

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Hematology Analysis Report

First Name: SANDEEP SAINI Sample Type:

Last Name:

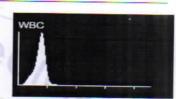
Department: Med Rec. No .: Sample ID: 10

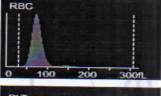
Test Time: 24/11/2023 12:38

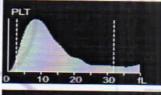
Diagnosis:

Gender: Male

Age:					
Parameter	Result		Ref. Range	Unit	
1 WBC	4.58		4.00-10.00	10^3/uL	
2 Neu%	48.5	L	50.0-70.0	%	
3 Lym%	46.4	H	20.0-40.0	%	
4 Mon%	2.8	L	3.0-12.0	%	
5 Eos%	1.4		0.5-5.0	%	
6 Bas%	0.9		0.0-1.0	%	
7 Neu#	2.22		2.00-7.00	10^3/uL	
8 Lym#	2.13		0.80-4.00	10^3/uL	
9 Mon#	0.13		0.12-1.20	10^3/uL	
10 Eos#	0.06		0.02-0.50	10^3/uL	
11 Bas#	0.04		0.00-0.10	10^3/uL	
12 RBC	4.35		3.50-5.50	10^6/uL	
13 HGB	12.7		11.0-16.0	g/dL	
14 HCT	34.8	L	37.0-54.0	%	
15 MCV	79.9	L	80.0-100.0	fL	
16 MCH	29.1		27.0-34.0	pg	
17 MCHC	36.4	Н	32.0-36.0	g/dL	
18 RDW-CV	12.8		11.0-16.0	%	
19 RDW-SD	41.8	- 1	35.0-56.0	fL	
20 PLT	215	- 1	100-300	10^3/uL	•
21 MPV	9.0	- 1	6.5-12.0	fL	
22 PDW	11.5	- 1	9.0-17.0		
23 PCT	0.193	- 1	0.108-0.282	%	
24 P-LCR	29.4		11.0-45.0	%	
25 P-LCC	63		30-90	10^3/uL	













March Khedel

Dr. Mamta Khuteta M D. (Path.)

RMC No : 4720/16260

Operator: admin Approver:
Draw Time: 24/11/2023 12:36 Received Time: 24/11/2023 12:36 Validated Time:
Remarks:

*The Report is responsible for this sample only. If you have any questions, please contact us in 24 hours





D.I.C. No. 17/17/12



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NABL CERTIFICATE NO. MC-5346

Patient Name: SANDEEP SAINI

Sr. No. : 75156 Patient ID No.: 143 : MALE Gender

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Registered on : 24-11-2023

02:50 PM Collected On : 24-11-2023 02:50 PM

Received On : 24-11-2023 02:50 PM Reported On : 06-12-2023 11:46 AM

Bar Code LIS Number

HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
BLOOD GROUPING (ABO & Rh)	B+ Positive	1/2	

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	5.00	%	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.10 - 8.00 Adeqate Control 8.10 - 9.00 Suboptimal Control 9.10 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control
eAG (Estimated Average Glucose)	96.80	mg/dL	(1)
eAG (Estimated Average Glucose)	5.37	mmol/L	-5

Method: Fluorescence Immunoassay Technology

Sample Type: EDTA Blood

Test Performed by:-

Fully Automated (EM 200) ERBA MANNHEIM.

Gycosylated Hemoglobin Testing is Recommended for both (a) Checking Blood Sugar Control in People who might be Pre-Diabetic. (b) Monitoring Blood Sugar Control in patients in more elevated levels, termed Diabetes Mellitus. The American Diabetic Association suggests that the Glycosylated Hemoglobin Test be Performed atleast Two Times in Year in Patients with Diabetes that are meeting Treatement Goals (and That have stable glycemic Control) and Quarterly in Patients with Diabetes whos therapy has changed or that are not meeting Glycemic Goals.

Glycosylated Hemoglobin measurement is not appropriate where there has been change in diet or Treatment within 6 Weeks. Hence people with recent Blood Loss, Hemolytic Aneamia, or Genetic Differences in the Hemoglobin Molecule (Hemoglobinopathy) such as Sickle-cell Disease and other Conditions, as well as those that have donated Blood recently, are not suitable for this Test.

BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method: GOD-POD)	89.00	mg/dL	Glucose Fasting Cord: 45-96 New born, 1d: 40 -60 New born,>1d: 50-80 Child: 60-100 Adult: 74-100 >60 Y: 82-115 >90 Y: 75-121

Ashich sethi

Dr. Ashish Sethi Consultant Biochemist

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KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method : Urease-GLDH)	25.00	mg/dL	Adults Women < 50 years : 13-40 Women > 50 years : 21-43 Men < 50 years : 19-45 Men > 50 years : 18-55 Children 1-3 years : 11-36 4-13 years : 15-36 13-19 years : 18-45
Creatinine (Method : Enzymatic Creatininase)	0.90	mg/dL	,0.61.30
Calcium	10.52	mg/dL	8.511
Uric Acid (Method: Uricase-POD)	4.19	mg/dL	2.47.2



Dr. Ashish Sethi Consultant Biochemist Marita Khuteta Dr.Mamta Khuteta M.D.(Path.) RMC No. 4720

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BIO-CHEMISTRY

Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.:-UV Kinetic)	33.00	U/L	540
SGPT/ALT(Tech.:-UV Kinetic)	26.00	U/L	540
Bilirubin(Total)(Tech.:-Jendrassik Grof)	0.95	mg/dL	0.11.1
Bilirubin(Direct)	0.18	mg/dL	00.3
Bilirubin(Indirect)	0.77	mg/dL	0.11.0
Total Protein(Tech.:-Biuret)	7.06	gm/dL	68
Albumin(Tech.:-BCG) (Method:BCG)	3.98	gm/dL	0-4 days:2.8-4.4 4d-14 yrs 3.8-5.4 14y-18y : 3.2-4.5 Adults 20-60 yrs: 3.5-5.2 60-90 yrs: 3.2-4.6
Globulin(CALCULATION)	3.08	gm/dL	2.54.5
A/G Ratio(Tech.:-Calculated)	1.29	- Charles	1.2 2.5
Alkaline Phosphatase(Tech.:-Pnp Amp Kinetic)	165.00	U/L	108-306

Dr. Ashish Sethi Consultant Biochemist

M.D.(Path.) RMC No. 4720/162

Martin Khuleta Dr.Mamta Khuteta

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LIPID PROFILE COMPLETE

Test Name		Observed Values	Units	Reference Intervals	
Cholesterol (Method: CHOD-PAP)	02111	209.00		Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199	
HDL Cholesterol	/	52.00	mg/dL	3588	
Triglycerides (Method: GPO)		151.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499	
LDL Cholesterol	Н	126.80	mg/dL	0100	
VLDL Cholesterol		30.20	mg/dL	035	
TC/HDL Cholestrol Ratio		4.02	Ratio	2.55	
LDL/HDL Ratio		2.44	Ratio	1.53.5	

Dr. Ashish Sethi Consultant Biochemist

Martin Khuteta Dr.Mamta Khuteta M.D.(Path.) RMC No. 4720/16

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NABL CERTIFICATE NO. MC-5346

Name :-

Sex / Age :-

Mr. SANDEEP SAINI

Male

Doctor :-Client Name :-

MEDI WHEEL HEALTH CHECK UP

Sample Type :-Serum Patient ID / CCL No:-102340931

Sample Collected :- 25/11/2023 11:38:3

Sample Received on: 25-11-2023 11:39:42

Report Released on: 25-11-2023 15:38:58

Barcode

TEST NAME

VALUE

UNIT

REFERENCE RANGE

TFT

T3 (TOTAL TRIIODOTHYRONINE) (Tech.:- Chemiluminescence Immunoassay) 139.00

ng/dl

100 - 740 : 0-30 Days 105 - 207 : 1-12 Yrs. 86 - 192: 13-20 Yrs.

70 - 204 : Adults

T4 (TOTAL THYROXINE)

(Tech.:- Chemiluminescence Immunoassay)

8.79

ug/dl

11.80 - 22.60 < 1 Week

9.80 - 16.60 1-4 Wks. 5.50 - 12.10 : 2-12 Yrs.

5.50 - 11.10: 13-20 Yrs. 4.60 - 12.50 Adults

TSH. (Ultra Sensitive)

(Tech.:- Chemiluminescence Immunoassay)

1.17

uIU/ml

0.52 - 16.00 : 1-30 Days

0.46 - 8.10 : 1 mnt - 5 Yrs. 0.35 - 5.50 : Adults

INTERPRETATION

1. Remark - Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin) Nephrosis etc.

2. Remark - Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 give corrected values. 3.Total T3 may decrease by <25 percent in healthy older individuals.

3. Remark - TSH values may be transiently altered because of non-thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc 2.Drugs that decrease TSH values e.g: L-dopa, Glucocorticoids Drugs that increase TSH values e.g. lodine, Lithium, and Amiodaron. Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH and a low T4 and low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate TSH produced from the pituitary and so one tends to see low or normal TSHs, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary- adrenal axis. The third type of under-functioning is due to poor conversion of T4 to T3. This requires enzymes and co-factors, in particular selenium, zinc and iron. In this condition there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of T3. This requires micronutrients and also T3 to correct.

End of Report

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DR. ASHISH SETH Consultant Biochemist



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URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL		100	·
Quantity		ml	
Colour	Pale Yellow	1 1	
Appearance / Transparency	Clear		6
Specific Gravity	1.015		100
PH	5.5		4.56.5
CHEMICAL			(D)
Reaction	Acidic		2
Albumin	TRACE		2
Urine Sugar	Nil		
MICROSCOPIC		1794	0
Red Blood Cells	Nil	/h.p.f.	22/
Pus Cells	46	/h.p.f.	10/
Epithelial Cells	01	/h.p.f.	3 /
Crystals	Nil	/h.p.f.	1
Casts	Nil	/h.p.f.	/
Bactria	Nil	/h.p.f.	
Others	Nil -	/h.p.f.	

Test Name	Observed Values	Units	Reference Intervals
URINE SUGAR FASTING	Nil		

END OF REPORT >>> Results relate only to the sample as received. Kindly correlate with clinical condition. <<<

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Dr. Ashish Sethi Consultant Biochemist

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