

DIAGNOSTIC REPORT

Patient Ref. No. 66600003138259



Cert. No. MC-2354



CLIENT CODE : CA00010147 - MEDIWHEEL
ARCOFEMI HEALTHCARE LIMITED
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
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Tel : 93334 93334
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PATIENT NAME : MR. DERICK JOHN THOMASPATIENT ID : **DERIM2401924126**ACCESSION NO : **4126WA009006** AGE : 31 Years SEX : Male

ABHA NO :

DRAWN : RECEIVED : 24/01/2023 09:11

REPORTED : 24/01/2023 16:08

REFERRING DOCTOR : DR. BANK OF BARODA

CLIENT PATIENT ID :

Test Report Status	<u>Preliminary</u>	Results	Biological Reference Interval	Units
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MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT**OPHTHAL**

OPHTHAL

TEST COMPLETED



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MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

BUN/CREAT RATIO

BUN/CREAT RATIO	5		
CREATININE, SERUM			
CREATININE	1.18	18 - 60 yrs : 0.9 - 1.3	mg/dL
METHOD : JAFFE KINETIC METHOD			

GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA	131	Diabetes Mellitus : > or = 200. Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL
METHOD : HEXOKINASE			

GLUCOSE FASTING, FLUORIDE PLASMA

GLUCOSE, FASTING, PLASMA	101	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL
METHOD : HEXOKINASE			

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.3	Normal : 4.0 - 5.6%. Non-diabetic level : < 5.7%. Diabetic : >6.5%	%
Glycemic control goal More stringent goal : < 6.5%. General goal : < 7%. Less stringent goal : < 8%.			

MEAN PLASMA GLUCOSE	105.4	< 116.0	mg/dL
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LIPID PROFILE, SERUM

CHOLESTEROL	183	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
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METHOD : CHOD-POD

TRIGLYCERIDES	334	High Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
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HDL CHOLESTEROL		33 Low General range : 40-60	mg/dL
METHOD : DIRECT ENZYME CLEARANCE			
DIRECT LDL CHOLESTEROL		106 Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL		150 High 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		66.8 High Desirable value : 10 - 35	mg/dL
CHOL/HDL RATIO		5.6 High 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		3.2 High 0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
LIVER FUNCTION TEST WITH GGT			
BILIRUBIN, TOTAL		0.62 General Range : < 1.1	mg/dL
METHOD : DIAZO METHOD			
BILIRUBIN, DIRECT		0.23 General Range : < 0.3	mg/dL
METHOD : DIAZO METHOD			
BILIRUBIN, INDIRECT		0.39 0.00 - 0.60	mg/dL
TOTAL PROTEIN		7.3 Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN		4.9 20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN		2.4 2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO		2.0 1.00 - 2.00	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)		37 Adults : < 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)		61 Adults : < 45	U/L
METHOD : IFCC WITHOUT PDP			
ALKALINE PHOSPHATASE		78 Adult(<60yrs) : 40 -130	U/L
METHOD : IFCC			
GAMMA GLUTAMYL TRANSFERASE (GGT)		17 Adult (Male) : < 60	U/L



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TOTAL PROTEIN, SERUM

TOTAL PROTEIN 7.3 Ambulatory : 6.4 - 8.3 g/dL
 Recumbant : 6 - 7.8

METHOD : BIURET

URIC ACID, SERUM

URIC ACID 8.0 High Adults : 3.4-7 mg/dL

METHOD : SPECTROPHOTOMETRY

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP O

METHOD : GEL CARD METHOD

RH TYPE POSITIVE

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN 16.3 13.0 - 17.0 g/dL

METHOD : NON CYANMETHEMOGLOBIN

RED BLOOD CELL COUNT 5.28 4.5 - 5.5 mil/ μ L

METHOD : IMPEDANCE

WHITE BLOOD CELL COUNT 6.34 4.0 - 10.0 thou/ μ L

METHOD : IMPEDANCE

PLATELET COUNT 204 150 - 410 thou/ μ L

METHOD : IMPEDANCE

RBC AND PLATELET INDICES

HEMATOCRIT 48.5 40 - 50 %

METHOD : CALCULATED

MEAN CORPUSCULAR VOL 91.7 83 - 101 fL

METHOD : DERIVED FROM IMPEDANCE MEASURE

MEAN CORPUSCULAR HGB. 30.8 27.0 - 32.0 pg

METHOD : CALCULATED

MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION 33.6 31.5 - 34.5 g/dL

METHOD : CALCULATED

RED CELL DISTRIBUTION WIDTH 15.3 12.0 - 18.0 %

MENTZER INDEX 17.4

MEAN PLATELET VOLUME 8.0 6.8 - 10.9 fL

METHOD : DERIVED FROM IMPEDANCE MEASURE

WBC DIFFERENTIAL COUNT

SEGMENTED NEUTROPHILS 51 40 - 80 %

METHOD : DHSS FLOWCYTOMETRY

LYMPHOCYTES 39 20 - 40 %



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METHOD : DHSS FLOWCYTOMETRY			
MONOCYTES	7	2 - 10	%
METHOD : DHSS FLOWCYTOMETRY			
EOSINOPHILS	3	1 - 6	%
METHOD : DHSS FLOWCYTOMETRY			
BASOPHILS	0	0 - 2	%
METHOD : IMPEDANCE			
ABSOLUTE NEUTROPHIL COUNT	3.23	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED			
ABSOLUTE LYMPHOCYTE COUNT	2.47	1 - 3	thou/ μ L
METHOD : CALCULATED			
ABSOLUTE MONOCYTE COUNT	0.44	0.20 - 1.00	thou/ μ L
METHOD : CALCULATED			
ABSOLUTE EOSINOPHIL COUNT	0.19	0.02 - 0.50	thou/ μ L
METHOD : CALCULATED			
ABSOLUTE BASOPHIL COUNT	0.00	0.00 - 0.10	thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.3		
ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD			
SEDIMENTATION RATE (ESR)	03	0 - 14	mm at 1 hr
METHOD : WESTERGREN METHOD			
* SUGAR URINE - POST PRANDIAL			
SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED	
THYROID PANEL, SERUM			
T3	125.50	80 - 200	ng/dL
METHOD : ELECTROCHEMILUMINESCENCE			
T4	7.83	5.1 - 14.1	μ g/dl
METHOD : ELECTROCHEMILUMINESCENCE			
TSH 3RD GENERATION	1.970	21-50 yrs : 0.4 - 4.2	μ IU/mL
METHOD : ELECTROCHEMILUMINESCENCE			



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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
2	High	Normal	Normal	Normal	(1)Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3)Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of Clinical chemistry 2.Guidlines of the American Thyroid association during pregnancy and Postpartum, 2011.

NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

PHYSICAL EXAMINATION, URINE

COLOR PALE YELLOW
 APPEARANCE CLEAR

CHEMICAL EXAMINATION, URINE

PH 5.0 4.8 - 7.4
 SPECIFIC GRAVITY 1.005 Low 1.015 - 1.030



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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
WBC		1-2	0-5 /HPF
EPITHELIAL CELLS		0-1	0-5 /HPF
CASTS		NOT DETECTED	
CRYSTALS		NOT DETECTED	
BACTERIA		NOT DETECTED	NOT DETECTED
YEAST		NOT DETECTED	NOT DETECTED
BLOOD UREA NITROGEN (BUN), SERUM			
BLOOD UREA NITROGEN		9	Adult(<60 yrs) : 6 to 20 mg/dL
METHOD : UREASE - UV			
* SUGAR URINE - FASTING			
SUGAR URINE - FASTING		NOT DETECTED	NOT DETECTED
* PHYSICAL EXAMINATION,STOOL			
		RESULT PENDING	
* CHEMICAL EXAMINATION,STOOL			
		RESULT PENDING	
* MICROSCOPIC EXAMINATION,STOOL			
		RESULT PENDING	

Interpretation(s)

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

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
 GLUCOSE FASTING,FLUORIDE PLASMA- **TEST DESCRIPTION**



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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; sulfonyleureas, 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:**

- Evaluating the long-term control of blood glucose concentrations in diabetic patients.
 - Diagnosing diabetes.
 - 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.
- eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.
 - eAG gives an evaluation of blood glucose levels for the last couple of months.
 - eAG is calculated as $eAG (mg/dl) = 28.7 * HbA1c - 46.7$

HbA1c Estimation can get affected due to :

- 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.
 - Vitamin C & E are reported to falsely lower test results. (possibly by inhibiting glycation of hemoglobin).
 - 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.
 - Interference of hemoglobinopathies in HbA1c estimation is seen in
 - Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
 - Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
 - 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
- LIPID PROFILE, SERUM-Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease. This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk. It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the "good" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely. HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease. Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:
Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.



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PATIENT NAME : MR. DERICK JOHN THOMAS**PATIENT ID : DERIM2401924126**ACCESSION NO : **4126WA009006** AGE : 31 Years SEX : Male

ABHA NO :

DRAWN : RECEIVED : 24/01/2023 09:11

REPORTED : 24/01/2023 16:08

REFERRING DOCTOR : DR. BANK OF BARODA

CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
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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.

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

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.

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.

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, Vasculitis, 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. AACCC Press, 7th edition. Edited by S. Soldin; 3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th edition.

SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT'S TEST

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.

SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST



DIAGNOSTIC REPORT

Patient Ref. No. 666000003138259



Cert. No. MC-2354



CLIENT CODE : CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS :
 ARCOFEMI HEALTHCARE LIMITED
 MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
 F701A, LADO SARAI, NEW DELHI,
 SOUTH DELHI, DELHI,
 SOUTH DELHI 110030
 DELHI INDIA
 8800465156

DDRC SRL DIAGNOSTICS
 DDRC SRL Tower, G-131, Panampilly Nagar,
 PANAMPALLY NAGAR, 682036
 KERALA, INDIA
 Tel : 93334 93334
 Email : customercare.ddrc@srl.in

PATIENT NAME : MR. DERICK JOHN THOMASPATIENT ID : **DERIM2401924126**ACCESSION NO : **4126WA009006** AGE : 31 Years SEX : Male

ABHA NO :

DRAWN : RECEIVED : 24/01/2023 09:11

REPORTED : 24/01/2023 16:08

REFERRING DOCTOR : DR. BANK OF BARODA

CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
--------------------	-------------	---------	-------

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT*** ECG WITH REPORT****REPORT**

COMPLETED

*** USG ABDOMEN AND PELVIS****REPORT**

COMPLETED

*** CHEST X-RAY WITH REPORT****REPORT**

COMPLETED

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession
 TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

DR.HARI SHANKAR, MBBS MD
 HEAD - Biochemistry &
 Immunology

DR.VIJAY K N,MD(PATH)
 HEAD-HAEMATOLOGY &
 CLINICAL PATHOLOGY

DR.SMITHA PAULSON,MD
 (PATH),DPB
 LAB DIRECTOR & HEAD-
 HISTOPATHOLOGY &
 CYTOLOGY



Scan to View Details

Page 10 Of 10



Scan to View Report

DERICK JOHN THOMAS (31 M)

ID: WA009006

Date: 24-Jan-23

Exec Time : 0 m 0 s

Stage Time : 0 m 55 s

HR: 86 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 160 bpm)

B.P: 130 / 90

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

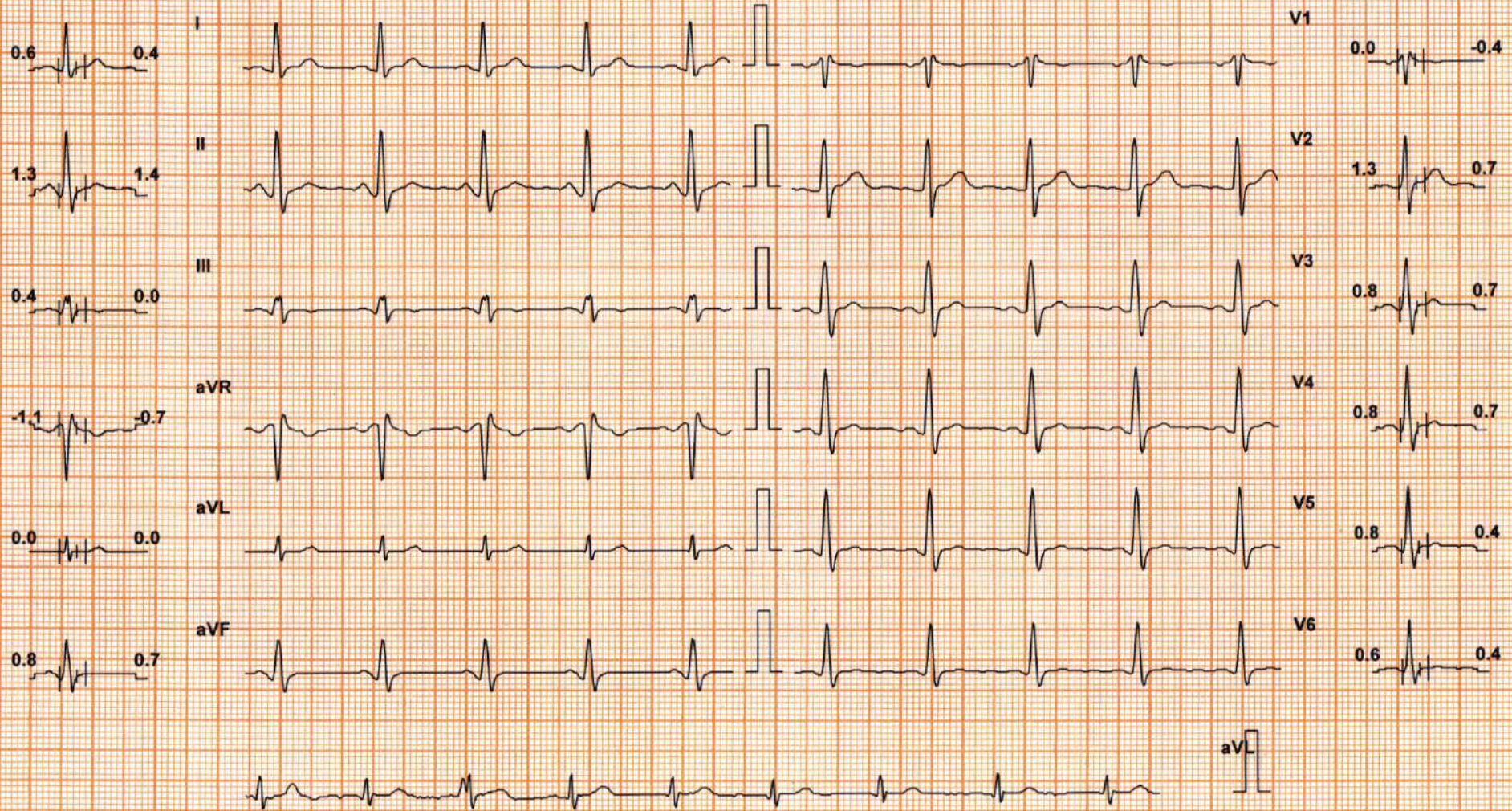


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

DERICK JOHN THOMAS (31 M)

ID: WA009006

Date: 24-Jan-23

Exec Time : 0 m 0 s

Stage Time : 0 m 25 s

HR: 77 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 160 bpm)

B.P: 130 / 90

ST Level (mm) ST Slope (mV / s)

0.6 0.4

I



ST Level (mm) ST Slope (mV / s)

V1 0.0 -0.4

V1



0.8 1.1

II



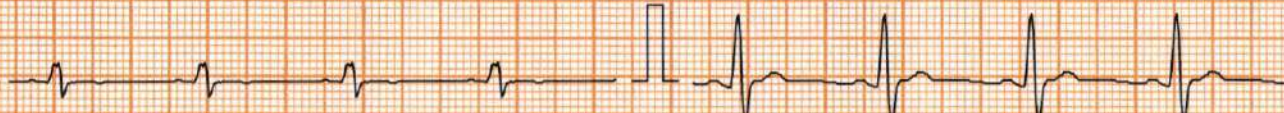
V2 1.7 1.1

V2



0.0 0.0

III



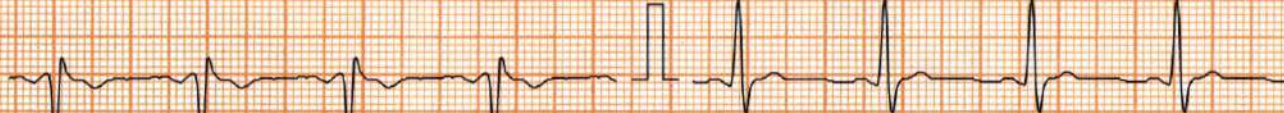
V3 1.1 0.4

V3



-0.8 -1.1

aVR



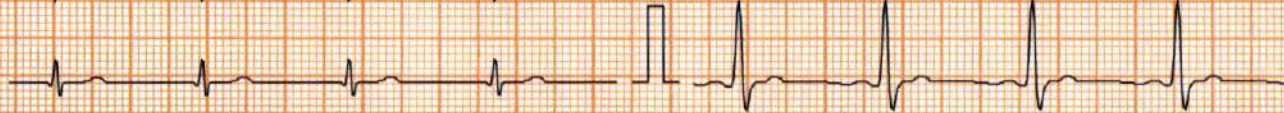
V4 0.6 0.4

V4



0.0 0.0

aVL



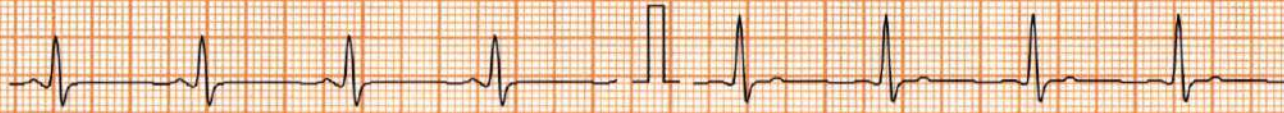
V5 0.6 0.4

V5



0.6 0.7

aVF



V6 0.4 0.4

V6



aV₁



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

DERICK JOHN THOMAS (31 M)

ID: WA009006

Date: 24-Jan-23

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 112 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 160 bpm)

B.P: 130 / 90

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

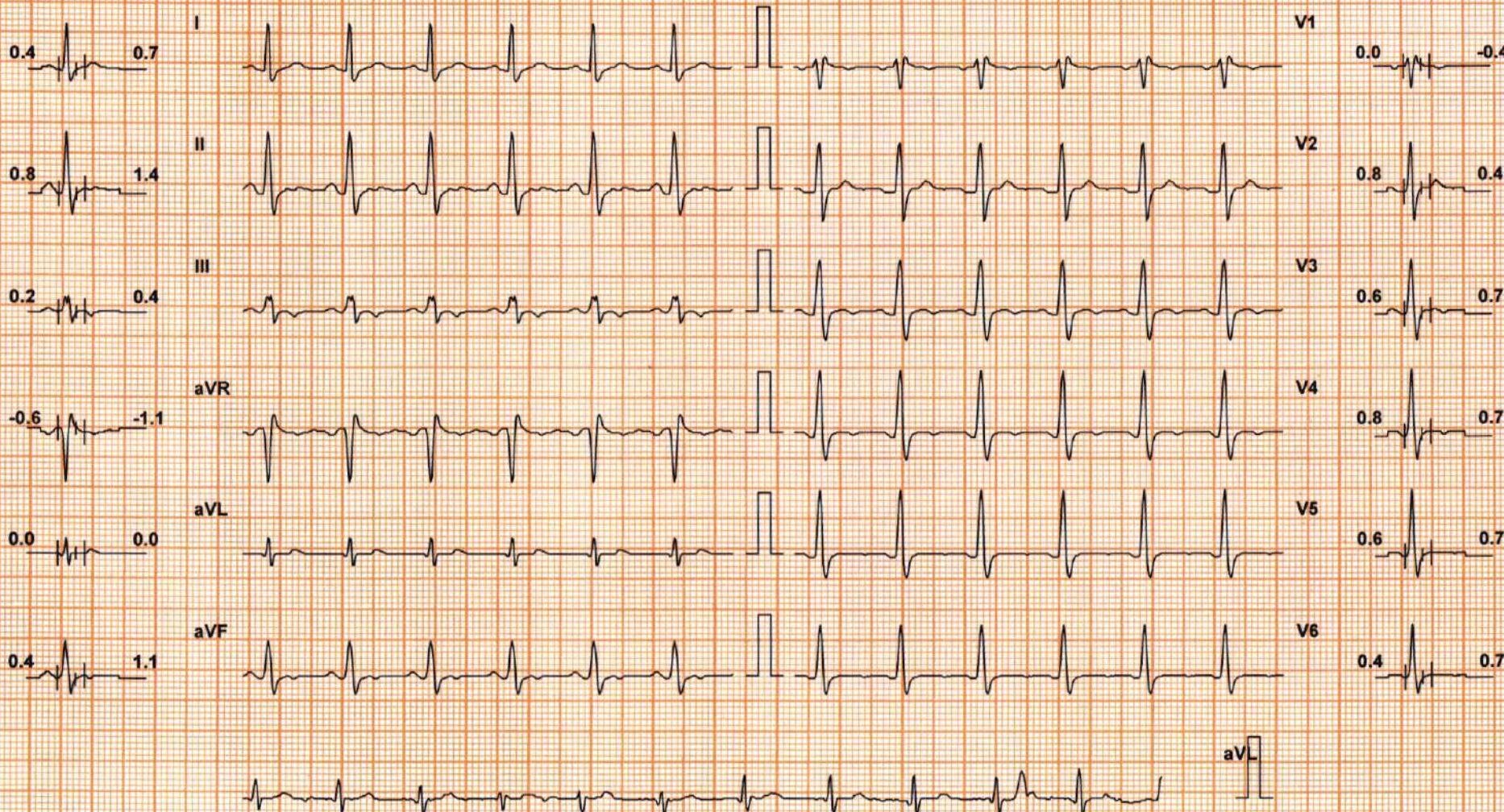


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V.4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

DERICK JOHN THOMAS (31 M)

ID: WA009006

Date: 24-Jan-23

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 139 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 160 bpm)

B.P: 140 / 90

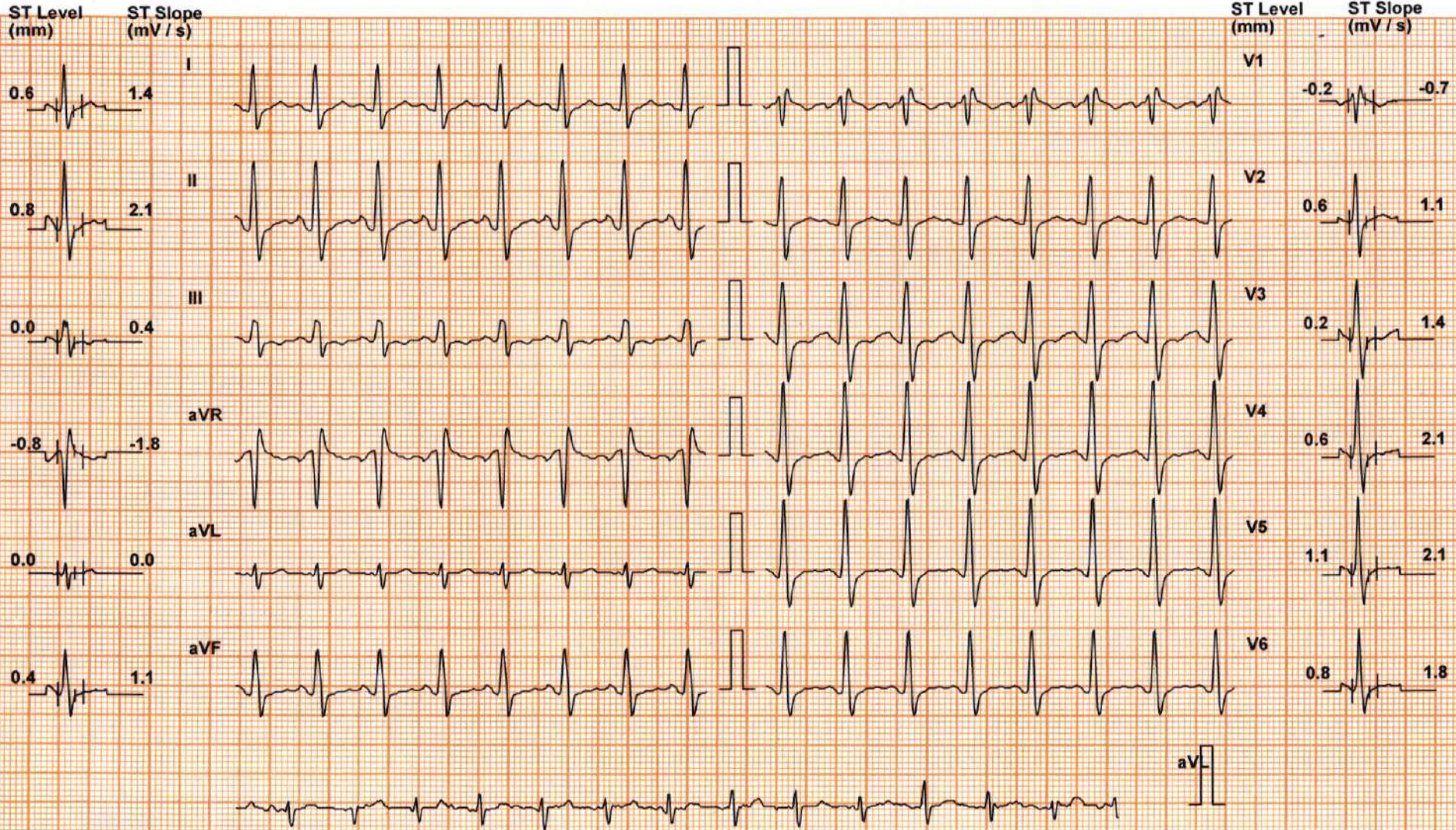


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

DERICK JOHN THOMAS (31 M)

ID: WA009006

Date: 24-Jan-23

Exec Time : 8 m 54 s

Stage Time : 2 m 54 s

HR: 164 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 160 bpm)

B.P: 150 / 90

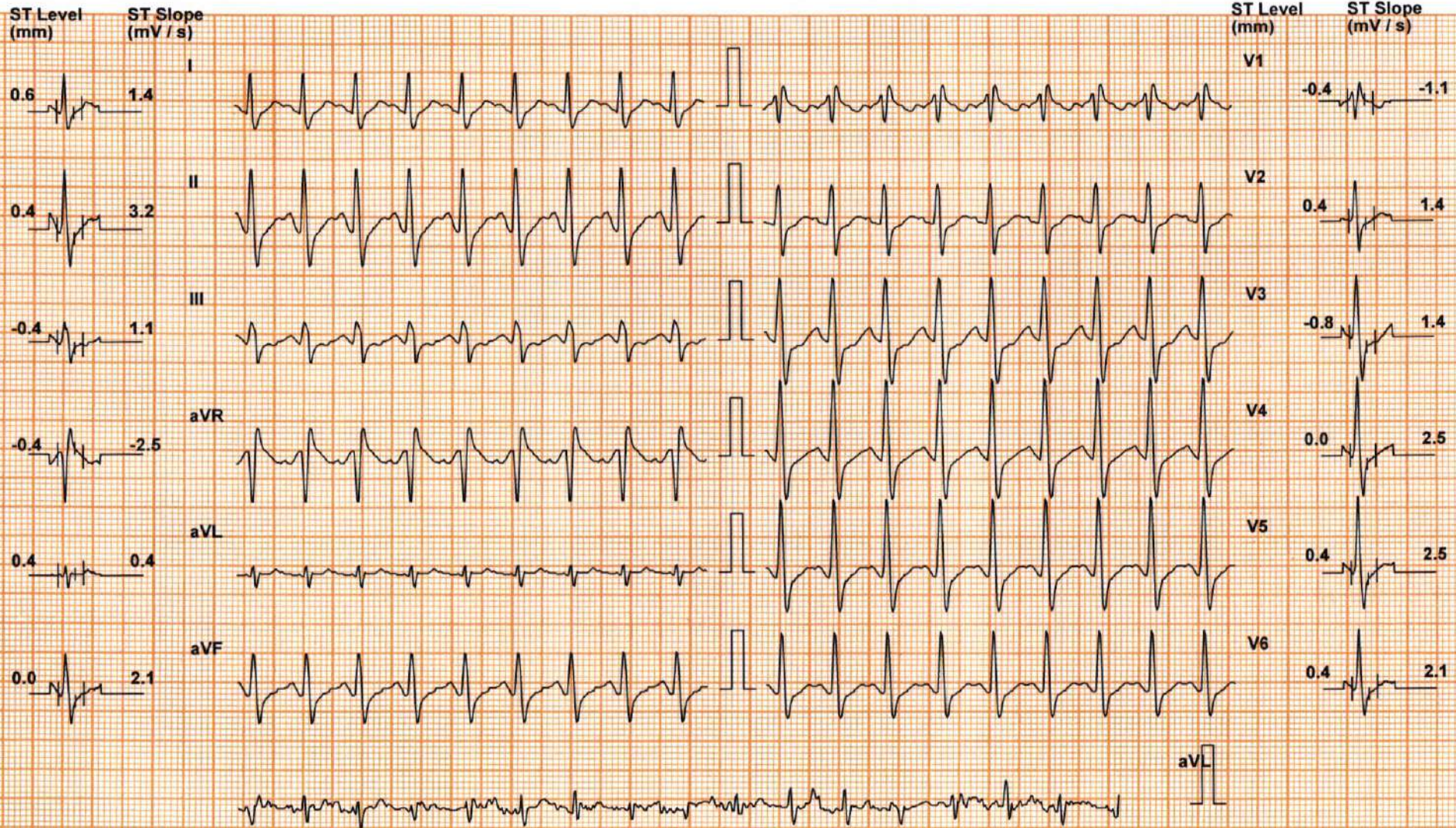


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

DERICK JOHN THOMAS (31 M)

ID: WA009006

Date: 24-Jan-23

Exec Time : 9 m 54 s Stage Time : 0 m 54 s HR: 180 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 160 bpm)

B.P: 160 / 90

ST Level (mm) ST Slope (mV / s)

0.8 1.4

0.0 2.1

-0.8 0.4

-0.4 -1.8

0.6 0.4

-0.6 1.4

ST Level (mm) ST Slope (mV / s)

-1.1 -1.4

-0.2 0.4

-1.7 1.1

-0.8 2.5

0.0 3.2

0.2 2.5

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

DERICK JOHN THOMAS (31 M)

ID: WA009006

Date: 24-Jan-23

Exec Time : 10 m 0 s

Stage Time : 0 m 54 s

HR: 153 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 160 bpm)

B.P: 170 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

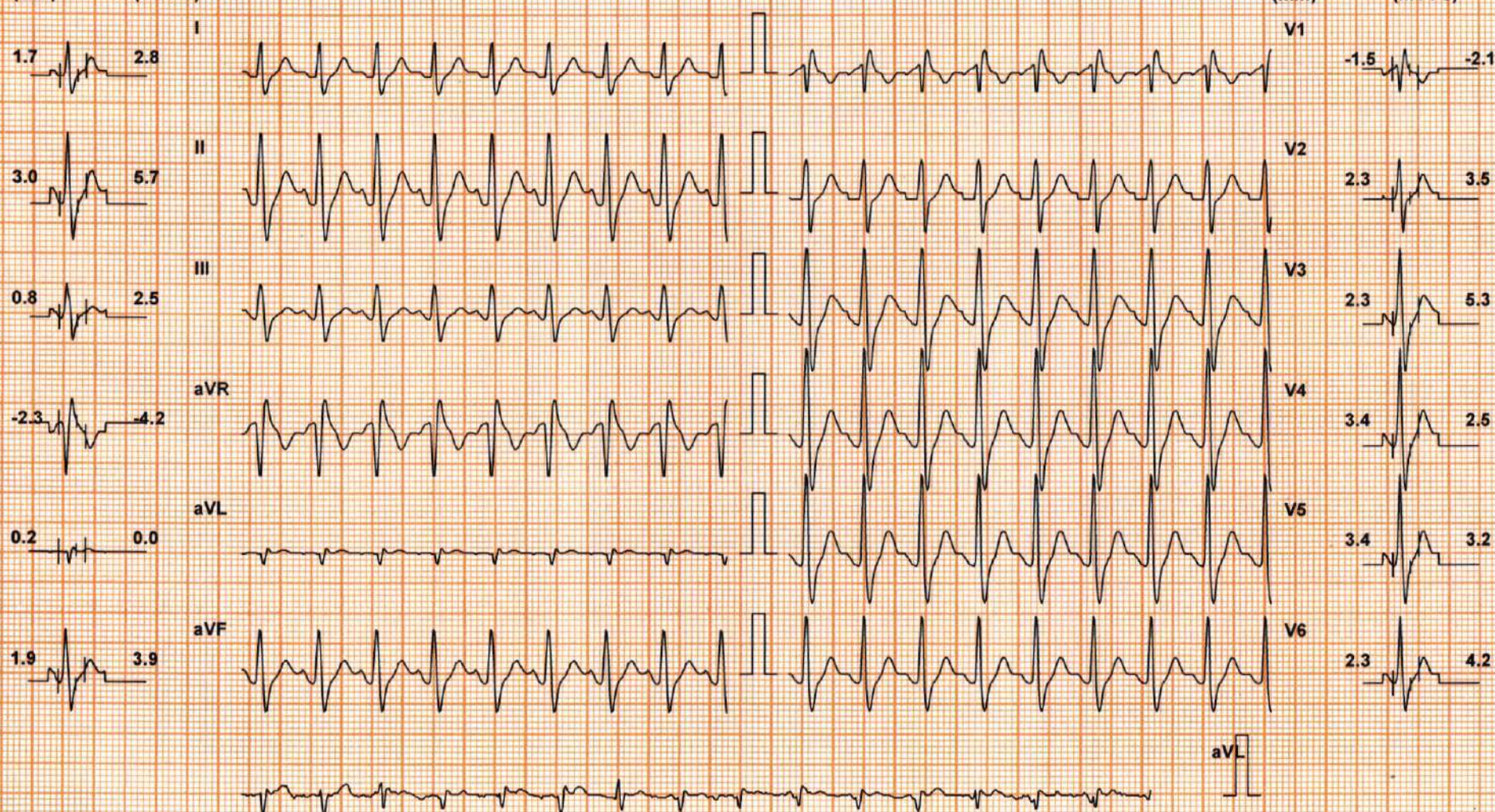


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

DERICK JOHN THOMAS (31 M)

ID: WA009006

Date: 24-Jan-23

Exec Time : 10 m 0 s

Stage Time : 0 m 54 s

HR: 134 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 160 bpm)

B.P: 160 / 90

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

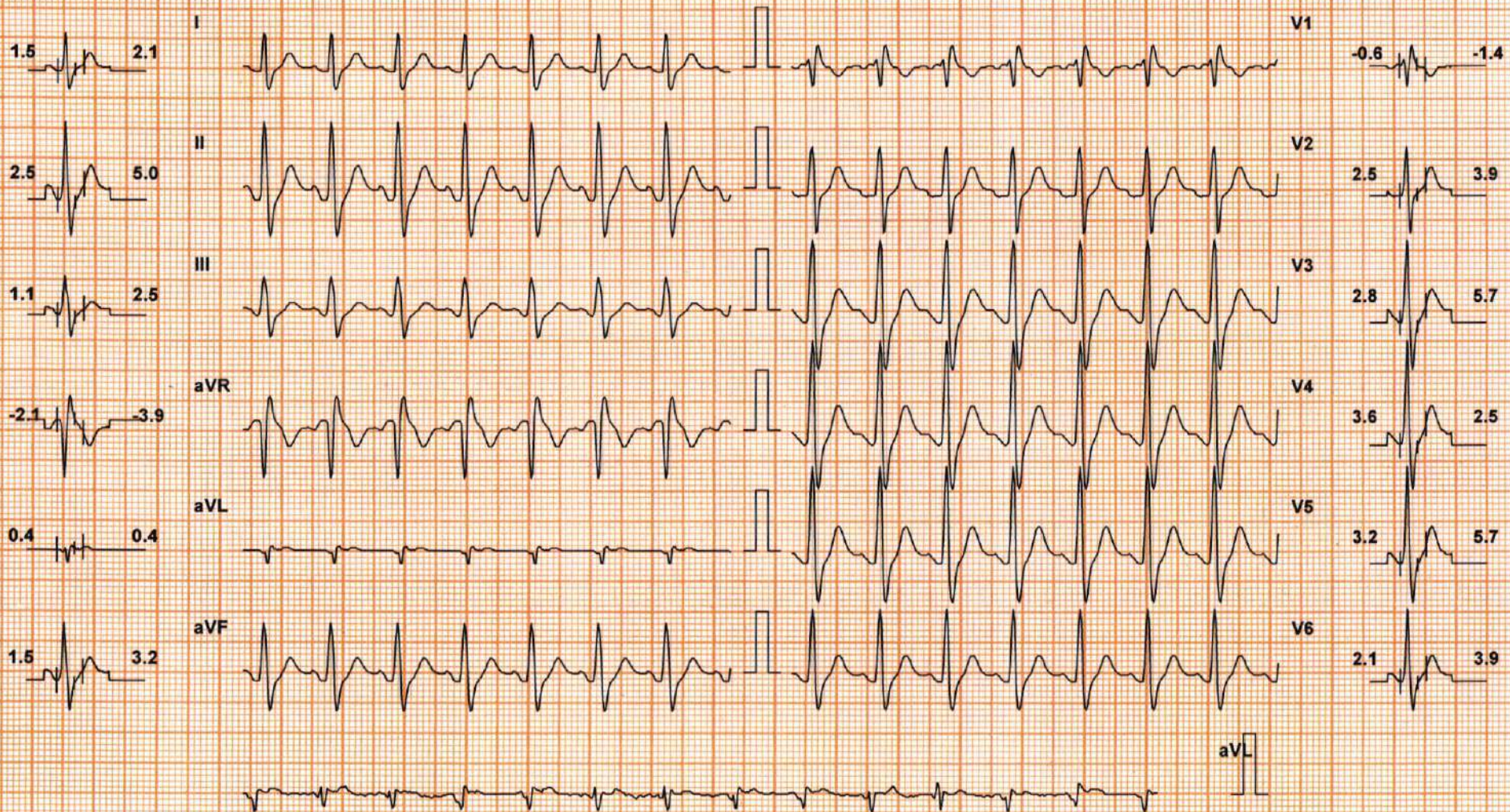


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

DERICK JOHN THOMAS (31 M)

ID: WA009006

Date: 24-Jan-23

Exec Time : 10 m 0 s

Stage Time : 0 m 54 s

HR: 134 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 160 bpm)

B.P: 160 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

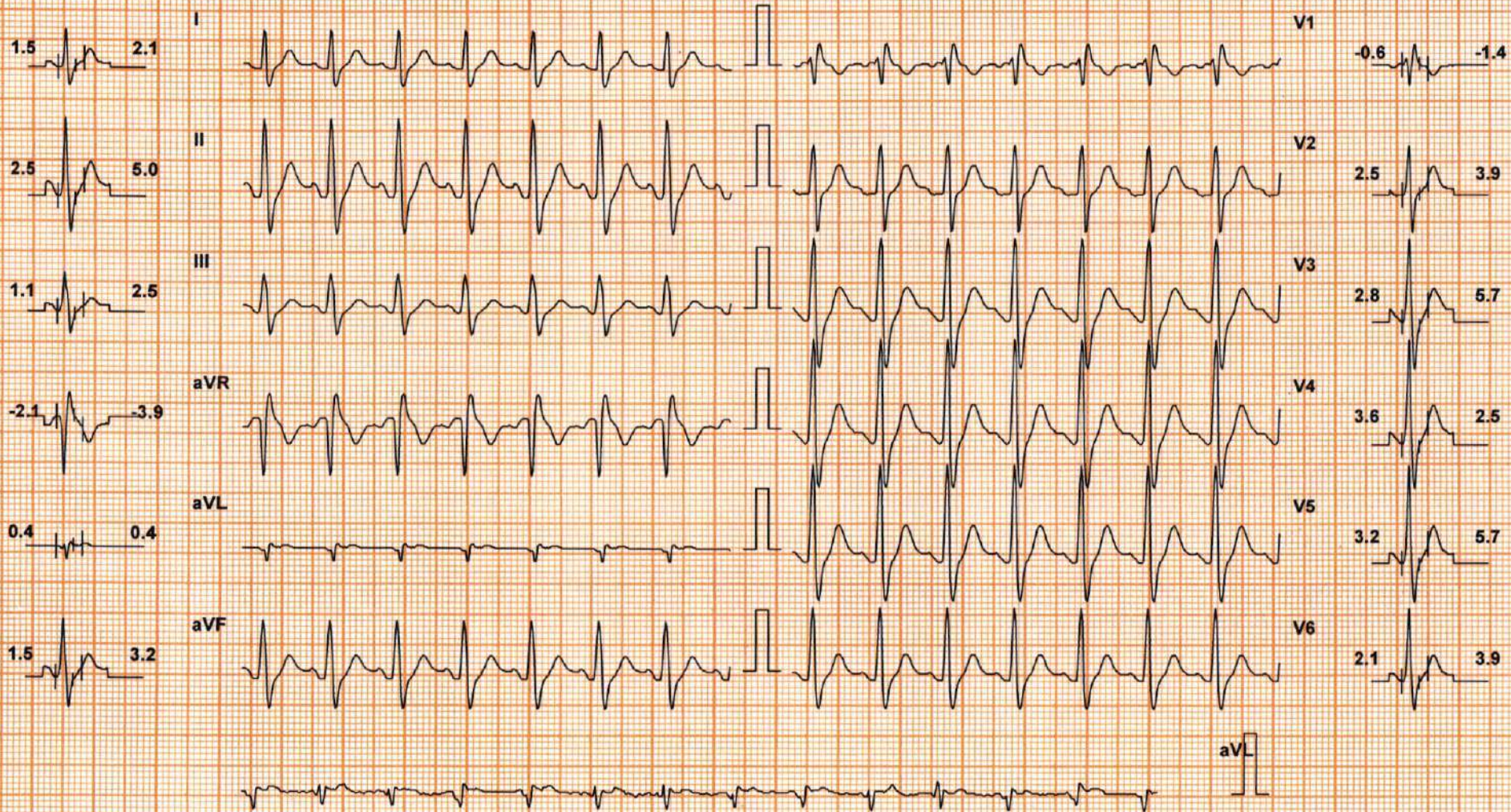


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Past J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Patient Details **Date:** 24-Jan-23 **Time:** 10:57:16
Name: DERICK JOHN THOMAS **ID:** WA009006
Age: 31 y **Sex:** M **Height:** -- cms **Weight:** -- Kgs
Clinical History: NIL

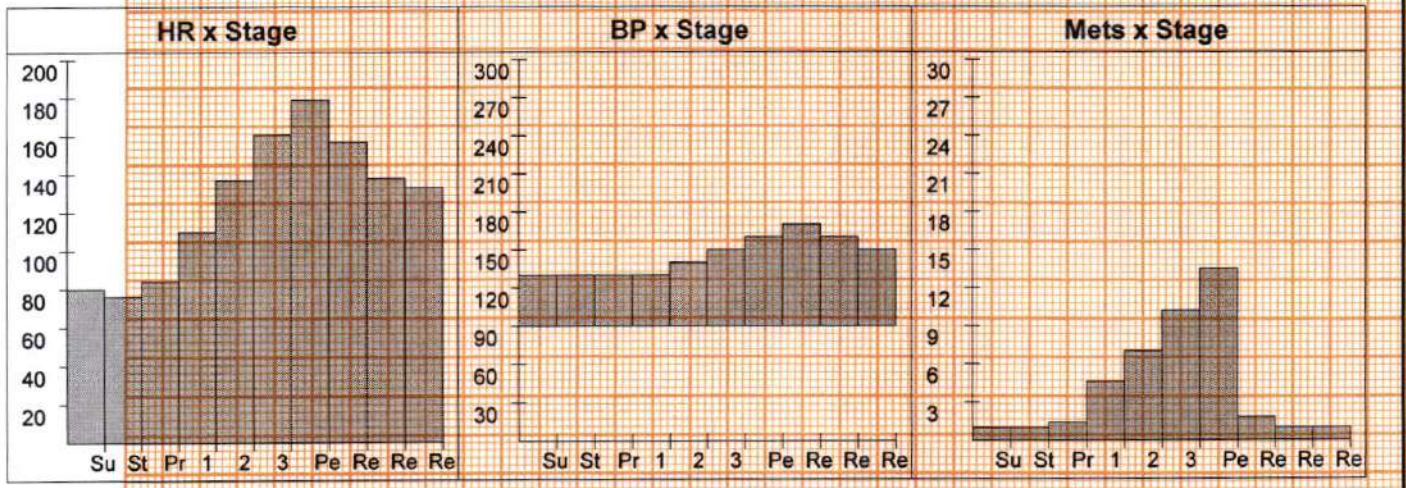
Medications:

Test Details

Protocol: Bruce **Pr.MHR:** 189 bpm **THR:** 160 (85 % of Pr.MHR) bpm
Total Exec. Time: 10 m 0 s **Max. HR:** 179 (95% of Pr.MHR) bpm **Max. Mets:** 13.50
Max. BP: 170 / 90 mmHg **Max. BP x HR:** 30430 mmHg/min **Min. BP x HR:** 6840 mmHg/min
Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	1 : 1	1.0	0	0	80	130 / 90	-1.91 V1	4.95 aVR
Standing	0 : 31	1.0	0	0	76	130 / 90	-1.91 aVR	2.12 II
1	3 : 0	4.6	1.7	10	110	130 / 90	-1.06 aVR	2.12 II
2	3 : 0	7.0	2.5	12	137	140 / 90	-0.85 aVR	3.18 II
3	3 : 0	10.2	3.4	14	161	150 / 90	-1.06 V1	3.89 II
Peak Ex	1 : 0	13.5	4.2	16	179	160 / 90	-2.12 V3	4.25 II
Recovery(1)	1 : 0	1.8	1	0	157	170 / 90	-2.34 aVR	5.66 II
Recovery(2)	1 : 0	1.0	0	0	138	160 / 90	-2.55 aVR	5.66 II
Recovery(3)	0 : 50	1.0	0	0	133	150 / 90	-2.55 aVR	5.66 II



DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Patient Details

Date: 24-Jan-23

Time: 10:57:16

Name: DERICK JOHN THOMAS ID: WA009006

Age: 31 y

Sex: M

Height: -- cms

Weight: -- Kgs

Interpretation

The patient exercised according to the Bruce protocol for 10 m 0 s achieving a work level of Max. METS : 13.50. Resting heart rate initially 80 bpm, rose to a max. heart rate of 179 (95% of Pr.MHR) bpm. Resting blood Pressure 130 / 90 mmHg, rose to a maximum blood pressure of 170 / 90 mmHg.No Angina,No Arrhythmia.

No significant ST changes
Test negative for inducible ischemia


Dr. George Thomas MD,FCSI,FAE
Cardiologist

Ref. Doctor: MEDIWHEEL

Doctor: -----

(Summary Report edited by user)

MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. DERICK JOHN THOMAS
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	31/15.12.1991 Gender: F/M M
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height 174 (cms)	b. Weight 87 (Kgs)	c. Girth of Abdomen 87 (cms)
d. Pulse Rate 70 (/Min)	e. Blood Pressure:	Systolic 110 Diastolic 80
	1 st Reading	
	2 nd Reading	

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father		/ NS	
Mother			
Brother(s)			
Sister(s)			

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
—	—	—

PERSONAL HISTORY

- a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. Y/N
- b. Have you undergone/been advised any surgical procedure? Y/N
- c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? Y/N
- d. Have you lost or gained weight in past 12 months? Y/N

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? Y/N
- Any disorders of Respiratory system? Y/N
- Any Cardiac or Circulatory Disorders? Y/N
- Enlarged glands or any form of Cancer/Tumour? Y/N
- Any Musculoskeletal disorder? Y/N
- Any disorder of Gastrointestinal System? Y/N
- Unexplained recurrent or persistent fever, and/or weight loss Y/N
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Y/N
- Are you presently taking medication of any kind? Y/N

• Any disorders of Urinary System?

Y(N)

• Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin

Y(N)

FOR FEMALE CANDIDATES ONLY NA

a. Is there any history of diseases of breast/genital organs?

Y/N

d. Do you have any history of miscarriage/abortion or MTP

Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

Y/N

f. Are you now pregnant? If yes, how many months?

Y/N

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

➤ Was the examinee co-operative?

Y(N)

➤ Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job?

Y/N

➤ Are there any points on which you suggest further information be obtained?

Y/N

➤ Based on your clinical impression, please provide your suggestions and recommendations below;

Medical consult

➤ Do you think he/she is MEDICALLY FIT or UNFIT for employment.

FIT

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

Seal of Medical Examiner :

Dr. GEORGE THOMAS
MD, FCSI, FIAE
MEDICAL EXAMINER
Reg: 86614

Name & Seal of DDRC SRL Branch :



Date & Time :

25/01/2023

DDRC SRL Diagnostics Private Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.



[Handwritten Signature]
24/01/2023

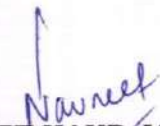


NAME: MR DERICK JOHN THOMAS	STUDY DATE : 24/01/2023
AGE / SEX : 31 YRS / M	REPORTING DATE : 24/01/2023
REFERRED BY : MEDI WHEEL	ACC NO : 4126WA009006

X - RAY - CHEST PA VIEW

- Both the lung fields are clear.
- B/L hila and mediastinal shadows are normal.
- Cardiac silhouette appears normal.
- Cardio - thoracic ratio is normal.
- Bilateral CP angles and domes of diaphragm appear normal.

Kindly correlate clinically


Dr. NAVNEET KAUR, MBBS, MD
Consultant Radiologist.



ID: 9006
DERICK JOHN THOMAS
Male 31Years

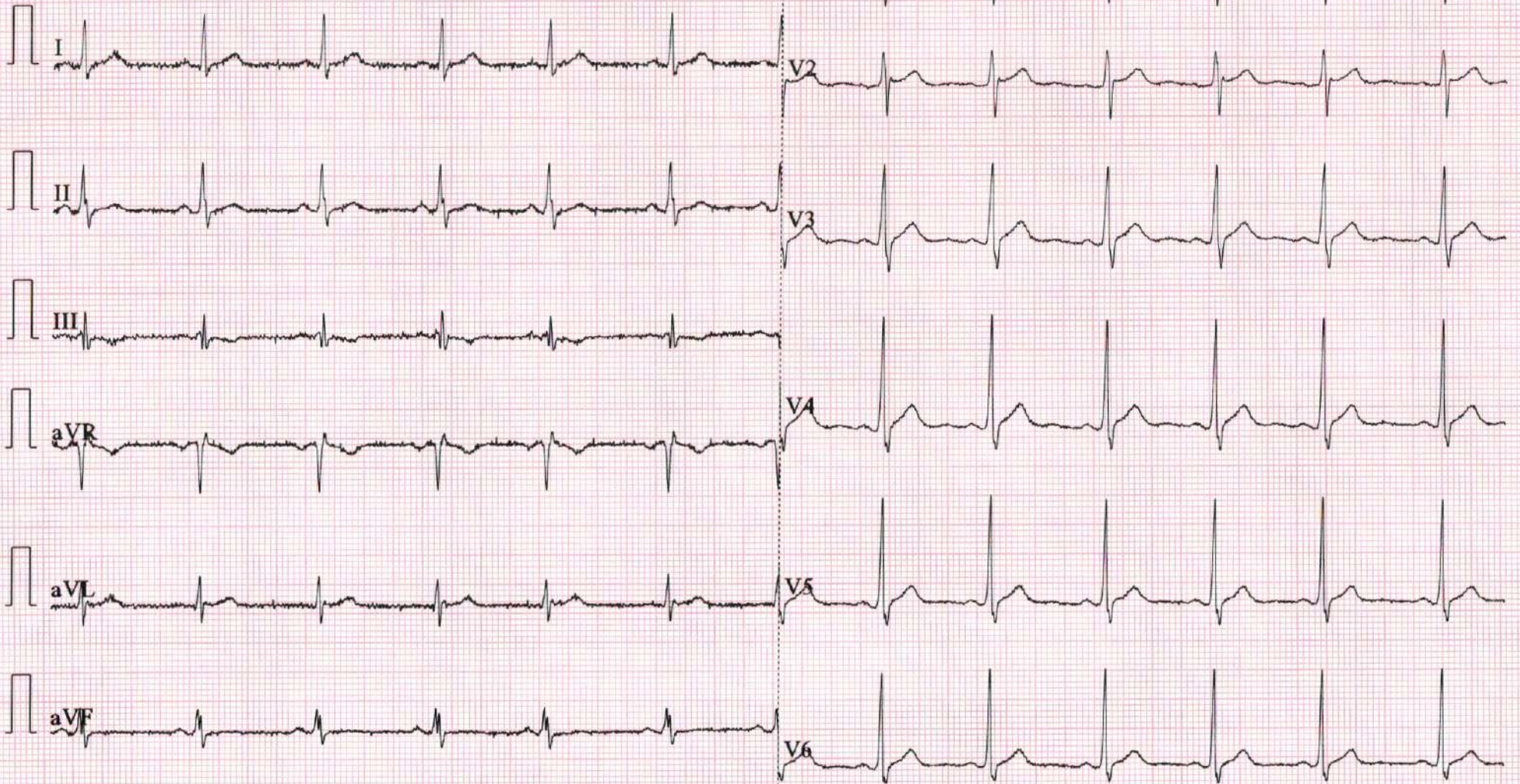
24-01-2023 10:01:31 AM
HR : 76 bpm
P : 105 ms
PR : 139 ms
QRS : 98 ms
QT/QTc : 353/399 ms
P/QRS/T : 62/33/6 °
RV5/SV1 : 1.828/0.368 mV

Diagnosis Information:

T inversion in III
ST

Technician : ALEENA
Ref-Phys. : MEDIWHEEL
Report Confirmed by:

DR GEORGE THOMAS
MD, FCSI, FIAE
CARDIOLOGIST



NAME	MR DERICK JOHN THOMAS	AGE	31 YRS
SEX	MALE	DATE	January 24, 2023
REFERRAL	BANK OF BARODA	ACC NO	4126WA009006

USG ABDOMEN AND PELVIS

LIVER	Measures ~ 14 cm. Bright echotexture. Smooth margins and no obvious focal lesion within. No IHBR dilatation. Portal vein normal in caliber.
GB	No calculus within gall bladder. Normal GB wall caliber.
SPLEEN	Measures ~ 10.6 cm, normal to visualized extent. Splenic vein normal.
PANCREAS	Partially obscured by bowel gases.
KIDNEYS	RK: 11.4 x 4.3 cm, appears normal in size and echotexture. LK: 12.2 x 4.9 cm, shows 13 x 12 mm cortical cyst at interpolar region. Maintained corticomedullary differentiation and normal parenchymal thickness. No hydroureteronephrosis.
BLADDER	Normal wall caliber, no internal echoes/calculus within.
PROSTATE	Normal in volume and echopattern.
NODES/FLUID	Nil to visualized extent.
BOWEL	Visualized bowel loops appear normal.
IMPRESSION	<ul style="list-style-type: none"> ✚ <i>Grade I fatty liver.</i> ✚ <i>Left renal cortical cyst (Bosniak type I)</i>

Kindly correlate clinically.

Navneet
Dr. NAVNEET KAUR MBBS . MD
 Consultant Radiologist

Thank you for referral. Your feedback will be appreciated.



NOTE: This report is only a professional opinion based on the real time image finding and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.



Date...24.01.2023

OPHTHALMOLOGY REPORT

This is to certify that I have examined

Mr / Ms : Derick John Thomas.....Aged...31.....and his / her

visual standards is as follows :

Visual Acuity:

For far vision R:6/6.....

L :6/6.....

For near vision R :N6.....

L :N6.....

Color Vision :Normal.....

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Nannu Elizabeth
Nannu Elizabeth
(Optometrist)