

CLIENT CODE : C000138376
CLIENT'S NAME AND ADDRESS :
 ACROFEMI HEALTHCARE LTD (MEDIWHEEL)
 F-703, LADO SARAI, MEHRAULI
 SOUTH WEST DELHI
 NEW DELHI 110030
 DELHI INDIA
 8800465156

SRL Ltd
 PLOT NO.160,POCKET D-11 SECTOR 8, ROHINI

NEW DELHI, 110085
 NEW DELHI, INDIA
 Tel : 9111591115, Fax :
 CIN - U74899PB1995PLC045956
 Email : customercare.pitampura@srl.in

PATIENT NAME : PRIYANKA BHOJ

PATIENT ID : PRIYF13039662

ACCESSION NO : 0062WC002462 AGE : 27 Years SEX : Female

DRAWN : RECEIVED : 21/03/2023 08:13 REPORTED : 22/03/2023 13:32

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
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MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

BLOOD COUNTS,EDTA WHOLE BLOOD

HEMOGLOBIN (HB)	12.5	12.0 - 15.0	g/dL
METHOD : CYANMETHEMOGLOBIN METHOD			
RED BLOOD CELL (RBC) COUNT	4.52	3.8 - 4.8	mil/ μ L
METHOD : IMPEDANCE			
WHITE BLOOD CELL (WBC) COUNT	4.40	4.0 - 10.0	thou/ μ L
METHOD : IMPEDANCE			
PLATELET COUNT	182	150 - 410	thou/ μ L
METHOD : IMPEDANCE			

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	38.5	36 - 46	%
METHOD : CALCULATED			
MEAN CORPUSCULAR VOLUME (MCV)	85.0	83 - 101	fL
METHOD : CELL COUNTER			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	27.8	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC)	32.6	31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER			
RED CELL DISTRIBUTION WIDTH (RDW)	13.6	11.6 - 14.0	%
METHOD : CALCULATED			
MENTZER INDEX	18.8		
METHOD : CALCULATED PARAMETER			
MEAN PLATELET VOLUME (MPV)	11.4	High 6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER			

WBC DIFFERENTIAL COUNT

NEUTROPHILS	56	40 - 80	%
METHOD : IMPEDANCE / MICROSCOPY			
LYMPHOCYTES	39	20 - 40	%
METHOD : IMPEDANCE / MICROSCOPY			
MONOCYTES	2	2 - 10	%
METHOD : IMPEDANCE / MICROSCOPY			
EOSINOPHILS	3	1 - 6	%
METHOD : IMPEDANCE / MICROSCOPY			
BASOPHILS	0	0 - 2	%



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METHOD : MICROSCOPIC EXAMINATION				
ABSOLUTE NEUTROPHIL COUNT		2.46	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		1.72	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.09	Low 0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.13	0.02 - 0.50	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE BASOPHIL COUNT		0	Low 0.02 - 0.10	thou/ μ L
METHOD : CALCULATED PARAMETER				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		1.5		
METHOD : CALCULATED PARAMETER				
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD				
E.S.R		07	0 - 20	mm at 1 hr
METHOD : WESTERGREN METHOD				
GLUCOSE FASTING,FLUORIDE PLASMA				
FBS (FASTING BLOOD SUGAR)		75	74 - 106	mg/dL
METHOD : HEXOKINASE				
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD				
HBA1C		5.1	Non-diabetic Adult < 5.7 Pre-diabetes 5.7 - 6.4 Diabetes diagnosis: > or = 6.5 Therapeutic goals: < 7.0 Action suggested : > 8.0 (ADA Guideline 2021)	%
METHOD : HPLC				
ESTIMATED AVERAGE GLUCOSE(EAG)		99.7	< 116.0	mg/dL
GLUCOSE, POST-PRANDIAL, PLASMA				
PPBS(POST PRANDIAL BLOOD SUGAR)		82	70 - 140	mg/dL
LIPID PROFILE, SERUM				
CHOLESTEROL, TOTAL		143	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE				



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TRIGLYCERIDES		34	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/=500 Very High	mg/dL
METHOD : ENZYMATIC, END POINT				
HDL CHOLESTEROL		70	High < 40 Low >/=60 High	mg/dL
METHOD : DIRECT MEASURE POLYMER-POLYANION				
CHOLESTEROL LDL		66	< 100 Optimal 100 - 129 Near optimal/ above optimal 130 - 159 Borderline High 160 - 189 High >/= 190 Very High	mg/dL
NON HDL CHOLESTEROL		73	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
METHOD : CALCULATED				
VERY LOW DENSITY LIPOPROTEIN		6.8	</= 30.0	mg/dL
CHOL/HDL RATIO		2.0	Low 3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO		0.9	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	

Comments

NOTE : SERUM TRIGLYCERIDES VALUE RECHECKED.

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL	0.90	0.2 - 1.0	mg/dL
METHOD : DIAZOTIZATION			
BILIRUBIN, DIRECT	0.20	0.0 - 0.2	mg/dL
METHOD : DIAZOTIZATION			
BILIRUBIN, INDIRECT	0.70	0.1 - 1.0	mg/dL
METHOD : CALCULATED PARAMETER			



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TOTAL PROTEIN		8.1	6.4 - 8.2	g/dL
ALBUMIN		4.3	3.4 - 5.0	g/dL
METHOD : BROMOCRESOL PURPLE				
GLOBULIN		3.8	2.0 - 4.1	g/dL
METHOD : CALCULATED PARAMETER				
ALBUMIN/GLOBULIN RATIO		1.1	1.0 - 2.1	RATIO
METHOD : CALCULATED PARAMETER				
ASPARTATE AMINOTRANSFERASE (AST/SGOT)		23	15 - 37	U/L
METHOD : UV WITH P5P				
ALANINE AMINOTRANSFERASE (ALT/SGPT)		36	High < 34.0	U/L
METHOD : UV WITH P5P				
ALKALINE PHOSPHATASE		77	30 - 120	U/L
METHOD : PNPP - AMP BUFFER				
GAMMA GLUTAMYL TRANSFERASE (GGT)		16	5 - 55	U/L
METHOD : G-GLUTAMYL-CARBOXY-NITROANILIDE				
LACTATE DEHYDROGENASE		179	100 - 190	U/L
METHOD : LACTATE -PYRUVATE				
BLOOD UREA NITROGEN (BUN), SERUM				
BLOOD UREA NITROGEN		13	6 - 20	mg/dL
METHOD : UREASE - UV				
CREATININE, SERUM				
CREATININE		0.60	0.60 - 1.10	mg/dL
METHOD : ALKALINE PICRATE KINETIC, IFCC-IDMS STANDARDIZED				
BUN/CREAT RATIO				
BUN/CREAT RATIO		21.67	High 5.00 - 15.00	
URIC ACID, SERUM				
URIC ACID		3.2	2.6 - 6.0	mg/dL
METHOD : URICASE/CATALASE UV				
TOTAL PROTEIN, SERUM				
TOTAL PROTEIN		8.1	6.4 - 8.2	g/dL
METHOD : BIURET				
ALBUMIN, SERUM				
ALBUMIN		4.3	3.4 - 5.0	g/dL
METHOD : BROMOCRESOL PURPLE (BCP) DYE-BINDING				
GLOBULIN				
GLOBULIN		3.8	2.0 - 4.1	g/dL



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<small>METHOD : CALCULATED PARAMETER</small>			
ELECTROLYTES (NA/K/CL), SERUM			
SODIUM, SERUM	140	136 - 145	mmol/L
<small>METHOD : ISE INDIRECT</small>			
POTASSIUM, SERUM	4.30	3.50 - 5.10	mmol/L
<small>METHOD : ISE INDIRECT</small>			
CHLORIDE, SERUM	104	98 - 107	mmol/L
<small>METHOD : ISE INDIRECT</small>			
PHYSICAL EXAMINATION, URINE			
COLOR	PALE YELLOW		
<small>METHOD : VISUAL EXAMINATION</small>			
APPEARANCE	CLEAR		
<small>METHOD : VISUAL EXAMINATION</small>			
CHEMICAL EXAMINATION, URINE			
PH	5.5	4.7 - 7.5	
<small>METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD</small>			
SPECIFIC GRAVITY	1.005	1.003 - 1.035	
<small>METHOD : PKA CHANGE WITH REFLECTANCE, SPECTROPHOTOMETRY</small>			
PROTEIN	NOT DETECTED		
<small>METHOD : PROTEIN ERROR OF INDICATORS WITH REFLECTANCE, SPECTROPHOTOMETRY</small>			
GLUCOSE	NOT DETECTED		
<small>METHOD : GLUCOSE OXIDASE WITH REFLECTANCE, SPECTROPHOTOMETRY</small>			
KETONES	NOT DETECTED		
<small>METHOD : ROTHERA'S WITH REFLECTANCE, SPECTROPHOTOMETRY</small>			
BLOOD	NOT DETECTED		
<small>METHOD : PEROXIDASE METHOD WITH REFLECTANCE, SPECTROPHOTOMETRY</small>			
BILIRUBIN	NOT DETECTED		
<small>METHOD : DIAZOTIZED WITH REFLECTANCE, SPECTROPHOTOMETRY</small>			
UROBILINOGEN	NORMAL		
<small>METHOD : EHRlich REACTION WITH REFLECTANCE, SPECTROPHOTOMETRY</small>			
NITRITE	NOT DETECTED		
<small>METHOD : DIAZONIUM COMPOUND WITH REFLECTANCE, SPECTROPHOTOMETRY</small>			
LEUKOCYTE ESTERASE	NOT DETECTED		
<small>METHOD : DIPSTICK</small>			
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS	NOT DETECTED		
			/HPF



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METHOD : MICROSCOPY				
PUS CELL (WBC'S)		2-3	0-5	/HPF
METHOD : MICROSCOPY				
EPITHELIAL CELLS		10-15	0-5	/HPF
METHOD : MICROSCOPY				
CASTS		NOT DETECTED		
METHOD : MICROSCOPY				
CRYSTALS		NOT DETECTED		
METHOD : MICROSCOPY				
BACTERIA		NOT DETECTED	NOT DETECTED	
METHOD : MICROSCOPY				
YEAST		NOT DETECTED	NOT DETECTED	
METHOD : MICROSCOPY				

REMARKS NOTE:- MICROSCOPIC EXAMINATION OF URINE IS PERFORMED BY CENTRIFUGE URINARY SEDIMENT.

METHOD : MANUAL

*** THYROID PANEL, SERUM**

T3	101.70	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
T4	8.87	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
TSH (ULTRASENSITIVE)	1.640	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

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IMPRESSION NO ABNORMALITY DETECTED

*** TMT OR ECHO**

TMT OR ECHO NEGATIVE

*** ECG**

ECG WITHIN NORMAL LIMITS

*** MEDICAL HISTORY**

RELEVANT PRESENT HISTORY GEN. WEAKNESS +
 RELEVANT PAST HISTORY NOT SIGNIFICANT
 RELEVANT PERSONAL HISTORY MARRIED, 01 CHILD, NON VEG.
 MENSTRUAL HISTORY (FOR FEMALES) NOT SIGNIFICANT
 LMP (FOR FEMALES) 28/02/2023
 OBSTETRIC HISTORY (FOR FEMALES) P1A1L1- N/D.
 LCB (FOR FEMALES) 03 YRS.
 RELEVANT FAMILY HISTORY NOT SIGNIFICANT
 OCCUPATIONAL HISTORY HOME MAKER.
 HISTORY OF MEDICATIONS NOT SIGNIFICANT

*** ANTHROPOMETRIC DATA & BMI**

HEIGHT IN METERS	1.60	mts
WEIGHT IN KGS.	48	Kgs
BMI	19	

BMI & Weight Status as follows: kg/sqmts
 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



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NECK LYMPHATICS / SALIVARY GLANDS		NOT ENLARGED OR TENDER		
THYROID GLAND		NOT ENLARGED		
CAROTID PULSATION		NORMAL		
BREAST (FOR FEMALES)		NORMAL		
TEMPERATURE		NORMAL		
PULSE		71/MIN REGULAR, ALL PERIPHERAL PULSES WELL FELT, NO CAROTID BRUIT		
RESPIRATORY RATE		NORMAL		
* CARDIOVASCULAR SYSTEM				
BP		107/74 MM HG (SITTING)		mm/Hg
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		
ANY OTHER COMMENTS		NIL		
* CENTRAL NERVOUS SYSTEM				
HIGHER FUNCTIONS		NORMAL		
CRANIAL NERVES		NORMAL		
CEREBELLAR FUNCTIONS		NORMAL		
SENSORY SYSTEM		NORMAL		
MOTOR SYSTEM		NORMAL		



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REFLEXES		NORMAL		
* MUSCULOSKELETAL SYSTEM				
SPINE		NORMAL		
JOINTS		NORMAL		
* BASIC EYE EXAMINATION				
CONJUNCTIVA		PALLOR		
EYELIDS		NORMAL		
EYE MOVEMENTS		NORMAL		
CORNEA		NORMAL		
DISTANT VISION RIGHT EYE WITHOUT GLASSES		6/18		
DISTANT VISION LEFT EYE WITHOUT GLASSES		6/9		
NEAR VISION RIGHT EYE WITHOUT GLASSES		N/6		
NEAR VISION LEFT EYE WITHOUT GLASSES		N/6		
COLOUR VISION		NORMAL		
* BASIC ENT EXAMINATION				
EXTERNAL EAR CANAL		NORMAL		
TYMPANIC MEMBRANE		NORMAL		
NOSE		NO ABNORMALITY DETECTED		
SINUSES		NORMAL		
THROAT		NORMAL		
TONSILS		NOT ENLARGED		
* BASIC DENTAL EXAMINATION				
TEETH		NORMAL		
GUMS		HEALTHY		
ANY OTHER COMMENTS		NIL		
* SUMMARY				
RELEVANT HISTORY		NOT SIGNIFICANT		
RELEVANT GP EXAMINATION FINDINGS		NOT SIGNIFICANT		
RELEVANT LAB INVESTIGATIONS		WITHIN NORMAL LIMITS		
RELEVANT NON PATHOLOGY DIAGNOSTICS		USG ABD - ? CYSTITIS		
REMARKS / RECOMMENDATIONS		OPHTHALMOLOGIST CONSULTATION INV - CAL, VIT D, B12		
* FITNESS STATUS				
FITNESS STATUS		FIT (WITH MEDICAL ADVICE) (AS PER REQUESTED PANEL OF TESTS)		



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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.

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, Vasculities, 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.

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 sothat 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 patients metabolic control has remained continuously within the target range.

1. eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.



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PATIENT NAME : PRIYANKA BHOJ

PATIENT ID : PRIYF13039662

ACCESSION NO : 0062WC002462 AGE : 27 Years SEX : Female

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

HbA1c Estimation can get affected due to :

- 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.
- Vitamin C & E are reported to falsely lower test results. (possibly by inhibiting glycation of hemoglobin).
- 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.
- Interference of hemoglobinopathies in HbA1c estimation is seen in

- Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
 - Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
 - 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-

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 (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, Pagets disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia, Malnutrition, Protein deficiency, Wilsons 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.

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, Waldenstroms 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 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, Muscuophy

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- 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, Waldenstroms 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.

ABO GROUP & RH TYPE, EDTA WHOLE 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



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PATIENT NAME : PRIYANKA BHOJ **PATIENT ID : PRIYF13039662**

ACCESSION NO : **0062WC002462** AGE : 27 Years SEX : Female

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availability of the same."

The test is performed by both forward as well as reverse grouping methods.

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.



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MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

*** ULTRASOUND ABDOMEN**

ULTRASOUND ABDOMEN

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size, outline & normal echotexture. No obvious focal parenchymal lesion/biliary dilatation is seen. Hepatic veins and portal venous radicals are normal.

Gall bladder well distended and reveals an echo-free lumen. No wall edema is seen.

No evidence of any calculus, mass lesion or any other abnormality is seen in gall bladder.

Common bile duct is not dilated. Portal vein is normal in course and caliber.

Pancreas

Pancreas is normal in size, outline and echotexture. No evidence of any focal lesion or calcification is seen.

Pancreatic duct is not dilated.

Spleen

Spleen is normal in size, outline and echotexture .No focal lesion/ calcification is seen.

Kidneys

Both kidneys are normal in size, outline and echotexture. Corticomedullary differentiation is well maintained. Parenchymal thickness is normal. No mass lesion, calculus or hydronephrosis is seen.

No significant retroperitoneal lymphadenopathy/ascites is seen.

Urinary Bladder

Urinary bladder is adequately distended with normal outline. No mass lesion, calculus or diverticulum is noted in the urinary bladder. Urinary bladder wall thickness is normal. **Echoes are seen in bladder lumen- likely cystitis. Adv- Urine R/M.**

Uterus

Uterus is anteverted with normal in size outline and echotexture. Endometrial thickness is 10mm. No obvious myometrial/endometrial pathology seen.

Both adnexae

Both ovaries are normal in size, outline and echotexture. No focal lesion is seen.

No obvious adnexal pathology is seen.

POD is clear.



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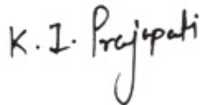
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Correlate clinically

****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.



Dr. Kamlesh I Prajapati
Consultant Pathologist

CONDITIONS OF LABORATORY TESTING & REPORTING

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form. 2. All tests are performed and reported as per the turnaround time stated in the SRL Directory of Services. 3. Result delays could occur due to unforeseen circumstances such as non-availability of kits / equipment breakdown / natural calamities / technical downtime or any other unforeseen event. 4. A requested test might not be performed if: <ol style="list-style-type: none"> i. Specimen received is insufficient or inappropriate ii. Specimen quality is unsatisfactory iii. Incorrect specimen type iv. Discrepancy between identification on specimen container label and test requisition form | <ol style="list-style-type: none"> 5. SRL confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity. 6. Laboratory results should not be interpreted in isolation; it must be correlated with clinical information and be interpreted by registered medical practitioners only to determine final diagnosis. 7. Test results may vary based on time of collection, physiological condition of the patient, current medication or nutritional and dietary changes. Please consult your doctor or call us for any clarification. 8. Test results cannot be used for Medico legal purposes. 9. In case of queries please call customer care (91115 91115) within 48 hours of the report. |
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