

Name: MR RAHUL KUMAR SHARMA
 UHID: 18989762 Date: 22/02/24
 Age: 32yrs Gender: Male

Nursing Assessment

Profile	
Height (cm): <u>173cm</u>	Waist Circumference (cm): <u>30 inches</u>
Weight (Kg): <u>59 kg</u>	Body Mass Index: <u>17.3 kg/m²</u>
Occupation: <u>Govt Job</u>	Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married

Vital Signs	
Pulse Rate (/min): <u>72 bpm at rest</u>	Respiratory Rate (/min): <u>20 bpm</u>
Blood Pressure (mmHg): <u>90/60 mmHg</u>	Temperature (if febrile): <u>Afebrile</u>

Past History	
<input checked="" type="checkbox"/> Hypertension:	<input type="checkbox"/> Diabetes:
<input type="checkbox"/> Heart disease:	<input type="checkbox"/> Dyslipidemia:
<input type="checkbox"/> Asthma:	<input type="checkbox"/> Tuberculosis:
<input type="checkbox"/> Allergies:	
<input type="checkbox"/> Others:	

For Women	
LMP: <u>NA</u>	Last Pap smear done in: <u>NA</u>
Menopause <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Last Mammography done in: <u>NA</u>
Consent for X-ray & Mammography: <input checked="" type="checkbox"/>	

Current Medications
<u>NA</u>

Signature, Name and Emp. ID of the Nurse

Keete
20254

Name: Mr. Rahul Kumar Sharma

UHID: 12989762 Date: 22/08/2024

Age: 30yrs Gender: M

Ophthalmology Consultation

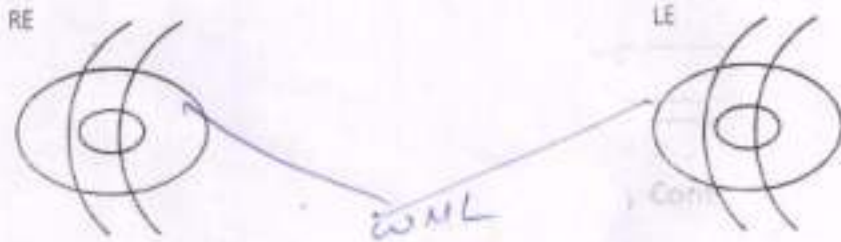
History:

Examination findings:

Visual acuity $\left\{ \begin{array}{l} R \ 6/6 \\ L \ 6/6 \end{array} \right.$ Visual acuity with glasses $\left\{ \begin{array}{l} R \\ L \end{array} \right.$

Colour Vision $\left\{ \begin{array}{l} R \ WNL \\ L \ WNL \end{array} \right.$

Slit Lamp Examination



Fundus Examination



Diagnosis:

Treatment*

Spectacle prescription:

Right eye

	SPH	CYL	AXIS	VA
Distance	plano	—	—	6/6
Near	plano	—	—	M6

Left eye

	SPH	CYL	AXIS	VA
Distance	plano	—	—	6/6
Near	plano	—	—	M6

Signature and stamp of the Ophthalmologist: _____

Name: Mr. Rahul Kumar Sharma
UHID: 12989762 Date: 22/02/2024
Age: 38 yrs. Gender: M

Internal Medicine Consultation

Relevant History:

- No complaints
- No medications
- No smoking

Diagnosis: - under weight.

- Acc
PBF
B-12
folic acid
ferritin
iron studies
25-OH-D.

Investigation Findings:

$\frac{172 \text{ cm}}{52 \text{ kg}}$ | 17.2 kg/m^2

- Ⓢ Treatment Plan:
- Review with reports.
- Regular exercise

Indhu
22/2/2024

D- MANJEET SINGH TREHAN
M.D. (MBBS)
Assistant Director - Internal Medicine (FMC)
Fortis Hospital, Mohali (Pb.)
Mobile No. 9814104709
Reg. No. PMC 24797

Positive

Investigations:

- ECG:
CXR
USG abd
TMT

WNL

Hb - 15.8 (↑ row, MPV)
HbA1c - 4.8% FBS - 80, PP - 84

- Lipids:
RFT
LFT
TFT

WNL

Urine R₁

22.02.2024 9:49:13
Furia Med Centre
Sector 11
Omanqah

Location:
Order Number:
Visit:
Technician:
Medication 1:
Medication 2:
Medication 3:

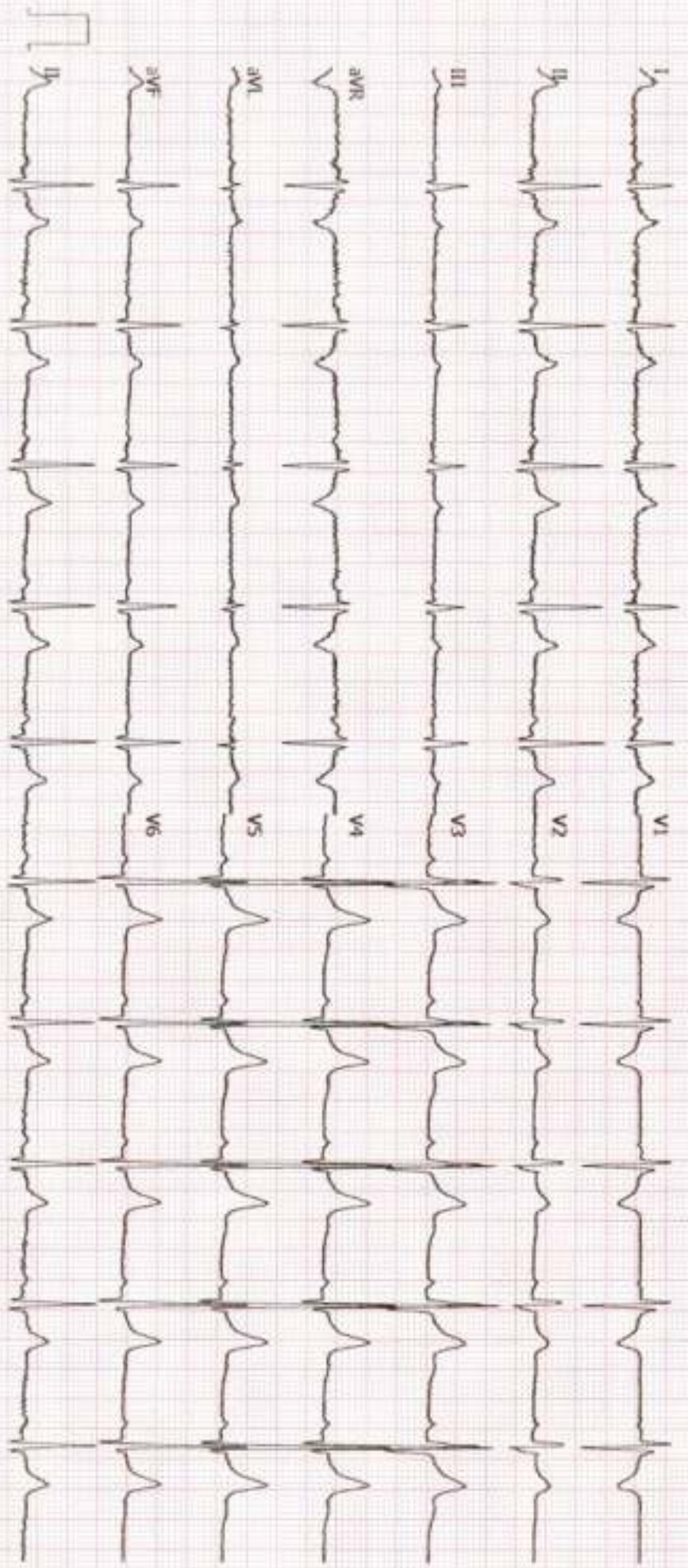
Report

1/1

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 90 ms
QT / QTc : 388 / 400 ms
PR : 154 ms
P : 80 ms
RR / PP : 936 / 937 ms
P / QRS / T : 20 / 59 / 39 degrees

Atrial-sensed ventricular-paced rhythm
Abnormal ECG



GE MAC2000

1.1

12SL™ V241

25 mm/s

10 mm/mV

A05

0.56-40 Hz

50 Hz

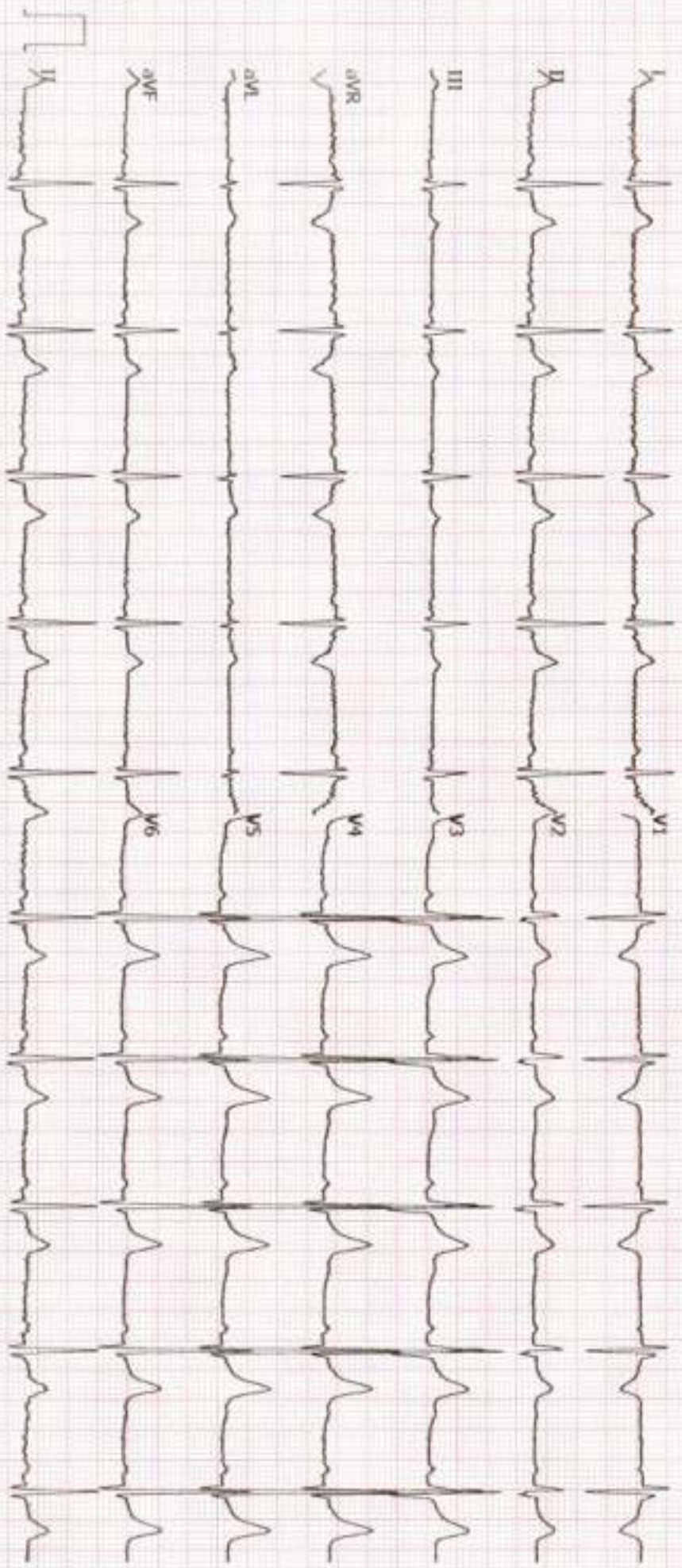
Unconfirmed
Zn5x6_25_R1

1/1

Technician:
Ordering Phy:
Ref: 1 Phy
Att: 1 Phy

QRS : 92 ms
QT / QT Baz : 392 / 397 ms
RR : 142 ms
P : 70 ms
RR / PP : 972 / 967 ms
P / QRS / T : 18 / 62 / 44 degrees

Normal sinus rhythm
RSR' or QR pattern in V1 suggests right ventricular conduction delay
Voltage criteria for left ventricular hypertrophy
Abnormal ECG



TEST REQUEST FORM



TRF ID : 0080XB007384

TRF Date : 22-02-2024

PATIENT INFORMATION	
Name :	Mr. SHARMA RAHUL KUMAR
Address :
Phone No :	8792798824
Email :	RAHUL.SHARMA2@BANKOFBARODA.COM
Date Of Birth :	29-03-1991
Age / Sex :	32 / Male
Height / Weight :	/

BILL TO	
Client Code :	C000138383
Client Name :	ARCOFEMI HEALTHCARE LTD (MEDIWHEEL)
Address :	NEW DELHI
Phone No. :	8800465156
Email :	

ESSENTIAL CLINICAL INFORMATION	
Provisional Diagnosis :	
H / o Medication :	Yes / No
If Yes, Name :	
Status of Medication :	Ongoing / Terminated
If Ongoing, Duration :	
If Terminated, When :	
LMP (Where Applicable) :	
Fasting Period :	
24 Hour Urine Volume :	
For Histopathology / IHC, Attach Detailed History	
Attach Other Relevant Information :	

REFERRING DOCTOR	
Doctor Name :	SELF
Phone No :	
City :	
Email :	

SPECIMEN INFORMATION	
Patient Id / Hospital Id :	
SRL Id :	SHARM29039180
Date Drawn :	
Time Drawn(HRS) :	
Specimen Collected at :	

Rcvd In :Agilus Diagnostics Ltd-Chandigarh	
Date :	
Time :	

TEMP SENT	TEMP RECD.
<input type="checkbox"/> Frozen(< - 10 Celcius)	<input type="checkbox"/> Frozen(< - 10 Celcius)
<input type="checkbox"/> Cold(2 - 8 Celcius)	<input type="checkbox"/> Cold(2 - 8 Celcius)
<input type="checkbox"/> Ambient	<input type="checkbox"/> Ambient

FOR REPEAT/FOLLOW-UP PATIENTS	
Old Accession No. :	
SRL Care Code No. :	

PP PLASMA FL.
FASTING URINE

Please Note: After completion of the ordered tests, the remaining sample may be stored and used for research in medical sciences.

I agree

I don't agree

Signature / Thumb impression of patient
Date :

Signature of Requisitioner
Date :

Important : It is mandatory to provide all the requested information to enable accurate and timely reporting.

TEST REQUEST FORM



TRF ID : 0080XB007384

TRF Date : 22-02-2024

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Address :
Phone No :	8792798824
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Address :	NEW DELHI
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ESSENTIAL CLINICAL INFORMATION	
Provisional Diagnosis :	_____
H / o Medication :	Yes / No _____
If Yes, Name :	_____
Status of Medication :	Ongoing / Terminated _____
If Ongoing, Duration :	_____
If Terminated, When :	_____
LMP (Where Applicable) :	_____
Fasting Period :	_____
24 Hour Urine Volume :	_____
For Histopathology / IHC, Attach Detailed History	
Attach Other Relevant Information : _____	

REFERRING DOCTOR	
Doctor Name :	SELF
Phone No :	
City :	
Email :	

SPECIMEN INFORMATION	
Patient Id / Hospital Id :	
SRL Id :	SHARM29039180
Date Drawn :	
Time Drawn(HRS) :	
Specimen Collected at :	_____

TEMP SENT	TEMP RECD.
<input type="checkbox"/> Frozen(< - 10 Celcius)	<input type="checkbox"/> Frozen(< - 10 Celcius)
<input type="checkbox"/> Cold(2 - 8 Celcius)	<input type="checkbox"/> Cold(2 - 8 Celcius)
<input type="checkbox"/> Ambient	<input type="checkbox"/> Ambient

Rcvd In :Agilus Diagnostics Ltd-Chandigarh	
Date :	_____
Time :	_____

FOR REPEAT/FOLLOW-UP PATIENTS	
Old Accession No. :	_____
SRL Care Code No. :	_____

Product Details

HM7235G	MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE
---------	--

Specimen Details

SERUM
SMEAR
STOOL
URINE
OTHERS (FX)
EDTA WHOLE BLOOD
FASTING PLASMA FL.

Please Note: After completion of the ordered tests, the remaining sample may be stored and used for research in medical sciences.

I agree	I don't agree
Signature / Thumb impression of patient	Signature of Requisitioner
Date :	Date :

Important : It is mandatory to provide all the requested information to enable accurate and timely reporting.

DEPARTMENT OF FMC-RADIOLOGY LAB

Date: 22/Feb/2024

Name: Mr. Rahul Kumar Sharma

UHID | Episode No : 12989762 | 2165/24/10021

Age | Sex: 32 YEAR(S) | Male

Order No | Order Date: 10021/PN/OP/2402/5550 | 22-Feb-2024

Order Station : FRONTOFFICE-FMC

Admitted On | Reporting Date : 22-Feb-2024 10:09:02

Bed Name :

Order Doctor Name : Dr.SELF .

CHEST X-RAY (PA VIEW)

Both the domes of diaphragm are normal.

Both costophrenic angles are normal.

Both lung fields are clear.

Cardiac size and silhouette are normal.

Both hila and mediastinum are normal.

Bony cage and soft tissues are normal.

IMPRESSION: NORMAL STUDY.

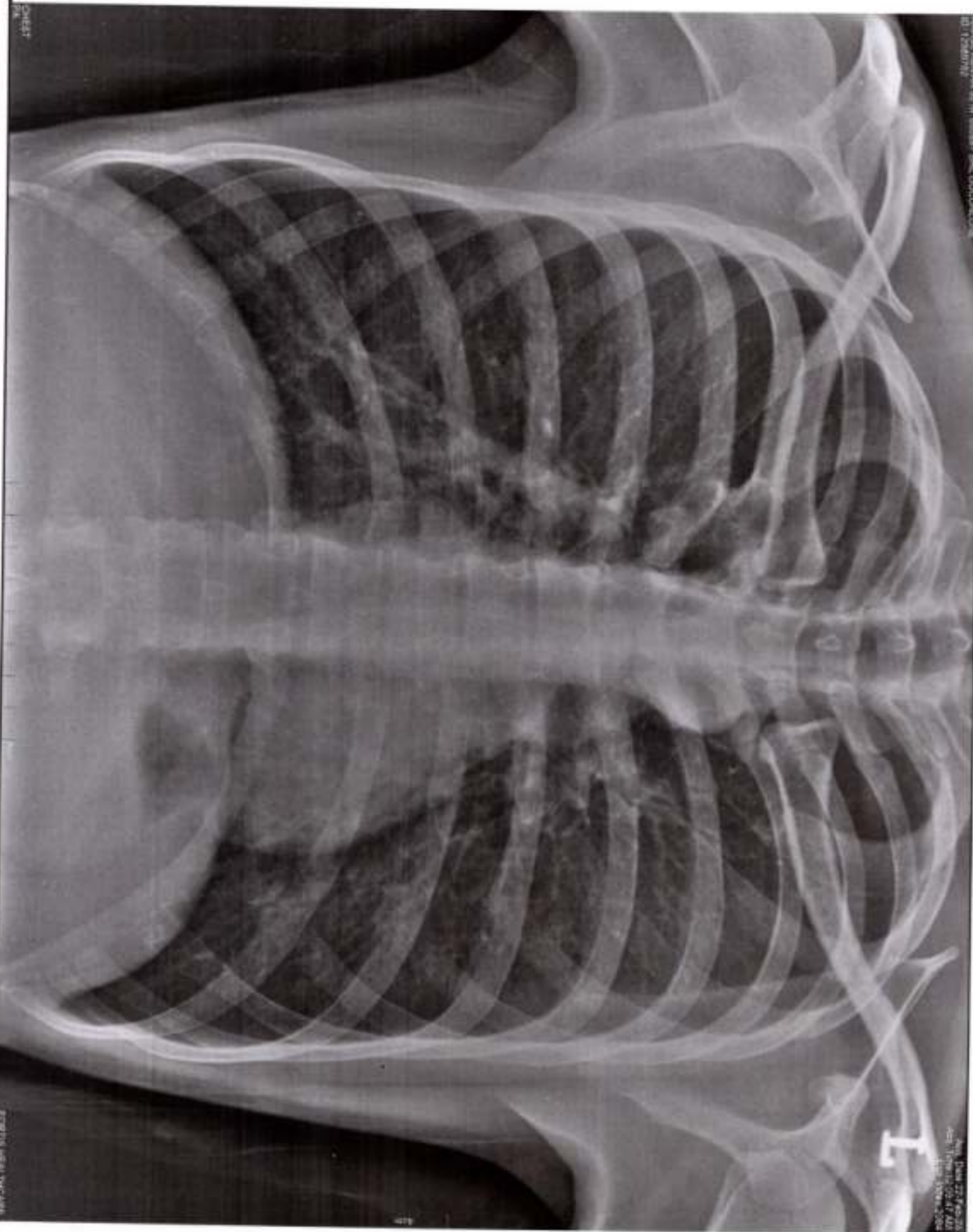
Please correlate clinically and with other relevant investigations.

Dr. ADITI PANWAR

PMC - 41230

Consultant Radiologist

RAJESH KULKARNI MD, FACR
ID: 12345678



chest
pa

L

AP Chest
Date: 22 Aug 20
Time: 10:02 AM
Age: 50
Sex: M

AP CHEST

NAME: MR. RAHUL KUMAR SHARMA**AGE AND SEX: 32Y/M****UHID NO: 12989762****DATE:22/02/2024****ROI: WHOLE ABDOMEN**

Liver is normal in size, outline and echogenicity. No focal lesion seen. IHBR's are not dilated. Portal vein and hepatic veins are normal.

Gall bladder is normally distended with anechoic lumen. Wall thickness is normal. No calculus / focal lesion seen. No pericholecystic fluid / collection seen. CBD is normal.

Pancreas is visualized in region of head and proximal body and is normal in size, shape, outline and echotexture. No focal lesion seen. Distal body and tail are obscured by bowel gases.

Spleen is normal in size, outline and echotexture. No focal lesion seen.

Right kidney is normal in size, outline and echogenicity. Cortico-medullary differentiation is maintained. No hydronephrosis / calculus is seen.

Left kidney is normal in size, outline and echogenicity. Cortico-medullary differentiation is maintained. No hydronephrosis / calculus is seen.

Retroperitoneum is normal.

The urinary bladder is fully distended and is normal in outline and wall thickness. No calculi or growth seen.

Prostate is normal in size and shows normal outline and echo pattern. No focal lesion seen.

No free fluid is seen.

Opinion: Normal study**Suggested clinical correlation.****Dr. ADITYANWAR****PMC - 41230****Consultant Radiologist**

--
SCO 11, Sector 11 D
Chandigarh

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Sharma, Rahul
Patient ID: 12989762
Height: 173 cm
Weight: 52 kg

DOB: 29.03.1991
Age: 32yrs
Gender: Male
Race: Indian

Study Date: 22.02.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: DR MANJEET/DR VIJAY HARJAI

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:25	0.00	0.00	87		
EXERCISE	STAGE 1	03:00	2.70	10.00	118	90/60	
	STAGE 2	03:00	4.00	12.00	125		
	STAGE 3	03:00	5.50	14.00	148	110/70	
	STAGE 4	00:25	6.80	16.00	151		
RECOVERY		03:39	0.00	5.50	126	110/80	

The patient exercised according to the BRUCE for 9:24 min:s, achieving a work level of Max. METS: 11.50. The resting heart rate of 87 bpm rose to a maximal heart rate of 153 bpm. This value represents 81 % of the maximal, age-predicted heart rate. The resting blood pressure of $\frac{90}{60}$ mmHg, rose to a maximum blood pressure of 110/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.

Conclusions *Negative for ischaemic*

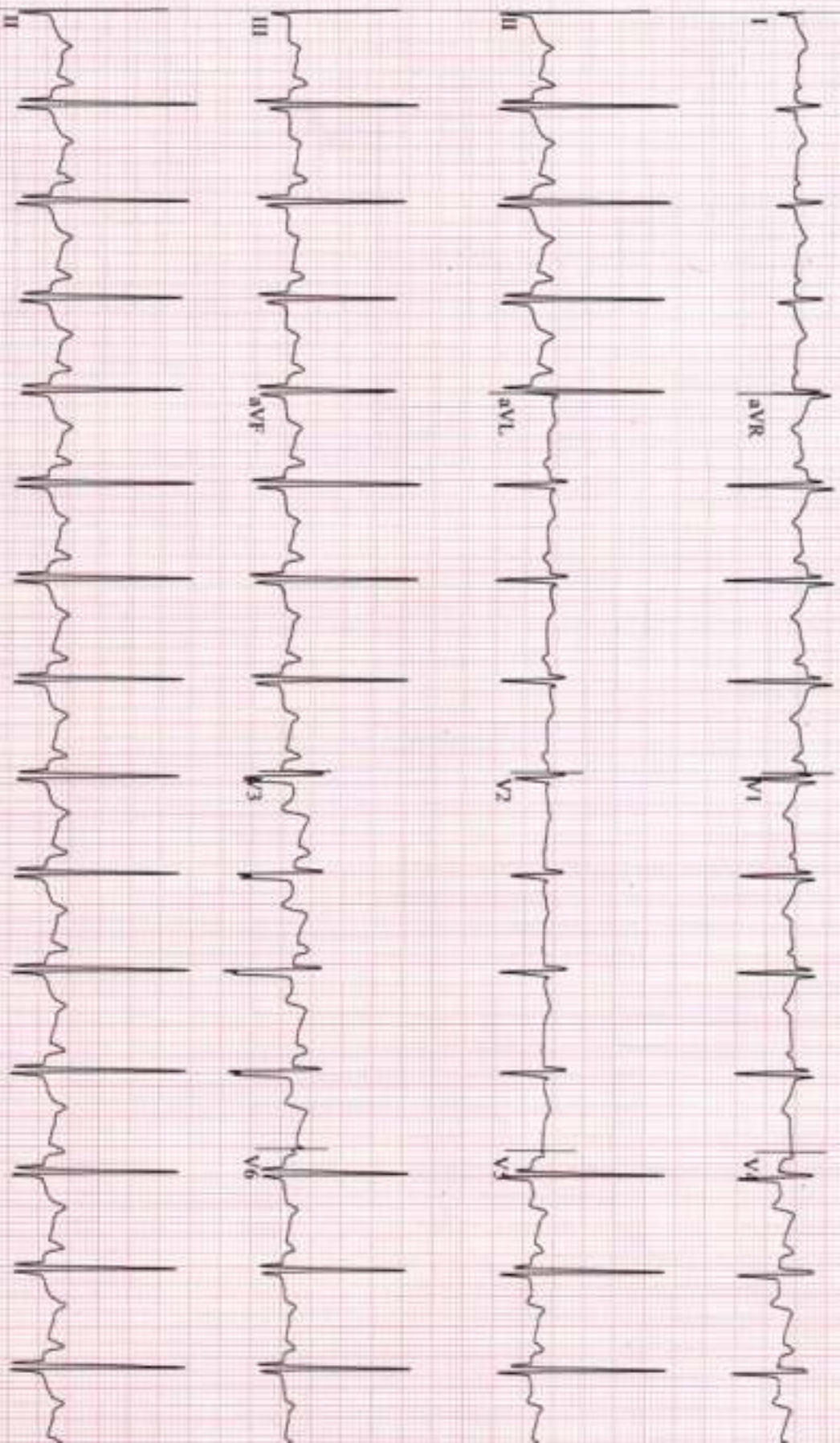
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Physician _____
Manjeet

Sharma, Rahul
Patient ID 12989762
22.02.2024
11:51:45am

92 bpm

12-Lead Report



GE CardioSoft V6.73 (2)
25 mm/s, 10 mm/mV, 50Hz, 0.01 - 40Hz, S+ HR(QI, V5)

PARAGRAPH

CE

Sharma, Rahul
 Patient ID 12989762
 22.02.2024
 11:56:35am

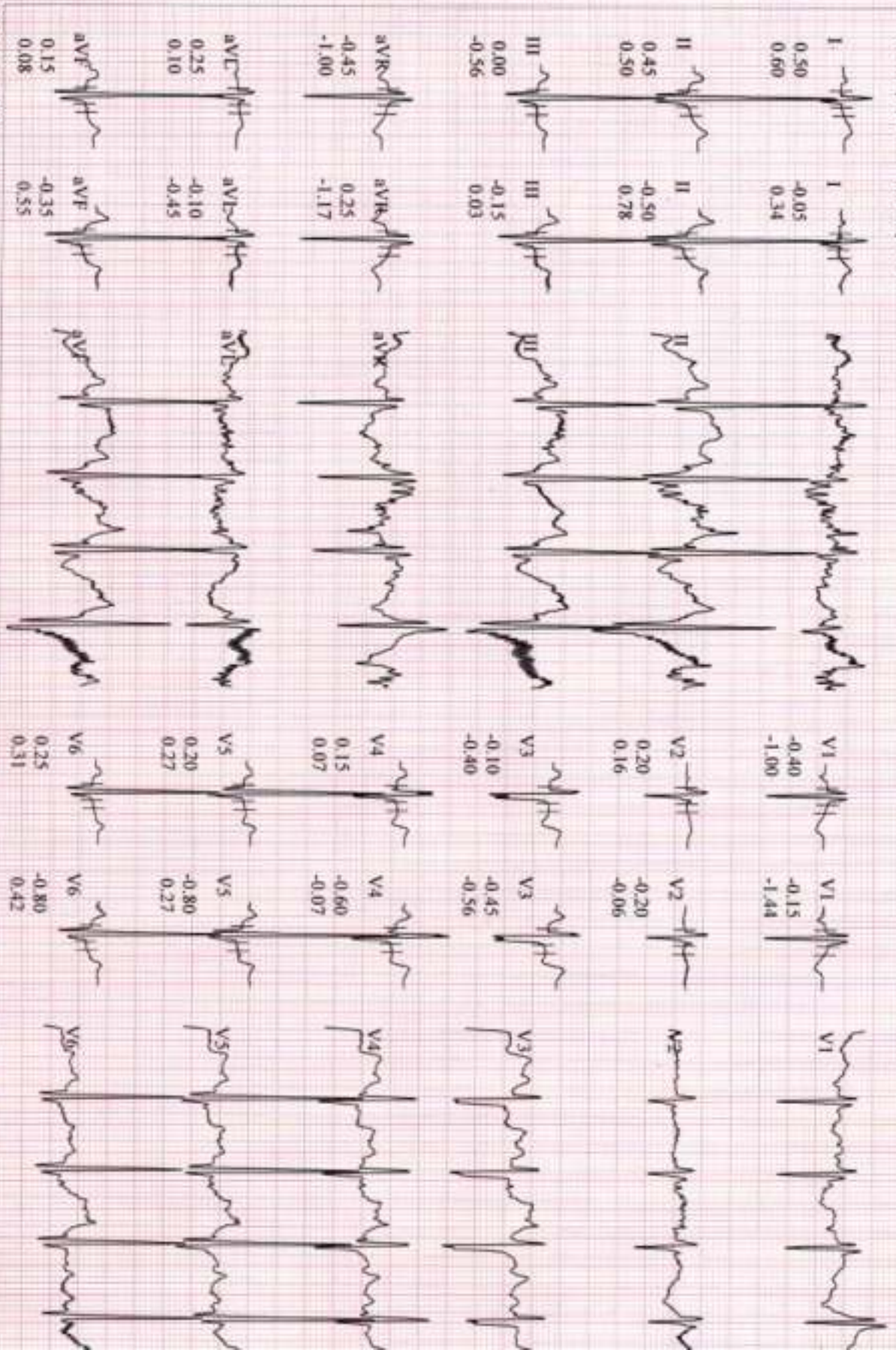
114 bpm
 90/60 mmHg

Comparative Medians Report
 EXERCISE
 STAGE 1
 02:50

BRUCE
 2.7 km/h
 10.0 %

BASELINE
 60 ms post J

CURRENT
 60 ms post J



GE CardioSoft V6.73 (2)
 25 mm/s, 10 mm/mV 50Hz 0.01 - 40Hz S + HR(II, V5)

Start of Test: 11:53:22am

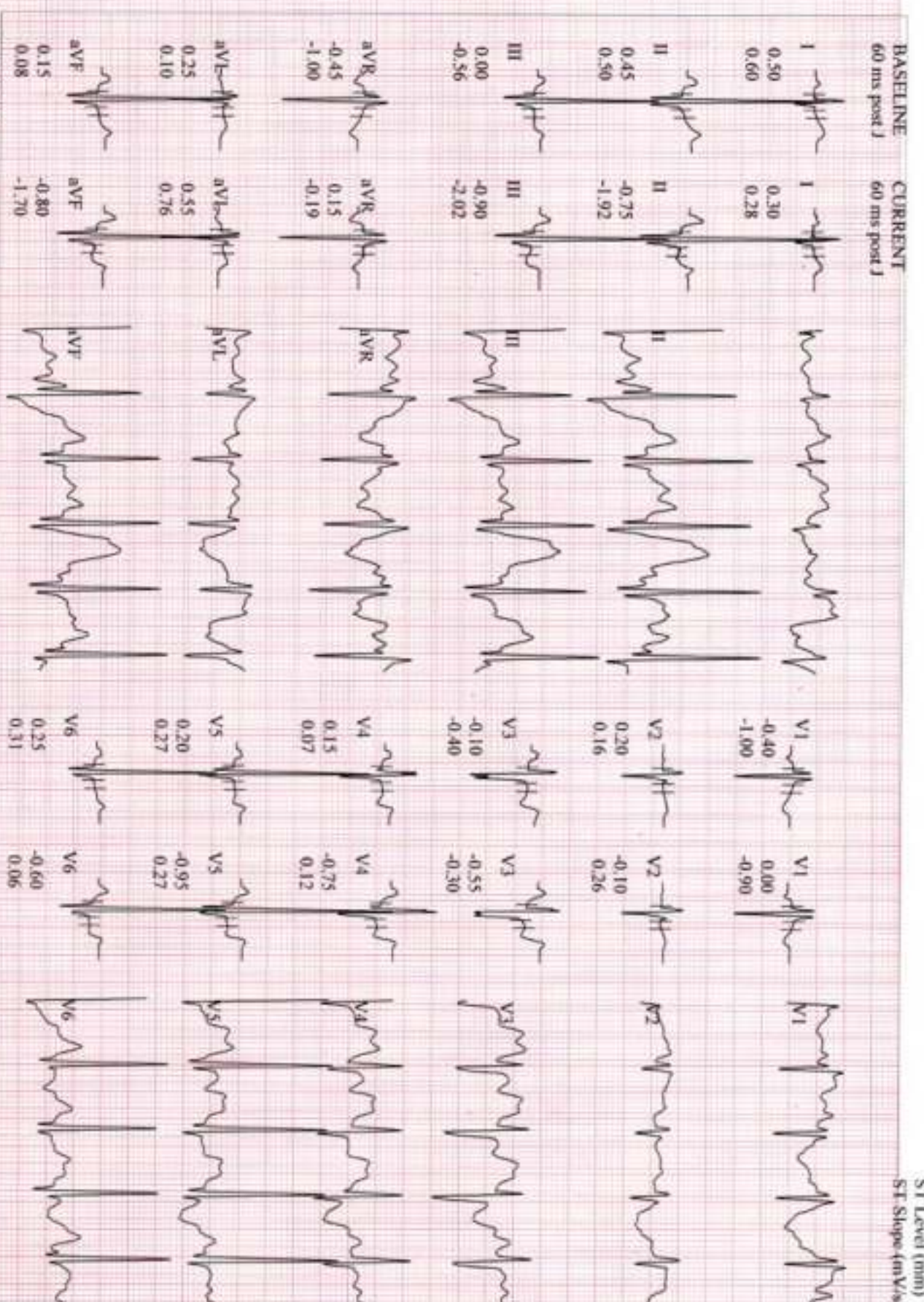
Sharmu, Rahul
 Patient ID 12989762
 22.02.2024
 11:59:35am

126 bpm

Comparative Medians Report
 EXERCISE
 STAGE 2
 05:50

BRUCE
 4.0 km/h
 12.0 %

Lead
 ST Level (mm)
 ST Slope (mV/s)



GE CardioSoft V6.73 (2)
 25 mm/s 10 mV/mV 50Hz 0.01 - 20Hz S+ HR(HL.V5)

Start of Test: 11:53:22am

Sharma, Rahul
 Patient ID 12989762
 22.02.2024
 12:02:35pm

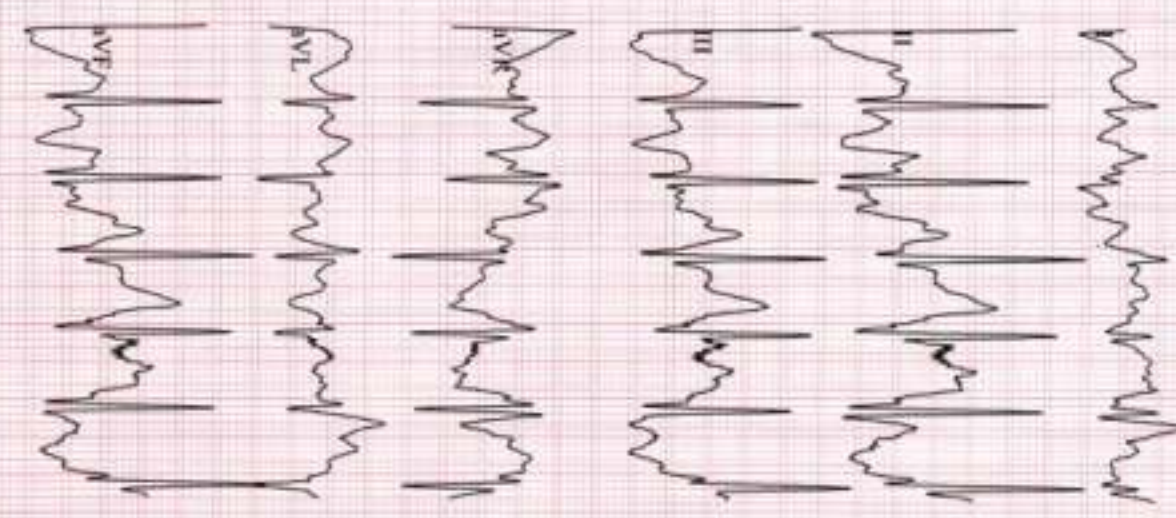
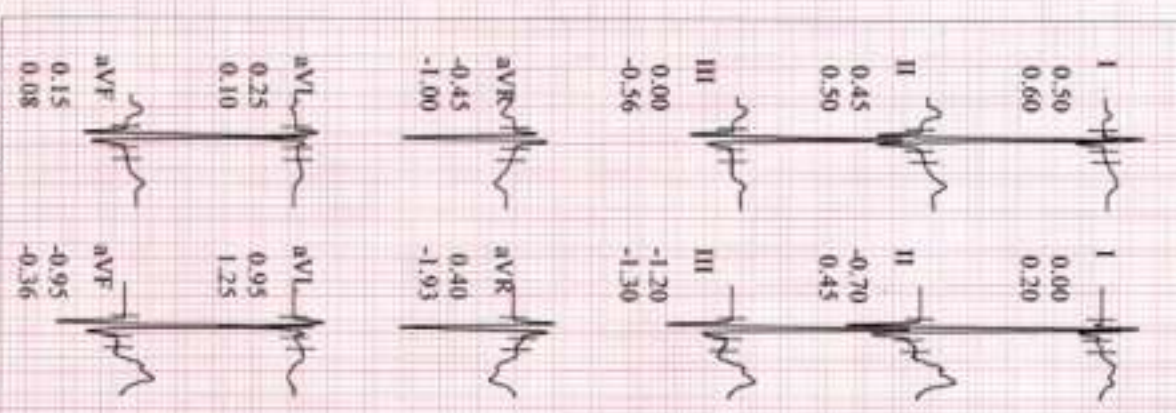
150 bpm
 110/70 mmHg

Comparative Medians Report
 EXERCISE
 STAGE 3
 08:50

BRUCE
 5.5 km/h
 14.0 %

BASELINE
 60 ms post J

CURRENT
 60 ms post J



Lead
 ST Level (mm)
 ST Slope (mV/s)

GE CardioSoft V6.73 (2)
 25 mm/s, 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(QI,V5)

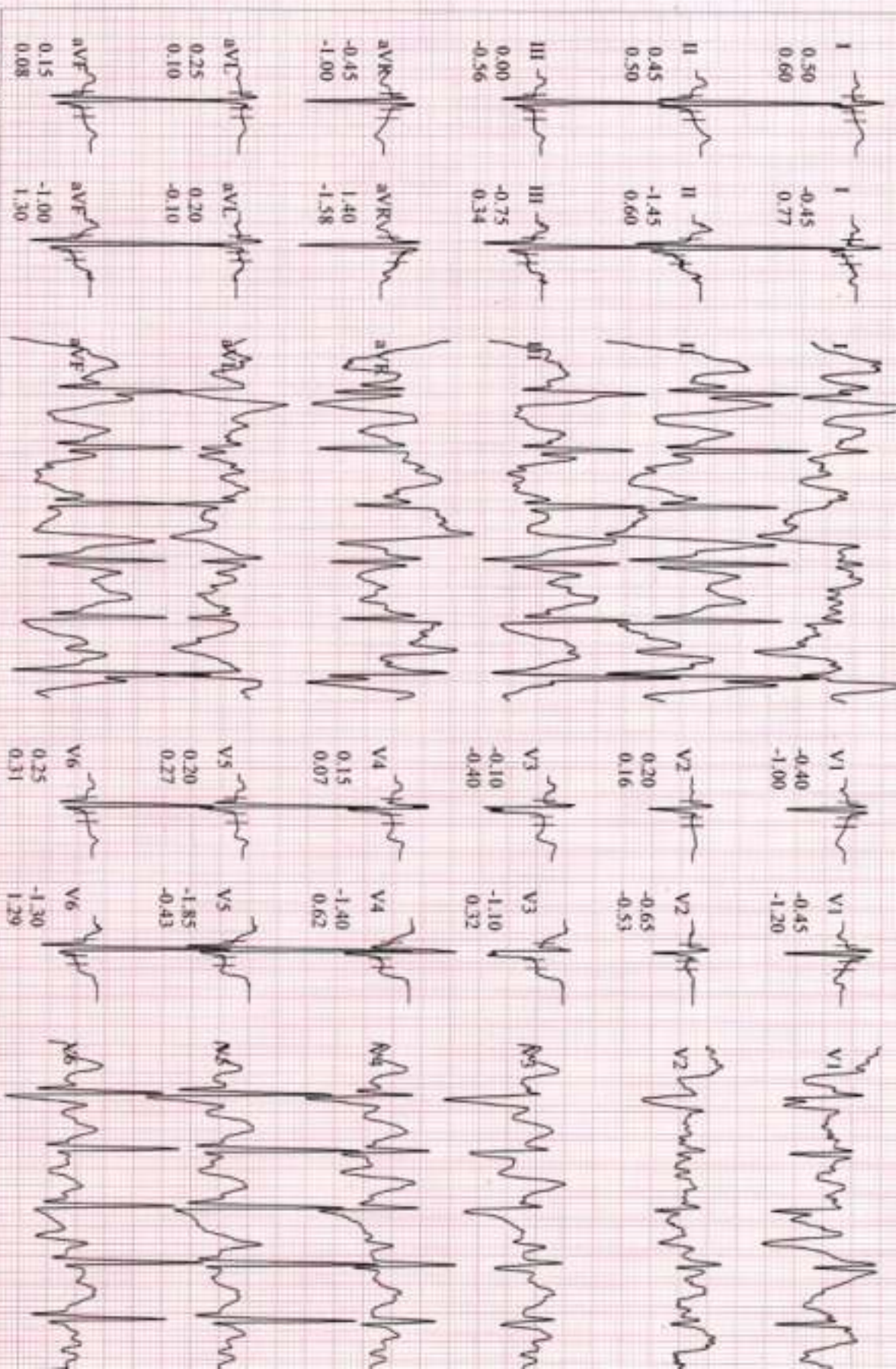
Start of Test: 11:53:22am

Sharma, Rahul
 Patient ID 12989762
 22.02.2024
 12:03:10pm

151 bpm
 110/70 mmHg

Comparative Medians Report (PEAK EXERCISE)
 EXERCISE BRUCE
 STAGE 4 6.8 km/h
 09:25 16.0 %

BASELINE 60 ms post J
 CURRENT 60 ms post J



Lead
 ST Level (mm)
 ST Slope (mV/s)

GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01-20Hz S+ HR(H,V5)

Start of Test: 11:53:22am

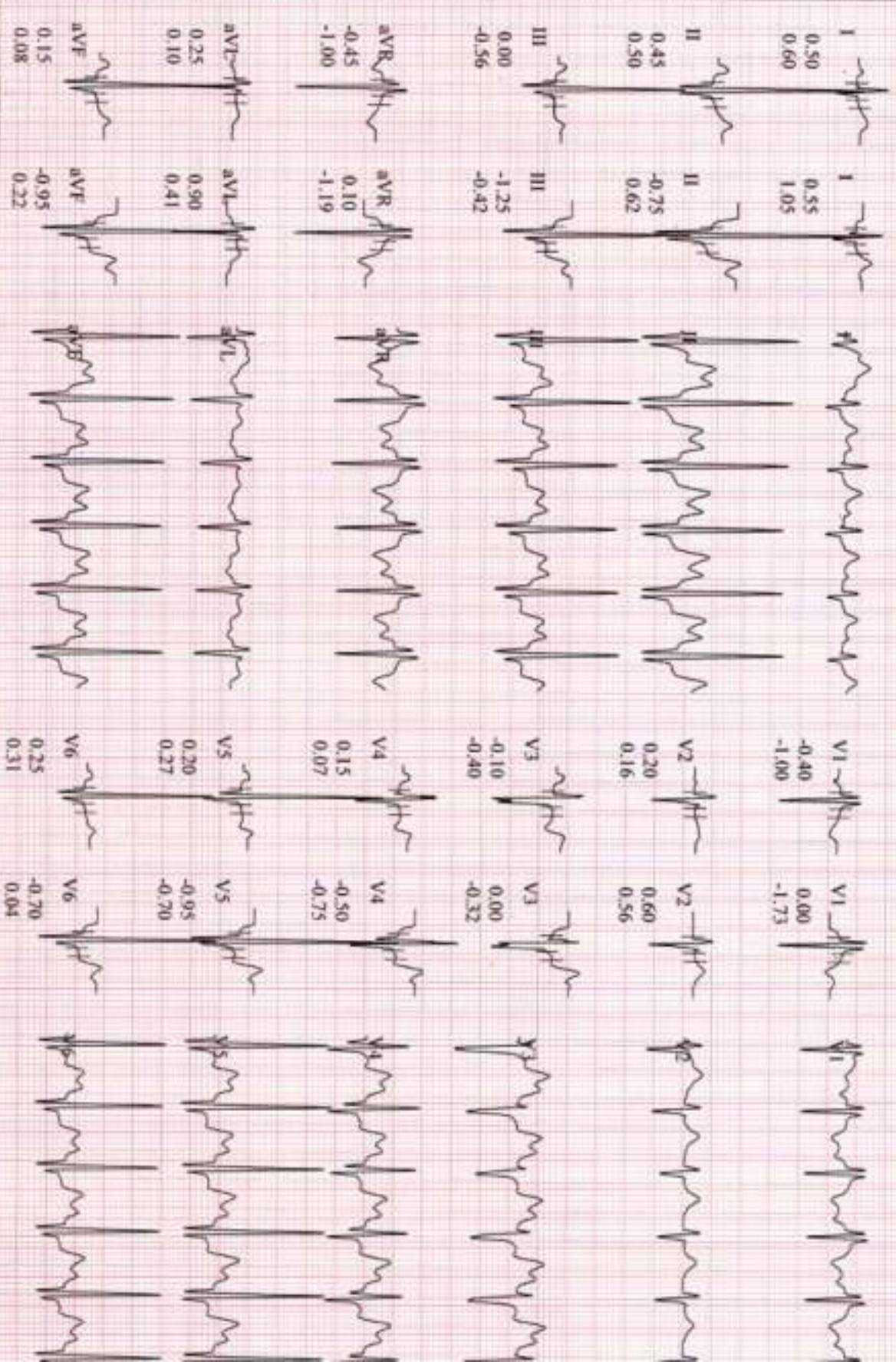
Sharma, Rahul
 Patient ID 12989762
 22.02.2024
 12:03:59pm

137 bpm

Comparative Medians Report
 RECOVERY #1
 00:50

BRUCE
 0.0 km/h
 5.5%

BASELINE 60 ms post J
 CURRENT 60 ms post J



GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(QI, V5)

Start of Test: 11:53:22am

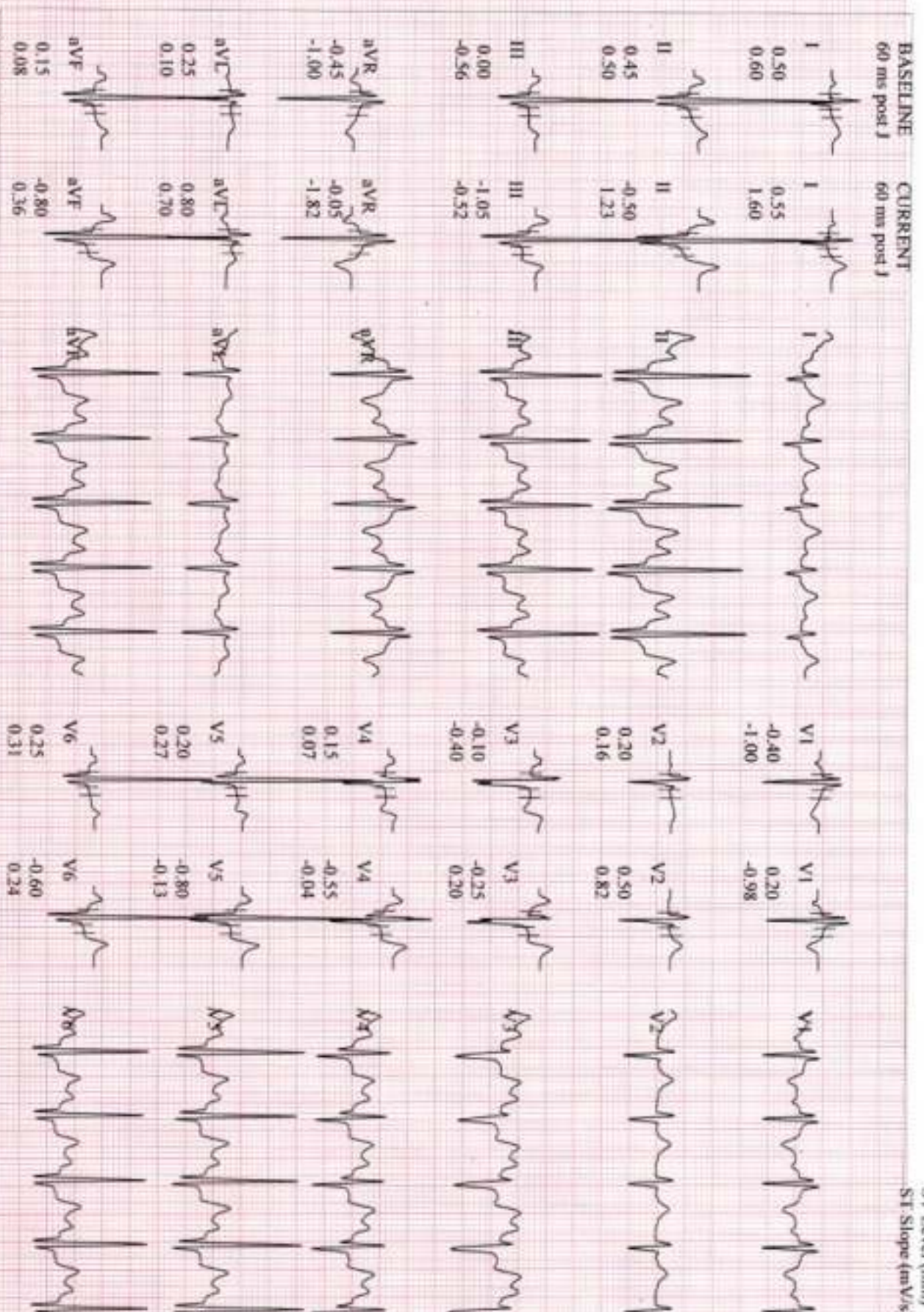
Lead
 ST Level (mm)
 ST Slope (mV/s)

Sharma, Rahul
 Patient ID 12989762
 22.02.2024
 12:04:59pm

Comparative Medians Report
 RECOVERY #1
 129 bpm
 01:50

BRUCE
 0.0 km/h
 5.4%

Lead
 ST Level (mm)
 ST Slope (mV/s)



GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(QI,VS)

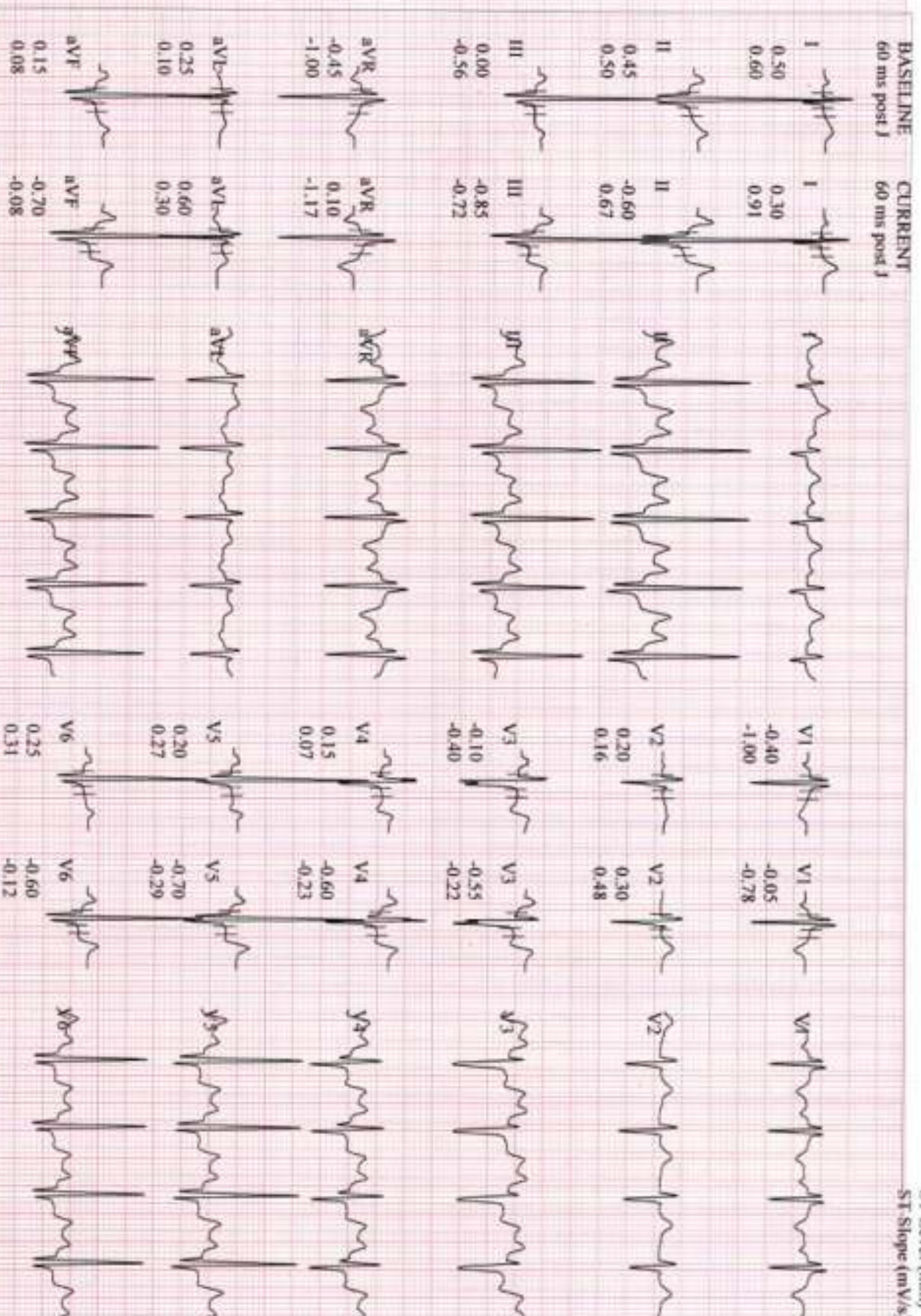
Start of Test: 11:53:22am

Sharma, Rahul
 Patient ID: 12989762
 22.02.2024
 12:05:59pm

Comparative Medians Report
 RECOVERY #1
 118 bpm
 02:50

BRUCE
 0.0 km/h
 5.5 %

Lead
 ST Level (mm)
 ST Slope (mV/s)



GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(ULV5)

Start of Test: 11:53:22am



PATIENT NAME : SHARMA RAHUL KUMAR

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000138383
ARCOFEMI HEALTHCARE LTD (MEDIWHEEL
F-703, LADO SARAI, MEHRAULISOUTH WEST
DELHI
NEW DELHI 110030
8800465156

ACCESSION NO : 0080XB007384
PATIENT ID : SHARM29039180
CLIENT PATIENT ID:
ABHA NO :

AGE/SEX : 32 Years Male
DRAWN :
RECEIVED : 22/02/2024 09:00:45
REPORTED : 22/02/2024 14:34:01

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

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

BLOOD COUNTS,EDTA WHOLE BLOOD

HEMOGLOBIN (HB) <small>METHOD : CYANMETHHEMOGLOBIN METHOD</small>	15.8	13.0 - 17.0	g/dL
RED BLOOD CELL (RBC) COUNT <small>METHOD : ELECTRICAL IMPEDANCE</small>	5.41	4.5 - 5.5	mil/ μ L
WHITE BLOOD CELL (WBC) COUNT <small>METHOD : ELECTRICAL IMPEDANCE</small>	5.81	4.0 - 10.0	thou/ μ L
PLATELET COUNT <small>METHOD : ELECTRICAL IMPEDANCE</small>	176	150 - 410	thou/ μ L

RBC AND PLATELET INDICES

HEMATOCRIT (PCV) <small>METHOD : ELECTRICAL IMPEDANCE</small>	46.2	40 - 50	%
MEAN CORPUSCULAR VOLUME (MCV) <small>METHOD : CALCULATED PARAMETER</small>	85.4	83 - 101	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <small>METHOD : CALCULATED PARAMETER</small>	29.2	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <small>METHOD : CALCULATED PARAMETER</small>	34.2	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) <small>METHOD : CALCULATED PARAMETER</small>	14.6 High ✓	11.6 - 14.0	%
MENTZER INDEX	15.8		
MEAN PLATELET VOLUME (MPV) <small>METHOD : CALCULATED PARAMETER</small>	13.3 High ✓	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

NEUTROPHILS <small>METHOD : LIGHT ABSORBANCE OF CYTOCHEMICAL STAINED CELLS IMPEDANCE</small>	45	40 - 80	%
LYMPHOCYTES <small>METHOD : LIGHT ABSORBANCE OF CYTOCHEMICAL STAINED CELLS IMPEDANCE</small>	43 High	20 - 40	%
MONOCYTES	7	2 - 10	%

Chandni Garg

Pranjali Vasishth

DR.CHANDNI GARG
CONSULTANT PATHOLOGIST

Dr.Pranjali Vasishth
LAB HEAD



View Details



View Report



PATIENT NAME : SHARMA RAHUL KUMAR		REF. DOCTOR : SELF	
CODE/NAME & ADDRESS : C000138383 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0080XB007384 PATIENT ID : SHARM29039180 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 32 Years Male DRAWN : RECEIVED : 22/02/2024 09:00:45 REPORTED : 22/02/2024 14:34:01	

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

METHOD : LIGHT ABSORBANCE OF CYTOCHEMICAL STAINED CELLS IMPEDANCE				
EOSINOPHILS	5	1 - 6		%
BASOPHILS	0	0 - 2		%
METHOD : LIGHT ABSORBANCE OF CYTOCHEMICAL STAINED CELLS IMPEDANCE				
ABSOLUTE NEUTROPHIL COUNT	2.61	2.0 - 7.0		thou/ μ L
ABSOLUTE LYMPHOCYTE COUNT	2.50	1 - 3		thou/ μ L
ABSOLUTE MONOCYTE COUNT	0.41	0.20 - 1.00		thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT	0.29	0.02 - 0.50		thou/ μ L
ABSOLUTE BASOPHIL COUNT	0.00 Low	0.02 - 0.10		thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.0			
METHOD : CALCULATED PARAMETER				

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 MCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of ABC 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.

Chandni Garg
DR.CHANDNI GARG
 CONSULTANT PATHOLOGIST

Pranjali Vasisht
Dr.Pranjali Vasisht
 LAB HEAD

Page 2 Of 17




View Details
View Report



PATIENT NAME : SHARMA RAHUL KUMAR		REF. DOCTOR : SELF	
CODE/NAME & ADDRESS : C000138383 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0080XB007384 PATIENT ID : SHARM29039180 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 32 Years Male DRAWN : RECEIVED : 22/02/2024 09:00:45 REPORTED : 22/02/2024 14:34:01	

Test Report Status	Final	Results	Biological Reference Interval	Units
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HAEMATOLOGY

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD

E.S.R	02	0 - 14	mm at 1 hr
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METHOD : MODIFIED WESTERGREW

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	4.8	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)	%
ESTIMATED AVERAGE GLUCOSE(EAG)	91.1	< 116.0	mg/dL

Interpretation(s)

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA 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, Vasculitides, 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 BR1 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 : Polikilocytosis, (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.
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-Used For:

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Chandni Garg

DR.Pranjali Vasisht
LAB HEAD

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- Evaluating the long-term control of blood glucose concentrations in diabetic patients.
- Diagnosing diabetes.
- 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.

- eAG (Estimated average glucose) converts percentage HbA1c to mg/dL, to compare blood glucose levels.
- eAG gives an evaluation of blood glucose levels for the last couple of months.
- eAG is calculated as $eAG (mg/dL) = 28.7 * HbA1c - 46.7$

HbA1c Estimation can get affected due to :

- 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.
- Vitamin C & E are reported to falsely lower test results, possibly by inhibiting glycation of hemoglobin.
- 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.
- Interference of hemoglobinopathies in HbA1c estimation is seen in:
 - Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
 - Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
 - 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.

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IMMUNOHAEMATOLOGY

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP	TYPE B
METHOD : SLIDE AGGLUTINATION	
RH TYPE	POSITIVE
METHOD : SLIDE AGGLUTINATION	

Interpretation(s)
 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.



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.

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BIOCHEMISTRY

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

GLUCOSE FASTING, FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR) METHOD : HEXOKINASE	84	74 - 106	mg/dL
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GLUCOSE, POST-PRANDIAL, PLASMA

PPBS (POST PRANDIAL BLOOD SUGAR) METHOD : HEXOKINASE	89	Non-Diabetes 70 - 140	mg/dL
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LIPID PROFILE WITH CALCULATED LDL

CHOLESTEROL, TOTAL METHOD : CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE	149	< 200 Desirable 200 - 239 Borderline High >= 240 High	mg/dL
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TRIGLYCERIDES METHOD : ENZYMATIC ASSAY	148	< 150 Normal 150 - 199 Borderline High 200 - 499 High >= 500 Very High	mg/dL
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HDL CHOLESTEROL METHOD : DIRECT MEASURE - PEG	45	< 40 Low >= 60 High	mg/dL
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CHOLESTEROL LDL METHOD : CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE	74	< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High >= 190 Very High	mg/dL
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NON HDL CHOLESTEROL		45	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		29.6	Desirable value :	mg/dL
METHOD : CALCULATED PARAMETER				
CHOL/HDL RATIO		3.3	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
METHOD : CALCULATED PARAMETER				
LDL/HDL RATIO		1.6	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
METHOD : CALCULATED PARAMETER				

Interpretation(s)

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	

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

Risk Group	Treatment Goals		Consider Drug Therapy	
	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 PROFILE, SERUM

BILIRUBIN, TOTAL METHOD : DIAZONIUM ION, BLANKED (ROCHE)	0.55	UPTO 1.2	mg/dL
BILIRUBIN, DIRECT METHOD : DIAZOTIZATION	0.17	0.00 - 0.30	mg/dL
BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER	0.38	0.00 - 0.60	mg/dL
TOTAL PROTEIN METHOD : BIURET	7.2	6.6 - 8.7	g/dL
ALBUMIN METHOD : BROMOCRESOL GREEN	4.9	3.97 - 4.94	g/dL
GLOBULIN METHOD : CALCULATED PARAMETER	2.3	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO METHOD : CALCULATED PARAMETER	2.1 High	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE(AST/SGOT) METHOD : UV WITHOUT PYRIDOXAL-5 PHOSPHATE	21	0 - 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITHOUT PYRIDOXAL-5 PHOSPHATE	41	0 - 41	U/L
ALKALINE PHOSPHATASE METHOD : PNPP - AMP BUFFER	120	40 - 129	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYL CARBOXY ANTIPOANILZIDE	20	8 - 61	U/L
LACTATE DEHYDROGENASE METHOD : LACTATE -PYRUVATE	144	135 - 225	U/L

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BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN 11 6 - 20 mg/dL
METHOD : UREASE - UV

CREATININE, SERUM

CREATININE 0.81 0.70 - 1.20 mg/dL
METHOD : ALKALINE PICRATE-KINETIC

BUN/CREAT RATIO

BUN/CREAT RATIO 13.58 5.00 - 15.00
METHOD : CALCULATED PARAMETER

URIC ACID, SERUM

URIC ACID 4.4 3.4 - 7.0 mg/dL
METHOD : URICASE, COLORIMETRIC

TOTAL PROTEIN, SERUM

TOTAL PROTEIN 7.2 6.6 - 8.7 g/dL
METHOD : BIURET

ALBUMIN, SERUM

ALBUMIN 4.9 3.97 - 4.94 g/dL
METHOD : BROMOCRESOL GREEN

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PERFORMED AT :

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24 Sco, Sector 11 D
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Patient Ref. No. 775000006572842



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GLOBULIN

GLOBULIN	2.3	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
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METHOD : CALCULATED PARAMETER

ELECTROLYTES (NA/K/CL), SERUM

SODIUM, SERUM METHOD : ISE INDIRECT	136	136 - 145	mmol/L
POTASSIUM, SERUM METHOD : ISE INDIRECT	4.61	3.5 - 5.1	mmol/L
CHLORIDE, SERUM METHOD : ISE INDIRECT	102	98 - 107	mmol/L

Interpretation(s)

Sodium	Potassium	Chloride
Decreased in: CCF, cirrhosis, vomiting, diarrhea, excessive sweating, salt-losing nephropathy, adrenal insufficiency, nephrotic syndrome, water intoxication, SIADH. Drugs: thiazides, diuretics, ACE inhibitors, chlorpropamide, carbamazepine, anti depressants (SSRI), antipsychotics.	Decreased in: Low potassium intake, prolonged vomiting or diarrhea, RTA types I and II, hyperaldosteronism, Cushing's syndrome, osmotic diuresis (e.g., hyperglycemia), alkalosis, familial periodic paralysis, trauma (transient). Drugs: Adrenergic agents, diuretics.	Decreased in: Vomiting, diarrhea, renal failure combined with salt deprivation, over-treatment with diuretics, chronic respiratory acidosis, diabetic ketoacidosis, excessive sweating, SIADH, salt-losing nephropathy, porphyria, expansion of extracellular fluid volume, adrenalsufficiency, hyperaldosteronism, metabolic alkalosis. Drugs: chronic laxative, corticosteroids, diuretics.
Increased in: Dehydration (excessive sweating, severe vomiting or diarrhea), diabetes mellitus, diabetes insipidus, hyperaldosteronism, inadequate water intake. Drugs: steroids, licorice, oral contraceptives.	Increased in: Massive hemolysis, severe tissue damage, rhabdomyolysis, acidosis, dehydration, renal failure, Addison's disease, RTA type IV, hyperkalemic familial periodic paralysis. Drugs: potassium salts, potassium-sparing diuretics, NSAIDs, beta-blockers, ACE inhibitors, high-dose trimethoprim-sulfamethoxazole.	Increased in: Renal failure, nephrotic syndrome, RTA, dehydration, overtreatment with saline, hyperparathyroidism, diabetes insipidus, metabolic acidosis from diarrhea (loss of HCO3-), respiratory alkalosis, hyperadrenocorticism. Drugs: acetazolamide, androgens, hydrochlorothiazide, salicylates.

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Interferences: Severe lipemia or hyperproteinemia. If sodium plasma involves a dilution step can cause spurious results. The serum sodium falls about 1.6 mEq/L for each 100 mg/dL increase in blood glucose.

Interferences: Hemolysis of sample, delayed separation of serum, prolonged fist clenching during blood drawing, and prolonged tourniquet placement. Very high WBC/PLT counts may cause spurious. Plasma potassium levels are normal.

Interferences: Test is helpful in assessing normal and increased anion gap metabolic acidosis and in distinguishing hypercalcemia due to hyperparathyroidism (high serum chloride) from that due to malignancy (Normal serum chloride)

Interpretation(s)

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.

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-

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** results 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 pernicuous 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, jaundice 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 seen in Hypophosphatemia, 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.

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, Waldenström'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 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, hemodialysis, 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, Leishmaniasis syndrome, Type 2 DM, Metabolic syndrome. Causes of **decreased** levels: Low Zinc intake, OCP, Multiple Sclerosis

TOTAL PROTEIN, SERUM- is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin.

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ABHA NO :

AGE/SEX : 32 Years Male
DRAWN :
RECEIVED : 22/02/2024 09:00:45
REPORTED : 22/02/2024 14:34:01

Test Report Status	Final	Results	Biological Reference Interval	Units
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Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenström 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, hemodialysis, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

Pranjali Vasisht

Dr. Pranjali Vasisht
LAB HEAD

Chandni Garg

DR. CHANDNI GARG
CONSULTANT PATHOLOGIST



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PERFORMED AT :

Agilus Diagnostics Ltd,
 24 Sco, Sector 11 D
 Chandigarh, 160011
 Chandigarh, India



Patient Ref. No. 775000006522842



PATIENT NAME : SHARMA RAHUL KUMAR		REF. DOCTOR : SELF	
CODE/NAME & ADDRESS : C000138383 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0080X8007384 PATIENT ID : SHARM29039180 CLIENT PATIENT ID : ABHA NO :	AGE/SEX : 32 Years Male DRAWN : RECEIVED : 22/02/2024 09:00:45 REPORTED : 22/02/2024 14:34:01	

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CLINICAL PATH - URINALYSIS

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

PHYSICAL EXAMINATION, URINE

COLOR	PALE YELLOW
APPEARANCE	CLEAR

CHEMICAL EXAMINATION, URINE

PH	6.0	4.7 - 7.5
METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD		
SPECIFIC GRAVITY	1.025	1.003 - 1.035
METHOD : REFLECTANCE SPECTROPHOTOMETRY (PKA CHANGE OF PRETREATED POLY ELECTROLYTES)		
PROTEIN	NOT DETECTED	NOT DETECTED
METHOD : REFLECTANCE SPECTROPHOTOMETRY (PROTEIN-ERROR-OF-INDICATORS PRINCIPLE)		
GLUCOSE	NOT DETECTED	NOT DETECTED
METHOD : REFLECTANCE SPECTROPHOTOMETRY (GLUCOSE OXIDASE/PEROXIDASE METHOD)		
KETONES	NOT DETECTED	NOT DETECTED
METHOD : REFLECTANCE SPECTROPHOTOMETRY (SODIUM NITROPRUSSIDE REACTION)		
BLOOD	DETECTED (TRACE)	NOT DETECTED
METHOD : REFLECTANCE SPECTROPHOTOMETRY (PEROXIDASE METHOD)		
BILIRUBIN	NOT DETECTED	NOT DETECTED
METHOD : REFLECTANCE SPECTROPHOTOMETRY (DIAZO REACTION)		
UROBILINOGEN	NORMAL	NORMAL
METHOD : REFLECTANCE SPECTROPHOTOMETRY - EBRLICH REACTION		
NITRITE	NOT DETECTED	NOT DETECTED
METHOD : REFLECTANCE SPECTROPHOTOMETRY, CONVERSION OF NITRATE TO NITRITE		
LEUKOCYTE ESTERASE	NOT DETECTED	NOT DETECTED

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS	2 - 3	NOT DETECTED	/HPF
METHOD : MICROSCOPIC EXAMINATION			
PUS CELL (WBC'S)	1-2	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS	0-1	0-5	/HPF
METHOD : MICROSCOPIC EXAMINATION			

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Punjab, India



Patient Ref. No. 775000006522842



PATIENT NAME : SHARMA RAHUL KUMAR

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : CD00138383
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DELHI
NEW DELHI 110030
8800465156

ACCESSION NO : 0080XB007384
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CASTS	NOT DETECTED			
CRYSTALS	NOT DETECTED			
METHOD : MICROSCOPIC EXAMINATION				
BACTERIA	NOT DETECTED	NOT DETECTED		
METHOD : MICROSCOPIC EXAMINATION				
YEAST	NOT DETECTED	NOT DETECTED		

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 nifedipine/oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (Averrhoa carambola) or its juice
Uric acid	arthritis

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CODE/NAME & ADDRESS : C000138383 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0080XB007384	AGE/SEX : 32 Years Male	
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Bacteria	Urinary infection when present in significant numbers & with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis.

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SPECIALISED CHEMISTRY - HORMONE

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

THYROID PANEL, SERUM

T3 METHOD : COMPETITIVE (ECLIA)	92.75	80.00 - 200.00	ng/dL
T4 METHOD : COMPETITIVE (ECLIA)	6.36	5.10 - 14.10	µg/dL
TSH (ULTRA SENSITIVE) METHOD : SANDWICH (ECLIA)	1.720	0.270 - 4.200	µIU/mL

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. clozapine 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

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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. Guidelines of the American Thyroid association during pregnancy and Postpartum, 2011.

NOTE: It is advisable to detect Free T3, Free T4 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.

****End Of Report****

Please visit www.agilusdiagnostics.com for related Test Information for this accession

CONDITIONS OF LABORATORY TESTING & REPORTING

- It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
- All tests are performed and reported as per the turnaround time stated in the AGILUS Directory of Services.
- Result delays could occur due to unforeseen circumstances such as non-availability of kits / equipment breakdown / natural calamities / technical downtime or any other unforeseen event.
- A requested test might not be performed if:
 - Specimen received is insufficient or inappropriate
 - Specimen quality is unsatisfactory
 - Incorrect specimen type
 - Discrepancy between identification on specimen container label and test requisition form
- AGILUS Diagnostics confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
- Laboratory results should not be interpreted in isolation; it must be correlated with clinical information and be interpreted by registered medical practitioners only to determine final diagnosis.
- Test results may vary based on time of collection, physiological condition of the patient, current medication or nutritional and dietary changes. Please consult your doctor or call us for any clarification.
- Test results cannot be used for Medico legal purposes.
- In case of queries please call customer care (91115 91115) within 48 hours of the report.

Agilus Diagnostics Limited
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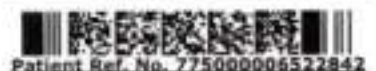


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PERFORMED AT :
Agilus Diagnostics Ltd.
24 Sco, Sector 11 D
Chandigarh, 160011



Patient Ref. No. 775000006522842

SCO 11, Sector 11 D
Chandigarh

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Sharma, Rahul
Patient ID: 12989762
Height: 173 cm
Weight: 52 kg

DOB: 29.03.1991
Age: 32yrs
Gender: Male
Race: Indian

Study Date: 22.02.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: DR MANJEET/DR VIJAY HARJAI

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:25	0.00	0.00	87		
EXERCISE	STAGE 1	03:00	2.70	10.00	118	90/60	
	STAGE 2	03:00	4.00	12.00	125		
	STAGE 3	03:00	5.50	14.00	148	110/70	
	STAGE 4	00:25	6.80	16.00	151		
RECOVERY		03:39	0.00	5.50	126	110/80	

The patient exercised according to the BRUCE for 9:24 min:s, achieving a work level of Max. METS: 11.50. The resting heart rate of 87 bpm rose to a maximal heart rate of 153 bpm. This value represents 81 % of the maximal, age-predicted heart rate. The resting blood pressure of ~~92~~₆₀ mmHg, rose to a maximum blood pressure of 110/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.

Conclusions *Negative for inducible ischaemia*

--
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