



Patient Ref. No. 700000915419

CLIENT CODE : C000138355

CLIENT'S NAME AND ADDRESS :  
ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
F-703, LADO SARAI, MEHRAULI  
SOUTH WEST DELHI  
NEW DELHI 110030  
DELHI INDIA  
8800465156

SRL Ltd  
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND  
INDUSTRY HOUSE  
INDORE, 452001  
MADHYA PRADESH, INDIA  
Tel : 9111591115,  
CIN - U74899PB1995PLC045956  
Email : customercare.indore@srl.in

PATIENT NAME : NEELAM SHRAM

PATIENT ID : NEELF20047471

ACCESSION NO : 0007VJ003540 AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:41:25 REPORTED : 20/10/2022 14:13:59

REFERRING DOCTOR : DR. BANK OF BARODA

CLIENT PATIENT ID :

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

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

**BLOOD COUNTS,EDTA WHOLE BLOOD**

|                               |      |             |               |
|-------------------------------|------|-------------|---------------|
| HEMOGLOBIN                    | 13.9 | 12.0 - 15.0 | g/dL          |
| METHOD : SPECTROPHOTOMETRIC   |      |             |               |
| RED BLOOD CELL COUNT          | 4.68 | 3.8 - 4.8   | mil/ $\mu$ L  |
| METHOD : ELECTRICAL IMPEDANCE |      |             |               |
| WHITE BLOOD CELL COUNT        | 9.00 | 4.0 - 10.0  | thou/ $\mu$ L |
| PLATELET COUNT                | 303  | 150 - 410   | thou/ $\mu$ L |
| METHOD : ELECTRICAL IMPEDANCE |      |             |               |

**RBC AND PLATELET INDICES**

|   |      |             |      |
|---|------|-------------|------|
| HEMATOCRIT                                | 41.0 | 36 - 46     | %    |
| METHOD : CALCULATED PARAMETER             |      |             |      |
| MEAN CORPUSCULAR VOL                      | 88.0 | 83 - 101    | fL   |
| METHOD : CALCULATED PARAMETER             |      |             |      |
| MEAN CORPUSCULAR HGB.                     | 29.6 | 27.0 - 32.0 | pg   |
| METHOD : CALCULATED PARAMETER             |      |             |      |
| MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION | 33.8 | 31.5 - 34.5 | g/dL |
| METHOD : CALCULATED PARAMETER             |      |             |      |
| MENTZER INDEX                             | 18.8 |             |      |
| RED CELL DISTRIBUTION WIDTH               | 12.7 | 11.6 - 14.0 | %    |
| METHOD : CALCULATED PARAMETER             |      |             |      |
| MEAN PLATELET VOLUME                      | 8.6  | 6.8 - 10.9  | fL   |
| METHOD : CALCULATED PARAMETER             |      |             |      |

**WBC DIFFERENTIAL COUNT - NLR**

|                                   |             |                       |               |
|-----------------------------------|-------------|-----------------------|---------------|
| NEUTROPHILS                       | 50          | 40 - 80               | %             |
| METHOD : IMPEDENCE / MICROSCOPY   |             |                       |               |
| ABSOLUTE NEUTROPHIL COUNT         | 4.5         | 2.0 - 7.0             | thou/ $\mu$ L |
| METHOD : CALCULATED PARAMETER     |             |                       |               |
| LYMPHOCYTES                       | <b>44</b>   | <b>High</b> 20 - 40   | %             |
| METHOD : IMPEDENCE / MICROSCOPY   |             |                       |               |
| ABSOLUTE LYMPHOCYTE COUNT         | <b>3.96</b> | <b>High</b> 1.0 - 3.0 | thou/ $\mu$ L |
| METHOD : CALCULATED PARAMETER     |             |                       |               |
| NEUTROPHIL LYMPHOCYTE RATIO (NLR) | 1.1         |                       |               |
| METHOD : CALCULATED PARAMETER     |             |                       |               |



Scan to View Details



Scan to View Report



Patient Ref. No. 700000915419

CLIENT CODE : C000138355

CLIENT'S NAME AND ADDRESS :
ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )
F-703, LADO SARAI, MEHRAULI
SOUTH WEST DELHI
NEW DELHI 110030
DELHI INDIA
8800465156

SRL Ltd
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : NEELAM SHRAM

PATIENT ID : NEELF20047471

ACCESSION NO : 0007VJ003540 AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:41:25 REPORTED : 20/10/2022 14:13:59

REFERRING DOCTOR : DR. BANK OF BARODA

CLIENT PATIENT ID :

Table header with columns: Test Report Status, Preliminary, Results, Biological Reference Interval, Units

Main test results table including Eosinophils, Absolute Eosinophil Count, Monocytes, Absolute Monocyte Count, Basophils, and Differential Count performed on EDTA smear.

Comments

Please note that :
The Automatic analyzer used to estimate Complete Blood Counts (Blood cell Indices & counts) is "ABX PENTRA XL 80" (HORIBA); the values are correlated manually with microscopic picture.

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

E.S.R result: 25, High, 0 - 20 mm at 1 hr

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C result: 7.4, High, Non-diabetic: < 5.7, Pre-diabetics: 5.7 - 6.4, Diabetics: > or = 6.5, ADA Target: 7.0, Action suggested: > 8.0

ESTIMATED AVERAGE GLUCOSE(EAG) result: 165.7, High, < 116.0 mg/dL

GLUCOSE FASTING,FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR) result: 155, High, 74 - 99 mg/dL

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR) result: 276, High, Normal: < 140, Impaired Glucose Tolerance:140-199, Diabetic > or = 200 mg/dL



Scan to View Details



Scan to View Report



Patient Ref. No. 700000915419

CLIENT CODE : C000138355

CLIENT'S NAME AND ADDRESS :

ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )
F-703, LADO SARAI, MEHRAULI
SOUTH WEST DELHI
NEW DELHI 110030
DELHI INDIA
8800465156

SRL Ltd
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : NEELAM SHRAM

PATIENT ID : NEELF20047471

ACCESSION NO : 0007VJ003540 AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:41:25 REPORTED : 20/10/2022 14:13:59

REFERRING DOCTOR : DR. BANK OF BARODA

CLIENT PATIENT ID :

Test Report Status Preliminary Results Biological Reference Interval Units

METHOD : HEXOKINASE

CORONARY RISK PROFILE, SERUM

CHOLESTEROL, TOTAL 179 Desirable: <200 mg/dL
BorderlineHigh : 200-239
High : > or = 240

METHOD : OXIDASE, ESTERASE, PEROXIDASE

TRIGLYCERIDES 165 High Desirable: < 150 mg/dL
Borderline High: 150 - 199
High: 200 - 499
Very High : > or = 500

METHOD : ENZYMATIC ASSAY

HDL CHOLESTEROL 47 < 40 Low mg/dL
> or = 60 High

CHOLESTEROL LDL 99 Adult levels: mg/dL
Optimal < 100
Near optimal/above optimal: 100-129
Borderline high : 130-159
High : 160-189
Very high : = 190

NON HDL CHOLESTEROL 132 High Desirable: Less than 130 mg/dL
Above Desirable: 130 - 159
Borderline High: 160 - 189
High: 190 - 219
Very high: > or = 220

CHOL/HDL RATIO 3.8

LDL/HDL RATIO 2.1 0.5 - 3.0 Desirable/Low Risk
3.1 - 6.0 Borderline/Moderate Risk
>6.0 High Risk

VERY LOW DENSITY LIPOPROTEIN 33.0 mg/dL

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL 0.67 0.0 - 1.2 mg/dL

METHOD : JENDRASSIK AND GROFF

BILIRUBIN, DIRECT 0.28 High 0.0 - 0.2 mg/dL

METHOD : DIAZOTIZATION

BILIRUBIN, INDIRECT 0.39 0.00 - 1.00 mg/dL

TOTAL PROTEIN 8.1 6.4 - 8.3 g/dL

METHOD : BIURET

ALBUMIN 5.1 3.50 - 5.20 g/dL

METHOD : BROMOCRESOL PURPLE





Patient Ref. No. 700000915419

CLIENT CODE : C000138355

CLIENT'S NAME AND ADDRESS :

ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
F-703, LADO SARAI, MEHRAULI  
SOUTH WEST DELHI  
NEW DELHI 110030  
DELHI INDIA  
8800465156

SRL Ltd  
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND  
INDUSTRY HOUSE  
INDORE, 452001  
MADHYA PRADESH, INDIA  
Tel : 9111591115,  
CIN - U74899PB1995PLC045956  
Email : customercare.indore@srl.in

PATIENT NAME : NEELAM SHRAM

PATIENT ID : NEELF20047471

ACCESSION NO : 0007VJ003540 AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:41:25 REPORTED : 20/10/2022 14:13:59

REFERRING DOCTOR : DR. BANK OF BARODA

CLIENT PATIENT ID :

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

|   |              |             |               |        |
|---|--------------|-------------|---------------|--------|
| GLOBULIN                                    | 3.0          |             | 2.0 - 4.1     | g/dL   |
| ALBUMIN/GLOBULIN RATIO                      | 1.7          |             | 1.0 - 2.0     | RATIO  |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)       | 21           |             | UPTO 32       | U/L    |
| METHOD : UV WITH P5P                        |              |             |               |        |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)         | 24           |             | UPTO 34       | U/L    |
| METHOD : UV WITH P5P                        |              |             |               |        |
| ALKALINE PHOSPHATASE                        | 52           |             | 35 - 104      | U/L    |
| METHOD : PNPP                               |              |             |               |        |
| GAMMA GLUTAMYL TRANSFERASE (GGT)            | 34           |             | 5 - 36        | U/L    |
| METHOD : G-GLUTAMYL-CARBOXY-NITROANILIDE    |              |             |               |        |
| LACTATE DEHYDROGENASE                       | <b>216</b>   | <b>High</b> | 135 - 214     | U/L    |
| METHOD : ENZYMATIC LACTATE - PYRUVATE(IFCC) |              |             |               |        |
| <b>BLOOD UREA NITROGEN (BUN), SERUM</b>     |              |             |               |        |
| BLOOD UREA NITROGEN                         | 15           |             | 6 - 20        | mg/dL  |
| METHOD : UREASE KINETIC                     |              |             |               |        |
| <b>CREATININE, SERUM</b>                    |              |             |               |        |
| CREATININE                                  | <b>0.92</b>  | <b>High</b> | 0.50 - 0.90   | mg/dL  |
| METHOD : ALKALINE PICRATE-KINETIC           |              |             |               |        |
| <b>BUN/CREAT RATIO</b>                      |              |             |               |        |
| BUN/CREAT RATIO                             | <b>16.30</b> | <b>High</b> | 5.0 - 15.0    |        |
| <b>URIC ACID, SERUM</b>                     |              |             |               |        |
| URIC ACID                                   | <b>6.4</b>   | <b>High</b> | 2.6 - 6.0     | mg/dL  |
| METHOD : URICASE/CATALASE UV                |              |             |               |        |
| <b>TOTAL PROTEIN, SERUM</b>                 |              |             |               |        |
| TOTAL PROTEIN                               | 8.1          |             | 6.4 - 8.3     | g/dL   |
| METHOD : BIURET                             |              |             |               |        |
| <b>ALBUMIN, SERUM</b>                       |              |             |               |        |
| ALBUMIN                                     | 5.1          |             | 3.5 - 5.2     | g/dL   |
| METHOD : BROMOCRESOL PURPLE                 |              |             |               |        |
| <b>GLOBULIN</b>                             |              |             |               |        |
| GLOBULIN                                    | 3.0          |             | 2.0 - 4.1     | g/dL   |
| <b>ELECTROLYTES (NA/K/CL), SERUM</b>        |              |             |               |        |
| SODIUM                                      | <b>135.7</b> | <b>Low</b>  | 136.0 - 146.0 | mmol/L |
| POTASSIUM                                   | 3.74         |             | 3.50 - 5.10   | mmol/L |





Patient Ref. No. 700000915419

CLIENT CODE : C000138355

CLIENT'S NAME AND ADDRESS :

ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )
F-703, LADO SARAI, MEHRAULI
SOUTH WEST DELHI
NEW DELHI 110030
DELHI INDIA
8800465156

SRL Ltd
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : NEELAM SHRAM

PATIENT ID : NEELF20047471

ACCESSION NO : 0007VJ003540 AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:41:25 REPORTED : 20/10/2022 14:13:59

REFERRING DOCTOR : DR. BANK OF BARODA

CLIENT PATIENT ID :

Table header with columns: Test Report Status, Preliminary, Results, Biological Reference Interval, Units

CHLORIDE 94.5 Low 98.0 - 106.0 mmol/L

PHYSICAL EXAMINATION, URINE

COLOR DARK YELLOW

METHOD : MACROSCOPY

APPEARANCE CLEAR

METHOD : VISUAL

SPECIFIC GRAVITY 1.010 1.003 - 1.035

METHOD : REFLECTANCE SPECTROPHOTOMETRY

CHEMICAL EXAMINATION, URINE

PH 5.0 4.7 - 7.5

METHOD : PH INDICATOR AND REFLECTANCE

PROTEIN NOT DETECTED NOT DETECTED

METHOD : PROTEIN ERROR OF INDICATORS WITH REFLECTANCE

GLUCOSE DETECTED (TRACE) NOT DETECTED

METHOD : GLUCOSE OXIDASE

KETONES NOT DETECTED NOT DETECTED

METHOD : ROTHERA'S WITH REFLECTANCE

BLOOD DETECTED (TRACE) NOT DETECTED

METHOD : PEROXIDASE METHOD WITH REFLECTANCE

BILIRUBIN NOT DETECTED NOT DETECTED

METHOD : DIAZOTIZED WITH REFLECTANCE

UROBILINOGEN NORMAL NORMAL

METHOD : EHRlich REACTION REFLECTANCE

NITRITE NOT DETECTED NOT DETECTED

METHOD : DIAZOTIZED WITH REFLECTANCE

LEUKOCYTE ESTERASE NOT DETECTED NOT DETECTED

MICROSCOPIC EXAMINATION, URINE

PUS CELL (WBC'S) 3-5 0-5 /HPF

METHOD : ESTERASES METHOD WITH REFLECTANCE

EPITHELIAL CELLS 3-5 0-5 /HPF

METHOD : MICROSCOPIC EXAMINATION

ERYTHROCYTES (RBC'S) 2 - 3 NOT DETECTED /HPF

CASTS NOT DETECTED

METHOD : MICROSCOPIC EXAMINATION





Patient Ref. No. 700000915419

CLIENT CODE : C000138355

CLIENT'S NAME AND ADDRESS :

ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )
F-703, LADO SARAI, MEHRAULI
SOUTH WEST DELHI
NEW DELHI 110030
DELHI INDIA
8800465156

SRL Ltd
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : NEELAM SHRAM

PATIENT ID : NEELF20047471

ACCESSION NO : 0007VJ003540 AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:41:25 REPORTED : 20/10/2022 14:13:59

REFERRING DOCTOR : DR. BANK OF BARODA

CLIENT PATIENT ID :

Table header with columns: Test Report Status, Preliminary, Results, Biological Reference Interval, Units

CRYSTALS NOT DETECTED
METHOD : MICROSCOPIC EXAMINATION
BACTERIA DETECTED (+) NOT DETECTED
METHOD : MICROSCOPIC EXAMINATION
YEAST NOT DETECTED NOT DETECTED
REMARKS Please note that all the urinary findings are confirmed manually as well.

THYROID PANEL, SERUM

T3 197.2 80.00 - 200.00 ng/dL
METHOD : ELECTROCHEMILUMINESCENCE IMMUNO ASSAY
T4 14.79 High 5.10 - 14.10 ug/dL
METHOD : ELECTROCHEMILUMINESCENCE IMMUNO ASSAY
TSH 3RD GENERATION 1.400 0.270 - 4.200 uIU/mL
METHOD : ELECTROCHEMILUMINESCENCE IMMUNO ASSAY

PAPANICOLAOU SMEAR

LETTER RESULT PENDING

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD RESULT PENDING

ABO GROUP TYPE B

RH TYPE POSITIVE

XRAY-CHEST

>>> BOTH THE LUNG FIELDS ARE CLEAR
>>> BOTH THE COSTOPHRENIC AND CARIOPHRENIC ANGELS ARE CLEAR
>>> BOTH THE HILA ARE NORMAL
>>> CARDIAC AND AORTIC SHADOWS APPEAR NORMAL
>>> BOTH THE DOMES OF THE DIAPHRAM ARE NORMAL
>>> VISUALIZED BONY THORAX IS NORMAL
IMPRESSION NO ABNORMALITY DETECTED

TMT OR ECHO

TMT OR ECHO .

Comments

TMT REFUSED BY CANDIDATE

ECG

ECG WITHIN NORMAL LIMITS



Scan to View Details



Scan to View Report



Patient Ref. No. 700000915419

CLIENT CODE : C000138355

CLIENT'S NAME AND ADDRESS :

ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )
F-703, LADO SARAI, MEHRAULI
SOUTH WEST DELHI
NEW DELHI 110030
DELHI INDIA
8800465156

SRL Ltd
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : NEELAM SHRAM

PATIENT ID : NEELF20047471

ACCESSION NO : 0007VJ003540 AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:41:25 REPORTED : 20/10/2022 14:13:59

REFERRING DOCTOR : DR. BANK OF BARODA

CLIENT PATIENT ID :

Test Report Status Preliminary Results Biological Reference Interval Units

MAMOGRAPHY ( BOTH BREASTS )

MAMOGRAPHY BOTH BREASTS MEMO REFUSED BY CANDIDATE

MEDICAL HISTORY

RELEVANT PRESENT HISTORY NOT SIGNIFICANT
RELEVANT PAST HISTORY HTN/DM
RELEVANT PERSONAL HISTORY NOT SIGNIFICANT
RELEVANT FAMILY HISTORY HTN /DM - MOTHER
OCCUPATIONAL HISTORY NOT SIGNIFICANT
HISTORY OF MEDICATIONS NOT SIGNIFICANT

ANTHROPOMETRIC DATA & BMI

HEIGHT IN METERS 1.54 mts
WEIGHT IN KGS. 63 Kgs
BMI 27
BMI & Weight Status as follows: kg/sqmts
Below 18.5: Underweight
18.5 - 24.9: Normal
25.0 - 29.9: Overweight
30.0 and Above: Obese

GENERAL EXAMINATION

MENTAL / EMOTIONAL STATE NORMAL
PHYSICAL ATTITUDE NORMAL
GENERAL APPEARANCE / NUTRITIONAL STATUS OVERWEIGHT
BUILT / SKELETAL FRAMEWORK AVERAGE
FACIAL APPEARANCE NORMAL
SKIN NORMAL
UPPER LIMB NORMAL
LOWER LIMB NORMAL
NECK NORMAL
NECK LYMPHATICS / SALIVARY GLANDS NOT ENLARGED OR TENDER
THYROID GLAND NOT ENLARGED
CAROTID PULSATION NORMAL
TEMPERATURE AFEBRILE
PULSE 96/MIN REGULAR, ALL PERIPHERAL PULSES WELL FELT, NO CAROTID BRUIT HEARD



Scan to View Details



Scan to View Report



Patient Ref. No. 700000915419

CLIENT CODE : C000138355

CLIENT'S NAME AND ADDRESS :
ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )
F-703, LADO SARAI, MEHRAULI
SOUTH WEST DELHI
NEW DELHI 110030
DELHI INDIA
8800465156

SRL Ltd
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : NEELAM SHRAM

PATIENT ID : NEELF20047471

ACCESSION NO : 0007VJ003540 AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:41:25 REPORTED : 20/10/2022 14:13:59

REFERRING DOCTOR : DR. BANK OF BARODA

CLIENT PATIENT ID :

Table header with columns: Test Report Status, Preliminary, Results, Biological Reference Interval, Units

Main table containing test results for various systems: Respiratory, Cardiovascular, Respiratory, Per Abdomen, Central Nervous, Musculoskeletal, and Basic Eye Examination.



Scan to View Details



Scan to View Report





Patient Ref. No. 700000915419

CLIENT CODE : C000138355

CLIENT'S NAME AND ADDRESS :

ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
F-703, LADO SARAI, MEHRAULI  
SOUTH WEST DELHI  
NEW DELHI 110030  
DELHI INDIA  
8800465156

SRL Ltd  
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND  
INDUSTRY HOUSE  
INDORE, 452001  
MADHYA PRADESH, INDIA  
Tel : 9111591115,  
CIN - U74899PB1995PLC045956  
Email : customercare.indore@srl.in

PATIENT NAME : NEELAM SHRAM

PATIENT ID : NEELF20047471

ACCESSION NO : 0007VJ003540 AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:41:25 REPORTED : 20/10/2022 14:13:59

REFERRING DOCTOR : DR. BANK OF BARODA

CLIENT PATIENT ID :

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

|                                       |                         |
|---------------------------------------|-------------------------|
| EYE MOVEMENTS                         | NORMAL                  |
| CORNEA                                | NORMAL                  |
| DISTANT VISION RIGHT EYE WITH GLASSES | 6/6 WITH GLASSES NORMAL |
| DISTANT VISION LEFT EYE WITH GLASSES  | 6/6 WITH GLASSES NORMAL |
| NEAR VISION RIGHT EYE WITH GLASSES    | N/6 WITHIN NORMAL LIMIT |
| NEAR VISION LEFT EYE WITH GLASSES     | N/6 WITHIN NORMAL LIMIT |
| COLOUR VISION                         | NORMAL                  |

BASIC ENT EXAMINATION

|                    |                           |
|--------------------|---------------------------|
| EXTERNAL EAR CANAL | HEAVY WITHIN NORMAL LIMIT |
| TYMPANIC MEMBRANE  | NORMAL                    |
| NOSE               | NO ABNORMALITY DETECTED   |
| SINUSES            | CLEAR                     |
| THROAT             | NO ABNORMALITY DETECTED   |
| TONSILS            | NOT ENLARGED              |

SUMMARY

|                                  |                 |
|----------------------------------|-----------------|
| RELEVANT HISTORY                 | NOT SIGNIFICANT |
| RELEVANT GP EXAMINATION FINDINGS | OVERWEIGHT      |
| REMARKS / RECOMMENDATIONS        | NONE            |

FITNESS STATUS

FITNESS STATUS FIT (WITH MEDICAL ADVICE) (AS PER REQUESTED PANEL OF TESTS)





Patient Ref. No. 700000915419

CLIENT CODE : C000138355

**CLIENT'S NAME AND ADDRESS :**

ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
F-703, LADO SARAI, MEHRAULI  
SOUTH WEST DELHI  
NEW DELHI 110030  
DELHI INDIA  
8800465156

SRL Ltd  
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND  
INDUSTRY HOUSE  
INDORE, 452001  
MADHYA PRADESH, INDIA  
Tel : 9111591115,  
CIN - U74899PB1995PLC045956  
Email : customercare.indore@srl.in

**PATIENT NAME : NEELAM SHRAM**

PATIENT ID : **NEELF20047471**

ACCESSION NO : **0007VJ003540** AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:41:25 REPORTED : 20/10/2022 14:13:59

**REFERRING DOCTOR :** DR. BANK OF BARODA

CLIENT PATIENT ID :

| Test Report Status | <u>Preliminary</u> | Results | Biological Reference Interval | Units |
|--------------------|--------------------|---------|-------------------------------|-------|
|--------------------|--------------------|---------|-------------------------------|-------|

**Comments**

CLINICAL FINDINGS :-

RAISED FBS AND PPBS.

GLUCOSE TRACE IN URINE.

RAISED HbA1C AND ESTIMATED AVERAGE GLUCOSE

RAISED BUN/CREAT RATIO

RAISED CREATININE.

RAISED LDH.

LOW SODIUM.

LOW CHLORIDE.

RAISED T4.

DYSLIPIDEMIA.

OVER WEIGHT STATUS.

FITNESS STATUS :-

FITNESS STATUS : FIT (WITH MEDICAL ADVICE) (AS PER REQUESTED PANEL OF TESTS)

ADVICE : WEIGHT REDUCTION, LOW FAT& CARBOHYDRATE DIET AND REGULAR PHYSICAL EXERCISE FOR OVERWEIGHT STATUS AND DYSLIPIDEMIA.

NEED PHYSICIAN CONSULTATION FOR LIFE STYLE MODIFICATION.



Scan to View Details



Scan to View Report



Patient Ref. No. 700000915419

CLIENT CODE : C000138355

CLIENT'S NAME AND ADDRESS :

ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
F-703, LADO SARAI, MEHRAULI  
SOUTH WEST DELHI  
NEW DELHI 110030  
DELHI INDIA  
8800465156

SRL Ltd  
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND  
INDUSTRY HOUSE  
INDORE, 452001  
MADHYA PRADESH, INDIA  
Tel : 9111591115,  
CIN - U74899PB1995PLC045956  
Email : customercare.indore@srl.in

PATIENT NAME : NEELAM SHRAM

PATIENT ID : NEELF20047471

ACCESSION NO : 0007VJ003540 AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:41:25 REPORTED : 20/10/2022 14:13:59

REFERRING DOCTOR : DR. BANK OF BARODA

CLIENT PATIENT ID :

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

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

**ULTRASOUND ABDOMEN**

**ULTRASOUND ABDOMEN**

**Comments**

USG WHOLE ABDOMEN

- EARY FATTY INFILTRATION OF LIVER.

**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 - NLR-

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, 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.

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).



Scan to View Details



Scan to View Report



CLIENT CODE : C000138355

CLIENT'S NAME AND ADDRESS :
ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )
F-703, LADO SARAI, MEHRAULI
SOUTH WEST DELHI
NEW DELHI 110030
DELHI INDIA
8800465156

SRL Ltd
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : NEELAM SHRAM

PATIENT ID : NEELF20047471

ACCESSION NO : 0007VJ003540 AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:41:25 REPORTED : 20/10/2022 14:13:59

REFERRING DOCTOR : DR. BANK OF BARODA

CLIENT PATIENT ID :

Test Report Status Preliminary Results Units

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 :

- I. 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.
II. Vitamin C & E are reported to falsely lower test results. (possibly by inhibiting glycation of hemoglobin.
III. 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.
IV. Interference of hemoglobinopathies in HbA1c estimation is seen in
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

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; sulfonyleureas, tolbutamide, and other oral hypoglycemic agents.

NOTE:

Hypoglycemia is defined as a glucose of < 50 mg/dL in men and < 40 mg/dL in women.

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.

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 LIVER FUNCTION PROFILE, SERUM-

LIVER FUNCTION PROFILE

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 result 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 perniciou 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, Paget's disease, rickets, sarcoidosis etc. Lower-than-normal ALP levels seen in hypophosphatasia, malnutrition, protein deficiency, Wilson's 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. 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. 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

BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol,



Scan to View Details



Scan to View Report



Patient Ref. No. 700000915419

CLIENT CODE : C000138355

CLIENT'S NAME AND ADDRESS :

ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )
F-703, LADO SARAI, MEHRAULI
SOUTH WEST DELHI
NEW DELHI 110030
DELHI INDIA
8800465156

SRL Ltd
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : NEELAM SHRAM

PATIENT ID : NEELF20047471

ACCESSION NO : 0007VJ003540 AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:41:25 REPORTED : 20/10/2022 14:13:59

REFERRING DOCTOR : DR. BANK OF BARODA

CLIENT PATIENT ID :

Test Report Status Preliminary Results Units

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
Muscular dystrophy

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's
Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels

- Drink plenty of fluids
Limit animal proteins
High Fibre foods
Vit C Intake

Antioxidant rich foods

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.

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.

ELECTROLYTES (NA/K/CL), SERUM-

Sodium levels are Increased in dehydration, cushing's syndrome, aldosteronism & decreased in Addison's disease, hypopituitarism,liver disease. Hypokalemia (low K) is common in vomiting, diarrhea, alcoholism, folic acid deficiency and primary aldosteronism. Hyperkalemia may be seen in end-stage renal failure, hemolysis, trauma, Addison's disease, metabolic acidosis, acute starvation, dehydration, and with rapid K infusion.Chloride is increased in dehydration, renal tubular acidosis (hyperchloremia metabolic acidosis), acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfunction, salicylate intoxication and with excessive infusion of isotonic saline or extremely high dietary intake of salt.Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure, Addisonian crisis, certain types of metabolic acidosis, persistent gastric secretion and prolonged vomiting,

MICROSCOPIC EXAMINATION, URINE-

Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.



Scan to View Details



Scan to View Report



CLIENT CODE : C000138355

CLIENT'S NAME AND ADDRESS :
ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )
F-703, LADO SARAI, MEHRAULI
SOUTH WEST DELHI
NEW DELHI 110030
DELHI INDIA
8800465156

SRL Ltd
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND
INDUSTRY HOUSE
INDORE, 452001
MADHYA PRADESH, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : customercare.indore@srl.in

PATIENT NAME : NEELAM SHRAM

PATIENT ID : NEELF20047471

ACCESSION NO : 0007VJ003540 AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:41:25 REPORTED : 20/10/2022 14:13:59

REFERRING DOCTOR : DR. BANK OF BARODA

CLIENT PATIENT ID :

Test Report Status Preliminary Results Units

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.
Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.
pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.
Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.
Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.
Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of hemolytic anemia
THYROID PANEL, SERUM-Triiodothyronine T3 , is a thyroid hormone. It affects 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.
Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called 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.
In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.
Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3
Levels in TOTAL T4 TSH3G TOTAL T3
Pregnancy (µg/dL) (µIU/mL) (ng/dL)
First Trimester 6.6 - 12.4 0.1 - 2.5 81 - 190
2nd Trimester 6.6 - 15.5 0.2 - 3.0 100 - 260
3rd Trimester 6.6 - 15.5 0.3 - 3.0 100 - 260
Below mentioned are the guidelines for age related reference ranges for T3 and T4.
T3 T4
(ng/dL) (µg/dL)
New Born: 75 - 260 1-3 day: 8.2 - 19.9
1 Week: 6.0 - 15.9

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.
Kindly note: Method specific reference ranges are appearing on the report under biological reference range.

Reference:

- 1. Burtis C.A., Ashwood E. R. Bruns D.E. Teitz textbook of Clinical Chemistry and Molecular Diagnostics, 4th Edition.
2. Gowenlock A.H. Varley's Practical Clinical Biochemistry, 6th Edition.
3. Behrman R.E. Kliegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition

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.

MEDICAL HISTORY-

THIS REPORT CARRIES THE SIGNATURE OF OUR LABORATORY DIRECTOR. THIS IS AN INVOLABLE FEATURE OF OUR LAB MANAGEMENT SOFTWARE. HOWEVER, ALL EXAMINATIONS AND INVESTIGATIONS HAVE BEEN CONDUCTED BY OUR PANEL OF DOCTORS.

FITNESS STATUS-

Conclusion on an individual's Fitness, which is commented upon mainly for Pre employment cases, is based on multi factorial findings and does not depend on any one single parameter. The final Fitness assigned to a candidate will depend on the Physician's findings and overall judgement on a case to case basis, details of the candidate's past and personal history; as well as the comprehensiveness of the diagnostic panel which has been requested for .These are then further correlated with details of the job under consideration to eventually fit the right man to the right job.

Basis the above, SRL classifies a candidate's Fitness Status into one of the following categories:

- Fit (As per requested panel of tests) - SRL Limited gives the individual a clean chit to join the organization, on the basis of the General Physical Examination and the specific test panel requested for.
• Fit (with medical advice) (As per requested panel of tests) - This indicates that although the candidate can be declared as FIT to join the job, minimal problems have been detected during the Pre- employment examination. Examples of conditions which could fall in this category could be cases of mild reversible medical abnormalities such as height weight disproportions, borderline raised Blood Pressure readings, mildly raised Blood sugar and Blood Lipid levels, Hematuria, etc. Most of these relate to sedentary lifestyles and come under the broad category of life style disorders. The idea is to caution an individual to bring about certain lifestyle changes as well as seek a Physician's



Scan to View Details



Scan to View Report



Patient Ref. No. 700000915419

CLIENT CODE : C000138355

CLIENT'S NAME AND ADDRESS :

ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
F-703, LADO SARAI, MEHRAULI  
SOUTH WEST DELHI  
NEW DELHI 110030  
DELHI INDIA  
8800465156

SRL Ltd  
34/2, NEW PALASIA, NEAR OM SHANTI BHAWAN CIRCLE,BEHIND  
INDUSTRY HOUSE  
INDORE, 452001  
MADHYA PRADESH, INDIA  
Tel : 9111591115,  
CIN - U74899PB1995PLC045956  
Email : customercare.indore@srl.in

PATIENT NAME : NEELAM SHRAM

PATIENT ID : NEELF20047471

ACCESSION NO : 0007VJ003540 AGE : 48 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 19/10/2022 09:41:25 REPORTED : 20/10/2022 14:13:59

REFERRING DOCTOR : DR. BANK OF BARODA

CLIENT PATIENT ID :

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

consultation and counseling in order to bring back to normal the mildly deranged parameters. For all purposes the individual is FIT to join the job.

- Fitness on Hold (Temporary Unfit) (As per requested panel of tests) - Candidate's reports are kept on hold when either the diagnostic tests or the physical findings reveal the presence of a medical condition which warrants further tests, counseling and/or specialist opinion, on the basis of which a candidate can either be placed into Fit, Fit (With Medical Advice), or Unfit category. Conditions which may fall into this category could be high blood pressure, abnormal ECG, heart murmurs, abnormal vision, grossly elevated blood sugars, etc.
- Unfit (As per requested panel of tests) - An unfit report by SRL Limited clearly indicates that the individual is not suitable for the respective job profile e.g. total color blindness in color related jobs.

**\*\*End Of Report\*\***

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

Dr. Arpita Pasari, MD  
Consultant Pathologist



Scan to View Details

Page 15 Of 15



Scan to View Report