

INV. No. QLSR-INV-J-09339/(2024-2025)(9299)
 Patient Name **Mr. MAYANK VERMA**
 Age/Gen 29 Years | Male
 Referred By **Dr. Self**
 Source BERLIN DIAG INS CORP - (10)

Patient ID 9339
 Invoice Generated 05/10/2024 03:51 PM
 Sample Received 05/10/2024 03:51 PM
 Report Generated 05/10/2024 06:25 PM



Report Of Haematology Examination

Investigation	Result	Unit(s)	Reference Range
ERYTHROCYTE SEDIMENTATION RATE			
ESR <small>Method (Westergren & Manual)</small>	12	mm	< 20
Note			
1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.			
2. Test conducted on EDTA whole blood at 37°C.			
3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values			
COMPLETE BLOOD COUNT			
Haemoglobin (Hb)% <small>Method (By Sahlis Method)</small>	16.0	gm%	Adult Men (13 - 18) Adult Women (11.5 - 16.5) Children (11 - 13)
PCV	44.9	%	Children (1-6) : (12 - 14) Children (6-12) : (12 - 14) 35 - 45
Total Platelets Count (PC)	3.0	Lacs Per cmm	1.5 - 4
Total RBC (Red Cell Count)	5.5	mill./uL	Women (4.2 - 5.4) Male (4.7 - 6.1) Children (4.6 - 4.8)
Total Leucocyte Count (TLC) <small>Method (Flow Cytometry)</small>	7,900	Per cmm	Adult :- (4,000 - 11,000) New Born (10,000 - 26,000) (1-4) Years : (6,000 - 18,000) (5-7) Years : (5,000 - 15,000) (8-12) Years : (4,500 - 12,500)
MCV	95.0	fL	76 - 96
MCH	26.2	pg	22 - 32
MCHC	32.6	g/dL	30 - 35
Differential count of Leucocytes			
Neutrophils	62	%	40 - 70
Lymphocytes	32	%	15 - 40
Monocytes	01	%	00 - 6
Eosinophils	05	%	0.5 - 7
Basophils	00	%	00 - 01

Comment :

CBC is a powerful diagnostic tool in various hematological and non-hematological conditions. It can be

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Report Of Haematology Examination

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used to diagnose various conditions like anemia, hemoglobinopathies, infections. leukemia, nutritional deficiencies, parasitemias, etc. For microcytic indices, a Mentzer index of less than 13 suggests that the patient may have thalassemia trait, and an index of more than 13 suggests that the patient may have iron deficiency.

Blood Grouping (A B O) and Rh Type

Whole blood Blood Group "B"
Whole blood Rh Type Positive

Note:

- 1. Both forward and reverse grouping performed.
- 2. Test conducted on EDTA whole blood.

~~~~~ End of report ~~~~~



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**Report Of Biochemistry Examination**

| Investigation | Result | Unit(s) | Reference Range |
|---------------|--------|---------|-----------------|
|---------------|--------|---------|-----------------|

**GLUCOSE FASTING (FBS)**

|                                              |      |       |          |
|----------------------------------------------|------|-------|----------|
| Plasma Glucose(F)<br>Method (GOD-POD Method) | 90.3 | mg/dL | 65 - 110 |
|----------------------------------------------|------|-------|----------|

**Comments:**

Fasting Blood Sugar/Glucose test a blood sample will be taken after an overnight fast. A fasting blood sugar level of less than 100mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes.

**GLUCOSE, POST PRANDIAL 2 HOURS**

|                                               |     |       |          |
|-----------------------------------------------|-----|-------|----------|
| Plasma Glucose(PP)<br>Method (GOD-POD Method) | 140 | mg/dL | 75 - 140 |
|-----------------------------------------------|-----|-------|----------|

**Note :**

1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions
2. Very low glucose levels cause severe CNS dysfunction
3. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical

**Creatinine - Serum**

|                                                      |      |       |                                                                                                                                                                         |
|------------------------------------------------------|------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Serum Creatinine<br>Method (Modified Jaffe, Kinetic) | 0.84 | mg/dL | Male:(0.72-1.16)<br>Female: (0.72-1.18)<br>Neonate: (0.26 - 1.01)<br>Infant (2months - less than 3yrs): (0.15-0.37)<br>Children (3 yrs - less than 15 yrs): (0.24-0.73) |
|------------------------------------------------------|------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**ADVICE : CKD RISK MAP**

KDIGO guideline, 2012 recommends Chronic Kidney disease (CKD) should be classified based on cause, GFR category, and albuminuria (ACR) category.

GFR & ACR categories combined together reflect risk of progression and help clinicians to identify individuals who are progressing at more rapid rate than anticipated.

**Alanine Transaminase (ALT/SGPT)**

|                             |      |     |         |
|-----------------------------|------|-----|---------|
| Serum SGPT<br>Method (IFCC) | 59.7 | U/L | 21 - 72 |
|-----------------------------|------|-----|---------|

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|              |                                    |                   |                     |
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## Report Of Biochemistry Examination

| Investigation                                                                    | Result | Unit(s) | Reference Range                                                        |
|----------------------------------------------------------------------------------|--------|---------|------------------------------------------------------------------------|
| <b>Blood Urea Nitrogen (BUN)-Serum</b>                                           |        |         |                                                                        |
| Serum Urea<br><small>Method (GLDH,Kinetic Assay)</small>                         | 24.8   | mg/dL   | Adult ( 17 - 43 )<br>New Born ( 8.4 - 25.8 )<br>Infant ( 10.8 - 38.4 ) |
| Serum BUN                                                                        | 12     |         | 5 - 20                                                                 |
| <b>BILIRUBIN TOTAL</b>                                                           |        |         |                                                                        |
| Serum Bilirubin (Total)<br><small>Method (By Diphylline, Diazonium Salt)</small> | 0.74   | mg/dL   | 0.2 - 1.3                                                              |

Jaundice can occur as a result of problems at each step in the metabolic pathway. Disorders may be classified as those due to increased bilirubin production (eg, hemolysis because of G-6-PD and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). The most commonly occurring form of unconjugated hyperbilirubinemia is that seen in newborns and referred to as physiological jaundice. Elevated unconjugated bilirubin in the neonatal period may result in brain damage (kernicterus).

~~~~~ End of report ~~~~~

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CIN: U24240DL2011PTC216307

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that **Mr. Mayank Verma** aged, **29yr**. Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects such as deafness, color blindness, and any chronic or contagious diseases.

Place: **Ranchi**

Date: **05/10/2024**

Dr. Nitesh Kumar
Nitesh Kumar
BCMR 47093

Name & Signature of

Medical officer