



# RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

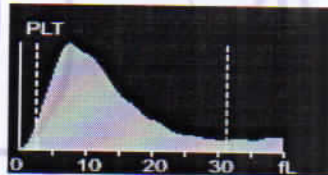
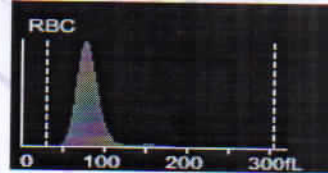
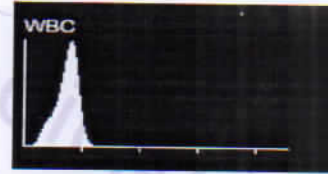
## Hematology Analysis Report

First Name: SHAKIL  
Last Name:  
Gender: Male  
Age:

Sample Type:  
Department:  
Med Rec. No.:

Sample ID: 22  
Test Time: 24/11/2023 13:11  
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	4.74	4.00-10.00	10 <sup>3</sup> /uL
2 Neu%	55.1	50.0-70.0	%
3 Lym%	38.4	20.0-40.0	%
4 Mon%	4.4	3.0-12.0	%
5 Eos%	1.9	0.5-5.0	%
6 Bas%	0.2	0.0-1.0	%
7 Neu#	2.61	2.00-7.00	10 <sup>3</sup> /uL
8 Lym#	1.82	0.80-4.00	10 <sup>3</sup> /uL
9 Mon#	0.21	0.12-1.20	10 <sup>3</sup> /uL
10 Eos#	0.09	0.02-0.50	10 <sup>3</sup> /uL
11 Bas#	0.01	0.00-0.10	10 <sup>3</sup> /uL
12 RBC	4.38	3.50-5.50	10 <sup>6</sup> /uL
13 HGB	13.7	11.0-16.0	g/dL
14 HCT	37.5	37.0-54.0	%
15 MCV	85.5	80.0-100.0	fL
16 MCH	31.4	27.0-34.0	pg
17 MCHC	36.7	32.0-36.0	g/dL
18 RDW-CV	12.8	11.0-16.0	%
19 RDW-SD	44.5	35.0-56.0	fL
20 PLT	175	100-300	10 <sup>3</sup> /uL
21 MPV	9.0	6.5-12.0	fL
22 PDW	11.7	9.0-17.0	%
23 PCT	0.157	0.108-0.282	%
24 P-LCR	29.7	11.0-45.0	%
25 P-LCC	52	30-90	10 <sup>3</sup> /uL



Dr. Mamta Khuteta  
M D. (Path.)  
RMC No : 4720/16260

Submitter: Operator: admin Approver:  
Draw Time: 24/11/2023 13:11 Received Time: 24/11/2023 13:11 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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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Patient Name: <b>SHAKIL</b>		Registered on : 24-11-2023 03:06 PM
Sr. No. : 75166		Collected On : 24-11-2023 03:06 PM
Patient ID No.: 154		Received On : 24-11-2023 03:06 PM
Gender : MALE		Reported On : 06-12-2023 12:42 PM
Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP		Bar Code
		LIS Number 7 8

## HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
BLOOD GROUPING (ABO & Rh )	AB+ Positive		

### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	4.80	%	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.10 - 8.00 Adequate Control 8.10 - 9.00 Suboptimal Control 9.10 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control
eAG (Estimated Average Glucose)	91.06	mg/dL	
eAG (Estimated Average Glucose)	5.05	mmol/L	

Method : Fluorescence Immunoassay Technology

Sample Type : EDTA Blood

Test Performed by:-

Fully Automated (EM 200 ) ERBA MANNHEIM.

### Remarks :

Glycosylated 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 Treatment Goals (and That have stable glycemc Control) and Quarterly in Patients with Diabetes whos therapy has changed or that are not meeting Glycemc 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.

*Ashish sethi*  
Dr. Ashish Sethi  
Consultant Biochemist

*Mamta Khuteta*  
Dr.Mamta Khuteta  
M.D.(Path.)  
RMC No. 4720/15260



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





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MC-5346

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Patient ID No.: **154**  
Gender : **MALE**  
Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**






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Bar Code   
LIS Number **7** **8**

## BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
 <b>Glucose Fasting</b> ( Method : GOD-POD )	85.00	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
 <b>Blood Urea</b> ( Method : Urease-GLDH )	23.00	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
 <b>Creatinine</b> ( Method : Enzymatic Creatininase )	0.79	mg/dL	0.6--1.30
<b>Calcium</b>	10.26	mg/dL	8.5--11
 <b>Uric Acid</b> ( Method : Uricase-POD )	4.16	mg/dL	2.4--7.2

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RMC No. 4720/16260



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.  
MC-5346

Patient Name: **SHAKIL**  
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Patient ID No.: **154**  
Gender : **MALE**  
Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



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## BIO-CHEMISTRY Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.: -UV Kinetic)	17.00	U/L	5-40
SGPT/ALT(Tech.: -UV Kinetic)	22.00	U/L	5-40
Bilirubin(Total)(Tech.: -Jendrassik Grof)	0.76	mg/dL	0.1-1.1
Bilirubin(Direct)	0.15	mg/dL	0-0.3
Bilirubin(Indirect)	0.61	mg/dL	0.1-1.0
Total Protein(Tech.: -Biuret)	6.94	gm/dL	6-8
Albumin(Tech.: -BCG) (Method: BCG)	3.86	gm/dL	0-4 days: 2.8-4.4 4d-14 yrs: 3.2-4.5 14y-18y : 3.2-4.5 Adults 20-60 yrs: 3.5-5.2 60-90 yrs: 3.2-4.6
Globulin(CALCULATION)	3.08	gm/dL	2.5-4.5
A/G Ratio(Tech.: -Calculated)	1.25		1.2 - 2.5
Alkaline Phosphatase(Tech.: -Pnp Amp Kinetic)	163.00	U/L	108-306

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Consultant Biochemist

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RMC No. 4720/16250



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY



NABL CERTIFICATE NO.  
MC-5346

Patient Name: **SHAKIL**  
Sr. No. : **75166**  
Patient ID No.: **154**  
Gender : **MALE**  
Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **24-11-2023 03:06 PM**  
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## LIPID PROFILE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
 <b>Cholesterol</b> ( Method : CHOD-PAP )	190.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
<b>HDL Cholesterol</b>	47.00	mg/dL	35-88
 <b>Triglycerides</b> ( Method : GPO )	189.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
<b>LDL Cholesterol</b>	<b>H 105.20</b>	mg/dL	0-100
<b>VLDL Cholesterol</b>	<b>H 37.80</b>	mg/dL	0-35
<b>TC/HDL Cholestrol Ratio</b>	4.04	Ratio	2.5-5
<b>LDL/HDL Ratio</b>	2.24	Ratio	1.5-3.5

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Consultant Biochemist

*Mamta Khuteta*

Dr. Mamta Khuteta  
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NABL CERTIFICATE NO.  
MC-5346

Name :- Mr. SHAKIL  
Sex / Age :- Male  
Doctor :-  
Client Name :- MEDI WHEEL HEALTH CHECK UP  
Sample Type :- Serum

Patient ID / CCL No :- 102340942  
Sample Collected :- 25/11/2023 11:48:5  
Sample Received on: 25-11-2023 11:49:21  
Report Released on: 25-11-2023 15:44:21  
Barcode 

TEST NAME	VALUE	UNIT	REFERENCE RANGE
		<b>TFT</b>	
T3 (TOTAL TRIIODOTHYRONINE) (Tech.:- Chemiluminescence Immunoassay)	129.00	ng/dl	100 - 740 : 0-30 Days 105 - 207 : 1-12 Yrs. 86 - 192 : 13-20 Yrs. 70 - 204 : Adults
T4 (TOTAL THYROXINE) (Tech.:- Chemiluminescence Immunoassay)	6.99	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)	3.63	uIU/ml	0.52 - 16.00 : 1-30 Days 0.46 - 8.10 : 1 mnt - 5 Yrs. 0.35 - 5.50 : Adults

### INTERPRETATION

- 1. Remark** - Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin) Nephrosis etc.
- 2. Remark** - Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 give corrected values. 3. Total T3 may decrease by <25 percent in healthy older individuals.
- 3. Remark** - TSH values may be transiently altered because of non-thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc 2. Drugs that decrease TSH values e.g: L-dopa, Glucocorticoids Drugs that increase TSH values e.g: Iodine, Lithium, and Amiodaron. Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH and a low T4 and low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate TSH produced from the pituitary and so one tends to see low or normal TSHs, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary- adrenal axis. The third type of under-functioning is due to poor conversion of T4 to T3. This requires enzymes and co-factors, in particular selenium, zinc and iron. In this condition there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of T3. This requires micronutrients and also T3 to correct.

- End of Report



आपातकालीन सेवाएं  
Collected Sample Received

Technologist

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M.D.S. (Path.)  
Reg. No. 1048

MD. (Path.)  
RMC No. 516715233

DR. ASHISH SETHI  
Consultant Biochemist



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



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		LIS Number 7 8

### URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
<b>PHYSICAL</b>			
Quantity		ml	
Colour	Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.025		
PH	5.0		4.5-6.5
<b>CHEMICAL</b>			
Reaction	Acidic		
Albumin	TRACE		
Urine Sugar	Nil		
<b>MICROSCOPIC</b>			
Red Blood Cells	Nil	/h.p.f.	
Pus Cells	2-3	/h.p.f.	
Epithelial Cells	0-1	/h.p.f.	
Crystals	Nil	/h.p.f.	
Casts	Nil	/h.p.f.	
Bacteria	Nil	/h.p.f.	
Others	Nil	/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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*Ashish Sethi*  
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