



CLIENT CODE : C000138361

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
E-368, LGF, Nirman Vihar, Near Nirman Vihar Metro
NEW DELHI, 110092
NEW DELHI, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : wellness.eastdelhi@srl.in

PATIENT NAME : SHIVANGNI PAL

PATIENT ID : SHIVF02059028

ACCESSION NO : 0028WA000653 AGE : 32 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 25/01/2023 09:16

REPORTED : 31/01/2023 12:07

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE**BLOOD COUNTS, EDTA WHOLE BLOOD**

HEMOGLOBIN (HB)	12.6	12.0 - 15.0	g/dL
METHOD : SPECTROPHOTOMETRY			
RED BLOOD CELL (RBC) COUNT	4.41	3.8 - 4.8	mil/ μ L
METHOD : ELECTRICAL IMPEDANCE			
WHITE BLOOD CELL (WBC) COUNT	7.20	4.0 - 10.0	thou/ μ L
METHOD : ELECTRICAL IMPEDANCE			
PLATELET COUNT	133	Low 150 - 410	thou/ μ L
METHOD : ELECTRICAL IMPEDANCE			

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	39.2	36.0 - 46.0	%
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR VOLUME (MCV)	88.9	83.0 - 101.0	fL
METHOD : DERIVED/COULTER PRINCIPLE			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	28.6	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC)	32.2	31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER			
RED CELL DISTRIBUTION WIDTH (RDW)	14.7	High 11.6 - 14.0	%
METHOD : DERIVED/COULTER PRINCIPLE			
MENTZER INDEX	20.2		
METHOD : CALCULATED PARAMETER			
MEAN PLATELET VOLUME (MPV)	12.4	High 6.8 - 10.9	fL
METHOD : DERIVED/COULTER PRINCIPLE			

WBC DIFFERENTIAL COUNT

NEUTROPHILS	56	40 - 80	%
METHOD : VCS TECHNOLOGY/ MICROSCOPY			
LYMPHOCYTES	33	20 - 40	%
METHOD : VCS TECHNOLOGY/ MICROSCOPY			
MONOCYTES	8	2.0 - 10.0	%
METHOD : VCS TECHNOLOGY/ MICROSCOPY			
EOSINOPHILS	3	1.0 - 6.0	%
METHOD : VCS TECHNOLOGY/ MICROSCOPY			
BASOPHILS	0	0 - 1	%
METHOD : VCS TECHNOLOGY/ MICROSCOPY			



Scan to View Details



Scan to View Report



CLIENT CODE : C000138361

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
E-368, LGF, Nirman Vihar, Near Nirman Vihar Metro
NEW DELHI, 110092
NEW DELHI, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : wellness.eastdelhi@srl.in

PATIENT NAME : SHIVANGNI PAL

PATIENT ID : SHIVF02059028

ACCESSION NO : 0028WA000653 AGE : 32 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 25/01/2023 09:16

REPORTED : 31/01/2023 12:07

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
ABSOLUTE NEUTROPHIL COUNT		4.00	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		2.40	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.60	0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.22	0.02 - 0.50	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE BASOPHIL COUNT		0.00	Low 0.02 - 0.10	thou/ μ L
METHOD : CALCULATED PARAMETER				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		1.7		
METHOD : CALCULATED PARAMETER				
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD				
E.S.R		27	High < 20	mm at 1 hr
METHOD : MODIFIED WESTERGREN METHOD BY AUTOMATED ANALYSER				
GLUCOSE FASTING,FLUORIDE PLASMA				
FBS (FASTING BLOOD SUGAR)		81	74 - 106	mg/dL
METHOD : HEXOKINASE				
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD				
HBA1C		5.0	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)		96.8	< 116.0	mg/dL
GLUCOSE, POST-PRANDIAL, PLASMA				
PPBS(POST PRANDIAL BLOOD SUGAR)		105	Non-Diabetes 70 - 140	mg/dL
METHOD : HEXOKINASE				
LIPID PROFILE, SERUM				
CHOLESTEROL, TOTAL		217	High < 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE				



Scan to View Details



Scan to View Report



CLIENT CODE : C000138361

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
E-368, LGF, Nirman Vihar, Near Nirman Vihar Metro
NEW DELHI, 110092
NEW DELHI, INDIA
Tel : 91115911115,
CIN - U74899PB1995PLC045956
Email : wellness.eastdelhi@srl.in

PATIENT NAME : SHIVANGNI PAL

PATIENT ID : SHIVF02059028

ACCESSION NO : 0028WA000653 AGE : 32 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 25/01/2023 09:16

REPORTED : 31/01/2023 12:07

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

TRIGLYCERIDES	67		< 150 Normal 150 - 199 Borderline High 200 - 499 High >/= 500 Very High	mg/dL
---------------	----	--	--	-------

METHOD : ENZYMATIC, END POINT

HDL CHOLESTEROL	80	High	< 40 Low >/=60 High	mg/dL
-----------------	----	------	------------------------	-------

METHOD : DIRECT MEASURE POLYMER-POLYANION

CHOLESTEROL LDL	124	High	< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High >/= 190 Very High	mg/dL
-----------------	-----	------	--	-------

NON HDL CHOLESTEROL	137	High	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
---------------------	-----	------	--	-------

METHOD : CALCULATED PARAMETER

VERY LOW DENSITY LIPOPROTEIN	13.4		Desirable value : 10 - 35	mg/dL
------------------------------	------	--	------------------------------	-------

CHOL/HDL RATIO	2.7	Low	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
----------------	-----	-----	--	--

LDL/HDL RATIO	1.6		0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
---------------	-----	--	--	--

Interpretation(s)

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL	0.26		UPTO 1.2	mg/dL
------------------	------	--	----------	-------

METHOD : DIAZONIUM ION, BLANKED (ROCHE)

BILIRUBIN, DIRECT	0.09		0.00 - 0.30	mg/dL
-------------------	------	--	-------------	-------

METHOD : DIAZOTIZATION

BILIRUBIN, INDIRECT	0.17		0.00 - 0.60	mg/dL
---------------------	------	--	-------------	-------

METHOD : CALCULATED PARAMETER

TOTAL PROTEIN	7.7		6.6 - 8.7	g/dL
---------------	-----	--	-----------	------

METHOD : BIURET,SERUM BLANK,ENDPOINT

ALBUMIN	4.9		3.97 - 4.94	g/dL
---------	-----	--	-------------	------

METHOD : BROMOCRESOL GREEN





CLIENT CODE : C000138361

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
E-368, LGF, Nirman Vihar, Near Nirman Vihar Metro
NEW DELHI, 110092
NEW DELHI, INDIA
Tel : 91115911115,
CIN - U74899PB1995PLC045956
Email : wellness.eastdelhi@srl.in

PATIENT NAME : SHIVANGNI PAL

PATIENT ID : SHIVF02059028

ACCESSION NO : 0028WA000653 AGE : 32 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 25/01/2023 09:16

REPORTED : 31/01/2023 12:07

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

GLOBULIN	2.8	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
METHOD : CALCULATED PARAMETER			
ALBUMIN/GLOBULIN RATIO	1.8	1.0 - 2.0	RATIO
METHOD : CALCULATED PARAMETER			
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23	0 - 32	U/L
METHOD : UV WITHOUT P5P			
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	0 - 31	U/L
METHOD : UV WITHOUT P5P			
ALKALINE PHOSPHATASE	89	35 - 105	U/L
METHOD : PNPP, AMP BUFFER-IFCC			
GAMMA GLUTAMYL TRANSFERASE (GGT)	16	5 - 36	U/L
METHOD : G-GLUTAMYL-CARBOXY-NITROANILIDE-IFCC			
LACTATE DEHYDROGENASE	157	135 - 214	U/L
METHOD : L TO P, IFCC			
BLOOD UREA NITROGEN (BUN), SERUM			
BLOOD UREA NITROGEN	13	6 - 20	mg/dL
METHOD : UREASE - UV			
CREATININE, SERUM			
CREATININE	0.69	0.50 - 0.90	mg/dL
METHOD : ALKALINE PICRATE-KINETIC			
BUN/CREAT RATIO			
BUN/CREAT RATIO	18.84	High 5.00 - 15.00	
METHOD : CALCULATED PARAMETER			
URIC ACID, SERUM			
URIC ACID	5.6	2.4 - 5.7	mg/dL
METHOD : URICASE, COLORIMETRIC			
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	7.7	6.6 - 8.7	g/dL
METHOD : BIURET,SERUM BLANK,ENDPOINT			
ALBUMIN, SERUM			
ALBUMIN	4.9	3.97 - 4.94	g/dL
METHOD : BROMOCRESOL GREEN			
GLOBULIN			



Scan to View Details



Scan to View Report



CLIENT CODE : C000138361

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
E-368, LGF, Nirman Vihar, Near Nirman Vihar Metro
NEW DELHI, 110092
NEW DELHI, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : wellness.eastdelhi@srl.in

PATIENT NAME : SHIVANGNI PAL

PATIENT ID : SHIVF02059028

ACCESSION NO : 0028WA000653 AGE : 32 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 25/01/2023 09:16

REPORTED : 31/01/2023 12:07

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

GLOBULIN	2.8	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
----------	-----	---	------

METHOD : CALCULATED PARAMETER

ELECTROLYTES (NA/K/CL), SERUM

SODIUM, SERUM	138	136 - 145	mmol/L
---------------	-----	-----------	--------

METHOD : ISE INDIRECT

POTASSIUM, SERUM	4.03	3.5 - 5.1	mmol/L
------------------	------	-----------	--------

METHOD : ISE INDIRECT

CHLORIDE, SERUM	100	98 - 107	mmol/L
-----------------	-----	----------	--------

METHOD : ISE INDIRECT

Interpretation(s)**PHYSICAL EXAMINATION, URINE**

COLOR	PALE YELLOW
-------	-------------

METHOD : VISUAL

APPEARANCE	SLIGHTLY HAZY
------------	---------------

METHOD : VISUAL

CHEMICAL EXAMINATION, URINE

PH	6.0	4.7 - 7.5
----	-----	-----------

METHOD : DOUBLE INDICATOR PRINCIPLE

SPECIFIC GRAVITY	<=1.005	1.003 - 1.035
------------------	---------	---------------

METHOD : PKA CHANGE OF PRETREATED POLYELECTROLYTES

PROTEIN	NOT DETECTED	NOT DETECTED
---------	--------------	--------------

METHOD : PROTEIN- ERROR INDICATOR

GLUCOSE	NOT DETECTED	NOT DETECTED
---------	--------------	--------------

METHOD : OXIDASE-PEROXIDASE REACTION

KETONES	NOT DETECTED	NOT DETECTED
---------	--------------	--------------

METHOD : ACETOACETIC REACTION WITH NITROPRUSSIDE

BLOOD	NOT DETECTED	NOT DETECTED
-------	--------------	--------------

METHOD : PEROXIDASE-LIKE ACTIVITY OF HEMOGLOBIN

BILIRUBIN	NOT DETECTED	NOT DETECTED
-----------	--------------	--------------

METHOD : DIAZOTIZATION

UROBILINOGEN	NORMAL	NORMAL
--------------	--------	--------

METHOD : MODIFIED EHRlich REACTION

NITRITE	NOT DETECTED	NOT DETECTED
---------	--------------	--------------

METHOD : CONVERSION OF NITRATE TO NITRITE

LEUKOCYTE ESTERASE	NOT DETECTED	NOT DETECTED
--------------------	--------------	--------------



Scan to View Details



Scan to View Report



CLIENT CODE : C000138361

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
E-368, LGF, Nirman Vihar, Near Nirman Vihar Metro
NEW DELHI, 110092
NEW DELHI, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : wellness.eastdelhi@srl.in

PATIENT NAME : SHIVANGNI PAL

PATIENT ID : SHIVF02059028

ACCESSION NO : 0028WA000653 AGE : 32 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 25/01/2023 09:16

REPORTED : 31/01/2023 12:07

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

METHOD : ESTERASE HYDROLYSIS ACTIVITY

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
-----------------	--------------	--------------	------

METHOD : MICROSCOPIC EXAMINATION

PUS CELL (WBC'S)	2-3	0-5	/HPF
------------------	-----	-----	------

METHOD : MICROSCOPIC EXAMINATION

EPITHELIAL CELLS	8-10	0-5	/HPF
------------------	-------------	-----	------

METHOD : MICROSCOPIC EXAMINATION

CASTS	NOT DETECTED		
-------	--------------	--	--

METHOD : MICROSCOPIC EXAMINATION

CRYSTALS	NOT DETECTED		
----------	--------------	--	--

METHOD : MICROSCOPIC EXAMINATION

BACTERIA	NOT DETECTED	NOT DETECTED	
----------	--------------	--------------	--

METHOD : MICROSCOPIC EXAMINATION

YEAST	NOT DETECTED	NOT DETECTED	
-------	--------------	--------------	--

REMARKS

MICROSCOPIC EXAMINATION DONE ON CENTRIFUGED URINE
PLEASE NOTE THAT GRADING OF BACTERIA NEEDS TO BE CORELATED
WITH THE CULTURE IN CASE FOUND SIGNIFICANT CLINICALLY.
OCCASIONAL BACTERIA/YEAST CELLS SEEN IN MICROSCOPY CAN BE A
PART OF SURROUNDING SKIN FLORA ALSO.

METHOD : MANUAL

Interpretation(s)

THYROID PANEL, SERUM

T3	118.9	80.00 - 200.00	ng/dL
----	-------	----------------	-------

METHOD : ECLIA

T4	5.92	5.10 - 14.10	µg/dL
----	------	--------------	-------

METHOD : ECLIA

TSH (ULTRASENSITIVE)	2.130	Non Pregnant Women 0.27 - 4.20 Pregnant Women 1st Trimester: 0.33 - 4.59 2nd Trimester: 0.35 - 4.10 3rd Trimester: 0.21 - 3.15	µIU/mL
----------------------	-------	---	--------

METHOD : ECLIA

Interpretation(s)

PAPANICOLAOU SMEAR

SPECIMEN TYPE	Cytology number C-207-23 Cervical cytological preparation 2 smears examined
---------------	---

REPORTING SYSTEM	2014 Bethesda system
------------------	----------------------



Scan to View Details



Scan to View Report



CLIENT CODE : C000138361

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
E-368, LGF, Nirman Vihar, Near Nirman Vihar Metro
NEW DELHI, 110092
NEW DELHI, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : wellness.eastdelhi@srl.in

PATIENT NAME : SHIVANGNI PAL

PATIENT ID : SHIVF02059028

ACCESSION NO : 0028WA000653 AGE : 32 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 25/01/2023 09:16

REPORTED : 31/01/2023 12:07

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

SPECIMEN ADEQUACY

Smears are satisfactory for evaluation

MICROSCOPY

Endocervical cells/transformation zone component present
Inflammation with reactive cellular changes

INTERPRETATION / RESULT

Negative for intraepithelial lesion or malignancy

Comments

Pap smear cytology is a screening test. Corroboration of cytopathologic findings with colposcopic/local examination and ancillary findings is recommended.

PHYSICAL EXAMINATION, STOOL

COLOUR

BROWN

METHOD : GUAIAC METHOD

CONSISTENCY

SEMI FORMED

METHOD : MANUAL

MUCUS

ABSENT

NOT DETECTED

METHOD : MANUAL

VISIBLE BLOOD

ABSENT

ABSENT

METHOD : MANUAL

ADULT PARASITE

NOT DETECTED

METHOD : CONCENTRATION AND MICROSCOPY

CHEMICAL EXAMINATION, STOOL

STOOL PH

6.5

MICROSCOPIC EXAMINATION, STOOL

PUS CELLS

0-1

/hpf

RED BLOOD CELLS

NOT DETECTED

NOT DETECTED

/HPF

METHOD : CONCENTRATION AND MICROSCOPY

CYSTS

NOT DETECTED

NOT DETECTED

METHOD : CONCENTRATION AND MICROSCOPY

OVA

NOT DETECTED

METHOD : CONCENTRATION AND MICROSCOPY

LARVAE

NOT DETECTED

NOT DETECTED

METHOD : CONCENTRATION AND MICROSCOPY

TROPHOZOITES

NOT DETECTED

NOT DETECTED

METHOD : CONCENTRATION AND MICROSCOPY

FAT

ABSENT

VEGETABLE CELLS

ABSENT

CHARCOT LEYDEN CRYSTALS

ABSENT

CONCENTRATION METHOD

OVA OR CYSTS NOT SEEN





CLIENT CODE : C000138361

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
E-368, LGF, Nirman Vihar, Near Nirman Vihar Metro
NEW DELHI, 110092
NEW DELHI, INDIA
Tel : 91115911115,
CIN - U74899PB1995PLC045956
Email : wellness.eastdelhi@srl.in

PATIENT NAME : SHIVANGNI PAL

PATIENT ID : SHIVF02059028

ACCESSION NO : 0028WA000653 AGE : 32 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 25/01/2023 09:16

REPORTED : 31/01/2023 12:07

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

Interpretation(s)

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP TYPE A

METHOD : COLUMN AGGLUTINATION TECHNOLOGY

RH TYPE POSITIVE

METHOD : COLUMN AGGLUTINATION TECHNOLOGY

XRAY-CHEST

>>> BOTH THE LUNG FIELDS ARE CLEAR
>>> BOTH THE COSTOPHRENIC AND CARIOPHRENIC ANGELS ARE CLEAR
>>> BOTH THE HILA ARE NORMAL
>>> CARDIAC AND AORTIC SHADOWS APPEAR NORMAL
>>> BOTH THE DOMES OF THE DIAPHRAM ARE NORMAL
>>> VISUALIZED BONY THORAX IS NORMAL

IMPRESSION NORMAL

TMT OR ECHO

TMT OR ECHO 2D ECHO DONE

ECG

ECG WITHIN NORMAL LIMITS

MEDICAL HISTORY

RELEVANT PRESENT HISTORY NOT SIGNIFICANT
RELEVANT PAST HISTORY NOT SIGNIFICANT
RELEVANT PERSONAL HISTORY MARRIED 2 CHILD VEG
MENSTRUAL HISTORY (FOR FEMALES) REGULLAR
LMP (FOR FEMALES) 1/1/23
RELEVANT FAMILY HISTORY MOTHER DIABTES
OCCUPATIONAL HISTORY JOB
HISTORY OF MEDICATIONS NOT SIGNIFICANT

ANTHROPOMETRIC DATA & BMI

HEIGHT IN METERS	1.62	mts
WEIGHT IN KGS.	65	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



Scan to View Details



Scan to View Report



CLIENT CODE : C000138361

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
E-368, LGF, Nirman Vihar, Near Nirman Vihar Metro
NEW DELHI, 110092
NEW DELHI, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : wellness.eastdelhi@srl.in

PATIENT NAME : SHIVANGNI PAL

PATIENT ID : SHIVF02059028

ACCESSION NO : 0028WA000653 AGE : 32 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 25/01/2023 09:16

REPORTED : 31/01/2023 12:07

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

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		
TEMPERATURE		NORMAL		
PULSE		85/MINUTE, REGULAR, ALL PERIPHERAL PULSES WELL FELT, NO CAROTID BRUIT		
RESPIRATORY RATE		NORMAL		
CARDIOVASCULAR SYSTEM				
BP		120/91		mm/Hg
PERICARDIUM		NORMAL		
APEX BEAT		NORMAL		
HEART SOUNDS		S1, S2 HEARD NORMALLY		
MURMURS		ABSENT		
RESPIRATORY SYSTEM				
SIZE AND SHAPE OF CHEST		NORMAL		
MOVEMENTS OF CHEST		SYMMETRICAL		
BREATH SOUNDS INTENSITY		NORMAL		
BREATH SOUNDS QUALITY		VESICULAR (NORMAL)		
ADDED SOUNDS		ABSENT		
PER ABDOMEN				
APPEARANCE		NORMAL		
VENOUS PROMINENCE		ABSENT		
LIVER		NOT PALPABLE		
SPLEEN		NOT PALPABLE		
CENTRAL NERVOUS SYSTEM				





CLIENT CODE : C000138361

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
E-368, LGF, Nirman Vihar, Near Nirman Vihar Metro
NEW DELHI, 110092
NEW DELHI, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : wellness.eastdelhi@srl.in

PATIENT NAME : SHIVANGNI PAL

PATIENT ID : SHIVF02059028

ACCESSION NO : 0028WA000653 AGE : 32 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 25/01/2023 09:16

REPORTED : 31/01/2023 12:07

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

HIGHER FUNCTIONS	NORMAL
CRANIAL NERVES	NORMAL
CEREBELLAR FUNCTIONS	NORMAL
SENSORY SYSTEM	NORMAL
MOTOR SYSTEM	NORMAL
REFLEXES	NORMAL

MUSCULOSKELETAL SYSTEM

SPINE	NORMAL
JOINTS	NORMAL

BASIC EYE EXAMINATION

CONJUNCTIVA	NORMAL
EYELIDS	NORMAL
EYE MOVEMENTS	NORMAL
CORNEA	NORMAL
DISTANT VISION RIGHT EYE WITHOUT GLASSES	NORMAL
DISTANT VISION LEFT EYE WITHOUT GLASSES	NORMAL
NEAR VISION RIGHT EYE WITHOUT GLASSES	NORMAL
NEAR VISION LEFT EYE WITHOUT GLASSES	NORMAL
COLOUR VISION	NORMAL

BASIC ENT EXAMINATION

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

SUMMARY

RELEVANT HISTORY	NOT SIGNIFICANT
RELEVANT GP EXAMINATION FINDINGS	NOT SIGNIFICANT
RELEVANT LAB INVESTIGATIONS	WITHIN NORMAL LIMITS
RELEVANT NON PATHOLOGY DIAGNOSTICS	NO ABNORMALITIES DETECTED
REMARKS / RECOMMENDATIONS	

"NO ABNORMALITY FOUND OUT OF THE DIAGNOSTIC PACKAGE REQUESTED. GENERAL PHYSICAL EXAMINATION IS NORMAL."



Scan to View Details



Scan to View Report



CLIENT CODE : C000138361

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
E-368, LGF, Nirman Vihar, Near Nirman Vihar Metro
NEW DELHI, 110092
NEW DELHI, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : wellness.eastdelhi@srl.in

PATIENT NAME : SHIVANGNI PAL

PATIENT ID : SHIVF02059028

ACCESSION NO : 0028WA000653 AGE : 32 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 25/01/2023 09:16

REPORTED : 31/01/2023 12:07

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, 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.

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

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 & 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:

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 :



Scan to View Details



Scan to View Report



CLIENT CODE : C000138361

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
E-368, LGF, Nirman Vihar, Near Nirman Vihar Metro
NEW DELHI, 110092
NEW DELHI, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : wellness.eastdelhi@srl.in

PATIENT NAME : SHIVANGNI PAL

PATIENT ID : SHIVF02059028

ACCESSION NO : 0028WA000653 AGE : 32 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 25/01/2023 09:16

REPORTED : 31/01/2023 12:07

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

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, 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

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 & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & 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, 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.



Scan to View Details



Scan to View Report

DIAGNOSTIC REPORT



CLIENT CODE : C000138361

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
E-368, LGF, Nirman Vihar, Near Nirman Vihar Metro
NEW DELHI, 110092
NEW DELHI, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : wellness.eastdelhi@srl.in

PATIENT NAME : SHIVANGNI PAL

PATIENT ID : SHIVF02059028

ACCESSION NO : 0028WA000653 **AGE :** 32 Years **SEX :** Female

ABHA NO :

DRAWN : **RECEIVED :** 25/01/2023 09:16

REPORTED : 31/01/2023 12:07

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

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

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 INVOLABLE FEATURE OF OUR LAB MANAGEMENT SOFTWARE. HOWEVER, ALL EXAMINATIONS AND INVESTIGATIONS HAVE BEEN CONDUCTED BY OUR PANEL OF DOCTORS.



Scan to View Details



Scan to View Report



CLIENT CODE : C000138361

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
E-368, LGF, Nirman Vihar, Near Nirman Vihar Metro
NEW DELHI, 110092
NEW DELHI, INDIA
Tel : 9111591115,
CIN - U74899PB1995PLC045956
Email : wellness.eastdelhi@srl.in

PATIENT NAME : SHIVANGNI PAL

PATIENT ID : SHIVF02059028

ACCESSION NO : 0028WA000653 AGE : 32 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 25/01/2023 09:16

REPORTED : 31/01/2023 12:07

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Units
--------------------	-------	---------	-------

MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE

ULTRASOUND ABDOMEN

ULTRASOUND ABDOMEN

PENDING

****End Of Report****Please visit www.srlworld.com for related Test Information for this accession

Dr. Neena Verma,
MD (Pathology)
Deputy Lab Head

Dr. Ravneet Kaur, MD
(Microbiology) Head Lab
Operation
Sr. Microbiologist

Dr. Dipti Bisaria, DNB Pathology
Pathologist

Dr. Shyla Goel, M.B.B.S, DCP
Sr. Pathologist



Scan to View Details



Scan to View Report