



MRI

CT SCAN

SONOGRAPHY

X-RAY

MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

## **Hematology Analysis Report**

First Name: RAKESH PRAJAPSample Type:

Last Name: Gender:

Male

Department: Med Rec. No.: Sample ID: 19

Test Time: 24/11/2023 13:04

Diagnosis:

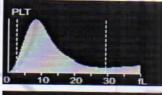
Age:						4
Pa	rameter	Result		Ref. Range	Unit	_
1	WBC	7.11		4.00-10.00	10^3/uL	_
2	Neu%	54.8		50.0-70.0	%	
3	Lym%	33.7		20.0-40.0	%	
4	Mon%	8.1		3.0-12.0	%	
5	Eos%	2.4		0.5-5.0	%	
6	Bas%	1.0		0.0-1.0	%	
7	Neu#	3,89		2.00-7.00	10^3/uL	
8	Lym#	2.40		0.80-4.00	10^3/uL	
9	Mon#	0.58		0.12-1.20	10^3/uL	
10	Eos#	0.17		0.02-0.50	10^3/uL	
11	Bas#	0.07		0.00-0.10	10^3/uL	
12	RBC	4.20		3.50-5.50	10^6/uL	
13	HGB	11.6		11.0-16.0	g/dL	
14	HCT	31.8	L	37.0-54.0	%	
15	MCV	75.6	L	80.0-100.0	fL	
10	MCH	07.0			A STATE OF THE PARTY OF THE PAR	

16 MCH 27.6 27.0-34.0 pg 17 MCHC 36.5 g/dL 32.0-36.0 18 RDW-CV 13.0 11.0-16.0 % 19 RDW-SD 40.2 35.0-56.0 20 PLT 229 100-300 10^3/uL 21 MPV 8.4 6.5-12.0 **22 PDW** 10.0 9.0-17.0

0.193

25.2











March Khaleh Dr. Mamta Khuteta M D. (Path.)

RMC No.: 4720/16260

0.108-0.282

11.0-45.0

30-90

Submitter: Draw Time: Report Time:

**23 PCT** 

24 P-LCR

25 P-LCC

24/11/2023 13:04

Operator: admin Approver: Received Time: 24/11/2023 13:04 Validated Time:

%

%

10^3/uL

Remarks:

\*The Report is responsible for this sample only. If you have any questions, please contact us in 24 hours





D.I.C. No. 17/17/12



# AGNOSTIC &

### FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

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TMT

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X-RAY

ECG

MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Patient Name: RAKESH PRAJAPAT

: 75164 Sr. No. Patient ID No.: 152 : MALE Gender

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Registered on : 24-11-2023

03:04 PM 03:04 PM

Collected On : 24-11-2023 Received On : 24-11-2023 03:04 PM

12:20 PM Reported On : 06-12-2023

Bar Code 58

LIS Number

#### HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
BLOOD GROUPING (ABO & Rh )	O+ Positive	11/2	

#### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	5.20	%	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.10 - 8.00 Adeqate Control 8.10 - 9.00 Suboptimal Control 9.10 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control
eAG (Estimated Average Glucose)	102.54	mg/dL	(0)
eAG (Estimated Average Glucose)	5.69	mmol/L	-5

Method: Fluorescence Immunoassay Technology

Sample Type: EDTA Blood

Test Performed by:-

Fully Automated (EM 200) ERBA MANNHEIM.

Gycosylated Hemoglobin Testing is Recommended for both (a) Checking Blood Sugar Control in People who might be Pre-Diabetic. (b) Monitoring Blood Sugar Control in patients in more elevated levels, termed Diabetes Mellitus. The American Diabetic Association suggests that the Glycosylated Hemoglobin Test be Performed atleast Two Times in Year in Patients with Diabetes that are meeting Treatement Goals (and That have stable glycemic Control) and Quarterly in Patients with Diabetes whos therapy has changed or that are not meeting Glycemic Goals.

Glycosylated Hemoglobin measurement is not appropriate where there has been change in diet or Treatment within 6 Weeks. Hence people with recent Blood Loss, Hemolytic Aneamia, or Genetic Differences in the Hemoglobin Molecule (Hemoglobinopathy) such as Sickle-cell Disease and other Conditions, as well as those that have donated Blood recently, are not suitable for this Test.

Dr. Ashish Sethi

Consultant Biochemist

This Reports is Not Valid For Medico Legal Purposes. \* Identification and name of person is not our resposnibility.

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Age, sex effect of drug and other relevant factor.



D.I.C. No. 17/17/12



# RAJASTHANI DIAGNOSTIC & MRI CENTRE

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NABL CERTIFICATE NO. MC-5346

Patient Name: RAKESH PRAJAPAT

Sr. No. : 75164 Patient ID No.: 152 Gender : MALE

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Registered on: 24-11-2023 03:04 PM

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Bar Code LIS Number 7 6

#### **BIO-CHEMISTRY**

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method: GOD-POD)	94.00	mg/dL	Glucose Fasting Cord: 45-96 New born, 1d: 40 -60 New born,>1d: 50-80 Child: 60-100 Adult: 74-100 >60 Y: 82-115 >90 Y: 75-121

#### KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea ( Method : Urease-GLDH )	27.00	mg/dL	Adults Women < 50 years: 13-40 Women > 50 years: 21-43 Men < 50 years: 19-45 Men > 50 years: 18-55 Children 1-3 years: 11-36 4-13 years: 15-36 13-19 years : 18-45
Creatinine ( Method : Enzymatic Creatininase )	0.89	mg/dL	0.61.30
Calcium	10.95	mg/dL	8.511
Uric Acid (Method : Uricase-POD)	4.18	mg/dL	2.47.2

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Dr. Ashish Sethi Consultant Biochemist Dr.Mamta Khuteta M.D.(Path.) RMC No. 4720/1626

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Bar Code LIS Number

**BIO-CHEMISTRY** 

**Liver Function Test** 

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.:-UV Kinetic)	34.00	U/L	540
SGPT/ALT(Tech.:-UV Kinetic)	29.00	U/L	540
Bilirubin(Total)(Tech.:-Jendrassik Grof)	1.06	mg/dL	0.11.1
Bilirubin(Direct)	0.22	mg/dL	00.3
Bilirubin(Indirect)	0.84	mg/dL	0.11.0
Total Protein(Tech.:-Biuret)	7.09	gm/dL	68
Albumin(Tech.:-BCG) (Method: BCG)	4.01	gm/dL	0-4 days:2.8-4.4 4d-14 yrs 3.8-5.4 14y-18y: 3.2-4.5 Adults 20-60 yrs: 3.5-5.2 60-90 yrs: 3.2-4.6
Globulin(CALCULATION)	3.08	gm/dL	2.54.5
A/G Ratio(Tech.:-Calculated)	1.30	100	1.2 2.5
Alkaline Phosphatase(Tech.:-Pnp Amp Kinetic)	216.00	U/L	108-306

Dr. Ashish Sethi Consultant Biochemist Marta Khuleta Dr.Mamta Khuteta M.D.(Path.) RMC No. 4720/1

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Bar Code III III

#### LIPID PROFILE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	165.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	47.00	mg/dL	3588
Triglycerides ( Method GPO )	97.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	98.60	mg/dL	0100
VLDL Cholesterol	19.40	mg/dL	035
TC/HDL Cholestrol Ratio	3.51	Ratio	2.55
LDL/HDL Ratio	2.10	Ratio	1.53.5

Ashich sethi

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B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977

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NABL CERTIFICATE NO. MC-5346

Name :-

Mr. RAKESH PRAJAPAT

Patient ID / CCL No :-102340940

Sex / Age :-

Male

Sample Collected :- 25/11/2023 11:47:5

Doctor :-

Client Name :-

MEDI WHEEL HEALTH CHECK UP

Report Released on: 25-11-2023 15:43:27

Sample Received on: 25-11-2023 11:48:20

Sample Type :-

Serum

Barcode

lica

TEST NAME

VALUE

UNIT

REFERENCE RANGE

TFT

T3 (TOTAL TRIIODOTHYRONINE)

(Tech.:- Chemiluminescence Immunoassay)

128.00

ng/dl

100 - 740 : 0-30 Days 105 - 207 : 1-12 Yrs.

86 - 192 : 13-20 Yrs. 70 - 204 : Adults

T4 (TOTAL THYROXINE)

(Tech.:- Chemiluminescence Immunoassay)

8.76

ug/dl

11.80 - 22.60 < 1 Week

9.80 - 16.60 1-4 Wks.

5.50 - 12.10 : 2-12 Yrs. 5.50 - 11.10 : 13-20 Yrs. 4.60 - 12.50 Adults

TSH. (Ultra Sensitive)

(Tech.:- Chemiluminescence Immunoassay)

1.63

uIU/ml

0.52 - 16.00 : 1-30 Days

0.46 - 8.10 : 1 mnt - 5 Yrs. 0.35 - 5.50 : Adults

#### INTERPRETATION

1. Remark - Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin) Nephrosis etc.

2. Remark - Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 give corrected values. 3.Total T3 may decrease by <25 percent in healthy older individuals.

3. Remark - TSH values may be transiently altered because of non-thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc 2.Drugs that decrease TSH values e.g: L-dopa, Glucocorticoids Drugs that increase TSH values e.g. lodine, Lithium, and Amiodaron. Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH and a low T4 and low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate TSH produced from the pituitary and so one tends to see low or normal TSHs, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary- adrenal axis. The third type of under-functioning is due to poor conversion of T4 to T3. This requires enzymes and co-factors, in particular selenium, zinc and iron. In this condition there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of T3. This requires micronutrients and also T3 to correct.

- End of Report

Collected Sample Received Technolog THIS REPORT IS NOT WALLD FOR MEDICO LEGAL PLAN OR VAL

Consultant Biochemist

DR. ASHISH SETH

B-110, Indra Nagar, Hurthunu (Raj.) Ph. 16/16/16/1592-294977



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## URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL		100	
Quantity		ml	
Colour	Pale Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.030		-6
PH	6.0	\	4.56.5
CHEMICAL			CD
Reaction	Acidic		
Albumin	TRACE		60
Urine Sugar	Nil		
MICROSCOPIC		ink.	
Red Blood Cells	Nil	/h.p.f.	21
Pus Cells	23	/h.p.f.	O /
Epithelial Cells	46	/h.p.f.	31/
Crystals	Nil	/h.p.f.	A /
Casts	Nil	/h.p.f.	
Bactria	Nil	/h.p.f.	
Others	NilNil	/h.p.f.	

Test Name	Observed Values	Units	Reference Intervals
URINE SUGAR FASTING	Nil		

END OF REPORT >>>

>>> Results relate only to the sample as received. Kindly correlate with clinical condition. <<< Note: This report is not valid for medico legal purposes.

Dr. Ashish Sethi Consultant Biochemist Martin Khuteta Dr.Mamta Khuteta M.D.(Path.) RMC No. 4720/1

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