



Patient Ref. No. 251000000151410

CLIENT CODE : C000138404

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

SRL Ltd
C/o Aakriti Labs Pvt Ltd, 3, Mahatma Gandhi Marg, Gandhi Nagar Mod,
Tonk Road
JAIPUR, 302015
Rajasthan, INDIA

PATIENT NAME : LOKESH KUMAR VERMA

PATIENT ID : LOKEM200895251

ACCESSION NO : 0251VH001864 AGE : 27 Years SEX : Male

ABHA NO :

DRAWN : 20/08/2022 09:34

RECEIVED : 20/08/2022 11:01

REPORTED : 20/08/2022 16:24

REFERRING DOCTOR : SELF

CLIENT PATIENT ID : 012208200017

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

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN	14.6		13.0 - 17.0	g/dL
METHOD : CYANIDE FREE DETERMINATION				
RED BLOOD CELL COUNT	4.39	Low	4.5 - 5.5	mil/ μ L
METHOD : ELECTRICAL IMPEDANCE				
WHITE BLOOD CELL COUNT	5.70		4.0 - 10.0	thou/ μ L
METHOD : ELECTRICAL IMPEDANCE				
PLATELET COUNT	205		150 - 410	thou/ μ L
METHOD : ELECTRONIC IMPEDANCE				

RBC AND PLATELET INDICES

HEMATOCRIT	43.2		40 - 50	%
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR VOL	98.0		83 - 101	fL
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR HGB.	33.2	High	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER				
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.8		31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER				
MENTZER INDEX	22.3			
RED CELL DISTRIBUTION WIDTH	12.2		11.6 - 14.0	%
METHOD : CALCULATED PARAMETER				
MEAN PLATELET VOLUME	9.9		6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER				

WBC DIFFERENTIAL COUNT - NLR

SEGMENTED NEUTROPHILS	58		40 - 80	%
METHOD : IMPEDANCE WITH HYDRO FOCUS AND MICROSCOPY				
ABSOLUTE NEUTROPHIL COUNT	3.31		2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
LYMPHOCYTES	36		20 - 40	%
METHOD : IMPEDANCE WITH HYDRO FOCUS AND MICROSCOPY				
ABSOLUTE LYMPHOCYTE COUNT	2.05		1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.6			
EOSINOPHILS	03		1 - 6	%
METHOD : IMPEDANCE WITH HYDRO FOCUS AND MICROSCOPY				



Scan to View Details



Scan to View Report



Patient Ref. No. 251000000151410

CLIENT CODE : C000138404

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

SRL Ltd
C/o Aakriti Labs Pvt Ltd, 3, Mahatma Gandhi Marg, Gandhi Nagar Mod,
Tonk Road
JAIPUR, 302015
Rajasthan, INDIA

PATIENT NAME : LOKESH KUMAR VERMA

PATIENT ID : LOKEM200895251

ACCESSION NO : 0251VH001864 AGE : 27 Years SEX : Male

ABHA NO :

DRAWN : 20/08/2022 09:34

RECEIVED : 20/08/2022 11:01

REPORTED : 20/08/2022 16:24

REFERRING DOCTOR : SELF

CLIENT PATIENT ID : 012208200017

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

ABSOLUTE EOSINOPHIL COUNT	0.17	0.02 - 0.50	thou/ μ L
METHOD : CALCULATED PARAMETER			
MONOCYTES	03	2 - 10	%
METHOD : IMPEDANCE WITH HYDRO FOCUS AND MICROSCOPY			
ABSOLUTE MONOCYTE COUNT	0.17	Low 0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER			
BASOPHILS	00	0 - 2	%
METHOD : IMPEDANCE WITH HYDRO FOCUS AND MICROSCOPY			
ABSOLUTE BASOPHIL COUNT	0	Low 0.02 - 0.10	thou/ μ L
DIFFERENTIAL COUNT PERFORMED ON: EDTA SMEAR			
ERYTHRO SEDIMENTATION RATE, BLOOD			
SEDIMENTATION RATE (ESR)	02	0 - 14	mm at 1 hr
METHOD : WESTEREGREN METHOD			
GLUCOSE, FASTING, PLASMA			
GLUCOSE, FASTING, PLASMA	86	74 - 99	mg/dL
METHOD : GLUCOSE OXIDASE			
GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD			
GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.3	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 ADA Target: 7.0 Action suggested: > 8.0	%
METHOD : HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC)			
MEAN PLASMA GLUCOSE	105.4	< 116.0	mg/dL
METHOD : CALCULATED PARAMETER			
GLUCOSE, POST-PRANDIAL, PLASMA			
GLUCOSE, POST-PRANDIAL, PLASMA	113	70 - 140	mg/dL
METHOD : GLUCOSE OXIDASE			
CORONARY RISK PROFILE, SERUM			
CHOLESTEROL	176	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
METHOD : CHOLESTEROL OXIDASE			
TRIGLYCERIDES	160	High < 150 Normal 150 - 199 Borderline High 200 - 499 High >/=500 Very High	mg/dL
METHOD : LIPASE/GPO-PAP NO CORRECTION			
HDL CHOLESTEROL	46	< 40 Low >/=60 High	mg/dL
METHOD : DIRECT CLEARANCE METHOD			



Scan to View Details



Page 2 Of 11
Scan to View Report



Patient Ref. No. 251000000151410

CLIENT CODE : C000138404

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

SRL Ltd
C/o Aakriti Labs Pvt Ltd, 3, Mahatma Gandhi Marg, Gandhi Nagar Mod,
Tonk Road
JAIPUR, 302015
Rajasthan, INDIA

PATIENT NAME : LOKESH KUMAR VERMA

PATIENT ID : LOKEM200895251

ACCESSION NO : 0251VH001864 AGE : 27 Years SEX : Male

ABHA NO :

DRAWN : 20/08/2022 09:34

RECEIVED : 20/08/2022 11:01

REPORTED : 20/08/2022 16:24

REFERRING DOCTOR : SELF

CLIENT PATIENT ID : 012208200017

Table with 5 columns: Test Report Status, Final, Results, Biological Reference Interval, Units. Rows include Cholesterol LDL, Non HDL Cholesterol, Chol/HDL Ratio, LDL/HDL Ratio, Very Low Density Lipoprotein, Liver Function Profile (Bilirubin, Total Protein, Albumin, Globulin, Ratios), and Alanine Aminotransferase.



Scan to View Details



Scan to View Report



Patient Ref. No. 251000000151410

CLIENT CODE : C000138404

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

SRL Ltd
C/o Aakriti Labs Pvt Ltd, 3, Mahatma Gandhi Marg, Gandhi Nagar Mod,
Tonk Road
JAIPUR, 302015
Rajasthan, INDIA

PATIENT NAME : LOKESH KUMAR VERMA

PATIENT ID : LOKEM200895251

ACCESSION NO : 0251VH001864 AGE : 27 Years SEX : Male

ABHA NO :

DRAWN : 20/08/2022 09:34

RECEIVED : 20/08/2022 11:01

REPORTED : 20/08/2022 16:24

REFERRING DOCTOR : SELF

CLIENT PATIENT ID : 012208200017

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

METHOD : TRIS BUFFER NO P5P IFCC / SFBC 37° C

ALKALINE PHOSPHATASE 81 39 - 117 U/L

METHOD : AMP OPTIMISED TO IFCC 37° C

GAMMA GLUTAMYL TRANSFERASE (GGT) 52 High 11 - 50 U/L

METHOD : GAMMA GLUTAMYL-3 CARBOXY-4 NITROANILIDE (IFCC) 37° C

LACTATE DEHYDROGENASE 488 High 230 - 460 U/L

METHOD : GERMAN METHODS 37° C

SERUM BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 9 5,0 - 18,0 mg/dL

METHOD : UREASE KINETIC

CREATININE, SERUM

CREATININE 1.12 0.8 - 1.3 mg/dL

METHOD : ALKALINE PICRATE NO DEPROTEINIZATION

BUN/CREAT RATIO

BUN/CREAT RATIO 8.04

METHOD : CALCULATED PARAMETER

URIC ACID, SERUM

URIC ACID 8.1 High 3,4 - 7,0 mg/dL

METHOD : URICASE PEROXIDASE WITH ASCORBATE OXIDASE

TOTAL PROTEIN, SERUM

TOTAL PROTEIN 8.1 6,4 - 8,3 g/dL

METHOD : BIURET REACTION, END POINT

ALBUMIN, SERUM

ALBUMIN 4,5 High 3,8 - 4,4 g/dL

METHOD : BROMOCRESOL GREEN

GLOBULIN

GLOBULIN 3,6 2,0 - 4,1 g/dL

METHOD : CALCULATED PARAMETER

ELECTROLYTES (NA/K/CL), SERUM

SODIUM 138,1 137 - 145 mmol/L

METHOD : ION-SELECTIVE ELECTRODE

POTASSIUM 4,05 3,6 - 5,0 mmol/L

METHOD : ION-SELECTIVE ELECTRODE

CHLORIDE 102,2 98 - 107 mmol/L

METHOD : ION-SELECTIVE ELECTRODE

PHYSICAL EXAMINATION, URINE

COLOR PALE YELLOW



Scan to View Details



Scan to View Report



Patient Ref. No. 251000000151410

CLIENT CODE : C000138404

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

SRL Ltd
C/o Aakriti Labs Pvt Ltd, 3, Mahatma Gandhi Marg, Gandhi Nagar Mod,
Tonk Road
JAIPUR, 302015
Rajasthan, INDIA

PATIENT NAME : LOKESH KUMAR VERMA

PATIENT ID : LOKEM200895251

ACCESSION NO : 0251VH001864 AGE : 27 Years SEX : Male

ABHA NO :

DRAWN : 20/08/2022 09:34

RECEIVED : 20/08/2022 11:01

REPORTED : 20/08/2022 16:24

REFERRING DOCTOR : SELF

CLIENT PATIENT ID : 012208200017

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

METHOD : GROSS EXAMINATION

APPEARANCE

CLEAR

METHOD : GROSS EXAMINATION

SPECIFIC GRAVITY

<=1.005

1.003 - 1.035

METHOD : IONIC CONCENTRATION METHOD

CHEMICAL EXAMINATION, URINE

PH

5.5

4.7 - 7.5

METHOD : DOUBLE INDICATOR PRINCIPLE

PROTEIN

NOT DETECTED

NOT DETECTED

METHOD : PROTEIN ERROR OF INDICATORS WITH REFLECTANCE

GLUCOSE

NOT DETECTED

NOT DETECTED

METHOD : GLUCOSE OXIDASE PEROXIDASE / BENEDICTS

KETONES

NOT DETECTED

NOT DETECTED

METHOD : SODIUM NITROPRUSSIDE REACTION

BLOOD

NOT DETECTED

NOT DETECTED

METHOD : PEROXIDASE ANTI PEROXIDASE

BILIRUBIN

NOT DETECTED

NOT DETECTED

METHOD : DIPSTICK

UROBILINOGEN

NORMAL

NORMAL

METHOD : EHRLICH REACTION REFLECTANCE

NITRITE

NOT DETECTED

NOT DETECTED

METHOD : NITRATE TO NITRITE CONVERSION METHOD

LEUKOCYTE ESTERASE

NOT DETECTED

NOT DETECTED

MICROSCOPIC EXAMINATION, URINE

PUS CELL (WBC'S)

1-2

0-5

/HPF

METHOD : DIPSTICK, MICROSCOPY

EPITHELIAL CELLS

0-1

0-5

/HPF

METHOD : MICROSCOPIC EXAMINATION

ERYTHROCYTES (RBC'S)

NOT DETECTED

NOT DETECTED

/HPF

METHOD : MICROSCOPIC EXAMINATION

CASTS

NOT DETECTED

NOT DETECTED

METHOD : MICROSCOPIC EXAMINATION

CRYSTALS

NOT DETECTED

NOT DETECTED

METHOD : MICROSCOPIC EXAMINATION

BACTERIA

NOT DETECTED

NOT DETECTED

METHOD : MICROSCOPIC EXAMINATION

YEAST

NOT DETECTED

NOT DETECTED

THYROID PANEL, SERUM



Scan to View Details



Page 5 Of 11
Scan to View Report



Patient Ref. No. 251000000151410

CLIENT CODE : C000138404

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

SRL Ltd
C/o Aakriti Labs Pvt Ltd, 3, Mahatma Gandhi Marg, Gandhi Nagar Mod,
Tonk Road
JAIPUR, 302015
Rajasthan, INDIA

PATIENT NAME : LOKESH KUMAR VERMA

PATIENT ID : LOKEM200895251

ACCESSION NO : 0251VH001864 AGE : 27 Years SEX : Male

ABHA NO :

DRAWN : 20/08/2022 09:34

RECEIVED : 20/08/2022 11:01

REPORTED : 20/08/2022 16:24

REFERRING DOCTOR : SELF

CLIENT PATIENT ID : 012208200017

Table with 4 columns: Test Report Status, Results, Biological Reference Interval, Units. Status is Final.

Table with 4 columns: Test Report Status, Results, Biological Reference Interval, Units. Rows include T3, T4, and TSH 3RD GENERATION.

STOOL: OVA & PARASITE

COLOUR SAMPLE NOT RECEIVED
METHOD : GROSS EXAMINATION

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP TYPE B
METHOD : TUBE AGGLUTINATION
RH TYPE POSITIVE
METHOD : TUBE AGGLUTINATION

Interpretation(s)

BLOOD COUNTS, EDTA WHOLE BLOOD-

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

RBC AND PLATELET INDICES-

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

WBC DIFFERENTIAL COUNT - NLR-

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

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504

This ratio element is a calculated parameter and out of NABL scope.

ERYTHRO SEDIMENTATION RATE, BLOOD-

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

Reference :

- 1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition
2. Paediatric reference intervals. AACCPress, 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.



Scan to View Details



Scan to View Report



Patient Ref. No. 251000000151410

CLIENT CODE : C000138404

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

SRL Ltd
C/o Aakriti Labs Pvt Ltd, 3, Mahatma Gandhi Marg, Gandhi Nagar Mod,
Tonk Road
JAIPUR, 302015
Rajasthan, INDIA

PATIENT NAME : LOKESH KUMAR VERMA

PATIENT ID : LOKEM200895251

ACCESSION NO : 0251VH001864 AGE : 27 Years SEX : Male ABHA NO :

DRAWN : 20/08/2022 09:34 RECEIVED : 20/08/2022 11:01 REPORTED : 20/08/2022 16:24

REFERRING DOCTOR : SELF

CLIENT PATIENT ID : 012208200017

Table with 4 columns: Test Report Status, Results, Biological Reference Interval, Units. Row 1: Final, Results, Biological Reference Interval, Units

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.
GLUCOSE, POST-PRANDIAL, PLASMA-ADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water, over a period of 5 minutes.

LIVER FUNCTION PROFILE, SERUM- LIVER FUNCTION PROFILE

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

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



Scan to View Details



Scan to View Report



CLIENT CODE : C000138404

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

SRL Ltd
C/o Aakriti Labs Pvt Ltd, 3, Mahatma Gandhi Marg,Gandhi Nagar Mod,
Tonk Road
JAIPUR, 302015
Rajasthan, INDIA

PATIENT NAME : LOKESH KUMAR VERMA

PATIENT ID : LOKEM200895251

ACCESSION NO : 0251VH001864 AGE : 27 Years SEX : Male

ABHA NO :

DRAWN : 20/08/2022 09:34

RECEIVED : 20/08/2022 11:01

REPORTED : 20/08/2022 16:24

REFERRING DOCTOR : SELF

CLIENT PATIENT ID : 012208200017

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

- 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 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

Table with 4 columns: Levels in, TOTAL T4, TSH3G, TOTAL T3. Rows: Pregnancy, First Trimester



Scan to View Details



Scan to View Report



Patient Ref. No. 25100000151410

CLIENT CODE : C000138404

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

SRL Ltd
C/o Aakriti Labs Pvt Ltd, 3, Mahatma Gandhi Marg, Gandhi Nagar Mod,
Tonk Road
JAIPUR, 302015
Rajasthan, INDIA

PATIENT NAME : LOKESH KUMAR VERMA

PATIENT ID : LOKEM200895251

ACCESSION NO : 0251VH001864 AGE : 27 Years SEX : Male

ABHA NO :

DRAWN : 20/08/2022 09:34

RECEIVED : 20/08/2022 11:01

REPORTED : 20/08/2022 16:24

REFERRING DOCTOR : SELF

CLIENT PATIENT ID : 012208200017

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

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

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.
Kindly note: Method specific reference ranges are appearing on the report under biological reference range.

Reference:

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

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 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.



Scan to View Details



Scan to View Report



Patient Ref. No. 251000000151410

CLIENT CODE : C000138404

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

SRL Ltd
C/o Aakriti Labs Pvt Ltd, 3, Mahatma Gandhi Marg, Gandhi Nagar Mod,
Tonk Road
JAIPUR, 302015
Rajasthan, INDIA

PATIENT NAME : LOKESH KUMAR VERMA

PATIENT ID : LOKEM200895251

ACCESSION NO : 0251VH001864 AGE : 27 Years SEX : Male

ABHA NO :

DRAWN : 20/08/2022 09:34

RECEIVED : 20/08/2022 11:01

REPORTED : 20/08/2022 16:24

REFERRING DOCTOR : SELF

CLIENT PATIENT ID : 012208200017

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

OUT OF RANGE REPORT

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40

MALE BLOOD COUNTS, EDTA WHOLE BLOOD

RED BLOOD CELL COUNT 4.39 Low 4.5 - 5.5 mil/ μ L

LIVER FUNCTION PROFILE, SERUM

ALBUMIN 4.5 High 3.8 - 4.4 g/dL

ALANINE AMINOTRANSFERASE (ALT/SGPT) 64 High 0 - 40 U/L

ASPARTATE AMINOTRANSFERASE (AST/SGOT) 41 High 0 - 37 U/L

GAMMA GLUTAMYL TRANSFERASE (GGT) 52 High 11 - 50 U/L

LACTATE DEHYDROGENASE 488 High 230 - 460 U/L

URIC ACID, SERUM

URIC ACID 8.1 High 3.4 - 7.0 mg/dL

ALBUMIN, SERUM

ALBUMIN 4.5 High 3.8 - 4.4 g/dL

RBC AND PLATELET INDICES

MEAN CORPUSCULAR HGB. 33.2 High 27.0 - 32.0 pg

WBC DIFFERENTIAL COUNT - NLR

ABSOLUTE BASOPHIL COUNT 0 Low 0.02 - 0.10 thou/ μ L

ABSOLUTE MONOCYTE COUNT 0.17 Low 0.2 - 1.0 thou/ μ L

CORONARY RISK PROFILE, SERUM

TRIGLYCERIDES 160 High < 150 Normal
150 - 199 Borderline
High
200 - 499 High
> / = 500 Very High mg/dL

VERY LOW DENSITY LIPOPROTEIN 32.0 High < / = 30.0 mg/dL

INVESTIGATOR : _____ MD
DATE:

****End Of Report****

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



Scan to View Details



Scan to View Report



Patient Ref. No. 251000000151410

CLIENT CODE : C000138404

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

SRL Ltd
C/o Aakriti Labs Pvt Ltd, 3, Mahatma Gandhi Marg, Gandhi Nagar Mod,
Tonk Road
JAIPUR, 302015
Rajasthan, INDIA

PATIENT NAME : LOKESH KUMAR VERMA

PATIENT ID : LOKEM200895251

ACCESSION NO : 0251VH001864 AGE : 27 Years SEX : Male

ABHA NO :

DRAWN : 20/08/2022 09:34

RECEIVED : 20/08/2022 11:01

REPORTED : 20/08/2022 16:24

REFERRING DOCTOR : SELF

CLIENT PATIENT ID : 012208200017

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

Dr. Abhishek Sharma
Consultant Microbiologist

Dr. Akansha Jain
Consultant Pathologist



Scan to View Details



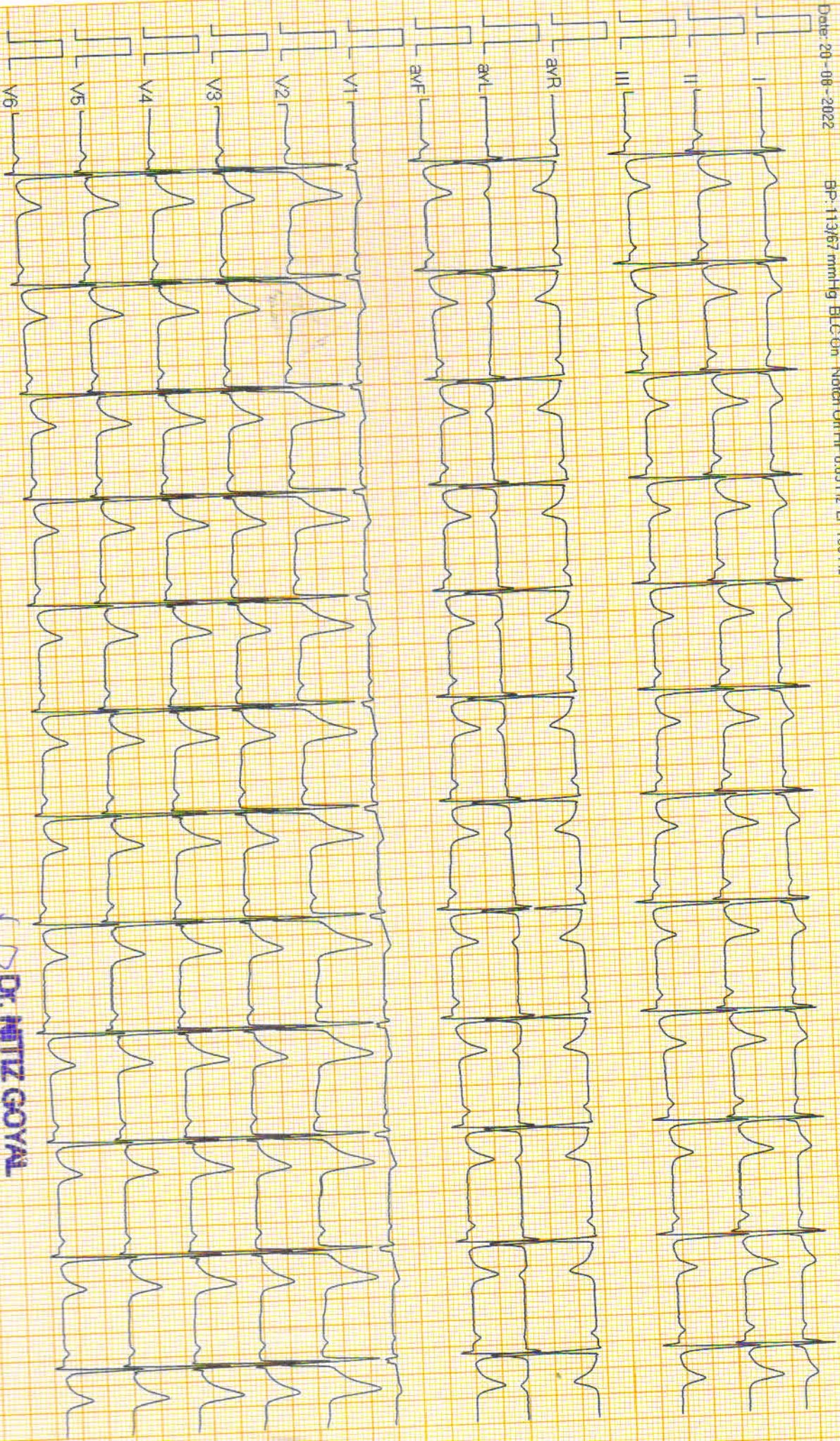
Scan to View Report



MR. LOKESH KUMAR VERMA / 27 Yrs / M / 10 cms / 10 kg / HR 74

Date: 20-08-2022

BP: 113/67 mmHg BLC: On Notch On HF 0.05 Hz LF 100 Hz



Normal

Dr. NITZ GOYAL
M.B.B.S., M.D.
PMDC - 023319



AKESH KUMAR VERMA / 27 Yrs / M / 0 Cms / 0 Kg
 Date: 20-08-2022 Technician: 3 Examined By: DR NITIZ GOYAL
 Define Angina /Hypercholesterolemia/Non-Diabetic/Positive Estrogen/Non-Athlete

Stage	Time	Duration	Speed(mph)	Elevation	MEts	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	074	38%	113/67	083	00	
Standing	00:07	0:04	00.0	00.0	01.0	074	38%	113/67	083	00	
HV	00:32	0:25	00.0	00.0	01.0	098	51%	113/67	110	00	
Warm Up	00:40	0:08	00.0	00.0	01.0	103	53%	113/67	116	00	
ExStart	00:44	0:04	00.0	00.0	01.0	103	53%	113/67	116	00	
BRUCE Stage 1	03:44	3:00	01.7	10.0	04.7	132	68%	120/68	158	00	
BRUCE Stage 2	06:44	3:00	02.5	12.0	07.1	155	80%	120/68	186	00	
PeakEx	07:11	0:27	03.4	14.0	07.6	160	83%	130/70	208	00	
Recovery	08:11	1:00	00.0	00.0	01.2	111	58%	130/70	144	00	
Recovery	09:11	2:00	00.0	00.0	01.0	096	50%	140/68	134	00	
Recovery	10:11	3:00	00.0	00.0	01.0	084	44%	140/68	117	00	
Recovery	10:40	3:30	00.0	00.0	01.0	091	47%	123/76	111	00	

FINDINGS :

Exercise Time : 06:27
 Max HR Attained : 160 bpm 83% of Target 193
 Max BP Attained : 140/68 (mm/Hg)
 Max Workload Attained : 7.6 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

FINAL IMPRESSION:- TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA.

DR. NITIZ GOYAL
 M.B.B.S., M.D.
 RMC - 023319
 Doctor : DR. NITIZ GOYAL



Aakriti Labs

3 Mahatma Gandhi Marg, Gandhi Nagar Mod
Tonk Road, Jaipur (Raj.) Ph.: 0141-2710661
www.aakritilabs.com
CIN NO.: U85195RJ2004PTC019563



Name : Mr. LOKESH KUMAR VERMA

Registration No: 39646

Age/Gender: 27 Y/Male

Registered : 20/Aug/2022 09:34AM

Patient ID : 012208200017

Analysed : 20/Aug/2022 10:45AM

BarcodeNo : 10057736

Reported : 20/Aug/2022 10:45AM

Referred By : Self

Panel : Medi Wheel (ArcoFemi
Healthcare Ltd)

USG: WHOLE ABDOMEN (Male)

LIVER : Is normal in size, shape and echogenecity.
The IHBR and hepatic radicals are not dilated.
No evidence of focal echopoor/echorich lesion seen.
Portal vein diameter and common bile duct appear normal.

GALL : Is normal in size, shape and echotexture. Walls are smooth and
BLADDER regular with normal thickness. There is no evidence of cholelithiasis.

PANCREAS : Is normal in size, shape and echotexture. Pancreatic duct is not dilated.

SPLEEN : Is normal in size, shape and echogenecity. Splenic hilum is not dilated.

KIDNEYS : Right Kidney:-Size: 104x37 mm, Left Kidney:-Size: 10x746 mm.
Bilateral Kidneys are normal in size, shape and echotexture,
corticomedullary differentiation is fair and ratio appears normal.
Pelvi calyceal system is normal. No evidence of hydronephrosis/ nephrolithiasis.

URINARY : Bladder walls are smooth, regular and normal thickness.

BLADDER : No evidence of mass or stone in bladder lumen.

PROSTATE : Is normal in size, shape and echotexture,
measures: 31x25x25 mm, wt: 10 gms.
Its capsule is intact and no evidence of focal lesion.


SPECIFIC : No evidence of retroperitoneal mass or free fluid seen in peritoneal cavity.
No evidence of lymphadenopathy or mass lesion in retroperitoneum.
Visualized bowel loop appear normal. Great vessels appear normal.

IMPRESSION :- NORMAL STUDY.

*** End Of Report ***

Page 1 of 1




Dr. Neera Mehta
M.B.B.S., D.M.R.D.
RMCNO.005807/14853



Name : Mr. LOKESH KUMAR VERMA
Age/Gender: 27 Y/Male
Patient ID : 012208200017
BarcodeNo : 10057736
Referred By : Self

Registration No: 39646
Registered : 20/Aug/2022 09:34AM
Analysed : 20/Aug/2022 11:48AM
Reported : 20/Aug/2022 11:48AM
Panel : Medi Wheel (ArcoFemi
Healthcare Ltd)

DIGITAL X-RAY CHEST PA VIEW

Soft tissue shadow and bony cages are normal.

Trachea is central.

Bilateral lung field and both CP angle are clear.

Domes of diaphragm are normally placed.


Transverse diameter of heart appears with normal limits.

IMPRESSION:- NO OBVIOUS ABNORMALITY DETECTED.

*** End Of Report ***

Page 1 of 1




Dr. Neera Mehta
M.B.B.S., D.M.R.D.
RMCNO.005807/14853