





## LABORATORY REPORT

Sex/Age : Female / 35 Years

40308001098

Ref. By : Mediwheel Full Body Health Checkup

Dis. At

Pt. ID Pt. Loc

Bill. Loc. : Health packages Reg Date and Time

: 23-Mar-2024 09:13 Sample Type

: Whole Blood EDTA

Sample Date and Time : 23-Mar-2024 09:13

Name

Sample Coll. By : non

Mobile No. : Ref Id1

Report Date and Time : 23-Mar-2024 10:37

Acc. Remarks

Ref Id2

TEST		RESULTS		NIT	BIOLOGICAL	REF. INTE	RVAL	REMARKS
HR AND INDICES			HAE	MOGRAM R	PORT			TALMAINS
HB AND INDICES								-
Haemoglobin	L	10.4	G	%	12.0 - 15.0			
RBC (Electrical Impedance)	L	3.68	m	illions/cumm	3.80 - 4.80			
PCV(Calc)	L	32.31	%					
MCV (RBC histogram)		87.8			36.00 - 46.00			
MCH (Calc)		28.2	fL		83.00 - 101.00			
MCHC (Calc)			pg		27.00 - 32.00			
RDW (RBC histogram)		32.1	gn	v/dL	31.50 - 34.50			
OTAL AND DIFFERENTIAL WE		12.30	%		11.00 - 16.00			
Total WBC Count	3C C							
Tan II Do Count		6810	/µL		4000.00 - 1000	00.00		
Neutrophil		[%] 58	%	40.00 - 70.				
-ymphocyte		55.00.1 56.15	327			3950	/µL	EXPECTED VALUES 2000.00 - 7000.00
osinophil		35	%	20.00 - 40.	00	2384		1000.00 - 3000.00
		02	%	1.00 - 6.00		136		
Monocytes		05	%	2.00 - 10.00	,	1777	/µL	20.00 - 500.00
Basophil		00	920			341	/µL	200.00 - 1000.00
		00	%	0.00 - 2.00		0	/µL	0.00 - 100.00
ATELET COUNT								558558 58873.89
latelet Count		269000	/µL					
PV		12.20			50000.00 - 410	00.000		
DW			fL	6	.5 - 12			
	п.	16.0		8	- 13			

#### Method:

TLC-SF cube technology(Flow Cytometry+ fluorescence),

DC by microscopy,

Platelet count by electrical impedance+/-SF cube technology

# For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible panding Services.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shweta Patel

Consultant Pathologist

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CLINICAL LABORATORIE

: Mrs TRAPTI GUPTA

Ref. By : Mediwheel Full Body Health Checkup





LABORATORY REPORT

Sex/Age : Female / 35 Years

: 40308001098

Dis. At

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: 23-Mar-2024 09:13 Sample Type

: Whole Blood EDTA

Mobile No. :

Reg Date and Time

Bill. Loc. : Health packages

Sample Date and Time : 23-Mar-2024 09:13

Sample Coll. By

Ref Id1

Report Date and Time

: 23-Mar-2024 11:20

Acc. Remarks

Ref Id2

PDW

Name

16.0

8 - 13

ESR Westergren Method

H 26

mm after 1hr 3 - 20

Method:

TLC-SF cube technology(Flow Cytometry+ fluorescence),

DC by microscopy,

Platelet count by electrical impedance+/-SF cube technology

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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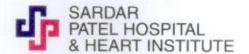
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Bill. Loc. : Health packages

; Mediwheel Full Body Health Checkup





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Reg Date and Time : 23-Mar-2024 09:13 Sample Type : Whole Blood EDTA

Sample Coll. By : non

Sample Date and Time : 23-Mar-2024 09:13 Report Date and Time : 23-Mar-2024 13:03 Acc. Remarks Mobile No.

Ref Id1 Ref Id2

TEST

Name

Ref. By

RESULTS

UNIT BIOLOGICAL REF RANGE

REMARKS

HAEMATOLOGY INVESTIGATIONS

BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group )

**ABO** Type

0

Rh Type

**POSITIVE** 

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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40308001098

### LABORATORY REPORT

Name : Mrs TRAPTI GUPTA Sex/Age : Female / 35 Years

Ref. By : Mediwheel Full Body Health Checkup Dis. At

Pt. ID Bill. Loc. : Health packages

Pt. Loc Reg Date and Time : 23-Mar-2024 09:13 | Sample Type : Whole Blood EDTA

Mobile No. Sample Date and Time : 23-Mar-2024 09:13 Sample Coll. By Ref Id1 Report Date and Time : 23-Mar-2024 12:38 Acc. Remarks Ref Id2

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

# Glycated Haemoglobin Estimation

HbA1C Immunoturbidimetric 5.0 % of total Hb <5.7: Normal

5.7-6.4: Prediabetes >=6.5: Diabetes

Estimated Avg Glucose (3 Mths) 96.80 mg/dL Not available

Please Note change in reference range as per ADA 2021 guidelines. Interpretation:

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control. Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.

In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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: 23-Mar-2024 09:13 Sample Type

Plasma Fluoride F,Plasma Fluoride PP, Serum

Mobile No. :

Sample Date and Time : 23-Mar-2024 09:13 | Sample Coll. By : non

Report Date and Time

Name

: 23-Mar-2024 11:05 Acc. Remarks

Ref Id1

Ref Id2

TEST		RESULTS	UNIT	PIOLOGICAL	
Plasma Glucose - F Photometric, Hexokinase	Н	101.52	mg/dL	BIOLOGICAL REF RANGE 70 - 100	THE WORLD
Plasma Glucose - PP		104.52	mg/dL	70 - 140	FUS: NIL
BUN (Blood Urea Nitrogen)		11.0	mg/dL	7.00 - 18.70	PPUS: NIL
Jric Acid Iricase-Peroxidase method		3.32	mg/dL	2.6 - 6.2	
Creatinine affe compensated		0.57	mg/dL	0.55 - 1.02	

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CLINICAL LABORATORIES

: Mrs TRAPTI GUPTA

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Reg Date and Time

Report Date and Time

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Sample Date and Time : 23-Mar-2024 09:13

: 23-Mar-2024 11:05

Name

TEST





LABORATORY REPORT

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Dis. At

Pt. ID

Ref Id2

: 23-Mar-2024 09:13 Sample Type Pt. Loc :

: Serum Mobile No. Sample Coll. By : non Ref Id1 Acc. Remarks

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

# BIOCHEMICAL INVESTIGATIONS

### Linid Profile

App. 39 97 16		ribid Ptol	ile
Cholesterol Colorimetric, CHOD-POD	167.07	mg/dL	110 - 200
HDL Cholesterol	55.4		200
Triglyceride GPO-POD	55.4	mg/dL	40 - 60
GPO-POD	62.04	mg/dL	40 - 200
VLDL Calculated	12.41	mg/dL	10 - 40
Chol/HDL Calculated	3.02	- T	0 - 4.1
LDL Cholesterol Calculated	99.26	mg/dL	0.00 - 100.00
			0.00 - 100.00

# NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	UDI OUGUESTO	
Optimal<100	Desirable<200	HDL CHOLESTEROL .	TRIGLYCERIDES
Near Optimal 100-129	The same of the sa	Low<40	The second secon
The state of the s	Border Line 200-239	High >60	Normal<150
Borderline 130-159	High >240	11911.700	Border High 150-199
High 160-189	1		High 200-499

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
  - Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Pt. Loc :

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Acc. Remarks

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Name

RESULTS

UNITBIOLOGICAL REF RANGE

REMARKS

# BIOCHEMICAL INVESTIGATIONS

		Liver Functio	n Test
S.G.P.T.	20.64	U/L	0 - 59
S.G.O.T.	19.42	U/L	15 - 37
Alkaline Phosphatase Modified IFCC method	67.72	U/L	40 - 150
Proteins (Total)	6.97	g/dL	6.4 - 8.2
Albumin Bromo Cresol Green	4.43	g/dL	3.4 - 5.0
Globulin Calculated	2.54	gm/dL	2 - 4.1
A/G Ratio Calculated	1.7		1.0 - 2.1
Bilirubin Total Diazotized Sulfanilic Acid Method	0.34	mg/dL	0.2 - 1.0
Bilirubin Conjugated Diazolized Sulfanilic Acid Method	0.13	mg/dL	0.2 - 1.0
Bilirubin Unconjugated	0.21	mg/dL	0 - 0.8
		0.6500000000000000000000000000000000000	200000000000000000000000000000000000000

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CLINICAL LABORATORIES

: Mrs TRAPTI GUPTA





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TEST

Ref. By

RESULTS

UNIT BIOLOGICAL REF RANGE

REMARKS

### BIOCHEMICAL INVESTIGATIONS

### Thyroid Function Test

			CORP. L. PROTECTION .
Triiodothyronine (T3)	1.23	ng/mL	0.70 - 2.04
Thyroxine (T4)	7.17	µg/dL	5.5 - 11.0
TSH ECLIA	3.000	µIU/mL	0.40 - 4.20

#### INTERPRETATIONS

Useful for Monitoring patients on thyroid replacement therapy, Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine therapy, for Prediction of thyrotropin-releasing hormone-stimulated TSH response, as An aid in the diagnosis of primary hyperthyroidism, for Differential diagnosis of hypothyroidism.

The ability to quantitate circulating levels of thyroid-stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Concentrations of 5.1 mlU/ml

#### CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone.

Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

Reference range (microIU/ml)

First trimester 0.24 - 2.00Second trimester 0.43-2.2 Third trimester 0.8-2.5

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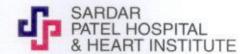
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Consultant Pathologist

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## LABORATORY REPORT

Sex/Age : Female / 35 Years

: Spot Urine

: Mediwheel Full Body Health Checkup Ref. By

: Mrs TRAPTI GUPTA

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Mobile No. :

Sample Coll. By : non

Report Date and Time

Reg Date and Time

: 23-Mar-2024 12:38

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UNIT

BIOLOGICAL REF RANGE REMARKS

# URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour

Pale yellow

Transparency

Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity

1.020

1.003 - 1.035

pH

6.0

4.6 - 8

Leucocytes (ESTERASE)

Negative

Protein

Negative

Negative Negative

Glucose

Negative

Negative

Ketone Bodies Urine Urobilinogen

Negative

Negative

Bilirubin

Negative

Negative

Negative Negative

Blood

Negative

Negative

Nitrite

Negative

Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte Red Blood Cell

Occasional

/HPF

Nil

**Epithelial Cell** 

Nil

/HPF

Nil

Bacteria

1-2

/HPF

Present(+)

Yeast

Nil Nil

/µL

Nil

Cast

Crystals

Nil Nil /µL /HPF

/HPF

Nil Nil

Nil

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Parameter	Unit	Expected value		Resi	alt/Notation	ne	
			Trace				1
pН	-	4.6-8.0		-	++	+++	+++
SG		1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25			
Glucose	mg/dL	Negative (<30)		25	75	150	500
Bilirubin			30	50	100	300	1000
	mg/dL	Negative (0.2)	0.2	1	3	6	
Ketone	mg/dL	Negative (<5)	5	15	50		-
Urobilinogen	mg/dL	Negative (<1)	1			150	-
A CONTRACTOR OF	6/	" (Parise ( 1)	1	4	8	12	-

Parameter	Unit	Expected value	Opposition to	Result	/Notification	ons	
Louis and a state of the state			Trace	+	++	+++	T
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	- 0.000	++++
Nitrite(Strip)		Negative		23	100	500	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10		-		
Pus cells		riegative (<3)	10	25	50	150	250
(Microscopic)	/hpf	<5			-		
Red blood	115						
cells(Microscopic)	/hpf	<2	-		-		-
Cast (Microscopic)	/lpf	<2					

Pending Services Stool Examination

End Of Report ---

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Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Consultant Pathologist

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Patient Name:	TRUPTI GUPTA	Age / Sex:	35YRS/F
Patient ID:	OP-3633	Date:	23/03/2024
Referred By:	HEALTH CHEKUP	USG:	ABD

### USG ABDOMEN & PELVIS

LIVER: normal in size 141 mm shape and normal echotexture. No focal solid or cystic mass seen. Portal & billiary radicals normal.

PV & CBD normal.

G.B.: well distended & normal. No stone or inflammation seen.

HEAD AND BODY OF PANCREAS: reveals normal echotexture. No mass, calcification or pancreatitis.

Tail of pancreas: Obscure by bowel gas.

SPLEEN: Normal in size, 84 mm & reveals normal echotexture. No other focal mass seen.

BOTH KIDNEY: RK: 99 X 34 mm. , LK: 108 X 45 mm.

Both kidneys are normal size with normal cortical thickness.

No focal solid or cystic mass seen. No calculus. No hydronephrosis seen.

C.M differentiation is preserved. No parenchymal abnormality seen.

U. BLADDER: Well distended & normal. No mass or filling defect seen.

UTERUS: Anteverted, Normal in size.

The endometrial stripe (ET) measures 9.1 mm in diameter and is normal in echogenicity.

BOWEL LOOPS: Peristaltic bowel loops seen in lower abdomen. Bowel loops are normal calibre (Visualized).

No free fluid seen. No enlarged lymphnodes seen.

#### IMPRESSION:

- No significant abnormality seen.
- Suggest clinical correlation.

The

Dr. HANSA RATHWA MD (Radio Diagnosis)

Disclaimer-It is of medical imaging based on the available clinical data, so this report cannot be utilized for any medico legal purpose/certifications. All modern machines/procedures have their own limitations. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests.





Patient Name:	TRUPTI GUPTA	Age /Sex:	35YRS/F
Patient ID:	OP-3633	Date :	23/03/2024
Referred By:	HEALTH CHEKUP	Modality:	X-RAY

### X-RAY CHEST PA.

- Both Lung fields appear normal No evidence of any collapse / consolidation.
- Both Hila appear normal.
  No evidence of any enlarged Hilar lymphnodes.
- Both CP angle clear.
- Cardiac size appear normal.
- > Both hemi diaphragm appears normal
- Bony cage aappear normal.

### IMPRESSION:

No significant abnormality detected. . Suggest clinical correlation.



Dr. HANSA RATHWA MD (Radio Diagnosis)

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Chikuwadi, Opp. Railway Yard, Ankleshwar - 393 001 🕻 : 247882 / 247883

OPD INITIAL ASSESSMEN'	1 FORM
To be filled by Nursing Staff) Patient Name: - TOUP+1 CTUP+9	UHID Number: - 3 633
atient Name: - 10 cust 10 cust	6 155 Age: -35 (Years)
Consultant Name: Dr. Shaoya Date: 23 3 24 Start	Time: -0
Sex: - (M/F) Shah	
Height:-150 cms, Weight: - 62 kgs. Temp.	, Pulse: - Carminute), SPO2
B.P.:-10(10 (mm of Hg), RBS: First V	/isit / Follow Up
Visit. Plast UISIT	
	End Time:-
Nursing Staff Name & Signature:-	
	coholic, Hypothyroidism
Family History:-	ritional Screening:- nunization Status:-
Family History:-	ritional Screening:- nunization Status:-
Family History:-	ritional Screening:-
Family History:-  Psychosocial Assessment:-  To be filled by Clinician) Start Time:-  Clinical Findings:-  To glass	ritional Screening:- nunization Status:- Diagnosis:-
Psychosocial Assessment: - Imm  To be filled by Clinician) Start Time: -	ritional Screening:- nunization Status:- Diagnosis:-



Patient Name: Mrs. Trapti Gupta

Registration No: 101-024-3633-000

Sex: Female

Patient Arrived At: 23-Mar-2024 09:00:00 AM

Test Name: ECHO STUDY

DOB: 23-Mar-1989

Age: 35 Yrs/

Result Verified At: 23-Mar-2024 11:40

# 2D ECHO CARDIOGRAPHY REPORT

All cardiac chambers are normal in dimension

Normal LV Systolic function at Rest, LVEF =60 %

No RWMA at Rest.

No diastolic dysfunction (E>A, MV E'> 0.10 m/s)

MV – Normal, No MS/MR

AV -Normal, No AS/ AR

TV – Normal, No TS/ Trivial TR

PV - No PS / PR

No Pulmonary Hypertension, RVSP = 25 mmHg

IAS/IVS appear Intact

No e/o obvious Clot / Vegetation / effusion

IVC not dilated collapsing > 50% on inspiration

IMPRESSION: NORMAL LV SYSTOLIC FUNCTION, NO RWMA, NO PAH

Dr. Milan Mehta

D.Card (Mumbai) Non-Invasive cardiology Soorya M.

Echo technologist

Dr. Jayvirsinh Atodariya

MD, DM, CARDIOLOGY

Consultant: Interventional Cardiology

