



LABORATORY REPORT



Name : **Mr. OMPRAGASH T S** Sex/Age : **Male / 30 Years** Case ID : **40408000623**
 Ref. By : **Mediwheel** Dis. At : Pt. ID :
 Bill. Loc. : **Health packages** Pt. Loc. :

Reg Date and Time : **13-Apr-2024 08:38** Sample Type : **Whole Blood EDTA,Plasma Fluoride F,Plasma Fluoride PP** Mobile No. :
 Sample Date and Time : **13-Apr-2024 08:38** Sample Coll. By : **non** Ref Id1 :
 Report Date and Time : **13-Apr-2024 12:48** Acc. Remarks : Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin <small>Photometric Method</small>	H	17.6	G%	13.00 - 17.00	Rechecked
RBC (Electrical Impedance)		5.45	millions/cum	4.50 - 5.50	
PCV(Calc)	H	52.16	%	40.00 - 50.00	
MCV (RBC histogram)		95.7	fL	83.00 - 101.00	
MCH (Calc)	H	32.2	pg	27.00 - 32.00	
MCHC (Calc)		33.7	gm/dL	31.50 - 34.50	
RDW (RBC histogram)		13.80	%	11.00 - 16.00	

TOTAL AND DIFFERENTIAL WBC COUNT

Total WBC Count		6590	/µL	4000.00 - 10000.00	
Neutrophil		49	%	40.00 - 70.00	
Lymphocyte	H	41	%	20.00 - 40.00	
Eosinophil		04	%	1.00 - 6.00	
Monocytes		06	%	2.00 - 10.00	
Basophil		00	%	0.00 - 2.00	
Neutrophil <small>Calculated</small>		3229	/µL	2000.00 - 7000.00	
Lymphocyte <small>Calculated</small>		2702	/µL	1000.00 - 3000.00	
Eosinophil <small>Calculated</small>		264	/µL	20.00 - 500.00	
Monocyte <small>Calculated</small>		395	/µL	200.00 - 1000.00	
Basophil <small>Calculated</small>		0	/µL	0.00 - 100.00	

PLATELET COUNT

Platelet Count		275000	/µL	150000.00 - 410000.00	
MPV		9.50	fL	6.5 - 12	

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

Dr. Shweta Patel
Consultant Pathologist

Printed On : 13-Apr-2024 13:45



LABORATORY REPORT



Name : Mr. OMPRAGASH T S	Sex/Age : Male / 30 Years	Case ID : 40408000623
Ref. By : Mediwheel	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 13-Apr-2024 08:38	Sample Type : Whole Blood EDTA, Plasma Fluoride F, Plasma Fluoride PP	Mobile No. :
Sample Date and Time : 13-Apr-2024 08:38	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 13-Apr-2024 12:48	Acc. Remarks :	Ref Id2 :

PDW H **16.8** 9 - 16
ESR **06** mm after 1hr 3 - 15
Westergren Method

Method:
 TLC-SF cube technology(Flow Cytometry+ fluorescence).
 DC by microscopy.
 Platelet count by electrical impedance+/-SF cube technology

BIOCHEMICAL INVESTIGATIONS

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H 114.54	mg/dL	70 - 100	FUS: NIL
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	117.90	mg/dL	70 - 140	PPUS: NIL

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

Swf
Dr. Shweta Patel
 Consultant Pathologist

Printed On : 13-Apr-2024 13:45



LABORATORY REPORT



Name : Mr. OMPRAGASH T S	Sex/Age : Male / 30 Years	Case ID : 40408000623
Ref. By : Mediwheel	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 13-Apr-2024 08:38	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 13-Apr-2024 08:38	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 13-Apr-2024 11:46	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HAEMATOLOGY INVESTIGATIONS				
BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)				
(Both Forward and Reverse Group)				

ABO Type	B
Rh Type	POSITIVE

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

Spf

Dr. Shweta Patel
 Consultant Pathologist
 Page 6 of 10

Printed On : 13-Apr-2024 13:45



LABORATORY REPORT



Name : Mr. OMPRAGASH T S	Sex/Age : Male / 30 Years	Case ID : 40408000623
Ref. By : Mediwheel	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 13-Apr-2024 08:38	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 13-Apr-2024 08:38	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 13-Apr-2024 11:37	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C <i>Immunoturbidimetric</i>	5.1	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	99.67	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.

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

Dr. Shweta Patel
Consultant Pathologist

Printed On : 13-Apr-2024 13:45



LABORATORY REPORT



Name : Mr. OMPRAGASH T S	Sex/Age : Male / 30 Years	Case ID : 40408000623
Ref. By : Mediwheel	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 13-Apr-2024 08:38	Sample Type : Serum	Mobile No. :
Sample Date and Time : 13-Apr-2024 08:38	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 13-Apr-2024 11:36	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	H	211.15	mg/dL	110 - 200
HDL Cholesterol	L	34.4	mg/dL	40 - 60
Triglyceride <i>GPO-POD</i>	H	253.44	mg/dL	40 - 200
VLDL <i>Calculated</i>	H	50.69	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	6.14		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	126.06	mg/dL	0.00 - 100.00

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

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240		High 200-499
High 160-189			

- 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 assesment from HDL and Tnglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation 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

None: (LL-VeryLow, L-Low, H-High, HH-VeryHigh) A-Abnormal

Dr. Shweta Patel
Consultant Pathologist

Printed On : 13-Apr-2024 13:45



LABORATORY REPORT



Name : Mr. OMPRAGASH T S	Sex/Age : Male , 30 Years	Case ID : 40408000623
Ref. By : Mediwheel	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 13-Apr-2024 08:38	Sample Type : Serum	Mobile No. :
Sample Date and Time : 13-Apr-2024 08:38	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 13-Apr-2024 11:37	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>IFCC</i>	34.50	U/L	0 - 63	
S.G.O.T. <i>IFCC</i>	25.39	U/L	15 - 37	
Alkaline Phosphatase <i>Modified IFCC method</i>	102.91	U/L	40 - 150	
Proteins (Total) <i>Biuret</i>	8.07	g/dL	6.4 - 8.2	
Albumin <i>Bromo Cresol Green</i>	H 5.01	g/dL	3.4 - 5.0	
Globulin <i>Calculated</i>	3.06	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.6		1.0 - 2.1	
Bilirubin Total <i>Diazotized Sulfanilic Acid Method</i>	H 1.04	mg/dL	0.2 - 1.0	
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	0.31	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.73	mg/dL	0 - 0.8	

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

Dr. Shweta Patel

Consultant Pathologist

Page 4 of 10

Printed On : 13-Apr-2024 13:45



LABORATORY REPORT



Name : Mr. OMPRAGASH T S	Sex/Age : Male / 30 Years	Case ID : 40408000623
Ref. By : Mediwheel	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc :
Reg Date and Time : 13-Apr-2024 08:38	Sample Type : Serum	Mobile No. :
Sample Date and Time : 13-Apr-2024 08:38	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 13-Apr-2024 11:36	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Renal Function Test				
Urea <i>Urease/GLDH</i>	20.09	mg/dL	19.01 - 44.1	
Creatinine <i>Jaffe compensated</i>	1.00	mg/dL	0.70 - 1.30	
Uric Acid <i>Uricase-Peroxidase method</i>	6.91	mg/dL	3.5 - 7.2	
Sodium <i>ISE</i>	139.5	mmol/L	136 - 145	
Potassium <i>ISE</i>	5.07	mmol/L	3.5 - 5.1	
Chloride <i>ISE</i>	98.4	mmol/L	98 - 107	
Calcium <i>Arsenazo III</i>	10.2	mg/dL	8.4 - 10.2	

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

Dr. Shweta Patel

Consultant Pathologist

Page 3 of 10

Printed On : 13-Apr-2024 13:45



LABORATORY REPORT



Name : Mr. OMPRAGASH T S	Sex/Age : Male / 30 Years	Case ID : 40408000623
Ref. By : Mediwheel	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 13-Apr-2024 08:38	Sample Type : Serum	Mobile No. :
Sample Date and Time : 13-Apr-2024 08:38	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 13-Apr-2024 10:33	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

BIOCHEMICAL INVESTIGATIONS

Thyroid Function Test

Triiodothyronine (T3) <small>ECLIA</small>	1.13	ng/mL	0.70 - 2.04	
Thyroxine (T4) <small>ECLIA</small>	8.44	µg/dL	4.6 - 10.5	
TSH <small>ECLIA</small>	H 4.610	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 mIU/ml to 7.0 mIU/ml are considered borderline hypothyroid.

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.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

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

Dr. Shweta Patel

Consultant Pathologist

Page 7 of 10

Printed On : 13-Apr-2024 13:45



LABORATORY REPORT



Name : Mr. OMPRAGASH T S	Sex/Age : Male / 30 Years	Case ID : 40408000623
Ref. By : Mediwheel	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 13-Apr-2024 08:38	Sample Type : Spot Urine	Mobile No. :
Sample Date and Time : 13-Apr-2024 08:38	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 13-Apr-2024 11:36	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)				
<u>Physical examination</u>				
Colour	Pale yellow			
Transparency	Clear			
<u>Chemical Examination By Sysmex UC-3500</u>				
Sp.Gravity	1.015		1.003 - 1.035	
pH	6.0		4.6 - 8	
Leucocytes (ESTERASE)	Negative		Negative	
Protein	Negative		Negative	
Glucose	Negative		Negative	
Ketone Bodies Urine	Negative		Negative	
Urobilinogen	Negative		Negative	
Bilirubin	Negative		Negative	
Blood	Negative		Negative	
Nitrite	Negative		Negative	
<u>Flowcytometric Examination By Sysmex UF-5000</u>				
Leucocyte	Nil	/HPF	Nil	
Red Blood Cell	Nil	/HPF	Nil	
Epithelial Cell	1-2	/HPF	Present(+)	
Bacteria	Nil	/µL	Nil	
Yeast	Nil	/µL	Nil	
Cast	Nil	/HPF	Nil	
Crystals	Nil	/HPF	Nil	

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

Dr. Shweta Patel
 Consultant Pathologist
 Page 9 of 10

Printed On : 13-Apr-2024 13:45



LABORATORY REPORT



Name : Mr. OMPRAGASH T S	Sex/Age : Male / 30 Years	Case ID : 40408000623
Ref. By : Mediwheel	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc :
Reg Date and Time : 13-Apr-2024 08:38	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 13-Apr-2024 08:38	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 13-Apr-2024 11:36	Acc. Remarks :	Ref Id2 :

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/pf	<2	-	-	-	-	-

Pending Services
Stool Examination

----- End Of Report -----

* 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 Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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

Shweta
Dr. Shweta Patel

Consultant Pathologist

Page 10 of 10

Printed On : 13-Apr-2024 13:45

Patient Name:	OMPRAGASH T S	Age	30YRS
Patient ID:	OP-2897	Sex:	MALE
Referred By:	HEALTH CHEKUP	Modality:	USG ABD
Study date:	13/04/2024	Reportdate:	13/04/2024

USG ABDOMEN & PELVIS

Liver is normal in size and shows increased echotexture. No focal solid/ cystic mass lesion detected in the liver. CBD and intrahepatic biliary radicles show no dilatation.

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 size, mm & reveals normal echotexture. No other focal mass seen.

BOTH KIDNEY : RK: 96 X 42 mm LK : 101 X 37 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.

PROSTATE: Normal in size & echotexture.No mass or calcification seen.

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

No free fluid seen. No enlarged lymphnodes seen.

IMPRESSION:

Fatty changes in liver (Grade I)

Suggest clinical correlation



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 : Mr. Ompragash T. S.
Registration No : 101-022-2897-000
Sex : Male
Patient Arrived At : 13-Apr-2024 09:00:00 AM
Test Name : ECHO STUDY

DOB : 12-Mar-1994
Age : 30 Yrs/
Result Verified At : 13-Apr-2024 13:38

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

Patient Name:	OMPRAGASH T S	Age /:	30YRS
Patient ID:	OP-2897	SEX:	MALE
Referred By:	HEALTH CHEKUP	Modality:	X-RAY
Study date :	13/04/2024	Report date:	13/04/2024,1:17 pm

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 appear normal.

IMPRESSION:

No significant abnormality detected. .
Suggest clinical correlation.



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.