PID No.
 : MED111017115
 Register On : 12/03/2022 8:47 AM

 SID No.
 : 78393140
 Collection On : 12/03/2022 9:37 AM

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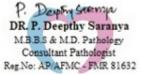
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Type : OP

Ref. Dr : MediWheel



Investigation HAEMATOLOGY	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Complete Blood Count With - ESR			
Haemoglobin (Blood/Photometry o'"Cell counter)	12.99	g/dL	12.5 - 16.0
PCV (Packed Cell Volume) / Haematocrit (Blood/Numeric Integration of MCV)	42.20	%	37 - 47
RBC Count (Whole Blood/Electrical Impedance)	04.80	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (Blood/Calculated)	87.98	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (Blood/Calculated)	27.09	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (Blood/Calculated)	30.79	g/dL	32 - 36
RDW-CV	11.06	%	11.5 - 16.0
RDW-SD	40.22	fL	39 - 46
Total WBC Count (TC) (Whole Blood/Electrical Impedance)	8520	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance and absorbance)	53.90	%	40 - 75
Lymphocytes (Blood/Impedance and absorbance)	39.00	%	20 - 45
Eosinophils (Blood/Impedance and absorbance)	01.80	%	01 - 06
Monocytes (Blood/Impedance and absorbance)	05.20	%	01 - 10



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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Basophils	00.10	%	00 - 02
(Blood/Impedance and absorbance)			
INTERPRETATION: Tests done on Automated Five	Part cell counter. All	abnormal results are revie	ewed and confirmed microscopically.
Absolute Neutrophil count (Blood/Impedance and absorbance)	04.59	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/Impedance and absorbance)	03.32	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/Impedance and absorbance)	00.15	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance and absorbance)	00.44	10^3 / μl	< 1.0
Absolute Basophil count (Blood/Impedance and absorbance)	00.01	10^3 / μl	< 0.2
Platelet Count (Blood/Electrical Impedance)	2.66	lakh/cu.mm	1.4 - 4.5
INTERPRETATION: Platelet count less than 1.5 lakh	s will be confirmed n	nicroscopically.	
MPV (Blood/Automated Blood cell Counter)	09.09	fL	8.0 - 13.3
PCT	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate)	20	mm/hr	< 20

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P. Deeping Stranga
DR. P. Deepthy Saranya
MB.B.S. & M.D. Pathology
Consultant Pathologist
Reg.No: AP/AFMC - FMR 81632

(Blood/Automated ESR analyser)

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Investigation BIOCHEMISTRY	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.71	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.20	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.51	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	19.5	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	19.3	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	19.1	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	49.7	U/L	42 - 98
Total Protein (Serum/Biuret)	7.04	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.90	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.14	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.24		1.1 - 2.2

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DR.FAYIOAH MD(PATH)
CONSULTANT - PATHOLOGIST
REG NO:116685
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Consultant Pathologist
Reg No : 73347

Type : OP

Ref. Dr : MediWheel



Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/ <i>HPLC</i>)	5.5	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

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

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Estimated Average Glucose 111.15 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.

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Consultant Pathologist
Reg No : 73347

PID No. : MED111017115 Register On : 12/03/2022 8:47 AM

: 78393140 SID No. Collection On : 12/03/2022 9:37 AM

Age / Sex : 27 Year(s) / Female Report On 14/03/2022 7:09 PM **Type** : OP : 18/03/2022 4:08 PM

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<u>Investigation</u>	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	173	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol-phosphate oxidase/Peroxidase)	132	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 õusualö circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Direct Detergent)	46.24	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	100.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	26.4	mg/dL	< 30

CONSULTANT - PATHOLOGIST **REG NO:116685 VERIFIED BY**

Dr.E.Saravanan M.D(Path) Consultant Pathologist Reg No: 73347

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

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Non HDL Cholesterol 126.8 mg/dL

(Serum/Calculated)

Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219

High: 190 - 219 Very High: >= 220

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	3.7	Optimal: < 3.3
(Serum/Calculated)		Low Risk: 3.4 - 4.4
		Average Risk: 4.5 - 7.1
		Moderate Risk: 7.2 - 11.0

Moderate Risk: 7.2 - 11.0 High Risk: > 11.0

Triglyceride/HDL Cholesterol Ratio 2.9 Optimal: < 2.5

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

(Serum/Calculated) High Risk: > 5.0

LDL/HDL Cholesterol Ratio

(Serum/Calculated)

2.2

Optimal: 0.5 - 3.0

Borderline: 3.1 - 6.0

High Risk: > 6.0

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PID No. : MED111017115 Register On : 12/03/2022 8:47 AM

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

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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.31 ng/mL 0.7 - 2.04

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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 (Thyroxine) - Total 9.7 μg/dL 4.2 - 12.0

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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) 2.81 µIU/mL 0.35 - 5.50

(Serum/Chemiluminescence)

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



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Type : OP

Ref. Dr : MediWheel

: 12/03/2022 8:47 AM Collection On : 12/03/2022 9:37 AM

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

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour Pale Yellow Yellow to Amber

(Urine/Physical examination)

clear Appearance

(Urine/Physical examination)

Volume(CLU) 35 ml

CHEMICAL EXAMINATION

Leukocytes(CP) Negative

6.5 4.5 - 8.0pН

(Urine/Double Indicator)

Specific Gravity 1.002 - 1.035 1.015 (Urine/Ionic concentration)

Ketone Negative Negative

(Urine/Dip Stick Reagent strip Method / Rotheraøs

mixture.)

Normal Within normal limits Urobilinogen

(Urine/Dipstik ó"Reagent strip method / Ehrlichøs

Reaction)

Negative Blood Negative

(Urine/Dip-Stick Method Peroxidase like activity of

HB)

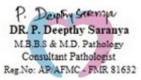
Nitrite Negative Negative

(Urine/Dip Stick ó"Reagent strip method.)

Negative Negative Bilirubin

(Urine/Dip Stick óDiazotized Dichloro

aniline/Fouchets method.)



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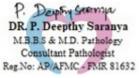
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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Protein (Urine/Dipstick-Error of indicator/ Sulphosalicylic	Negative		Negative
acid method)			
Glucose (Urine/Dip Stick Method / Glucose Oxidase - Peroxidase / Benedictos semi quantitative method.)	Negative		Negative
Urine Microscopy Pictures			
RBCs (Urine/Microscopy exam of urine sediment)	Nil	/hpf	Nil
Pus Cells (Urine/Microscopy exam of urine sediment)	2-4	/hpf	NIL
Casts (Urine/Microscopy exam of urine sediment)	Nil	/hpf	NIL
Epithelial Cells (Urine/Microscopy exam of urine sediment)	4-6	/hpf	Nil
Urine Crystals (Stool)	Nil	/hpf	NIL
Others (Urine)	Nil		Nil

INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy



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

HAEMATOLOGY

BLOOD GROUPING AND Rh TYPING

(Blood/Agglutination)

'O' 'Positive'

Depty Stemp DR. P. Deepthy Saranya M.B.B.S & M.D. Pathology Consultant Pathologist Reg No: AP/AFMC - FMR 81632

Type : OP Printed On : 18/03/2022 4:08 PM

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Fillited Off 10/00/2022



Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
BUN / Creatinine Ratio	12.18		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/Glucose oxidase/Peroxidase)	94	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.

Glucose, Fasting (Urine) (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/Glucose oxidase/Peroxidase)	99	mg/dL	70 - 140

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 resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.8	mg/dL	7.0 - 21
Creatinine (Serum/ <i>Jaffe ó"Alkaline Picrate</i>)	1.00	mg/dL	0.6 - 1.1
Uric Acid (Serum/Enzymatic)	5.6	mg/dL	2.6 - 6.0

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-- End of Report --