

**DIAGNOSTIC REPORT**

Cert. No. MC-2809

**CLIENT CODE :** CA00010147 - MEDIWHEEL  
**CLIENT'S NAME AND ADDRESS :**  
 ARCOFEMI HEALTHCARE LIMITED  
 MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
 F701A, LADO SARAI, NEW DELHI,  
 SOUTH DELHI, DELHI,  
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DDRC SRL DIAGNOSTICS  
 GANDHI NAGAR, KTM  
 KERALA, INDIA  
 Tel : 93334 93334  
 Email : customercare.ddrc@srl.in

**PATIENT NAME : CLARIS** PATIENT ID : **CLARF1401914036**

ACCESSION NO : **4036WA002679** AGE : 32 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 14/01/2023 09:08 REPORTED : 14/01/2023 15:03

**REFERRING DOCTOR :** DR. MEDIWHEEL CLIENT PATIENT ID :

Test Report Status	Results	Biological Reference Interval	Units
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**MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT**

<b>* TREADMILL TEST</b>	
TREADMILL TEST	COMPLETED
<b>OPHTHAL</b>	
OPHTHAL	COMPLETED
<b>* PHYSICAL EXAMINATION</b>	
PHYSICAL EXAMINATION	COMPLETED



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**MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT**

**BLOOD UREA NITROGEN (BUN), SERUM**

BLOOD UREA NITROGEN 5 Adult(<60 yrs) : 6 to 20 mg/dL

**\* BUN/CREAT RATIO**

BUN/CREAT RATIO 9.47 5 - 15

**CREATININE, SERUM**

CREATININE 0.57 18 - 60 yrs : 0.6 - 1.1 mg/dL

**GLUCOSE, POST-PRANDIAL, PLASMA**

GLUCOSE, POST-PRANDIAL, PLASMA 94 Diabetes Mellitus : > or = 200. mg/dL  
 Impaired Glucose tolerance/  
 Prediabetes : 140 - 199.  
 Hypoglycemia : < 55.

**GLUCOSE FASTING, FLUORIDE PLASMA**

GLUCOSE, FASTING, PLASMA 107 Diabetes Mellitus : > or = 126. mg/dL  
 Impaired fasting Glucose/  
 Prediabetes : 101 - 125.  
 Hypoglycemia : < 55.

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

GLYCOSYLATED HEMOGLOBIN (HBA1C) 5.4 Normal : 4.0 - 5.6%. %  
 Non-diabetic level : < 5.7%.  
 Diabetic : >6.5%

Glycemic control goal  
 More stringent goal : < 6.5 %.  
 General goal : < 7%.  
 Less stringent goal : < 8%.

Glycemic targets in CKD :-  
 If eGFR > 60 : < 7%.  
 If eGFR < 60 : 7 - 8.5%.

MEAN PLASMA GLUCOSE 108.3 < 116.0 mg/dL

**LIPID PROFILE, SERUM**

CHOLESTEROL 137 Desirable : < 200 mg/dL  
 Borderline : 200-239  
 High : >or= 240

TRIGLYCERIDES 45 Normal : < 150 mg/dL  
 High : 150-199  
 Hypertriglyceridemia : 200-499

HDL CHOLESTEROL 47 Very High : > 499  
 General range : 40-60 mg/dL



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DIRECT LDL CHOLESTEROL	92	Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	90	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
CHOL/HDL RATIO	<b>2.9</b>	<b>Low</b> 3.30 - 4.40	
LDL/HDL RATIO	2.0	0.5 - 3.0	
VERY LOW DENSITY LIPOPROTEIN	9.0	< or = 30.0	mg/dL
<b>LIVER FUNCTION TEST WITH GGT</b>			
BILIRUBIN, TOTAL	0.29	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.17	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	0.12	0.00 - 1.00	mg/dL
TOTAL PROTEIN	6.4	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.3	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.1	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	<b>2.1</b>	<b>High</b> 1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15	Adults : < 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	Adults : < 34	U/L
ALKALINE PHOSPHATASE	62	Adult(<60yrs) : 35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	11	Adult (female) : < 40	U/L
<b>TOTAL PROTEIN, SERUM</b>			
TOTAL PROTEIN	6.4	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
<b>URIC ACID, SERUM</b>			
URIC ACID	3.5	Adults : 2.4-5.7	mg/dL
<b>ABO GROUP &amp; RH TYPE, EDTA WHOLE BLOOD</b>			
ABO GROUP	TYPE O		
RH TYPE	POSITIVE		
<b>BLOOD COUNTS,EDTA WHOLE BLOOD</b>			
HEMOGLOBIN	12.0	12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	4.26	3.8 - 4.8	mil/ $\mu$ L



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WHITE BLOOD CELL COUNT		5.60	4.0 - 10.0	thou/ $\mu$ L
PLATELET COUNT		280	150 - 410	thou/ $\mu$ L
<b>RBC AND PLATELET INDICES</b>				
HEMATOCRIT		<b>34.8</b>	<b>Low</b> 36 - 46	%
MEAN CORPUSCULAR VOL		<b>82.0</b>	<b>Low</b> 83 - 101	fL
MEAN CORPUSCULAR HGB.		28.2	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION		34.5	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH		11.6	11.6 - 14.0	%
MENTZER INDEX		19.3		
<b>WBC DIFFERENTIAL COUNT</b>				
SEGMENTED NEUTROPHILS		50	40 - 80	%
LYMPHOCYTES		<b>48</b>	<b>High</b> 20 - 40	%
MONOCYTES		<b>00</b>	<b>Low</b> 2 - 10	%
EOSINOPHILS		02	1 - 6	%
ABSOLUTE NEUTROPHIL COUNT		2.8	2.0 - 7.0	thou/ $\mu$ L
ABSOLUTE LYMPHOCYTE COUNT		2.69	1.0 - 3.0	thou/ $\mu$ L
ABSOLUTE MONOCYTE COUNT		<b>0</b>	<b>Low</b> 0.2 - 1.0	thou/ $\mu$ L
ABSOLUTE EOSINOPHIL COUNT		0.11	0.02 - 0.50	thou/ $\mu$ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		1.0		
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD</b>				
SEDIMENTATION RATE (ESR)		13	0 - 20	mm at 1 hr
<b>SUGAR URINE - POST PRANDIAL</b> RESULT PENDING				
<b>THYROID PANEL, SERUM</b>				
T3		110.77	Non-Pregnant : 60-181	ng/dL
			Pregnant Trimester-wise 1st : 81-190 2nd : 100-260 3rd : 100-260	
T4		8.80	3.2 - 12.6	$\mu$ g/dl
TSH 3RD GENERATION		1.580	(Non Pregnant) : 0.4 - 4.2	$\mu$ IU/mL
			Pregnant(Trimester wise) 1st : 0.1 - 2.5 2nd : 0.2 - 3 3rd : 0.3 - 3	



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**Interpretation(s)**

**Triiodothyronine T3 , Thyroxine T4, and Thyroid Stimulating Hormone TSH** are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1)Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3)Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of Clinical chemistry 2.Guidlines of the American Thyroid association during pregnancy and Postpartum, 2011.

**NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.**TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

**PHYSICAL EXAMINATION, URINE**

COLOR PALE YELLOW  
 APPEARANCE CLEAR  
**\* CHEMICAL EXAMINATION, URINE**  
 PH 7.0 4.8 - 7.4  
 SPECIFIC GRAVITY **1.010** Low 1.015 - 1.030



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PROTEIN		NOT DETECTED	NOT DETECTED
GLUCOSE		NOT DETECTED	NOT DETECTED
KETONES		NOT DETECTED	NOT DETECTED
BLOOD		NOT DETECTED	NOT DETECTED
BILIRUBIN		NOT DETECTED	NOT DETECTED
UROBILINOGEN		NORMAL	NORMAL
NITRITE		NOT DETECTED	NOT DETECTED
<b>MICROSCOPIC EXAMINATION, URINE</b>			
RED BLOOD CELLS		<b>0 - 1</b>	NOT DETECTED /HPF
WBC		2-3	0-5 /HPF
EPITHELIAL CELLS		<b>8-10</b>	0-5 /HPF
CASTS		NOT DETECTED	
CRYSTALS		NOT DETECTED	
BACTERIA		NOT DETECTED	NOT DETECTED
YEAST		NOT DETECTED	NOT DETECTED
<b>SUGAR URINE - FASTING</b>			
SUGAR URINE - FASTING		NOT DETECTED	NOT DETECTED
* <b>PHYSICAL EXAMINATION,STOOL</b>		RESULT PENDING	
* <b>CHEMICAL EXAMINATION,STOOL</b>		RESULT PENDING	
* <b>MICROSCOPIC EXAMINATION,STOOL</b>		RESULT PENDING	

**Interpretation(s)**

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

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

**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**

Diabetes mellitus, Cushing's syndrome (10 - 15%), chronic pancreatitis (30%). Drugs: corticosteroids, phenytoin, estrogen, thiazides.

**Decreased in**



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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:**

- Evaluating the long-term control of blood glucose concentrations in diabetic patients.
  - Diagnosing diabetes.
  - 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.
- eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.
  - eAG gives an evaluation of blood glucose levels for the last couple of months.
  - 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 addiction 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
- LIPID PROFILE, SERUM-Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease. This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk. It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the "good" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely. HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease. Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

**Recommendations:**

Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.

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



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syndrome, Protein-losing enteropathy etc.

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

ABO GROUP &amp; 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.

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, Vasculitis, 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. 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.

SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST





**DIAGNOSTIC REPORT**

Patient Ref. No. 66600003021505



Cert. No. MC-2809



**CLIENT CODE :** CA00010147 - MEDIWHEEL  
**CLIENT'S NAME AND ADDRESS :**  
 ARCOFEMI HEALTHCARE LIMITED  
 MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
 F701A, LADO SARAI, NEW DELHI,  
 SOUTH DELHI, DELHI,  
 SOUTH DELHI 110030  
 DELHI INDIA  
 8800465156

DDRC SRL DIAGNOSTICS  
 GANDHI NAGAR, KTM  
 KERALA, INDIA  
 Tel : 93334 93334  
 Email : customercare.ddrc@srl.in

**PATIENT NAME :** CLARIS **PATIENT ID :** CLARF1401914036  
**ACCESSION NO :** 4036WA002679 **AGE :** 32 Years **SEX :** Female **ABHA NO :**  
**DRAWN :** **RECEIVED :** 14/01/2023 09:08 **REPORTED :** 14/01/2023 15:03  
**REFERRING DOCTOR :** DR. MEDIWHEEL **CLIENT PATIENT ID :**

Test Report Status	Results	Units
Preliminary		

**MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT**

- \* ECG WITH REPORT  
REPORT  
COMPLETED
- \* USG ABDOMEN AND PELVIS  
REPORT  
COMPLETED
- \* CHEST X-RAY WITH REPORT  
REPORT  
COMPLETED

**\*\*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.

  
**PRASEEDA S NAIR**  
 BIOCHEMIST

  
**DR.KRIPA ELIZABETH JOHN**  
 CONSULTANT PATHOLOGIST



Scan to View Details



Scan to View Report



If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. <u>CHARIS JOSE</u>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	<u>32</u> <u>14-08-1990</u> Gender: <input checked="" type="checkbox"/> F/M
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

**PHYSICAL DETAILS:**

a. Height <u>162</u> (cms)	b. Weight <u>62</u> (Kgs)	c. Girth of Abdomen <u>72</u> (cms)
d. Pulse Rate (/Min)	e. Blood Pressure:	Systolic Diastolic
	1 <sup>st</sup> Reading	
	2 <sup>nd</sup> Reading	

**FAMILY HISTORY:**

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	<u>66</u>	<u>Good</u>	
Mother			<u>63.</u>
Brother(s)			
Sister(s)			

**HABITS & ADDICTIONS:** Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
<u>Nil</u>	<u>Nil</u>	<u>Nil</u>

**PERSONAL HISTORY**

- a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details.  Y/N
- b. Have you undergone/been advised any surgical procedure?  Y/N
- c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital?  Y/N
- d. Have you lost or gained weight in past 12 months?  Y/N

**Have you ever suffered from any of the following?**

- Psychological Disorders or any kind of disorders of the Nervous System?  Y/N
- Any disorders of Respiratory system?  Y/N
- Any Cardiac or Circulatory Disorders?  Y/N
- Enlarged glands or any form of Cancer/Tumour?  Y/N
- Any Musculoskeletal disorder?  Y/N
- Any disorder of Gastrointestinal System?  Y/N
- Unexplained recurrent or persistent fever, and/or weight loss  Y/N
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports  Y/N
- Are you presently taking medication of any kind?  Y/N

**DDRCSRL Diagnostics Private Limited**

Corp. Office: DDRCSRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682036  
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Corp. Office: DDRCSRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036, Ph No: 2310688, 2318222, web: www.ddrcsrl.com



• Any disorders of Urinary System?

Y/N ✓

• Any disorder of the Eyes, Ears Nose, Throat or Mouth & Skin

Y/N ✓

**FOR FEMALE CANDIDATES ONLY**

a. Is there any history of diseases of breast/genital organs?

Y/N ✓

d. Do you have any history of miscarriage/abortion or MTP

Y/N ✓

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

Y/N ✓

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

Y/N ✓

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

Y/N ✓

f. Are you now pregnant? If yes, how many months?

Y/N ✓

**CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER**

- Was the examinee co-operative? Y/N ✓
- Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job? Y/N ✓
- Are there any points on which you suggest further information be obtained? Y/N ✓
- Based on your clinical impression, please provide your suggestions and recommendations below;

ny

➤ Do you think he/she is **MEDICALLY FIT** or UNFIT for employment. ✓

**MEDICAL EXAMINER'S DECLARATION**

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

Dr. MUJADID ZAMAN AP

Seal of Medical Examiner :

Dr. MUJADID ZAMAN AP  
MBBS  
Reg. No. 77615  
(TCMC)

Name & Seal of DDRC SRL Branch :



Date & Time :



**DDRC SRL Diagnostics Private Limited**

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036  
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai – 400062.



## OPHTHALMOLOGY REPORT

ACCESSION NO:4036WA002679

This is to certify that I have examined

MR/MS.....CLARIS.....Aged.....32.....and

His / her visual standard is as follows.

Acuity of Vision

For Far

R.....6/6.....

L.....6/6.....

WITH SPEX  $\begin{matrix} R > 6/6 \\ L > 6/6 \end{matrix}$

For Near

R.....NG.....

L.....NG.....

WITH SPEX  $\begin{matrix} R > NG \\ L > NG \end{matrix}$

Colour Vision

.....NORMAL.....

DATE: 14/1/23



*[Signature]*  
24/1/23  
OPTOMETRIST

# DDRC SRL KOTTAYAM

Date: 14-Jan-23  
Exec Time : 0 m 0 s  
Stage Time : 0 m 27 s  
HR: 65 bpm  
(THR: 169 bpm)  
B.P: 110 / 70

ID: 162  
Speed: 0 mph  
Grade: 0 %

Mrs. CLARIS JOSE (32 F)  
Stage: Supine  
Protocol: Bruce

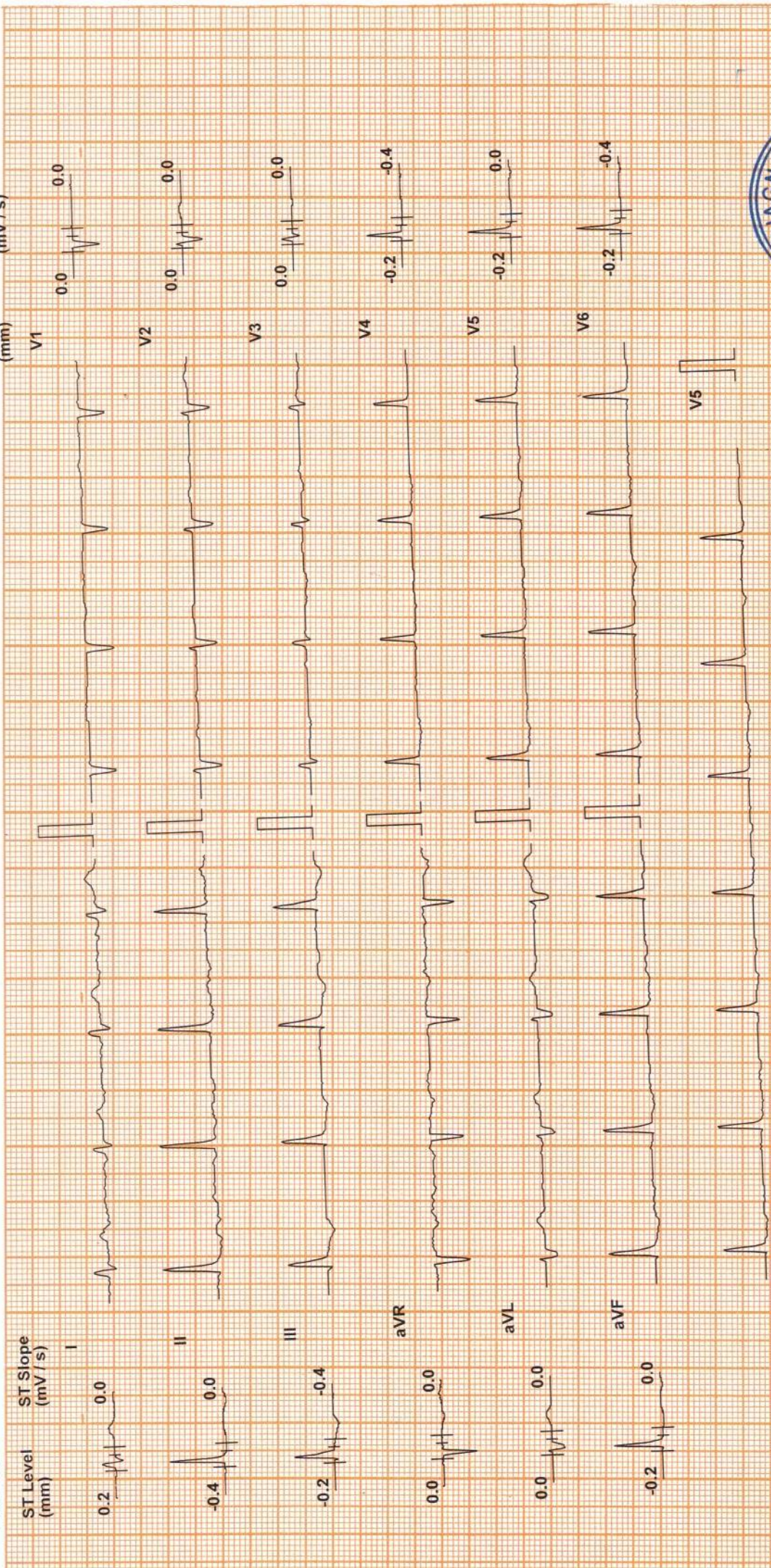


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz  
Mains Filt: ON  
Amp: 10 mm

Iso = R - 60 ms  
J = R + 60 ms  
Post J = J + 60 ms

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM KOTTAYAM COCHIN CALICUT

## ECG REPORT

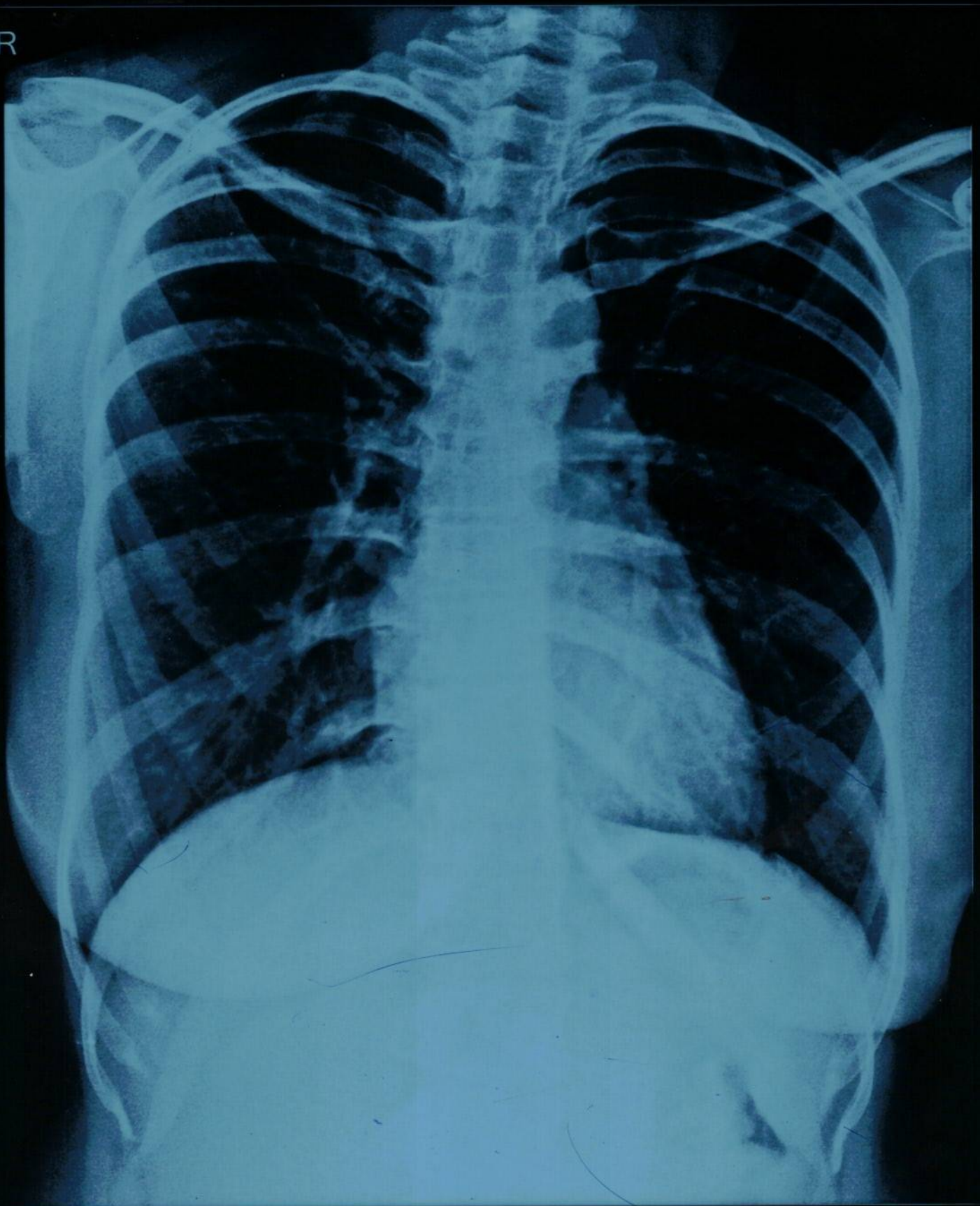
ACCESSION NO : 4036WA002679  
 NAME : CLARIS  
 AGE : 32  
 SEX : FEMALE  
 DATE : 14.01.2023  
 COMPANY : MEDIWHEEL

RATE : 60/min  
 RHYTHM : Normal sinus rhythm  
 P. WAVE : Normal  
 P-R INTERVAL : 160 ms - Normal  
 Q,R,S,T. WAVES : Normal  
 AXIS : Normal  
 ARRHYTHMIAS : nil  
 QT INTERVAL : 340 ms - Normal  
 OTHERS : nil  
 OPINION : Normal ECG.



*[Signature]*  
**Dr. MUJADID ZAMAN AP**  
 MBBS  
 Reg. No. 77615  
 (TCMC)

R



CLARIS 32/Y 5350 CHEST-PA 14-01-2023

DDRC SRI DIAGNOSTICS, GANDHI NAGAR, KOTTAYAM

001/2023



## X - RAY CHEST - REPORT

ACCESSION NO : 4036WA002679

NAME : CLARIS

AGE : 32

SEX : FEMALE

DATE : 14.01.2023

COMPANY : MEDIWHEEL

EXPOSURE : Adequate exposure

POSITIONING : Central, no rotation

SOFT TISSUES : Normal shadows

LUNG FIELDS : Normal

HEART SHADOW : Normal

CARDIOPHRENIC ANGLE : Not obliterated, normal

COSTOPHRENIC ANGLE : Not obliterated, normal

HILUM : Normal

OPINION : Normal - Chest xray.



*[Signature]*  
**Dr. MUJADID ZAMAN AP**  
 MBBS  
 Reg. No. 77615  
 (TCMC)



Name: CLARIS  
Age/Sex: 32 yrs/F  
Accession No: 4036WA002679

Report Date: 14.01.2023  
Ref.by: Mediwheel

### USG ABDOMEN & PELVIS

#### OBSERVATIONS:

- Liver:** Normal in size. Shows normal parenchymal echotexture. No focal parenchymal lesion noted. The biliary radicals appear normal. Portal vein is normal (10 mm).
- Gall bladder:** Distended (measures 5.5 x 1 cm) No calculus seen. No e/o of any wall thickening / edema. No e/o any pericholecystic collection.
- CBD:** Not dilated (4 mm).
- Spleen:** Normal in size (10.1 cm) and echotexture. No focal lesion.
- Pancreas:** Head (2 cm) and body (1.2 cm) appear normal. Tail obscured by bowel gas. No focal lesion. No calcification or duct dilatation noted.
- Kidneys:** Right kidney length measures 10.5 cm. Parenchymal thickness 1.6 cm Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion seen. No hydronephrosis.  
Left kidney length measures 10.8 cm. Parenchymal thickness 1.6 cm Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion seen. No hydronephrosis.
- Ureters:** Not dilated.
- Urinary Bladder:** Distended, No luminal or wall abnormality noted.
- Uterus:** Is anteverted and normal in size measures 8.6 x 4 x 4 cm. Myometrial echo is uniform. Endometrial echo is normal. ET- 6.8 mm. Cavity is empty.
- Ovaries:** Right ovary: 3.1 x 1.7 cm                      Left ovary: 2.5 x 1.5 cm  
Normal in size and morphology on both sides.
- Adnexa:** No adnexal lesions.
- Others:** No evident lymphadenopathy. No evidence of bowel wall thickening/echogenic mesentery/dilated bowel loops. Normal peristalsis seen. No free fluid in the peritoneal cavity. No pleural effusion noted.

#### IMPRESSION:

- No significant abnormality detected.

**Dr. Deepak.V, MBBS, DMRD**  
Radiologist



Note: This is radiological opinion and not the final diagnosis. Ultrasound is limited by patient adiposity, bowel gas and correlate clinically and investigate further as needed.

Exam

14-01-2023-0007

Accession #

Exam Date

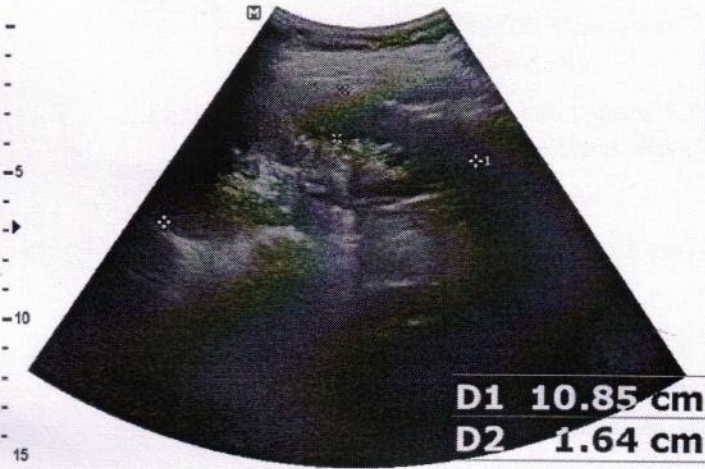
14012023

Name  
Birth Date  
Gender

Description

Other  
Sonographer

[2D] G37/118dB/FA10/P90/HAR/FSI 1



[2D] G49/118dB/FA10/P90/HAR/FSI 1



[2D] G35/118dB/FA10/P90/HAR/FSI 1



[2D] G35/118dB/FA10/P90/HAR/FSI 1



[2D] G35/118dB/FA10/P90/HAR/FSI 1



[2D] G35/118dB/FA10/P90/HAR/FSI 1



[2D] G35/118dB/FA10/P90/HAR/FSI 1



# DDRC SRL KOTTAYAM

## Patient Details

Date: 14-Jan-23

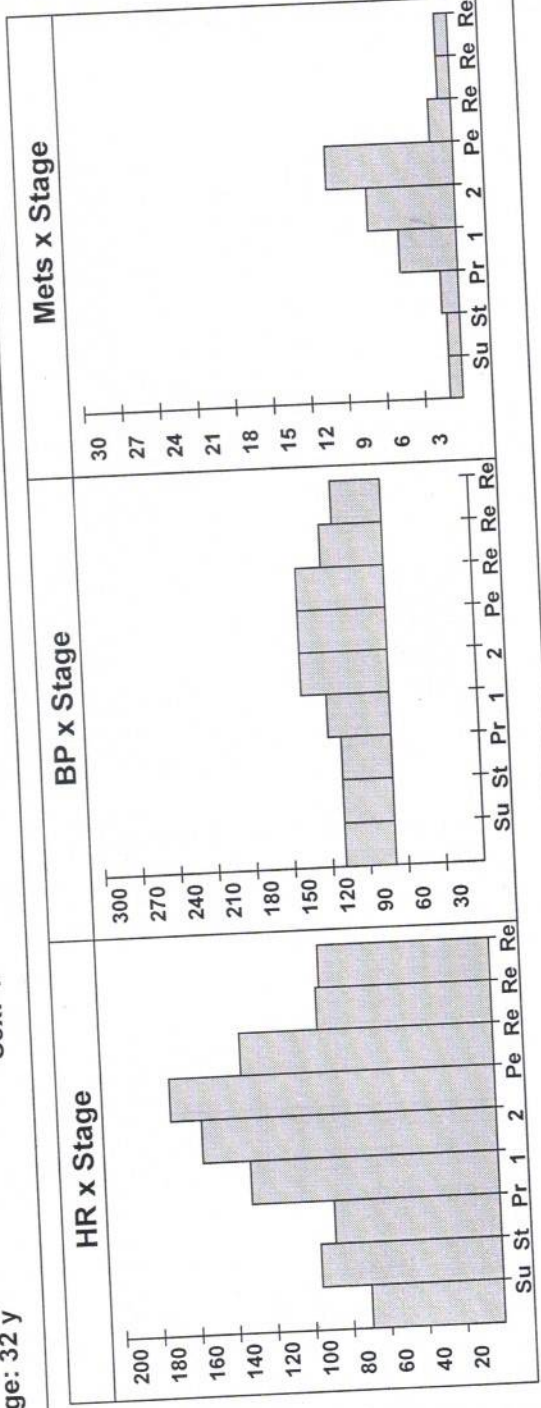
Time: 08:17:14

Name: Mrs. CLARIS JOSE ID: 162

Height: 162 cms

Age: 32 y

Weight: 62 Kgs



## Interpretation

STRESSED UPTO 7 MTS ON BRUCE PROTOCOL AND ATTAINED 91% OF THR AT HR OF 172  
 BPM WITH A WORKLOAD OF 8 METS. RPP- 24080.  
 ACCELERATED HR AND NORMAL BP RESPONSE.  
 NO ANGINA/ARRHYTHMIA.  
 BASELINE ECG SHOWS SR WITH T WAVE INVERSION.  
 NO SIGNIFICANT ST SHIFT.

IMP:- TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA.  
 FAIR EFFORT TOLERANCE.



DR. MUJAPID ZAMAN AP  
 MBBS  
 Reg. No. 77615  
 (TCMC)

Ref. Doctor: -----

Doctor: -----

# DDRC SRL KOTTAYAM

**Patient Details**      Date: 14-Jan-23      Time: 08:17:14

Name: Mrs. CLARIS JOSE      ID: 162

Age: 32 y      Sex: F      Weight: 62 Kgs

Height: 162 cms

Medications: NIL

Clinical History: FOR CARDIAC EVALUATION

## Test Details

Protocol: Bruce

Total Exec. Time: 7 m 0 s

Max. BP: 140 / 70 mmHg

Pr.MHR: 188 bpm

Max. HR: 172 ( 91% of Pr.MHR ) bpm

Max. BP x HR: 24080 mmHg/min

THR: 169 (90 % of Pr.MHR) bpm

Max. Mets: 10.20

Min. BP x HR: 4900 mmHg/min

Test Termination Criteria: FATIGUE

## Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 29	1.0	0	0	70	110 / 70	-0.42 II	-0.35 II
Standing	0 : 45	1.0	0	0	96	110 / 70	-1.91 III	1.77 aVL
1	3 : 0	4.6	1.7	10	131	120 / 70	-1.06 III	2.48 I
2	3 : 0	7.0	2.5	12	156	140 / 70	-1.49 III	2.48 II
Peak Ex	1 : 0	10.2	3.4	14	172	140 / 70	-2.12 III	-2.83 III
Recovery(1)	1 : 2	1.8	1	0	134	140 / 70	-1.70 III	3.54 V2
Recovery(2)	2 : 0	1.0	0	0	93	120 / 70	-1.06 III	2.48 I
Recovery(3)	1 : 20	1.0	0	0	91	110 / 70	-0.42 III	0.71 I



# DDRC SRL KOTTAYAM

**Mrs. CLARIS JOSE (32 F)** ID: 162 Date: 14-Jan-23 Exec Time : 0 m 0 s Stage Time : 0 m 28 s HR: 65 bpm  
Protocol: Bruce Stage: Supine Speed: 0 mph Grade: 0 % (THR: 169 bpm) B.P.: 110 / 70

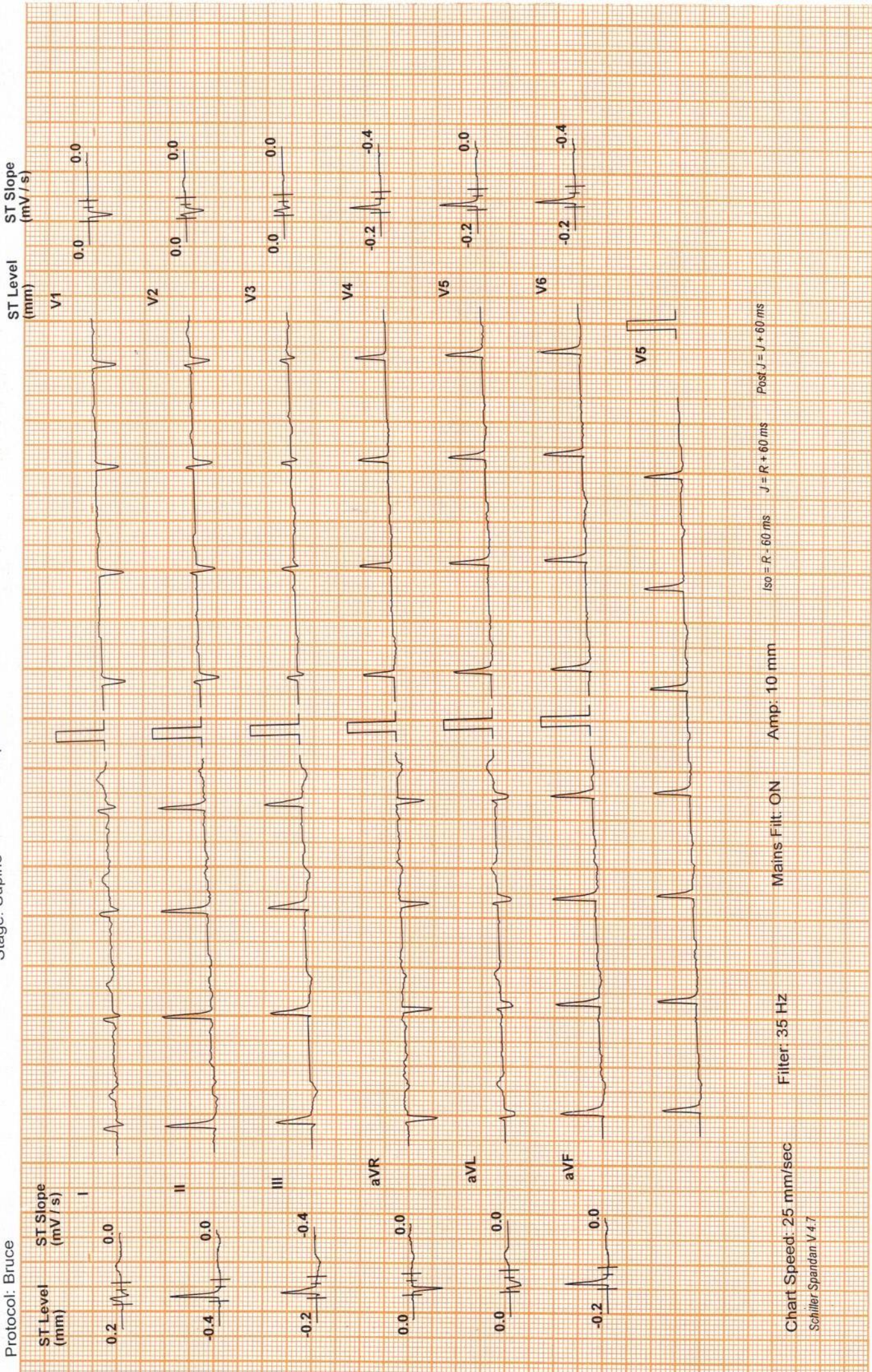


Chart Speed: 25 mm/sec Filter: 35 Hz  
Schiller Spandan V 4.7  
Mains Filt: ON Amp: 10 mm  
ISO = R: 60 ms J = R + 60 ms Post J = J + 60 ms

DDRC SRL KOTTAYAM

HR: 70 bpm

Stage Time : 0 m 2 s

Exec Time : 0 m 0 s

Date: 14-Jan-23

ID: 162

Mrs. CLARIS JOSE (32 F)

B.P: 110 / 70

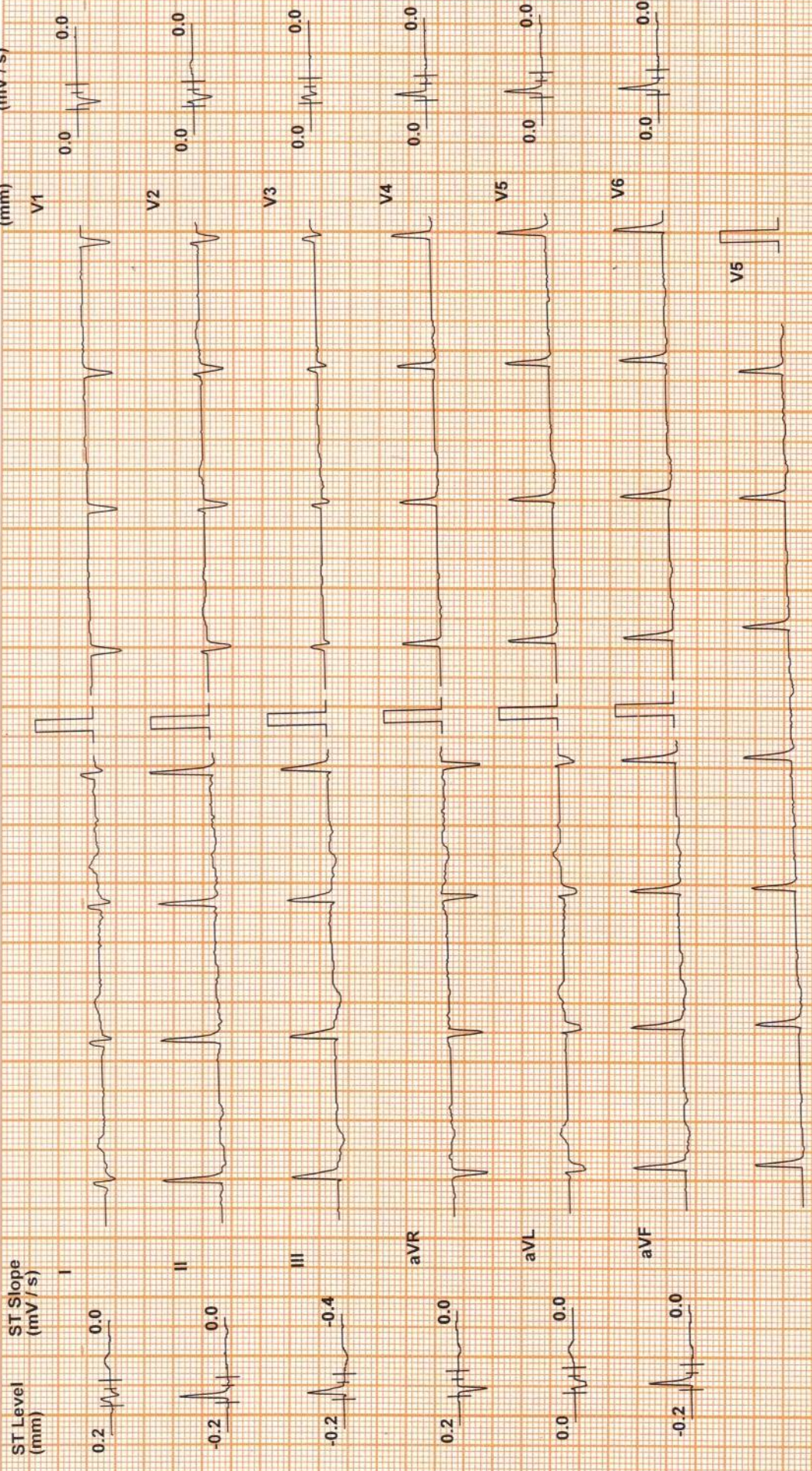
(THR: 169 bpm)

Grade: 0 %

Speed: 0 mph

Stage: Standing

Protocol: Bruce



Filter: 35 Hz

Chart Speed: 25 mm/sec

Schiller Spandan V 4.7

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

# DDRC SRL KOTTAYAM

Date: 14-Jan-23 Exec Time : 3 m 0 s Stage Time : 3 m 0 s HR: 131 bpm

ID: 162.

Mrs. CLARIS JOSE (32 F)

B.P: 120 / 70

Speed: 1.7 mph Grade: 10 % (THR: 169 bpm)

Stage: 1

Protocol: Bruce

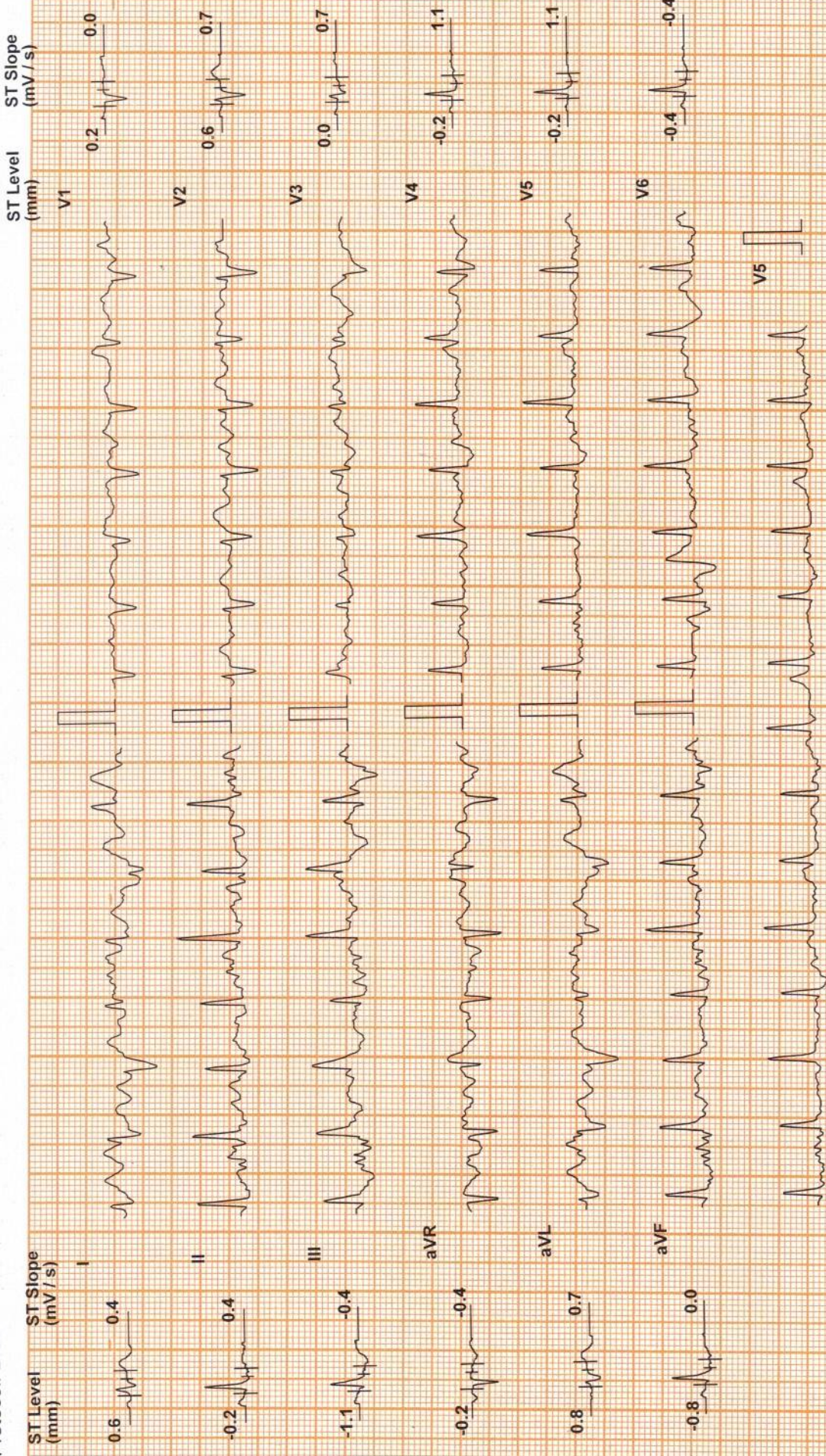


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7



# DDRC SRL KOTTAYAM

Mrs. CLARIS JOSE (32 F)

ID: 162

Date: 14-Jan-23 Exec Time : 6 m 0 s Stage Time : 3 m 0 s HR: 156 bpm

Protocol: Bruce Stage: 2

Speed: 2.5 mph Grade: 12 % (THR: 169 bpm)

B.P: 140 / 70

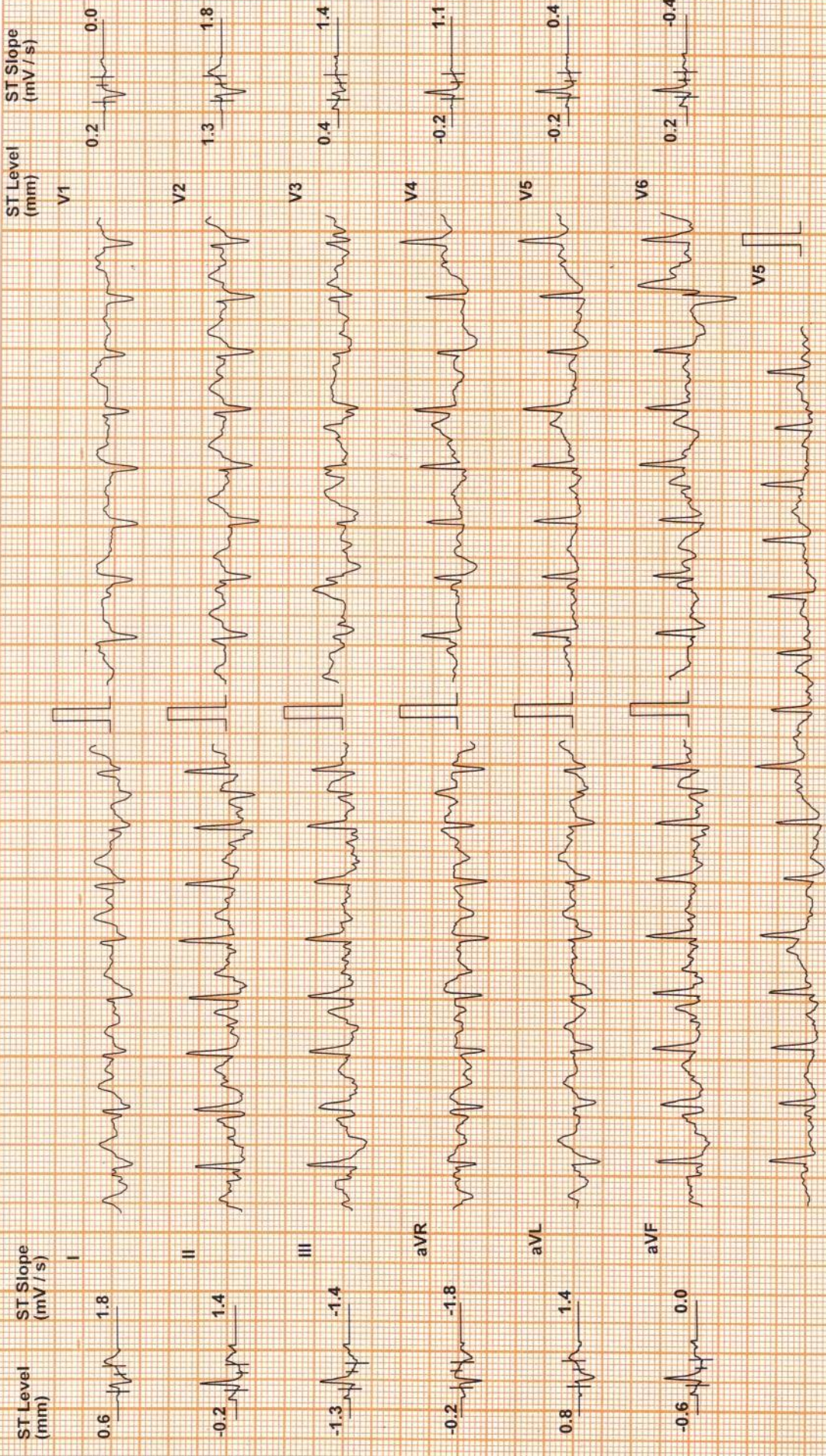


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Schiller Spantian V 4.7

# DDRC SRL KOTTAYAM

**Mrs. CLARIS JOSE (32 F)** ID: 162. Date: 14-Jan-23 Exec Time : 7 m 0 s Stage Time : 1 m 0 s **HR: 172 bpm**  
Protocol: Bruce Stage: Peak Ex Speed: 3.4 mph Grade: 14 % (THR: 169 bpm) B.P: 140 / 70

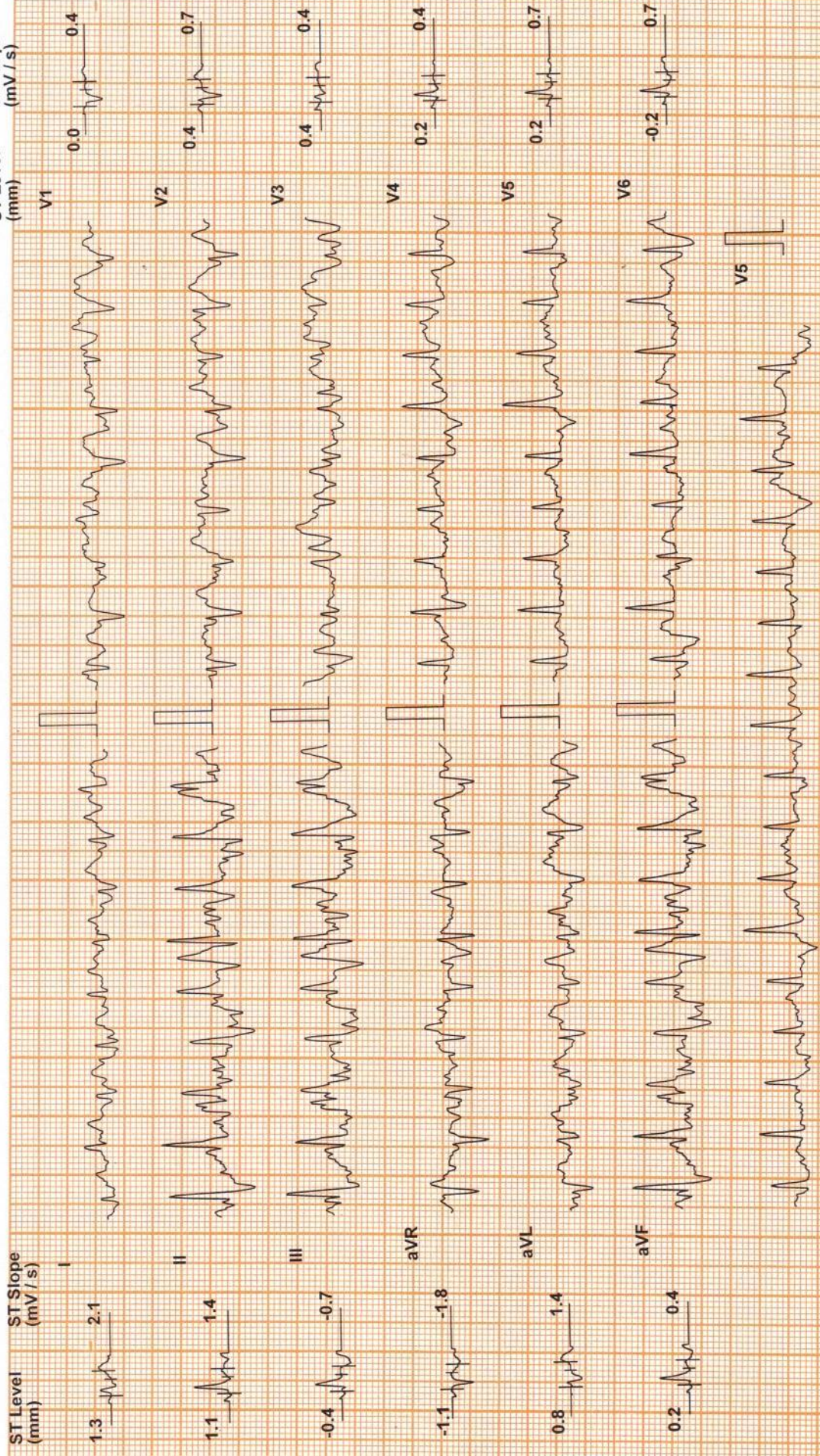


Chart Speed: 25 mm/sec  
Filter: 35 Hz  
Mains Fil: ON  
Amp: 10 mm  
Iso = R - 60 ms  
J = R + 60 ms  
Post J = J + 60 ms  
Schiller Spandau V.4.7

# DDRC SRL KOTTAYAM

**Mrs. CLARIS JOSE (32 F)** ID: 162 Date: 14-Jan-23 Exec Time : 7 m 0 s Stage Time : 1 m 2 s **HR: 134 bpm**  
Protocol: Bruce Stage: Recovery(1) Speed: 0 mph Grade: 0 % (THR: 169 bpm) B.P: 140 / 70

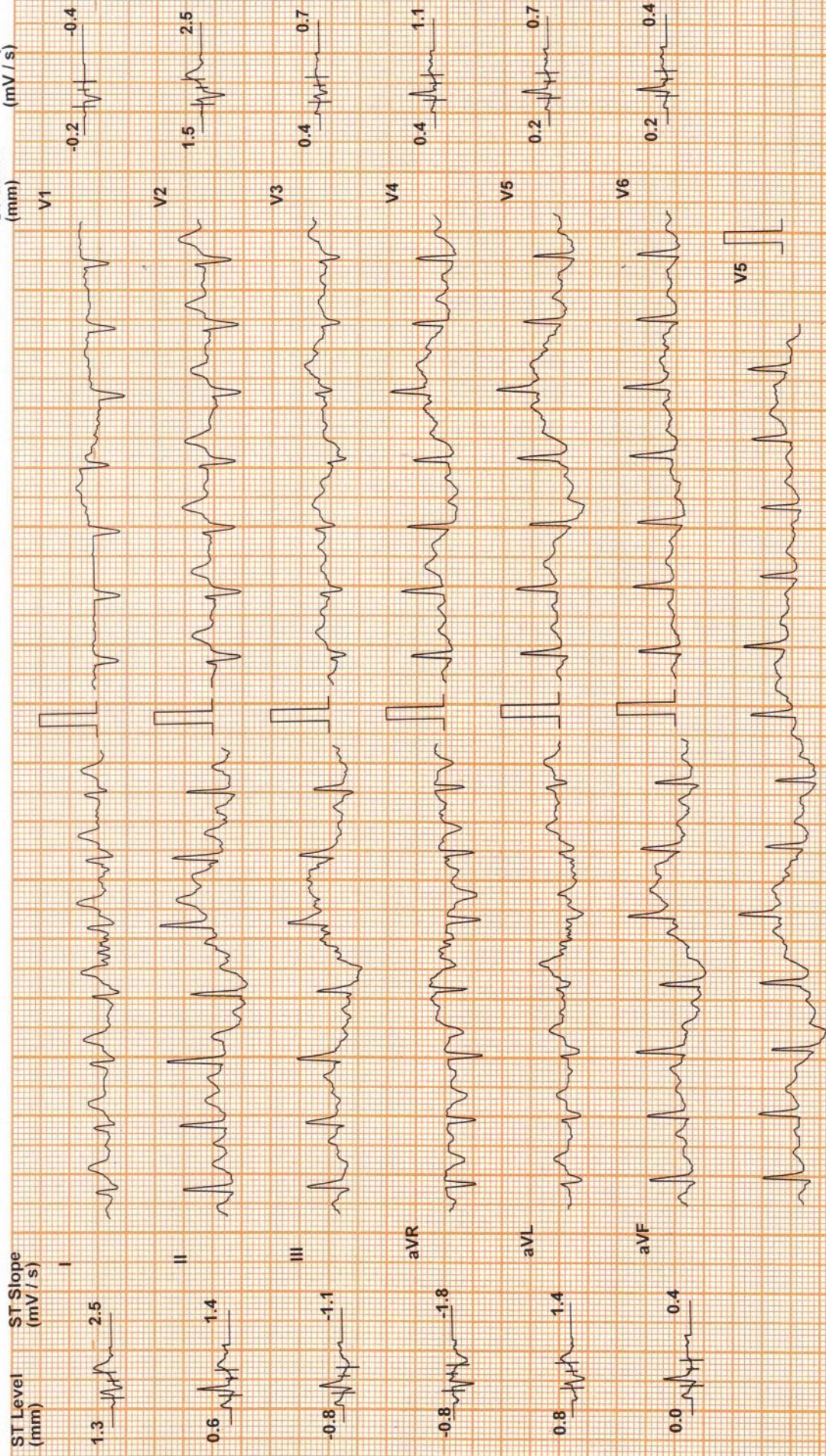


Chart Speed: 25 mm/sec Filter: 35 Hz  
Mains Filt: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms  
Schiffler-Spandan V 4.7

# DDRC SRL KOTTAYAM

HR: 93 bpm

Stage Time : 2 m 0 s

Exec Time : 7 m 0 s

Date: 14-Jan-23

ID: 162

Mrs. CLARIS JOSE (32 F)

B.P: 120 / 70

(THR: 169 bpm)

Grade: 0 %

Speed: 0 mph

Stage: Recovery(2)

Protocol: Bruce

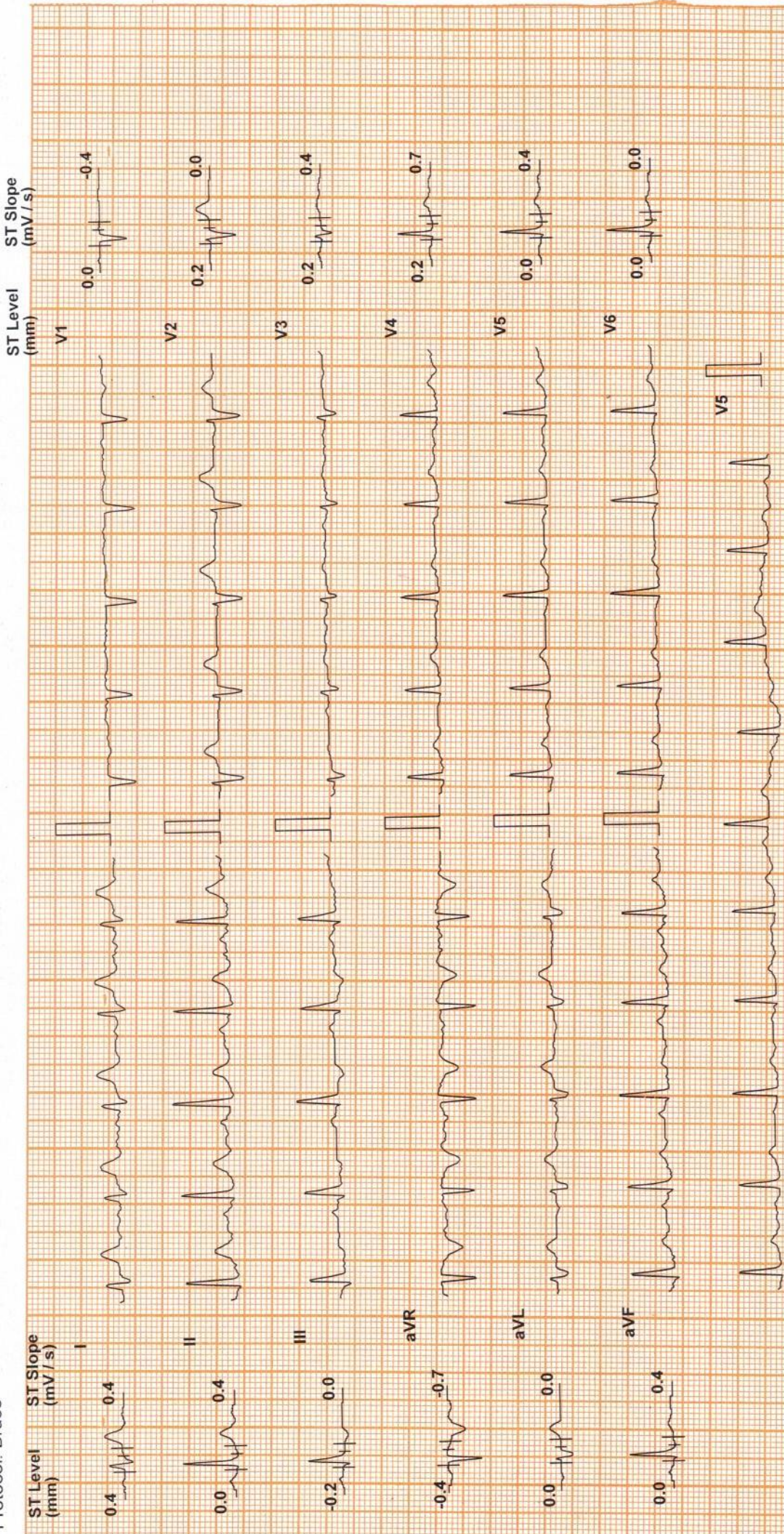


Chart Speed: 25 mm/sec  
Filter: 35 Hz  
Mains Filt: ON  
Amp: 10 mm  
Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms  
Schiller Spandam V 4.7

# DDRC SRL KOTTAYAM

Date: 14-Jan-23 Exec Time : 7 m 0 s Stage Time : 1 m 14 s HR: 93 bpm

ID: 162

Mrs. CLARIS JOSE (32 F)

B.P: 110 / 70

(THR: 169 bpm)

Grade: 0 %

Speed: 0 mph

Stage: Recovery(3)

Protocol: Bruce

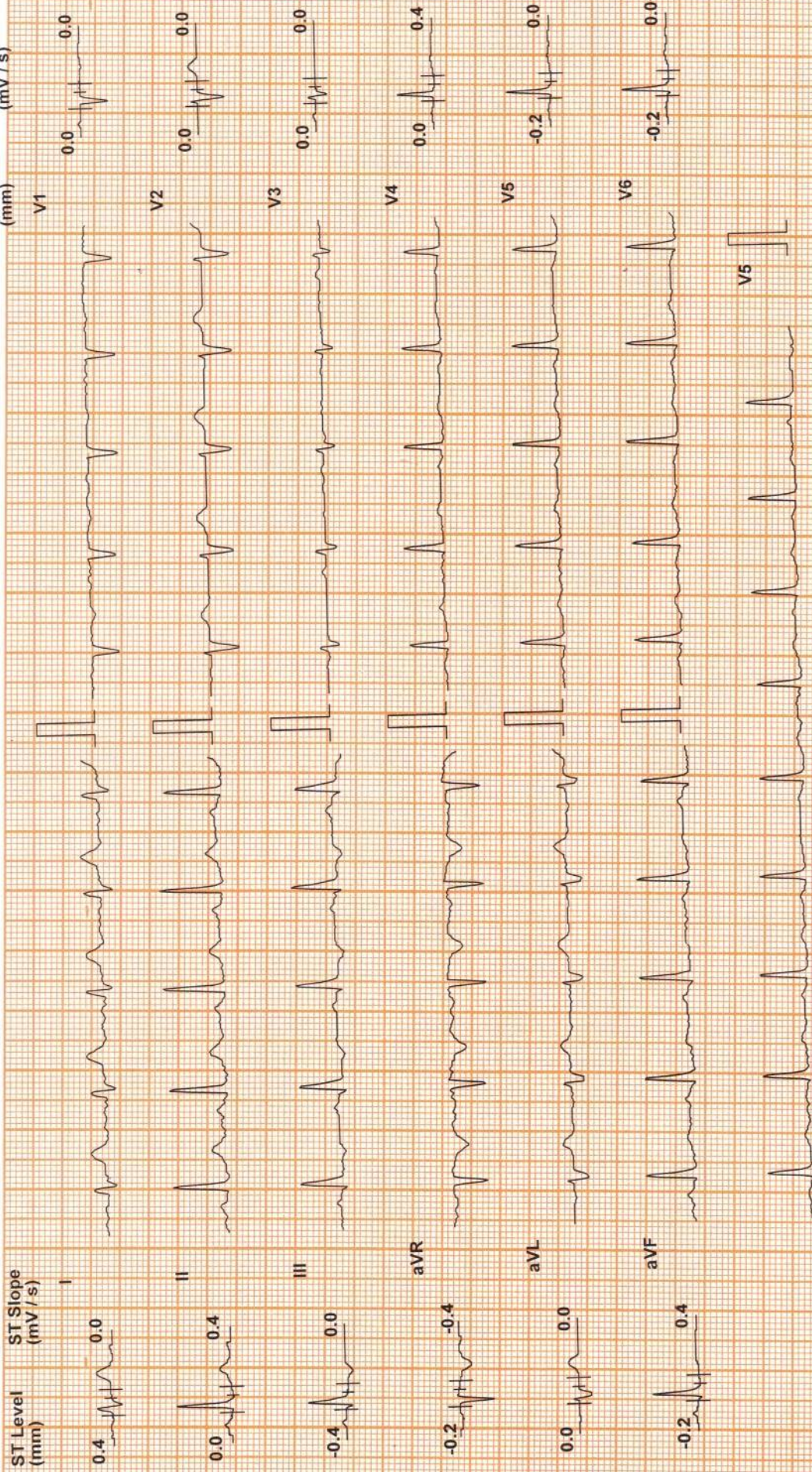


Chart Speed: 25 mm/sec  
Filter: 35 Hz  
Mains Filtr: ON  
Amp: 10 mm  
Iso = R - 60 ms  
J = R + 60 ms  
Post J = J + 60 ms  
Schiller Spandan V 47