

PATIENT NAME : ALKA PANDEY

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138382

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156

ACCESSION NO : 0075WC002550

PATIENT ID : ALKAF24078575

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 37 Years Female

DRAWN : 25/03/2023 09:43:15

RECEIVED : 25/03/2023 09:45:09

REPORTED : 28/03/2023 11:36:16

Test Report Status **Final**

Results

Biological Reference Interval Units

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE**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 NORMAL

METHOD : MICROSCOPIC EXAMINATION

ECG

ECG WITHIN NORMAL LIMITS

MEDICAL HISTORY

RELEVANT PRESENT HISTORY C/O GASTRITIS
 RELEVANT PAST HISTORY S/P LAPROSCOPIC CHOLESCYSTECTOMY
 RELEVANT PERSONAL HISTORY NOT SIGNIFICANT
 RELEVANT FAMILY HISTORY NOT SIGNIFICANT
 OCCUPATIONAL HISTORY NOT SIGNIFICANT
 HISTORY OF MEDICATIONS NOT SIGNIFICANT

ANTHROPOMETRIC DATA & BMI

HEIGHT IN METERS 1.63 mts
 WEIGHT IN KGS. 75 Kgs
 BMI 28 kg/sqmts
 BMI & Weight Status as follows:
 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 HEALTHY
 BUILT / SKELETAL FRAMEWORK AVERAGE
 FACIAL APPEARANCE NORMAL



Dr. Anamika Pal
Lab Head

Page 1 Of 19



View Details



View Report

PERFORMED AT :

SRL Ltd
7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM BROOKFIELD MAIN ROAD, KUNDALAHALLI
BANGALORE, 560037
KARNATAKA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : wellness.itpl@srl.in



Patient Ref. No. 775000002711603

PATIENT NAME : ALKA PANDEY

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138382

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156

ACCESSION NO : 0075WC002550

PATIENT ID : ALKAF24078575

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 37 Years Female

DRAWN : 25/03/2023 09:43:15

RECEIVED : 25/03/2023 09:45:09

REPORTED : 28/03/2023 11:36:16

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

SKIN	NORMAL		
UPPER LIMB	NORMAL		
LOWER LIMB	NORMAL		
NECK	NORMAL		
NECK LYMPHATICS / SALIVARY GLANDS	NOT ENLARGED OR TENDER		
THYROID GLAND	NOT ENLARGED		
CAROTID PULSATION	NORMAL		
BREAST (FOR FEMALES)	NORMAL		
TEMPERATURE	NORMAL		
PULSE	REGULAR, ALL PERIPHERAL PULSES WELL FELT		
RESPIRATORY RATE	NORMAL		

CARDIOVASCULAR SYSTEM

BP	100/70		mm/Hg
PERICARDIUM	NORMAL		

BASIC EYE EXAMINATION

DISTANT VISION RIGHT EYE WITH GLASSES	NORMAL
DISTANT VISION LEFT EYE WITH GLASSES	NORMAL
NEAR VISION RIGHT EYE WITH GLASSES	NORMAL
NEAR VISION LEFT EYE WITH GLASSES	NORMAL
COLOUR VISION	NORMAL

BASIC DENTAL EXAMINATION

TEETH	CARIES
GUMS	HEALTHY

SUMMARY

RELEVANT HISTORY	NOT SIGNIFICANT
RELEVANT GP EXAMINATION FINDINGS	NOT SIGNIFICANT
RELEVANT LAB INVESTIGATIONS	ADVICE FOR 2D ECHO
RELEVANT NON PATHOLOGY DIAGNOSTICS	NO ABNORMALITIES DETECTED
REMARKS / RECOMMENDATIONS	NONE

FITNESS STATUS

FITNESS STATUS	FIT (AS PER REQUESTED PANEL OF TESTS)
----------------	---------------------------------------



Dr. Anamika Pal
Lab Head

Page 2 Of 19



View Details



View Report

PERFORMED AT :

SRL Ltd
7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM BROOKFIELD MAIN ROAD, KUNDALAHALLI
BANGALORE, 560037
KARNATAKA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : wellness.itpl@srl.in



Patient Ref. No. 775000002711603

PATIENT NAME : ALKA PANDEY

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138382

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHINEW DELHI 110030
8800465156ACCESSION NO : **0075WC002550**

PATIENT ID : ALKAF24078575

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 37 Years Female

DRAWN : 25/03/2023 09:43:15

RECEIVED : 25/03/2023 09:45:09

REPORTED : 28/03/2023 11:36:16

Test Report Status **Final**

Results

Biological Reference Interval Units

Comments

*NOTE: NON PATHOLOGY TESTS ARE REVIEWED BY
Consultant Physician: Dr.RITESH RAJ MBBS,CCEBDM
Radiologist : Dr.THILAK BABU
Dental Doctor:Dr Ashish sinha BDS,



Dr. Anamika Pal
Lab Head

Page 3 Of 19



View Details



View Report

PERFORMED AT :

SRL Ltd
7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM BROOKEFIELD MAIN ROAD, KUNDALAHALLI
BANGALORE, 560037
KARNATAKA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : wellness.itpl@srl.in

Patient Ref. No. **775000002711603**

PATIENT NAME : ALKA PANDEY

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138382

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156

ACCESSION NO : 0075WC002550

PATIENT ID : ALKAF24078575

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 37 Years Female

DRAWN : 25/03/2023 09:43:15

RECEIVED : 25/03/2023 09:45:09

REPORTED : 28/03/2023 11:36:16

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

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

ULTRASOUND ABDOMEN

ULTRASOUND ABDOMEN

SAMPLE NOT RECEIVED

Interpretation(s)

MEDICAL

HISTORY_*****
THIS REPORT CARRIES THE SIGNATURE OF OUR LABORATORY DIRECTOR. THIS IS AN INVIOABLE FEATURE OF OUR LAB MANAGEMENT SOFTWARE. HOWEVER, ALL EXAMINATIONS AND INVESTIGATIONS HAVE BEEN CONDUCTED BY OUR PANEL OF DOCTORS.

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

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

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



Dr. Anamika Pal
Lab Head



View Details



View Report

PERFORMED AT :

SRL Ltd
7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM BROOKEFIELD MAIN ROAD, KUNDALAHALLI
BANGALORE, 560037
KARNATAKA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : wellness.itpl@srl.in



Patient Ref. No. 775000002711603

PATIENT NAME : ALKA PANDEY

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138382

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHINEW DELHI 110030
8800465156

ACCESSION NO : 0075WC002550

PATIENT ID : ALKAF24078575

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 37 Years Female

DRAWN : 25/03/2023 09:43:15

RECEIVED : 25/03/2023 09:45:09

REPORTED : 28/03/2023 11:36:16

Test Report Status **Final**

Results

Biological Reference Interval Units

HAEMATOLOGY - CBC

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

BLOOD COUNTS, EDTA WHOLE BLOOD

Parameter	Result	Reference Interval	Units
HEMOGLOBIN (HB)	12.7	12.0 - 15.0	g/dL
RED BLOOD CELL (RBC) COUNT	4.80	3.8 - 4.8	mil/ μ L
WHITE BLOOD CELL (WBC) COUNT	8.40	4.0 - 10.0	thou/ μ L
PLATELET COUNT	239	150 - 410	thou/ μ L

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	39.2	36 - 46	%
MEAN CORPUSCULAR VOLUME (MCV)	85	83 - 101	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	28.5	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC)	32.2	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW)	14.0	11.6 - 14.0	%
MENTZER INDEX	17.7		
MEAN PLATELET VOLUME (MPV)	9.9	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

NEUTROPHILS	63	40 - 80	%
LYMPHOCYTES	29	20 - 40	%
MONOCYTES	4	2 - 10	%
EOSINOPHILS	3	1 - 6	%
BASOPHILS	1	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	5.29	2.0 - 7.0	thou/ μ L
ABSOLUTE LYMPHOCYTE COUNT	2.44	1.0 - 3.0	thou/ μ L
ABSOLUTE MONOCYTE COUNT	0.34	0.2 - 1.0	thou/ μ L
ABSOLUTE EOSINOPHIL COUNT	0.25	0.02 - 0.50	thou/ μ L
ABSOLUTE BASOPHIL COUNT	0.08	0.02 - 0.10	thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	2.2		

MORPHOLOGY

RBC	NORMOCYTIC NORMOCHROMIC
WBC	NORMAL IN COUNT, MORPHOLOGY AND DISTRIBUTION
PLATELETS	ADEQUATE NO HEMOPARASITES SEEN


Dr. Anamika Pal
Lab Head

Page 5 Of 19



View Details



View Report

PERFORMED AT :

SRL Ltd
7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM BROOKFIELD MAIN ROAD, KUNDALAHALLI
BANGALORE, 560037
KARNATAKA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : wellness.itpl@srl.in



Patient Ref. No. 775000002711603

PATIENT NAME : ALKA PANDEY

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138382

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156

ACCESSION NO : 0075WC002550

PATIENT ID : ALKAF24078575

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 37 Years Female

DRAWN : 25/03/2023 09:43:15

RECEIVED : 25/03/2023 09:45:09

REPORTED : 28/03/2023 11:36:16

Test Report Status **Final**

Results

Biological Reference Interval Units

IMPRESSION

NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

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.



Dr. Anamika Pal
Lab Head

Page 6 Of 19



View Details



View Report

PERFORMED AT :

SRL Ltd
7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM BROOKFIELD MAIN ROAD, KUNDALAHALLI
BANGALORE, 560037
KARNATAKA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : wellness.itpl@srl.in



Patient Ref. No. 775000002711603

PATIENT NAME : ALKA PANDEY

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138382

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)

F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI

NEW DELHI 110030

8800465156

ACCESSION NO : 0075WC002550

PATIENT ID : ALKAF24078575

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 37 Years Female

DRAWN : 25/03/2023 09:43:15

RECEIVED : 25/03/2023 09:45:09

REPORTED : 28/03/2023 11:36:16

Test Report Status **Final**

Results

Biological Reference Interval Units

HAEMATOLOGY

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

E.S.R 06 0 - 20 mm at 1 hr

METHOD : MODIFIED WESTERGEN

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, 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.



Dr. Anamika Pal
Lab Head

Page 7 Of 19



View Details



View Report

PERFORMED AT :

SRL Ltd

7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM BROOKFIELD MAIN ROAD, KUNDALAHALLI

BANGALORE, 560037

KARNATAKA, INDIA

Tel : 9111591115, Fax :

CIN - U74899PB1995PLC045956

Email : wellness.itpl@srl.in



Patient Ref. No. 775000002711603

PATIENT NAME : ALKA PANDEY

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138382

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)

F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI

NEW DELHI 110030

8800465156

ACCESSION NO : **0075WC002550**

PATIENT ID : ALKAF24078575

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 37 Years Female

DRAWN : 25/03/2023 09:43:15

RECEIVED : 25/03/2023 09:45:09

REPORTED : 28/03/2023 11:36:16

Test Report Status **Final**

Results

Biological Reference Interval Units

IMMUNOHAEMATOLOGY

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE**ABO GROUP & RH TYPE, EDTA WHOLE BLOOD**

ABO GROUP

TYPE B

RH TYPE

POSITIVE

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.


Dr. Anamika Pal
Lab Head

Page 8 Of 19



View Details



View Report

PERFORMED AT :

SRL Ltd

7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM BROOKFIELD MAIN ROAD, KUNDALAHALLI

BANGALORE, 560037

KARNATAKA, INDIA

Tel : 9111591115, Fax :

CIN - U74899PB1995PLC045956

Email : wellness.itpl@srl.in



Patient Ref. No. 775000002711603

PATIENT NAME : ALKA PANDEY

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138382

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156

ACCESSION NO : 0075WC002550

PATIENT ID : ALKAF24078575

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 37 Years Female

DRAWN : 25/03/2023 09:43:15

RECEIVED : 25/03/2023 09:45:09

REPORTED : 28/03/2023 11:36:16

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

BIOCHEMISTRY

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

GLUCOSE FASTING,FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR)	95	74 - 99	mg/dL
---------------------------	----	---------	-------

METHOD : SPECTROPHOTOMETRY HEXOKINASE

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	5.7	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 ADA Target: 7.0 Action suggested: > 8.0	%
-------	-----	--	---

METHOD : PARTICLE-ENHANCED TURBIDIMETRIC INHIBITION IMMUNOASSAY(PETINIA)

ESTIMATED AVERAGE GLUCOSE(EAG)	116.9 High	< 116.0	mg/dL
--------------------------------	-------------------	---------	-------

METHOD : PARTICLE-ENHANCED TURBIDIMETRIC INHIBITION IMMUNOASSAY(PETINIA)

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)	128	70 - 139	mg/dL
---------------------------------	-----	----------	-------

METHOD : SPECTROPHOTOMETRY HEXOKINASE

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	180	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
--------------------	-----	--	-------

METHOD : SPECTROPHOTOMETRY,CHOLESTEROL OXIDASE ESTERASE PEROXIDASE

TRIGLYCERIDES	80	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/=500 Very High	mg/dL
---------------	----	---	-------

METHOD : LIPOPROTEIN LIPASE (LPL), GLYCEROL KINASE (GK)

HDL CHOLESTEROL	47	< 40 Low >/=60 High	mg/dL
-----------------	----	------------------------	-------

METHOD : DIRECT HDL, PEGME

CHOLESTEROL LDL	117 High	< 100 Optimal 100 - 129 Near optimal/ above optimal 130 - 159 Borderline High 160 - 189 High >/= 190 Very High	mg/dL
-----------------	-----------------	--	-------

Dr. Anamika Pal
Lab Head



View Details



View Report

PERFORMED AT :

SRL Ltd
7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM BROOKEFIELD MAIN ROAD, KUNDALAHALLI
BANGALORE, 560037
KARNATAKA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : wellness.itpl@srl.in



Patient Ref. No. 775000002711603

PATIENT NAME : ALKA PANDEY

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138382

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156

ACCESSION NO : 0075WC002550

PATIENT ID : ALKAF24078575

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 37 Years Female

DRAWN : 25/03/2023 09:43:15

RECEIVED : 25/03/2023 09:45:09

REPORTED : 28/03/2023 11:36:16

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

METHOD : DIRECT ENZYME CLEARANCE

NON HDL CHOLESTEROL

133 High

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

METHOD : CALCULATED PARAMETER

**VERY LOW DENSITY LIPOPROTEIN
CHOL/HDL RATIO**

16.0
3.8

</= 30.0 mg/dL
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

2.5

0.5 - 3.0 Desirable/Low Risk
3.1 - 6.0 Borderline/Moderate
Risk
>6.0 High Risk

Interpretation(s)

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL

0.40

0.2 - 1.0

mg/dL

METHOD : SPECTROPHOTOMETRY

BILIRUBIN, DIRECT

0.10

0.0 - 0.2

mg/dL

METHOD : SPECTROPHOTOMETRY

BILIRUBIN, INDIRECT

0.30

0.1 - 1.0

mg/dL

METHOD : CALCULATED PARAMETER

TOTAL PROTEIN

6.9

6.4 - 8.2

g/dL

METHOD : SPECTROPHOTOMETRY, MODIFIED BIURET

ALBUMIN

3.7

3.4 - 5.0

g/dL

METHOD : SPECTROPHOTOMETRIC - BROMOCRESOL GREEN (BCG)

GLOBULIN

3.2

2.0 - 4.1

g/dL

METHOD : CALCULATED PARAMETER

ALBUMIN/GLOBULIN RATIO

1.2

1.0 - 2.1

RATIO

METHOD : CALCULATED PARAMETER



Dr. Anamika Pal
Lab Head



View Details



View Report

PERFORMED AT :

SRL Ltd
7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM BROOKFIELD MAIN ROAD, KUNDALAHALLI
BANGALORE, 560037
KARNATAKA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : wellness.itpl@srl.in



Patient Ref. No. 775000002711603

PATIENT NAME : ALKA PANDEY

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138382

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156

ACCESSION NO : 0075WC002550

PATIENT ID : ALKAF24078575

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 37 Years Female

DRAWN : 25/03/2023 09:43:15

RECEIVED : 25/03/2023 09:45:09

REPORTED : 28/03/2023 11:36:16

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

ASPARTATE AMINOTRANSFERASE
(AST/SGOT)

19

15 - 37

U/L

METHOD : SPECTROPHOTOMETRY, UV WITH PYRIDOXAL -5-PHOSPHATE

ALANINE AMINOTRANSFERASE (ALT/SGPT)

23

< 34.0

U/L

METHOD : SPECTROPHOTOMETRY, UV WITH PYRIDOXAL -5-PHOSPHATE

ALKALINE PHOSPHATASE

79

30 - 120

U/L

METHOD : SPECTROPHOTOMETRY

GAMMA GLUTAMYL TRANSFERASE (GGT)

17

5 - 55

U/L

METHOD : SPECTROPHOTOMETRY, G-GLUTAMYL-CARBOXY-NITRONILIDE

LACTATE DEHYDROGENASE

169

100 - 190

U/L

METHOD : SPECTROPHOTOMETRY

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN

7

6 - 20

mg/dL

CREATININE, SERUM

CREATININE

0.65

0.60 - 1.10

mg/dL

METHOD : SPECTROPHOTOMETRIC, JAFFE'S KINETICS

BUN/CREAT RATIO

BUN/CREAT RATIO

10.77

5.00 - 15.00

URIC ACID, SERUM

URIC ACID

4.1

2.6 - 6.0

mg/dL

METHOD : SPECTROPHOTOMETRY

TOTAL PROTEIN, SERUM

TOTAL PROTEIN

6.9

6.4 - 8.2

g/dL

METHOD : SPECTROPHOTOMETRY, MODIFIED BIURET

ALBUMIN, SERUM

ALBUMIN

3.7

3.4 - 5.0

g/dL

METHOD : SPECTROPHOTOMETRIC - BROMOCRESOL GREEN (BCG)

GLOBULIN

GLOBULIN

3.2

2.0 - 4.1

g/dL

METHOD : CALCULATED PARAMETER

ELECTROLYTES (NA/K/CL), SERUM

SODIUM, SERUM

138.4

137 - 145

mmol/L

POTASSIUM, SERUM

4.52

3.6 - 5.0

mmol/L

CHLORIDE, SERUM

108.5 High

98 - 107

mmol/L

Interpretation(s)


Dr. Anamika Pal
Lab Head

Page 11 Of 19



View Details



View Report

PERFORMED AT :

SRL Ltd
7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM BROOKFIELD MAIN ROAD, KUNDALAHALLI
BANGALORE, 560037
KARNATAKA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : wellness.itpl@srl.in



Patient Ref. No. 775000002711603

PATIENT NAME : ALKA PANDEY

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138382

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156

ACCESSION NO : 0075WC002550

PATIENT ID : ALKAF24078575

CLIENT PATIENT ID :

ABHA NO :

AGE/SEX : 37 Years Female

DRAWN : 25/03/2023 09:43:15

RECEIVED : 25/03/2023 09:45:09

REPORTED : 28/03/2023 11:36:16

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

Sodium	Potassium	Chloride
Decreased in: CCF, cirrhosis, vomiting, diarrhea, excessive sweating, salt-losing nephropathy, adrenal insufficiency, nephrotic syndrome, water intoxication, SIADH. Drugs: thiazides, diuretics, ACE inhibitors, chlorpropamide, carbamazepine, anti depressants (SSRI), antipsychotics.	Decreased in: Low potassium intake, prolonged vomiting or diarrhea, RTA types I and II, hyperaldosteronism, Cushing's syndrome, osmotic diuresis (e.g., hyperglycemia), alkalosis, familial periodic paralysis, trauma (transient). Drugs: Adrenergic agents, diuretics.	Decreased in: Vomiting, diarrhea, renal failure combined with salt deprivation, over-treatment with diuretics, chronic respiratory acidosis, diabetic ketoacidosis, excessive sweating, SIADH, salt-losing nephropathy, porphyria, expansion of extracellular fluid volume, adrenal insufficiency, hyperaldosteronism, metabolic alkalosis. Drugs: chronic laxative, corticosteroids, diuretics.
Increased in: Dehydration (excessive sweating, severe vomiting or diarrhea), diabetes mellitus, diabetes insipidus, hyperaldosteronism, inadequate water intake. Drugs: steroids, licorice, oral contraceptives.	Increased in: Massive hemolysis, severe tissue damage, rhabdomyolysis, acidosis, dehydration, renal failure, Addison's disease, RTA type IV, hyperkalemic familial periodic paralysis. Drugs: potassium salts, potassium-sparing diuretics, NSAIDs, beta-blockers, ACE inhibitors, high-dose trimethoprim-sulfamethoxazole.	Increased in: Renal failure, nephrotic syndrome, RTA, dehydration, overtreatment with saline, hyperparathyroidism, diabetes insipidus, metabolic acidosis from diarrhea (Loss of HCO ₃ -), respiratory alkalosis, hyperadrenocorticism. Drugs: acetazolamide, androgens, hydrochlorothiazide, salicylates.
Interferences: Severe lipemia or hyperproteinemia, if sodium analysis involves a dilution step can cause spurious results. The serum sodium falls about 1.6 mEq/L for each 100 mg/dL increase in blood glucose.	Interferences: Hemolysis of sample, delayed separation of serum, prolonged fist clenching during blood drawing, and prolonged tourniquet placement. Very high WBC/PLT counts may cause spurious. Plasma potassium levels are normal.	Interferences: Test is helpful in assessing normal and increased anion gap metabolic acidosis and in distinguishing hypercalcemia due to hyperparathyroidism (high serum chloride) from that due to malignancy (Normal serum chloride)

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 so that 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; sulfonlureas, 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 Glycosuria, 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 patient's metabolic control has remained continuously within the target range.

1.eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.

Dr. Anamika Pal
Lab Head



View Details



View Report

PERFORMED AT :

SRL Ltd
7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM BROOKFIELD MAIN ROAD, KUNDALAHALLI
BANGALORE, 560037
KARNATAKA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : wellness.itpl@srl.in



Patient Ref. No. 775000002711603

PATIENT NAME : ALKA PANDEY

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138382

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156

ACCESSION NO : 0075WC002550

PATIENT ID : ALKAF24078575

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 37 Years Female

DRAWN : 25/03/2023 09:43:15

RECEIVED : 25/03/2023 09:45:09

REPORTED : 28/03/2023 11:36:16

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

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. Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
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. Hypertriglyceridemia, uremia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiates addition are reported to interfere with some assay methods, falsely increasing results.
IV. 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 platform (Boronate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy
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 Glycosuria, 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 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 are 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, hemodialysis, 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
- 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, Multiple Sclerosis

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



Dr. Anamika Pal
Lab Head



View Details



View Report

PERFORMED AT :

SRL Ltd
7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM BROOKFIELD MAIN ROAD, KUNDALAHALLI
BANGALORE, 560037
KARNATAKA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : wellness.itpl@srl.in



Patient Ref. No. 77500002711603

PATIENT NAME : ALKA PANDEY

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138382

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHINEW DELHI 110030
8800465156ACCESSION NO : **0075WC002550**

PATIENT ID : ALKAF24078575

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 37 Years Female

DRAWN : 25/03/2023 09:43:15

RECEIVED : 25/03/2023 09:45:09

REPORTED : 28/03/2023 11:36:16

Test Report Status **Final**

Results

Biological Reference Interval Units

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.



Dr. Anamika Pal
Lab Head

Page 14 Of 19



View Details



View Report

PERFORMED AT :

SRL Ltd
7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM BROOKFIELD MAIN ROAD, KUNDALAHALLI
BANGALORE, 560037
KARNATAKA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : wellness.itpl@srl.in

Patient Ref. No. **775000002711603**

PATIENT NAME : ALKA PANDEY

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138382

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156

ACCESSION NO : 0075WC002550

PATIENT ID : ALKAF24078575

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 37 Years Female

DRAWN : 25/03/2023 09:43:15

RECEIVED : 25/03/2023 09:45:09

REPORTED : 28/03/2023 11:36:16

Test Report Status	Final	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	5.0	4.7 - 7.5	
SPECIFIC GRAVITY	1.020	1.003 - 1.035	
PROTEIN	NOT DETECTED	NOT DETECTED	
GLUCOSE	NOT DETECTED	NOT DETECTED	
KETONES	NOT DETECTED	NOT DETECTED	
BLOOD	NOT DETECTED	NOT DETECTED	
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)	1-2	0-5	/HPF
EPITHELIAL CELLS	2-3	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
YEAST	NOT DETECTED	NOT DETECTED	

Interpretation(s)



Dr. Anamika Pal
Lab Head



View Details



View Report

PERFORMED AT :

SRL Ltd
7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM BROOKFIELD MAIN ROAD, KUNDALAHALLI
BANGALORE, 560037
KARNATAKA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : wellness.itpl@srl.in



Patient Ref. No. 775000002711603

PATIENT NAME : ALKA PANDEY

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138382

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156

ACCESSION NO : 0075WC002550

PATIENT ID : ALKAF24078575

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 37 Years Female

DRAWN : 25/03/2023 09:43:15

RECEIVED : 25/03/2023 09:45:09

REPORTED : 28/03/2023 11:36:16

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

CLINICAL PATH - STOOL ANALYSIS

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

PHYSICAL EXAMINATION,STOOL

COLOUR	BROWN	
CONSISTENCY	SEMI FORMED	
MUCUS	NOT DETECTED	NOT DETECTED
VISIBLE BLOOD	ABSENT	ABSENT
ADULT PARASITE	NOT DETECTED	

CHEMICAL EXAMINATION,STOOL

STOOL PH	ALKALINE	
OCCULT BLOOD	NOT DETECTED	NOT DETECTED

MICROSCOPIC EXAMINATION,STOOL

PUS CELLS	0-1		/hpf
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
CYSTS	NOT DETECTED	NOT DETECTED	
OVA	NOT DETECTED		
LARVAE	NOT DETECTED	NOT DETECTED	
TROPHOZOITES	NOT DETECTED	NOT DETECTED	
FAT	ABSENT		
VEGETABLE CELLS	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		

Interpretation(s)



Dr. Anamika Pal
Lab Head



View Details



View Report

PERFORMED AT :

SRL Ltd
7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM BROOKEFIELD MAIN ROAD, KUNDALAHALLI
BANGALORE, 560037
KARNATAKA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : wellness.itpl@srl.in



Patient Ref. No. 775000002711603

PATIENT NAME : ALKA PANDEY

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138382

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)

F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI

NEW DELHI 110030

8800465156

ACCESSION NO : 0075WC002550

PATIENT ID : ALKAF24078575

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 37 Years Female

DRAWN : 25/03/2023 09:43:15

RECEIVED : 25/03/2023 09:45:09

REPORTED : 28/03/2023 11:36:16

Test Report Status **Final**

Results

Biological Reference Interval Units

CONDITIONS OF LABORATORY TESTING & REPORTING

1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
2. All tests are performed and reported as per the turnaround time stated in the SRL Directory of Services.
3. Result delays could occur due to unforeseen circumstances such as non-availability of kits / equipment breakdown / natural calamities / technical downtime or any other unforeseen event.
4. A requested test might not be performed if:
 - i. Specimen received is insufficient or inappropriate
 - ii. Specimen quality is unsatisfactory
 - iii. Incorrect specimen type
 - iv. Discrepancy between identification on specimen container label and test requisition form
5. SRL confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
6. Laboratory results should not be interpreted in isolation; it must be correlated with clinical information and be interpreted by registered medical practitioners only to determine final diagnosis.
7. Test results may vary based on time of collection, physiological condition of the patient, current medication or nutritional and dietary changes. Please consult your doctor or call us for any clarification.
8. Test results cannot be used for Medico legal purposes.
9. In case of queries please call customer care (91115 91115) within 48 hours of the report.

SRL LimitedFortis Hospital, Sector 62, Phase VIII,
Mohali 160062

Dr. Anamika Pal
Lab Head

Page 17 Of 19



View Details



View Report

PERFORMED AT :

SRL Ltd
7/3, SRINARAYANI ARCADE 1ST FLOOR, ABOVE BATA SHOWROOM BROOKFIELD MAIN ROAD, KUNDALAHALLI
BANGALORE, 560037
KARNATAKA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : wellness.itpl@srl.in



Patient Ref. No. 775000002711603

PATIENT NAME : ALKA PANDEY

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138382

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156

ACCESSION NO : 0075WC002550

PATIENT ID : ALKAF24078575

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 37 Years Female

DRAWN : 25/03/2023 09:43:15

RECEIVED : 25/03/2023 09:45:09

REPORTED : 28/03/2023 11:36:16

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

SPECIALISED CHEMISTRY - HORMONE

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

THYROID PANEL, SERUM

T3	124.0	Non-Pregnant Women 80.0 - 200.0 Pregnant Women 1st Trimester:105.0 - 230.0 2nd Trimester:129.0 - 262.0 3rd Trimester:135.0 - 262.0	ng/dL
T4	9.50	Non-Pregnant Women 5.10 - 14.10 Pregnant Women 1st Trimester: 7.33 - 14.80 2nd Trimester: 7.93 - 16.10 3rd Trimester: 6.95 - 15.70	µg/dL
TSH (ULTRASENSITIVE)	1.870	Non Pregnant Women 0.27 - 4.20 Pregnant Women 1st Trimester: 0.33 - 4.59 2nd Trimester: 0.35 - 4.10 3rd Trimester: 0.21 - 3.15	µIU/mL

Interpretation(s)

Triiodothyronine T3 , Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect 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.

Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low.

Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of 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. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment



Dr. Prajwal A, MD
CONSULTANT BIOCHEMIST
(SECTION HEAD)

Page 18 Of 19



View Details



View Report

PERFORMED AT :

SRL Ltd
154/9, BANNERGHATTA ROAD, OPP. IIM-B,
BANGALORE, 560076
KARNATAKA, INDIA
Tel : 80-66214444, Fax :
CIN - U74899PB1995PLC045956



Patient Ref. No. 775000002711603

