Mrs. SHALINI JAJHARIYA

AGE - 32

Weight - 53.90

Height - 164

BP - 114/68

Fasting condition

Time in - 12.33 PM

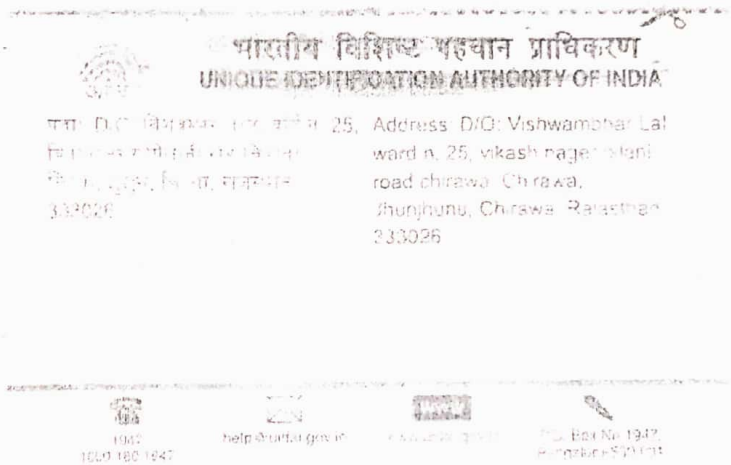
Time out - 2.40 PM


भारत सरकार
GOVERNMENT OF INDIA

शालिनी झाझरिया
Shalini Jhajharia
जन्म वर्ष / Year of Birth 1989
महिला / Female

6676 3376 1940

आम आदमी का अधिकार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UNIQUE IDENTIFICATION AUTHORITY OF INDIA

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Box No. 1947

Dr. C.K. PALIWAL
M S. (Gen. Surgery)
MC-5163/14 1

17 APR 2022

AERAL Diagnostics & Research Centre

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: www.aeraldiagnosticsresearch.com

Date :- 17/04/2022 12:53:52 | Patient ID :-102280
NAME :- Mrs. JHAJHARIA SHALINI | Ref. By Doctor:-
Sex / Age :- Female 31 Yrs | Lab/Hosp :-
Company :- MEDI WHEEL

Sample Type :- EDTA | Sample Collected Time17/04/2022 13:15:54 | Final Authentication : 18/04/2022 13:30:27

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Full Body Health Checkup Female Below 40			
COMPLETE BLOOD COUNT..			
HAEMOGLOBIN (Hb)..	**10.7** L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT..	7.93	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	64.0	%	40.0 - 80.0
LYMPHOCYTE	28.0	%	20.0 - 40.0
EOSINOPHIL	3.0	%	1.0 - 6.0
MONOCYTE	5.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
IMMATURE GRANULOCYTES	0.0	%	0.0 - 0.6
NEUT#	5.12	10^3/uL	1.50 - 7.00
LYMPH#	2.22	10^3/uL	1.00 - 3.70
EO#	0.29	10^3/uL	0.00 - 0.40
MONO#	0.30	10^3/uL	0.00 - 0.70
BASO#	0.00	10^3/uL	0.00 - 0.10
IMMATURE GRANULOCYTES#	0.00	10^3/uL	0.00 - 0.06
TOTAL RED BLOOD CELL COUNT (RBC)	4.07	x10^6/uL	3.80 - 4.80
HEMATOCRIT (HCT)	37.00	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	91.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	**26.3** L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	**28.9** L	g/dL	31.5 - 34.5
PLATELET COUNT	386	x10^3/uL	150 - 410
RDW-CV	**16.3** H	%	11.6 - 14.0
MENTZER INDEX	22.36		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.
If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

(CBC): Methodology: TLC,DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance. and **MCH,MCV,MCHC,MENTZER INDEX** are calculated. **InstrumentName:**ZYBIO Fully Automatic analyzer

Erythrocyte Sedimentation Rate (ESR)..	17	mm/Ist hr.	00 - 20
Method:- Westergreen with citrate blood			

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval

(ESR) Methodology:Westergreen Method with citrate blood. **InstrumentName** Done manually **Interpretation**: ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.The test is used to detect, follow course of a certain disease (e.g-tuberculosis,rheumatic fever, myocardial infarction).Levels are higher in pregnancy due to hyperfibrinogenaemia. The "3-figure ESR" x >100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue disease.

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Patient ID :-102280
Ref. By Doctor:-
Lab/Hosp :-

Sample Type :- URINE
Sample Collected Time17/04/2022 13:15:54
Final Authentication : 18/04/2022 13:26:46

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine Examination			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH)	7.0		5.0 - 7.5
SPECIFIC GRAVITY	1.010		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		

Collected Sample Received

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Sample Type :- STOOL | Sample Collected Time17/04/2022 13:15:54 | Final Authentication : 18/04/2022 13:26:46

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
STOOL ROUTINE			
PHYSICAL EXAMINATION			
COLOUR	YELLOW		
CONSISTENCY	SEMI SOLID		
MUCUS	ABSENT		
BLOOD	ABSENT		
MICROSCOPIC EXAMINATION			
RBC's	NIL	/HPF	
WBC/HPF	NIL	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	ABSENT		

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Sex / Age :- Female 31 Yrs
Company :- MEDI WHEEL

Patient ID :-102280
Ref. By Doctor:-
Lab/Hosp :-

Sample Type :- EDTA, KOx/Na FLUORIDE-F, K2EDTA Sample Collected Time 17/04/2022 13:15:54 Final Authentication : 18/04/2022 13:30:27

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO..	"A" POSITIVE		

BLOOD GROUP ABO Methodology : Haemagglutination reaction **Kit Name :** Monoclonal agglutinating antibodies **(Span clone)**

FASTING BLOOD SUGAR (Plasma).. Method - GOD PAP	79.3	mg/dl	75.0 - 115.0

Impaired glucose tolerance (IGT)	111 - 125 mg/dL
Diabetes Mellitus (DM)	> 126 mg/dL

Instrument Name: ERBA **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders.Decreased glucose levels(hypoglycemia) may result from excessive insulin therapy or various liver diseases .

BLOOD SUGAR PP (Plasma).. Method - GOD PAP	81.7	mg/dl	70.0 - 140.0

Instrument Name: ERBA **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders.Decreased glucose levels(hypoglycemia) may result from excessive insulin therapy or various liver diseases .

URINE SUGAR PP	Nil		Nil

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	4.9	%	0 - 6.0
MEAN PLASMA GLUCOSE Method - Calculated Parameter	94	mg/dL	90 - 120 Very Good Control 121 - 150 Adequate Control 151 - 180 Suboptimal Control 181 - 210 Poor Control >211 Very Poor Control

Interpretation:
Hemoglobin A1c % Degree of Glucose Control
>8 Action Suggested
<7 Goal
<6 Non-Diabetic Level
NOTE : Average blood glucose level done by calculation

Clinical Information: Hemoglobin is the oxygen-carrying pigment that gives blood its red color and is also the predominant protein in red blood cells. About 90% of hemoglobin is hemoglobin A. Although one chemical component accounts for 92% of hemoglobin A, approximately 8% of hemoglobin A is made up of minor components that are chemically slightly different. These minor components include hemoglobin A1c, A1b, A1a1, and A1a2. Hemoglobin A1c (HbA1c) is a minor component of hemoglobin to which glucose is bound. HbA1c also is sometimes referred to as Glycosylated or Glycosylated Hemoglobin or Glycohemoglobin. In addition to random fasting blood glucose levels, HbA1c levels are routinely measured in the monitoring of people with diabetes. HbA1c levels depend on the blood glucose concentration. That is, the higher the glucose concentration in blood, the higher the level of HbA1c. Levels of HbA1c are not influenced by daily fluctuations in the blood glucose concentration but reflect the average glucose levels over the prior six to eight weeks. Therefore, HbA1c is a useful indicator of how well the blood glucose level has been controlled in the recent past (over two to three months) and may be used to monitor the effects of diet, exercise, and drug therapy on blood glucose in people with diabetes

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM GAMMA GT.. Method:- IFCC	21.00	U/L	7.00 - 32.00

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE..			
SERUM TOTAL T3.. Method - Chemiluminescence(Competitive immunoassay)	1.240	ng/ml	0.600 - 1.810
SERUM TOTAL T4.. Method - Chemiluminescence(Competitive immunoassay)	8.954	ug/dl	5.500 - 11.000
SERUM TSH.. Method:- Enhanced Chemiluminescence Immunoassay	4.020	µIU/mL	0.350 - 5.500

InstrumentName: Maglumi 800 **Interpretation:** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state.A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease.T3 concentrations may be altered in some conditions, such as pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration.Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

InstrumentName: Maglumi 800 **Interpretation** :The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4.Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

InstrumentName: Maglumi 800 **Interpretation** :TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00
Children/ Age	**REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)**
1-2days	3.20-34.6
3-4days	0.70-15.4
15days-5 Month	1.70-9.10
5 Month - 20 Years	0.10-6.40

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
RENAL FUNCTION TEST (RFT / KFT)..			
SERUM UREA.. Method:- GLDH-Urease	35.60	mg/dl	10.00 - 50.00
BLOOD UREA NITROGEN (BUN).. Method:- Calculated Parameter	16.6	mg/dl	0.0 - 23.0
SERUM CREATININE.. Method:- Jaffe's	0.98	mg/dl	Men - 0.7-1.30 Women - 0.6-1.10
SERUM URIC ACID.. Method - Uricase - Trinder, End Point	4.65	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7
SERUM CALCIUM.. Method:- OCPC, End Point	9.58	mg/dl	8.60 - 10.20

UREA Methodology:GLDH Urease Method **InstrumentName** :Erba
Interpretation : Urea measurements are used in the diagnosis and treatment of certain renal and metabolic diseases.

BUN Methodology : Calculated Method **Instrument Name:** Erba
Interpretation: Increased BUN may be due to prerenal causes (cardiac decompensation,water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis) and post renal causes (e.g. all types of obstruction of the urinary tract, such as stones, enlarged prostate gland , tumors)

CREATININE Methodology : Jaffe's Method **InstrumentName** Erba
Interpretation : Creatinine is measured primarily to assess kidneyfunction and has certain advantages over the measurement of urea. The plasma level of creatinine is relatively independent of protein ingestion, water intake, rate of urine production and exercise. Depressed levels of plasma creatinine are rare and not clinically significant.

URIC ACID Methodology Uricase - Trider method **InstrumentName** Erba
Interpretation Elevated Urate High purine diet,Alcohol•Renal insufficiency,Drugs , Polycythaemia vera, Malignancies,Hypothyroidism,Rare enzyme defects ,Downs syndrome,Metabolic syndrome, Pregnancy,Gout.

CALCIUM (Ca) Methodology: OCPC method InstrumentName Erba
Interpretation:Serum calcium levels are believed to be controlled by parathyroid hormone and vitamin D. Increases in serum PTH or vitamin D are usually associated with hypercalcemia .Hypocalcemia may be observed in hypoparathyroidism, nephrosis and pancreatitis.

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE..			
TOTAL CHOLESTEROL.. Method - Enzymatic Endpoint Method	156.60	mg/dl	Desirable <200 Borderline 200-239 High> 240
InstrumentName: ERBA **Interpretation:** Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES.. Method:- GPO-PAP	82.60	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL.. Method - PTA-Method	49.60	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL.. Method - Direct clearance Method	90.48	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	16.52	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.16		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	1.82		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	455.53	mg/dl	400.00 - 1000.00

TOTAL CHOLESTEROL Instrument Name:Erba **Interpretation**: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.

TRIGLYCERIDES Instrument Name:Erba **Interpretation** : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.

DIRECT HDLCHOLESTERO InstrumentName:Erba **Interpretation:** An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies.Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.

DIRECT LDL-CHOLESTEROL InstrumentName:Erba **Interpretation:** Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.

TOTAL LIPID AND VLDL ARE CALCULATED.

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER FUNCTION TEST..			
SERUM BILIRUBIN (TOTAL) Method - Diazo	0.70	mg/dl	Adult Up to - 2.0 Cord blood <2 Premature <6 days < 14 mg/dL Full-term <6 days < 12 mg/dL One month - <12 month < 2 mg/dL 1-19 Years <1.5 mg/dl (ACCP 2021)
SERUM BILIRUBIN (DIRECT) Method - Diazo	0.20	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method - Calculated	0.50	mg/dl	0.30 - 0.70
SGOT.. Method - IFCC	25.6	U/L	Men- Up to - 35.0 Women - Up to - 31.0
SGPT.. Method - IFCC	24.6	U/L	Men- Up to - 45.0 Women - Up to - 34.0
SERUM ALKALINE PHOSPHATASE.. Method - IFCC	65.80	IU/L	42.00 - 98.00
SERUM TOTAL PROTEIN.. Method - Biuret Reagent	7.64	g/dl	6.40 - 8.30
SERUM ALBUMIN.. Method - Bromocresol Green	4.65	g/dl	3.50 - 5.20
SERUM GLOBULIN.. Method - CALCULATION	2.99	gm/dl	2.20 - 3.50
A/G RATIO	1.56		1.30 - 2.50

Total Bilirubin Methodology Diazomethod InstrumentName Erba Interpretation An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in rhesus incompatible babies High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

Direct Bilirubin Methodology Diazo Method InstrumentName Erba Interpretation High levels of conjugated or direct bilirubin indicate that bile is not being properly excreted, therefore an obstruction may be present in the bile duct or gall bladder. Indirect bilirubin is calculated.

AST Aspartate Aminotransferase Methodology IFCC **InstrumentName** Erba **Interpretation** Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

ALT Alanine Aminotransferase Methodology IFCC**InstrumentName** Erba **Interpretation:** The enzyme ALT has been found to be in highest concentrations in the liver with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology IFCC InstrumentName Erba Interpretation Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobilary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

TOTAL PROTEIN Methodology Biuret Reagent **InstrumentName** Erba **Interpretation** Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

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M.S. (Gen. Surgery)
RMC-5163/14

Technologist

Dr.B.R.N. SRIVASTAV
Consultant Pathologist

This report is not valid for any medico legal purposes

Note: The above result are subject to variation due to technical limitation hence correlation with clinical finding and other investigation should be d

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Date :- 17/04/2022 12:53:52
NAME :- Mrs. JHAJHARIA SHALINI
Sex / Age :- Female 31 Yrs
Company :- MEDI WHEEL

Patient ID :-102280
Ref. By Doctor:-
Lab/Hosp :-

Sample Type :- PLAIN/SERUM, URINE
Sample Collected Time17/04/2022 13:15:54
Final Authentication : 18/04/2022 13:27:03

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval

ALBUMIN (ALB) Methodology: Bromocresol Green **InstrumentName**: Erba **Interpretation:** Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

URINE SUGAR (FASTING)	Nil		Nil

Collected Sample Received

*** End of Report ***

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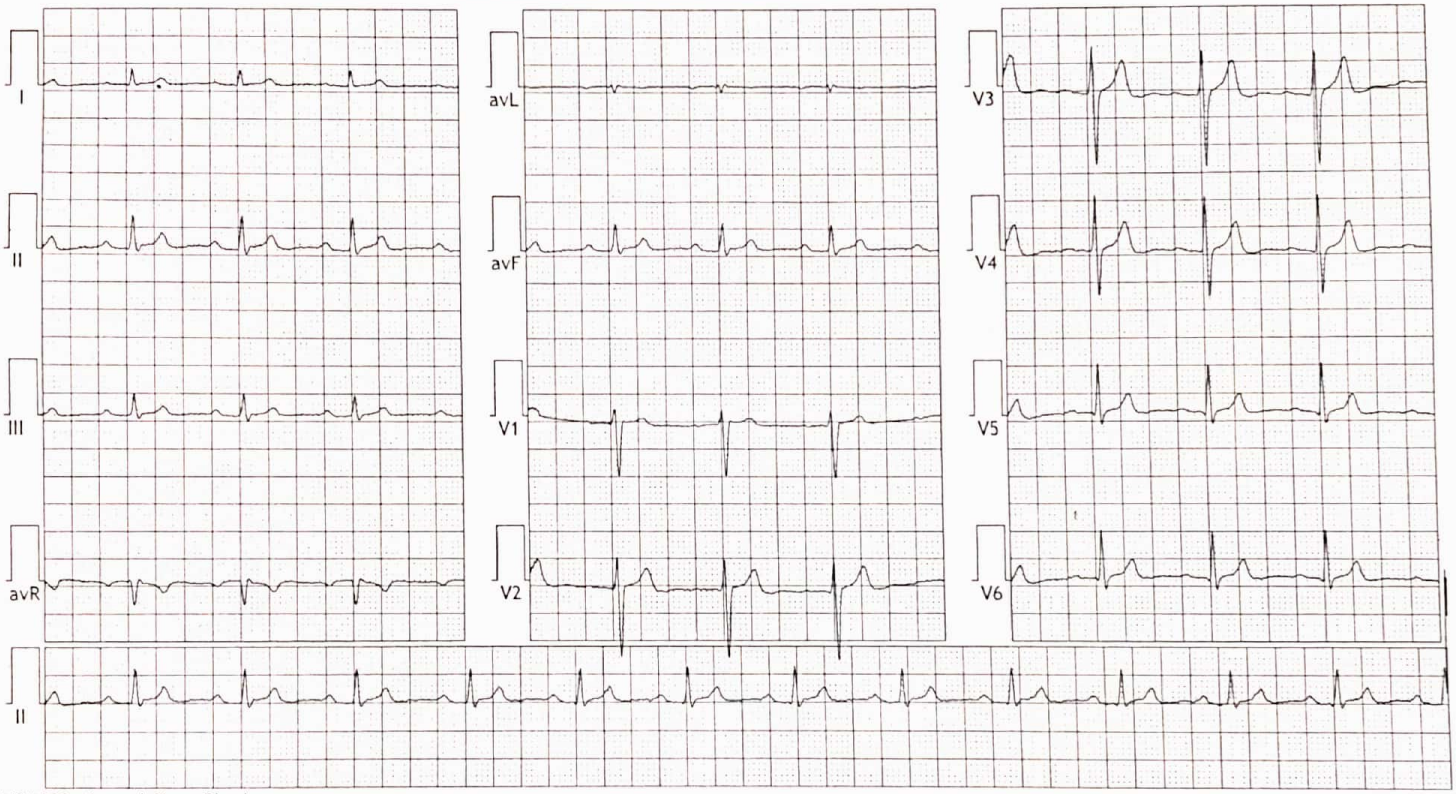
AERAL DIAGNOSTICS & RESEARCH CENTRE
91/44 PATEL MARG MANSAROVAR JAIPUR
21/Shalini Jajhariya 32Yrs/Female 58 Kgs/164 Cms BP: 000/000 mmHg
Ref.: Test Date: 17-Apr-2022(13:49:13) Notch: 50Hz 0.05Hz - 35Hz 10mm/mV 25mm/Sec

HR: 77 bpm

PR Interval: 204 ms
QRS Duration: 114 ms
QT/QTc: 322/365ms
P-QRS-T Axis: 77 - 64 - 65 (Deg)



FINDINGS: Normal Sinus Rhythm
Vent Rate : 77 bpm; **PR Interval :** 204 ms; **QRS Duration:** 114 ms; **QT/QTc Int :** 322/365 ms
P-QRS-T axis: 77• 64• 65• (Deg)
Comments :

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