



Patient Ref. No. 666000003362086

CLIENT CODE : CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS:

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156



DDRC SRL DIAGNOSTICS
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KERALA, INDIA
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Email : customercare.ddrc@srl.in

PATIENT NAME : APARNA AJITH PATIENT ID : APARF1102924036
ACCESSION NO : 4036WB002018 AGE : 31 Years SEX : Female ABHA NO :
DRAWN : RECEIVED : 11/02/2023 10:49 REPORTED : 11/02/2023 13:55
REFERRING DOCTOR : DR. MEDIWHEEL CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Biological Reference Interval	Units
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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

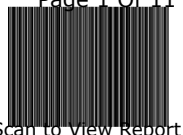
*** TREADMILL TEST**
TREADMILL TEST NOT DONE

OPHTHAL
OPHTHAL COMPLETED

*** PHYSICAL EXAMINATION**
PHYSICAL EXAMINATION COMPLETED



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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN 7 Adult(<60 yrs) : 6 to 20 mg/dL
* BUN/CREAT RATIO

BUN/CREAT RATIO 17.9 High 5 - 15

CREATININE, SERUM

CREATININE 0.39 18 - 60 yrs : 0.6 - 1.1 mg/dL

GLUCOSE, POST-PRANDIAL, PLASMA RESULT PENDING

GLUCOSE FASTING, FLUORIDE PLASMA

GLUCOSE, FASTING, PLASMA 86 Diabetes Mellitus : > or = 126. mg/dL
Impaired fasting Glucose/
Prediabetes : 101 - 125.
Hypoglycemia : < 55.

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C) 4.6 Normal : 4.0 - 5.6%. %
Non-diabetic level : < 5.7%.
Diabetic : >6.5%

Glycemic control goal
More stringent goal : < 6.5 %.
General goal : < 7%.
Less stringent goal : < 8%.

Glycemic targets in CKD :-
If eGFR > 60 : < 7%.
If eGFR < 60 : 7 - 8.5%.

LIPID PROFILE, SERUM

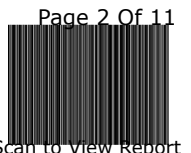
CHOLESTEROL 234 Desirable : < 200 mg/dL
Borderline : 200-239

TRIGLYCERIDES 130 High : >or= 240 mg/dL
Normal : < 150
High : 150-199

HDL CHOLESTEROL 42 Hypertriglyceridemia : 200-499 mg/dL
Very High : > 499
General range : 40-60



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DIRECT LDL CHOLESTEROL	186	High Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	192	High 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	26.0	< or = 30.0	mg/dL
LDL/HDL RATIO	5.6	High 3.30 - 4.40	
	4.4	High 0.5 - 3.0	



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Interpretation(s)

- Cholesterol levels help assess the patient risk status and to follow the progress of patient under treatment to lower serum cholesterol concentrations.
- Serum Triglyceride (TG) are a type of fat and a major source of energy for the body. Both quantity and composition of the diet impact on plasma triglyceride concentrations. Elevations in TG levels are the result of overproduction and impaired clearance. High TG are associated with increased risk for CAD (Coronary artery disease) in patients with other risk factors, such as low HDL-C, some patient groups with elevated apolipoprotein B concentrations, and patients with forms of LDL that may be particularly atherogenic.
- HDL-C plays a crucial role in the initial step of reverse cholesterol transport, this considered to be the primary atheroprotective function of HDL
- LDL -C plays a key role in causing and influencing the progression of atherosclerosis and, in particular, coronary sclerosis. The majority of cholesterol stored in atherosclerotic plaques originates from LDL, thus LDL-C value is the most powerful clinical predictor.
- Non HDL cholesterol: Non-HDL-C measures the cholesterol content of all atherogenic lipoproteins, including LDL hence it is a better marker of risk in both primary and secondary prevention studies. Non-HDL-C also covers, to some extent, the excess ASCVD risk imparted by the sdLDL, which is significantly more atherogenic than the normal large buoyant particles, an elevated non-HDL-C indirectly suggests greater proportion of the small, dense variety of LDL particles

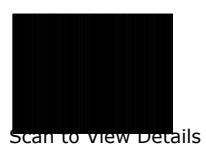
Serum lipid profile is measured for cardiovascular risk prediction. Lipid Association of India recommends LDL-C as primary target and Non HDL-C as co-primary treatment target.

Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India

Risk Category	
Extreme risk group	A. CAD with > 1 feature of high risk group B. CAD with > 1 feature of Very high risk group or recurrent ACS (within 1 year) despite LDL-C < or = 50 mg/dl or polyvascular disease
Very High Risk	1. Established ASCVD 2. Diabetes with 2 major risk factors or evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
High Risk	1. Three major ASCVD risk factors. 2. Diabetes with 1 major risk factor or no evidence of end organ damage. 3. CKD stage 3B or 4. 4. LDL >190 mg/dl 5. Extreme of a single risk factor. 6. Coronary Artery Calcium - CAC >300 AU. 7. Lipoprotein a >= 50mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors	
1. Age > or = 45 years in males and > or = 55 years in females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020.

Risk Group	Treatment Goals	Consider Drug Therapy
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	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal < OR = 30)	< 80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	<OR = 30	<OR = 60	> 30	>60
Very High Risk	<50	<80	>OR= 50	>OR= 80
High Risk	<70	<100	>OR= 70	>OR= 100
Moderate Risk	<100	<130	>OR= 100	>OR= 130
Low Risk	<100	<130	>OR= 130*	>OR= 160

*After an adequate non-pharmacological intervention for at least 3 months.

References: Management of Dyslipidaemia for the Prevention of Stroke: Clinical Practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology, 2022, 20, 134-155.

LIVER FUNCTION TEST WITH GGT

BILIRUBIN, TOTAL	0.35	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.13	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	0.22	0.00 - 1.00	mg/dL
TOTAL PROTEIN	6.7	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	3.9	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.8	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	1.4	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16	Adults : < 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	Adults : < 34	U/L
ALKALINE PHOSPHATASE	68	Adult(<60yrs) : 35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	9	Adult (female) : < 40	U/L

TOTAL PROTEIN, SERUM

TOTAL PROTEIN	6.7	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
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URIC ACID, SERUM

URIC ACID	2.8	Adults : 2.4-5.7	mg/dL
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ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP	TYPE B
RH TYPE	NEGATIVE



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BLOOD COUNTS,EDTA WHOLE BLOOD

HEMOGLOBIN	11.6	Low 12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	3.49	Low 3.8 - 4.8	mil/ μ L
WHITE BLOOD CELL COUNT	10.80	High 4.0 - 10.0	thou/ μ L
PLATELET COUNT	254	150 - 410	thou/ μ L

RBC AND PLATELET INDICES

HEMATOCRIT	33.9	Low 36 - 46	%
MEAN CORPUSCULAR VOL	97.0	83 - 101	fL
MEAN CORPUSCULAR HGB.	33.3	High 27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	34.3	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	10.8	Low 11.6 - 14.0	%
MENTZER INDEX	27.8		

WBC DIFFERENTIAL COUNT

SEGMENTED NEUTROPHILS	71	40 - 80	%
LYMPHOCYTES	20	20 - 40	%
MONOCYTES	00	Low 2 - 10	%
EOSINOPHILS	09	High 1 - 6	%
BASOPHILS	00	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	7.67	High 2.0 - 7.0	thou/ μ L
ABSOLUTE LYMPHOCYTE COUNT	2.16	1.0 - 3.0	thou/ μ L
ABSOLUTE MONOCYTE COUNT	0	Low 0.2 - 1.0	thou/ μ L
ABSOLUTE EOSINOPHIL COUNT	0.97	High 0.02 - 0.50	thou/ μ L
ABSOLUTE BASOPHIL COUNT	00	Low 0.02 - 0.10	thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	3.6		

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

SEDIMENTATION RATE (ESR)	80	High 0 - 20	mm at 1 hr
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Comments

NOTE - Kindly correlate clinically.

SUGAR URINE - POST PRANDIAL

RESULT PENDING

THYROID PANEL, SERUM



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T3		174.46	ng/dL
		Non-Pregnant : 60-181	
		Pregnant Trimester-wise	
		1st : 81-190	
		2nd : 100-260	
		3rd : 100-260	
T4		13.00	µg/dl
TSH 3RD GENERATION		4.960	µIU/mL
		High 3.2 - 12.6	
		(Non Pregnant) : 0.4 - 4.2	
		Pregnant(Trimester wise)	
		1st : 0.1 - 2.5	
		2nd : 0.2 - 3	
		3rd : 0.3 - 3	





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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
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

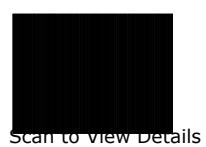
REF: 1. TIETZ Fundamentals of Clinical chemistry 2. Guidelines of the American Thyroid association during pregnancy and Postpartum, 2011.
NOTE: It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4. TSH is not affected by variation in thyroid - 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.

PHYSICAL EXAMINATION, URINE

COLOR PALE YELLOW
 APPEARANCE SLIGHTLY HAZY

*** CHEMICAL EXAMINATION, URINE**

PH 6.5 4.8 - 7.4



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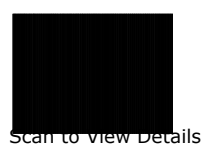
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SPECIFIC GRAVITY		1.015	1.015 - 1.030
PROTEIN		NOT DETECTED	NOT DETECTED
GLUCOSE		NOT DETECTED	NOT DETECTED
KETONES		NOT DETECTED	NOT DETECTED
BLOOD		NOT DETECTED	NOT DETECTED
BILIRUBIN		NOT DETECTED	NOT DETECTED
UROBILINOGEN		NORMAL	NORMAL
NITRITE		NOT DETECTED	NOT DETECTED
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS		1 - 2	NOT DETECTED /HPF
WBC		10-15	0-5 /HPF
EPITHELIAL CELLS		20-30	0-5 /HPF
CASTS		NOT DETECTED	
CRYSTALS		AMORPHOUS URATES PRESENT	
BACTERIA		DETECTED	NOT DETECTED
YEAST		NOT DETECTED	NOT DETECTED

Comments

NOTE - Kindly correlate clinically.



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Interpretation(s)

The following table describes the probable conditions, in which the analytes are present in urine

Presence of	Conditions
Proteins	Inflammation or immune illnesses
Pus (White Blood Cells)	Urinary tract infection, urinary tract or kidney stone, tumors or any kind of kidney impairment
Glucose	Diabetes or kidney disease
Ketones	Diabetic ketoacidosis (DKA), starvation or thirst
Urobilinogen	Liver disease such as hepatitis or cirrhosis
Blood	Renal or genital disorders/trauma
Bilirubin	Liver disease
Erythrocytes	Urological diseases (e.g. kidney and bladder cancer, urolithiasis), urinary tract infection and glomerular diseases
Leukocytes	Urinary tract infection, glomerulonephritis, interstitial nephritis either acute or chronic, polycystic kidney disease, urolithiasis, contamination by genital secretions
Epithelial cells	Urolithiasis, bladder carcinoma or hydronephrosis, ureteric stents or bladder catheters for prolonged periods of time
Granular Casts	Low intratubular pH, high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration, acute congestive heart failure, renal diseases
Calcium oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of vitamin C, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (Averrhoa carambola) or its juice
Uric acid	arthritis
Bacteria	Urinary infection when present in significant numbers & with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

SUGAR URINE - FASTING

SUGAR URINE - FASTING NOT DETECTED NOT DETECTED



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REFERRING DOCTOR : DR. MEDIWHEEL CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

- * ECG WITH REPORT
REPORT
COMPLETED
- * USG ABDOMEN AND PELVIS
REPORT
COMPLETED
- * CHEST X-RAY WITH REPORT
REPORT
COMPLETED

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession
TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

PRASEEDA S NAIR
BIOCHEMIST

DR.KRIPA ELIZABETH JOHN
CONSULTANT PATHOLOGIST

K.MEERA BHAI
SENIOR BIOCHEMIST



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