRL classifies a candidate's Fitness Status into one of the following categories:

- Fit (As per requested panel of tests) - SRL Limited gives the individual a clean chit to join the organization, on the basis of the General Physical Examination and the specific test panel requested for.
• Fit (with medical advice) (As per requested panel of tests) - This indicates that although the candidate can be declared as FIT to join the job, minimal problems have been detected during the Pre- employment examination. Examples of conditions which could fall in this category could be cases of mild reversible medical abnormalities such as height weight disproportions, borderline raised Blood Pressure readings, mildly raised Blood sugar and Blood Lipid levels, Hematuria, etc. Most of these relate to sedentary lifestyles and come under the broad category of life style disorders. The idea is to caution an individual to bring about certain lifestyle changes as well as seek a Physician's consultation and counseling in order to bring back to normal the mildly deranged parameters. For all purposes the individual is FIT to join the job.
• Fitness on Hold (Temporary Unfit) (As per requested panel of tests) - Candidate's reports are kept on hold when either the diagnostic tests or the physical findings reveal the presence of a medical condition which warrants further tests, counseling and/or specialist opinion, on the basis of which a candidate can either be placed into Fit, Fit (With Medical Advice), or Unfit category. Conditions which may fall into this category could be high blood pressure, abnormal ECG, heart murmurs, abnormal vision, grossly elevated blood sugars, etc.
• Unfit (As per requested panel of tests) - An unfit report by SRL Limited clearly indicates that the individual is not suitable for the respective job profile e.g. total color blindness in color related jobs.

End Of Report

Please visit www.srlworld.com for related Test Information for this accession

K. I. Prajapati

Dr. Kamlesh I Prajapati
Consultant Pathologist

