



**PATIENT NAME : ANITHA**

**REF. DOCTOR : DR. MEDIWHEEL**

<b>CODE/NAME &amp; ADDRESS :</b> CA00010147 - MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI,SOUTH DELHI, DELHI, SOUTH DELHI 110030 8800465156	<b>ACCESSION NO :</b> <b>4036XB003520</b>	<b>AGE/SEX :</b> 47 Years Female
	<b>PATIENT ID :</b> ANITF3005764036	<b>DRAWN :</b>
	<b>CLIENT PATIENT ID:</b>	<b>RECEIVED :</b> 20/02/2024 11:28:55
	<b>ABHA NO :</b>	<b>REPORTED :</b> 20/02/2024 17:22:37

Test Report Status	Final	Results	Biological Reference Interval	Units
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**MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT**

**DENTAL CHECK UP**

DENTAL CHECK UP COMPLETED

**PRASEEDA S NAIR  
BIOCHEMIST**



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KERALA, INDIA  
Tel : 93334 93334  
Email : customercare.ddrc@agilus.in



**Patient Ref. No. 66600007932062**

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**MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT**

**TREADMILL TEST**

TREADMILL TEST COMPLETED

**OPHTHAL**

OPHTHAL COMPLETED

**PHYSICAL EXAMINATION**

PHYSICAL EXAMINATION COMPLETED

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**MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT****ECG WITH REPORT****REPORT**

COMPLETED

**MAMMOGRAPHY -BOTH****REPORT**

COMPLETED

**USG ABDOMEN AND PELVIS****REPORT**

COMPLETED

**CHEST X-RAY WITH REPORT****REPORT**

COMPLETED

**HAEMATOLOGY****MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT****GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**

HBA1C

6.1

Normal : 4.0 - %

5.6%.

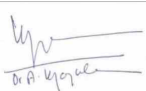
Non-diabetic level : &lt; 5.7%.

Diabetic : &gt;6.5%

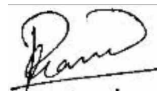
Glycemic control goal

More stringent goal : &lt; 6.5 %.

General goal : &lt; 7%.



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MBBS ,MD (path)  
Formerly Professor of Pathology  
MCH  
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Less stringent goal : < 8%.

Glycemic targets in CKD :-  
If eGFR > 60 : < 7%.  
If eGFR < 60 : 7 - 8.5%.

METHOD : HPLC

**BLOOD COUNTS,EDTA WHOLE BLOOD**

HEMOGLOBIN	12.4	12.0 - 15.0	g/dL
METHOD : AUTOMATED CELL COUNTER NON-CYANIDE			
RED BLOOD CELL COUNT	4.42	3.8 - 4.8	mil/ $\mu$ L
METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE			
WHITE BLOOD CELL COUNT	7.66	4.0 - 10.0	thou/ $\mu$ L
METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE			
PLATELET COUNT	316	150 - 410	thou/ $\mu$ L
METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE			

**RBC AND PLATELET INDICES**

HEMATOCRIT	38.1	36 - 46	%
METHOD : RBC PULSE HEIGHT DETECTION			
MEAN CORPUSCULAR VOL	86.0	83 - 101	fL
METHOD : AUTOMATED CELL COUNTER / CALCULATED			
MEAN CORPUSCULAR HGB.	28.1	27.0 - 32.0	pg
METHOD : AUTOMATED CELL COUNTER / CALCULATED			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	32.7	31.5 - 34.5	g/dL
METHOD : AUTOMATED CELL COUNTER / CALCULATED			
RED CELL DISTRIBUTION WIDTH	11.7	11.6 - 14.0	%
METHOD : CALCULATED PARAMETER			
MENTZER INDEX	19.5		
METHOD : CALCULATED PARAMETER			

**WBC DIFFERENTIAL COUNT**

SEGMENTED NEUTROPHILS	50	40 - 80	%
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METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE <b>LYMPHOCYTES</b>	<b>48 High</b>	20 - 40	%
METHOD : AUTOMATED CELL COUNTER <b>MONOCYTES</b>	<b>00 Low</b>	2 - 10	%
<b>EOSINOPHILS</b>	02	1 - 6	%
METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE <b>BASOPHILS</b>	00	0 - 2	%
METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE <b>ABSOLUTE NEUTROPHIL COUNT</b>	3.83	2.0 - 7.0	thou/ $\mu$ L
METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE <b>ABSOLUTE LYMPHOCYTE COUNT</b>	<b>3.68 High</b>	1.0 - 3.0	thou/ $\mu$ L
METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE <b>ABSOLUTE MONOCYTE COUNT</b>	<b>00 Low</b>	0.2 - 1.0	thou/ $\mu$ L
METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE <b>ABSOLUTE EOSINOPHIL COUNT</b>	0.15	0.02 - 0.50	thou/ $\mu$ L
METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE <b>ABSOLUTE BASOPHIL COUNT</b>	<b>00 Low</b>	0.02 - 0.10	thou/ $\mu$ L
<b>NEUTROPHIL LYMPHOCYTE RATIO (NLR)</b>	1.0		
METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE			

**ERYTHROCYTE SEDIMENTATION RATE (ESR),EDTA BLOOD**

<b>SEDIMENTATION RATE (ESR)</b>	<b>45 High</b>	0 - 20	mm at 1 hr
METHOD : WESTERGRENN METHOD			

**SUGAR URINE - POST PRANDIAL**

<b>SUGAR URINE - POST PRANDIAL</b>	NOT DETECTED	NOT DETECTED
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**SUGAR URINE - FASTING**

<b>SUGAR URINE - FASTING</b>	NOT DETECTED	NOT DETECTED
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**Comments**

NOTE - Kindly correlate clinically.

**IMMUNOHAEMATOLOGY**
**MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT**
**ABO GROUP & RH TYPE, EDTA WHOLE BLOOD**

ABO GROUP	TYPE B
METHOD : COLUMN AGGLUTINATION TECHNOLOGY	
RH TYPE	POSITIVE
METHOD : COLUMN AGGLUTINATION TECHNOLOGY	

**<b>Interpretation(s)</b>**

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.

**BIO CHEMISTRY**
**MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT**
**BLOOD UREA NITROGEN (BUN), SERUM**

BLOOD UREA NITROGEN	6	Adult(<60 yrs) : 6 to 20	mg/dL
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**CREATININE, SERUM**

CREATININE	0.58	18 - 60 yrs : 0.6 - 1.1	mg/dL
METHOD : KINETIC COLORIMETRIC			

**GLUCOSE, POST-PRANDIAL, PLASMA**
**PRASEEDA S NAIR**  
**BIOCHEMIST**
**DILEP C KURIEM M.Sc(Medical**  
**Micro)**  
**MICROBIOLOGIST**

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GLUCOSE, POST-PRANDIAL, PLASMA	115	Diabetes Mellitus : > or = 200. Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL
METHOD : HEXOKINASE			

**LIVER FUNCTION TEST WITH GGT**

BILIRUBIN, TOTAL	0.45	General Range : < 1.1	mg/dL
METHOD : DIAZO METHOD			
BILIRUBIN, DIRECT	0.14	General Range : < 0.3	mg/dL
METHOD : DIAZO METHOD			
BILIRUBIN, INDIRECT	0.31	0.00 - 1.00	mg/dL
TOTAL PROTEIN	6.6	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.3	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.3	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	1.9	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18	Adults : < 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	Adults : < 34	U/L
ALKALINE PHOSPHATASE	71	Adult(<60yrs) : 35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	31	Adult (female) : < 40	U/L

**TOTAL PROTEIN, SERUM**

TOTAL PROTEIN	6.6	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
METHOD : COLORIMETRIC			

**URIC ACID, SERUM**

URIC ACID	4.8	Adults : 2.4-5.7	mg/dL
METHOD : URICASE			

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**GLUCOSE FASTING,FLUORIDE PLASMA**

**FBS (FASTING BLOOD SUGAR)** 84 Diabetes Mellitus : > or = 126. mg/dL  
Impaired fasting Glucose/  
Prediabetes : 101 - 125.  
Hypoglycemia : < 55.

METHOD : HEXOKINASE

**MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT**

**BUN/CREAT RATIO**

**BUN/CREAT RATIO** 10.34 5 - 15

**BIOCHEMISTRY - LIPID**

**MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT**

**LIPID PROFILE, SERUM**

**CHOLESTEROL** 194 Desirable : < 200 mg/dL  
Borderline : 200-239  
High : >or= 240

METHOD : CHOD-POD

**TRIGLYCERIDES** 106 Normal : < 150 mg/dL  
High : 150-199  
Hypertriglyceridemia : 200-499  
Very High : > 499

METHOD : GPO - PAP

**HDL CHOLESTEROL** 56 General range : 40-60 mg/dL

METHOD : HOMOGENOUS DIRECT ENZYMATIC COLORIMETRIC

**LDL CHOLESTEROL, DIRECT** 128 Optimum : < 100 mg/dL  
Above Optimum : 100-129  
Borderline High : 130-159  
High : 160-189

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METHOD : HOMOGENOUS DIRECT ENZYMATIC COLORIMETRIC			
<b>NON HDL CHOLESTEROL</b>	<b>138 High</b>	Very High : >or= 190 Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
METHOD : CALCULATED PARAMETER			
<b>VERY LOW DENSITY LIPOPROTEIN</b>	21.2	< or = 30.0	mg/dL
METHOD : CALCULATED PARAMETER			
<b>CHOL/HDL RATIO</b>	3.5	3.30 - 4.40	
METHOD : CALCULATED PARAMETER			
<b>LDL/HDL RATIO</b>	2.3	0.5 - 3.0	
METHOD : CALCULATED PARAMETER			

**SPECIALISED CHEMISTRY - HORMONE**

**MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT**

**THYROID PANEL, SERUM**

T3	109.33	Non-Pregnant : 60-181 Pregnant Trimester-wise 1st : 81-190 2nd : 100-260 3rd : 100-260	ng/dL
METHOD : CLIA			
T4	7.70	>20 yrs : 3.2-12.6	µg/dl
METHOD : CLIA			
TSH 3RD GENERATION	3.540	18-49 yrs(Non-Pregnant) :0.4-4.2 Pregnant (Trimester wise): 1st : 0.1-2.5 2nd : 0.2-3.0 3rd : 0.3-3.0	µIU/mL
METHOD : CLIA			

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**CLINICAL PATH - URINALYSIS**

**MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT**

**PHYSICAL EXAMINATION, URINE**

<b>COLOR</b> METHOD : MACROSCOPY	PALE YELLOW
<b>APPEARANCE</b> METHOD : MACROSCOPY	CLEAR

**MICROSCOPIC EXAMINATION, URINE**

<b>RED BLOOD CELLS</b>	NOT DETECTED	NOT DETECTED	/HPF
<b>WBC</b> METHOD : LIGHT MICROSCOPY	0-1	0-5	/HPF
<b>EPITHELIAL CELLS</b>	2-3	0-5	/HPF
<b>CASTS</b>	NOT DETECTED		
<b>CRYSTALS</b>	NOT DETECTED		
<b>BACTERIA</b>	<b>DETECTED</b>	NOT DETECTED	
<b>YEAST</b> METHOD : LIGHT MICROSCOPY	NOT DETECTED	NOT DETECTED	

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**CHEMICAL EXAMINATION, URINE**

PH METHOD : DIPSTICK	7.0	4.8 - 7.4
SPECIFIC GRAVITY METHOD : PKA CHANGE IN RELATION TO IONIC CONCENTRATION	<b>1.010 Low</b>	1.015 - 1.030
PROTEIN METHOD : PROTEIN ERROR OF INDICATORS WITH REFLECTANCE	NOT DETECTED	NOT DETECTED
GLUCOSE METHOD : GOD-POD METHOD	NOT DETECTED	NOT DETECTED
KETONES METHOD : NITROPRUSSIDE REACTION	NOT DETECTED	NOT DETECTED
BLOOD METHOD : DIPSTICK	NOT DETECTED	NOT DETECTED
BILIRUBIN METHOD : AZO COUPLING METHOD	NOT DETECTED	NOT DETECTED
UROBILINOGEN METHOD : EHRlich REACTION REFLECTANCE	NORMAL	NORMAL

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 DDRC AGILUS PATHLABS LIMITED

GANDHI NAGAR, KTM  
 KERALA, INDIA  
 Tel : 93334 93334  
 Email : customercare.ddrc@agilus.in



View Details



View Report



**Patient Ref. No. 66600007932062**



Dr. Rajendran T.R., B.Sc., BDS  
Reg. No. 1385/A

PATIENT'S NAME: Anitha Suresh AGE: 48 SEX: F  
ADDRESS: Ega ga thm bhavan, Adoor  
CASE RECORD NO. Ref. by: DATE: 20/2/24

PATIENT'S CHIEF COMPLAINT: Regular Dental check up.  
HISTORY:

RELEVANT MEDICAL HISTORY		Covid 19 Vaccination - Status			
Systemic Illness	Drug History/Allergy	Single	Double	Booster	Nil
Pragncy/Lactation	Family History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habits (Smoking, etc)	Others				

Key: D - Decay M - Missing / Extracted F - Filled R - Replaced X - Recommended Extraction # - Fractured Tooth I - Impacted P - Periodontal / Pockets.	E D C B A					A B C D E					
	18 17 16 15 14 13 12 11	21 22 23 24 25 26 27	28	Distomolax							
48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38										
	E D C B A					A B C D E					

Occlusion Evaluation				Radiographs existing/ advised / Investigation			
Lymph nodes							
TMJ							
Buccal mucosa							
Vestibules							
Tongue							
Floor of Mouth							
Palate							
Pharynx							
Alveolar bone							
Perio pockets							
Gingiva							
Oral Hygiene	Excellent	Good	Fair	Poor	Comments		
Calculus	None	Little	Moderate	Heavy			
Gingival Bleeding	Localized	General	None				

SPECIALIST OPINION IF ANY :

DIAGNOSIS & TREATMENT PLAN / EXPLAINED OPTIONS :

Treatment Expenses in estimation

CONSENT : I the undersigned in my full sense give my consent for the above procedure explained and advised to me in this clinic. The doctor has explained the risk involved in this procedure and satisfied my queries.

Name: Anitha Suresh Signature: [Signature]

TREATMENT PLAN SCHEDULE

PRESCRIPTION	3 <sup>rd</sup> Visit
	4 <sup>th</sup> Visit
2 <sup>nd</sup> Visit	5 <sup>th</sup> Visit

The patient named Anitha, 48 yrs old,  
had undergone regular dental checkup.  
On examination distomolae present w/ f  
and attrition present on lower anterior  
teeth. Advise oral prophylaxis

Examination fee 100/-

Dr. Priya Jose

Reg NO: 30402

