



Patient Ref. No. 66600003362207

CLIENT CODE : CA00010147 - MEDIWHEEL  
CLIENT'S NAME AND ADDRESS:

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
F701A, LADO SARAI, NEW DELHI,  
SOUTH DELHI, DELHI,  
SOUTH DELHI 110030  
DELHI INDIA  
8800465156



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GANDHI NAGAR, KTM  
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Tel : 93334 93334  
Email : customercare.ddrc@srl.in

PATIENT NAME : MANU MOHANAN PATIENT ID : MANUM110290403  
ACCESSION NO : 4036WB002020 AGE : 33 Years SEX : Male ABHA NO :  
DRAWN : RECEIVED : 11/02/2023 10:54 REPORTED : 11/02/2023 13:55  
REFERRING DOCTOR : DR. MEDIWHEEL CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Biological Reference Interval	Units
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**MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT**

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



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**MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT**

**\* BUN/CREAT RATIO**

BUN/CREAT RATIO	19.8	5 - 15	
<b>CREATININE, SERUM</b>			
CREATININE	0.89	18 - 60 yrs : 0.9 - 1.3	mg/dL
<b>GLUCOSE, POST-PRANDIAL, PLASMA</b>	RESULT PENDING		
<b>GLUCOSE FASTING,FLUORIDE PLASMA</b>			
GLUCOSE, FASTING, PLASMA	88	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL

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

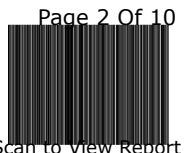
GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.7	Normal : 4.0 - 5.6%. Non-diabetic level : < 5.7%. Diabetic : >6.5%	%
		Glycemic control goal More stringent goal : < 6.5 %. General goal : < 7%. Less stringent goal : < 8%.	
		Glycemic targets in CKD :- If eGFR > 60 : < 7%. If eGFR < 60 : 7 - 8.5%.	

**LIPID PROFILE, SERUM**

CHOLESTEROL	251	High Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
TRIGLYCERIDES	212	High Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	39	General range : 40-60	mg/dL
DIRECT LDL CHOLESTEROL	192	High Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL



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NON HDL CHOLESTEROL		<b>212</b> <b>High</b> Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN		<b>42.4</b> <b>High</b> < or = 30.0	mg/dL
CHOL/HDL RATIO		<b>6.4</b> <b>High</b> 3.30 - 4.40	
LDL/HDL RATIO		<b>4.9</b> <b>High</b> 0.5 - 3.0	



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Interpretation(s)

- 1) Cholesterol levels help assess the patient risk status and to follow the progress of patient under treatment to lower serum cholesterol concentrations.
- 2) Serum Triglyceride (TG) are a type of fat and a major source of energy for the body. Both quantity and composition of the diet impact on plasma triglyceride concentrations. Elevations in TG levels are the result of overproduction and impaired clearance. High TG are associated with increased risk for CAD (Coronary artery disease) in patients with other risk factors, such as low HDL-C, some patient groups with elevated apolipoprotein B concentrations, and patients with forms of LDL that may be particularly atherogenic.
- 3)HDL-C plays a crucial role in the initial step of reverse cholesterol transport, this considered to be the primary atheroprotective function of HDL
- 4) LDL -C plays a key role in causing and influencing the progression of atherosclerosis and, in particular, coronary sclerosis. The majority of cholesterol stored in atherosclerotic plaques originates from LDL, thus LDL-C value is the most powerful clinical predictor.
- 5)Non HDL cholesterol: Non-HDL-C measures the cholesterol content of all atherogenic lipoproteins, including LDL hence it is a better marker of risk in both primary and secondary prevention studies. Non-HDL-C also covers, to some extent, the excess ASCVD risk imparted by the sdLDL, which is significantly more atherogenic than the normal large buoyant particles, an elevated non-HDL-C indirectly suggests greater proportion of the small, dense variety of LDL particles

Serum lipid profile is measured for cardiovascular risk prediction. Lipid Association of India recommends LDL-C as primary target and Non HDL-C as co-primary treatment target.

Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India

Risk Category	
Extreme risk group	A. CAD with > 1 feature of high risk group B. CAD with > 1 feature of Very high risk group or recurrent ACS (within 1 year) despite LDL-C < or = 50 mg/dl or polyvascular disease
Very High Risk	1. Established ASCVD 2. Diabetes with 2 major risk factors or evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
High Risk	1. Three major ASCVD risk factors. 2. Diabetes with 1 major risk factor or no evidence of end organ damage. 3. CKD stage 3B or 4. 4. LDL >190 mg/dl 5. Extreme of a single risk factor. 6. Coronary Artery Calcium - CAC >300 AU. 7. Lipoprotein a >= 50mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors	
1. Age > or = 45 years in males and > or = 55 years in females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020.

Risk Group	Treatment Goals	Consider Drug Therapy
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	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal < OR = 30 )	< 80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	<OR = 30	<OR = 60	> 30	>60
Very High Risk	<50	<80	>OR= 50	>OR= 80
High Risk	<70	<100	>OR= 70	>OR= 100
Moderate Risk	<100	<130	>OR= 100	>OR= 130
Low Risk	<100	<130	>OR= 130*	>OR= 160

\*After an adequate non-pharmacological intervention for at least 3 months.

**References:** Management of Dyslipidaemia for the Prevention of Stroke: Clinical Practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology, 2022, 20, 134-155.

**LIVER FUNCTION TEST WITH GGT**

BILIRUBIN, TOTAL	0.50	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.16	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	0.34	0.00 - 1.00	mg/dL
TOTAL PROTEIN	7.2	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.9	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.3	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	2.1	<b>High</b> 1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25	Adults : < 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	Adults : < 45	U/L
ALKALINE PHOSPHATASE	72	Adult(<60yrs) : 40 - 130	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	37	Adult (male) : < 60	U/L

**TOTAL PROTEIN, SERUM**

TOTAL PROTEIN	7.2	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
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**URIC ACID, SERUM**

URIC ACID	6.9	Adults : 3.4-7	mg/dL
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**ABO GROUP & RH TYPE, EDTA WHOLE BLOOD**

ABO GROUP	TYPE A
RH TYPE	NEGATIVE





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**BLOOD COUNTS,EDTA WHOLE BLOOD**

HEMOGLOBIN	15.3	13.0 - 17.0	g/dL
RED BLOOD CELL COUNT	5.45	4.5 - 5.5	mil/ $\mu$ L
WHITE BLOOD CELL COUNT	6.20	4.0 - 10.0	thou/ $\mu$ L
PLATELET COUNT	195	150 - 410	thou/ $\mu$ L

**RBC AND PLATELET INDICES**

HEMATOCRIT	44.5	40 - 50	%
MEAN CORPUSCULAR VOL	<b>82.0</b>	<b>Low</b> 83 - 101	fL
MEAN CORPUSCULAR HGB.	28.0	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	34.4	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	<b>11.5</b>	<b>Low</b> 11.6 - 14.0	%
MENTZER INDEX	15.1		

**WBC DIFFERENTIAL COUNT**

SEGMENTED NEUTROPHILS	<b>36</b>	<b>Low</b> 40 - 80	%
LYMPHOCYTES	<b>59</b>	<b>High</b> 20 - 40	%
MONOCYTES	<b>00</b>	<b>Low</b> 2 - 10	%
EOSINOPHILS	05	1 - 6	%
BASOPHILS	00	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	2.23	2.0 - 7.0	thou/ $\mu$ L
ABSOLUTE LYMPHOCYTE COUNT	<b>3.66</b>	<b>High</b> 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	0.31	0.02 - 0.50	thou/ $\mu$ L
ABSOLUTE BASOPHIL COUNT	<b>00</b>	<b>Low</b> 0.02 - 0.10	thou/ $\mu$ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	0.6		

**ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD**

SEDIMENTATION RATE (ESR)	10	0 - 14	mm at 1 hr
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**SUGAR URINE - POST PRANDIAL** RESULT PENDING

**THYROID PANEL, SERUM**

T3	106.76	20-50 yrs : 60-181	ng/dL
T4	8.00	3.2 - 12.6	$\mu$ g/dl
TSH 3RD GENERATION	2.600	18-49 yrs : 0.4 - 4.2	$\mu$ IU/mL





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**Interpretation(s)**

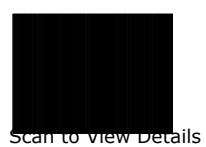
**Triiodothyronine T3 , Thyroxine T4, and Thyroid Stimulating Hormone TSH** are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by 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 duriing 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 6.0 4.8 - 7.4



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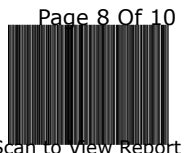
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SPECIFIC GRAVITY		1.020	1.015 - 1.030
PROTEIN		NOT DETECTED	NOT DETECTED
GLUCOSE		NOT DETECTED	NOT DETECTED
KETONES		NOT DETECTED	NOT DETECTED
BLOOD		NOT DETECTED	NOT DETECTED
BILIRUBIN		NOT DETECTED	NOT DETECTED
UROBILINOGEN		NORMAL	NORMAL
NITRITE		NOT DETECTED	NOT DETECTED
<b>MICROSCOPIC EXAMINATION, URINE</b>			
RED BLOOD CELLS		0 - 1	NOT DETECTED /HPF
WBC		3-5	0-5 /HPF
EPITHELIAL CELLS		0-1	0-5 /HPF
CASTS		NOT DETECTED	
CRYSTALS		NOT DETECTED	
BACTERIA		NOT DETECTED	NOT DETECTED
YEAST		NOT DETECTED	NOT DETECTED



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**Interpretation(s)**

The following table describes the probable conditions, in which the analytes are present in urine

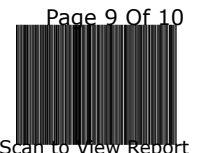
Presence of	Conditions
Proteins	Inflammation or immune illnesses
Pus (White Blood Cells)	Urinary tract infection, urinary tract or kidney stone, tumors or any kind of kidney impairment
Glucose	Diabetes or kidney disease
Ketones	Diabetic ketoacidosis (DKA), starvation or thirst
Urobilinogen	Liver disease such as hepatitis or cirrhosis
Blood	Renal or genital disorders/trauma
Bilirubin	Liver disease
Erythrocytes	Urological diseases (e.g. kidney and bladder cancer, urolithiasis), urinary tract infection and glomerular diseases
Leukocytes	Urinary tract infection, glomerulonephritis, interstitial nephritis either acute or chronic, polycystic kidney disease, urolithiasis, contamination by genital secretions
Epithelial cells	Urolithiasis, bladder carcinoma or hydronephrosis, ureteric stents or bladder catheters for prolonged periods of time
Granular Casts	Low intratubular pH, high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration, acute congestive heart failure, renal diseases
Calcium oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of vitamin C, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (Averrhoa carambola) or its juice
Uric acid	arthritis
Bacteria	Urinary infection when present in significant numbers & with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

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

**BLOOD UREA NITROGEN** 18 Adult(<60 yrs) : 6 to 20 mg/dL  
**SUGAR URINE - FASTING**  
**SUGAR URINE - FASTING** NOT DETECTED NOT DETECTED



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**MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT**

- \* ECG WITH REPORT  
REPORT  
COMPLETED
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