



RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346

Patient Name: **SWATI**
Sr. No. : **75153**
Patient ID No.: **140**
Gender : **FEMALE**
Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**



Registered on : **24-11-2023 02:46 PM**
Collected On : **24-11-2023 02:46 PM**
Received On : **24-11-2023 02:46 PM**
Reported On : **06-12-2023 11:31 AM**
Bar Code 
LIS Number **5** **4**

HAEMATOLOGY

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

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	4.90	%	< 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)	93.93	mg/dL	
eAG (Estimated Average Glucose)	5.21	mmol/L	

Method : Fluorescence Immunoassay Technology

Sample Type : EDTA Blood

Test Performed by:-
Fully Automated (EM 200) ERBA MANNHEIM.

Remarks :

Gycosylated 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 glycemc Control) and Quarterly in Patients with Diabetes whos therapy has changed or that are not meeting Glycemc 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 Aneamia, 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)	92.00	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)	23.00	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)	0.86	mg/dL	0.6-1.30
Calcium	9.97	mg/dL	8.5-11
 Uric Acid (Method : Uricase-POD)	4.15	mg/dL	2.4-7.2

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BIO-CHEMISTRY

Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.:UV Kinetic)	19.00	U/L	5-40
SGPT/ALT(Tech.:UV Kinetic)	22.00	U/L	5-40
Bilirubin(Total)(Tech.:Jendrassik Grof)	0.86	mg/dL	0.1-1.1
Bilirubin(Direct)	0.16	mg/dL	0-0.3
Bilirubin(Indirect)	0.70	mg/dL	0.1-1.0
Total Protein(Tech.:Biuret)	7.01	gm/dL	6-8
Albumin(Tech.:BCG) (Method : BCG)	3.98	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)	3.03	gm/dL	2.5-4.5
A/G Ratio(Tech.:Calculated)	1.31		1.2 - 2.5
Alkaline Phosphatase(Tech.:Pnp Amp Kinetic)	163.00	U/L	108-306

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LIPID PROFILE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
 Cholesterol (Method : CHOD-PAP)	161.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	45.00	mg/dL	35-88
 Triglycerides (Method : GPO)	89.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	98.20	mg/dL	0-100
VLDL Cholesterol	17.80	mg/dL	0-35
TC/HDL Cholestrol Ratio	3.58	Ratio	2.5-5
LDL/HDL Ratio	2.18	Ratio	1.5-3.5

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NABL CERTIFICATE NO.
MC-5346

Name :- Mrs. SWATI
Sex / Age :- Female
Doctor :-
Client Name :- MEDI WHEEL HEALTH CHECK UP
Sample Type :- Serum

Patient ID / CCL No :- 102340928
Sample Collected :- 25/11/2023 11:36:4
Sample Received on: 25-11-2023 11:37:04
Report Released on: 25-11-2023 15:36:15
Barcode 

TEST NAME **VALUE** **UNIT** **REFERENCE RANGE**

TFT

T3 (TOTAL TRIIODOTHYRONINE)
(Tech.: Chemiluminescence Immunoassay)

118.00 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)

7.55 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)

4.60 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



24 HOURS
EMERGENCY SERVICE
आपका नमूना कब तक
Collected Sample Received

Technolog THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSES

M.D.S., (Path.)
Reg No A-4048

MD. (Path.)
RMC No 5167/15236

DR. ASHISH SETHI
Consultant Biochemist



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URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL			
Quantity		ml	
Colour	Pale Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.025		
PH	5.0		4.5--6.5
CHEMICAL			
Reaction	Acidic		
 Albumin	TRACE		
Urine Sugar	Nil		
MICROSCOPIC			
Red Blood Cells	Nil	/h.p.f.	
Pus Cells	3--5	/h.p.f.	
Epithelial Cells	1--2	/h.p.f.	
Crystals	Nil	/h.p.f.	
Casts	Nil	/h.p.f.	
Bacteria	Nil	/h.p.f.	
Others		/h.p.f.	
Test Name	Observed Values	Units	Reference Intervals
URINE SUGAR FASTING	Nil		
URINE SUGAR PP			

<<< END OF REPORT >>>

>>> Results relate only to the sample as received. Kindly correlate with clinical condition. <<<

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