



RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

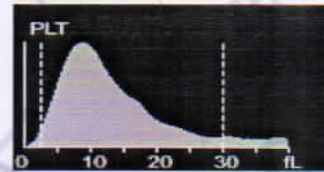
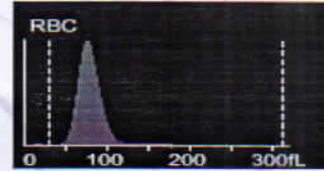
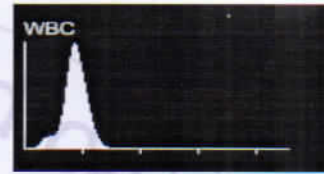
NABL CERTIFICATE NO.
MC-5346

Hematology Analysis Report

First Name: RAM GOPAL MAHA
Last Name: Sample Type:
Gender: Male Department:
Age: Med Rec. No.:

Sample ID: 24
Test Time: 24/11/2023 13:18
Diagnosis:

| Parameter | Result | Ref. Range | Unit |
|-----------|--------|-------------|---------------------|
| 1 WBC | 9.13 | 4.00-10.00 | 10 ³ /uL |
| 2 Neu% | 64.7 | 50.0-70.0 | % |
| 3 Lym% | 24.1 | 20.0-40.0 | % |
| 4 Mon% | 7.4 | 3.0-12.0 | % |
| 5 Eos% | 3.2 | 0.5-5.0 | % |
| 6 Bas% | 0.6 | 0.0-1.0 | % |
| 7 Neu# | 5.91 | 2.00-7.00 | 10 ³ /uL |
| 8 Lym# | 2.20 | 0.80-4.00 | 10 ³ /uL |
| 9 Mon# | 0.68 | 0.12-1.20 | 10 ³ /uL |
| 10 Eos# | 0.29 | 0.02-0.50 | 10 ³ /uL |
| 11 Bas# | 0.05 | 0.00-0.10 | 10 ³ /uL |
| 12 RBC | 4.15 | 3.50-5.50 | 10 ⁶ /uL |
| 13 HGB | 12.8 | 11.0-16.0 | g/dL |
| 14 HCT | 34.8 | 37.0-54.0 | % |
| 15 MCV | 83.8 | 80.0-100.0 | fL |
| 16 MCH | 30.8 | 27.0-34.0 | pg |
| 17 MCHC | 36.7 | 32.0-36.0 | g/dL |
| 18 RDW-CV | 13.2 | 11.0-16.0 | % |
| 19 RDW-SD | 45.5 | 35.0-56.0 | fL |
| 20 PLT | 267 | 100-300 | 10 ³ /uL |
| 21 MPV | 8.9 | 6.5-12.0 | fL |
| 22 PDW | 11.2 | 9.0-17.0 | fL |
| 23 PCT | 0.236 | 0.108-0.282 | % |
| 24 P-LCR | 28.8 | 11.0-45.0 | % |
| 25 P-LCC | 77 | 30-90 | 10 ³ /uL |



Dr. Mamta Khuteta
M.D. (Path.)
RMC No. : 4720/16260

Submitter: Operator: admin Approver:
Draw Time: 24/11/2023 13:17 Received Time: 24/11/2023 13:17 Validated Time:
Report Time: Remarks:

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



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FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346

Patient Name: **RAMGOPAL MAHALA**
Sr. No. : **75168**
Patient ID No.: **156**
Gender : **MALE**
Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **24-11-2023 03:09 PM**
Collected On : **24-11-2023 03:09 PM**
Received On : **24-11-2023 03:09 PM**
Reported On : **06-12-2023 12:52 PM**
Bar Code
LIS Number

HAEMATOLOGY

| Test Name | Observed Values | Units | Reference Intervals |
|----------------------------|-----------------|-------|---------------------|
| BLOOD GROUPING (ABO & Rh) | O+ Positive | | |

HbA1c(Glycosylated hemoglobin)

| Test Name | Observed Values | Units | Reference Intervals |
|---------------------------------|-----------------|--------|---|
| HbA1c(Glycosylated hemoglobin) | 5.80 | % | < 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.10 - 8.00 Adeqate Control 8.10 - 9.00 Suboptimal Control 9.10 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control |
| eAG (Estimated Average Glucose) | 119.76 | mg/dL | |
| eAG (Estimated Average Glucose) | 6.65 | mmol/L | |

Method : Fluorescence Immunoassay Technology

Sample Type : EDTA Blood

Test Performed by:-

Fully Automated (EM 200) ERBA MANNHEIM.

Remarks :

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

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

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

Mamta Khuteta

Dr. Mamta Khuteta
M.D.(Path.)
RMC No. 4720/16260



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B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977



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BIO-CHEMISTRY

| Test Name | Observed Values | Units | Reference Intervals |
|---|-----------------|-------|---|
|  Glucose Fasting (Method : GOD-POD) | 93.00 | mg/dL | Glucose Fasting Cord: 45-96 New born, 1d: 40 -60 New born, >1d: 50-80 Child: 60-100 Adult: 74-100 >60 Y: 82-115 >90 Y: 75-121 |

KIDNEY FUNCTION TEST

| Test Name | Observed Values | Units | Reference Intervals |
|---|-----------------|-------|--|
|  Blood Urea (Method : Urease-GLDH) | 33.00 | mg/dL | Adults Women < 50 years : 13-40 Women > 50 years : 21-43 Men < 50 years : 19-45 Men > 50 years : 18-55 Children 1-3 years : 11-36 4-13 years : 15-36 13-19 years : 18-45 |
|  Creatinine (Method : Enzymatic Creatininase) | 0.94 | mg/dL | 0.6-1.30 |
| Calcium | 10.52 | mg/dL | 8.5-11 |
|  Uric Acid (Method : Uricase-POD) | 6.44 | mg/dL | 2.4-7.2 |

Ashish sethi

Dr. Ashish Sethi
Consultant Biochemist

Mamta Khuteta

Dr. Mamta Khuteta
M.D.(Path.)
RMC No. 4720/15260



आपत सेवा

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B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977





RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346

Patient Name: **RAMGOPAL MAHALA**
Sr. No. : **75168**
Patient ID No.: **156**
Gender : **MALE**
Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



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LIS Number **8 0**

BIO-CHEMISTRY

Liver Function Test

| Test Name | Observed Values | Units | Reference Intervals |
|---|-----------------|-------|---|
| SGOT/AST(Tech.:UV Kinetic) | 30.00 | U/L | 5-40 |
| SGPT/ALT(Tech.:UV Kinetic) | 34.05 | U/L | 5-40 |
| Bilirubin(Total)(Tech.:Jendrassik Grof) | 1.09 | mg/dL | 0.1-1.1 |
| Bilirubin(Direct) | 0.26 | mg/dL | 0-0.3 |
| Bilirubin(Indirect) | 0.83 | mg/dL | 0.1-1.0 |
| Total Protein(Tech.:Biuret) | 7.08 | gm/dL | 6-8 |
| Albumin(Tech.:BCG) (Method : BCG) | 4.02 | gm/dL | 0-4 days:2.8-4.4 4d-14 yrs: 3.8-5.4 14y-18y : 3.2-4.5 Adults 20-60 yrs: 3.5-5.2 60-90 yrs: 3.2-4.6 |
| Globulin(CALCULATION) | 3.06 | gm/dL | 2.5-4.5 |
| A/G Ratio(Tech.:Calculated) | 1.31 | | 1.2 -- 2.5 |
| Alkaline Phosphatase(Tech.:Pnp Amp Kinetic) | 193.00 | U/L | 108-306 |

Ashish sethi
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FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMMOGRAPHY

NABL CERTIFICATE NO.
MC-5346

Patient Name: **RAMGOPAL MAHALA**
Sr. No. : 75168
Patient ID No.: 156
Gender : MALE
Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 24-11-2023 03:09 PM
Collected On : 24-11-2023 03:09 PM
Received On : 24-11-2023 03:09 PM
Reported On : 06-12-2023 12:52 PM
Bar Code
LIS Number 8 0

LIPID PROFILE COMPLETE

| Test Name | Observed Values | Units | Reference Intervals |
|-------------------------------------|-----------------|-------|---|
| Cholesterol (Method : CHOD-PAP) | 168.00 | mg/dL | Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199 |
| HDL Cholesterol | 48.62 | mg/dL | 35-88 |
| Triglycerides (Method : GPO) | 101.00 | mg/dL | Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499 |
| LDL Cholesterol | 99.18 | mg/dL | 0-100 |
| VLDL Cholesterol | 20.20 | mg/dL | 0-35 |
| TC/HDL Cholestrol Ratio | 3.46 | Ratio | 2.5-5 |
| LDL/HDL Ratio | 2.04 | Ratio | 1.5-3.5 |

Ashish sethi

Dr. Ashish Sethi
Consultant Biochemist

Mamta Khuteta

Dr. Mamta Khuteta
M.D.(Path.)
RMC No. 4720/16200



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346

Name :- **Mr. RAMGOPAL MAHALA**
Sex / Age :- Male
Doctor :-
Client Name :- **MEDI WHEEL HEALTH CHECK UP**
Sample Type :- Serum

Patient ID / CCL No :-102340944
Sample Collected :- 25/11/2023 11:49:5
Sample Received on: 25-11-2023 11:50:24
Report Released on: 25-11-2023 15:45:3
Barcode 

| TEST NAME | VALUE | UNIT | REFERENCE RANGE |
|--|--------|--------|---|
| TFT | | | |
| T3 (TOTAL TRIIODOTHYRONINE) (Tech.:- Chemiluminescence Immunoassay) | 145.00 | ng/dl | 100 - 740 : 0-30 Days 105 - 207 : 1-12 Yrs. 86 - 192 : 13-20 Yrs. 70 - 204 : Adults |
| T4 (TOTAL THYROXINE) (Tech.:- Chemiluminescence Immunoassay) | 9.59 | ug/dl | 11.80 - 22.60 < 1 Week 9.80 - 16.60 1-4 Wks. 5.50 - 12.10 : 2-12 Yrs. 5.50 - 11.10 : 13-20 Yrs. 4.60 - 12.50 Adults |
| TSH. (Ultra Sensitive) (Tech.:- Chemiluminescence Immunoassay) | 1.55 | uIU/ml | 0.52 - 16.00 : 1-30 Days 0.46 - 8.10 : 1 mnt - 5 Yrs. 0.35 - 5.50 : Adults |

INTERPRETATION

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

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

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

- End of Report



आपतकालीन सेवाएं
Collected Sample Received

Technologist

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M.D.S., (Path.)
Reg. No. 1915

MD. (Path.)
Reg. No. 15235

DR. ASHISH SETHI
Consultant Biochemist

