

Registered Office : Sector-6, Dwarka, New Delhi- 110075

Name	: MRS URMILA YADAV	Age :	51 Yr(s) Sex :Female
<b>Registration No</b>	: MH005088488	Lab No :	31230301137
Patient Episode	: H03000053282	Collection Date :	23 Mar 2023 09:36
Referred By Receiving Date	<ul><li>HEALTH CHECK MHD</li><li>23 Mar 2023 11:35</li></ul>	<b>Reporting Date :</b>	23 Mar 2023 15:18

#### Department of Transfusion Medicine (Blood Bank)

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN) Specimen-Blood

Blood Group & Rh Typing (Agglutinaton by gel/tube technique)

A Rh(D) Positive Blood Group & Rh typing

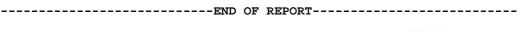
Antibody Screening (Microtyping in gel cards using reagent red cells) Cell Panel I NEGATIVE Cell Panel II NEGATIVE Cell Panel III NEGATIVE Autocontrol NEGATIVE

Final Antibody Screen Result

Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

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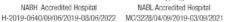
Negative



Dr Himanshu Lamba











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Name	:	MRS URMILA YADAV		Age	:	51 Yr(s) Sex :Female
<b>Registration No</b>	:	MH005088488		Lab No	:	32230308814
Patient Episode	:	H03000053282		Collection Da	ate :	23 Mar 2023 09:36
Referred By Receiving Date	:	HEALTH CHECK MHD 23 Mar 2023 09:51		Reporting Da	ate :	23 Mar 2023 11:56
		I	BIOCHEMIST	RY		
Glycosylated Hem	logl	obin		Specimen: EDTA W	Nhole	blood
HbAlc (Glycosylated Hemoglobin) 5.5			5.5	As per American Diabetes Association(ADA) % [4.0-6.5]HbAlc in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk )5.7-6.4 Diagnosing Diabetes >= 6.5		
Methodology		(HPLC)				
Estimated Avera	.ge	Glucose (eAG)	111	mg/dl		
Comments : HbAlc provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.						
Specimen Type :	Ser	rum				
THYROID PROFILE,	Se	erum				
T3 - Triiodothyr T4 - Thyroxine (			1.28 7.71	ng/ml micg/dl	-	70-2.04] 60-12.00]

1st Trimester:0.6 - 3.4 micIU/mL 2nd Trimester:0.37 - 3.6 micIU/mL 3rd Trimester:0.38 - 4.04 micIU/mL

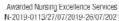
Thyroid Stimulating Hormone (ECLIA)

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations, Ca or Fe supplements, high fibre diet, stress and illness

2.720









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uIU/mL

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[0.340 - 4.250]

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<b>Registration No</b>	: MH005088488	Lab No :	32230308814
Patient Episode	: H03000053282	<b>Collection Date :</b>	23 Mar 2023 09:36
Referred By Receiving Date	: HEALTH CHECK MHD : 23 Mar 2023 09:48	<b>Reporting Date :</b>	23 Mar 2023 11:21

## BIOCHEMISTRY

affect TSH results.

\* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) http://www.thyroid-info.com/articles/tsh-fluctuating.html

Test Name	Result	Unit	Biological Ref. Interval
Lipid Profile (Serum)			
TOTAL CHOLESTEROL (CHOD/POD)	155	mg/dl	[<200]
			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	56	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL - CHOLESTEROL (Direct)	52	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	11	mg/dl	[10-40]
LDL- CHOLESTEROL	92	mg/dl	[<100]
			Near/Above optimal-100-129
			Borderline High:130-159
			High Risk:160-189
T.Chol/HDL.Chol ratio	3.0		<4.0 Optimal
			4.0-5.0 Borderline
			>6 High Risk
LDL.CHOL/HDL.CHOL Ratio	1.8		<3 Optimal
			3-4 Borderline
			>6 High Risk

Note:

Reference ranges based on ATP III Classifications. Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.

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Name	: N	MRS URMILA YADAV	Age	:	51 Yr(s) Sex :Female
<b>Registration No</b>	: N	MH005088488	Lab No	:	32230308814
Patient Episode	: H	H03000053282	<b>Collection Dat</b>	te :	23 Mar 2023 09:36
Referred By Receiving Date	-	HEALTH CHECK MHD 23 Mar 2023 09:48	Reporting Dat	te :	23 Mar 2023 11:18

# BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.43	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.17	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	0.26	mg/dl	[0.20-1.00]
SGOT/ AST (P5P,IFCC)	29.20	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	18.50	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	61	IU/L	[41-108]
TOTAL PROTEIN (mod.Biuret)	7.5	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.4	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	3.1	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.42		[1.10-1.80]

#### Note:

\*\*NEW BORN:Vary according to age (days), body wt & gestation of baby \*New born: 4 times the adult value

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<b>Registration No</b>	: MH005088488	Lab No :	32230308814
Patient Episode	: H03000053282	<b>Collection Date :</b>	23 Mar 2023 09:36
Referred By Receiving Date	: HEALTH CHECK MHD : 23 Mar 2023 09:48	<b>Reporting Date :</b>	23 Mar 2023 11:19

### BIOCHEMISTRY

Test Name	Result	Unit H	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	8.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	0.65	mg/dl	[0.60-1.40]
SERUM URIC ACID (mod.Uricase)	3.7	mg/dl	[2.6-6.0]
SERUM CALCIUM (NM-BAPTA)	9.4	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	2.9	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	137.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.24	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	103.2	mmol/l	[95.0-105.0]
eGFR	103.1	ml/min/1.73sc	1.m [>60.0]
Technical Note			

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

-----END OF REPORT------

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Neelan Lunger

**Dr. Neelam Singal** CONSULTANT BIOCHEMISTRY





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Name	:	MRS URMILA YADAV	Age	:	51 Yr(s) Sex :Female
<b>Registration No</b>	:	MH005088488	Lab No	:	32230308815
Patient Episode	:	H03000053282	<b>Collection Dat</b>	e:	23 Mar 2023 13:04
Referred By Receiving Date	: :	HEALTH CHECK MHD 23 Mar 2023 14:22	Reporting Dat	e :	23 Mar 2023 15:50

### BIOCHEMISTRY

Specimen Type : Plasma PLASMA GLUCOSE - PP

Specimen Type : Serum/Plasma

Plasma GLUCOSE - PP (Hexokinase) 99 mg/dl [70 - 140]

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Plasma GLUCOSE-Fasting (Hexokinase) 91 mg/dl [70 - 100]

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-----END OF REPORT-----

Neelane Suge

Dr. Neelam Singal CONSULTANT BIOCHEMISTRY







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Name	MRS URMILA YADAV	Age :	51 Yr(s) Sex :Female
<b>Registration No</b>	MH005088488	Lab No :	33230305246
Patient Episode	H03000053282	Collection Date :	23 Mar 2023 09:36
Referred By Receiving Date	HEALTH CHECK MHD 23 Mar 2023 09:50	<b>Reporting Date :</b>	23 Mar 2023 12:59

## HAEMATOLOGY

#### ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR

8.0 /1sthour [0.0 - 20.0]

#### Interpretation :

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 (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit Bio	ological Ref. Interval
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Flow cytometry)	5350	/cu.mm	[4000-10000]
RBC Count (Impedence)	4.46	million/cu.mm	[3.80-4.80]
Haemoglobin (SLS Method)	12.4	g/dL	[12.0-15.0]
Haematocrit (PCV)	37.4	8	[36.0-46.0]
(RBC Pulse Height Detector Method)			
MCV (Calculated)	83.9	fL	[83.0-101.0]
MCH (Calculated)	27.8	pg	[25.0-32.0]
MCHC (Calculated)	33.2	g/dL	[31.5-34.5]
Platelet Count (Impedence)	254000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	13.9	8	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	61.0	8	[40.0-80.0]
Lymphocytes (Flowcytometry)	25.4	<u>8</u>	[20.0-40.0]



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Name	: MRS URMILA YADAV	Age :	51 Yr(s) Sex :Female
<b>Registration No</b>	: MH005088488	Lab No :	33230305246
Patient Episode	: H03000053282	<b>Collection Date :</b>	23 Mar 2023 09:36
Referred By Receiving Date	: HEALTH CHECK MHD : 23 Mar 2023 09:50	Reporting Date :	23 Mar 2023 13:03

Monocytes (Flowcytometry)	9.2		00	[2.0-10.0]
Eosinophils (Flowcytometry)	3.7		00	[1.0-6.0]
Basophils (Flowcytometry)	0.7 #		%	[1.0-2.0]
IG	0.20		00	
Neutrophil Absolute(Flouroscence fl	ow cytometry)	3.3	/cu mm	[2.0-7.0]x10 <sup>3</sup>
Lymphocyte Absolute(Flouroscence fl	ow cytometry)	1.4	/cu mm	[1.0-3.0]x10 <sup>3</sup>
Monocyte Absolute(Flouroscence flow	cytometry)	0.5	/cu mm	[0.2-1.2]x10 <sup>3</sup>
Eosinophil Absolute(Flouroscence fl	ow cytometry)	0.2	/cu mm	[0.0-0.5]x10 <sup>3</sup>
Basophil Absolute(Flouroscence flow	cytometry)	0.0	/cu mm	[0.0-0.1]x10 <sup>3</sup>

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

-----END OF REPORT------

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Soma Pradhan

Dr. Soma Pradhan





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Name	:	MRS URMILA YADAV	Age	:	51 Yr(s) Sex :Female
<b>Registration No</b>	:	MH005088488	Lab No	:	38230301780
Patient Episode	:	H03000053282	<b>Collection Date :</b>		23 Mar 2023 09:36
Referred By Receiving Date	:	HEALTH CHECK MHD 23 Mar 2023 12:16	<b>Reporting Date :</b>		23 Mar 2023 15:05

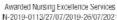
### CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval					
ROUTINE URINE ANALYSIS							
MACROSCOPIC DESCRIPTION							
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)					
Appearance (Visual)	CLEAR						
CHEMICAL EXAMINATION							
Reaction[pH]	7.0	(5.0-9.0)					
(Reflectancephotometry(Indicator Meth							
Specific Gravity	1.010	(1.003-1.035)					
(Reflectancephotometry(Indicator Meth	od))						
Bilirubin	Negative	NEGATIVE					
Protein/Albumin	Negative	(NEGATIVE-TRACE)					
(Reflectance photometry(Indicator Method)/Manual SSA)							
Glucose	NOT DETECTED	(NEGATIVE)					
(Reflectance photometry (GOD-POD/Bene	dict Method))						
Ketone Bodies	NOT DETECTED	(NEGATIVE)					
(Reflectance photometry(Legal's Test)/Manual Rotheras)							
Urobilinogen	NORMAL	(NORMAL)					
Reflactance photometry/Diazonium salt	reaction						
Nitrite	NEGATIVE	NEGATIVE					
Reflactance photometry/Griess test							
Leukocytes	NIL	NEGATIVE					
Reflactance photometry/Action of Este	rase						
BLOOD	NIL	NEGATIVE					
(Reflectance photometry(peroxidase))							
MICROSCOPIC EXAMINATION (Manual) M	ethod: Light microscopy on	centrifuged urine					
WBC/Pus Cells	0-1 /hpf	(4-6)					
Red Blood Cells	NIL	(1-2)					
Epithelial Cells	1-2 /hpf	(2-4)					
Casts	NIL	(NIL)					
Crystals	NIL	(NIL)					
Bacteria	NIL						
Yeast cells	NIL						
Interpretation:							



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Patient Episode	: H03000053282		Collection Date	e:	23 Mar 2023 09:36
Referred By Receiving Date	: HEALTH CHEC : 23 Mar 2023 12:		Reporting Date	e :	23 Mar 2023 15:05

#### CLINICAL PATHOLOGY

URINALYSIS-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, urina 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 duri 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 decrease 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 case of hemolytic anemia.

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Soma Pradhan

#### Dr. Soma Pradhan





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