

**DIAGNOSTIC REPORT**



Patient Ref. No. 31000004551628



CLIENT CODE : C000138363

Cert. No. MC-2396

**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  
 P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
 Salt Lake,  
 KOLKATA, 700091  
 WEST BENGAL, INDIA  
 Tel : 9111591115,  
 CIN - U74899PB1995PLC045956  
 Email : customercare.saltlake@srl.in

**PATIENT NAME : JHUMA KANJILAL**

PATIENT ID : **JHUMF12097231**

ACCESSION NO : **0031VK016078** AGE : 50 Years SEX : Female ABHA NO :

DRAWN : 19/11/2022 10:38:00 RECEIVED : 19/11/2022 10:49:13 REPORTED : 28/11/2022 13:49:35

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

**MEDI WHEEL FULL BODY HEALTH CHECKUP ABOVE 40FEMALE**

**BLOOD COUNTS, EDTA WHOLE BLOOD**

HEMOGLOBIN (HB)	12.2	12.0 - 15.0	g/dL
METHOD : SPECTROPHOTOMETRY			
RED BLOOD CELL (RBC) COUNT	4.27	3.8 - 4.8	mil/ $\mu$ L
METHOD : ELECTRICAL IMPEDANCE			
WHITE BLOOD CELL (WBC) COUNT	9.15	4.0 - 10.0	thou/ $\mu$ L
METHOD : ELECTRICAL IMPEDANCE			
PLATELET COUNT	209	150 - 410	thou/ $\mu$ L
METHOD : ELECTRONIC IMPEDANCE & MICROSCOPY			

**RBC AND PLATELET INDICES**

HEMATOCRIT (PCV)	<b>35.7</b>	<b>Low</b> 36 - 46	%
METHOD : CALCULATED			
MEAN CORPUSCULAR VOLUME (MCV)	83.7	83 - 101	fL
METHOD : ELECTRICAL IMPEDANCE			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	28.5	27.0 - 32.0	pg
METHOD : CALCULATED			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC)	34.0	31.5 - 34.5	g/dL
METHOD : CALCULATED			
RED CELL DISTRIBUTION WIDTH (RDW)	<b>14.9</b>	<b>High</b> 11.6 - 14.0	%
METHOD : ELECTRICAL IMPEDANCE			
MENTZER INDEX	19.6		
MEAN PLATELET VOLUME (MPV)	9.5	6.8 - 10.9	fL
METHOD : CALCULATED			

**WBC DIFFERENTIAL COUNT**

NEUTROPHILS	67	40 - 80	%
METHOD : FLOWCYTOMETRY, ELECTRONIC IMPEDANCE & MICROSCOPY.			
LYMPHOCYTES	25	20 - 40	%
METHOD : FLOWCYTOMETRY, ELECTRONIC IMPEDANCE & MICROSCOPY.			
MONOCYTES	6	2 - 10	%
METHOD : FLOWCYTOMETRY, ELECTRONIC IMPEDANCE & MICROSCOPY.			
EOSINOPHILS	2	1 - 6	%
BASOPHILS	0	0 - 2	%
METHOD : FLOWCYTOMETRY, ELECTRONIC IMPEDANCE & MICROSCOPY.			



**DIAGNOSTIC REPORT**



**CLIENT CODE :** C000138363

Cert. No. MC-2396

**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  
 P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
 Salt Lake,  
 KOLKATA, 700091  
 WEST BENGAL, INDIA  
 Tel : 9111591115,  
 CIN - U74899PB1995PLC045956  
 Email : customercare.saltlake@srl.in

**PATIENT NAME :** JHUMA KANJILAL

**PATIENT ID :** JHUMF12097231

**ACCESSION NO :** 0031VK016078 **AGE :** 50 Years **SEX :** Female **ABHA NO :**

**DRAWN :** 19/11/2022 10:38:00 **RECEIVED :** 19/11/2022 10:49:13 **REPORTED :** 28/11/2022 13:49:35

**REFERRING DOCTOR :** SELF

**CLIENT PATIENT ID :**

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

ABSOLUTE NEUTROPHIL COUNT		6.13	2.0 - 7.0	thou/ $\mu$ L
METHOD : FLOWCYTOMETRY & CALCULATED				
ABSOLUTE LYMPHOCYTE COUNT		2.29	1 - 3	thou/ $\mu$ L
METHOD : FLOWCYTOMETRY & CALCULATED				
ABSOLUTE MONOCYTE COUNT		0.55	0.20 - 1.00	thou/ $\mu$ L
METHOD : FLOWCYTOMETRY & CALCULATED				
ABSOLUTE EOSINOPHIL COUNT		0.18	0.02 - 0.50	thou/ $\mu$ L
METHOD : FLOWCYTOMETRY & CALCULATED				
ABSOLUTE BASOPHIL COUNT		<b>0.00</b>	<b>Low</b> 0.02 - 0.10	thou/ $\mu$ L
METHOD : FLOWCYTOMETRY & CALCULATED				

**MORPHOLOGY**

RBC		NORMOCYTIC NORMOCHROMIC		
METHOD : MICROSCOPIC EXAMINATION				
WBC		NORMAL MORPHOLOGY		
METHOD : MICROSCOPIC EXAMINATION				
PLATELETS		ADEQUATE		
METHOD : MICROSCOPIC EXAMINATION				

**ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD**

E.S.R		12	0 - 20	mm at 1 hr
METHOD : AUTOMATED (PHOTOMETRICAL CAPILLARY STOPPED FLOW KINETIC ANALYSIS)"				

**GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**

HBA1C		<b>5.9</b>	<b>High</b> 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)		<b>122.6</b>	<b>High</b> < 116.0	mg/dL



**DIAGNOSTIC REPORT**



**CLIENT CODE :** C000138363

Cert. No. MC-2396

**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  
 P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
 Salt Lake,  
 KOLKATA, 700091  
 WEST BENGAL, INDIA  
 Tel : 9111591115,  
 CIN - U74899PB1995PLC045956  
 Email : customercare.saltlake@srl.in

**PATIENT NAME :** JHUMA KANJILAL

**PATIENT ID :** JHUMF12097231

**ACCESSION NO :** 0031VK016078 **AGE :** 50 Years **SEX :** Female **ABHA NO :**

**DRAWN :** 19/11/2022 10:38:00 **RECEIVED :** 19/11/2022 10:49:13 **REPORTED :** 28/11/2022 13:49:35

**REFERRING DOCTOR :** SELF

**CLIENT PATIENT ID :**

**Test Report Status** Final **Results** **Biological Reference Interval** **Units**

**SRL LIMITED - KOLKATA REF. LAB**  
**Bio-Rad Variant II Turbo CDM 5.4 S/N : 13466**

**PATIENT REP**  
**V2TURBO\_A1c**

**Patient Data**

**Sample ID:** 3106589923  
**Patient ID:** 0031VK016078  
**Name:** JHUMAKANJILAL  
**Physician:**  
**Sex:**  
**DOB:**

**Analysis Data**

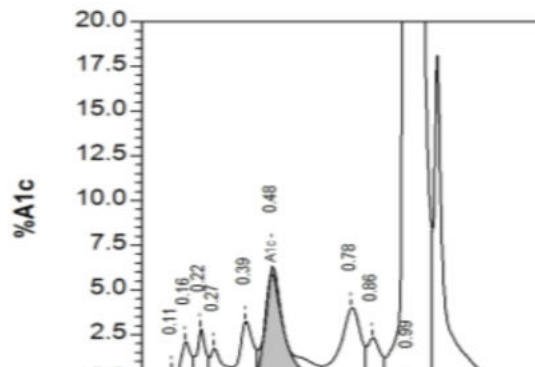
**Analysis Performed:** 19/11/2022 12:52:39  
**Injection Number:** 3932  
**Run Number:** 249  
**Rack ID:**  
**Tube Number:** 2  
**Report Generated:** 19/11/2022 15:27:16  
**Operator ID:**

**Comments:**

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.1	0.112	2535
A1a	---	0.9	0.161	24579
A1b	---	1.0	0.217	27371
F	---	0.9	0.267	24546
LA1c	---	1.9	0.387	49936
A1c	5.9	---	0.484	127194
P3	---	3.5	0.780	91607
P4	---	1.2	0.857	32602
Ao	---	85.5	0.992	2251518

**Total Area:** 2,631,889

**HbA1c (NGSP) = 5.9 %**



Scan to View Details



Scan to View Report

**DIAGNOSTIC REPORT**



**CLIENT CODE :** C000138363

Cert. No. MC-2396

**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  
 P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
 Salt Lake,  
 KOLKATA, 700091  
 WEST BENGAL, INDIA  
 Tel : 9111591115,  
 CIN - U74899PB1995PLC045956  
 Email : customercare.saltlake@srl.in

**PATIENT NAME :** JHUMA KANJILAL

**PATIENT ID :** JHUMF12097231

**ACCESSION NO :** 0031VK016078 **AGE :** 50 Years **SEX :** Female **ABHA NO :**

**DRAWN :** 19/11/2022 10:38:00 **RECEIVED :** 19/11/2022 10:49:13 **REPORTED :** 28/11/2022 13:49:35

**REFERRING DOCTOR :** SELF

**CLIENT PATIENT ID :**

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

**GLUCOSE FASTING, FLUORIDE PLASMA**

**FBS (FASTING BLOOD SUGAR)** 83 74 - 100 mg/dL  
 METHOD : ENZYMATIC (HEXOKINASE/G-6-PDH)

**LIPID PROFILE, SERUM**

**CHOLESTEROL, TOTAL** 109 < 200 Desirable  
 200 - 239 Borderline High  
 >= 240 High mg/dL  
 METHOD : ENZYMATIC ASSAY

**TRIGLYCERIDES** 63 < 150 Normal  
 150 - 199 Borderline High  
 200 - 499 High  
 >=500 Very High mg/dL  
 METHOD : GLYCEROL PHOSPHATE OXIDASE

**HDL CHOLESTEROL** 40 Low : < 40  
 High : > / = 60 mg/dL  
 METHOD : ACCELERATOR SELECTIVE DETERGENT METHODOLOGY

**CHOLESTEROL LDL** 56 mg/dL  
**NON HDL CHOLESTEROL** 69 mg/dL  
 Desirable: Less than 130  
 Above Desirable: 130-159  
 Borderline High: 160-189  
 High: 190 -219  
 Very High: >or = 220

**CHOL/HDL RATIO** 2.7  
**LDL/HDL RATIO** 1.4  
**VERY LOW DENSITY LIPOPROTEIN** 12.6 mg/dL  
 METHOD : CALCULATED

**LIVER FUNCTION PROFILE, SERUM**

**BILIRUBIN, TOTAL** 0.56 0.2 - 1.2 mg/dL  
 METHOD : DIAZONIUM SALT

**BILIRUBIN, DIRECT** 0.25 0.0 - 0.5 mg/dL  
 METHOD : DIAZO REACTION

**BILIRUBIN, INDIRECT** 0.31 0.1 - 1.0 mg/dL  
 METHOD : CALCULATED

**TOTAL PROTEIN** 7.3 6.0 - 8.30 g/dL  
 METHOD : BIURET

**ALBUMIN** 4.1 3.5 - 5.2 g/dL  
 METHOD : COLORIMETRIC (BROMCRESOL GREEN)



Scan to View Details



Scan to View Report

# DIAGNOSTIC REPORT



CLIENT CODE : C000138363

Cert. No. MC-2396

**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  
P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
Salt Lake,  
KOLKATA, 700091  
WEST BENGAL, INDIA  
Tel : 9111591115,  
CIN - U74899PB1995PLC045956  
Email : customercare.saltlake@srl.in

**PATIENT NAME : JHUMA KANJILAL**

PATIENT ID : **JHUMF12097231**

ACCESSION NO : **0031VK016078** AGE : 50 Years SEX : Female ABHA NO :

DRAWN : 19/11/2022 10:38:00 RECEIVED : 19/11/2022 10:49:13 REPORTED : 28/11/2022 13:49:35

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
GLOBULIN		3.2	2.0 - 3.5	g/dL
ALBUMIN/GLOBULIN RATIO		1.3	1 - 2.1	RATIO
METHOD : CALCULATED PARAMETER				
ASPARTATE AMINOTRANSFERASE (AST/SGOT)		22	5 - 34	U/L
METHOD : ENZYMATIC (NADH (WITHOUT P-5'-P)				
ALANINE AMINOTRANSFERASE (ALT/SGPT)		16	0 - 55	U/L
METHOD : ENZYMATIC (NADH (WITHOUT P-5'-P)				
ALKALINE PHOSPHATASE		74	40 - 150	U/L
METHOD : PARA-NITROPHENYL PHOSPHATE				
GAMMA GLUTAMYL TRANSFERASE (GGT)		14	8 - 33	U/L
METHOD : L-GAMMA-GLUTAMYL-4-NITROANALIDE /GLYCYLGLYCINE KINETIC METHOD				
LACTATE DEHYDROGENASE		196	125 - 220	U/L
METHOD : IFCC LACTATE TO PYRUVATE				
<b>BLOOD UREA NITROGEN (BUN), SERUM</b>				
BLOOD UREA NITROGEN		<b>7</b>	<b>Low</b> 9.8 - 20.1	mg/dL
METHOD : UREASE METHOD				
<b>CREATININE, SERUM</b>				
CREATININE		0.77	0.50 - 1.10	mg/dL
METHOD : KINETIC ALKALINE PICRATE				
<b>BUN/CREAT RATIO</b>				
BUN/CREAT RATIO		9.09	5.0 - 15.0	
<b>URIC ACID, SERUM</b>				
URIC ACID		4.1	2.6 - 6.0	mg/dL
METHOD : URICASE				
<b>TOTAL PROTEIN, SERUM</b>				
TOTAL PROTEIN		7.3	6.0 - 8.3	g/dL
METHOD : BIURET				
<b>ALBUMIN, SERUM</b>				
ALBUMIN		4.1	3.5 - 5.2	g/dL
METHOD : COLORIMETRIC (BROMCRESOL GREEN)				
<b>GLOBULIN</b>				
GLOBULIN		3.2	2.0 - 3.5	g/dL
METHOD : CALCULATED PARAMETER				
<b>ELECTROLYTES (NA/K/CL), SERUM</b>				



**DIAGNOSTIC REPORT**



**CLIENT CODE :** C000138363

Cert. No. MC-2396

**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  
 P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
 Salt Lake,  
 KOLKATA, 700091  
 WEST BENGAL, INDIA  
 Tel : 9111591115,  
 CIN - U74899PB1995PLC045956  
 Email : customercare.saltlake@srl.in

**PATIENT NAME :** JHUMA KANJILAL

**PATIENT ID :** JHUMF12097231

**ACCESSION NO :** 0031VK016078 **AGE :** 50 Years **SEX :** Female **ABHA NO :**

**DRAWN :** 19/11/2022 10:38:00 **RECEIVED :** 19/11/2022 10:49:13 **REPORTED :** 28/11/2022 13:49:35

**REFERRING DOCTOR :** SELF

**CLIENT PATIENT ID :**

Test Report Status	Final	Results	Biological Reference Interval	Units
SODIUM, SERUM		139	136 - 145	mmol/L
METHOD : ION SELECTIVE ELECTRODE TECHNOLOGY INDIRECT				
POTASSIUM, SERUM		3.80	3.5 - 5.1	mmol/L
METHOD : ION SELECTIVE ELECTRODE TECHNOLOGY INDIRECT				
CHLORIDE, SERUM		104	98 - 107	mmol/L
METHOD : ION SELECTIVE ELECTRODE TECHNOLOGY INDIRECT				

**Interpretation(s)**

**PHYSICAL EXAMINATION, URINE**

**COLOR** PALE YELLOW  
**APPEARANCE** CLEAR

**CHEMICAL EXAMINATION, URINE**

PH	6.0	4.7 - 7.5	
SPECIFIC GRAVITY	1.010	1.003 - 1.035	
METHOD : DIPSTICK			
PROTEIN	NOT DETECTED	NOT DETECTED	
METHOD : DIPSTICK			
GLUCOSE	NOT DETECTED	NOT DETECTED	
METHOD : DIPSTICK			
KETONES	NOT DETECTED	NOT DETECTED	
METHOD : DIPSTICK			
BLOOD	NOT DETECTED	NOT DETECTED	
METHOD : DIPSTICK			
BILIRUBIN	NOT DETECTED	NOT DETECTED	
METHOD : DIPSTICK			
UROBILINOGEN	NORMAL	NORMAL	
METHOD : DIPSTICK			
NITRITE	NOT DETECTED	NOT DETECTED	
METHOD : DIPSTICK			
LEUKOCYTE ESTERASE	<b>DETECTED (+)</b>	NOT DETECTED	

**MICROSCOPIC EXAMINATION, URINE**

RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
PUS CELL (WBC'S)	<b>5-7</b>	0-5	/HPF
EPITHELIAL CELLS	2-3	0-5	/HPF



Scan to View Details



Scan to View Report

**DIAGNOSTIC REPORT**



**CLIENT CODE :** C000138363

Cert. No. MC-2396

**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  
 P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
 Salt Lake,  
 KOLKATA, 700091  
 WEST BENGAL, INDIA  
 Tel : 9111591115,  
 CIN - U74899PB1995PLC045956  
 Email : customercare.saltlake@srl.in

**PATIENT NAME :** JHUMA KANJILAL

**PATIENT ID :** JHUMF12097231

**ACCESSION NO :** 0031VK016078 **AGE :** 50 Years **SEX :** Female **ABHA NO :**

**DRAWN :** 19/11/2022 10:38:00 **RECEIVED :** 19/11/2022 10:49:13 **REPORTED :** 28/11/2022 13:49:35

**REFERRING DOCTOR :** SELF

**CLIENT PATIENT ID :**

Test Report Status	Final	Results	Biological Reference Interval	Units
CASTS		NOT DETECTED		
CRYSTALS		NOT DETECTED		
BACTERIA		NOT DETECTED	NOT DETECTED	
YEAST		NOT DETECTED	NOT DETECTED	

**Comments**

URINALYSIS: MICROSCOPIC EXAMINATION IS CARRIED OUT ON CENTRIFUGED URINARY SEDIMENT.

**Interpretation(s)**

**THYROID PANEL, SERUM**

T3	111.7	35 - 193	ng/dL
METHOD : TWO-STEP CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY			
T4	7.58	4.87 - 11.71	µg/dL
METHOD : TWO-STEP CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY			
TSH (ULTRASENSITIVE)	<b>12.037</b>	<b>High</b> 0.350 - 4.940	µIU/mL
METHOD : TWO-STEP CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY			

**Interpretation(s)**

**\* ABO GROUP & RH TYPE, EDTA WHOLE BLOOD**

ABO GROUP	TYPE B
METHOD : TUBE AGGLUTINATION	
RH TYPE	POSITIVE
METHOD : TUBE AGGLUTINATION	

**XRAY-CHEST**

**IMPRESSION** NO ABNORMALITY DETECTED

**TMT OR ECHO**

**TMT OR ECHO** Echo Done - Normal

**ECG**

**ECG** Possible inferior wall infarct

**MEDICAL HISTORY**

RELEVANT PRESENT HISTORY	Diabetes, HTN, raised cholesterol on medicines
RELEVANT PAST HISTORY	Angioplasty - 2018
RELEVANT PERSONAL HISTORY	NOT SIGNIFICANT



Scan to View Details



Scan to View Report

**DIAGNOSTIC REPORT**



Patient Ref. No. 31000004551628



CLIENT CODE : C000138363

Cert. No. MC-2396

**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  
 P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
 Salt Lake,  
 KOLKATA, 700091  
 WEST BENGAL, INDIA  
 Tel : 9111591115,  
 CIN - U74899PB1995PLC045956  
 Email : customercare.saltlake@srl.in

**PATIENT NAME : JHUMA KANJILAL**

PATIENT ID : **JHUMF12097231**

ACCESSION NO : **0031VK016078** AGE : 50 Years SEX : Female ABHA NO :

DRAWN : 19/11/2022 10:38:00 RECEIVED : 19/11/2022 10:49:13 REPORTED : 28/11/2022 13:49:35

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

RELEVANT FAMILY HISTORY

Parents - Diabetes and Mother - hypothyroid

OCCUPATIONAL HISTORY

NOT SIGNIFICANT

HISTORY OF MEDICATIONS

NOT SIGNIFICANT

**ANTHROPOMETRIC DATA & BMI**

HEIGHT IN METERS

1.45

mts

WEIGHT IN KGS.

53

Kgs

BMI

25

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

NECK LYMPHATICS / SALIVARY GLANDS

NOT ENLARGED OR TENDER

THYROID GLAND

NOT ENLARGED

CAROTID PULSATION

NORMAL

BREAST (FOR FEMALES)

NORMAL

TEMPERATURE

NORMAL

PULSE

80/min-REGULAR, ALL PERIPHERAL PULSES WELL FELT

RESPIRATORY RATE

NORMAL

**CARDIOVASCULAR SYSTEM**

BP

170/100 mm Hg

mm/Hg

PERICARDIUM

NORMAL

APEX BEAT

NORMAL

HEART SOUNDS

S1, S2 HEARD NORMALLY





**DIAGNOSTIC REPORT**



**CLIENT CODE :** C000138363

Cert. No. MC-2396

**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  
 P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
 Salt Lake,  
 KOLKATA, 700091  
 WEST BENGAL, INDIA  
 Tel : 9111591115,  
 CIN - U74899PB1995PLC045956  
 Email : customercare.saltlake@srl.in

**PATIENT NAME :** JHUMA KANJILAL

**PATIENT ID :** JHUMF12097231

**ACCESSION NO :** 0031VK016078 **AGE :** 50 Years **SEX :** Female **ABHA NO :**

**DRAWN :** 19/11/2022 10:38:00 **RECEIVED :** 19/11/2022 10:49:13 **REPORTED :** 28/11/2022 13:49:35

**REFERRING DOCTOR :** SELF

**CLIENT PATIENT ID :**

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

MURMURS	ABSENT			
<b>RESPIRATORY SYSTEM</b>				
SIZE AND SHAPE OF CHEST	NORMAL			
MOVEMENTS OF CHEST	SYMMETRICAL			
BREATH SOUNDS INTENSITY	NORMAL			
BREATH SOUNDS QUALITY	VESICULAR (NORMAL)			
ADDED SOUNDS	ABSENT			
<b>PER ABDOMEN</b>				
APPEARANCE	NORMAL			
VENOUS PROMINENCE	ABSENT			
LIVER	NOT PALPABLE			
SPLEEN	NOT PALPABLE			
HERNIA	ABSENT			
<b>CENTRAL NERVOUS SYSTEM</b>				
HIGHER FUNCTIONS	NORMAL			
CRANIAL NERVES	NORMAL			
CEREBELLAR FUNCTIONS	NORMAL			
SENSORY SYSTEM	NORMAL			
MOTOR SYSTEM	NORMAL			
REFLEXES	NORMAL			
<b>MUSCULOSKELETAL SYSTEM</b>				
SPINE	NORMAL			
JOINTS	NORMAL			
<b>BASIC EYE EXAMINATION</b>				
CONJUNCTIVA	NORMAL			
EYELIDS	NORMAL			
EYE MOVEMENTS	NORMAL			
DISTANT VISION RIGHT EYE WITHOUT GLASSES	6/15			
DISTANT VISION LEFT EYE WITHOUT GLASSES	6/15			
NEAR VISION RIGHT EYE WITHOUT GLASSES	N8			
NEAR VISION LEFT EYE WITHOUT GLASSES	N8			
COLOUR VISION	NORMAL			



**DIAGNOSTIC REPORT**

**CLIENT CODE :** C000138363

Cert. No. MC-2396

**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  
 P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
 Salt Lake,  
 KOLKATA, 700091  
 WEST BENGAL, INDIA  
 Tel : 9111591115,  
 CIN - U74899PB1995PLC045956  
 Email : customercare.saltlake@srl.in

**PATIENT NAME :** JHUMA KANJILAL

**PATIENT ID :** JHUMF12097231

**ACCESSION NO :** 0031VK016078 **AGE :** 50 Years **SEX :** Female **ABHA NO :**

**DRAWN :** 19/11/2022 10:38:00 **RECEIVED :** 19/11/2022 10:49:13 **REPORTED :** 28/11/2022 13:49:35

**REFERRING DOCTOR :** SELF

**CLIENT PATIENT ID :**

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

**BASIC ENT EXAMINATION**

EXTERNAL EAR CANAL	NORMAL
TYMPANIC MEMBRANE	NORMAL
NOSE	NO ABNORMALITY DETECTED
SINUSES	NORMAL
THROAT	NO ABNORMALITY DETECTED
TONSILS	NOT ENLARGED

**BASIC DENTAL EXAMINATION**

TEETH	NORMAL
GUMS	HEALTHY

**SUMMARY**

RELEVANT HISTORY	Diabetes, HTN, raised cholesterol on medicines
RELEVANT GP EXAMINATION FINDINGS	High BP (170/100)
RELEVANT LAB INVESTIGATIONS	Raised TSH(12.037),HbA1C(5.9) Leukocyte esterase and pus cells present in urine
RELEVANT NON PATHOLOGY DIAGNOSTICS	Possible inferior wall infarct in ECG
REMARKS / RECOMMENDATIONS	On examination and investigations the candidate is found to be hypertensive, diabetic and has raised TSH(12.037),HbA1C(5.9) Leukocyte esterase and pus cells present in urine Possible inferior wall infarct in ECG  Should follow the given advice: 1. Salt restricted diabetic diet 2. Regular BP check-up and follow up with physician 3. Avoid fat, oil in diet 4. Regular walking 5. Urine for C/S 5. Ophthalmologist opinion

**Comments**

MEDICAL EXAMINATION DONE BY:

DR. DEBIKA ROY, MBBS  
 CONSULTANT PHYSICIAN  
 WELLNESS CLINIC  
 SALT LAKE REF LAB, KOLKATA



Scan to View Details

Page 10 Of 13



Scan to View Report



CLIENT CODE : C000138363

Cert. No. MC-2396

## 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  
P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
Salt Lake,  
KOLKATA, 700091  
WEST BENGAL, INDIA  
Tel : 9111591115,  
CIN - U74899PB1995PLC045956  
Email : customercare.saltlake@srl.in

PATIENT NAME : JHUMA KANJILAL

PATIENT ID : JHUMF12097231

ACCESSION NO : 0031VK016078 AGE : 50 Years SEX : Female ABHA NO :

DRAWN : 19/11/2022 10:38:00 RECEIVED : 19/11/2022 10:49:13 REPORTED : 28/11/2022 13:49:35

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

## 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, Vasculitides, 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, (Sickle Cells, 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. AACCC Press, 7th edition. Edited by S. Soldin; 3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th edition.

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 patient's metabolic control has remained continuously within the target range.

1. eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.

2. eAG gives an evaluation of blood glucose levels for the last couple of months.

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

## HbA1c Estimation can get affected due to :

I. 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.

II. Vitamin C & E are reported to falsely lower test results. (possibly by inhibiting glycation of hemoglobin).

III. 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.

IV. Interference of hemoglobinopathies in HbA1c estimation is seen in

a. Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.

b. Heterozygous state detected (D10 is corrected for HbS & HbC trait.)

c. 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 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 so that no glucose is excreted in the urine.

## Increased in



Scan to View Details



Scan to View Report

**DIAGNOSTIC REPORT****CLIENT CODE :** C000138363

Cert. No. MC-2396

**CLIENT'S NAME AND ADDRESS :**ACROFEMI HEALTHCARE LTD ( MEDIWHEEL )  
F-703, LADO SARAI, MEHRAULI  
SOUTH WEST DELHI  
NEW DELHI 110030  
DELHI INDIA  
8800465156SRL Ltd  
P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
Salt Lake,  
KOLKATA, 700091  
WEST BENGAL, INDIA  
Tel : 9111591115,  
CIN - U74899PB1995PLC045956  
Email : customercare.saltlake@srl.in**PATIENT NAME :** JHUMA KANJILAL**PATIENT ID :** JHUMF12097231**ACCESSION NO :** 0031VK016078 **AGE :** 50 Years **SEX :** Female **ABHA NO :****DRAWN :** 19/11/2022 10:38:00 **RECEIVED :** 19/11/2022 10:49:13 **REPORTED :** 28/11/2022 13:49:35**REFERRING DOCTOR :** SELF**CLIENT PATIENT ID :**

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

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; sulfonylureas, 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 &amp; Insulin treatment, Renal Glycosuria, Glycaemic index &amp; response to food consumed, Alimentary Hypoglycemia, Increased insulin response &amp; sensitivity etc.

**LIVER FUNCTION PROFILE, SERUM-****LIVER FUNCTION PROFILE**

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 result 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 &amp; scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction &amp; 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, Paget's disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels are seen in Hypophosphatasia, Malnutrition, Protein deficiency, Wilson's 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. Serum 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, Waldenstrom's disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc. 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

**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
- Muscular dystrophy

**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-** Serum 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, Waldenstrom's 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,



Scan to View Details



Scan to View Report

**DIAGNOSTIC REPORT**

CLIENT CODE : C000138363

Cert. No. MC-2396

**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  
 P S Srijan Tech Park Building, DN-52, Unit No.2, Ground Floor, Sector V,  
 Salt Lake,  
 KOLKATA, 700091  
 WEST BENGAL, INDIA  
 Tel : 9111591115,  
 CIN - U74899PB1995PLC045956  
 Email : customercare.saltlake@srl.in

**PATIENT NAME : JHUMA KANJILAL**

PATIENT ID : **JHUMF12097231**

ACCESSION NO : **0031VK016078** AGE : 50 Years SEX : Female ABHA NO :

DRAWN : 19/11/2022 10:38:00 RECEIVED : 19/11/2022 10:49:13 REPORTED : 28/11/2022 13:49:35

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-

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 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.

\*\*\*\*\*

**\*\*End Of Report\*\***

Please visit [www.srlworld.com](http://www.srlworld.com) for related Test Information for this accession  
**TEST MARKED WITH '\*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.**

**Dr. Chaitali Ray, PhD**  
 Chief Biochemist cum MRQA

**Dr. Himadri Mondal, MD**  
 Consultant Microbiologist

**Dr. Debika Roy**  
 MBBS Consultant Physician

**Dr. Anwesha Chatterjee, MD**  
 Pathologist



Scan to View Details



Scan to View Report