

PATIENT NAME : RAJYA LAXMI V /119587

REF. DOCTOR :

CODE/NAME & ADDRESS : C000138369

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

ACCESSION NO : 0042WA003044

PATIENT ID : RAJYF09029142

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 16/01/2023 00:00:00

RECEIVED : 16/01/2023 11:32:06

REPORTED : 17/01/2023 11:53:08

Test Report Status Final

Results

Biological Reference Interval Units

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

ECG

ECG WITHIN NORMAL LIMITS

MEDICAL HISTORY

RELEVANT PRESENT HISTORY NOT SIGNIFICANT
RELEVANT PAST HISTORY NOT SIGNIFICANT
RELEVANT PERSONAL HISTORY NOT SIGNIFICANT
RELEVANT FAMILY HISTORY NOT SIGNIFICANT
OCCUPATIONAL HISTORY NOT SIGNIFICANT
HISTORY OF MEDICATIONS NOT SIGNIFICANT

ANTHROPOMETRIC DATA & BMI

HEIGHT IN METERS 1.48 mts
WEIGHT IN KGS. 54 Kgs
BMI 25 kg/sqmts

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

GENERAL EXAMINATION

MENTAL / EMOTIONAL STATE NORMAL
PHYSICAL ATTITUDE NORMAL
GENERAL APPEARANCE / NUTRITIONAL STATUS 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



Dr. Ravi Teja J
Consultant Pathologist

Page 1 Of 20



[View Details](#)



[View Report](#)

PERFORMED AT :

SRL Ltd
LEGEND CRYSTAL,SHOP NO-6,GROUND & 1ST FLOOR,PLOT NO-1-7-79/A B:,PRENDERGHAST ROAD
SECUNDERABAD, 500003
TELANGANA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : customercare.hyderabad@srl.in



Patient Ref. No. 775000002151514

PATIENT NAME : RAJYA LAXMI V /119587

REF. DOCTOR :

CODE/NAME & ADDRESS : C000138369

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

ACCESSION NO : 0042WA003044

PATIENT ID : RAJYF09029142

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 16/01/2023 00:00:00

RECEIVED : 16/01/2023 11:32:06

REPORTED : 17/01/2023 11:53:08

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

PULSE 76/REGULAR, ALL PERIPHERAL PULSES WELL FELT, NO CAROTID BRUIT

RESPIRATORY RATE NORMAL

CARDIOVASCULAR SYSTEM

BP 100/70 MM HG mm/Hg
(SITTING)

PERICARDIUM NORMAL

APEX BEAT NORMAL

HEART SOUNDS NORMAL

MURMURS ABSENT

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

HERNIA ABSENT

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

BASIC EYE EXAMINATION

CONJUNCTIVA NORMAL

Dr. Ravi Teja J
Consultant Pathologist

Page 2 Of 20



[View Details](#)



[View Report](#)

PERFORMED AT :

SRL Ltd
LEGEND CRYSTAL,SHOP NO-6,GROUND & 1ST FLOOR,PLOT NO-1-7-79/A B:.,PRENDERGHAST ROAD
SECUNDERABAD, 500003
TELANGANA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : customercare.hyderabad@srl.in



Patient Ref. No. 775000002151514

PATIENT NAME : RAJYA LAXMI V /119587

REF. DOCTOR :

CODE/NAME & ADDRESS : C000138369

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

ACCESSION NO : 0042WA003044

PATIENT ID : RAJYF09029142

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 16/01/2023 00:00:00

RECEIVED : 16/01/2023 11:32:06

REPORTED : 17/01/2023 11:53:08

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

EYELIDS	NORMAL
EYE MOVEMENTS	NORMAL
CORNEA	NORMAL
DISTANT VISION RIGHT EYE WITH GLASSES	6/18
DISTANT VISION LEFT EYE WITH GLASSES	6/18
NEAR VISION RIGHT EYE WITH GLASSES	WITHIN NORMAL LIMIT
NEAR VISION LEFT EYE WITH GLASSES	WITHIN NORMAL LIMIT
COLOUR VISION	NORMAL
BASIC ENT EXAMINATION	
EXTERNAL EAR CANAL	NORMAL
TYMPANIC MEMBRANE	NORMAL
NOSE	NO ABNORMALITY DETECTED
SINUSES	NORMAL
THROAT	NO ABNORMALITY DETECTED
TONSILS	NOT ENLARGED
BASIC DENTAL EXAMINATION	
TEETH	NORMAL
GUMS	HEALTHY
SUMMARY	
RELEVANT HISTORY	NOT SIGNIFICANT
RELEVANT GP EXAMINATION FINDINGS	NOT SIGNIFICANT
RELEVANT LAB INVESTIGATIONS	HB-11.4,ESR-30.
RELEVANT NON PATHOLOGY DIAGNOSTICS	OVERWEIGHT.
REMARKS / RECOMMENDATIONS	AVOID OILY AND JUNK FOODS.PHYSICAL EXERCISES ARE SUGGEST. ADVICE TO FOLLOW UP WITH PHYSICIAN FOR ANEMIA WORKUP. HAVE IRON RICH DIET. ADVICE TO FOLLOW UP WITH PHYSICIAN FOR raised esr.

FITNESS STATUS

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



Dr. Ravi Teja J
Consultant Pathologist

Page 3 Of 20



View Details



View Report

PERFORMED AT :

SRL Ltd
LEGEND CRYSTAL,SHOP NO-6,GROUND & 1ST FLOOR,PLOT NO-1-7-79/A B:,PRENDERGHAST ROAD
SECUNDERABAD, 500003
TELANGANA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : customercare.hyderabad@srl.in



Patient Ref. No. 775000002151514

PATIENT NAME : RAJYA LAXMI V /119587

REF. DOCTOR :

CODE/NAME & ADDRESS : C000138369

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

ACCESSION NO : 0042WA003044

PATIENT ID : RAJYF09029142

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 16/01/2023 00:00:00

RECEIVED : 16/01/2023 11:32:06

REPORTED : 17/01/2023 11:53:08

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

ULTRASOUND ABDOMEN

ULTRASOUND ABDOMEN

GRAVID UTERUS.

Interpretation(s)

MEDICAL

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

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

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

- Fit (As per requested panel of tests) - SRL Limited gives the individual a clean chit to join the organization, on the basis of the General Physical Examination and the specific test panel requested for.
- Fit (with medical advice) (As per requested panel of tests) - This indicates that although the candidate can be declared as FIT to join the job, minimal problems have been detected during the Pre- employment examination. Examples of conditions which could fall in this category could be cases of mild reversible medical abnormalities such as height weight disproportions, borderline raised Blood Pressure readings, mildly raised Blood sugar and Blood Lipid levels, Hematuria, etc. Most of these relate to sedentary lifestyles and come under the broad category of life style disorders. The idea is to caution an individual to bring about certain lifestyle changes as well as seek a Physician's consultation and counseling in order to bring back to normal the mildly deranged parameters. For all purposes the individual is FIT to join the job.
- Fitness on Hold (Temporary Unfit) (As per requested panel of tests) - Candidate's reports are kept on hold when either the diagnostic tests or the physical findings reveal the presence of a medical condition which warrants further tests, counseling and/or specialist opinion, on the basis of which a candidate can either be placed into Fit, Fit (With Medical Advice), or Unfit category. Conditions which may fall into this category could be high blood pressure, abnormal ECG, heart murmurs, abnormal vision, grossly elevated blood sugars, etc.
- Unfit (As per requested panel of tests) - An unfit report by SRL Limited clearly indicates that the individual is not suitable for the respective job profile e.g. total color blindness in color related jobs.

Dr. Ravi Teja J
Consultant Pathologist

Page 4 Of 20



View Details



View Report

PERFORMED AT :

SRL Ltd
LEGEND CRYSTAL,SHOP NO-6,GROUND & 1ST FLOOR,PLOT NO-1-7-79/A B:,PRENDERGHAST ROAD
SECUNDERABAD, 500003
TELANGANA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : customercare.hyderabad@srl.in



Patient Ref. No. 77500002151514



MC-3003

PATIENT NAME : RAJYA LAXMI V /119587**REF. DOCTOR :****CODE/NAME & ADDRESS :** C000138369ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156**ACCESSION NO :** 0042WA003044**PATIENT ID :** RAJYF09029142**CLIENT PATIENT ID:****ABHA NO :****AGE/SEX :** 31 Years Female**DRAWN :** 16/01/2023 00:00:00**RECEIVED :** 16/01/2023 11:32:06**REPORTED :** 17/01/2023 11:53:08

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

HAEMATOLOGY - CBC**MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE****BLOOD COUNTS,EDTA WHOLE BLOOD**

HEMOGLOBIN (HB)	11.4 Low	12.0 - 15.0	g/dL
METHOD : CYANMETHEMOGLOBIN METHOD			
RED BLOOD CELL (RBC) COUNT	4.35	3.8 - 4.8	mil/ μ L
METHOD : ELECTRICAL IMPEDANCE			
WHITE BLOOD CELL (WBC) COUNT	6.90	4.0 - 10.0	thou/ μ L
METHOD : ELECTRICAL IMPEDANCE			
PLATELET COUNT	150	150 - 410	thou/ μ L
METHOD : ELECTRICAL IMPEDANCE			

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	34.8 Low	36 - 46	%
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR VOLUME (MCV)	80.0 Low	83 - 101	fL
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	26.2 Low	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC)	32.8	31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER			
RED CELL DISTRIBUTION WIDTH (RDW)	17.0 High	11.6 - 14.0	%
METHOD : CALCULATED PARAMETER			
MENTZER INDEX	18.4		
MEAN PLATELET VOLUME (MPV)	8.3	6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER			

WBC DIFFERENTIAL COUNT

NEUTROPHILS	64	40 - 80	%
METHOD : ACV TECHNOLOGY			
LYMPHOCYTES	32	20 - 40	%
METHOD : ACV TECHNOLOGY			
MONOCYTES	3	2 - 10	%
METHOD : ACV TECHNOLOGY			
EOSINOPHILS	1	1 - 6	%
METHOD : ACV TECHNOLOGY			

Dr. Ravi Teja J
Consultant Pathologist

Page 5 Of 20



View Details



View Report

PERFORMED AT :SRL Ltd
LEGEND CRYSTAL,SHOP NO-6,GROUND & 1ST FLOOR,PLOT NO-1-7-79/A B:,PRENDERGHAST ROAD
SECUNDERABAD, 500003
TELANGANA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : customercare.hyderabad@srl.in**Patient Ref. No. 775000002151514**



MC-3003

PATIENT NAME : RAJYA LAXMI V /119587**REF. DOCTOR :****CODE/NAME & ADDRESS : C000138369**ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156**ACCESSION NO : 0042WA003044****PATIENT ID : RAJYF09029142****CLIENT PATIENT ID:****ABHA NO :****AGE/SEX : 31 Years Female****DRAWN : 16/01/2023 00:00:00****RECEIVED : 16/01/2023 11:32:06****REPORTED : 17/01/2023 11:53:08**

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

BASOPHILS METHOD : ACV TECHNOLOGY	0	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT METHOD : CALCULATED PARAMETER	4.42	2.0 - 7.0	thou/ μ L
ABSOLUTE LYMPHOCYTE COUNT METHOD : CALCULATED PARAMETER	2.21	1.0 - 3.0	thou/ μ L
ABSOLUTE MONOCYTE COUNT METHOD : CALCULATED PARAMETER	0.21	0.2 - 1.0	thou/ μ L
ABSOLUTE EOSINOPHIL COUNT METHOD : CALCULATED PARAMETER	0.07	0.02 - 0.50	thou/ μ L
ABSOLUTE BASOPHIL COUNT METHOD : CALCULATED PARAMETER	0 Low	0.02 - 0.10	thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR) METHOD : CALCULATED	2		

MORPHOLOGY

RBC NORMOCYTIC NORMOCHROMIC WITH FEW MICROCYTES, ANISOCYTOSIS.
METHOD : MICROSCOPIC EXAMINATION

WBC WITHIN NORMAL LIMITS.
METHOD : MICROSCOPIC EXAMINATION

PLATELETS ADEQUATE ON SMEAR.
METHOD : MICROSCOPIC EXAMINATION

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.

Dr. Ravi Teja J
Consultant Pathologist

Page 6 Of 20



View Details



View Report

PERFORMED AT :

SRL Ltd
LEGEND CRYSTAL,SHOP NO-6,GROUND & 1ST FLOOR,PLOT NO-1-7-79/A B:,PRENDERGHAST ROAD
SECUNDERABAD, 500003
TELANGANA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : customercare.hyderabad@srl.in

**Patient Ref. No. 775000002151514**



MC-3003

PATIENT NAME : RAJYA LAXMI V /119587**REF. DOCTOR :****CODE/NAME & ADDRESS :** C000138369

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)

F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI

NEW DELHI 110030

8800465156

ACCESSION NO : 0042WA003044**PATIENT ID :** RAJYF09029142**CLIENT PATIENT ID:****ABHA NO :****AGE/SEX :** 31 Years Female**DRAWN :** 16/01/2023 00:00:00**RECEIVED :** 16/01/2023 11:32:06**REPORTED :** 17/01/2023 11:53:08

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

HAEMATOLOGY**MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE****ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD**

E.S.R	30 High	0 - 20	mm at 1 hr
-------	----------------	--------	------------

METHOD : WESTERGREN METHOD

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, Vasculitides, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

Finding a very accelerated ESR(>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia

False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.

Dr. Ravi Teja J
Consultant Pathologist

Page 7 Of 20



View Details



View Report

PERFORMED AT :

SRL Ltd
LEGEND CRYSTAL,SHOP NO-6,GROUND & 1ST FLOOR,PLOT NO-1-7-79/A B:,PRENDERGHAST ROAD
SECUNDERABAD, 500003
TELANGANA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : customercare.hyderabad@srl.in

**Patient Ref. No. 775000002151514**



MC-3003

PATIENT NAME : RAJYA LAXMI V /119587**REF. DOCTOR :****CODE/NAME & ADDRESS :** C000138369**ACCESSION NO :** 0042WA003044**AGE/SEX :** 31 Years Female

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)

PATIENT ID : RAJYF09029142**DRAWN :** 16/01/2023 00:00:00F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI**CLIENT PATIENT ID:****RECEIVED :** 16/01/2023 11:32:06

NEW DELHI 110030

ABHA NO :**REPORTED :** 17/01/2023 11:53:08

8800465156

Test Report Status Final**Results****Biological Reference Interval** **Units****IMMUNOHAEMATOLOGY****MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE****ABO GROUP & RH TYPE, EDTA WHOLE BLOOD****ABO GROUP**

TYPE A

METHOD : TUBE AGGLUTINATION

RH TYPE

POSITIVE

METHOD : TUBE AGGLUTINATION

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.

Dr. Ravi Teja J
Consultant Pathologist

Page 8 Of 20



View Details



View Report

PERFORMED AT :SRL Ltd
LEGEND CRYSTAL,SHOP NO-6,GROUND & 1ST FLOOR,PLOT NO-1-7-79/A B:;,PRENDERGHAST ROAD
SECUNDERABAD, 500003
TELANGANA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : customercare.hyderabad@srl.in**Patient Ref. No. 775000002151514**



MC-3003

PATIENT NAME : RAJYA LAXMI V /119587**REF. DOCTOR :****CODE/NAME & ADDRESS :** C000138369ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156**ACCESSION NO :** 0042WA003044**PATIENT ID :** RAJYF09029142**CLIENT PATIENT ID:****ABHA NO :****AGE/SEX :** 31 Years Female**DRAWN :** 16/01/2023 00:00:00**RECEIVED :** 16/01/2023 11:32:06**REPORTED :** 17/01/2023 11:53:08

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

BIOCHEMISTRY**MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE****GLUCOSE FASTING,FLUORIDE PLASMA**

FBS (FASTING BLOOD SUGAR)	80	74 - 99	mg/dL
---------------------------	----	---------	-------

METHOD : SPECTROPHOTOMETRY HEXOKINASE

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	4.5	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 Therapeutic goals: < 7.0 Action suggested : > 8.0 (ADA Guideline 2021)	%
-------	-----	--	---

METHOD : ION- EXCHANGE HPLC

ESTIMATED AVERAGE GLUCOSE(EAG)	82.5	< 116.0	mg/dL
--------------------------------	------	---------	-------

METHOD : ION- EXCHANGE HPLC

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)	102	70 - 139	mg/dL
---------------------------------	-----	----------	-------

METHOD : SPECTROPHOTOMETRY HEXOKINASE

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	144	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
--------------------	-----	--	-------

METHOD : SPECTROPHOTOMETRY,CHOLESTEROL OXIDASE ESTERASE PEROXIDASE

TRIGLYCERIDES	75	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/=500 Very High	mg/dL
---------------	----	---	-------

METHOD : SPECTROPHOTOMETRY, LIPASE

HDL CHOLESTEROL	46	< 40 Low >/=60 High	mg/dL
-----------------	----	------------------------	-------

METHOD : SPECTROPHOTOMETRY,POLYANIONIC DETERGENT/CHOD

Dr. Ravi Teja J
Consultant Pathologist

Page 9 Of 20



View Details



View Report

PERFORMED AT :SRL Ltd
LEGEND CRYSTAL,SHOP NO-6,GROUND & 1ST FLOOR,PLOT NO-1-7-79/A B:,PRENDERGHAST ROAD
SECUNDERABAD, 500003
TELANGANA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : customercare.hyderabad@srl.in**Patient Ref. No. 775000002151514**



MC-3003

PATIENT NAME : RAJYA LAXMI V /119587**REF. DOCTOR :****CODE/NAME & ADDRESS :** C000138369ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156**ACCESSION NO :** 0042WA003044**PATIENT ID :** RAJYF09029142**CLIENT PATIENT ID:****ABHA NO :****AGE/SEX :** 31 Years Female**DRAWN :** 16/01/2023 00:00:00**RECEIVED :** 16/01/2023 11:32:06**REPORTED :** 17/01/2023 11:53:08

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

CHOLESTEROL LDL	83	< 100 Optimal 100 - 129 Near optimal/ above optimal 130 - 159 Borderline High 160 - 189 High >/= 190 Very High	mg/dL
NON HDL CHOLESTEROL	98	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN CHOL/HDL RATIO	15.0 3.1 Low	</= 30.0 3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	mg/dL
LDL/HDL RATIO	1.8	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	

Interpretation(s)**LIVER FUNCTION PROFILE, SERUM**

BILIRUBIN, TOTAL METHOD : SPECTROPHOTOMETRY, JENDRASSIK & GROFF	0.20	0.2 - 1.0	mg/dL
BILIRUBIN, DIRECT METHOD : SPECTROPHOTOMETRY, JENDRASSIK & GROFF	0.10	0.0 - 0.2	mg/dL
BILIRUBIN, INDIRECT METHOD : SPECTROPHOTOMETRY,CALCULATED	0.10	0.1 - 1.0	mg/dL
TOTAL PROTEIN METHOD : SPECTROPHOTOMETRY, MODIFIED BIURET	6.1 Low	6.4 - 8.2	g/dL
ALBUMIN METHOD : SPECTROPHOTOMETRY, BCP - DYE BINDING	2.6 Low	3.4 - 5.0	g/dL

Dr. Ravi Teja J
Consultant Pathologist

Page 10 Of 20



View Details



View Report

PERFORMED AT :SRL Ltd
LEGEND CRYSTAL,SHOP NO-6,GROUND & 1ST FLOOR,PLOT NO-1-7-79/A B:,PRENDERGHAST ROAD
SECUNDERABAD, 500003
TELANGANA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : customercare.hyderabad@srl.in**Patient Ref. No. 775000002151514**



MC-3003

PATIENT NAME : RAJYA LAXMI V /119587**REF. DOCTOR :****CODE/NAME & ADDRESS :** C000138369ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156**ACCESSION NO :** 0042WA003044**PATIENT ID :** RAJYF09029142**CLIENT PATIENT ID:****ABHA NO :****AGE/SEX :** 31 Years Female**DRAWN :** 16/01/2023 00:00:00**RECEIVED :** 16/01/2023 11:32:06**REPORTED :** 17/01/2023 11:53:08

Test Report Status	Final	Results	Biological Reference Interval	Units
GLOBULIN		3.5	2.0 - 4.1	g/dL
METHOD : SPECTROPHOTOMETRY,CALCULATED				
ALBUMIN/GLOBULIN RATIO		0.7 Low	1.0 - 2.1	RATIO
METHOD : SPECTROPHOTOMETRY,CALCULATED				
ASPARTATE AMINOTRANSFERASE (AST/SGOT)		30	15 - 37	U/L
METHOD : SPECTROPHOTOMETRY, UV WITH PYRIDOXAL -5-PHOSPHATE				
ALANINE AMINOTRANSFERASE (ALT/SGPT)		28	< 34.0	U/L
METHOD : SPECTROPHOTOMETRY, UV WITH PYRIDOXAL -5-PHOSPHATE				
ALKALINE PHOSPHATASE		85	30 - 120	U/L
METHOD : SPECTROPHOTOMETRY, P-NPP (AMP BUFFER)				
GAMMA GLUTAMYL TRANSFERASE (GGT)		17	5 - 55	U/L
METHOD : SPECTROPHOTOMETRY, G-GLUTAMYL-CARBOXY-NITRONILIDE				
LACTATE DEHYDROGENASE		145	100 - 190	U/L
METHOD : SPECTROPHOTOMETRY, MODIFIED ENZYMATIC LACTATE - PYRUVATE				
BLOOD UREA NITROGEN (BUN), SERUM				
BLOOD UREA NITROGEN		5 Low	6 - 20	mg/dL
METHOD : SPECTROPHOTOMETRY, UREASE UV				
CREATININE, SERUM				
CREATININE		0.38 Low	0.60 - 1.10	mg/dL
METHOD : SPECTROPHOTOMETRY, ALKALINE PICRATE KINETIC JAFFE'S				
URIC ACID, SERUM				
URIC ACID		2.3 Low	2.6 - 6.0	mg/dL
METHOD : SPECTROPHOTOMETRY, URICASE				
TOTAL PROTEIN, SERUM				
TOTAL PROTEIN		6.1 Low	6.4 - 8.2	g/dL
METHOD : SPECTROPHOTOMETRY, MODIFIED BIURET				
ALBUMIN, SERUM				
ALBUMIN		2.6 Low	3.4 - 5.0	g/dL
METHOD : SPECTROPHOTOMETRY, BCP - DYE BINDING				
ELECTROLYTES (NA/K/CL), SERUM				
SODIUM, SERUM		141	136 - 145	mmol/L
METHOD : INTEGRATED MULTISENSOR TECHNOLOGY-INDIRECT				
POTASSIUM, SERUM		4.35	3.50 - 5.10	mmol/L
METHOD : INTEGRATED MULTISENSOR TECHNOLOGY-INDIRECT				
CHLORIDE, SERUM		102	98 - 107	mmol/L

Dr. Ravi Teja J
Consultant Pathologist

Page 11 Of 20



View Details



View Report

PERFORMED AT :SRL Ltd
LEGEND CRYSTAL,SHOP NO-6,GROUND & 1ST FLOOR,PLOT NO-1-7-79/A B:,PRENDERGHAST ROAD
SECUNDERABAD, 500003
TELANGANA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : customercare.hyderabad@srl.in**Patient Ref. No. 775000002151514**



MC-3003

PATIENT NAME : RAJYA LAXMI V /119587**REF. DOCTOR :****CODE/NAME & ADDRESS :** C000138369ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156ACCESSION NO : **0042WA003044**

PATIENT ID : RAJYF09029142

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 16/01/2023 00:00:00

RECEIVED : 16/01/2023 11:32:06

REPORTED : 17/01/2023 11:53:08

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

METHOD : INTEGRATED MULTISENSOR TECHNOLOGY-INDIRECT

Interpretation(s)**Dr. Ravi Teja J**
Consultant Pathologist

Page 12 Of 20



View Details



View Report

PERFORMED AT :SRL Ltd
LEGEND CRYSTAL,SHOP NO-6,GROUND & 1ST FLOOR,PLOT NO-1-7-79/A B:,PRENDERGHAST ROAD
SECUNDERABAD, 500003
TELANGANA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : customercare.hyderabad@srl.in**Patient Ref. No. 775000002151514**

PATIENT NAME : RAJYA LAXMI V /119587

REF. DOCTOR :

CODE/NAME & ADDRESS : C000138369

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

ACCESSION NO : 0042WA003044

PATIENT ID : RAJYF09029142

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 16/01/2023 00:00:00

RECEIVED : 16/01/2023 11:32:06

REPORTED : 17/01/2023 11:53:08

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

BUN/CREAT RATIO

BUN/CREAT RATIO 13.16 5.00 - 15.00

METHOD : SPECTROPHOTOMETRY,CALCULATED

GLOBULIN

GLOBULIN 3.5 2.0 - 4.1 g/dL

METHOD : SPECTROPHOTOMETRY,CALCULATED

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 so that no glucose is excreted in the urine.

Increased in

Diabetes mellitus, Cushing's syndrome (10 - 15%), chronic pancreatitis (30%). Drugs:corticosteroids,phenytoin, estrogen, thiazides.

Decreased in

Pancreatic islet cell disease with increased insulin,insulinoma,adrenocortical insufficiency, hypopituitarism,diffuse liver disease, malignancy (adrenocortical, stomach,fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases(e.g., galactosemia),Drugs- insulin, ethanol, propranolol; sulfonyleureas,tolbutamide, and other oral hypoglycemic agents.

NOTE:

While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals.Thus, glycosylated hemoglobin(HbA1c) levels are favored to monitor glycemic control.

High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.

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 patient's metabolic control has remained continuously within the target range.

1. eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.

2. eAG gives an evaluation of blood glucose levels for the last couple of months.

3. eAG is calculated as $eAG (mg/dl) = 28.7 * HbA1c - 46.7$

HbA1c Estimation can get affected due to :

I.Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.

II.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.

III.Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates addition are reported to interfere with some assay methods,falsely increasing results.

IV.Interference of hemoglobinopathies in HbA1c estimation is seen in

a.Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.

b.Heterozygous state detected (D10 is corrected for HbS & HbC trait.)

c.HbF > 25% on alternate platform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

GLUCOSE, POST-PRANDIAL, PLASMA-High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.Additional test HbA1c

LIVER FUNCTION PROFILE, SERUM-LIVER FUNCTION PROFILE

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice.Elevated levels 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



Dr. Ravi Teja J
Consultant Pathologist

Page 13 Of 20



View Details



View Report

PERFORMED AT :

SRL Ltd
LEGEND CRYSTAL,SHOP NO-6,GROUND & 1ST FLOOR,PLOT NO-1-7-79/A B:,PRENDERGHAST ROAD
SECUNDERABAD, 500003
TELANGANA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : customercare.hyderabad@srl.in



Patient Ref. No. 775000002151514

PATIENT NAME : RAJYA LAXMI V /119587

REF. DOCTOR :

CODE/NAME & ADDRESS : C000138369

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

ACCESSION NO : 0042WA003044

PATIENT ID : RAJYF09029142

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 16/01/2023 00:00:00

RECEIVED : 16/01/2023 11:32:06

REPORTED : 17/01/2023 11:53:08

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

(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, Paget's disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia, Malnutrition, Protein deficiency, Wilson's disease. GGT is an enzyme found in cell membranes of many tissues mainly in the liver, kidney and pancreas. It is also found in other tissues including intestine, spleen, heart, brain and seminal vesicles. The highest concentration is in the kidney, but the liver is considered the source of normal enzyme activity. Serum GGT has been widely used as an index of liver dysfunction. Elevated serum GGT activity can be found in diseases of the liver, biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-inducing drugs etc. Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc. Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc

BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)

Causes of decreased level include Liver disease, SIADH.

CREATININE, SERUM-Higher than normal level may be due to:

- Blockage in the urinary tract
- Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
- Loss of body fluid (dehydration)
- Muscle problems, such as breakdown of muscle fibers
- Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:

- Myasthenia Gravis
- Muscular dystrophy

URIC ACID, SERUM-Causes of Increased levels:-Dietary(High Protein Intake,Prolonged Fasting,Rapid weight loss),Gout,Lesch nyhan syndrome,Type 2 DM, Metabolic syndrome

Causes of decreased levels-Low Zinc intake,OCP, Multiple Sclerosis

TOTAL PROTEIN, SERUM-Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease

Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.

ALBUMIN, SERUM-Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

Dr. Ravi Teja J
Consultant Pathologist

Page 14 Of 20



View Details



View Report

PERFORMED AT :

SRL Ltd
LEGEND CRYSTAL, SHOP NO-6, GROUND & 1ST FLOOR, PLOT NO-1-7-79/A B:, PRENDERGHAST ROAD
SECUNDERABAD, 500003
TELANGANA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : customercare.hyderabad@srl.in



Patient Ref. No. 77500002151514



MC-3003

PATIENT NAME : RAJYA LAXMI V /119587

REF. DOCTOR :

CODE/NAME & ADDRESS : C000138369

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

ACCESSION NO : 0042WA003044

PATIENT ID : RAJYF09029142

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 16/01/2023 00:00:00

RECEIVED : 16/01/2023 11:32:06

REPORTED : 17/01/2023 11:53:08

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

CLINICAL PATH - URINALYSIS

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

PHYSICAL EXAMINATION, URINE

COLOR PALE YELLOW

METHOD : MANUAL

APPEARANCE CLEAR

METHOD : MANUAL

CHEMICAL EXAMINATION, URINE

PH 6.5 4.7 - 7.5

METHOD : REFLECTANCE SPECTROPHOTOMETRY

SPECIFIC GRAVITY 1.005 1.003 - 1.035

METHOD : REFLECTANCE SPECTROPHOTOMETRY

PROTEIN NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY

GLUCOSE NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY

KETONES NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY

BLOOD NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY

BILIRUBIN NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY

UROBILINOGEN NORMAL NORMAL

METHOD : REFLECTANCE SPECTROPHOTOMETRY

NITRITE NOT DETECTED NOT DETECTED

METHOD : REFLECTANCE SPECTROPHOTOMETRY

LEUKOCYTE ESTERASE NOT DETECTED NOT DETECTED

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS NOT DETECTED NOT DETECTED /HPF

METHOD : MICROSCOPIC EXAMINATION

PUS CELL (WBC'S) 1-2 0-5 /HPF

METHOD : MICROSCOPIC EXAMINATION

EPITHELIAL CELLS 3-5 0-5 /HPF

METHOD : MICROSCOPIC EXAMINATION

CASTS NOT DETECTED

Dr. Ravi Teja J
Consultant Pathologist



View Details



View Report

PERFORMED AT :

SRL Ltd
LEGEND CRYSTAL,SHOP NO-6,GROUND & 1ST FLOOR,PLOT NO-1-7-79/A B:,PRENDERGHAST ROAD
SECUNDERABAD, 500003
TELANGANA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : customercare.hyderabad@srl.in



Patient Ref. No. 77500002151514



MC-3003

PATIENT NAME : RAJYA LAXMI V /119587

REF. DOCTOR :

CODE/NAME & ADDRESS : C000138369

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

ACCESSION NO : 0042WA003044

PATIENT ID : RAJYF09029142

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 16/01/2023 00:00:00

RECEIVED : 16/01/2023 11:32:06

REPORTED : 17/01/2023 11:53:08

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

METHOD : MICROSCOPIC EXAMINATION

CRYSTALS

NOT DETECTED

METHOD : MICROSCOPIC EXAMINATION

BACTERIA

NOT DETECTED

NOT DETECTED

METHOD : MICROSCOPIC EXAMINATION

YEAST

NOT DETECTED

NOT DETECTED

Comments

NOTE : URINE MICROSCOPIC EXAMINATION IS CARRIED OUT ON CENTRIFUGED URINE SEDIMENT.

Interpretation(s)

Dr. Ravi Teja J
Consultant Pathologist

Page 16 Of 20



View Details



View Report

PERFORMED AT :

SRL Ltd
LEGEND CRYSTAL,SHOP NO-6,GROUND & 1ST FLOOR,PLOT NO-1-7-79/A B:;,PRENDERGHAST ROAD
SECUNDERABAD, 500003
TELANGANA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : customercare.hyderabad@srl.in



Patient Ref. No. 775000002151514

PATIENT NAME : RAJYA LAXMI V /119587

REF. DOCTOR :

CODE/NAME & ADDRESS : C000138369

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

ACCESSION NO : 0042WA003044

PATIENT ID : RAJYF09029142

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 31 Years Female

DRAWN : 16/01/2023 00:00:00

RECEIVED : 16/01/2023 11:32:06

REPORTED : 17/01/2023 11:53:08

Test Report Status Final

Results

Biological Reference Interval **Units**

CYTOLOGY

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

LETTER

ADDITIONAL COMMUNICATION

SAMPLE NOT RECEIVED



Dr. Ravi Teja J
Consultant Pathologist

Page 17 Of 20



View Details



View Report

PERFORMED AT :

SRL Ltd
LEGEND CRYSTAL,SHOP NO-6,GROUND & 1ST FLOOR,PLOT NO-1-7-79/A B:,PRENDERGHAST ROAD
SECUNDERABAD, 500003
TELANGANA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : customercare.hyderabad@srl.in



Patient Ref. No. 775000002151514



MC-3003

PATIENT NAME : RAJYA LAXMI V /119587

REF. DOCTOR :

CODE/NAME & ADDRESS : C000138369

ACCESSION NO : 0042WA003044

AGE/SEX : 31 Years Female

ACROFEMI HEALTHCARE LTD (MEDIWHEEL)

PATIENT ID : RAJYF09029142

DRAWN : 16/01/2023 00:00:00

F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI

CLIENT PATIENT ID:

RECEIVED : 16/01/2023 11:32:06

NEW DELHI 110030

ABHA NO :

REPORTED : 17/01/2023 11:53:08

8800465156

Test Report Status Final

Results

Biological Reference Interval **Units**

CLINICAL PATH - STOOL ANALYSIS

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

MICROSCOPIC EXAMINATION,STOOL

REMARK

SAMPLE NOT RECEIVED

Interpretation(s)

Dr M. Prasanthi
Consultant Microbiologist

Page 18 Of 20



View Details



View Report

PERFORMED AT :

SRL Ltd
LEGEND CRYSTAL,SHOP NO-6,GROUND & 1ST FLOOR,PLOT NO-1-7-79/A B:;,PRENDERGHAST ROAD
SECUNDERABAD, 500003
TELANGANA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : customercare.hyderabad@srl.in



Patient Ref. No. 775000002151514



MC-3003

PATIENT NAME : RAJYA LAXMI V /119587**REF. DOCTOR :****CODE/NAME & ADDRESS :** C000138369ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156**ACCESSION NO :** 0042WA003044**PATIENT ID :** RAJYF09029142**CLIENT PATIENT ID:****ABHA NO :****AGE/SEX :** 31 Years Female**DRAWN :** 16/01/2023 00:00:00**RECEIVED :** 16/01/2023 11:32:06**REPORTED :** 17/01/2023 11:53:08**Test Report Status** Final **Results** **Biological Reference Interval** **Units****SPECIALISED CHEMISTRY - HORMONE****MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE****THYROID PANEL, SERUM**

T3	165.60	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
----	--------	---	-------

METHOD : ECLIA

T4	10.76	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
----	-------	---	-------

METHOD : ECLIA

TSH (ULTRASENSITIVE)	2.540	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
----------------------	-------	---	--------

METHOD : ECLIA

Interpretation(s)

Triiodothyronine T3 , Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate.

Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.

Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low.

Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
---------	-----	----------	-----	----------	---------------------

Dr. Ravi Teja J
Consultant Pathologist

Page 19 Of 20



View Details



View Report

PERFORMED AT :SRL Ltd
LEGEND CRYSTAL,SHOP NO-6,GROUND & 1ST FLOOR,PLOT NO-1-7-79/A B:,PRENDERGHAST ROAD
SECUNDERABAD, 500003
TELANGANA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : customercare.hyderabad@srl.in**Patient Ref. No. 775000002151514**



MC-3003

PATIENT NAME : RAJYA LAXMI V /119587**REF. DOCTOR :****CODE/NAME & ADDRESS :** C000138369ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156**ACCESSION NO :** 0042WA003044**PATIENT ID :** RAJYF09029142**CLIENT PATIENT ID:****ABHA NO :****AGE/SEX :** 31 Years Female**DRAWN :** 16/01/2023 00:00:00**RECEIVED :** 16/01/2023 11:32:06**REPORTED :** 17/01/2023 11:53:08**Test Report Status** Final **Results** **Biological Reference Interval** **Units**

1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1)Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3)Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of Clinical chemistry 2.Guidlines of the American Thyroid association during pregnancy and Postpartum, 2011.

NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.****End Of Report******Please visit www.srlworld.com for related Test Information for this accession****Dr. Ravi Teja J**
Consultant Pathologist

Page 20 Of 20



View Details



View Report

PERFORMED AT :SRL Ltd
LEGEND CRYSTAL,SHOP NO-6,GROUND & 1ST FLOOR,PLOT NO-1-7-79/A B:,PRENDERGHAST ROAD
SECUNDERABAD, 500003
TELANGANA, INDIA
Tel : 9111591115, Fax :
CIN - U74899PB1995PLC045956
Email : customercare.hyderabad@srl.in**Patient Ref. No. 775000002151514**