



Mediwheel
...Your Wellness Partner

011-41195959

Dear Manipal Hospital

We have received a booking request for the details are following. Please provide your confirmation by clicking on the yes button.

Are you sure to confirm the booking? No Yes

Name : MS. KUSHWAHA SHWETA
Package Name : Mediwheel Full Body Health Checkup Female Below 40
Package Code : PKG10000475
Location : NH-24, Hapur Road, Oppo. Bahmeta Village, Near Lancraft Golf Links Apartment
Contact Details : 9099650281
E-mail id : SHWETA.KUSHWAHA2@bankofbaroda.com
Booking Date : 23-01-2024
Appointment Date : 27-01-2024

Member Information	
Booked Member Name	Age
MS. KUSHWAHA SHWETA	33 year
	Gender
	Female

Please login to your account to confirm the same. Also you mail us for confirmation

Hospital Package Name : Mediwheel Full Body Health Checkup Female Below 40

User Package Name : Mediwheel Full Body Health Checkup Female Below 40

Are you sure to confirm the booking?

Yes

23 Tests included in this Package

- Pap Smear
- Stool Test
- Gynae Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation

- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks,
Mediwheel Team

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भारत सरकार
Government of India

श्वेता कुशवाहा
Shweta Kushwaha
जन्म तिथि/DOB: 28/11/1990
लिंग: FEMALE



5497 8765 1546

VID: 9199 4502 4241 0749

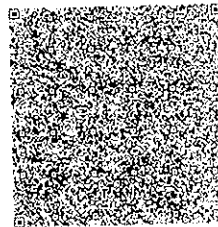
मेरा पहचान, मेरी पहचान



Unique Identification Authority of India

पता:
D/O: चंदन सिंह कुशवाहा, मकान नं. 134, ब्लॉक-डी,
स्ट्रीट नं. 4, गार्ग क्लॉथ हाउस के पीछे, सौरभ विहार
बदरपुर, जयपुर, दक्षिण दिल्ली,
दिल्ली - 110044

Address:
D/O: Chandan Singh Kushwaha, House
No. 134, Block-D, Street No. 4, Behind
Garg Cloth House, Saurabh Vihar
Badarpur, Jaitpur, South Delhi,
Delhi - 110044



5497 8765 1546

VID: 9199 4502 4241 0749



U-AID



shweta kushwaha

33years
Female
Asian

Vent. Rate	80 bpm
PR interval	124 ms
QRS duration	72 ms
QT/QTc	338/389 ms
P-R-T axes	57 65 43

Technician:
Test ind.

ID: 010242676

Normal sinus rhythm
Normal ECG

27-Jan-2024

13:34:31

Referred by: hcp

Unconfirmed



4 by 2.5s + 1 rhythm 1d

MAC55 009C
12SL™ V239





TMT INVESTIGATION REPORT

Patient Name	SWETA KUSHWAHA	Location	: Ghaziabad
Age/Sex	: 33Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No	MH010242676	Order Date	: 27/01/2024
Ref. Doctor	: HCP	Report Date	: 27/01/2024

Protocol	: Bruce	MPHR	: 187BPM
Duration of exercise	: 6min 35sec	85% of MPHR	: 158BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 164BPM
Blood Pressure (mmHg)	: Baseline BP : 120/76mmHg Peak BP : 144/76mmHg	% Target HR	: 87%
		METS	: 7.9METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	114	120/76	Nil	No ST changes seen	Nil
STAGE 1	3:00	114	120/76	Nil	No ST changes seen	Nil
STAGE 2	3:00	142	136/76	Nil	No ST changes seen	Nil
STAGE 3	0:35	164	144/76	Nil	No ST changes seen	Nil
RECOVERY	3:06	105	124/76	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra SinghMD, DM (CARDIOLOGY),FACC
Sr. Consultant Cardiology**Dr. Abhishek Singh**MD, DNB (CARDIOLOGY),MNAMS
Sr.Consultant Cardiology**Dr. Sudhanshu Mishra**MD
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad,Uttar Pradesh - 201 002

P : 0120-3535353

Page 1 of 2

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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RADIOLOGY REPORT

NAME	MRS , SWETA KUSHWAHA	STUDY DATE	27/01/2024 10:42AM
AGE / SEX	33 y / F	HOSPITAL NO.	MH010242676
ACCESSION NO.	R6779073	MODALITY	US
REPORTED ON	27/01/2024 11:18AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: appears enlarged in size (measures 159 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 84 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10.5 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.6 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 98 x 42 mm. It shows a concretion measuring 2.3 mm at upper calyx.

Left Kidney: measures 93 x 51 mm. It shows a calculus measuring 6.8 mm at upper calyx.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

UTERUS: Uterus is anteverted, normal in size (measures 78x50x38 mm), shape and echotexture.

Endometrium is thickened and measures 18.6 mm. Cavity is empty. No abnormal vascularity seen within the endometrium. Cervix appears normal.

OVARIES: Right ovary is normal in size (measures 34 x 33 x 21 mm with volume 12.5 cc), shape and echotexture. Rest normal.

Left ovary is obscured due to overlying excessive bowel echoes.

Trace free fluid is seen in cul-de-sac.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade I fatty infiltration in liver.

-Left renal calculus and right renal concretion.

-Thickened endometrium.

-Trace free fluid seen in cul-de-sac.

ADV: US-TVS with doppler for better assessment of uterus and bilateral adnexa.

Recommend clinical correlation.

Monica

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

www.manipalhospitals.com

RADIOLOGY REPORT

NAME	MRS , SWETA KUSHWAHA	STUDY DATE	27/01/2024 10:42AM
AGE / SEX	33 y / F	HOSPITAL NO.	MH010242676
ACCESSION NO.	R6779073	MODALITY	US
REPORTED ON	27/01/2024 11:18AM	REFERRED BY	HEALTH CHECK MGD

Dr. Monica Shekhawat M&BS, DNB
CONSULTANT RADIOLOGIST

*****End Of Report*****

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

www.manipalhospitals.com

RADIOLOGY REPORT

NAME	MRS , SWETA KUSHWAHA	STUDY DATE	27/01/2024 10:03AM
AGE / SEX	33 y / F	HOSPITAL NO.	MH010242676
ACCESSION NO.	R6779072	MODALITY	CR
REPORTED ON	27/01/2024 10:07AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

No significant abnormality noted.
Recommend clinical correlation.



Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

*****End Of Report*****

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

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LABORATORY REPORT

Name : MRS SWETA KUSHWAHA
Registration No : MH010242676 RefHosp No. :
ghzb-0000175668
Patient Episode : H18000001718
Referred By : HEALTH CHECK MGD
Receiving Date : 27 Jan 2024 10:07

Age : 33 Yr(s) Sex :Female
Lab No : 202401003459
Collection Date : 27 Jan 2024 10:07
Reporting Date : 27 Jan 2024 18:16

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	B Rh(D) Positive		

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Page 1 of 1

NOTE:

- Abnormal Values

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS SWETA KUSHWAHA Age : 33 Yr(s) Sex :Female
 Registration No : MH010242676 RefHosp No. : ghzb-0000175668 Lab No : 202401003459
 Patient Episode : H18000001718 Collection Date : 27 Jan 2024 10:07
 Referred By : HEALTH CHECK MGD Reporting Date : 27 Jan 2024 18:27
 Receiving Date : 27 Jan 2024 10:07

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	1.070	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.790	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.250	µIU/mL	[0.250-5.000]

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low. The TSH assay aids in diagnosing thyroid or hypophysial disorders. The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.

NOTE:

- Abnormal Values

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS SWETA KUSHWAHA Age : 33 Yr(s) Sex :Female
 Registration No : MH010242676 RefHosp No. : ghzb-0000175668 Lab No : 202401003459
 Patient Episode : H18000001718 Collection Date : 27 Jan 2024 10:07
 Referred By : HEALTH CHECK MGD Reporting Date : 27 Jan 2024 16:18
 Receiving Date : 27 Jan 2024 10:07

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Note:
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum			
UREA	20.3	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	9.5	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.56 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	2.9 #	mg/dl	[4.0-8.5]
Method:uricase PAP			

SODIUM, SERUM	135.20 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.28	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.6	mmol/L	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated)	122.9	ml/min/1.73sq.m	[>60.0]
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Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.



LABORATORY REPORT

Name : MRS SWETA KUSHWAHA **Age** : 33 Yr(s) Sex :Female
Registration No : MH010242676 RefHosp No. : **Lab No** : 202401003459
 ghzb-0000175668
Patient Episode : H18000001718 **Collection Date** : 27 Jan 2024 10:07
Referred By : HEALTH CHECK MGD **Reporting Date** : 27 Jan 2024 16:18
Receiving Date : 27 Jan 2024 10:07

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.53	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.42	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.80	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.27	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	3.50 #	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.21		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	20.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	8.40 #	U/L	[14.00-54.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC</i>	68.0	IU/L	[32.0-91.0]
GGT	21.0	U/L	[7.0-50.0]



LABORATORY REPORT

Name : MRS SWETA KUSHWAHA Age : 33 Yr(s) Sex :Female
Registration No : MH010242676 RefHosp No. : ghzb-0000175668 Lab No : 202401003459
Patient Episode : H18000001718 Collection Date : 27 Jan 2024 10:07
Referred By : HEALTH CHECK MGD Reporting Date : 27 Jan 2024 16:18
Receiving Date : 27 Jan 2024 10:07

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS SWETA KUSHWAHA Age : 33 Yr(s) Sex :Female
Registration No : MH010242676 RefHosp No. : ghzb-0000175668 Lab No : 202401003460
Patient Episode : H18000001718 Collection Date : 27 Jan 2024 10:07
Referred By : HEALTH CHECK MGD Reporting Date : 27 Jan 2024 16:18
Receiving Date : 27 Jan 2024 10:07

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	83.0	mg/dl	[70.0-110.0]

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, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS SWETA KUSHWAHA Age : 33 Yr(s) Sex :Female
Registration No : MH010242676 RefHosp No. : ghzb-0000175668 Lab No : 202401003461
Patient Episode : H18000001718 Collection Date : 27 Jan 2024 14:02
Referred By : HEALTH CHECK MGD Reporting Date : 27 Jan 2024 16:44
Receiving Date : 27 Jan 2024 14:02

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	81.0	mg/dl	[80.0-140.0]

Note:
Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

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-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS SWETA KUSHWAHA **Age** : 33 Yr(s) Sex :Female
Registration No : MH010242676 RefHosp No. : ghzb-0000175668 **Lab No** : 202401003459
Patient Episode : H18000001718 **Collection Date** : 27 Jan 2024 10:07
Referred By : HEALTH CHECK MGD **Reporting Date** : 27 Jan 2024 15:08
Receiving Date : 27 Jan 2024 10:07

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	4.65	millions/cumm	[3.80-4.80]
HEMOGLOBIN	12.5	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	40.5	%	[36.0-46.0]
MCV (DERIVED)	87.1	fL	[83.0-101.0]
MCH (CALCULATED)	26.9	pg	[25.0-32.0]
MCHC (CALCULATED)	30.9 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.2 #	%	[11.6-14.0]
Platelet count	172	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	13.1		
WBC COUNT (TC) (IMPEDEANCE)	5.60	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	57.0	%	[40.0-80.0]
Lymphocytes	35.0	%	[20.0-40.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	1.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	40.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name : MRS SWETA KUSHWAHA **Age** : 33 Yr(s) Sex :Female
Registration No : MH010242676 RefHosp No. : **Lab No** : 202401003459
 ghzb-0000175668
Patient Episode : H18000001718 **Collection Date** : 27 Jan 2024 10:07
Referred By : HEALTH CHECK MGD **Reporting Date** : 27 Jan 2024 18:27
Receiving Date : 27 Jan 2024 10:07

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.2	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association (ADA)			
HbA1c in %			
Non diabetic adults ≥ 18 years < 5.7			
Prediabetes (At Risk) 5.7-6.4			
Diagnosing Diabetes ≥ 6.5			
Estimated Average Glucose (eAG)	103	mg/dl	

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	6.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)



LABORATORY REPORT

Name	: MRS SWETA KUSHWAHA	Age	: 33 Yr(s) Sex :Female
Registration No	: MH010242676 RefHosp No. : ghzb-0000175668	Lab No	: 202401003459
Patient Episode	: H18000001718	Collection Date	: 27 Jan 2024 10:54
Referred By	: HEALTH CHECK MGD	Reporting Date	: 27 Jan 2024 18:45
Receiving Date	: 27 Jan 2024 10:54		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	4-6 /hpf	
CASTS	nil	
Crystals	nil	
Bacteria	NIL	
OTHERS	nil	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	200 #	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	77	mg/dl	[<150]
			Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	69.0 #	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	15	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	116.0	mg/dl	[<120.0]
			Near/ Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	2.9		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.7		<3 Optimal 3-4 Borderline >6 High Risk

Above optimal-100-129