



MC-5333

PATIENT NAME : DOLLY MISHRA W/O GULPADIA SAMITABH

REF. DOCTOR : SELF

CODE/NAME &amp; ADDRESS : C000049066

SRL JAIPUR WELLNESS CORPORATE WALK IN  
AAKRITI LABS PVT LTD. A-430, AGRASEN MARG  
JAIPUR 302017  
9314660100

ACCESSION NO : 0251WD001279

PATIENT ID : DOLLF140492251

CLIENT PATIENT ID: 012304140089

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 14/04/2023 11:58:00

RECEIVED : 14/04/2023 13:02:39

REPORTED : 17/04/2023 09:32:58

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

## HAEMATOLOGY - CBC

## MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

## BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB)	9.4 Low	12.0 - 15.0	g/dL
METHOD : CYANIDE FREE DETERMINATION			
RED BLOOD CELL (RBC) COUNT	3.86	3.8 - 4.8	mil/ $\mu$ L
METHOD : ELECTRICAL IMPEDANCE			
WHITE BLOOD CELL (WBC) COUNT	7.00	4.0 - 10.0	thou/ $\mu$ L
METHOD : ELECTRICAL IMPEDANCE			
PLATELET COUNT	204	150 - 410	thou/ $\mu$ L
METHOD : ELECTRONIC IMPEDANCE			

## RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	29.6 Low	36 - 46	%
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR VOLUME (MCV)	77.0 Low	83 - 101	fL
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	24.5 Low	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC)	31.9	31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER			
RED CELL DISTRIBUTION WIDTH (RDW)	16.7 High	11.6 - 14.0	%
METHOD : CALCULATED PARAMETER			
MENTZER INDEX	20.0		
MEAN PLATELET VOLUME (MPV)	11.8 High	6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER			

## WBC DIFFERENTIAL COUNT

NEUTROPHILS	53	40 - 80	%
METHOD : IMPEDANCE WITH HYDRO FOCUS AND MICROSCOPY			
LYMPHOCYTES	36	20 - 40	%
METHOD : IMPEDANCE WITH HYDRO FOCUS AND MICROSCOPY			
MONOCYTES	09	2 - 10	%
METHOD : IMPEDANCE WITH HYDRO FOCUS AND MICROSCOPY			
EOSINOPHILS	02	1 - 6	%
METHOD : IMPEDANCE WITH HYDRO FOCUS AND MICROSCOPY			

Page 1 Of 12

  
Dr. Akansha Jain  
Consultant Pathologist



View Details



View Report

## PERFORMED AT :

SRL Ltd  
C/o Aakriti Labs Pvt Ltd, 3, Mahatma Gandhi Marg, Gandhi Nagar Mod, Tonk Road  
JAIPUR, 302015  
Rajasthan, INDIA



Patient Ref. No. 775000002908606



MC-5333

PATIENT NAME : DOLLY MISHRA W/O GULPADIA SAMITABH

REF. DOCTOR : SELF

CODE/NAME &amp; ADDRESS : C000049066

SRL JAIPUR WELLNESS CORPORATE WALK IN  
AAKRITI LABS PVT LTD. A-430, AGRASEN MARG  
JAIPUR 302017  
9314660100

ACCESSION NO : 0251WD001279

PATIENT ID : DOLLF140492251

CLIENT PATIENT ID: 012304140089

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 14/04/2023 11:58:00

RECEIVED : 14/04/2023 13:02:39

REPORTED : 17/04/2023 09:32:58

Test Report Status	Preliminary	Results	Biological Reference Interval	Units
BASOPHILS		00	0 - 2	%
METHOD : IMPEDANCE WITH HYDRO FOCUS AND MICROSCOPY				
ABSOLUTE NEUTROPHIL COUNT		3.71	2.0 - 7.0	thou/ $\mu$ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		2.52	1.0 - 3.0	thou/ $\mu$ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.63	0.2 - 1.0	thou/ $\mu$ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.14	0.02 - 0.50	thou/ $\mu$ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE BASOPHIL COUNT		<b>0 Low</b>	0.02 - 0.10	thou/ $\mu$ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		1.5		

**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. Akansha Jain  
Consultant Pathologist



View Details



View Report

**PERFORMED AT :**

SRL Ltd  
C/o Aakriti Labs Pvt Ltd, 3, Mahatma Gandhi Marg, Gandhi Nagar Mod, Tonk Road  
JAIPUR, 302015  
Rajasthan, INDIA



Patient Ref. No. 775000002908606

<b>PATIENT NAME : DOLLY MISHRA W/O GULPADIA SAMITABH</b>		<b>REF. DOCTOR : SELF</b>	
<b>CODE/NAME &amp; ADDRESS : C000049066</b>		<b>AGE/SEX : 31 Years Female</b>	
SRL JAIPUR WELLNESS CORPORATE WALK IN		<b>PATIENT ID : DOLLF140492251</b>	
AAKRITI LABS PVT LTD. A-430, AGRASEN MARG		<b>CLIENT PATIENT ID: 012304140089</b>	
JAIPUR 302017		<b>ABHA NO :</b>	
9314660100		<b>DRAWN : 14/04/2023 11:58:00</b>	
		<b>RECEIVED : 14/04/2023 13:02:39</b>	
		<b>REPORTED : 17/04/2023 09:32:58</b>	

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

### HAEMATOLOGY

#### MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

#### ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

E.S.R 16 0 - 20 mm at 1 hr

METHOD : AUTOMATED (PHOTOMETRICAL CAPILLARY STOPPED FLOW KINETIC ANALYSIS)"

#### 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. Akansha Jain**  
 Consultant Pathologist



View Details



View Report

#### PERFORMED AT :

SRL Ltd  
 C/o Aakriti Labs Pvt Ltd, 3, Mahatma Gandhi Marg, Gandhi Nagar Mod, Tonk Road  
 JAIPUR, 302015  
 Rajasthan, INDIA



Patient Ref. No. 775000002908606

PATIENT NAME : DOLLY MISHRA W/O GULPADIA SAMITABH

REF. DOCTOR : SELF

CODE/NAME &amp; ADDRESS : C000049066

SRL JAIPUR WELLNESS CORPORATE WALK IN  
AAKRITI LABS PVT LTD. A-430, AGRASEN MARG  
JAIPUR 302017  
9314660100

ACCESSION NO : 0251WD001279

PATIENT ID : DOLLF140492251

CLIENT PATIENT ID: 012304140089

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 14/04/2023 11:58:00

RECEIVED : 14/04/2023 13:02:39

REPORTED : 17/04/2023 09:32:58

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

## IMMUNOHAEMATOLOGY

## MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

## ABO GROUP &amp; RH TYPE, EDTA WHOLE BLOOD

ABO GROUP

TYPE A

METHOD : TUBE AGGLUTINATION

RH TYPE

POSITIVE

METHOD : TUBE AGGLUTINATION

## Interpretation(s)

ABO GROUP &amp; 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.

Page 4 Of 12

  
**Dr. Akansha Jain**  
 Consultant Pathologist


View Details

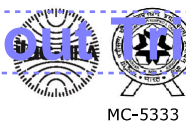


View Report

## PERFORMED AT :

SRL Ltd  
C/o Aakriti Labs Pvt. Ltd., 3, Mahatma Gandhi Marg, Gandhi Nagar Mod, Tonk Road  
JAIPUR, 302015  
Rajasthan, INDIA

Link No. 775000002908606



MC-5333

PATIENT NAME : DOLLY MISHRA W/O GULPADIA SAMITABH REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000049066 SRL JAIPUR WELLNESS CORPORATE WALK IN AAKRITI LABS PVT LTD. A-430, AGRASEN MARG JAIPUR 302017 9314660100	ACCESSION NO : 0251WD001279 PATIENT ID : DOLLF140492251 CLIENT PATIENT ID: 012304140089 ABHA NO :	AGE/SEX : 31 Years Female DRAWN : 14/04/2023 11:58:00 RECEIVED : 14/04/2023 13:02:39 REPORTED : 17/04/2023 09:32:58
---	--	--

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

BIOCHEMISTRY

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

GLUCOSE FASTING, FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR)	91	74 - 99	mg/dL
---------------------------	----	---------	-------

METHOD : GLUCOSE OXIDASE

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	5.0	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 Therapeutic goals: < 7.0 Action suggested : > 8.0 (ADA Guideline 2021)	%
-------	-----	--	---

METHOD : HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC)

ESTIMATED AVERAGE GLUCOSE(EAG)	96.8	< 116.0	mg/dL
--------------------------------	------	---------	-------

METHOD : CALCULATED PARAMETER

GLUCOSE, POST-PRANDIAL, PLASMA RESULT PENDING

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	149	< 200 Desirable 200 - 239 Borderline High >= 240 High	mg/dL
TRIGLYCERIDES	105	< 150 Normal 150 - 199 Borderline High 200 - 499 High >=500 Very High	mg/dL
HDL CHOLESTEROL	29 Low	< 40 Low >=60 High	mg/dL
CHOLESTEROL LDL	99	< 100 Optimal 100 - 129 Near optimal/ above optimal 130 - 159 Borderline High 160 - 189 High >= 190 Very High	mg/dL

Dr. Akansha Jain  
Consultant Pathologist



View Details



View Report

PERFORMED AT :

SRL Ltd  
C/o Aakriti Labs Pvt. Ltd., 3, Mahatma Gandhi Marg, Gandhi Nagar Mod, Park Road  
JAIPUR, 302015  
Rajasthan, INDIA



Line No. 775000002908606



MC-5333

PATIENT NAME : DOLLY MISHRA W/O GULPADIA SAMITABH

REF. DOCTOR : SELF

CODE/NAME &amp; ADDRESS : C000049066

SRL JAIPUR WELLNESS CORPORATE WALK IN  
AAKRITI LABS PVT LTD. A-430, AGRASEN MARG  
JAIPUR 302017  
9314660100

ACCESSION NO : 0251WD001279

PATIENT ID : DOLLF140492251

CLIENT PATIENT ID: 012304140089

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 14/04/2023 11:58:00

RECEIVED : 14/04/2023 13:02:39

REPORTED : 17/04/2023 09:32:58

Test Report Status	Preliminary	Results	Biological Reference Interval	Units
NON HDL CHOLESTEROL		120	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 CHOL/HDL RATIO		21.0 <b>5.1 High</b>	</= 30.0 3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	mg/dL
LDL/HDL RATIO		<b>3.4 High</b>	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
<b>LIVER FUNCTION PROFILE, SERUM</b>				
BILIRUBIN, TOTAL		0.59	0 - 1	mg/dL
BILIRUBIN, DIRECT		0.21	0.00 - 0.25	mg/dL
BILIRUBIN, INDIRECT		0.38	0.1 - 1.0	mg/dL
TOTAL PROTEIN		7.8	6.4 - 8.2	g/dL
ALBUMIN		4.0	3.8 - 4.4	g/dL
GLOBULIN		3.8	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO		1.1	1.0 - 2.1	RATIO
ASPARTATE AMINOTRANSFERASE(AST/SGOT)		26	0 - 31	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)		19	0 - 31	U/L
ALKALINE PHOSPHATASE		67	39 - 117	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)		12	7 - 32	U/L
LACTATE DEHYDROGENASE		423	230 - 460	U/L
<b>BLOOD UREA NITROGEN (BUN), SERUM</b>				
BLOOD UREA NITROGEN		7	5.0 - 18.0	mg/dL
<b>CREATININE, SERUM</b>				
CREATININE		0.83	0.6 - 1.2	mg/dL
<b>BUN/CREAT RATIO</b>				

Page 6 Of 12



Dr. Akansha Jain  
Consultant Pathologist



View Details



View Report

**PERFORMED AT :**SRL Ltd  
C/o Aakriti Labs Pvt. Ltd., 3, Mahatma Gandhi Marg, Gandhi Nagar Mod, Tonk Road  
JAIPUR, 302015  
Rajasthan, INDIA

Link No. 775000002908606



MC-5333

PATIENT NAME : DOLLY MISHRA W/O GULPADIA SAMITABH

REF. DOCTOR : SELF

CODE/NAME &amp; ADDRESS : C000049066

SRL JAIPUR WELLNESS CORPORATE WALK IN  
AAKRITI LABS PVT LTD. A-430, AGRASEN MARG  
JAIPUR 302017  
9314660100

ACCESSION NO : 0251WD001279

PATIENT ID : DOLLF140492251

CLIENT PATIENT ID: 012304140089

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 14/04/2023 11:58:00

RECEIVED : 14/04/2023 13:02:39

REPORTED : 17/04/2023 09:32:58

Test Report Status	Preliminary	Results	Biological Reference Interval	Units
BUN/CREAT RATIO		8.43		
<b>URIC ACID, SERUM</b>				
URIC ACID		4.4	2.4 - 5.7	mg/dL
<b>TOTAL PROTEIN, SERUM</b>				
TOTAL PROTEIN		7.8	6.4 - 8.3	g/dL
<b>ALBUMIN, SERUM</b>				
ALBUMIN		4.0	3.8 - 4.4	g/dL
<b>GLOBULIN</b>				
GLOBULIN		3.8	2.0 - 4.1	g/dL
<b>ELECTROLYTES (NA/K/CL), SERUM</b>				
SODIUM, SERUM		142.9	137 - 145	mmol/L
POTASSIUM, SERUM		4.25	3.6 - 5.0	mmol/L
CHLORIDE, SERUM		101.5	98 - 107	mmol/L

**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; sulfonylureas, 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.
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 :**

1. 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.
2. Vitamin C & E are reported to falsely lower test results (possibly by inhibiting glycation of hemoglobin).
3. 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.
4. Interference of hemoglobinopathies in HbA1c estimation is seen in

Page 7 Of 12

  
Dr. Akansha Jain  
Consultant Pathologist



View Details



View Report

**PERFORMED AT :**

SRL Ltd  
C/o Aakriti Labs Pvt. Ltd. 3, Mahatma Gandhi Marg, Gandhi Nagar Mod, Park Road  
JAIPUR, 302015  
Rajasthan, INDIA



Line No. 775000002908606



MC-5333

PATIENT NAME : DOLLY MISHRA W/O GULPADIA SAMITABH REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000049066 SRL JAIPUR WELLNESS CORPORATE WALK IN AAKRITI LABS PVT LTD. A-430, AGRASEN MARG JAIPUR 302017 9314660100	ACCESSION NO : 0251WD001279 PATIENT ID : DOLLF140492251 CLIENT PATIENT ID: 012304140089 ABHA NO :	AGE/SEX : 31 Years Female DRAWN : 14/04/2023 11:58:00 RECEIVED : 14/04/2023 13:02:39 REPORTED : 17/04/2023 09:32:58
---	--	--

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

- 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

LIVER FUNCTION PROFILE, SERUM-

**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** results 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, Pagets disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia, Malnutrition, Protein deficiency, Wilsons 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.

**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, Waldenstroms disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.

**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

**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, Muscuophy

**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-** 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, Waldenstroms disease.

**Lower-than-normal levels may be due to:** Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic 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. Akansha Jain  
Consultant Pathologist



View Details



View Report

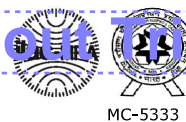
PERFORMED AT :

SRL Ltd  
C/o Aakriti Labs Pvt. Ltd. 3, Mahatma Gandhi Marg, Gandhi Nagar Mod, Park Road  
JAIPUR, 302015  
Rajasthan, INDIA



Line No. 775000002908606





MC-5333

PATIENT NAME : DOLLY MISHRA W/O GULPADIA SAMITABH REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000049066 SRL JAIPUR WELLNESS CORPORATE WALK IN AAKRITI LABS PVT LTD. A-430, AGRASEN MARG JAIPUR 302017 9314660100	ACCESSION NO : <b>0251WD001279</b> PATIENT ID : DOLLF140492251 CLIENT PATIENT ID: 012304140089 ABHA NO :	AGE/SEX : 31 Years Female DRAWN : 14/04/2023 11:58:00 RECEIVED : 14/04/2023 13:02:39 REPORTED : 17/04/2023 09:32:58
---	---	--

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

CLINICAL PATH - URINALYSIS

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

**PHYSICAL EXAMINATION, URINE**

COLOR	PALE YELLOW
APPEARANCE	SLIGHTLY HAZY

**CHEMICAL EXAMINATION, URINE**

PH	5.5	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)	2-3	0-5	/HPF
EPITHELIAL CELLS	3-5	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
YEAST	NOT DETECTED	NOT DETECTED	

Dr. Akansha Jain  
Consultant Pathologist



View Details



View Report

**PERFORMED AT :**

SRL Ltd  
C/o Aakriti Labs Pvt. Ltd., 3, Mahatma Gandhi Marg, Gandhi Nagar Mod, Tonk Road  
JAIPUR, 302015  
Rajasthan, INDIA



Line No. 775000002908606



MC-5333

PATIENT NAME : DOLLY MISHRA W/O GULPADIA SAMITABH

REF. DOCTOR : SELF

CODE/NAME &amp; ADDRESS : C000049066

SRL JAIPUR WELLNESS CORPORATE WALK IN  
AAKRITI LABS PVT LTD. A-430, AGRASEN MARG  
JAIPUR 302017  
9314660100

ACCESSION NO : 0251WD001279

PATIENT ID : DOLLF140492251

CLIENT PATIENT ID: 012304140089

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 14/04/2023 11:58:00

RECEIVED : 14/04/2023 13:02:39

REPORTED : 17/04/2023 09:32:58

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

## CYTOLOGY

**MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE****PAPANICOLAOU SMEAR**

TEST METHOD

SAMPLE NOT RECEIVED

Page 10 Of 12

  
**Dr. Akansha Jain**  
 Consultant Pathologist


View Details



View Report

**PERFORMED AT :**SRL Ltd  
C/o Aakriti Labs Pvt. Ltd., 3, Mahatma Gandhi Marg, Gandhi Nagar Mod, Tonk Road  
JAIPUR, 302015  
Rajasthan, INDIA

Link No. 775000002908606





MC-5333

PATIENT NAME : DOLLY MISHRA W/O GULPADIA SAMITABH

REF. DOCTOR : SELF

CODE/NAME &amp; ADDRESS : C000049066

SRL JAIPUR WELLNESS CORPORATE WALK IN  
AAKRITI LABS PVT LTD. A-430, AGRASEN MARG  
JAIPUR 302017  
9314660100

ACCESSION NO : 0251WD001279

PATIENT ID : DOLLF140492251

CLIENT PATIENT ID: 012304140089

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 14/04/2023 11:58:00

RECEIVED : 14/04/2023 13:02:39

REPORTED : 17/04/2023 09:32:58

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

## SPECIALISED CHEMISTRY - HORMONE

## MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

## THYROID PANEL, SERUM

T3	108.75	60.0 - 181.0	ng/dL
T4	7.80	4.5 - 10.9	µg/dL
TSH (ULTRASENSITIVE)	2.216	0.550 - 4.780	µIU/mL

\*\*End Of Report\*\*

Please visit [www.srlworld.com](http://www.srlworld.com) for related Test Information for this accession

## CONDITIONS OF LABORATORY TESTING &amp; 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 Limited

Fortis Hospital, Sector 62, Phase VIII,  
Mohali 160062

Page 12 Of 12

  
 Dr. Akansha Jain  
 Consultant Pathologist


View Details



View Report

## PERFORMED AT :

SRL Ltd  
C/o Aakriti Labs Pvt. Ltd., 3, Mahatma Gandhi Marg, Gandhi Nagar Mod, Park Road  
JAIPUR, 302015  
Rajasthan, INDIA

Line No. 775000002908606