Diagnostic Report

agilus diagnostics

AGILUS DIAGNOSTICS WELLNESS CENTER
SCO 13,SECTOR 16 FARIDABAD
PHONE NO – 0129-4179185

NAME:- MRS. NEHA MITTAL	Age/ Sex/35/YEARS/F
ACC:- 0071WJ000210	Date :- 14/09/2023

ELECTROCARDIOGRAM

Result	Values	Nomal Rate
Rate	78	60-100b/m
Rhythm	Sinus	Sinus
P Wave	0.08	Width<0.11Sec.Height<3mm
QRS complex	0.08	<0.10sec in duration
T Wave	Upright	Upright
U Wave	absent	
P R Interval	0.11	0.12 – 0.20sec.
S T segment	Iso	Isoelectric

IMPRESSION : Normal

Please correlate clinically.

Dr. MUKUL GOSWAMI
(MBBS) Regn.-9208
Agilus Diagnostics Ltd.
SCO-13, Sec-16 HUDA Market
Faridabad-121002 (Hr.)
Tel.: 0129-4179185

Dr. MUKUL GOSWAMI
CONSULTANT PHYSICIAN

Disclaimer:

The science of cardiology is based upon interpretation of normal and abnormal ECG graph. This is neither complete or accurate, hence findings should always be interpreted in to the light of clinico-pathological correlation. This a professional opinion, not a diagnosis. Not meant for medico legal purpose.

GE MAC1200 ST CARDIOPRINT NEHA, MITTAL 035, SRL LTD UP-26 SEC-18 GURGAON

HR 98bpm

Female

Measurement Results:

QRS	:	86 ms
QT/QTcB	:	338 / 434 ms
PR	:	108 ms
P	:	80 ms
RR/PP	:	606 / 600 ms
P/QRS/T	:	55/ 65/ 20 degrees
QTD/QTcBD	:	26 / 33 ms
Sokolow	:	1.9 mV
NK	:	14

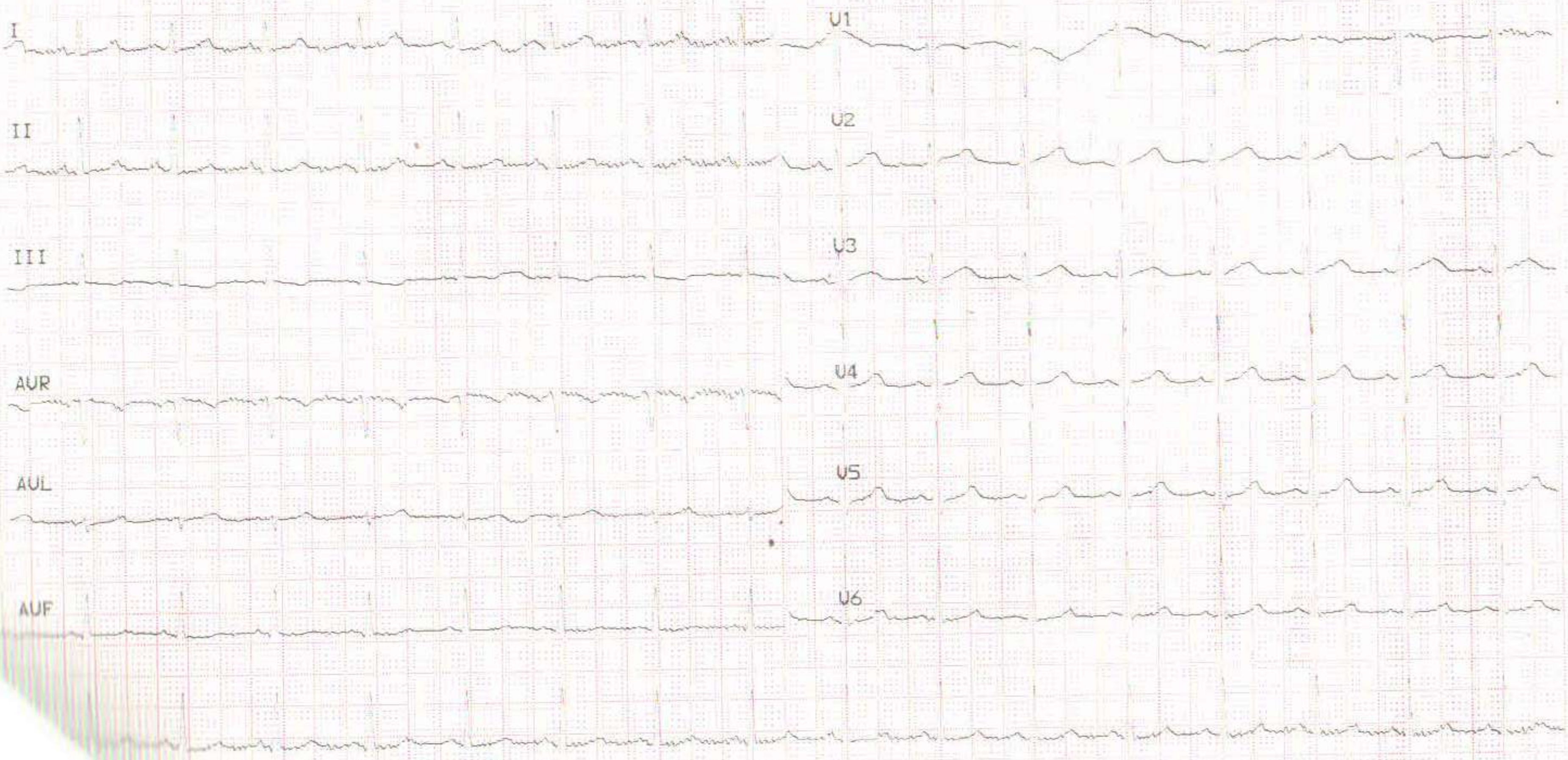
-90 aVR aVL 0 I III +90 II aVF

< P
< T
< QRS

Interpretation:

short PR interval
probably normal ECG

Unconfirmed report.



10:54:23 AM 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 6_F1_R Automatic V6.2 12i (1)

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X-RAY CHEST PA VIEW

- Both lung fields are normal.
- Both costophrenic angles are normal.
- Both domes of diaphragm are normal.
- Both hilar shadow are normal.
- Cardiac size is normal
- Visualized soft tissues & thoracic cage are normal.
- **IMPRESSION :**

Please Correlate Clinically.

Dr. D.R CHUGH
(MBBS, DMRD)
Agilus Diagnostics Ltd
SCO-13 Sec-16 Huda Market
Faridabad
Tel 0129-4179185

Dr. D.R CHUGH
(RADIOLOGIST)

Disclaimer:
The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate, hence findings should always be interpreted in to the light of clinico-pathological correlation. This a professional opinion, not a diagnosis. Not meant for medico l7egal purpose.

SRL DIAGNOSTICS

Diagnostic Report

MITTAL, NEHA
Patient ID 0071WJ000230
14.10.2023 Female 159 cm 68 kg
11:52:28am 35yrs Indian
Meds:

Test Reason:
Medical History:

Ref. MD: Ordering MD:
Technician: Test Type:
Comment:

BRUCE: Total Exercise Time 06:23
Max HR: 173 bpm 93% of max predicted 185 bpm HR at rest: 109
Max BP: 140/86 mmHg BP at rest: 120/86 Max RPP: 22960 mmHg*bpm
Maximum Workload: 8.10 METS
Max. ST: -2.00 mm, 0.00 mV/s in III; EXERCISE STAGE 2 03:29
Arrhythmia: A:118, PVC:4, PSVC:3, RUN:1, PERR:10, PCAP:14
ST/HR index: 2.45 µV/bpm
Reasons for Termination: Target heart rate achieved,Fatigue
Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.
Conclusion: TMT IS NEGAIVE FOR RMI
Location Number: * 0 *

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm	VE (/min)	ST Level (III mm)	Comment
PRETEST	SUPINE	00:20	0.00	0.00	1.0	116	120/86	13920	0	-0.45	
	STANDING	00:04	0.00	0.00	1.0	122			0	-0.45	
	HYPERV.	00:12	0.00	0.00	1.0	113			0	-0.45	
	WARM-UP	00:55	1.60	0.00	1.6	129			4	-0.70	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	137	130/86	17810	0	-0.95	
	STAGE 2	03:00	4.00	12.00	7.0	166	140/86	23240	0	-1.40	
	STAGE 3	00:24	5.40	14.00	8.1	173			0	-1.75	
RECOVERY		04:33	0.00	0.00	1.0	117	124/86	14508	0	-0.90	

Dr. SANDEEP KUMAR
MBBS, PGDCC, CCEBDM
GENERAL PHYSICAN
CONSULTANT CLINICAL CARDIOLOGY
Agilus Diagnostics Ltd.
SCO-13, Sec-16, FARIDABAD (HR)

agilus diagnostics

DIAGNOSTIC REPORT

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PATIENT NAME : NEHA MITTAL	**REF. DOCTOR :** SELF	
CODE/NAME & ADDRESS : C000138381 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : **0071WJ000230** PATIENT ID : NEHAF13098871 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 35 Years Female DRAWN : RECEIVED : 14/10/2023 09:19:21 REPORTED : 16/10/2023 12:25:28

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

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

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

ECG

ECG	WITHIN NORMAL LIMITS

MEDICAL HISTORY

RELEVANT PRESENT HISTORY	G B STONE
RELEVANT PAST HISTORY	NOT SIGNIFICANT
RELEVANT PERSONAL HISTORY	MARRIED
MENSTRUAL HISTORY (FOR FEMALES)	REGULAR
LMP (FOR FEMALES)	05/09/2023
OBSTETRIC HISTORY (FOR FEMALES)	G2P2
LCB (FOR FEMALES)	04/03/2023
RELEVANT FAMILY HISTORY	FATHER-HTN
OCCUPATIONAL HISTORY	B.COM
HISTORY OF MEDICATIONS	NOT SIGNIFICANT

ANTHROPOMETRIC DATA & BMI

HEIGHT IN METERS	1.59	mts
WEIGHT IN KGS.	68	Kgs

Dr.Geeta
Pathologist

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PERFORMED AT :
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Agilus Wellness Centre, Sco. 13,Sector 16 Market, Faridabad
Faridabad, 121001
Haryana, India
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956

Patient Ref. No. 775000005087901

PATIENT NAME : NEHA MITTAL **REF. DOCTOR :** SELF

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BMI	27	BMI & Weight Status as follows: Below 18.5: Underweight 18.5 - 24.9: Normal 25.0 - 29.9: Overweight 30.0 and Above: Obese	kg/sqmts

GENERAL EXAMINATION

MENTAL / EMOTIONAL STATE	NORMAL
PHYSICAL ATTITUDE	NORMAL
GENERAL APPEARANCE / NUTRITIONAL STATUS	HEALTHY
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
BREAST (FOR FEMALES)	NORMAL
TEMPERATURE	NORMAL
PULSE	98
RESPIRATORY RATE	NORMAL

CARDIOVASCULAR SYSTEM

BP	120/86	mm/Hg
PERICARDIUM	NORMAL	
APEX BEAT	NORMAL	
HEART SOUNDS	NORMAL	
MURMURS	ABSENT	

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RESPIRATORY SYSTEM

SIZE AND SHAPE OF CHEST	NORMAL
MOVEMENTS OF CHEST	SYMMETRICAL
BREATH SOUNDS INTENSITY	NORMAL
BREATH SOUNDS QUALITY	VESICULAR (NORMAL)
ADDED SOUNDS	ABSENT

PER ABDOMEN

APPEARANCE	NORMAL
VENOUS PROMINENCE	ABSENT
LIVER	NOT PALPABLE
SPLEEN	NOT PALPABLE

CENTRAL NERVOUS SYSTEM

HIGHER FUNCTIONS	NORMAL
CRANIAL NERVES	NORMAL
CEREBELLAR FUNCTIONS	NORMAL
SENSORY SYSTEM	NORMAL
MOTOR SYSTEM	NORMAL
REFLEXES	NORMAL

MUSCULOSKELETAL SYSTEM

SPINE	NORMAL
JOINTS	NORMAL

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BASIC EYE EXAMINATION

CONJUNCTIVA	NORMAL
EYELIDS	NORMAL
EYE MOVEMENTS	NORMAL
CORNEA	NORMAL

BASIC ENT EXAMINATION

EXTERNAL EAR CANAL	NORMAL
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	NOT SIGNIFICANT
RELEVANT NON PATHOLOGY DIAGNOSTICS	NO ABNORMALITIES DETECTED

FITNESS STATUS

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

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MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 45 FEMALE	RESULT PENDING		
ULTRASOUND ABDOMEN	RESULT PENDING		
TMT OR ECHO			
CLINICAL PROFILE			

REPORT ENCLOSED

Interpretation(s)
MEDICAL HISTORY-
****
THIS REPORT CARRIES THE SIGNATURE OF OUR LABORATORY DIRECTOR. THIS IS AN INVIOLABLE 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, Agilus diagnostic classifies a candidate's Fitness Status into one of the following categories:
• Fit (As per requested panel of tests) – AGILUS 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 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 Agilus diagnostic Limited clearly indicates that the individual is not suitable for the respective job profile e.g. total color blindness in color related jobs.

Dr.Geeta
Pathologist

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Patient Ref. No. 775000005087901

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CONDITIONS OF LABORATORY TESTING & 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 AGILUS 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. AGILUS Diagnostics 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.

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Agilus Diagnostics Limited
Fortis Hospital, Sector 62, Phase VIII,
Mohali 160062

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Patient Ref. No. 775000005087901

M-0859

PATIENT NAME : NEHA MITTAL **REF. DOCTOR :** SELF

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Dr. Anurag Bansal
LAB DIRECTOR

Dr. Arpita Roy, MD
Pathologist

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Reference Lab,2nd Floor, Plot No. 31,Urban Estate Electronic City,Sector-18, Gurgaon, 122015
Haryana, India
Tel : 9111591115, Fax : CIN - U74899PB1995PLC045956

Patient Ref. No. 775000005087901

DIAGNOSTIC REPORT

MC-5716

PATIENT NAME : NEHA MITTAL		**REF. DOCTOR :** SELF
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NEUTROPHIL LYMPHOCYTE RATIO (NLR)	3.5		

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.

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HAEMATOLOGY

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD			
E.S.R	**34 High**	0 - 20	mm at 1 hr
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD			
HBA1C	5.1	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)	99.7	< 116	mg/dL

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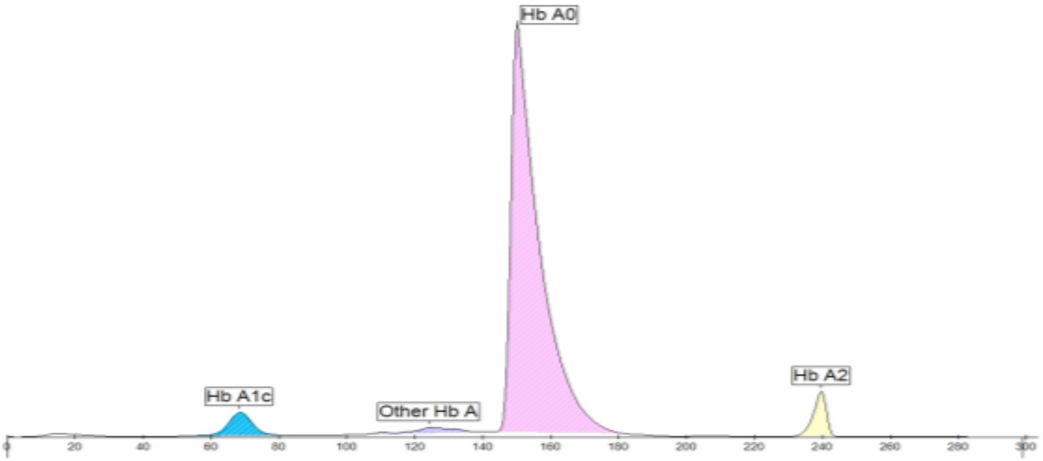
CAPI3 OCTA : 970

Sample num. **166** Date **14/10/2023**

ID : **7120394841**

Depart :

Birth :



A1c Haemoglobin Electrophoresis

Fractions	%	mmol/mol	Cal. %
Hb A1c	-	**32**	5.1
Other Hb A	1.9		
Hb A0	89.3		
Hb A2 (!)	4.7		

HbA1c % cal : **5.1 %**

HbA1c mmol/mol : **32 mmol/mol**

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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, Vasculities, 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: Polycythermia 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).
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 patients metabolic control has remained continuously within the target range.
1. eAG (Estimated average glucose) converts percentage HbA1c to md/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 addiction are reported to interfere with some assay methods,falsely increasing results.
4. 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 paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

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Dr. Arpita Roy, MD
Pathologist

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Tel : 9111591115, Fax : CIN - U74899PB1995PLC045956

Patient Ref. No. 775000005087901

DIAGNOSTIC REPORT

MC-5716

PATIENT NAME : NEHA MITTAL **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000138381 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : **0071WJ000230** PATIENT ID : NEHAF13098871 CLIENT PATIENT ID: ABHA NO :	AGE/SEX :35 Years Female DRAWN : RECEIVED : 14/10/2023 09:19:21 REPORTED : 16/10/2023 12:25:28

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

IMMUNOHAEMATOLOGY

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP	AB
RH TYPE	RH+

Interpretation(s)
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.

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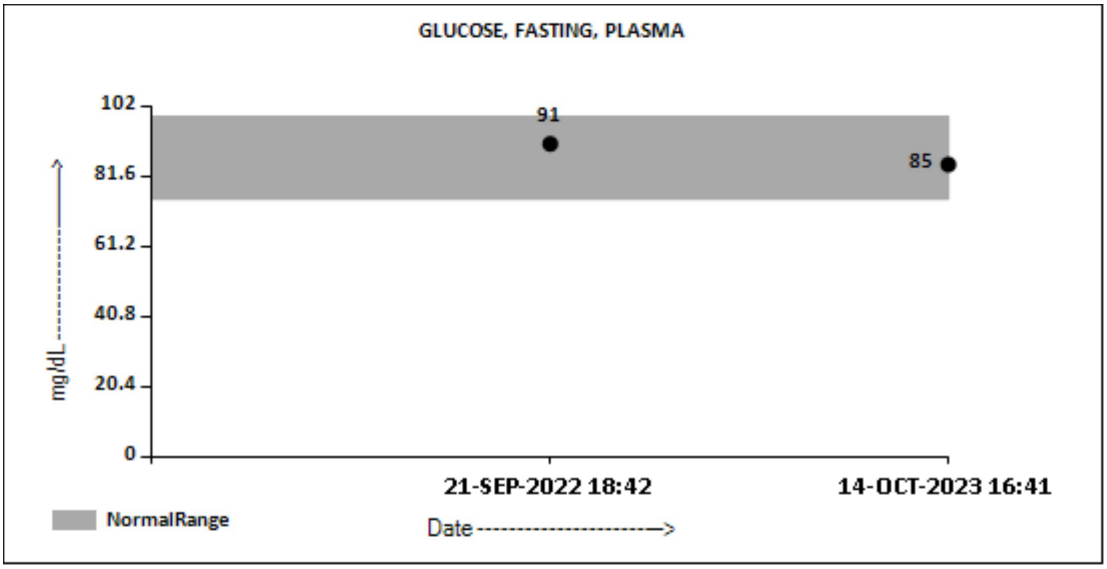
BIOCHEMISTRY

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

GLUCOSE FASTING,FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR)	85	Normal 75 - 99 Pre-diabetics: 100 – 125 Diabetic: > or = 126	mg/dL



GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)	81	70 - 139	mg/dL

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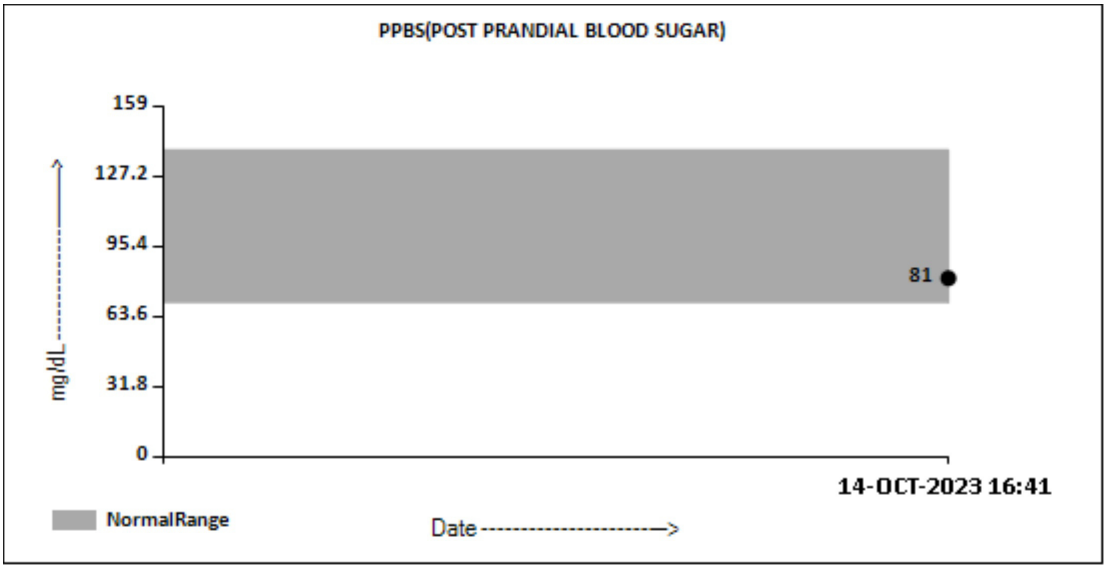

LIPID PROFILE WITH CALCULATED LDL

CHOLESTEROL, TOTAL	128	Desirable : < 200 Borderline : 200 - 239 High : > / = 240	mg/dL
TRIGLYCERIDES	66	Normal: < 150 Borderline high: 150 - 199 High: 200 - 499 Very High: >/= 500	mg/dL
HDL CHOLESTEROL	47	At Risk: < 40 Desirable: > or = 60	mg/dL
CHOLESTEROL LDL	74	Adult levels: Optimal < 100 Near optimal/above optimal: 100-129 Borderline high : 130-159 High : 160-189 Very high : = 190	mg/dL
NON HDL CHOLESTEROL	81	Desirable : < 130 Above Desirable : 130 -159 Borderline High : 160 - 189 High : 190 - 219	mg/dL

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		Very high : > / = 220	
VERY LOW DENSITY LIPOPROTEIN	13.2	< OR = 30.0	mg/dL
CHOL/HDL RATIO	**2.7 Low**	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0	
LDL/HDL RATIO	1.6	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL	0.4	Upto 1.2	mg/dL
BILIRUBIN, DIRECT	0.2	< 0.30	mg/dL
BILIRUBIN, INDIRECT	0.20	0.1 - 1.0	mg/dL
TOTAL PROTEIN	6.7	6.0 - 8.0	g/dL
ALBUMIN	4.2	3.97 - 4.94	g/dL
GLOBULIN	2.5	2.0 - 3.5	g/dL
ALBUMIN/GLOBULIN RATIO	1.7	1.0 - 2.1	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16	< OR = 35	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	< OR = 35	U/L
ALKALINE PHOSPHATASE	**138 High**	35 - 104	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	15	0 - 40	U/L
LACTATE DEHYDROGENASE	173	125 - 220	U/L

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN	10.5	6 - 20	mg/dL

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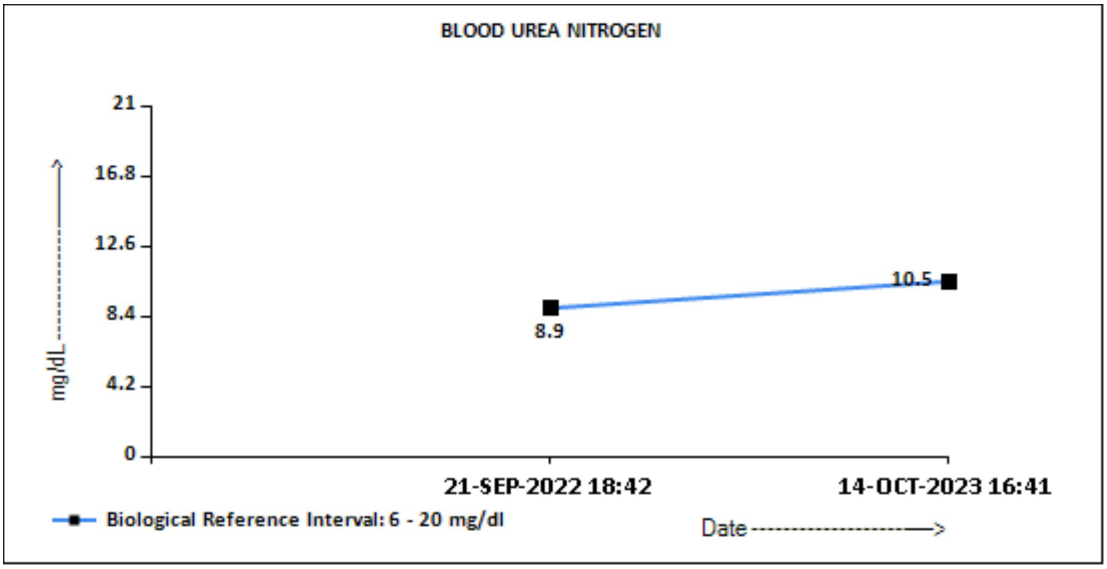

CREATININE, SERUM

CREATININE	0.58	0.5 - 0.9	mg/dL

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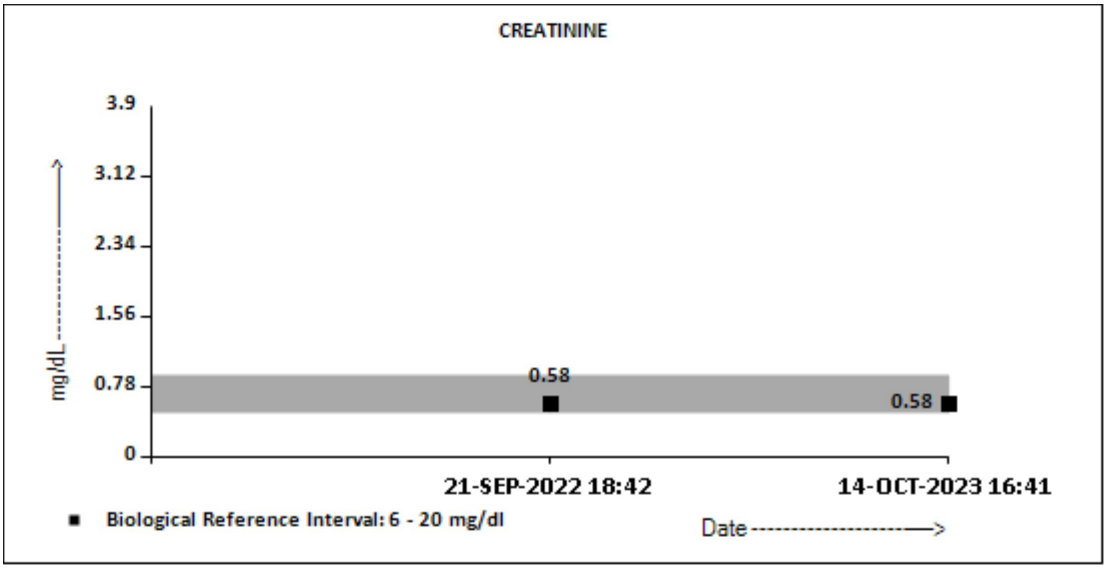

BUN/CREAT RATIO

BUN/CREAT RATIO	**18.01 High**	8.0 - 15.0	

URIC ACID, SERUM

URIC ACID	3.2	2.4 - 5.7	mg/dL

TOTAL PROTEIN, SERUM

TOTAL PROTEIN	6.7	6.0 - 8.0	g/dL

ALBUMIN, SERUM

ALBUMIN	4.2	3.97 - 4.94	g/dL

GLOBULIN

GLOBULIN	2.5	2.0 - 3.5	g/dL

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Test Report Status **Preliminary**	Results	Biological Reference Interval	Units
ELECTROLYTES (NA/K/CL), SERUM			
SODIUM, SERUM	140	136 - 145	mmol/L
POTASSIUM, SERUM	**5.3 High**	3.5 - 5.1	mmol/L
CHLORIDE, SERUM	106	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 sothat 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 Glyosuria,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 Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.Additional test HbA1c
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,

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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.

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CLINICAL PATH - URINALYSIS

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

PHYSICAL EXAMINATION, URINE

COLOR	PALE YELLOW
APPEARANCE	CLEAR

Comments

NOTE : MICROSCOPIC EXAMINATION OF URINE IS PERFORMED ON CENTRIFUGED URINARY SEDIMENT.
IN NORMAL URINE SAMPLES CAST AND CRYSTALS ARE NOT DETECTED.

CHEMICAL EXAMINATION, URINE

PH	5.5	4.7 - 7.5
SPECIFIC GRAVITY	>=1.030	1.003 - 1.035
PROTEIN	NOT DETECTED	NEGATIVE
GLUCOSE	NOT DETECTED	NEGATIVE
KETONES	NOT DETECTED	NOT DETECTED
BLOOD	**DETECTED (TRACE)**	NEGATIVE
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	**0 - 1**	NOT DETECTED	/HPF
PUS CELL (WBC'S)	1-2	0-5	/HPF
EPITHELIAL CELLS	2-3	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
YEAST	NOT DETECTED	NOT DETECTED	

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MC-5716

PATIENT NAME : NEHA MITTAL **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000138381 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : **0071WJ000230** PATIENT ID : NEHAF13098871 CLIENT PATIENT ID: ABHA NO :	AGE/SEX :35 Years Female DRAWN : RECEIVED :14/10/2023 09:19:21 REPORTED :16/10/2023 12:25:28

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

Dr. Anurag Bansal
LAB DIRECTOR

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PERFORMED AT :
Agilus Diagnostics Ltd.
Reference Lab,2nd Floor, Plot No. 31,Urban Estate Electronic City,Sector-18,
Gurgaon, 122015
Haryana, India
Tel : 9111591115, Fax : CIN - U74899PB1995PLC045956

Patient Ref. No. 775000005087901

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CLINICAL PATH - STOOL ANALYSIS

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

MICROSCOPIC EXAMINATION,STOOL

REMARK	TEST CANCELLED AS SPECIMEN NOT RECEIVED

Dr. Mamta Kumari, MBBS,MD
(Reg.No G-28239)
Chief Microbiologist

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SPECIALISED CHEMISTRY - HORMONE

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

THYROID PANEL, SERUM

T3	125.0	Non-Pregnant Women 80.0 - 200.0 Pregnant Women 1st Trimester:105.0 - 230.0 2nd Trimester:129.0 - 262.0 3rd Trimester:135.0 - 262.0	ng/dL
T4	8.45	Non-Pregnant Women 5.10 - 14.10 Pregnant Women 1st Trimester: 7.33 - 14.80 2nd Trimester: 7.93 - 16.10 3rd Trimester: 6.95 - 15.70	µg/dL
TSH (ULTRASENSITIVE)	2.270	Non Pregnant Women 0.27 - 4.20 Pregnant Women 1st Trimester: 0.33 - 4.59 2nd Trimester: 0.35 - 4.10 3rd Trimester: 0.21 - 3.15	µIU/mL

Dr.Rashmi Rasi Datta-MD,FIMSA
DMC-64289
Consultant Biochemist & Section Head

Dr. Anurag Bansal
LAB DIRECTOR

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