



LABORATORY REPORT



Name : Mr. SRIDHAR O	Sex/Age : Male / 49 Years	Case ID : 40634600407
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 08-Jun-2024 09:03	Sample Type :	Mobile No. : 9884366958
Sample Date and Time : 08-Jun-2024 09:21	Sample Coll. By : non	Ref Id1 :
Report Date and Time :	Acc. Remarks :	Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
CBCESR			
Red Cell Distribution Width (RDW)	14.7	%	11.5 - 14
Glyco Hemoglobin (HbA1c)			
HbA1C	6.90	%	Non Diabetic : Less than 5.7 % Pre Diabetic : 5.7 - 6.4 Diabetic : => 6.5 %
Lipid Profile			
Cholesterol	204.00	mg/dL	<200 - Desirable 200 - 239 - Borderline High > 240 - High "NCEP Guidelines ATP III".
HDL Cholesterol	39.0	mg/dL	< 40 - Low Level 40 - 60 - Average Level > 60 - High Level NCEP Guidelines ATP III.
LDL Cholesterol	140	mg/dL	0.00 - 100.00
Chol/HDL	5.2		0 - 4.1
Plasma Glucose - F	119.00	mg/dL	Fasting blood glucose : 70 - 99 mg/dl - Normal 100 - 125 mg/dl - Impaired Fasting : Diabetic : =>126.
Plasma Glucose - PP	211.00	mg/dL	Normal : 70-140 mg/dL Impaired Tolerance : 141 - 199 Diabetic : => 200

Abnormal Result(s) Summary End

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

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Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 08-Jun-2024 09:03	Sample Type : Whole Blood EDTA	Mobile No. : 9884366958
Sample Date and Time : 08-Jun-2024 09:22	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Jun-2024 14:36	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
RBC Count <i>Electrical Impedance</i>	5.46	millions/cm m	4.5 - 6.5	
Haemoglobin <i>SLS</i>	15.6	g/dL	13.5 - 18	
PCV	47.6	%	40 - 54	
Mean Corpuscular Volume <i>Calculated</i>	87.2	fL	76 - 96	
Mean Corpuscular Hemoglobin <i>Calculated</i>	28.6	pg	27 - 32	
Mean Corpuscular Hb Concentration <i>Calculated</i>	32.8	g/dL	30 - 35	
Red Cell Distribution Width (RDW) <i>Calculated</i>	H 14.7	%	11.5 - 14	
Total Leucocyte Count(TLC) <i>Fluorescent Flowcytometry</i>	7270	Cells/cmm	4000 - 11000	
<u>Differential Counts</u>				
Neutrophils <i>Fluorescent Flowcytometry</i>	64.0	%	40 - 75	
Lymphocytes <i>Fluorescent Flowcytometry</i>	25.6	%	20 - 45	
Monocytes <i>Fluorescent Flowcytometry</i>	6.3	%	2 - 10	
Eosinophils	3.3	%	1 - 6	
Basophils <i>Fluorescent Flowcytometry</i>	0.8	%	0 - 1	
<u>Absolute Counts</u>				
Absolute Neutrophil Count <i>Calculated</i>	4650	Cells/cmm	2000-7000	
Absolute Lymphocyte Count <i>Calculated</i>	1860	Cells/cmm	1000-5000	
Absolute Monocyte Count <i>Calculated</i>	460	Cells/cmm	200-1000	
Absolute Eosinophil Count <i>Calculated</i>	240	Cells/cmm	20-500	
Absolute Basophil Count <i>Calculated</i>	60	Cell/cmm	20-100	

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ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க





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Platelet Count <i>Electrical Impedance</i>	266000	Cells/cmm	150000 - 400000
Mean Platelet Volume (MPV)	10.1	fL	7.2 - 11.7
ESR <i>Photometrical capillary stopped flow kinetic analysis</i>	2	mm/hour	0 - 15

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Blood Group & Rh Type <i>Manual Method (Forward & Reverse Typing)</i>	O Positive
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This is a screening method. Advise higher method for confirmation.

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

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Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 08-Jun-2024 09:03	Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum	Mobile No. : 9884366958
Sample Date and Time : 08-Jun-2024 09:22	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Jun-2024 14:37	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F HEXOKINASE/G-6-PDH	H 119.00	mg/dL	Fasting blood glucose : 70 - 99 mg/dl - Normal 100 - 125 mg/dl - Impaired Fasting : Diabetic : =>126.	
Plasma Glucose - PP HEXOKINASE/G-6-PDH	H 211.00	mg/dL	Normal : 70-140 mg/dL Impaired Tolerance : 141 - 199 Diabetic : => 200	
Uric Acid Uricase	5.60	mg/dL	3.5 - 7.2	

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<u>Glycated Haemoglobin Estimation</u>				
HbA1C <i>High Performance Liquid Chromatography (HPLC)</i>	H 6.90	%	Non Diabetic : Less than 5.7 % Pre Diabetic : 5.7 - 6.4 Diabetic : => 6.5 %	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	151.33	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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Sample Date and Time : 08-Jun-2024 09:22	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Jun-2024 15:56	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Cholesterol <i>Enzymatic</i>	H 204.00	mg/dL	<200 - Desirable 200 - 239 - Borderline High > 240 - High "NCEP Guidelines ATP III".	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	125.00	mg/dL	< 150 - Normal 150 - 199 - Borderline 200 - 499 - High > 500 - Very High "NCEP Guidelines ATP III".	
HDL Cholesterol <i>Accelerator Selective Detergent</i>	L 39.0	mg/dL	< 40 - Low Level 40 - 60 - Average Level > 60 - High Level NCEP Guidelines ATP III.	
LDL Cholesterol <i>Calculated</i>	H 140	mg/dL	0.00 - 100.00	
VLDL <i>Calculated</i>	25	mg/dL	10 - 40	
Non-HDL Cholesterol	165	mg/dL	0-130	
LDL/HDL Ratio	3.59			
Chol/HDL <i>Calculated</i>	H 5.2		0 - 4.1	

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Bilirubin Total <i>Diazonium Salt</i>	0.60	mg/dL	0.2 - 1.2	
Bilirubin Direct <i>DIAZO REACTION</i>	0.20	mg/dL	0 - 0.5	
Bilirubin Indirect <i>Calculated</i>	0.40	mg/dL	0.1 - 1	
S.G.P.T. <i>NADH (Without P-5-P)</i>	32.00	U/L	0 - 55	
S.G.O.T. <i>NADH (Without P-5-P)</i>	28.00	U/L	5 - 34	
Alkaline Phosphatase <i>Para-Nitrophenyl Phosphate</i>	87.00	U/L	40-150	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	41.00	U/L	12 - 64	
Proteins (Total) <i>Biuret</i>	7.20	gm/dL	6.4 - 8.3	
Albumin <i>Bromo Cresol Green</i>	4.40	g/dL	3.5-5.2	
Globulin <i>Calculated</i>	2.8	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.5		1.0 - 2.1	

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3) <i>CMIA</i>	130.27	ng/dL	58 - 159	
Thyroxine (T4) <i>CMIA</i>	8.34	µg/dL	4.87 - 11.72	
TSH <i>CMIA</i>	3.54	µIU/mL	0.35 - 4.94	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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Sample Date and Time : 08-Jun-2024 09:22	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Jun-2024 14:33	Acc. Remarks : -	Ref Id2 :

Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). When the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

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

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 08-Jun-2024 09:03	Sample Type : Urine	Mobile No. : 9884366958
Sample Date and Time : 08-Jun-2024 09:22	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Jun-2024 14:02	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
<u>Urine Routine Examination</u>				
Appearance <i>Manual</i>	Clear		Clear	
Colour	Pale yellow		Straw to Yellow	
Reaction (pH) <i>Ion concentration</i>	5.5		4.6 - 8	
Specific gravity <i>pKa change</i>	1.025		1.003 - 1.035	
<u>Chemical Examination</u>				
Protein <i>Tetrabromophenol blue</i>	Negative		Negative	
Glucose <i>GOD-POD</i>	Negative		Negative	
Bile Pigments <i>Biochemical</i>	Negative		Negative	
Urobilinogen <i>Diazotization reaction</i>	Not Increased		Negative	
Ketones <i>Nitroprusside</i>	Negative		Negative	
Nitrites <i>N-(1-naphthyl)-ethylenediamine</i>	Negative		Negative	
Blood <i>Peroxidase</i>	Negative		Negative	
Leucocyte <i>Microscopy</i>	Negative	/HPF	0 - 5 cells/hpf	
<u>Microscopic Examination</u>				
Red Blood Cells	Nil	/HPF	Nil	
Pus Cells <i>Microscopy</i>	3-5	/HPF	0-5 cells/hpf	
Epithelial Cells <i>Microscopy</i>	2-3	/HPF	Negative	
Hyaline Casts <i>Microscopy</i>	Nil	/HPF	Nil	
Pathological Casts <i>Reflectance Photometry</i>	Nil	/HPF	NIL	

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Crystals

Calcium oxalate Monohydrate	Nil	/HPF	Nil
Calcium oxalate Dihydrate	Nil	/HPF	Nil
Triple phosphate	Nil	/HPF	Nil
Uric Acid	Nil	/HPF	Nil
Bacteria	Nil	/µL	Nil
Yeast	Nil	/µL	Nil
Amorphous Deposits <i>Phase Contrast Microscopy</i>	0.0	/HPF	0-29.5 p/hpf

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<i>Patient Name</i>	Mr SRIDHAR O	<i>Patient ID</i>	600407
<i>Age/D.O.B</i>	49Y	<i>Gender</i>	M
<i>Referring Doctor</i>	NA	<i>Date</i>	8 Jun 24

XRAY RADIOGRAPH CHEST - PA

Observations

changes of bronchitis noted in b/l lung fields.

Cardia is normal in size.

Domes of Diaphragm are smooth.

Both Costophreic Recesses are clear.

Bones and soft tissue shadows appear normal.

Impression

changes of bronchitis noted in b/l lung fields.

Reported By,



Dr. Ankit Rupala

MBBS, MD
 Consultant Radiologist
 GMC - 31386

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

BUN/Creatinine Ratio

BUN (Blood Urea Nitrogen) <i>Urease</i>	8.0	mg/dL	6 - 20	*PLEASE NOTE CHANGE IN REFERENCE RANGE
Creatinine <i>Kinetic Alkaline Picrate</i>	0.94	mg/dL	0.5 - 1.4	
BUN/Creatinine Ratio <i>Calculated</i>	9		10 - 20.1	

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

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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Neuberg Pre-Existing Medical-
 UHID: 01VLL2K26VY0ULH Conditions
 Patient ID: 600407
 Name: Sridhar O
 India • UAE • South Africa • USA
 Age: 49
 Gender: Male
 Mobile: 9884366958

Symptoms

Vitals

Measurements

Interpretation

TEST REPORT

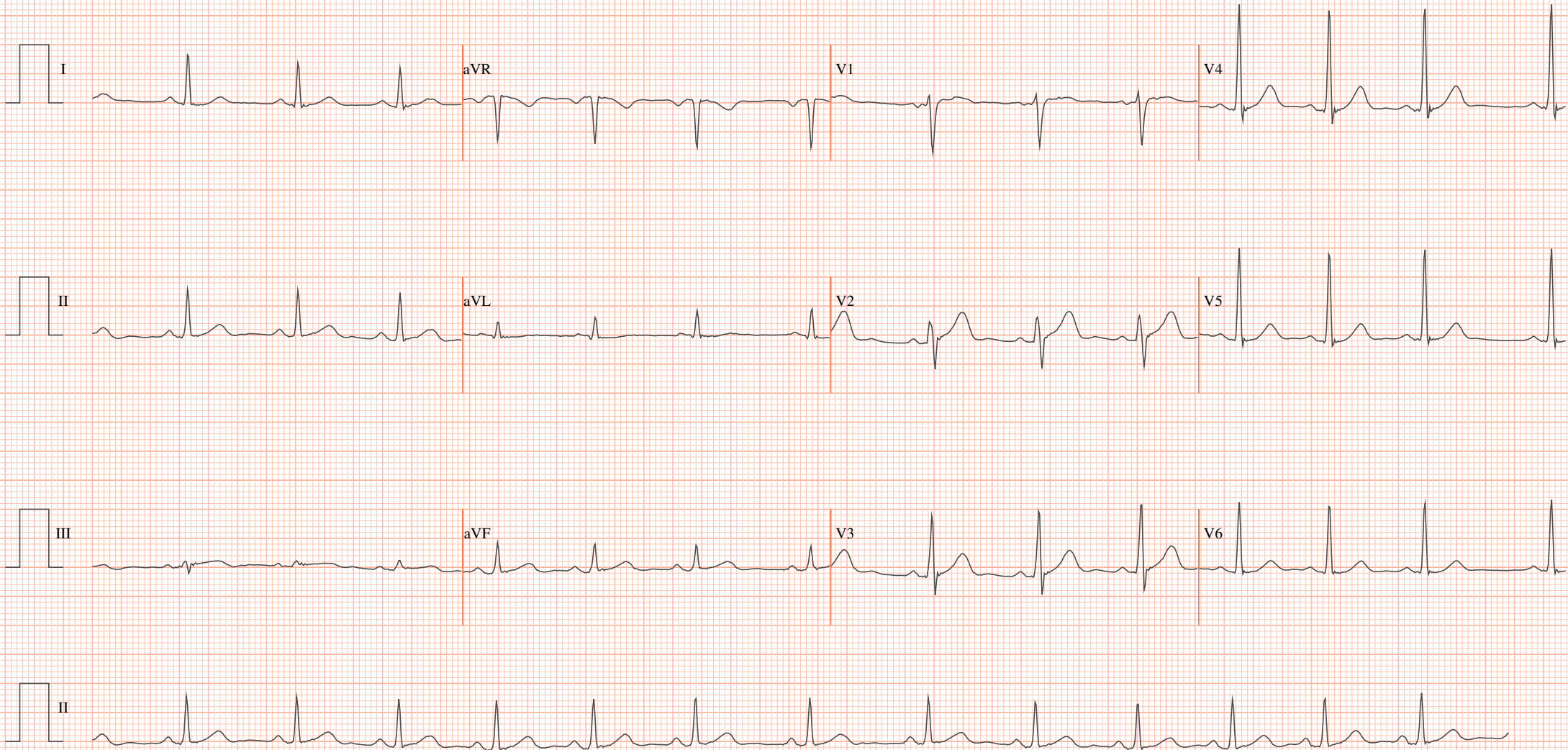
HR: 82 BPM
 PR: 146 ms
 PD: 114 ms
 QRSD: 82 ms
 QRS Axis: 30 deg
 QT/QTc: 340/340 ms

Normal sinus rhythm
 Normal axis

Authorized by

 Dr. Yogesh Kothari
 MD, DNB, FESC, FEP
 Reg No- KMC 44065

This trace is generated by **KardioScreen**; Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from **IMEDRIX**



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV



LABORATORY REPORT



Name : Mrs. MAHALAKSHMI SRIDHAR	Sex/Age : Female / 42 Years	Case ID : 40634600406
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 08-Jun-2024 09:00	Sample Type :	Mobile No. : 9884349069
Sample Date and Time : 08-Jun-2024 09:20	Sample Coll. By : non	Ref Id1 :
Report Date and Time :	Acc. Remarks :	Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
BUN/Creatinine Ratio			
Creatinine	0.63	mg/dL	0.7 - 1.2
CBCESR			
PCV	36.8	%	37 - 47
Mean Corpuscular Hemoglobin	24.6	pg	27 - 32
Red Cell Distribution Width (RDW)	14.5	%	11.5 - 14
Lymphocytes	10.7	%	20 - 45
Eosinophils	16.9	%	1 - 6
Absolute Lymphocyte Count	880	Cells/cmm	1000-5000
Absolute Eosinophil Count	1390	Cells/cmm	20-500
Platelet Count	440000	Cells/cmm	150000 - 400000
Lipid Profile			
LDL Cholesterol	111.2	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : Mrs. MAHALAKSHMI SRIDHAR	Sex/Age : Female / 42 Years	Case ID : 40634600406
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 08-Jun-2024 09:00	Sample Type : Whole Blood EDTA	Mobile No. : 9884349069
Sample Date and Time : 08-Jun-2024 09:20	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Jun-2024 14:36	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
RBC Count <i>Electrical Impedance</i>	4.68	millions/cm m	3.8 - 5.8	
Haemoglobin <i>SLS</i>	11.5	g/dL	11.5 - 16.5	
PCV	L 36.8	%	37 - 47	
Mean Corpuscular Volume <i>Calculated</i>	78.6	fL	76 - 96	
Mean Corpuscular Hemoglobin <i>Calculated</i>	L 24.6	pg	27 - 32	
Mean Corpuscular Hb Concentration <i>Calculated</i>	31.3	g/dL	30 - 35	
Red Cell Distribution Width (RDW) <i>Calculated</i>	H 14.5	%	11.5 - 14	
Total Leucocyte Count(TLC) <i>Fluorescent Flowcytometry</i>	8210	Cells/cmm	4000 - 11000	
<u>Differential Counts</u>				
Neutrophils <i>Fluorescent Flowcytometry</i>	68.5	%	40 - 75	
Lymphocytes <i>Fluorescent Flowcytometry</i>	L 10.7	%	20 - 45	
Monocytes <i>Fluorescent Flowcytometry</i>	3.3	%	2 - 10	
Eosinophils	H 16.9	%	1 - 6	
Basophils <i>Fluorescent Flowcytometry</i>	0.6	%	0 - 1	
<u>Absolute Counts</u>				
Absolute Neutrophil Count <i>Calculated</i>	5620	Cells/cmm	2000-7000	
Absolute Lymphocyte Count <i>Calculated</i>	L 880	Cells/cmm	1000-5000	
Absolute Monocyte Count <i>Calculated</i>	270	Cells/cmm	200-1000	
Absolute Eosinophil Count <i>Calculated</i>	H 1390	Cells/cmm	20-500	
Absolute Basophil Count <i>Calculated</i>	50	Cell/cmm	20-100	

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



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LABORATORY REPORT



Name : Mrs. MAHALAKSHMI SRIDHAR	Sex/Age : Female / 42 Years	Case ID : 40634600406
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 08-Jun-2024 09:00	Sample Type : Whole Blood EDTA	Mobile No. : 9884349069
Sample Date and Time : 08-Jun-2024 09:20	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Jun-2024 14:36	Acc. Remarks : -	Ref Id2 :

Platelet Count <i>Electrical Impedance</i>	H 440000	Cells/cmm	150000 - 400000
Mean Platelet Volume (MPV)	8.8	fL	7.2 - 11.7
ESR <i>Photometrical capillary stopped flow kinetic analysis</i>	28	mm/hour	0 - 20

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

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LABORATORY REPORT



Name : Mrs. MAHALAKSHMI SRIDHAR	Sex/Age : Female / 42 Years	Case ID : 40634600406
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 08-Jun-2024 09:00	Sample Type : Whole Blood EDTA	Mobile No. : 9884349069
Sample Date and Time : 08-Jun-2024 09:20	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Jun-2024 16:01	Acc. Remarks : -	Ref Id2 :

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

Blood Group & Rh Type <i>Manual Method (Forward & Reverse Typing)</i>	A Positive
---	-------------------

This is a screening method. Advise higher method for confirmation.

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



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LABORATORY REPORT



Name : Mrs. MAHALAKSHMI SRIDHAR	Sex/Age : Female / 42 Years	Case ID : 40634600406
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 08-Jun-2024 09:00	Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum	Mobile No. : 9884349069
Sample Date and Time : 08-Jun-2024 09:20	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Jun-2024 14:50	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F HEXOKINASE/G-6-PDH	96.00	mg/dL	Fasting blood glucose : 70 - 99 mg/dl - Normal 100 - 125 mg/dl - Impaired Fasting : Diabetic : =>126.	
Plasma Glucose - PP HEXOKINASE/G-6-PDH	98.00	mg/dL	Normal : 70-140 mg/dL Impaired Tolerance : 141 - 199 Diabetic : => 200	
Uric Acid Uricase	4.20	mg/dL	2.6 - 6.0	

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


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LABORATORY REPORT



Name : Mrs. MAHALAKSHMI SRIDHAR	Sex/Age : Female / 42 Years	Case ID : 40634600406
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 08-Jun-2024 09:00	Sample Type : Whole Blood EDTA	Mobile No. : 9884349069
Sample Date and Time : 08-Jun-2024 09:20	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Jun-2024 16:24	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C <i>High Performance Liquid Chromatography (HPLC)</i>	5.80	%	Non Diabetic : Less than 5.7 % Pre Diabetic : 5.7 - 6.4 Diabetic : => 6.5 %	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	119.76	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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


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LABORATORY REPORT



Name : Mrs. MAHALAKSHMI SRIDHAR	Sex/Age : Female / 42 Years	Case ID : 40634600406
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 08-Jun-2024 09:00	Sample Type : Serum	Mobile No. : 9884349069
Sample Date and Time : 08-Jun-2024 09:20	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Jun-2024 15:55	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Cholesterol <i>Enzymatic</i>	170.00	mg/dL	<200 - Desirable 200 - 239 - Borderline High > 240 - High "NCEP Guidelines ATP III".	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	69.00	mg/dL	< 150 - Normal 150 - 199 - Borderline 200 - 499 - High > 500 - Very High "NCEP Guidelines ATP III".	
HDL Cholesterol <i>Accelerator Selective Detergent</i>	45.0	mg/dL	< 40 - Low Level 40 - 60 - Average Level > 60 - High Level NCEP Guidelines ATP III.	
LDL Cholesterol <i>Calculated</i>	H 111.2	mg/dL	0.00 - 100.00	
VLDL <i>Calculated</i>	13.8	mg/dL	10 - 40	
Non-HDL Cholesterol	125	mg/dL	0-130	
LDL/HDL Ratio	2.47			
Chol/HDL <i>Calculated</i>	3.7		0 - 4.1	

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


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LABORATORY REPORT



Name : Mrs. MAHALAKSHMI SRIDHAR	Sex/Age : Female / 42 Years	Case ID : 40634600406
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 08-Jun-2024 09:00	Sample Type : Serum	Mobile No. : 9884349069
Sample Date and Time : 08-Jun-2024 09:20	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Jun-2024 15:55	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Bilirubin Total <i>Diazonium Salt</i>	0.40	mg/dL	0.2 - 1.2	
Bilirubin Direct <i>DIAZO REACTION</i>	0.20	mg/dL	0 - 0.5	
Bilirubin Indirect <i>Calculated</i>	0.20	mg/dL	0.1 - 1	
S.G.P.T. <i>NADH (Without P-5-P)</i>	15.00	U/L	0 - 55	
S.G.O.T. <i>NADH (Without P-5-P)</i>	17.00	U/L	5 - 34	
Alkaline Phosphatase <i>Para-Nitrophenyl Phosphate</i>	71.00	U/L	40-150	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	21.00	U/L	9 - 36	
Proteins (Total) <i>Biuret</i>	7.90	gm/dL	6.4 - 8.3	
Albumin <i>Bromo Cresol Green</i>	4.50	g/dL	3.5-5.2	
Globulin <i>Calculated</i>	3.4	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.3		1.0 - 2.1	

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


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LABORATORY REPORT



Name : Mrs. MAHALAKSHMI SRIDHAR	Sex/Age : Female / 42 Years	Case ID : 40634600406
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 08-Jun-2024 09:00	Sample Type : Serum	Mobile No. : 9884349069
Sample Date and Time : 08-Jun-2024 09:20	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Jun-2024 14:37	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3) <i>CMIA</i>	92.80	ng/dL	58 - 159	
Thyroxine (T4) <i>CMIA</i>	7.02	µg/dL	4.87 - 11.72	
TSH <i>CMIA</i>	1.64	µIU/mL	0.35 - 4.94	
				PREGNANCY: First trimester : 0.1 - 2.5 Second trimester : 0.2 - 3.0 Third trimester : 0.3 - 3.0

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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


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LABORATORY REPORT



Name : Mrs. MAHALAKSHMI SRIDHAR	Sex/Age : Female / 42 Years	Case ID : 40634600406
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 08-Jun-2024 09:00	Sample Type : Serum	Mobile No. : 9884349069
Sample Date and Time : 08-Jun-2024 09:20	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Jun-2024 14:37	Acc. Remarks : -	Ref Id2 :

Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). When the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

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

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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


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LABORATORY REPORT



Name : Mrs. MAHALAKSHMI SRIDHAR	Sex/Age : Female / 42 Years	Case ID : 40634600406
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 08-Jun-2024 09:00	Sample Type : Urine	Mobile No. : 9884349069
Sample Date and Time : 08-Jun-2024 09:20	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Jun-2024 14:02	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
<u>Urine Routine Examination</u>				
Appearance <i>Manual</i>	Clear		Clear	
Colour	Pale yellow			
Reaction (pH) <i>Ion concentration</i>	6.5		4.6 - 8	
Specific gravity <i>pKa change</i>	1.005		1.003 - 1.035	
<u>Chemical Examination</u>				
Protein <i>Tetrabromophenol blue</i>	Negative		Negative	
Glucose <i>GOD-POD</i>	Negative		Negative	
Bile Pigments <i>Biochemical</i>	Negative		Negative	
Urobilinogen <i>Diazotization reaction</i>	Not Increased		Negative	
Ketones <i>Nitroprusside</i>	Negative		Negative	
Nitrites <i>N-(1-naphthyl)-ethylenediamine</i>	Negative		Negative	
Blood <i>Peroxidase</i>	Negative		Negative	
Leucocyte <i>Microscopy</i>	Negative	/HPF	0 - 5 cells/hpf	
<u>Microscopic Examination</u>				
Red Blood Cells	Nil	/HPF	Nil	
Pus Cells <i>Microscopy</i>	2-4	/HPF	0-5 cells/hpf	
Epithelial Cells <i>Microscopy</i>	3-4	/HPF	Negative	
Hyaline Casts <i>Microscopy</i>	Nil	/HPF	Nil	
Pathological Casts <i>Reflectance Photometry</i>	Nil	/HPF	NIL	

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

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LABORATORY REPORT



Name : Mrs. MAHALAKSHMI SRIDHAR	Sex/Age : Female / 42 Years	Case ID : 40634600406
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 08-Jun-2024 09:00	Sample Type : Urine	Mobile No. : 9884349069
Sample Date and Time : 08-Jun-2024 09:20	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Jun-2024 14:02	Acc. Remarks :	Ref Id2 :

Crystals

Calcium oxalate Monohydrate	Nil	/HPF	Nil
Calcium oxalate Dihydrate	Nil	/HPF	Nil
Triple phosphate	Nil	/HPF	Nil
Uric Acid	Nil	/HPF	Nil
Bacteria	Nil	/μL	Nil
Yeast	Nil	/μL	Nil
Amorphous Deposits <i>Phase Contrast Microscopy</i>	0.0	/HPF	0-29.5 p/hpf

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

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ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க



<i>Patient Name</i>	Mrs MAHALAKSHMI SRIDHAR	<i>Patient ID</i>	600406
<i>Age/D.O.B</i>	42Y	<i>Gender</i>	F
<i>Referring Doctor</i>	NA	<i>Date</i>	8 Jun 24

XRAY RADIOGRAPH CHEST - PA

History

.

Observations

Mild haziness noted at left lower zone - infective.
The cardiac silhouette is normal.
No focal lung lesion is seen.
No mediastinal abnormality is visible.
Cardiothoracic ratio is normal.
Both costophrenic angles appear normal.
The mediastinal outlines appear normal.

Impression

Mild haziness noted at left lower zone - infective.

Reported By,



Dr. Farid Khan

MBBS, MD
Consultant Radiologist
MPMC - 23324

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LABORATORY REPORT



Name : Mrs. MAHALAKSHMI SRIDHAR	Sex/Age : Female / 42 Years	Case ID : 40634600406
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 08-Jun-2024 09:00	Sample Type : Serum	Mobile No. : 9884349069
Sample Date and Time : 08-Jun-2024 09:20	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Jun-2024 15:55	Acc. Remarks : -	Ref Id2 :

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

BIOCHEMICAL INVESTIGATIONS

BUN/Creatinine Ratio

BUN (Blood Urea Nitrogen) <i>GLDH</i>	8.0	mg/dL	7.00 - 18.70
Creatinine <i>Kinetic Alkaline Picrate</i>	L 0.63	mg/dL	0.7 - 1.2
BUN/Creatinine Ratio <i>Calculated</i>	13		10 - 20.1

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

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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


Dr.Selvi R

Consultant Biochemist

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ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க



Personal Details
 UHID: 01VLL2K26VY0UF5
 Patient ID: 600406
 Name: Mahalakshmi Sridhar
 Age: 42
 Gender: Female
 Mobile: 9884349069

Pre-Existing Medical Conditions

Symptoms

Vitals

Measurements

Interpretation

HR: 79 BPM
 PR: 151 ms
 PD: 127 ms
 QRSD: 86 ms
 QRS Axis: 22 deg
 QT/QTc: 360/360 ms

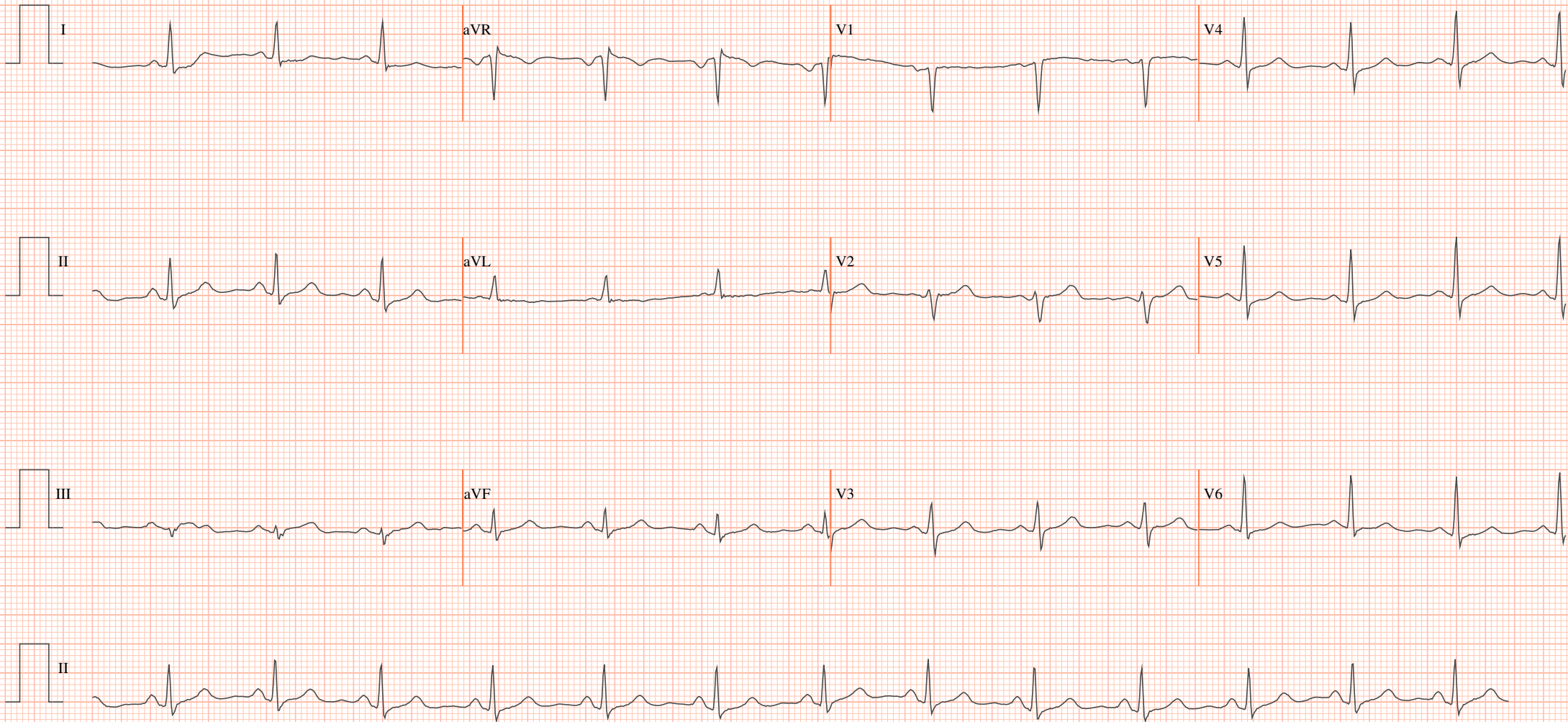
Normal sinus rhythm
 Normal axis

TEST REPORT

Authorized by

Dr. Yogesh Kothari
 MD, DNB, FESC, FEP
 Reg No- KMC 44065

This trace is generated by **KardioScreen**; Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from **IMEDRIX**



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV



LABORATORY REPORT



Name : Mrs. MAHALAKSHMI SRIDHAR	Sex/Age : Female / 42 Years	Case ID : 40634600406
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 08-Jun-2024 09:00	Sample Type : Health Check	Mobile No. : 9884349069
Sample Date and Time : 08-Jun-2024 09:20	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 10-Jun-2024 10:55	Acc. Remarks :	Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE TEST REMARK

History taking (ocular and systemic) .

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

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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



Dr.Dinesh

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