D.I.C. No. 17/17/12 ISO: 15189:2012



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Hematology Analysis Report

First Name: PRAMOD KUMARSSAMMIe Type:

Last Name: Gender:

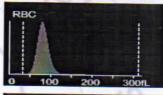
Male

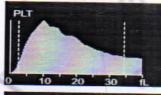
Department: Med Rec. No.: Sample ID: 23

Test Time: 24/11/2023 13:15

Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	6.23	4.00-10.00	10^3/uL
2 Neu%	60.1	50.0-70.0	%
3 Lym%	25.8	20.0-40.0	%
4 Mon%	8.9	3.0-12.0	%
5 Eos%	4.2	0.5-5.0	%
6 Bas%	1.0	0.0-1.0	%
7 Neu#	3.75	2.00-7.00	10^3/uL
8 Lym#	1.61	0.80-4.00	10^3/uL
9 Mon#	0.55	0.12-1.20	10^3/uL
10 Eos#	0.26	0.02-0.50	10^3/uL
11 Bas#	0.06	0.00-0.10	10^3/uL
12 RBC	4.06	3.50-5.50	10^6/uL
13 HGB	12.9	11.0-16.0	g/dL
14 HCT	35.1 L	37.0-54.0	%
15 MCV	86.5	80.0-100.0	fL
16 MCH	31.8	27.0-34.0	pg
17 MCHC	36.8 H	32.0-36.0	g/dL
18 RDW-CV	13.1	11.0-16.0	%
19 RDW-SD	46.5	35.0-56.0	fL
20 PLT	157	100-300	10^3/uL
21 MPV	12.0	6.5-12.0	fL
22 PDW	21.7 H		
23 PCT	0.188	0.108-0.282	%
24 P-LCR	51.9 H		%
25 P-LCC	81	30-90	10^3/uL











Marcha Khalela

Dr. Mamta Khuteta M D. (Path.)

RMC No 4720/16260

Submitter: Draw Time: Report Time:

24/11/2023 13:15

Operator: admin Approver: Received Time: 24/11/2023 13:15 Validated Time: Remarks: *The Report is responsible for this sample only. If you have any questions, please contact us in 24 hours





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MRI

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MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Patient Name: PRAMOD KUMAR SAINI

Sr. No. : 75167 Patient ID No.: 155 Gender : MALE

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Registered on: 24-11-2023 03:07 PM

Collected On : 24-11-2023 03:07 PM Received On : 24-11-2023 03:07 PM

Reported On : 06-12-2023 12:47 PM Bar Code 11 111111 111111

LIS Number 7

HAEMATOLOGY

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

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	5.20	%	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.10 - 8.00 Adegate Control 8.10 - 9.00 Suboptimal Control 9.10 10.00 Diabetic Poor Control > 10.00 Very Poor Control
eAG (Estimated Average Glucose)	102.54	mg/dL	LV
eAG (Estimated Average Glucose)	5.69	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 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.

Ashish sethi

Dr. Ashish Sethi Consultant Biochemist Dr.Mamta Khulela Dr.Mamta Khuteta M.D.(Path.) RMC No. 4720/15260

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

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



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Bar Code US Number 7 9

BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method: GOD-POD)	78.00	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 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	
Blood Urea (Method: Urease-GLDH)	28.00	mg/dL		
Creatinine (Method : Enzymatic Creatininase)	0.81	mg/dL	0.61.30	
Calcium	10.79	mg/dL	8.511	
Uric Acid (Method : Uricase-POD)	5.16	mg/dL	2.4-7.2	

Ashich sethi

Dr. Ashish Sethi Consultant Biochemist

RMC No. 4720

Martin Khuleta

Dr.Mamta Khuteta

M.D.(Path.)

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NABL CERTIFICATE NO. MC-5346

Patient Name: PRAMOD KUMAR SAINI

Sr. No. 75167 Patient ID No.: 155 Gender : MALE

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

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Bar Code

LIS Number

BIO-CHEMISTRY

Liver Function Test

Test Name		Observed Values	Units	Reference Intervals
SGOT/AST(Tech.:-UV Kinetic)	Н	42.00	U/L	540
SGPT/ALT(Tech.:-UV Kinetic)	Н	48.00	U/L	540
Bilirubin(Total)(Tech.:-Jendrassik Grof)		1.06	mg/dL	0.11.1
Bilirubin(Direct)		0.22	mg/dL	00.3
Bilirubin(Indirect)		0.84	mg/dL	0.1-1.0
Total Protein(Tech.:-Biuret)		7.05	gm/dL	68
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)		3.07	gm/dL	2.5-4.5
A/G Ratio(Tech.:-Calculated)		1.30		1.2 - 2.5
Alkaline Phosphatase(Tech.:-Pnp Amp Kinetic)		181.00	U/L	108-306

Dr. Ashish Sethi Consultant Biochemist

Marita Khuteta Dr.Mamta Khuteta M.D.(Path.) RMC No. 47

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NABL CERTIFICATE NO. MC-5346

Patient Name: PRAMOD KUMAR SAINI

Sr. No. 75167 Patient ID No.: 155 Gender : MALE

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03:07 PM

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03:07 PM 03:07 PM

Reported On : 06-12-2023 12:47 PM Bar Code

LIS Number

LIPID PROFILE COMPLETE

Test Name		Observed Values	Units	Reference Intervals	
Cholesterol (Method : CHOD-PAP)	25/11	191.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199	
HDL Cholesterol	/	48.00	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	Н	119.20	mg/dL	0100	
VLDL Cholesterol		23.80		035	
TC/HDL Cholestrol Ratio		3.98		2.55	
LDL/HDL Ratio		2.48	Ratio	1.53.5	

Ashich sethi

Dr. Ashish Sethi Consultant Biochemist Martin Khuleta Dr.Mamta Khuteta M.D.(Path.) RMC No. 47

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NABL CERTIFICATE NO. MC-5346

Name :-

Mr. PRAMOD KUMAR SAINI

Sex / Age :-

Male

Doctor :-

Client Name :-

MEDI WHEEL HEALTH CHECK UP

Sample Type :-Serum Patient ID / CCL No :-102340943

Sample Collected :- 25/11/2023 11:49:3

Sample Received on: 25-11-2023 11:49:50

Report Released on: 25-11-2023 15:45:03

Barcode

TEST NAME

VALUE

UNIT

REFERENCE RANGE

TFT

T3 (TOTAL TRIIODOTHYRONINE)

(Tech.:- Chemiluminescence Immunoassay)

138.00

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

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

T4 (TOTAL THYROXINE)

(Tech.:- Chemiluminescence Immunoassay)

8.59

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)

1.98

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

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B-110, Indra Nagar, Whuthhunu (Raj.) RP41. No. No. 1584 592-294