

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Hematology Analysis Report

First Name: MANISHA KARWASARAe Type:

Last Name: Gender:

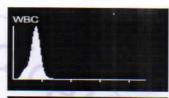
Female

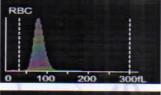
Department: Med Rec. No.: Sample ID: 7

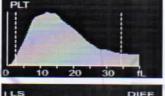
Test Time: 24/11/2023 12:26

Diagnosis:

Age:				
Parameter	Result	Ref. Range	Unit	
1 WBC	4.81	4.00-10.00	10^3/uL	
2 Neu%	51.7	50.0-70.0	%	
3 Lym%	37.0	20.0-40.0	%	
4 Mon%	8.9	3.0-12.0	%	
5 Eos%	1.5	0.5-5.0	%	
6 Bas%	0.9	0.0-1.0	%	
7 Neu#	2.49	2.00-7.00	10^3/uL	
8 Lym#	1.78	0.80-4.00	10^3/uL	
9 Mon#	0.43	0.12-1.20	10^3/uL	
10 Eos#	0.07	0.02-0.50	10^3/uL	
11 Bas#	0.04	0.00-0.10	10^3/uL	
12 RBC	3.55	3.50-5.50	10^6/uL	
13 HGB	11.2	11.0-16.0	g/dL	
14 HCT	30.5 L	37.0-54.0	%	
15 MCV	85.9	80.0-100.0	fL	
16 MCH	31.5	27.0-34.0	pg	
17 MCHC	36.7 H	32.0-36.0	g/dL	
18 RDW-CV	12.6	11.0-16.0	%	
19 RDW-SD	44.7	35.0-56.0	fL	
20 PLT	184	100-300	10^3/uL	
21 MPV	11.7	6.5-12.0	fL	
22 PDW	17.2 H	9.0-17.0		
23 PCT	0.215	0.108-0.282	%	
24 P-LCR	51.4 H	11.0-45.0	%	
25 P-LCC	95 H	30-90	10^3/uL	













Harda Kheleh

Dr. Mamta Khuteta M D. (Path.)

RMC No.: 4720/16260

Submitter:

Draw Time: 24/11/2023 12:26

Operator: admin Approver: Received Time: 24/11/2023 12:26 Validated Time: Remarks:

Report Time:

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







FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Patient Name: MANISHA

: 75154 Sr. No. Patient ID No.: 141 : FEMALE Gender

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 24-11-2023

02:47 PM Collected On : 24-11-2023 02:47 PM Received On : 24-11-2023 02:47 PM

Reported On : 06-12-2023

11:39 AM 3.5

Bar Code LIS Number

HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
BLOOD GROUPING (ABO & Rh)	O- Negative	1/0	

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	4.80	%	< 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)	91.06	mg/dL	(V)
eAG (Estimated Average Glucose)	5.05	mmol/L	

Method: Fluorescence Immunoassay Technology

Sample Type: EDTA Blood

Test Performed by:-

Fully Automated (EM 200) ERBA MANNHEIM.

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 Treatement 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 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.

Dr. Ashish Sethi

Consultant Biochemist

Tele ...* This Reports is Not Valid For Medico Legal Purposes. * Identification and name of person is not our resposnibility.

This Report is Not Valid For Medico Legal Purposes. * Identification and name of person is not our resposnibility.

This Report is Not Valid For Medico Legal Purposes. * Identification and name of person is not our resposnibility.

This Reports is Not Valid For Medico Legal Purposes. * Identification and name of person is not our resposnibility.

This Reports is Not Valid For Medico Legal Purposes. * Identification and name of person is not our resposnibility.

This Reports is Not Valid For Medico Legal Purposes. * Identification and name of person is not our resposnibility.

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

Martin Khuleta Dr.Mamta Khuteta

RMC No. 4720/

M.D.(Path.)

D.I.C: No. 17/17/12



RAJASTHANI DIAGNOSTIC & MRI CENT

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Patient Name: MANISHA

: 75154 Sr. No. Patient ID No.: 141 Gender : FEMALE

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Registered on: 24-11-2023 02:47 PM

Collected On : 24-11-2023 02:47 PM Received On : 24-11-2023 02:47 PM

Reported On : 06-12-2023 11:39 AM

Bar Code LIS Number

BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method: GOD-POD)	86.00	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



Ashish sothi Dr. Ashish Sethi

Consultant Biochemist

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

Martin Khuteta Dr.Mamta Khuteta M.D.(Path.) RMC No. 4720/162



I DIAGNOSTIC & MRI CE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Patient Name: MANISHA

Sr. No. : 75154 Patient ID No.: 141 Gender : FEMALE

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on: 24-11-2023 02:47 PM

Collected On : 24-11-2023 02:47 PM Received On : 24-11-2023 02:47 PM Reported On : 06-12-2023 11:39 AM

Bar Code 5A|| | | | | | | | | | | |

LIS Number

BIO-CHEMISTRY KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method: Urease-GLDH)	22.00	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)	0.70	mg/dL	0.61.30
Calcium	9.80	mg/dL	8.511
Uric Acid (Method : Uricase-POD)	3.98	mg/dL	2.4-7.2

Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.:-UV Kinetic)	24.00	U/L	540
SGPT/ALT(Tech.:-UV Kinetic)	35.00	U/L	540
Bilirubin(Total)(Tech.:-Jendrassik Grof)	0.85	mg/dL	0.11.1
Bilirubin(Direct)	0.15	mg/dL	00.3
Bilirubin(Indirect)	0.70	mg/dL	0.11.0
Total Protein(Tech.:-Biuret)	7.03	gm/dL	68
Albumin(Tech.:-BCG) (Method:BCG)	3.89	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)	3.14	gm/dL	2.54.5
A/G Ratio(Tech.:-Calculated)	1.24		1.2 2.5
Alkaline Phosphatase(Tech.:-Pnp	176.00	U/L	108-306

Ashish sothe

Dr. Ashish Sethi Consultant Biochemist Martin Khuleta Dr.Mamta Khuteta M.D.(Path.) RMC No. 4720/16

Tech This Reports is Not Valid For Medico Legal Purposes. * Identification and name of person is not our respossibility.

This Reports is Not Valid For Medico Legal Purposes. * Identification and name of person is not our respossibility.

Structure of this report should be reputable Report is Not Valid For Medico Legal Purpose. ge, sex effect of drug and other relevant factor.

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



II DIAGNOSTIC & MRI CE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Patient Name: MANISHA

Sr. No. : 75154 Patient ID No.: 141 Gender : FEMALE

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Registered on : 24-11-2023

02:47 PM

Collected On : 24-11-2023 02:47 PM Received On : 24-11-2023 02:47 PM

Reported On : 06-12-2023 11:39 AM

Bar Code

LIS Number

541 HHIII III

Amp Kinetic)

LIPID PROFILE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	177.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	44.00	mg/dL	3588
Triglycerides (Method : GPO)	119.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	H 109.20	mg/dL	0100
VLDL Cholesterol	23.80	mg/dL	035
TC/HDL Cholestrol Ratio	4.02	Ratio	2.55
LDL/HDL Ratio	2.48	Ratio	1.53.5

Dr. Ashish Sethi Consultant Biochemist

This Reports is Not Valid For Medico Legal Purposes. * Identification and name of person is not our respossibility.

Second This Reports is Not Valid For Medico Legal Purposes. * Identification and name of person is not our respossibility.

Second This Reports is Not Valid For Medico Legal Purposes. * Identification and name of person is not our respossibility.

Second This Reports is Not Valid For Medico Legal Purposes. * Identification and name of person is not our respossibility.

Second This Reports is Not Valid For Medico Legal Purposes. * Identification and name of person is not our respossibility.

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

Martin Khuleta Dr.Mamta Khuteta M.D.(Path.) RMC No. 4720



HANI DIAGNOSTIC & MRI CE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Name :-Sex / Age :- Mrs. MANISHA

Female

Doctor :-Client Name :-

MEDI WHEEL HEALTH CHECK UP

Sample Type :-Serum Patient ID / CCL No:-102340929

Sample Collected :- 25/11/2023 11:37:0

Sample Received on: 25-11-2023 11:37:22

Report Released on: 25-11-2023 15:38:1:

Barcode

ica

TEST NAME

VALUE

UNIT

REFERENCE RANGE

TFT

T3 (TOTAL TRIIODOTHYRONINE) (Tech.:- Chemiluminescence Immunoassay) 132.00

100 - 740 : 0-30 Days 105 - 207 : 1-12 Yrs.

86 - 192: 13-20 Yrs. 70 - 204 : Adults

T4 (TOTAL THYROXINE)

(Tech.:- Chemiluminescence Immunoassay)

8.47

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)

1.31

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. lodine, 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

Collected Sample Received Technologis THIS REPORTED FOR MEDICO LIBRALIEN RAPPORTE

DR. ASHISH SETH Consultant Biochemist

B-110, Indra Nagare Jhuffhunu (Raj.) Phi No. 1501592-294977



'HANI DIAGNOSTIC & MRI CEN

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Patient Name: MANISHA

: 75154 Sr. No. Patient ID No.: 141 : FEMALE Gender

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Registered on: 24-11-2023 02:47 PM

Collected On : 24-11-2023 Received On : 24-11-2023 02:47 PM

Reported On : 06-12-2023 11:39 AM

Bar Code LIS Number

URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL		50	
Quantity		ml	
Colour	Yellow		3
Appearance / Transparency	Clear		
Specific Gravity	1.030		42
PH /	6.0		4.56.5
CHEMICAL			CD
Reaction	Acidic	/	
Albumin	TRACE		9
Urine Sugar	Nil		
MICROSCOPIC			
Red Blood Cells	Nil	/h.p.f.	22
Pus Cells	1–2	/h.p.f,	ID /
Epithelial Cells	2-3	/h.p.f.	
Crystals	Nil	/h.p.f.	A /
Casts	Nil	/h.p.f.	
Bactria	Nil	/h.p.f.	
Others	Whi and	/h.p.f.	

Test Name	Observed Values	Units	Reference Intervals
URINE SUGAR FASTING	Nil		

<<<

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

Note: This report is not valid for medico legal purposes.

Dr. Ashish Sethi Consultant Biochemist Marta Khuleta Dr.Mamta Khuteta M.D.(Path.) RMC No. 4720/16

This Reports is Not Valid For Medico Legal Purposes, * Identification and name of person is not our resposnibility. आपातकालीन में No part of this report should be reported by SEPORTA'S NOT WALTD FOR MEDICAL FRANCISCOSE Age, sex effect of drug and other relevant factor.

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