MC-5333

PATIENT NAME : NEELU TALWARIYA		**REF. DOCTOR :** SELF
CODE/NAME & ADDRESS : C000049066 SRL JAIPUR WELLNESS CORPORATE WALK IN AAKRITI LABS PVT LTD. A-430, AGRASEN MARG JAIPUR 302017 9314660100	ACCESSION NO : **0251WF001381** PATIENT ID : NEELF180691251 CLIENT PATIENT ID: 012306180009 ABHA NO :	AGE/SEX :32 Years Female DRAWN :18/06/2023 08:38:00 RECEIVED :18/06/2023 11:16:32 REPORTED :18/06/2023 15:43:54

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

HAEMATOLOGY - CBC

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

BLOOD COUNTS,EDTA WHOLE BLOOD

HEMOGLOBIN (HB) METHOD : CYANIDE FREE DETERMINATION	12.3	12.0 - 15.0	g/dL
RED BLOOD CELL (RBC) COUNT METHOD : ELECTRICAL IMPEDANCE	**5.36 High**	3.8 - 4.8	mil/µL
WHITE BLOOD CELL (WBC) COUNT METHOD : ELECTRICAL IMPEDANCE	6.30	4.0 - 10.0	thou/µL
PLATELET COUNT METHOD : ELECTRONIC IMPEDANCE	258	150 - 410	thou/µL

RBC AND PLATELET INDICES

HEMATOCRIT (PCV) METHOD : CALCULATED PARAMETER	36.5	36 - 46	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : CALCULATED PARAMETER	**68.0 Low**	83 - 101	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER	**22.9 Low**	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) METHOD : CALCULATED PARAMETER	33.6	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED PARAMETER	**17.2 High**	11.6 - 14.0	%
MENTZER INDEX	12.7		
MEAN PLATELET VOLUME (MPV) METHOD : CALCULATED PARAMETER	9.1	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

NEUTROPHILS METHOD : IMPEDANCE WITH HYDRO FOCUS AND MICROSCOPY	58	40 - 80	%
LYMPHOCYTES METHOD : IMPEDANCE WITH HYDRO FOCUS AND MICROSCOPY	35	20 - 40	%
MONOCYTES	05	2 - 10	%

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Patient Ref. No. 775000003597692

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METHOD : IMPEDANCE WITH HYDRO FOCUS AND MICROSCOPY EOSINOPHILS	02	1 - 6	%
METHOD : IMPEDANCE WITH HYDRO FOCUS AND MICROSCOPY BASOPHILS	00	0 - 2	%
METHOD : IMPEDANCE WITH HYDRO FOCUS AND MICROSCOPY ABSOLUTE NEUTROPHIL COUNT	3.65	2.0 - 7.0	thou/µL
METHOD : CALCULATED PARAMETER ABSOLUTE LYMPHOCYTE COUNT	2.20	1.0 - 3.0	thou/µL
METHOD : CALCULATED PARAMETER ABSOLUTE MONOCYTE COUNT	0.32	0.2 - 1.0	thou/µL
METHOD : CALCULATED PARAMETER ABSOLUTE EOSINOPHIL COUNT	0.13	0.02 - 0.50	thou/µL
METHOD : CALCULATED PARAMETER ABSOLUTE BASOPHIL COUNT	**0 Low**	0.02 - 0.10	thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.7		

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-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.

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HAEMATOLOGY

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD			
E.S.R	18	0 - 20	mm at 1 hr

METHOD : AUTOMATED (PHOTOMETRICAL CAPILLARY STOPPED FLOW KINETIC ANALYSIS)"

Interpretation(s)
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, Vasculities, 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: Polycythermia 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.

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IMMUNOHAEMATOLOGY

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

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

Interpretation(s)
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.

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BIOCHEMISTRY

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

GLUCOSE FASTING,FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR) METHOD : GLUCOSE OXIDASE	95	74 - 99	mg/dL

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C METHOD : HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC)	5.5	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 Therapeutic goals: < 7.0 Action suggested : > 8.0 (ADA Guideline 2021)	%
ESTIMATED AVERAGE GLUCOSE(EAG) METHOD : CALCULATED PARAMETER	111.2	< 116.0	mg/dL

GLUCOSE, POST-PRANDIAL, PLASMA RESULT PENDING

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	123	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
TRIGLYCERIDES	67	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/=500 Very High	mg/dL
HDL CHOLESTEROL	44	< 40 Low >/=60 High	mg/dL

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CHOLESTEROL LDL	66	< 100 Optimal 100 - 129 Near optimal/ above optimal 130 - 159 Borderline High 160 - 189 High >/= 190 Very High	mg/dL
NON HDL CHOLESTEROL	79	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN	13.4	</= 30.0	mg/dL
CHOL/HDL RATIO	**2.8 Low**	3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	1.5	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
LIVER FUNCTION PROFILE, SERUM			
BILIRUBIN, TOTAL	0.57	0 - 1	mg/dL
BILIRUBIN, DIRECT	0.20	0.00 - 0.25	mg/dL
BILIRUBIN, INDIRECT	0.37	0.1 - 1.0	mg/dL
TOTAL PROTEIN	7.1	6.4 - 8.2	g/dL
ALBUMIN	4.0	3.8 - 4.4	g/dL
GLOBULIN	3.1	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	1.3	1.0 - 2.1	RATIO
ASPARTATE AMINOTRANSFERASE(AST/SGOT)	22	0 - 31	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	**33 High**	0 - 31	U/L

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ALKALINE PHOSPHATASE	60	39 - 117	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	27	7 - 32	U/L
LACTATE DEHYDROGENASE	295	230 - 460	U/L
BLOOD UREA NITROGEN (BUN), SERUM			
BLOOD UREA NITROGEN	6	5.0 - 18.0	mg/dL
CREATININE, SERUM			
CREATININE	0.76	0.6 - 1.2	mg/dL
BUN/CREAT RATIO			
BUN/CREAT RATIO	7.89		
URIC ACID, SERUM			
URIC ACID	4.2	2.4 - 5.7	mg/dL
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	7.1	6.4 - 8.3	g/dL
ALBUMIN, SERUM			
ALBUMIN	4.0	3.8 - 4.4	g/dL
GLOBULIN			

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GLOBULIN	3.1	2.0 - 4.1	g/dL
ELECTROLYTES (NA/K/CL), SERUM			
SODIUM, SERUM	140.7	137 - 145	mmol/L
POTASSIUM, SERUM	4.15	3.6 - 5.0	mmol/L
CHLORIDE, SERUM	100.1	98 - 107	mmol/L

Interpretation(s)
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: 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.
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-**Used For**:

1. Evaluating the long-term control of blood glucose concentrations in diabetic patients.
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 :
1. 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.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
2.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
3. Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates addiction are reported to interfere with some assay methods,falsely increasing results.
4. Interference of hemoglobinopathies in HbA1c estimation is seen in

a) Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
b) Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
c) HbF > 25% on alternate paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy
LIVER FUNCTION PROFILE, SERUM-
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 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

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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, Pagets disease,Rickets,Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia,Malnutrition,Protein deficiency,Wilsons 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.

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,Waldenstroms 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 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

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, Muscuophy

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,Multiple Sclerosis

TOTAL PROTEIN, SERUM-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,Waldenstroms 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.

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Patient Ref. No. 775000003597692

MC-5333

PATIENT NAME : NEELU TALWARIYA		**REF. DOCTOR :** SELF
CODE/NAME & ADDRESS : C000049066 SRL JAIPUR WELLNESS CORPORATE WALK IN AAKRITI LABS PVT LTD. A-430, AGRASEN MARG JAIPUR 302017 9314660100	ACCESSION NO : **0251WF001381** PATIENT ID : NEELF180691251 CLIENT PATIENT ID: 012306180009 ABHA NO :	AGE/SEX :32 Years Female DRAWN :18/06/2023 08:38:00 RECEIVED :18/06/2023 11:16:32 REPORTED :18/06/2023 15:43:54

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

CLINICAL PATH - URINALYSIS

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

PHYSICAL EXAMINATION, URINE

COLOR	PALE YELLOW		
APPEARANCE	CLEAR		

CHEMICAL EXAMINATION, URINE

PH	5.5	4.7 - 7.5	
SPECIFIC GRAVITY	<=1.005	1.003 - 1.035	
PROTEIN	NOT DETECTED	NEGATIVE	
GLUCOSE	NOT DETECTED	NEGATIVE	
KETONES	NOT DETECTED	NOT DETECTED	
BLOOD	NOT DETECTED	NEGATIVE	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
NITRITE	NOT DETECTED	NOT DETECTED	
LEUKOCYTE ESTERASE	NOT DETECTED	NOT DETECTED	

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
PUS CELL (WBC'S)	2-3	0-5	/HPF
EPITHELIAL CELLS	1-2	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
YEAST	NOT DETECTED	NOT DETECTED	

Dr. Akansha Jain
Consultant Pathologist

View Details View Report

PERFORMED AT :
Agilus Diagnostics Ltd (Formerly SRL Ltd)
C/O Aakriti Labs Pvt Ltd, 3, Mahatma Gandhi Marg,Gandhi Nagar Mod, Tonk Road
Jaipur, 302015
Rajasthan, India

Patient Ref. No. 775000003597692

MC-5333

PATIENT NAME : NEELU TALWARIYA **REF. DOCTOR :** SELF

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Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

CYTOLOGY

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

PAPANICOLAOU SMEAR

TEST METHOD	SAMPLE NOT RECEIVED

Dr. Akansha Jain
Consultant Pathologist

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Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

CLINICAL PATH - STOOL ANALYSIS

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

PHYSICAL EXAMINATION,STOOL

COLOUR	SAMPLE NOT RECEIVED		

Dr. Abhishek Sharma
Consultant Microbiologist

View Details View Report

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Agilus Diagnostics Ltd (Formerly SRL Ltd)
C/O Aakriti Labs Pvt Ltd, 3, Mahatma Gandhi Marg,Gandhi Nagar Mod, Tonk Road
Jaipur, 302015
Rajasthan, India

Patient Ref. No. 775000003597692

MC-5333

PATIENT NAME : NEELU TALWARIYA	**REF. DOCTOR :** SELF	
CODE/NAME & ADDRESS : C000049066 SRL JAIPUR WELLNESS CORPORATE WALK IN AAKRITI LABS PVT LTD. A-430, AGRASEN MARG JAIPUR 302017 9314660100	ACCESSION NO : **0251WF001381** PATIENT ID : NEELF180691251 CLIENT PATIENT ID: 012306180009 ABHA NO :	AGE/SEX :32 Years Female DRAWN :18/06/2023 08:38:00 RECEIVED :18/06/2023 11:16:32 REPORTED :18/06/2023 15:43:54

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

SPECIALISED CHEMISTRY - HORMONE

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

THYROID PANEL, SERUM

T3	78.34	60.0 - 181.0	ng/dL
T4	6.60	4.5 - 10.9	µg/dL
TSH (ULTRASENSITIVE)	2.631	0.550 - 4.780	µIU/mL

****End Of Report****
Please visit www.agilusdiagnostics.com for related Test Information for this accession

Dr. Akansha Jain
Consultant Pathologist

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Jaipur, 302015
Rajasthan, India

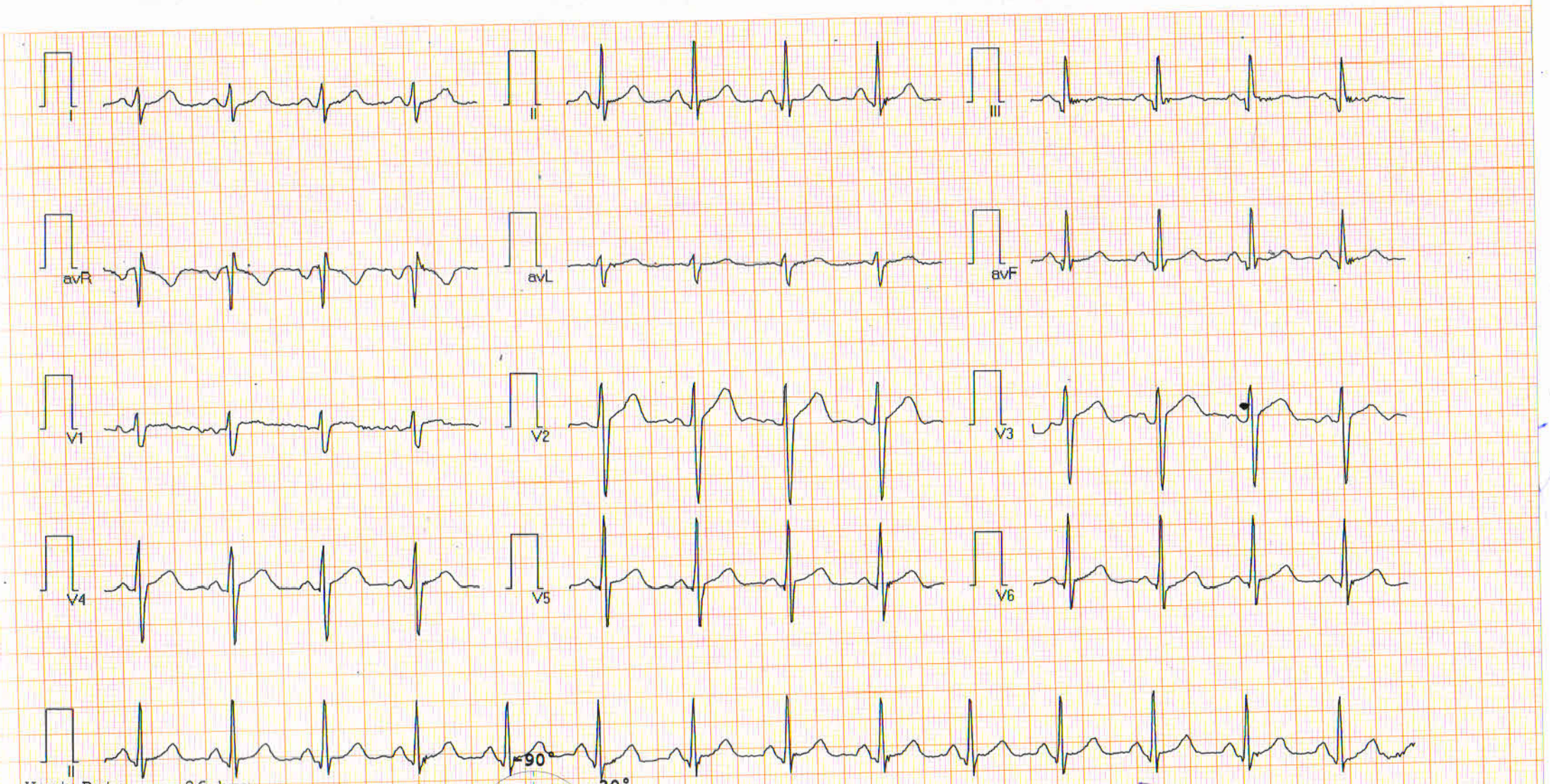
Patient Ref. No. 775000003597692

Aakriti Labs

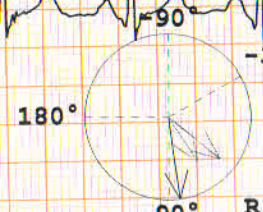
ECG

56362 / MS NEELU TALWARIYA / 32 Yrs / F/ Non Smoker

Heart Rate : 86 bpm / Tested On : 18-Jun-23 09.18.42 /.HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1:00 Cm/mV / Sw 25 mm/s / Refd By.: MEDIWHEEL



Vent Rate : 86 bpm
PR Interval : 140 ms
QRS Duration: 86 ms
QT/QTc Int : 372/418 ms
P-QRS-T axis: 57.00• 82.00• 39.00•



Axis R 82.00° T 39.00° P 57.00°

Dr. NITIZ GOYAL
M.B.B.S., M.D.
RMC - 023319

Reported By:DR NITIZ GOYAL

Allengers ECG (Pisces)(PIS218210312)

wellness partner

Aakriti Labs

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

PATIENT NAME: MRS NEELU TALWARIYA	AGE & SEX: 32Y/ Female
REF. BY : MEDWHEEL HEALTH PKG	DATE: 18/0602023

USG: WHOLE ABDOMEN (Female)

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 normal in size

GALL BLADDER : Is normal in size,shape and echotexture.Walls are smooth and 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.Spleenic hilum is not dilated.

KIDNEYS : Right Kidney:-Size: 111 x 33 mm, Left Kidney:-Size: 116 x 41 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 : Bladder walls are smooth,regular and normal thickness.
: No evidence of mass or stone in bladder lumen.

UTERUS : Uterus is anteverted with normal in size shape & echotexture.
Uterine muscular shadows normal echopattern.
Endometrium is normal and centrally placed with size: 9 mm.
No evidence of mass lesion is seen. Size of uterus: 89 x 48 x 37 mm.

ADNEXA : Both the ovaries are normal in size shape and echotexture.
No mass lesion/ polycystic ovarian cyst is seen.

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: Ultra Sonography findings are suggestive of: NORMAL STUDY.

DR NEERA MEHTA
MBBS, DMRD
RMCNO.005807/14853

wellness partner

Aakriti Labs

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

NAME	MRS NEELU TALWARIYA	AGE	32 YRS	SEX	FEMALE
REF BY	MEDI WHEEL	DATE	18/06/2023	REG NO	

ECHOCARDIOGRAM REPORT

WINDOW- POOR/ADEQUATE/GOODVALVE

MITRAL	NORMAL	TRICUSPID	NORMAL
AORTIC	NORMAL	PULMONARY	NORMAL

2D/M-MOD

IVSD mm	9.1	IVSS mm	14.9	AORTA mm	25.0
LVID mm	50.1	LVIS mm	31.5	LA mm	28.1
LVPWD mm	9.8	LVPWS mm	13.9	EF%	60%

CHAMBERS

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM	NORMAL		

DOPPLER STUDY MITRAL

PEAK VELOCITY m/s E/A	0.73/0.85	PEAK GRADIANT MmHg	
MEAN VELOCITY m/s		MEAN GRADIANT MmHg	
MVA cm2 (PLANITMETERY)		MVA cm2 (PHT)	
MR			

AORTIC

PEAK VELOCITY m/s	1.67	PEAK GRADIANT MmHg	
MEAN VELOCITY m/s		MEAN GRADIANT MmHg	
AR			

TRICUSPID

PEAK VELOCITY m/s	0.60	PEAK GRADIANT MmHg	
MEAN VELOCITY m/s		MEAN GRADIANT MmHg	
TR		PASP mmHg	

PULMONARY

PEAK VELOCITY m/s	1.48	PEAK GRADIANT MmHg	
MEAN VELOCITY m/s		MEAN GRADIANT MmHg	
PR		RVEDP mmHg	

IMPRESSION

- LV DIASTOLIC DYSFUNCTION GRADE -1
- NORMAL LV SYSTOLIC FUNCTION
- NO RWMA LVEF 60%
- NORMAL RV FUNCTION
- NORMAL CHAMBER DIMENSIONS
- NORMAL VALVULAR ECHO
- INTACT IAS / IVS
- NO THROMBUS, NO VEGETATION, NORMAL PERICARDIUM.
- IVC NORMAL

CONCLUSION : DIASTOLIC DYSFUNCTION, FAIR LV FUNCTION.

Cardiologist

wellness partner

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CIN NO.: U85195RJ2004PTC019563

(4)

NAME Neeru 51

Mob - 9535558530

Age - 32

PATIENT CHECK

LW { 6/31
6/36

AR. { 1.50/-1.00 X 10
-1.00/-1.00 X 160

Ref { 5/-1.00 X 0.50 X 10
5/-0.75/0.50 X 160

Colour { normal (BE)
normal

Phys. { Unremarkable (BE)

Dr

Aakriti Labs

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Tonk Road, Jaipur (Raj.) Ph.: 0141-2710661
www.aakritilabs.com
CIN NO.: U85195RJ2004PTC019563

Name	: **Ms. NEELU TALWARIYA**	Registration No:	60130
Age/Gender:	32 Y/Female	Registered	: 18/Jun/2023 08:38AM
Patient ID	: 012306180009	Analysed	: 18/Jun/2023 12:25PM
BarcodeNo	: 10089150	Reported	: 18/Jun/2023 12:25PM
Referred By	: Self	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 ***

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

Aakriti Labs

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

Name	: **Ms. NEELU TALWARIYA**	Registration No:	60130
Age/Gender:	32 Y/Female	Registered	: 18/Jun/2023 08:38AM
Patient ID	: 012306180009	Analysed	: 18/Jun/2023 12:25PM
BarcodeNo	: 10089150	Reported	: 18/Jun/2023 12:25PM
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*** End Of Report ***

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