





Sex/Age : Female / 37 Years Case ID: 30908001148

: Mrs. NEERAJ SAINI Name Ref. By : MEDIWHEEL FULL BODY HEALTH Pt. ID Dis. At

**CHECKUP FEMALE ABOVE 40** 

Bill. Loc. : SPH OPD Pt. Loc

Reg Date and Time : 23-Sep-2023 09:21 Sample Type : Whole Blood EDTA Mobile No. : Ref Id1 Sample Date and Time : 23-Sep-2023 09:21 Sample Coll. By : non

: 23-Sep-2023 11:08 Acc. Remarks Ref Id2 Report Date and Time

TEST		RESULTS	ı	UNI <sup>-</sup>	Т	BIOLOGICAL RE	F. INTERV	AL	REMARKS
HAEMOGRAM REPORT									
HB AND INDICES									
Haemoglobin	L	11.6		G%	, D	12.0 - 15.0			
RBC (Electrical Impedance)		4.29	millions/cumm		3.80 - 4.80				
PCV(Calc)		37.49		%		36.00 - 46.00			
MCV (RBC histogram)		87.4		fL		83.00 - 101.00			
MCH (Calc)	L	26.9		pg		27.00 - 32.00			
MCHC (Calc)	L	30.8		gm/	/dL	31.50 - 34.50			
RDW (RBC histogram)		14.30		%		11.00 - 16.00			
TOTAL AND DIFFERENTIAL WBC COUNT									
Total WBC Count		7610		/µL		4000.00 - 10000	.00		
Neutrophil		[%] 61		%	<b>EXPECTED V</b> 40.00 - 70		[ Abs ] 4642	/µL	EXPECTED VALUES 2000.00 - 7000.00
Lymphocyte		29		%	20.00 - 40	.00	2207	/µL	1000.00 - 3000.00
Eosinophil		06		%	1.00 - 6.00	)	457	/µL	20.00 - 500.00
Monocytes		04		%	2.00 - 10.0	00	304	/µL	200.00 - 1000.00
Basophil		0.0		%	0.00 - 2.00	)	0	/µL	_ 0.00 - 100.00
PLATELET COUNT									
Platelet Count		259000		/µL		150000.00 - 410	00.00		
MPV		10.50		fL		6.5 - 12			
PDW	Н	16.1				8 - 13			
Method:									

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

TLC-SF cube technology(Flow Cytometry+ fluorescence),

Platelet count by electrical impedance+/-SF cube technology

Dr. Bijal Shah

DC by microscopy,

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Ref. By : MEDIWHEEL FULL BODY HEALTH Dis. At **CHECKUP FEMALE ABOVE 40** 

Bill. Loc. : SPH OPD Pt. Loc

Reg Date and Time : 23-Sep-2023 09:21 Sample Type : Whole Blood EDTA Mobile No. : Sample Date and Time : 23-Sep-2023 09:21 Ref Id1 Sample Coll. By : non

: 23-Sep-2023 14:59 Acc. Remarks Ref Id2 Report Date and Time

**TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS** 

HAEMATOLOGY INVESTIGATIONS

**ESR**Westergren Method H 25 mm after 1hr 3 - 20

**BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)** (Both Forward and Reverse Group)

**ABO Type** 

Rh Type **POSITIVE** 

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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: Mrs. NEERAJ SAINI Sex/Age : Female / 37 Years Case ID: 30908001148 Name

: MEDIWHEEL FULL BODY HEALTH Pt. ID Ref. By Dis. At **CHECKUP FEMALE ABOVE 40** 

Bill. Loc. : SPH OPD Pt. Loc :

Reg Date and Time : 23-Sep-2023 09:21 Sample Type Plasma Fluoride F, Plasma Mobile No. :

Fluoride PP,Whole Blood

**EDTA** 

Sample Date and Time : 23-Sep-2023 09:21 Sample Coll. By : non Ref Id1

Report Date and Time : 23-Sep-2023 12:24 Acc. Remarks Ref Id2

**TEST RESULTS** UNIT **BIOLOGICAL REF RANGE REMARKS** 

FUS: NIL 97.55 70 - 100 Plasma Glucose - F mg/dL

PPUS: NIL Plasma Glucose - PP 124.94 mg/dL 70 - 140

**Glycated Haemoglobin Estimation** 

HbA1C Immunoturbidimetric % of total Hb <5.7: Normal 5.0

5.7-6.4: Prediabetes

>=6.5: Diabetes

**Estimated Avg Glucose (3 Mths)** 96.80 mg/dL Not available

Please Note change in reference range as per ADA 2021 guidelines.

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.

In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Name : Mrs. NEERAJ SAINI Sex/Age : Female / 37 Years Case ID : 30908001148

Ref. By : MEDIWHEEL FULL BODY HEALTH Dis. At : Pt. ID : CHECKUP FEMALE ABOVE 40

Bill. Loc. : SPH OPD Pt. Loc

Reg Date and Time : 23-Sep-2023 09:21 Sample Type : Serum Mobile No. : Sample Date and Time : 23-Sep-2023 09:21 Sample Coll. By : non Ref Id1 :

Report Date and Time : 23-Sep-2023 11:09 Acc. Remarks : Ref Id2

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

## **BIOCHEMICAL INVESTIGATIONS**

# **Lipid Profile**

Cholesterol Colorimetric, CHOD-POD	Н	266.85	mg/dL	110 - 200
HDL Cholesterol		52.6	mg/dL	40 - 60
Triglyceride GPO-POD		124.71	mg/dL	40 - 200
VLDL Calculated		24.94	mg/dL	10 - 40
Chol/HDL Calculated	Н	5.07		0 - 4.1
LDL Cholesterol Calculated	Н	189.31	mg/dL	0.00 - 100.00

#### NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal<100	Desirable<200	Low<40	Normal<150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240		High 200-499
High 160-189	-		-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
  - Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- · LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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: Mrs. NEERAJ SAINI

Name





## LABORATORY REPORT

Ref. By : MEDIWHEEL FULL BODY HEALTH Dis. At : Pt. ID :

CHECKUP FEMALE ABOVE 40

Bill. Loc. : SPH OPD Pt. Loc :

Reg Date and Time : 23-Sep-2023 09:21 Sample Type : Serum Mobile No. : Sample Date and Time : 23-Sep-2023 09:21 Sample Coll. By : non Ref Id1 : Report Date and Time : 23-Sep-2023 12:25 Acc. Remarks : Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

## **BIOCHEMICAL INVESTIGATIONS**

## **Liver Function Test**

S.G.P.T.	Н	64.53	U/L	0 - 59
S.G.O.T.		53.30	U/L	
Alkaline Phosphatase Modified IFCC method		94.67	U/L	40 - 150
Proteins (Total) Colorimetric, Biuret		6.46	gm/dL	6.40 - 8.30
<b>Albumin</b> Bromo Cresol Green		4.72	g/dL	3.4 - 5.0
<b>Globulin</b> Calculated	L	1.74	gm/dL	2 - 4.1
A/G Ratio Calculated	Н	2.7		1.0 - 2.1
Bilirubin Total Photometry		0.88	mg/dL	0.3 - 1.2
Bilirubin Conjugated Diazotization reaction		0.23	mg/dL	0 - 0.50
Bilirubin Unconjugated Calculated		0.65	mg/dL	0 - 0.8

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



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RT REPORT

Name : Mrs. NEERAJ SAINI Sex/Age : Female / 37 Years Case ID : 30908001148

Ref. By : MEDIWHEEL FULL BODY HEALTH Dis. At : Pt. ID : CHECKUP FEMALE ABOVE 40

Bill. Loc. : SPH OPD Pt. Loc

Reg Date and Time : 23-Sep-2023 09:21 Sample Type : Serum Mobile No. : Sample Date and Time : 23-Sep-2023 09:21 Sample Coll. By : non Ref Id1 :

Report Date and Time : 23-Sep-2023 11:21 Acc. Remarks : Ref Id2 :

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen)		8.3	mg/dL	7.00 - 18.70	
Creatinine Jaffe compensated		0.58	mg/dL	0.55 - 1.02	
Uric Acid Uricase-Peroxidase method	Н	6.60	mg/dL	2.6 - 6.2	

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Sex/Age : Female / 37 Years

Case ID: 30908001148

: MEDIWHEEL FULL BODY HEALTH Ref. By

**CHECKUP FEMALE ABOVE 40** 

: Mrs. NEERAJ SAINI

Dis. At

Pt. ID

Bill. Loc. : SPH OPD

Name

: 23-Sep-2023 09:21 Sample Type : Serum

Reg Date and Time Sample Date and Time : 23-Sep-2023 09:21

Sample Coll. By : non

Mobile No. : Ref Id1

Pt. Loc

: 23-Sep-2023 12:24 Report Date and Time

Acc. Remarks

Ref Id2

**TEST RESULTS**  **UNIT BIOLOGICAL REF RANGE**  **REMARKS** 

# **BIOCHEMICAL INVESTIGATIONS**

## **Thyroid Function Test**

Triiodothyronine (T3)	1.52	ng/mL	0.70 - 2.04
Thyroxine (T4) CMIA	10.05	μg/dL	5.5 - 11.0
TSH	3.46	μIU/mL	0.4 - 4.2

#### **INTERPRETATIONS**

Useful for Monitoring patients on thyroid replacement therapy, Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine therapy, for Prediction of thyrotropin-releasing hormone-stimulated TSH response, as An aid in the diagnosis of primary hyperthyroidism, for Differential diagnosis of hypothyroidism.

The ability to quantitate circulating levels of thyroid-stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Concentrations of 5.1 mIU/mI to 7.0 mIU/ml are considered borderline hypothyroid

#### **CAUTIONS**

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone.

Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in Pregnacy Reference range (microIU/ml)

0.24 - 2.00 First trimester 0.43-2.2 Second trimester Third trimester 0.8 - 2.5

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Bill. Loc. : SPH OPD Pt. Loc

Reg Date and Time : 23-Sep-2023 09:21 | Sample Type : Spot Urine | Mobile No. : Sample Date and Time : 23-Sep-2023 09:21 | Sample Coll. By : non | Ref Id1 :

Report Date and Time : 23-Sep-2023 14:25 Acc. Remarks : Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

## URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour Pale yellow

Transparency Clear

Chemical Examination By Sysmex UC-3500

**Sp.Gravity** 1.015 1.003 - 1.035

рΗ 6.0 4.6 - 8 Leucocytes (ESTERASE) **Negative** Negative **Protein** Negative Negative Glucose **Negative** Negative **Ketone Bodies Urine** Negative Negative Urobilinogen **Normal** Negative Negative **Bilirubin** Negative **Blood** Negative Negative **Nitrite** Negative Negative

Flowcytometric Examination By Sysmex UF-5000

LeucocyteOccasional/HPFNilRed Blood CellNil/HPFNil

 Epithelial Cell
 1-2
 /HPF
 Present(+)

 Bacteria
 Nil
 /ul
 Nil

 Yeast
 Nil
 /ul
 Nil

 Cast
 Nil
 /LPF
 Nil

 Crystals
 Nil
 /HPF
 Nil

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Bill. Loc. : SPH OPD Pt. Loc

Report Date and Time : 23-Sep-2023 14:25 | Acc. Remarks : | Ref Id2 :

Parameter	Unit	Expected value	Result/Notations					
11/1/11			Trace	+	++	+++	++++	
рН	-	4.6-8.0	1 11 1 11 1	- 20			2 1111	
SG	-	1.003-1.035	100	100			2	
Protein	mg/dL	Negative (<10)	10	25	75	150	500	
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000	
<u>Bilirubin</u>	mg/dL	Negative (0.2)	0.2	1	3	6		
Ketone	mg/dL	Negative (<5)	5	15	50	150	21	
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-	
Parameter	Unit	Expected value		Result	/Notification	ons	20 181	
			Trace	+	++	+++	++++	
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-	
Nitrite(Strip)	-	Negative	-	-	-	_	-0	
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250	
Pus cells (Microscopic)	/hpf	<5	7.1	5	97.9	-	-	
Red blood cells(Microscopic)	/hpf	<2	27	-	-	-	-	

<2

 Fnd	Of	Report	
 LIIU	OI.	Lenoit	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

/lpf

Dr. Dilal

Dr. Bijal Shah

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Cast (Microscopic)

<sup>#</sup> For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.