D.I.C. No. 17/17/12 ISO: 15189:2012



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TMT

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ECG

MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Hematology Analysis Report

First Name: SURESH CHANDE mple Type:

Last Name:

Male

Department: Med Rec. No.: Sample ID: 16

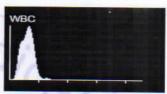
Test Time: 24/11/2023 12:57

Diagnosis:

| Λ | ~ | _ | |
|------|---|---|---|
| м | u | e | |
| 7 17 | J | _ | • |

Gender:

| Age: | | | | |
|-----------|--------|---|-------------|---------|
| Parameter | Result | | Ref. Range | Unit |
| 1 WBC | 5.67 | | 4.00-10.00 | 10^3/uL |
| 2 Neu% | 56.6 | | 50.0-70.0 | % |
| 3 Lym% | 29.7 | | 20.0-40.0 | % |
| 4 Mon% | 7.3 | | 3.0-12.0 | % |
| 5 Eos% | 4.9 | | 0.5-5.0 | % |
| 6 Bas% | 1.5 H | 4 | 0.0-1.0 | % |
| 7 Neu# | 3.21 | | 2.00-7.00 | 10^3/uL |
| 8 Lym# | 1.68 | | 0.80-4.00 | 10^3/uL |
| 9 Mon# | 0.41 | | 0.12-1.20 | 10^3/uL |
| 10 Eos# | 0.28 | | 0.02-0.50 | 10^3/uL |
| 11 Bas# | 0.09 | | 0.00-0.10 | 10^3/uL |
| 12 RBC | 3.82 | | 3.50-5.50 | 10^6/uL |
| 13 HGB | 6.9 L | | 11.0-16.0 | g/dL |
| 14 HCT | 21.8 L | | 37.0-54.0 | % |
| 15 MCV | 57.2 L | | 80.0-100.0 | fL |
| 16 MCH | 18.0 L | | 27.0-34.0 | pg |
| 17 MCHC | 31.5 L | | 32.0-36.0 | g/dL |
| 18 RDW-CV | 19.1 ⊦ | ł | 11.0-16.0 | % |
| 19 RDW-SD | 44.5 | | 35.0-56.0 | fL |
| 20 PLT | 294 | | 100-300 | 10^3/uL |
| 21 MPV | 8.9 | | 6.5-12.0 | fL |
| 22 PDW | 15.9 | | 9.0-17.0 | Y |
| 23 PCT | 0.262 | | 0.108-0.282 | % |
| 24 P-LCR | 31.5 | | 11.0-45.0 | % |
| 25 P-LCC | 93 H | ł | 30-90 | 10^3/uL |
| | | | | |













March Kheelela

Dr. Mamta Khuteta M D. (Path.)

RMC No.: 4720/16260

Submitter: Operator: admin Approver: Draw Time: 24/11/2023 12:56 Received Time: 24/11/2023 12:56 Validated Time:

Report Time:

Remarks:

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





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NABL CERTIFICATE NO. MC-5346

Patient Name: SURESH CHANDRA

Sr. No. : 75154 Patient ID No.: 149 Gender : MALE

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Registered on: 24-11-2023 02:58 PM

Collected On : 24-11-2023 02:58 PM

Received On : 24-11-2023 02:58 PM

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

Bar Code LIS Number

HAEMATOLOGY

| Test Name | Observed Values | Units | Reference Intervals |
|----------------------------|-----------------|-------|---------------------|
| BLOOD GROUPING (ABO & Rh) | O+ Positive | 101- | |

HbA1c(Glycosylated hemoglobin)

| Test Name | Observed Values | Units | Reference Intervals |
|---------------------------------|-----------------|--------|---|
| HbA1c(Glycosylated hemoglobin) | 4.90 | % | < 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) | 93.93 | mg/dL | (D) |
| eAG (Estimated Average Glucose) | 5.21 | mmol/L | |

Method: Fluorescence Immunoassay Technology

Sample Type: EDTA Blood

Test Performed by:-

Fully Automated (EM 200) ERBA MANNHEIM.

Remarks:

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

M.D.(Path.) RMC No. 4720/1

Marta Khuteta Dr.Mamta Khuteta

This Reports is Not Valid For Medico Legal Purpo THE PORT IS NOT VALID FOR MEDICAL ESAL PURPOSE Sex effect of drug and other relevant factor.

D.LC. No. 17/17/12



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Bar Code LIS Number

BIO-CHEMISTRY

| Test Name | Observed Values | Units | Reference Intervals |
|---|-----------------|-------|--|
| Glucose Fasting (Method : GOD-POD) | 120.00 | 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) | 22.00 | 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) | 0.83 | mg/dL | 0.61.30 |
| Calcium | 10.74 | mg/dL | 8.511 |
| Uric Acid (Method : Uricase-POD) | 5.92 | mg/dL | 2.47.2 |

Ashibh sethi

Dr. Ashish Sethi Consultant Biochemist Dr.Mamta Khulela Dr.Mamta Khuteta M.D.(Path.) RMC No. 4720/10250

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NABL CERTIFICATE NO. MC-5346

Patient Name: SURESH CHANDRA

: 75154 Sr. No. Patient ID No.: 149 : MALE Gender

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

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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) | 39.00 | U/L | 540 |
| SGPT/ALT(Tech.:-UV Kinetic) | 29.00 | U/L | 540 |
| Bilirubin(Total)(Tech.:-Jendrassik Grof) | 0.87 | mg/dL | 0.11.1 |
| Bilirubin(Direct) | 0.15 | mg/dL | 00.3 |
| Bilirubin(Indirect) | 0.72 | mg/dL | 0.11.0 |
| Total Protein(Tech.:-Biuret) | 7.01 | gm/dL | 68 |
| Albumin(Tech.:-BCG) (Method BCG) | 3.98 | 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) | 3.03 | gm/dL | 2.54.5 |
| A/G Ratio(Tech.:-Calculated) | 1.31 | | 1.2 2.5 |
| Alkaline Phosphatase(Tech.:-Pnp Amp Kinetic) | 181.00 | U/L | 108-306 |

Ashish sothi

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

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NABL CERTIFICATE NO. MC-5346

Patient Name: SURESH CHANDRA

: 75154 Sr. No. Patient ID No.: 149 Gender : MALE

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Registered on: 24-11-2023 02:58 PM

Collected On : 24-11-2023 Received On : 24-11-2023 02:58 PM

Reported On : 06-12-2023 12:06 PM Bar Code

LIS Number

LIPID PROFILE COMPLETE

| Test Name | 2 5 | Observed Values | Units | Reference Intervals |
|-----------------------------------|-------------------|-----------------|-------|---|
| Cholesterol (Method : CHOD-PAP) | O _P /I | 179.00 | mg/dL | Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199 |
| HDL Cholesterol | / | 45.00 | mg/dL | 3588 |
| Triglycerides (Method GPO) | | 191.00 | mg/dL | Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499 |
| LDL Cholesterol | | 95.80 | mg/dL | 0100 |
| VLDL Cholesterol | Н | 38.20 | mg/dL | 035 |
| TC/HDL Cholestrol Ratio | | 3.98 | Ratio | 2.55 |
| LDL/HDL Ratio | | 2.13 | Ratio | 1.53.5 |

Ashish sethi

Dr. Ashish Sethi **Consultant Biochemist** Martin Khuleta Dr.Mamta Khuteta M.D.(Path.) RMC No. 4720/16

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NABL CERTIFICATE NO. MC-5346

Name :-

Mr. SURESH CHANDRA

Male

Doctor :-

Sex / Age :-

Client Name :-MEDI WHEEL HEALTH CHECK UP

Sample Type :-Serum Patient ID / CCL No :-102340937

Sample Collected :- 25/11/2023 11:46:1

Sample Received on: 25-11-2023 11:46:47 Report Released on: 25-11-2023 15:42:00

Barcode

TEST NAME

VALUE

UNIT

REFERENCE RANGE

TFT

T3 (TOTAL TRIIODOTHYRONINE) (Tech.:- Chemiluminescence Immunoassay) 153.00

100 - 740 : 0-30 Days 105 - 207 : 1-12 Yrs. 86 - 192 : 13-20 Yrs.

70 - 204 : Adults

T4 (TOTAL THYROXINE) (Tech.:- Chemiluminescence Immunoassay) 9.34

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)

1.53

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.

Coffected Sample Received

- End of Report

Technologist THIS REPORT AS MUT VALID FOR MEDICO LEGAL PURPOSE

DR. ASHISH SETHI Consultant Biochemist

B-110, Indra Nagar, วัศน์กjhunu (Raj.) 🟲ก์ เกษา 01592-294977

D.E.C. No. 17/17/12



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URINE EXAMINATION URINE COMPLETE

| Test Name | Observed Values | Units | Reference Intervals |
|---------------------------|-----------------|---------|---------------------|
| PHYSICAL | | (2) | |
| Quantity | / | ml | 1 |
| Colour | Yellow | | |
| Appearance / Transparency | Clear | | |
| Specific Gravity | 1.025 | | 14 |
| PH | 5.0 | | 4.56.5 |
| CHEMICAL | | | CD |
| Reaction | Acidic | | |
| Albumin | TRACE | | 9 |
| Urine Sugar | Nil | | |
| MICROSCOPIC | | | |
| Red Blood Cells | Nil | /h.p.f. | 27 |
| Pus Cells | 23 | /h.p.f. | 0/ |
| Epithelial Cells | 01 | /h.p.f. | 3/ |
| Crystals | Nil | /h.p.f. | 3. / |
| Casts | Nil | /h.p.f. | |
| Bactria | Nil | /h.p.f. | |
| Others | Nil 1 | /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. <<<

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Dr. Ashish Sethi

Consultant Biochemist

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Dans Ele

Marta Khuleta Dr.Mamta Khuteta

M.D.(Path.) RMC No. 4720/1