



Patient Ref. No. 700000915418

CLIENT CODE : C000138355

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
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : MANOJ SHARMA

PATIENT ID : **MANOM1410707**

ACCESSION NO : **0007VJ003539** AGE : 52 Years SEX : Male

ABHA NO :

DRAWN :

RECEIVED : 19/10/2022 09:39:14

REPORTED : 20/10/2022 14:13:54

REFERRING DOCTOR : DR. BANO OF BARODA

CLIENT PATIENT ID :

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

MEDI WHEEL FULL BODY HEALTH CHECK UP ABOVE 40 MALE

BLOOD COUNTS,EDTA WHOLE BLOOD

HEMOGLOBIN	16.0	13.0 - 17.0	g/dL
METHOD : SPECTROPHOTOMETRIC			
RED BLOOD CELL COUNT	5.36	4.5 - 5.5	mil/ μ L
METHOD : ELECTRICAL IMPEDANCE			
WHITE BLOOD CELL COUNT	7.60	4.0 - 10.0	thou/ μ L
PLATELET COUNT	236	150 - 410	thou/ μ L
METHOD : ELECTRICAL IMPEDANCE			

RBC AND PLATELET INDICES

HEMATOCRIT	47.5	40 - 50	%
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR VOL	89.0	83 - 101	fL
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HGB.	29.8	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.6	31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER			
MENTZER INDEX	16.6		
RED CELL DISTRIBUTION WIDTH	13.3	11.6 - 14.0	%
METHOD : CALCULATED PARAMETER			
MEAN PLATELET VOLUME	9.3	6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER			

WBC DIFFERENTIAL COUNT - NLR

NEUTROPHILS	63	40 - 80	%
METHOD : IMPEDENCE / MICROSCOPY			
ABSOLUTE NEUTROPHIL COUNT	4.79	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER			
LYMPHOCYTES	31	20 - 40	%
METHOD : IMPEDENCE / MICROSCOPY			
ABSOLUTE LYMPHOCYTE COUNT	2.36	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER			
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	2.0		
METHOD : CALCULATED PARAMETER			



Scan to View Details



Scan to View Report



Patient Ref. No. 700000915418

CLIENT CODE : C000138355

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
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : MANOJ SHARMA

PATIENT ID : MANOM1410707

ACCESSION NO : 0007VJ003539 AGE : 52 Years SEX : Male ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:39:14 REPORTED : 20/10/2022 14:13:54

REFERRING DOCTOR : DR. BANO OF BARODA

CLIENT PATIENT ID :

Table header with columns: Test Report Status, Final, Results, Biological Reference Interval, Units

Main test results table including Eosinophils, Monocytes, Basophils, and Differential Count performed on EDTA smear.

Comments

Please note that : The Automatic analyzer used to estimate Complete Blood Counts (Blood cell Indices & counts) is "ABX PENTRA XL 80" (HORIBA); the values are correlated manually with microscopic picture.

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

E.S.R result: 10 mm at 1 hr. Reference range: 0 - 14.

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C result: 11.0. Reference ranges for non-diabetic, pre-diabetic, diabetic, and ADA target.

ESTIMATED AVERAGE GLUCOSE(EAG) result: 269 mg/dL. Reference range: < 116.0.

GLUCOSE FASTING,FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR) result: 303 mg/dL. Reference range: 74 - 99.

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR) result: 495 mg/dL. Reference ranges for normal, impaired, and diabetic.



Scan to View Details



Scan to View Report



Patient Ref. No. 700000915418

CLIENT CODE : C000138355

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
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : MANOJ SHARMA

PATIENT ID : MANOM1410707

ACCESSION NO : 0007VJ003539 AGE : 52 Years SEX : Male ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:39:14 REPORTED : 20/10/2022 14:13:54

REFERRING DOCTOR : DR. BANO OF BARODA

CLIENT PATIENT ID :

Table header with columns: Test Report Status, Results, Biological Reference Interval, Units. Status is Final.

Main table containing test results for Coronary Risk Profile (Cholesterol, Triglycerides, HDL, LDL, Non-HDL, Ratios) and Liver Function Profile (Bilirubin, Total Protein, Albumin).



Scan to View Details



Scan to View Report



Patient Ref. No. 700000915418

CLIENT CODE : C000138355

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
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : MANOJ SHARMA

PATIENT ID : MANOM1410707

ACCESSION NO : 0007VJ003539 AGE : 52 Years SEX : Male ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:39:14 REPORTED : 20/10/2022 14:13:54

REFERRING DOCTOR : DR. BANO OF BARODA

CLIENT PATIENT ID :

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

GLOBULIN		2.9	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO		1.8	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)		13	UPTO 40	U/L
METHOD : UV WITH P5P				
ALANINE AMINOTRANSFERASE (ALT/SGPT)		21	UP TO 45	U/L
METHOD : UV WITH P5P				
ALKALINE PHOSPHATASE		71	40 - 129	U/L
METHOD : PNPP				
GAMMA GLUTAMYL TRANSFERASE (GGT)		38	8 - 61	U/L
METHOD : G-GLUTAMYL-CARBOXY-NITROANILIDE				
LACTATE DEHYDROGENASE		202	135 - 225	U/L
METHOD : ENZYMATIC LACTATE - PYRUVATE(IFCC)				
BLOOD UREA NITROGEN (BUN), SERUM				
BLOOD UREA NITROGEN		9	6 - 20	mg/dL
METHOD : UREASE KINETIC				
CREATININE, SERUM				
CREATININE		0.88	0.70 - 1.20	mg/dL
METHOD : ALKALINE PICRATE-KINETIC				
BUN/CREAT RATIO				
BUN/CREAT RATIO		10.23	5.0 - 15.0	
URIC ACID, SERUM				
URIC ACID		2.6	Low 3.5 - 7.2	mg/dL
METHOD : URICASE/CATALASE UV				
TOTAL PROTEIN, SERUM				
TOTAL PROTEIN		8.1	6.4 - 8.3	g/dL
METHOD : BIURET				
ALBUMIN, SERUM				
ALBUMIN		5.2	3.5 - 5.2	g/dL
METHOD : BROMOCRESOL PURPLE				
GLOBULIN				
GLOBULIN		2.9	2.0 - 4.1	g/dL
ELECTROLYTES (NA/K/CL), SERUM				
SODIUM		143.6	136.0 - 146.0	mmol/L
POTASSIUM		4.38	3.50 - 5.10	mmol/L



Scan to View Details



Scan to View Report



Patient Ref. No. 700000915418

CLIENT CODE : C000138355

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
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : MANOJ SHARMA

PATIENT ID : MANOM1410707

ACCESSION NO : 0007VJ003539 AGE : 52 Years SEX : Male

ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:39:14

REPORTED : 20/10/2022 14:13:54

REFERRING DOCTOR : DR. BANO OF BARODA

CLIENT PATIENT ID :

Table with 4 columns: Test Report Status, Results, Biological Reference Interval, Units. Rows include Chloride, Physical Examination (Color, Appearance, Specific Gravity), Chemical Examination (PH, Protein, Glucose, Ketones, Blood, Bilirubin, Urobilinogen, Nitrite, Leukocyte Esterase), and Microscopic Examination (Pus Cell, Epithelial Cells, Erythrocytes, Casts).



Scan to View Details



Scan to View Report



Patient Ref. No. 700000915418

CLIENT CODE : C000138355

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
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : MANOJ SHARMA

PATIENT ID : MANOM1410707

ACCESSION NO : 0007VJ003539 AGE : 52 Years SEX : Male ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:39:14 REPORTED : 20/10/2022 14:13:54

REFERRING DOCTOR : DR. BANO OF BARODA

CLIENT PATIENT ID :

Table header with columns: Test Report Status, Results, Biological Reference Interval, Units. Status is Final.

CRYSTALS NOT DETECTED
METHOD : MICROSCOPIC EXAMINATION
BACTERIA NOT DETECTED NOT DETECTED
METHOD : MICROSCOPIC EXAMINATION
YEAST NOT DETECTED NOT DETECTED
REMARKS Please note that all the urinary findings are confirmed manually as well.

THYROID PANEL, SERUM

T3 123.9 80.00 - 200.00 ng/dL
METHOD : ELECTROCHEMILUMINESCENCE IMMUNO ASSAY
T4 7.79 5.10 - 14.10 µg/dL
METHOD : ELECTROCHEMILUMINESCENCE IMMUNO ASSAY
TSH 3RD GENERATION 1.450 0.270 - 4.200 µIU/mL
METHOD : ELECTROCHEMILUMINESCENCE IMMUNO ASSAY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP TYPE A
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 .

Comments

TMT REFUSED BY CANDIDATE

ECG

ECG WITHIN NORMAL LIMITS



Scan to View Details



Scan to View Report



Patient Ref. No. 700000915418

CLIENT CODE : C000138355

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
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : MANOJ SHARMA

PATIENT ID : **MANOM1410707**

ACCESSION NO : **0007VJ003539** AGE : 52 Years SEX : Male ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:39:14 REPORTED : 20/10/2022 14:13:54

REFERRING DOCTOR : DR. BANO OF BARODA

CLIENT PATIENT ID :

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

MEDICAL HISTORY

RELEVANT PRESENT HISTORY	NOT SIGNIFICANT
RELEVANT PAST HISTORY	DM
RELEVANT PERSONAL HISTORY	NOT SIGNIFICANT
RELEVANT FAMILY HISTORY	DM,HTN - MOHTER CAD, DM - FATEHR
OCCUPATIONAL HISTORY	NOT SIGNIFICANT
HISTORY OF MEDICATIONS	NOT SIGNIFICANT

ANTHROPOMETRIC DATA & BMI

HEIGHT IN METERS	1.75	mts
WEIGHT IN KGS.	80	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
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	AFEBRILE
PULSE	84/MIN REGULAR, ALL PERIPHERAL PULSES WELL FELT, NO CAROTID BRUIT HEARD
RESPIRATORY RATE	NORMAL



Scan to View Details



Scan to View Report



Patient Ref. No. 700000915418

CLIENT CODE : C000138355

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
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : MANOJ SHARMA

PATIENT ID : MANOM1410707

ACCESSION NO : 0007VJ003539 AGE : 52 Years SEX : Male ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:39:14 REPORTED : 20/10/2022 14:13:54

REFERRING DOCTOR : DR. BANO OF BARODA

CLIENT PATIENT ID :

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

CARDIOVASCULAR SYSTEM

BP	140/80	mm/Hg
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

APPEARANCE	NORMAL
VENOUS PROMINENCE	ABSENT
LIVER	NOT PALPABLE
SPLEEN	NOT PALPABLE
HERNIA	ABSENT

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



Scan to View Details



Scan to View Report



Patient Ref. No. 700000915418

CLIENT CODE : C000138355

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
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : MANOJ SHARMA

PATIENT ID : MANOM1410707

ACCESSION NO : 0007VJ003539 AGE : 52 Years SEX : Male ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:39:14 REPORTED : 20/10/2022 14:13:54

REFERRING DOCTOR : DR. BANO OF BARODA

CLIENT PATIENT ID :

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

CORNEA		NORMAL		
DISTANT VISION RIGHT EYE WITH GLASSES		6/9 SLIGHTLY POOR VISION		
DISTANT VISION LEFT EYE WITH GLASSES		6/9 SLIGHTYL POOR VISION		
NEAR VISION RIGHT EYE WITH GLASSES		N/10 VISUAL ACUITY FOR CORRECTION		
NEAR VISION LEFT EYE WITH GLASSES		N/6 WITHIN NORMAL LIMIT		
COLOUR VISION		NORMAL		
BASIC ENT EXAMINATION				
EXTERNAL EAR CANAL		HEAVY WITHIN NORMAL LIMIT		
TYMPANIC MEMBRANE		NORMAL		
NOSE		NO ABNORMALITY DETECTED		
SINUSES		CLEAR		
THROAT		NO ABNORMALITY DETECTED		
TONSILS		NOT ENLARGED		
SUMMARY				
RELEVANT HISTORY		NOT SIGNIFICANT		
RELEVANT GP EXAMINATION FINDINGS		OVERWEIGHT		
REMARKS / RECOMMENDATIONS		NONE		
FITNESS STATUS				
FITNESS STATUS		FIT (WITH MEDICAL ADVICE) (AS PER REQUESTED PANEL OF TESTS)		





Patient Ref. No. 700000915418

CLIENT CODE : C000138355

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
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : MANOJ SHARMA

PATIENT ID : **MANOM1410707**

ACCESSION NO : **0007VJ003539** AGE : 52 Years SEX : Male ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:39:14 REPORTED : 20/10/2022 14:13:54

REFERRING DOCTOR : DR. BANO OF BARODA

CLIENT PATIENT ID :

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

Comments

CLINICAL FINDINGS :-

STRONGLY RAISED FBS AND PPBS.

GLUCOSE TRACE IN URINE (++++)

RAISED HbA1C AND ESTIMATED AVERAGE GLUCOSE.

LOW URIC ACID.

DYSLIPIDEMIA.

USG WHOLE ABDOMEN SHOWS EARLY FATTY INFILTRATIO OF LIVER.

OVER WEIGHT STATUS.

FITNESS STATUS :-

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

ADVICE : WEIGHT REDUCTION, LOW FAT& CARBOHYDRATE DIET AND REGULAR PHYSICAL EXERCISE FOR OVERWEIGHT STATUS AND DYSLIPIDEMIA.

NEED PHYSICIAN CONSULTATION FOR LIFE STYLE MODIFICATION.



Scan to View Details



Scan to View Report



Patient Ref. No. 700000915418

CLIENT CODE : C000138355

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
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : MANOJ SHARMA

PATIENT ID : MANOM1410707

ACCESSION NO : 0007VJ003539 AGE : 52 Years SEX : Male ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:39:14 REPORTED : 20/10/2022 14:13:54

REFERRING DOCTOR : DR. BANO OF BARODA

CLIENT PATIENT ID :

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

MEDI WHEEL FULL BODY HEALTH CHECK UP ABOVE 40 MALE

ULTRASOUND ABDOMEN

ULTRASOUND ABDOMEN

Comments

USG WHOLE ABDOMEN

IMPRESSION - EARLY FATTY INFILTRATIO OF LIVER.

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.

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD-TEST DESCRIPTION :-

Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

TEST INTERPRETATION

Increase in: Infections, Vasculitides, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

Finding a very accelerated ESR(>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm/hr(95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia

False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :

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

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-Used For:

1.Evaluating the long-term control of blood glucose concentrations in diabetic patients.



Scan to View Details



Scan to View Report



CLIENT CODE : C000138355

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
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : MANOJ SHARMA

PATIENT ID : MANOM1410707

ACCESSION NO : 0007VJ003539 AGE : 52 Years SEX : Male ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:39:14 REPORTED : 20/10/2022 14:13:54

REFERRING DOCTOR : DR. BANO OF BARODA

CLIENT PATIENT ID :

Table with 4 columns: Test Report Status, Final, Results, Units

2.Diagnosing diabetes.
3.Identifying patients at increased risk for diabetes (prediabetes).
The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patients metabolic control has remained continuously within the target range.
1.eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as eAG (mg/dl) = 28.7 * HbA1c - 46.7

HbA1c Estimation can get affected due to :

- I.Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.
II.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
III.Iron deficiency anemia is reported to increase test results.
IV.Interference of hemoglobinopathies in HbA1c estimation is seen in
a.Homozygous hemoglobinopathy.
b.Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
c.HbF > 25% on alternate platform (Boronate affinity chromatography) is recommended for testing of HbA1c.

GLUCOSE FASTING,FLUORIDE PLASMA-TEST DESCRIPTION

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and sothat no glucose is excreted in the urine.

Increased in

Diabetes mellitus, Cushing's syndrome (10 - 15%), chronic pancreatitis (30%). Drugs:corticosteroids,phenytoin, estrogen, thiazides.

Decreased in

Pancreatic islet cell disease with increased insulin,insulinoma,adrenocortical insufficiency, hypopituitarism,diffuse liver disease, malignancy (adrenocortical, stomach,fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases(e.g., galactosemia),Drugs- insulin, ethanol, propranolol; sulfonylureas,tolbutamide, and other oral hypoglycemic agents.

NOTE:

Hypoglycemia is defined as a glucoseof < 50 mg/dL in men and < 40 mg/dL in women.

While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals.Thus, glycosylated hemoglobin(HbA1c) levels are favored to monitor glycemic control.

High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.

GLUCOSE, POST-PRANDIAL, PLASMA-High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.Additional test HbA1c

LIVER FUNCTION PROFILE, SERUM-

LIVER FUNCTION PROFILE

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice.Elevated levels results from increased biliirubin 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



Scan to View Details



Scan to View Report



Patient Ref. No. 700000915418

CLIENT CODE : C000138355

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
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : MANOJ SHARMA

PATIENT ID : MANOM1410707

ACCESSION NO : 0007VJ003539 AGE : 52 Years SEX : Male ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:39:14 REPORTED : 20/10/2022 14:13:54

REFERRING DOCTOR : DR. BANO OF BARODA

CLIENT PATIENT ID :

Table with 4 columns: Test Report Status, Final, Results, Units

permeability or decreased lymphatic clearance,malnutrition and wasting etc
BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)
Causes of decreased level include Liver disease, SIADH.
CREATININE, SERUM-Higher than normal level may be due to:
• Blockage in the urinary tract
• Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
• Loss of body fluid (dehydration)
• Muscle problems, such as breakdown of muscle fibers
• Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:

- Myasthenia Gravis
• Muscular dystrophy
URIC ACID, SERUM-
Causes of Increased levels
Dietary
• High Protein Intake.
• Prolonged Fasting,
• Rapid weight loss.
Gout
Lesch nyhan syndrome.
Type 2 DM.
Metabolic syndrome.

Causes of decreased levels

- Low Zinc Intake
• OCP'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-

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,

MICROSCOPIC EXAMINATION, URINE-

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



Scan to View Details



Scan to View Report



CLIENT CODE : C000138355

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
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : MANOJ SHARMA

PATIENT ID : MANOM1410707

ACCESSION NO : 0007VJ003539 AGE : 52 Years SEX : Male ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:39:14 REPORTED : 20/10/2022 14:13:54

REFERRING DOCTOR : DR. BANO OF BARODA

CLIENT PATIENT ID :

Test Report Status Final Results Units

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 TSH3G TOTAL T3
Pregnancy (µg/dL) (µIU/mL) (ng/dL)
First Trimester 6.6 - 12.4 0.1 - 2.5 81 - 190
2nd Trimester 6.6 - 15.5 0.2 - 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 T4
(ng/dL) (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:
1. Burtis C.A., Ashwood E. R. Bruns D.E. Teitz textbook of Clinical Chemistry and Molecular Diagnostics, 4th Edition.
2. Gowenlock A.H. Varley's Practical Clinical Biochemistry, 6th Edition.
3. Behrman R.E. Kilegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition
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 INVOLABLE 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





Patient Ref. No. 700000915418

CLIENT CODE : C000138355

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
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : MANOJ SHARMA

PATIENT ID : MANOM1410707

ACCESSION NO : 0007VJ003539 AGE : 52 Years SEX : Male ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:39:14 REPORTED : 20/10/2022 14:13:54

REFERRING DOCTOR : DR. BANO OF BARODA

CLIENT PATIENT ID :

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

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

Dr.Arpita Pasari, MD
Consultant Pathologist



Scan to View Details



Scan to View Report