PID No. : MED111422674 Register On : 24/12/2022 8:53 AM : 422084650 **Collection On** : 24/12/2022 9:31 AM SID No. Age / Sex : 32 Year(s) / Female

Type : OP

Ref. Dr : MediWheel

: 21/02/2023 10:36 AM Printed On

Report On

: 24/12/2022 4:57 PM

Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	12.5	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	38.3	%	37 - 47
RBC Count (EDTA Blood)	4.18	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	91.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	30.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.7	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.7	%	11.5 - 16.0
RDW-SD (EDTA Blood)	44.02	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6500	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	61.0	%	40 - 75
Lymphocytes (EDTA Blood)	29.9	%	20 - 45
Eosinophils (EDTA Blood)	0.9	%	01 - 06
Monocytes (EDTA Blood)	7.8	%	01 - 10



Age / Sex : 32 Year(s) / Female

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Report On

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Type : OP

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Printed On : 21/02/2023 10:36 AM

: 24/12/2022 4:57 PM

Investigation **Unit** Observed **Biological Value** Reference Interval Basophils 0.4 % 00 - 02(Blood) INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically. 10^3 / µl Absolute Neutrophil count 3.96 1.5 - 6.6 (EDTA Blood) Absolute Lymphocyte Count 10^3 / µl 1.5 - 3.5 1.94 (EDTA Blood) Absolute Eosinophil Count (AEC) 0.06 10^3 / µl 0.04 - 0.44(EDTA Blood) Absolute Monocyte Count 0.51 $10^{3} / \mu l$ < 1.0 (EDTA Blood) Absolute Basophil count 0.03 $10^{3} / \mu l$ < 0.2 (EDTA Blood) 150 $10^{3} / \mu l$ 150 - 450 Platelet Count (EDTA Blood) **MPV** 12.4 fL 8.0 - 13.3(EDTA Blood) **PCT** 0.19 % 0.18 - 0.28 (EDTA Blood/Automated Blood cell Counter)



9

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mm/hr

ESR (Erythrocyte Sedimentation Rate)

(Citrated Blood)

PID No. : MED111422674 Register On : 24/12/2022 8:53 AM : 422084650 SID No. Collection On : 24/12/2022 9:31 AM Age / Sex : 32 Year(s) / Female

Report On

Type : OP

(Serum/Derived)

Ref. Dr : MediWheel

: 21/02/2023 10:36 AM **Printed On**

: 24/12/2022 4:57 PM

Investigation BIOCHEMISTRY	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.48	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.21	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.27	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	20.87	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	19.20	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	10.61	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	83.5	U/L	42 - 98
Total Protein (Serum/Biuret)	7.09	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.56	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.53	gm/dL	2.3 - 3.6
A : G RATIO	1.80		1.1 - 2.2

Sr.Consultant Pathologist Reg No: 100674 **APPROVED BY**

PID No. : MED111422674

: 422084650

Age / Sex : 32 Year(s) / Female

Type : OP

SID No.

Ref. Dr : MediWheel Register On : 24/12/2022 8:53 AM

Collection On : 24/12/2022 9:31 AM

Report On : 24/12/2022 4:57 PM

: 21/02/2023 10:36 AM **Printed On**



Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	210.93	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	88.94	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the `usual_ circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	51.60	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	141.5	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/Calculated)	17.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	159.3	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



> : MED111422674 Register On : 24/12/2022 8:53 AM

Collection On : 24/12/2022 9:31 AM

: 422084650 Age / Sex : 32 Year(s) / Female Report On : 24/12/2022 4:57 PM

Type : OP : 21/02/2023 10:36 AM **Printed On**

Ref. Dr : MediWheel

PID No.

SID No.



<u>Investigation</u>	<u>Observed</u>	<u>Unit</u>	<u>Biological</u>
	Value		Reference Interval

INTERPRETATION: 1. Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio	4.1	Optimal: < 3.3
(Serum/Calculated)		Low Risk: 3.4 - 4.4
		Average Risk: 4.5 - 7.1

Moderate Risk: 7.2 - 11.0 High Risk: > 11.0

Triglyceride/HDL Cholesterol Ratio 1.7 Optimal: < 2.5

(TG/HDL) Mild to moderate risk: 2.5 - 5.0

High Risk: > 5.0(Serum/Calculated)

LDL/HDL Cholesterol Ratio 2.7 Optimal: 0.5 - 3.0

Borderline: 3.1 - 6.0 (Serum/Calculated) High Risk: > 6.0

> Dr Anusha.K.S Sr.Consultant Pathologist Reg No: 100674

: MED111422674 Register On : 24/12/2022 8:53 AM

Printed On

Type : OP

PID No.

Ref. Dr : MediWheel



Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/ <i>HPLC</i>)	5.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

Estimated Average Glucose 96.8 mg/dL

(Whole Blood)

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbAlC values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbAlc.

Dr Anusha.K.S Sr.Consultant Pathologist Reg No : 100674

: 21/02/2023 10:36 AM

PID No. : MED111422674 Register On : 24/12/2022 8:53 AM

Printed On

Age / Sex: 32 Year(s) / Female **Report On**: 24/12/2022 4:57 PM

Type : OP

Ref. Dr : MediWheel



<u>Investigation</u>	<u>Observed</u> <u>Un</u>	<u>it</u> <u>Biological</u>
	Value	Reference Interval

: 21/02/2023 10:36 AM

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.34 ng/ml 0.7 - 2.04

(Serum/ECLIA)

INTERPRETATION:

Comment:

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is

Metabolically active.

T4 (Tyroxine) - Total 10.99 μg/dl 4.2 - 12.0

(Serum/ECLIA)

INTERPRETATION:

Comment:

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) 2.61 µIU/mL 0.35 - 5.50

(Serum/ECLIA)

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment:

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

3. Values & amplt 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



PID No. : MED111422674 : 24/12/2022 8:53 AM Register On SID No. : 422084650 Collection On : 24/12/2022 9:31 AM Age / Sex : 32 Year(s) / Female

Report On

Type : OP

Ref. Dr : MediWheel **Printed On** : 21/02/2023 10:36 AM

: 24/12/2022 4:57 PM

<u>Investigation</u>	<u>Observed</u>	<u>Unit</u>	<u>Biological</u>
-	Value		Reference Interval

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE **COMPLETE**)

Colour	Pale vellow	Yellow to Amber

(Urine)

Clear Clear Appearance

(Urine)

Volume(CLU) 15

(Urine)

CHEMICAL EXAMINATION (URINE

COMPLETE)

4.5 - 8.0 pН 6.5

(Urine)

1.004 1.002 - 1.035 Specific Gravity

(Urine)

Ketone Negative Negative

(Urine)

Urobilinogen Normal Normal

(Urine)

Blood Negative Negative

(Urine)

Negative Negative Nitrite

(Urine)

Bilirubin Negative Negative

(Urine)

Negative Protein Negative

(Urine)



 PID No.
 : MED111422674
 Register On
 : 24/12/2022 8:53 AM

 SID No.
 : 422084650
 Collection On
 : 24/12/2022 9:31 AM

Printed On

Type : OP

(Urine)

(Urine)

Crystals

Ref. Dr : MediWheel



NIL

Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		
MICROSCOPIC EXAMINATION (URINE COMPLETE)			
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		
INTERPRETATION: Note: Done with Automated reviewed and confirmed microscopically.	Urine Analyser & Autom	ated urine sedimenta	ation analyser. All abnormal reports are
Casts	NIL	/hpf	NIL

NIL

: 21/02/2023 10:36 AM

Dr Anusha.K.S Sr.Consultant Pathologist Reg No : 100674 APPROVED BY

/hpf

PID No. : MED111422674

: 422084650

Age / Sex : 32 Year(s) / Female

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SID No.

Ref. Dr : MediWheel

Register On : 24/12/2022 8:53 AM

Collection On : 24/12/2022 9:31 AM

Report On : 24/12/2022 4:57 PM

Printed On : 21/02/2023 10:36 AM



InvestigationObservedUnitBiologicalValueReference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING

(EDTA Blood/Agglutination)

'O' 'Positive'



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Printed On : 21/02/2023 10:36 AM



Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
BUN / Creatinine Ratio	16.1		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	105.20	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Negative		Negative
88.75	mg/dL	70 - 140
	C	

(Plasma - PP/GOD-PAP)

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Blood Urea Nitrogen (BUN)	11.8	mg/dL	7.0 - 21
(Serum/Urease UV / derived)			
Creatinine	0.73	mg/dL	0.6 - 1.1
(Serum/Modified Jaffe)			

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcyteine, chemotherapeutic agent such as flucytosine

Uric Acid 4.18 2.6 - 6.0mg/dL (Serum/Enzymatic)



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-- End of Report --



Name	Mrs.BHARTI NEHA	ID	MED111422674
Age & Gender	32/FEMALE	Visit Date	24/12/2022
Ref Doctor Name	MediWheel		

SONOMAMMOGRAPHY OF BOTH BREASTS

Both breasts show normal echopattern.

No evidence of focal solid / cystic areas in either breast.

No evidence of ductal dilatation.

Few lymphnodes with maintained fatty hilum are noted in both axillae.

IMPRESSION:

> NO SIGNIFICANT ABNORMALITY.

DR. APARNA CONSULTANT RADIOLOGIST A/vp

REPORT DISCLAIMER

^{1.}This is only a radiological imperssion.Like other investigations, radiological investication also have limitation. Therefore radiological reports should be interpreted in correlation with clinical and pathological findings.

^{2.} The results reported here in are subject to interpretation by qualified medical professionals only.

^{3.} Customer identities are accepted provided by the customer or their representative.

^{4.}information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.

^{5.}If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.

^{6.}Test results should be interpreted in context of clinical and other findings if any. In case of any clarification /doubt, the refrering doctor/patient can contact the respective section head of the laboratory.

^{7.}Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,

^{8.}If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.

^{9.}Liability is limited to the extend of amount billed.

^{10.}Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.

^{11.}Disputes, if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.