

Name: Mrs Swati Kumari  
 UHID: 12989810 Date: 22/2/25  
 Age: 25 year Gender: Female

**Nursing Assessment**

Profile	
Height (cm): <u>159 cm</u>	Waist Circumference (cm): <u>34 inches</u>
Weight (Kg): <u>69 kg</u>	Body Mass Index: <u>27.2 kg/m<sup>2</sup></u> <span style="border: 1px solid black; padding: 2px;">18-23</span>
Occupation: <u>Housewife</u>	Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married

Vital Signs	
Pulse Rate (/min): <u>78 mb</u>	Respiratory Rate (/min): <u>20 mb</u> <span style="float: right;">SpO2 99%</span>
Blood Pressure (mmHg): <u>100/66 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 checked="" type="checkbox"/> Dyslipidemia
<input type="checkbox"/> Asthma	<input type="checkbox"/> Tuberculosis
<input checked="" type="checkbox"/> Allergies	
<input checked="" type="checkbox"/> Others	

For Women	
LMP: <u>14/2/24</u>	Last Pap smear done in
Menopause <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Mammography done in
Consent for X-ray & Mammography	

Current Medications
<u>L.S.C.S</u>

Signature, Name and Emp. ID of the Nurse Rande K

Name: Mrs Swati Kaur  
 UHID: 12989810 Date: 22-2-24  
 Age: 25/F Gender: Female

**Ophthalmology Consultation**

**History:**

**Examination findings:**

Visual acuity  $\begin{matrix} R & 6/6 \\ L & 6/6 \end{matrix}$  Visual acuity with glasses  $\begin{matrix} R \\ L \end{matrix}$  Colour Vision  $\begin{matrix} R & WNL \\ L & WNL \end{matrix}$

**Slit Lamp Examination**



Other Examination



**Diagnosis:**

**Treatment\***

**Spectacle prescription:**

Right eye

	SPH	CYL	AXIS	VA
Distance	Plano	—	—	6/6
Near	Plano	—	—	1/6

Left eye

	SPH	CYL	AXIS	VA
Distance	Plano	—	—	6/6
Near	Plano	—	—	1/6

Signature and stamp of the Ophthalmologist:

22.02.2024 9:55:15  
Furthi Med Centre  
Sector 11  
Chandigarh

Location:  
Order Number:  
V/S#:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

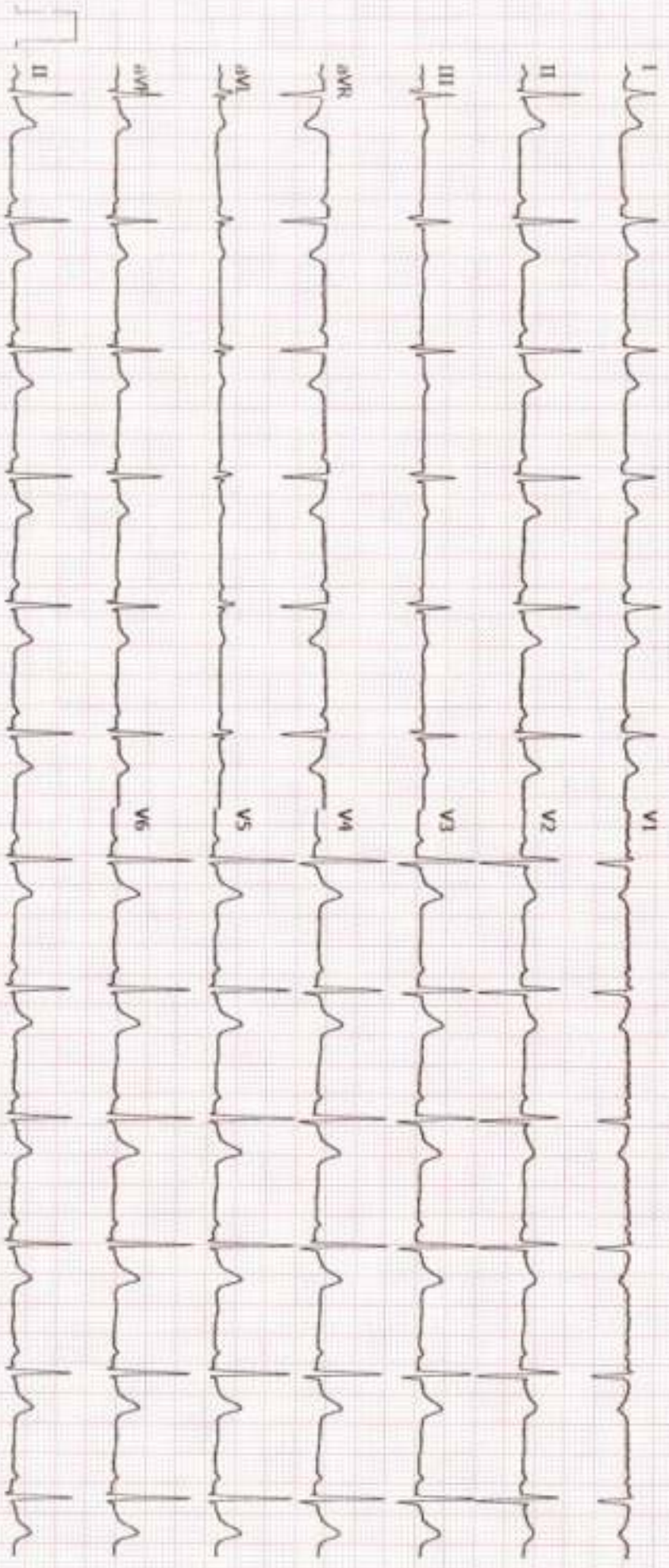
Room:

70 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 72 ms  
QT / QTc Baz : 350 / 378 ms  
PR : 140 ms  
P : 84 ms  
RR / PP : 854 / 857 ms  
P / QRS / T : 24 / 55 / 47 degrees

Normal sinus rhythm  
Normal ECG



Name: Mrs. Swati  
UHID: 12989810 Date: 22/2/24  
Age: 26y Gender: Female

22/2/24

**Gynecology Consultation**

Symptoms: No complaint - wants check up

Obstetric History:

Diagnosis:

Advice / Treatment Plan:

OH = 1 FTUS  
20 = 2 1/2 y Not taking any OCP's  
Menstrual History:

MH = Reg.  
dup = 14/2/24  
Past & Family History:

Not taking any treatment - mother having thyroid asthma.

Examination Findings:

• Breast:

• P/A. Left no palpable mass

no tenderness anywhere

• P/S. Op ignl (N)

• P/V. at AENT MFC H-

to free

Investigations:

Paps smear sent

Swati  
Dr. SANTOSH YADAV  
MBBS, MS (Obs. & Gynae)  
Empanelled Consultant-Gynaecology  
Reg. No. RMC 7446  
Mobile: 94140 45452  
Fortis MEDCENTRE (A unit of Fortis Hospital, Mohali)  
S.C.O. 11, Sector 11-D, Chandigarh-160011 (INDIA)  
Phone No. 0172-5061222-5055443

Name: Mrs Swati Kumari  
 UHID: 19989810 Date: 22/02/24  
 Age: 25/f Gender: Female

Internal Medicine Consultation

Relevant History:

MF - 2019.

LCB - 2 1/2 yr.

Known Thalassemia minor  
 No response in HB with  
 iron.

Good feeding +

159 cm / 27.2 kg (BMI 11.2)

Diagnosis: obesity  
Anemia

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

- Review with reports
- Regular Exercise for wt reduction.
  - Dietary advice

Manjeet Singh  
 23/2/2024

**Dr. MANJEET SINGH TREHAN**  
 MCh MD  
 Academic Director - Internal Medicine (PMC)  
 Fortis Hospital, Mohali (Pb.)  
 Mobile No. 9814104509  
 Reg. No. PMC 24797

A+ve.

Ech. | Investigations:  
 CXR | ai

USG - spleen - 11.8 cm.

TMT - negative.

HR - 99, (↓ PW, MW, MCH, MCHC.

E - 7% (↑ RDW, MPV).

HbA1c - 5.0% FBS - 95, PP - 04

Lipid:

RF - 7

JF - 7

...

**NAME: MRS.SWATI KUMARI****AGE AND SEX:25 Y/F****UHID NO:12989810****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 prominent in size ( 11.8 cm ),** with normal outline and echotexture. No focal lesion

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 with normal outline and wall thickness . No calculus / SOL seen .

Uterus is normal in size, shape and outline. Endometrium is normal. No SOL seen.

Bilateral ovaries are normal in size , shape and echotexture.

No free fluid is seen in POD.

**Opinion: Prominent Spleen ? Cause**

**Advised Hemogram correlation**

**Suggested clinical correlation.**

**Dr. ADITI PANWAR**

**PMC - 41230**

**Consultant Radiologist**

**KUMARI, SWATI 25 F**

**Study Date: 22/02/2024**

Patient ID: 12989810

Accession #:

Alt ID:

DOB:

Age:

Gender: F

Ht:

Wt:

BSA:

Institution: Fortis MEDCENTRE, Chandigarh

Referring Physician:

Physician of Record:

Performed By:

Comments:

### Images



### Signature

Signature:

Name(Print):

Date:

## DEPARTMENT OF FMC-RADIOLOGY LAB

Date: 22/Feb/2024

Name: Mrs. Swati Kumari

UHID | Episode No : 12989810 | 2166/24/10021

Age | Sex: 25 YEAR(S) | Female

Order No | Order Date: 10021/PN/OP/2402/5556 | 22-Feb-2024

Order Station : FRONTOFFICE-FMC

Admitted On | Reporting Date : 22-Feb-2024 10:12:14

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.**

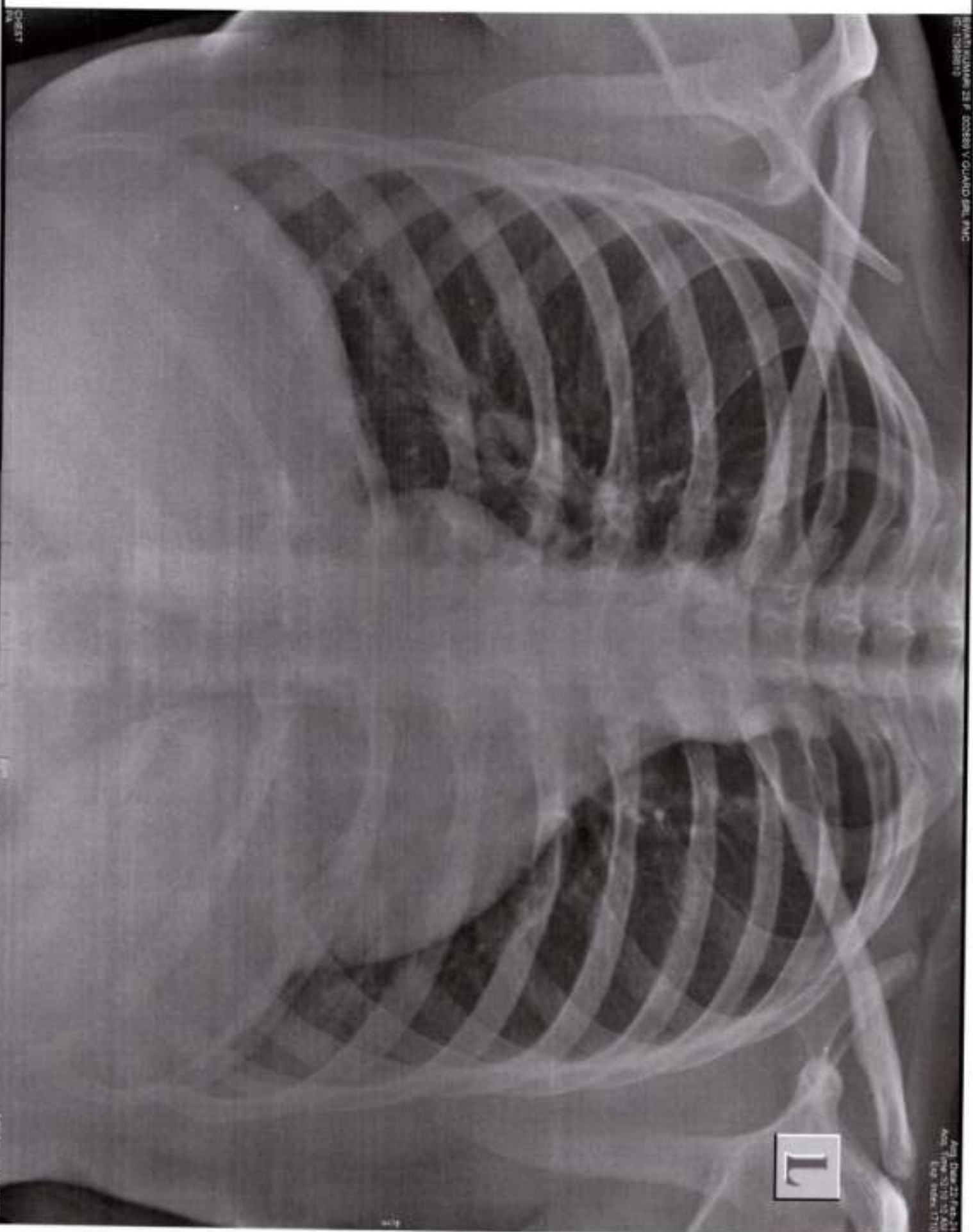
**Dr. ADITI PANWAR**

**PMC - 41230**

**Consultant Radiologist**



EMILIO KUMAR, D.F. ECOSSE V. OLARO S.R.L. P.A.C.  
02-1206812



Age: 22, Sex: M  
Acq. Time: 07/05/01 05:40  
Exp. Index: 3770

L

CHEST  
PA

FORTIS HEALTHCARE

TEST REQUEST FORM



TRF ID : 0080XB007385

TRF Date : 22-02-2024

PATIENT INFORMATION	
Name :	Ms. SWATI KUMARI
Address :	....
Phone No :	8792798824
Email :	RAHUL.SHARMA2@BANKOFBARODA.COM
Date Of Birth :	22-07-1998
Age / Sex :	25 / Female
Height / Weight :	/

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

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

SPECIMEN INFORMATION	
Patient Id / Hospital Id :	
SRL Id :	SWATF22079880
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. :	_____

**Product Details**

HM7235F	MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE
---------	--

**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
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 : 0080XB007385

TRF Date : 22-02-2024

PATIENT INFORMATION	
Name :	Ms. SWATI KUMAR
Address :	....
Phone No. :	8792798824
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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 :	SWATF22079880
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.

SCO, 11, Sector 11 D  
Chandigarh

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: Kumari, Swati  
Patient ID: 12989810  
Height: 159 cm  
Weight: 69 kg

DOB: 22.07.1998  
Age: 25yrs  
Gender: Female  
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	00:27	0.00	5.40	85	100/66	
	STANDING	00:24	0.00	5.40	82		
	HYPERV.	00:11	0.00	5.30	83		
EXERCISE	STAGE 1	03:00	2.70	10.00	126	100/66	
	STAGE 2	03:00	4.00	12.00	146	110/70	
	STAGE 3	00:41	5.00	14.00	150		
RECOVERY		02:06	0.00	5.50	112	110/80	

The patient exercised according to the BRUCE for 6:41 min:s, achieving a work level of Max. METS: 8.50. The resting heart rate of 83 bpm rose to a maximal heart rate of 160 bpm. This value represents 82 % of the maximal, age-predicted heart rate. The resting blood pressure of 100/66 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 infarction.*

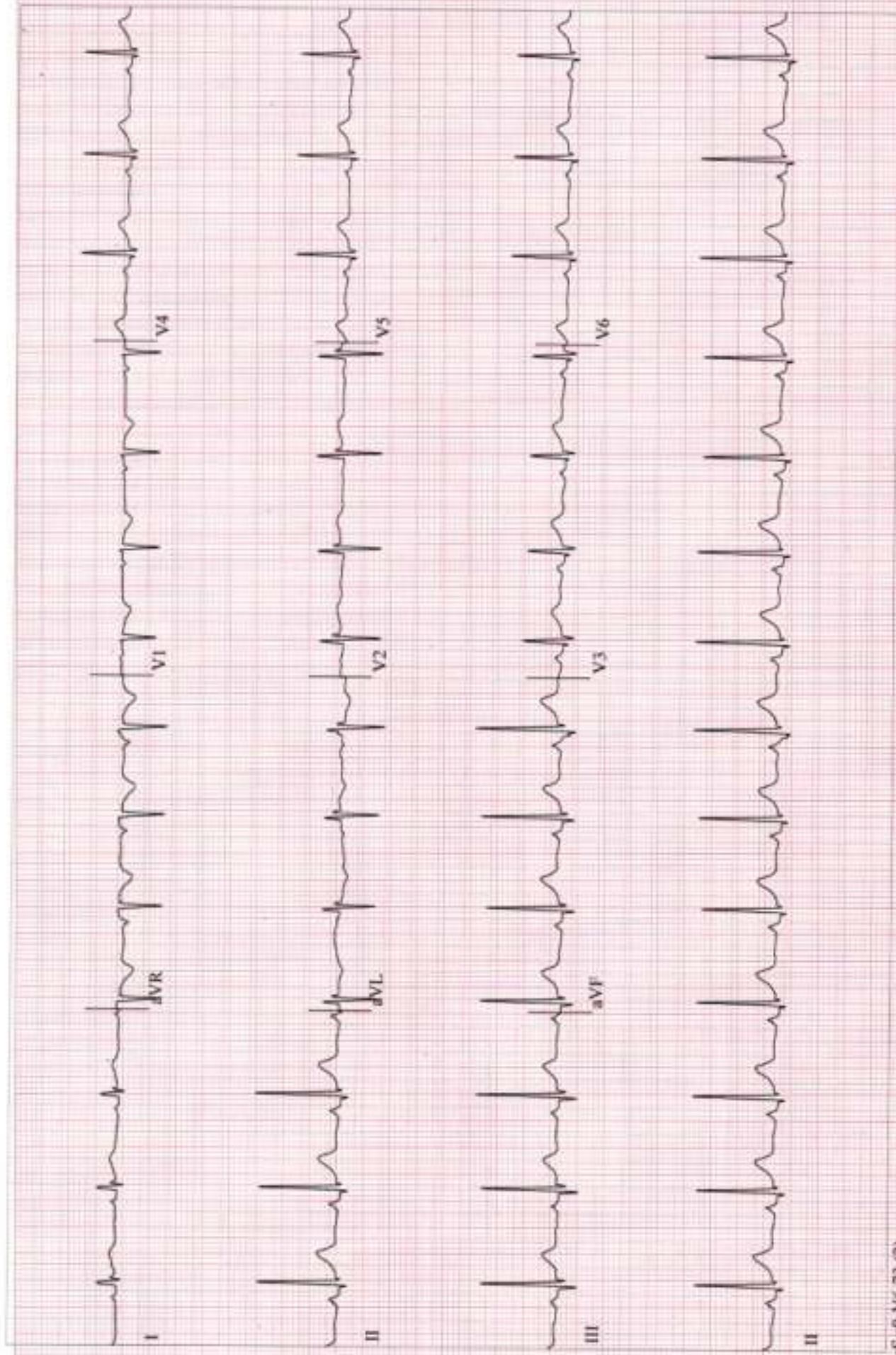
Physician

*Manjeet Singh Trehan*  
DR MANJEET SINGH TREHAN  
MRS MD  
Acquisition Director-Internal Medicine (FMC)  
Fortis Hospital, Mohali (Pb.)  
Mobile No. 9814104409  
Reg. No. FMC 34207

Kumari, Swati  
Patient ID 12989810  
22.02.2024  
11:28:21am

12-Lead Report

87 bpm  
100/66 mmHg



GE CardioSoft V6.73 (2)  
25 mm/s, 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(V1,V6)

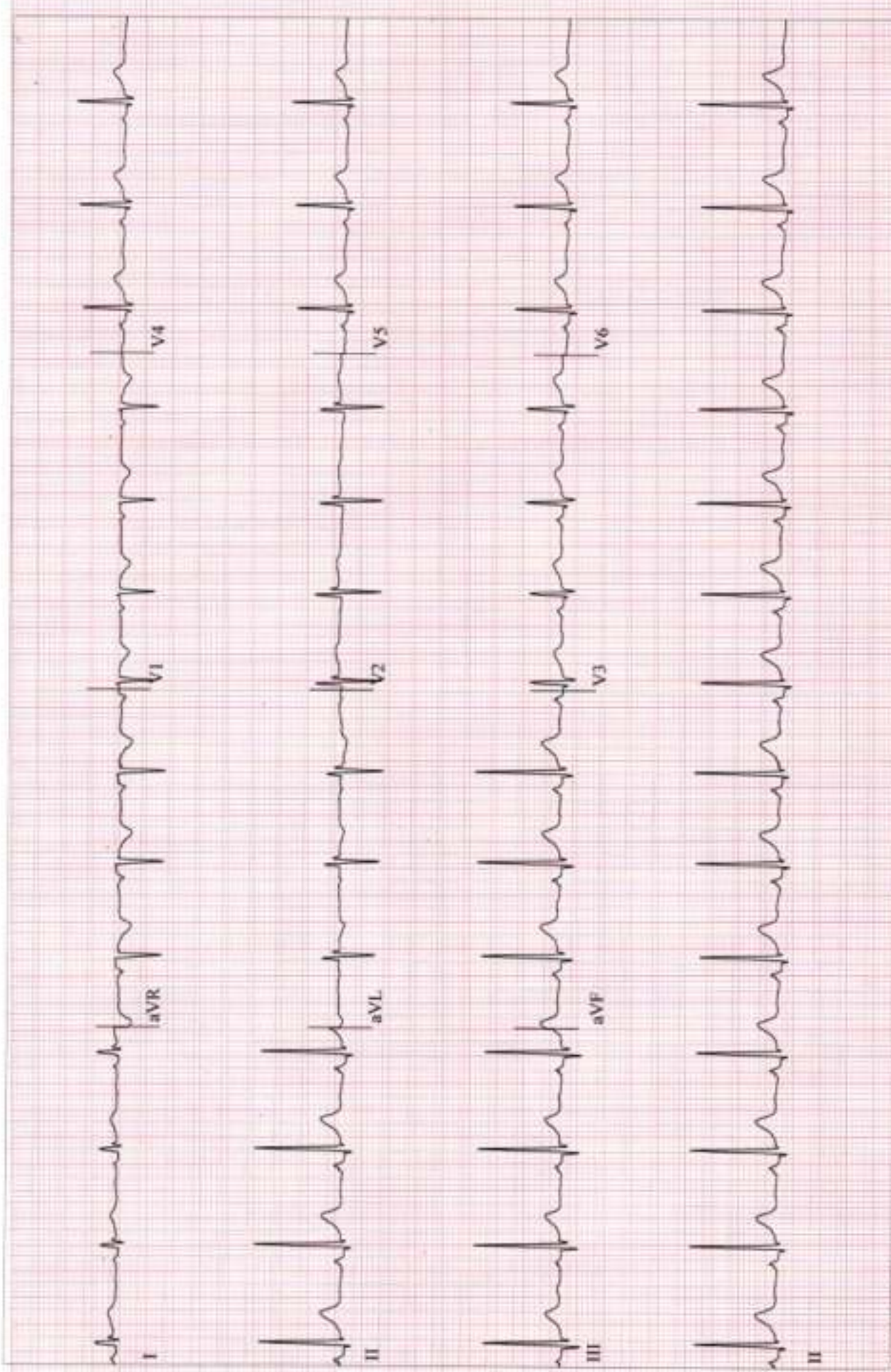
Start of Test 11:28:17am

**Kumari, Swati**  
Patient ID 12989810  
22.02.2024  
11:28:49am

12-Lead Report  
PRETEST  
SUPINE  
00:26

BRUCE  
0.0 km/h  
5.4 %

83 bpm  
100/66 mmHg



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(V1,V6)

Start of Test: 11:28:17am

Page 2

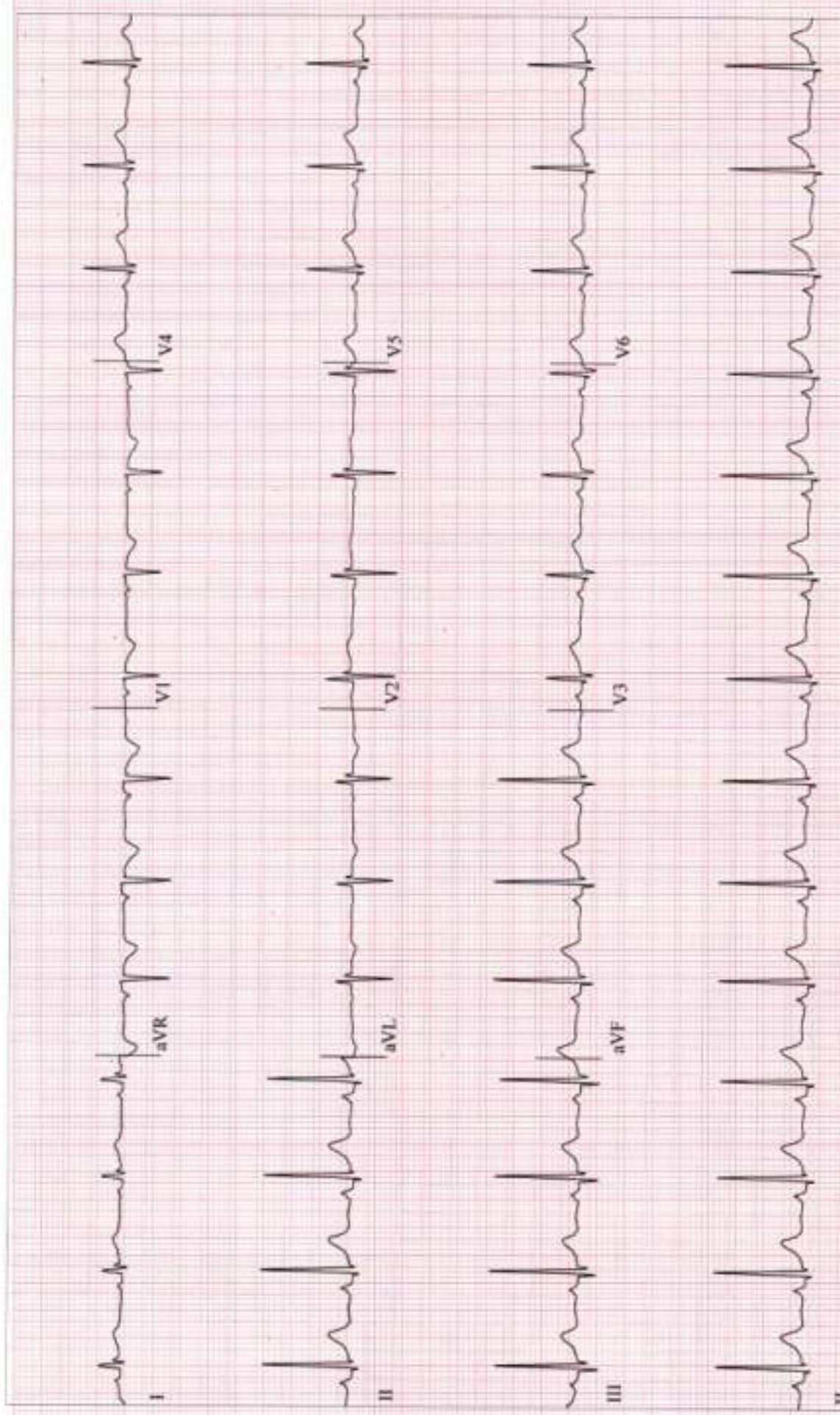
Kumari, Swati  
Patient ID 12989810  
22.02.2024  
11:29:13am

12-Lead Report

BRUCE  
0.0 km/h  
5.4 %

PRETEST  
STANDING  
00:50

82 bpm  
100/66 mmHg



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(V1,V6)

Start of Test: 11:28:17am

**Kamari, Swati**  
 Patient ID 12989810  
 22.02.2024  
 11:32:09am

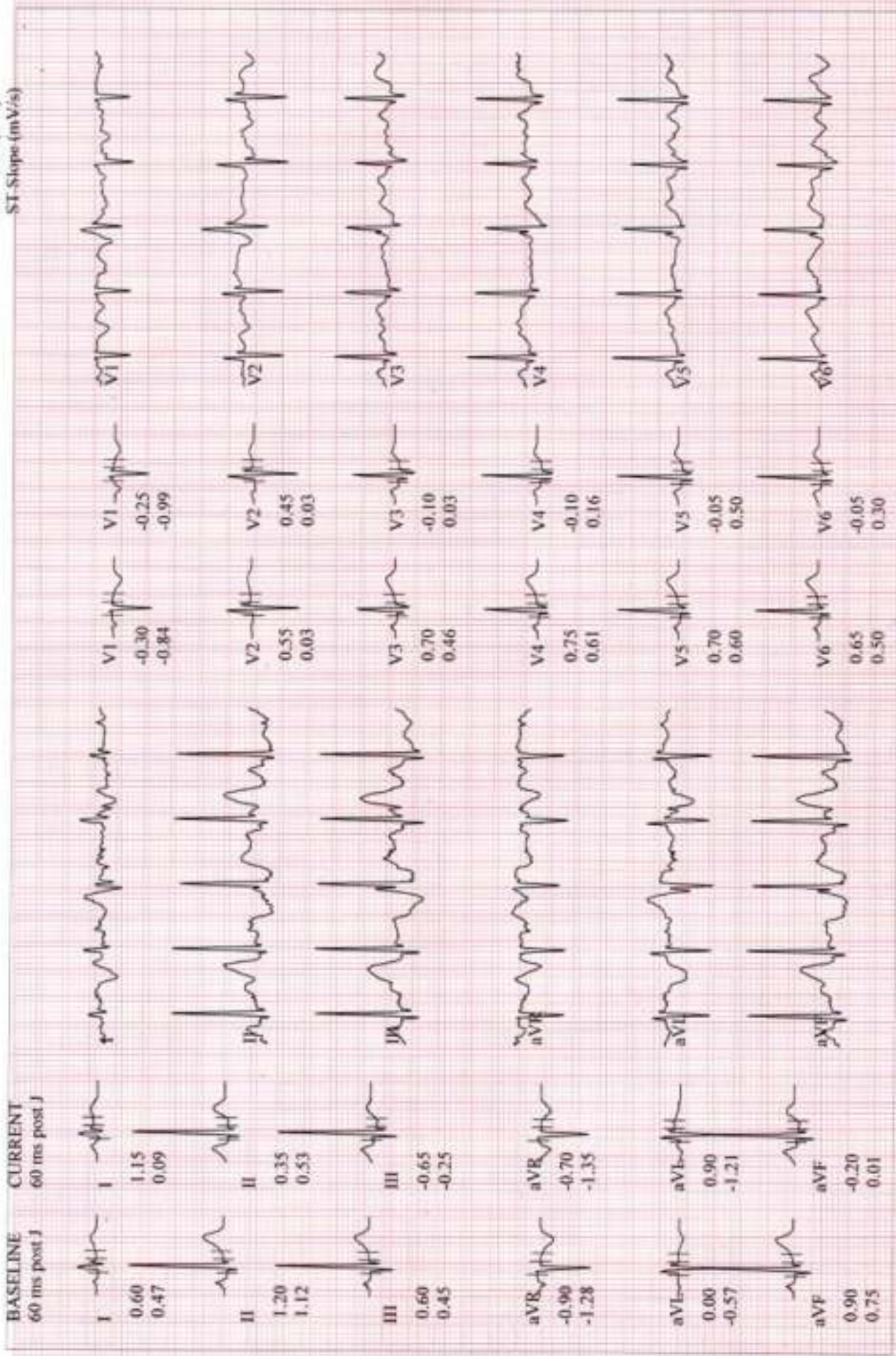
**Comparative Medians Report**

**BRUCE**  
 2.7 km/h  
 10.0 %

125 bpm  
 100/66 mmHg

**EXERCISE**  
 STAGE I  
 02:50

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



GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(V6,V1)

Start of Test: 11:28:17am



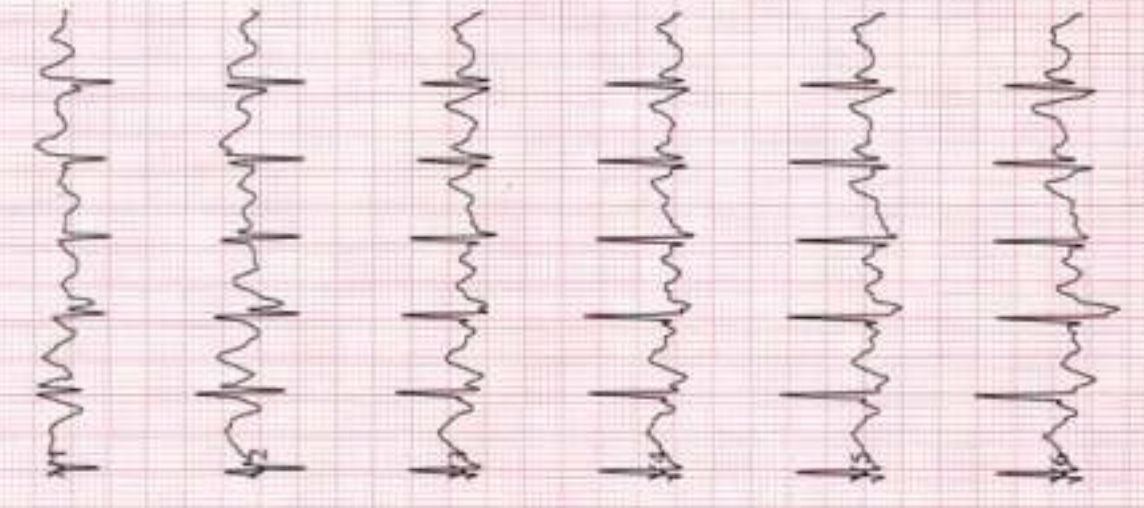
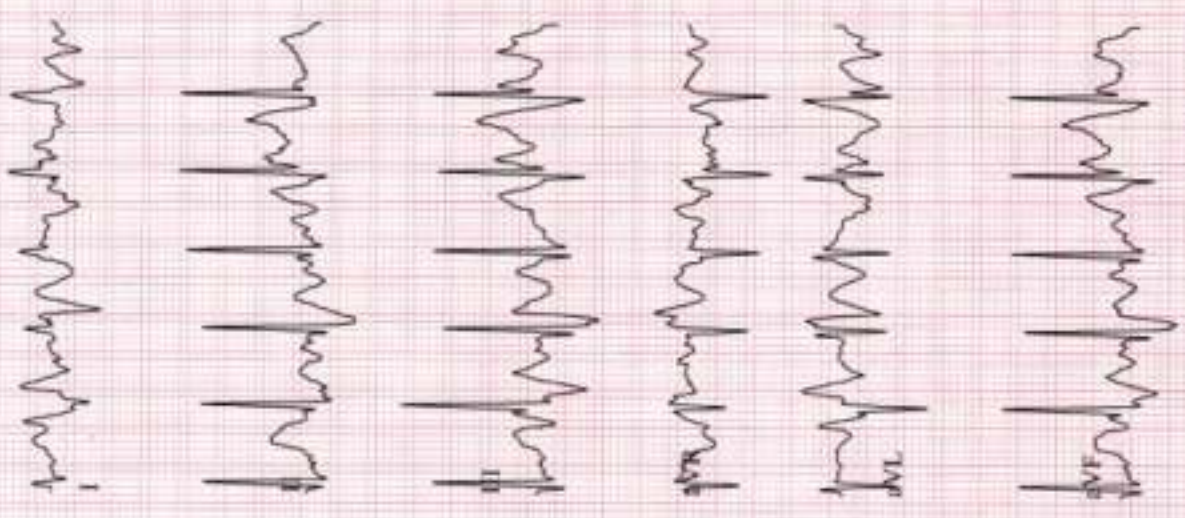
**Kumari, Swati**  
 Patient ID 12989810  
 22.02.2024  
 11:35:09/am

Comparative Medians Report  
 EXERCISE  
 STAGE 2  
 05:50

BRUCE  
 4.0 km/h  
 12.0 %

146 bpm  
 110/70 mmHg

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



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

Start of Test: 11:28:17am

Page 5

**Kumari, Swati**  
 Patient ID 12989810  
 22.02.2024  
 11:36:00am

**Comparative Medians Report ( PEAK EXERCISE )**  
**EXERCISE**  
 BRUCE  
 STAGE.3  
 5.0 km/h  
 14.0 %  
 06:41

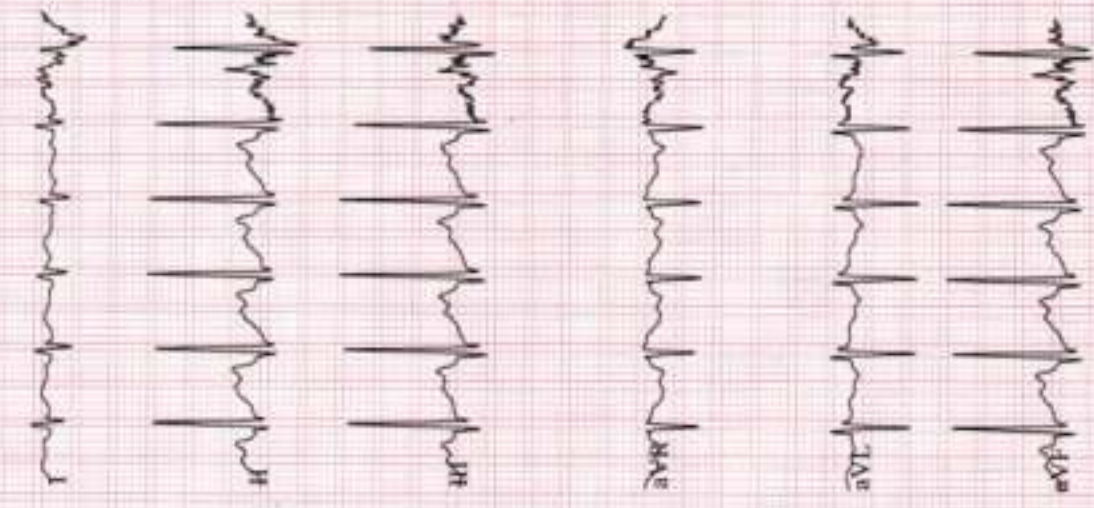
150 bpm

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

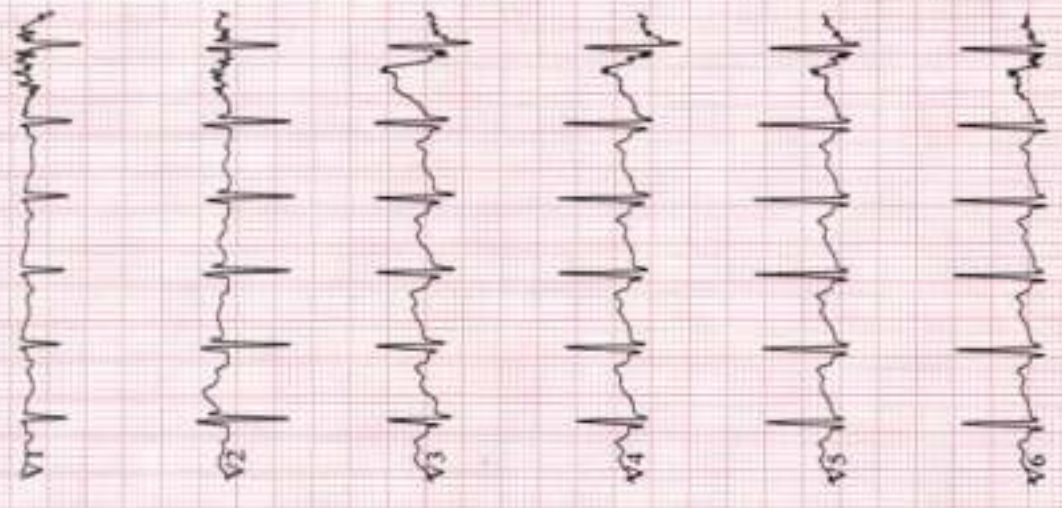
**BASELINE**  
 60 ms post J

**CURRENT**  
 60 ms post J

I	0.60 0.47	0.25 1.86
II	1.20 1.12	-0.10 1.78
III	0.60 0.45	-0.35 0.07
aVR	-0.90 -1.28	-0.10 -2.47
aVL	0.00 -0.57	0.35 0.65
aVF	0.90 0.75	-0.25 0.89



V1	-0.30 -0.84	0.05 -1.10
V2	0.55 0.03	0.45 0.54
V3	0.70 0.46	-0.15 0.99
V4	0.75 0.61	-0.15 0.76
V5	0.70 0.60	-0.35 0.98
V6	0.65 0.50	-0.10 0.66



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

Start of Test: 11:28:17am

**Kumari, Swati**  
 Patient ID 12989810  
 22.02.2024  
 11:36:50am

**Comparative Medians Report**

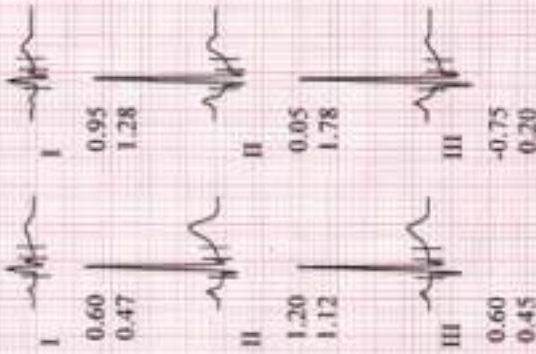
**BRUCE**  
 2.4 km/h  
 5.4 %

127 bpm

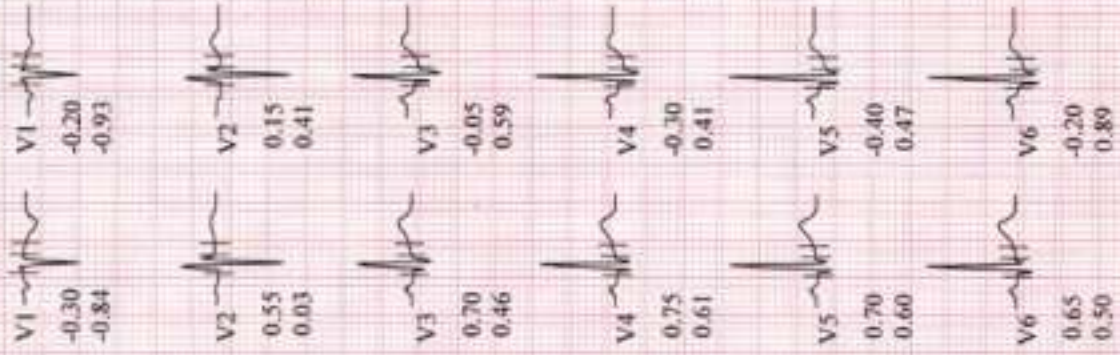
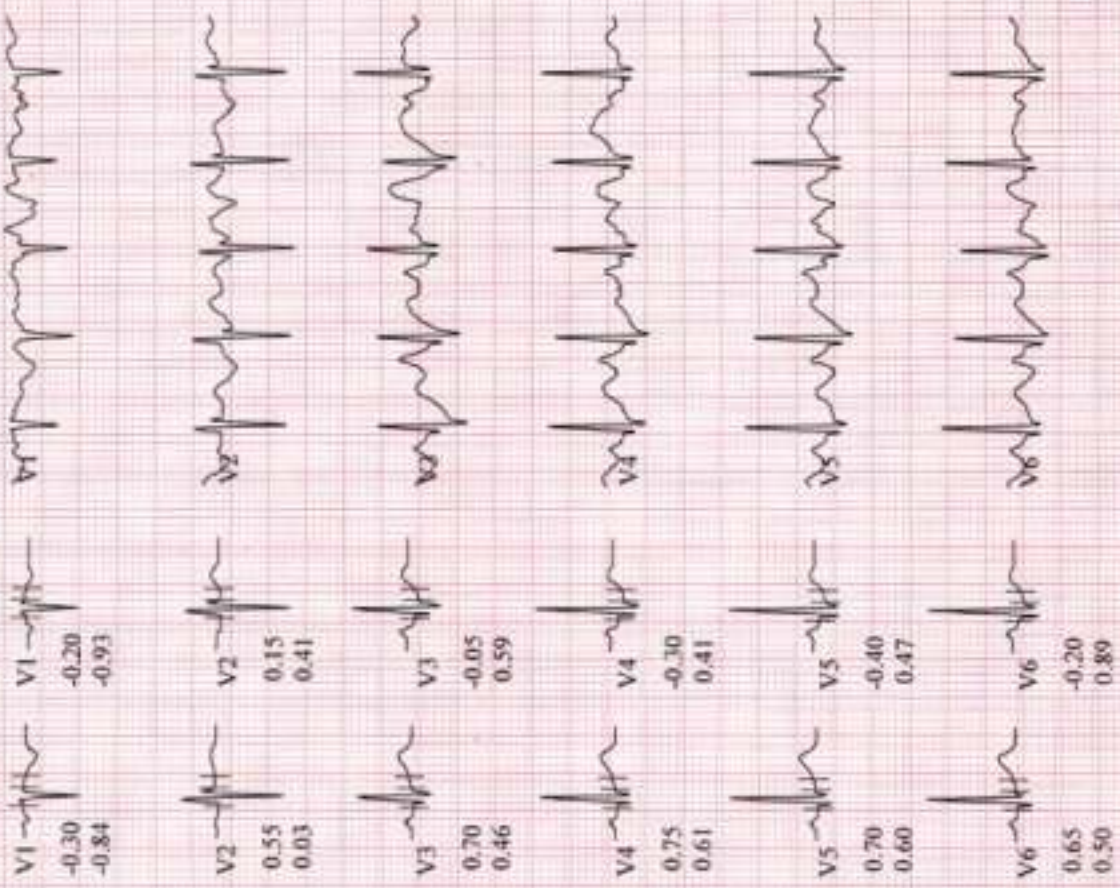
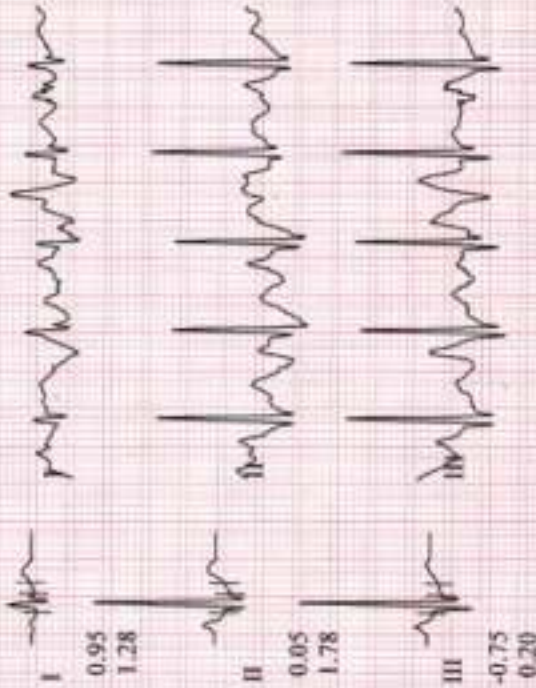
**RECOVERY**  
 #1  
 00:50

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

**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+ HIR(V3,V2)

Start of Test: 11:28:17am

**Kumari, Swati**  
 Patient ID 12989810  
 22.02.2024  
 11:37:50am

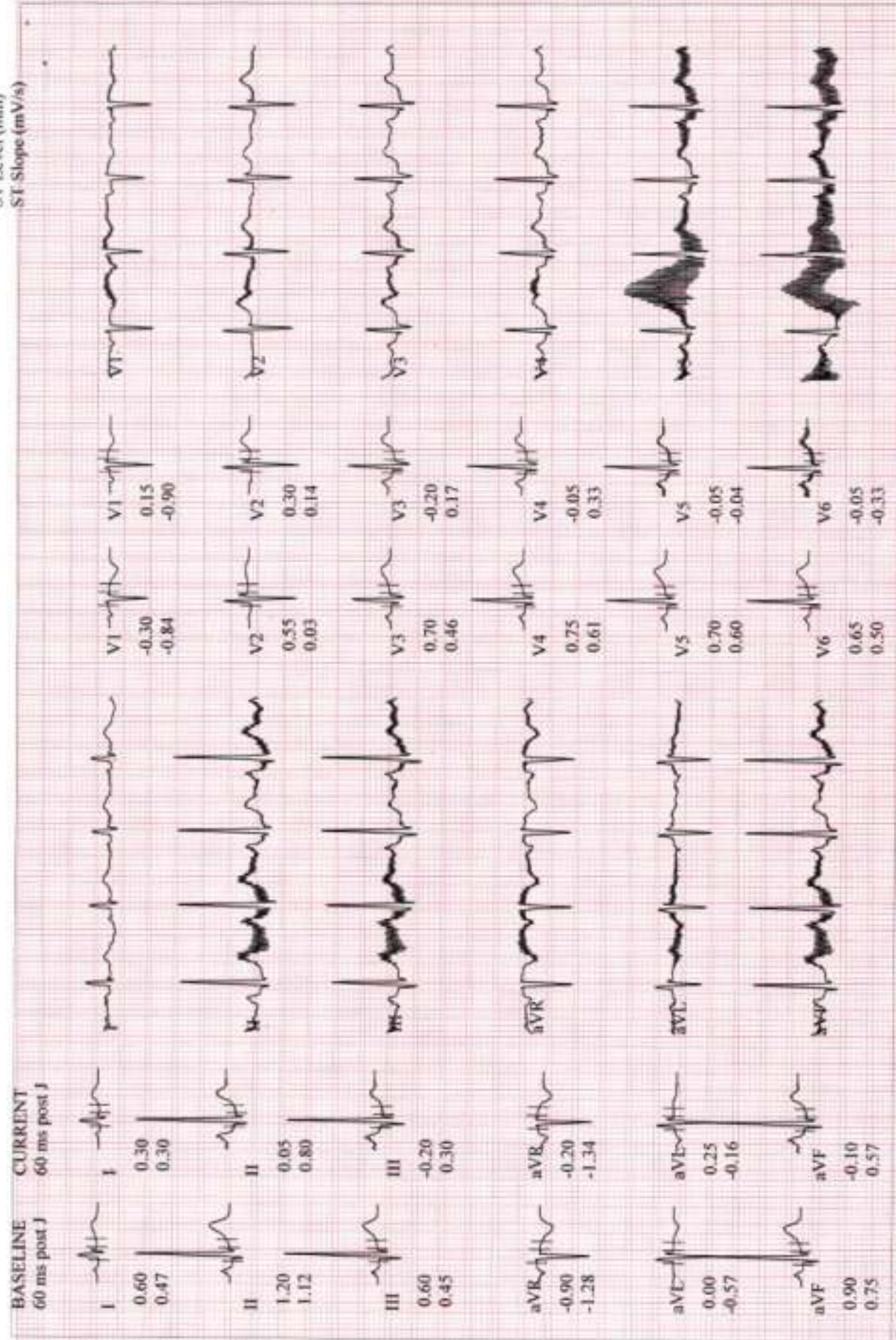
**Comparative Medians Report**

**BRUCE**  
 0.0 km/h  
 5.4 %

**RECOVERY**  
 #1  
 01:50

108 bpm

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



GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(V3,V2)

Start of Test: 11:28:17am



**PATIENT NAME : SWATI KUMARI**

**REF. DOCTOR : SELF**

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

**ACCESSION NO :** 0080XB007385  
**PATIENT ID :** SWATF22079880  
**CLIENT PATIENT ID:**  
**ABHA NO :** :

**AGE/SEX :** 25 Years Female  
**DRAWN :**  
**RECEIVED :** 22/02/2024 09:01:22  
**REPORTED :** 22/02/2024 14:34:06

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

**HAEMATOLOGY - CBC**

**MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE**

**BLOOD COUNTS,EDTA WHOLE BLOOD**

<b>HEMOGLOBIN (HB)</b> METHOD : CYANMETHEMOGLOBIN METHOD	<b>9.9 Low</b>	<b>12.0 - 15.0</b>	g/dL
<b>RED BLOOD CELL (RBC) COUNT</b> METHOD : ELECTRICAL IMPEDANCE	<b>5.14 High</b>	3.8 - 4.8	mil/ $\mu$ L
<b>WHITE BLOOD CELL (WBC) COUNT</b> METHOD : ELECTRICAL IMPEDANCE	<b>6.93</b>	4.0 - 10.0	thou/ $\mu$ L
<b>PLATELET COUNT</b> METHOD : ELECTRICAL IMPEDANCE	<b>196</b>	150 - 410	thou/ $\mu$ L

**RBC AND PLATELET INDICES**

<b>HEMATOCRIT (PCV)</b> METHOD : ELECTRICAL IMPEDANCE	<b>33.7 Low</b>	36 - 46	%
<b>MEAN CORPUSCULAR VOLUME (MCV)</b> METHOD : CALCULATED PARAMETER	<b>65.5 Low</b>	83 - 101	fL
<b>MEAN CORPUSCULAR HEMOGLOBIN (MCH)</b> METHOD : CALCULATED PARAMETER	<b>19.3 Low</b>	27.0 - 32.0	pg
<b>MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC)</b> METHOD : CALCULATED PARAMETER	<b>29.5 Low</b>	31.5 - 34.5	g/dL
<b>RED CELL DISTRIBUTION WIDTH (RDW)</b> METHOD : CALCULATED PARAMETER	<b>18.2 High</b>	11.6 - 14.0	%
<b>MENTZER INDEX</b>	<b>12.7</b>		
<b>MEAN PLATELET VOLUME (MPV)</b> METHOD : CALCULATED PARAMETER	<b>13.3 High</b>	6.8 - 10.9	fL

**WBC DIFFERENTIAL COUNT**

<b>NEUTROPHILS</b> METHOD : LIGHT ABSORBANCE OF CYTOCHERICAL STAINED CELLS IMPEDANCE	<b>58</b>	40 - 80	%
<b>LYMPHOCYTES</b> METHOD : LIGHT ABSORBANCE OF CYTOCHERICAL STAINED CELLS IMPEDANCE	<b>28</b>	20 - 40	%
<b>MONOCYTES</b>	<b>7</b>	2 - 10	%

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*Pranjali Vasisht*

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LAB HEAD



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**PERFORMED AT :**

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



Patient Ref. No. 775000006522858



**PATIENT NAME : SWATI KUMARI**

**REF. DOCTOR : SELF**

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

**ACCESSION NO :** 0080XB007385  
**PATIENT ID :** SWATF22079880  
**CLIENT PATIENT ID :**  
**ABHA NO :**

**AGE/SEX :** 25 Years Female  
**DRAWN :**  
**RECEIVED :** 22/02/2024 09:01:22  
**REPORTED :** 22/02/2024 14:34:06

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METHOD : LIGHT ABSORBANCE OF CYTOCHEMICAL STAINED CELLS IMPEDANCE				
EOSINOPHILS	<b>7 High</b>	1 - 6	%	
BASOPHILS	0	0 - 2	%	
METHOD : LIGHT ABSORBANCE OF CYTOCHEMICAL STAINED CELLS IMPEDANCE				
ABSOLUTE NEUTROPHIL COUNT	4.02	2.0 - 7.0	thou/ $\mu$ L	
ABSOLUTE LYMPHOCYTE COUNT	1.94	1 - 3	thou/ $\mu$ L	
ABSOLUTE MONOCYTE COUNT	0.49	0.20 - 1.00	thou/ $\mu$ L	
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT	0.49	0.02 - 0.50	thou/ $\mu$ L	
ABSOLUTE BASOPHIL COUNT	<b>0 Low</b>	0.02 - 0.10	thou/ $\mu$ L	
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	2.1			
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 RBC 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.

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Patient Ref. No. 775000006522858



<b>PATIENT NAME : SWATI KUMARI</b>		<b>REF. DOCTOR : SELF</b>	
<b>CODE/NAME &amp; ADDRESS : C000138383</b>		<b>ACCESSION NO : 0080XB007385</b>	
ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156		AGE/SEX : 25 Years Female DRAWN : PATIENT ID : SWATF22079880 CLIENT PATIENT ID: ABHA NO :	
		RECEIVED : 22/02/2024 09:01:22 REPORTED : 22/02/2024 14:34:06	

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**HAEMATOLOGY**

**MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE**

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

E.S.R	24 High	0 - 20	mm at 1 hr
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METHOD : MODIFIED WESTERGREN

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

HBA1C	5.0	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)
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ESTIMATED AVERAGE GLUCOSE(EAG)	96.8	< 116.0	mg/dL
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**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, Vasculitis, 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 (Paraproteinemas, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy ESR 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 Dair'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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- 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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<b>PATIENT NAME : SWATI KUMARI</b>		<b>REF. DOCTOR : SELF</b>	
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**IMMUNOHAEMATOLOGY**

**MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40 FEMALE**

**ABO GROUP & RH TYPE, EDTA WHOLE BLOOD**

<b>ABO GROUP</b>	TYPE A
METHOD : SLIDE AGGLUTINATION	
<b>RH TYPE</b>	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 CHECKUP BELOW 40FEMALE**

**GLUCOSE FASTING,FLUORIDE PLASMA**

<b>FBS (FASTING BLOOD SUGAR)</b>	98	74 - 106	mg/dL
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METHOD : HEXOKINASE

**GLUCOSE, POST-PRANDIAL, PLASMA**

<b>PPBS(POST PRANDIAL BLOOD SUGAR)</b>	106	Non-Diabetes 70 - 140	mg/dL
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METHOD : HEXOKINASE

**LIPID PROFILE WITH CALCULATED LDL**

<b>CHOLESTEROL, TOTAL</b>	140	< 200 Desirable 200 - 239 Borderline High >= 240 High	mg/dL
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METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE

**TRIGLYCERIDES**

53	< 150 Normal 150 - 199 Borderline High 200 - 499 High >= 500 Very High	mg/dL
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METHOD : ENZYMATIC ASSAY

**HDL CHOLESTEROL**

42	< 40 Low >=60 High	mg/dL
----	-----------------------	-------

METHOD : DIRECT MEASURE - PEG

**CHOLESTEROL LDL**

87	< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High >= 190 Very High	mg/dL
----	---	-------

METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE

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NON HDL CHOLESTEROL		42	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		10.6	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		2.1	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 IAI 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**

<b>BILIRUBIN, TOTAL</b>	0.28	↑	UPTO 1.2	mg/dL
METHOD : DIAZONIUM ION, BLANKED (ROCHE)				
<b>BILIRUBIN, DIRECT</b>	0.11	↓	0.00 - 0.30	mg/dL
METHOD : DIAZOTIZATION				
<b>BILIRUBIN, INDIRECT</b>	0.17		0.00 - 0.60	mg/dL
METHOD : CALCULATED PARAMETER				
<b>TOTAL PROTEIN</b>	7.3		6.6 - 8.7	g/dL
METHOD : BIURET				
<b>ALBUMIN</b>	4.5		3.97 - 4.94	g/dL
METHOD : BROMOCRESOL GREEN				
<b>GLOBULIN</b>	2.8		2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
METHOD : CALCULATED PARAMETER				
<b>ALBUMIN/GLOBULIN RATIO</b>	1.6		1.0 - 2.0	RATIO
METHOD : CALCULATED PARAMETER				
<b>ASPARTATE AMINOTRANSFERASE(AST/SGOT)</b>	15		0 - 32	U/L
<b>ALANINE AMINOTRANSFERASE (ALT/SGPT)</b>	13		0 - 31	U/L
METHOD : UV WITHOUT PYRIDOXAL-5 PHOSPHATE				
<b>ALKALINE PHOSPHATASE</b>	84		35 - 105	U/L
METHOD : PNPP - AMP BUFFER				
<b>GAMMA GLUTAMYL TRANSFERASE (GGT)</b>	7		5 - 36	U/L
METHOD : GAMMA GLUTAMYL CARBOXY 4NITROANILIDE				
<b>LACTATE DEHYDROGENASE</b>	171		135 - 214	U/L
METHOD : LACTATE -PYRUVATE				

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

BLOOD UREA NITROGEN <small>METHOD : UREASE - UV</small>	11	6 - 20	mg/dL
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**CREATININE, SERUM**

CREATININE <small>METHOD : ALKALINE PICRATE-KINETIC</small>	0.71	0.50 - 0.90	mg/dL
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**BUN/CREAT RATIO**

BUN/CREAT RATIO <small>METHOD : CALCULATED PARAMETER</small>	15.49 High	5.00 - 15.00	
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**URIC ACID, SERUM**

URIC ACID <small>METHOD : URICASE, COLORIMETRIC</small>	4.5	2.4 - 5.7	mg/dL
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**TOTAL PROTEIN, SERUM**

TOTAL PROTEIN <small>METHOD : BIURET</small>	7.3	6.6 - 8.7	g/dL
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**ALBUMIN, SERUM**

ALBUMIN <small>METHOD : BROMOCRESOL GREEN</small>	4.5	3.97 - 4.94	g/dL
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**GLOBULIN**

GLOBULIN	2.8	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	139	136 - 145	mmol/L
POTASSIUM, SERUM METHOD : ISE INDIRECT	5.08	3.5 - 5.1	mmol/L
CHLORIDE, SERUM METHOD : ISE INDIRECT	102	98 - 107	mmol/L

**Interpretation(s)**

Sodium	Potassium	Chloride
<b>Decreased in:</b> CCF, cirrhosis, vomiting, diarrhea, excessive sweating, salt-losing nephropathy, adrenal insufficiency, nephrotic syndrome, water intoxication, SIADH. <b>Drugs:</b> thiazides, diuretics, ACE inhibitors, chlorpropamide, carbamazepine, anti depressants (SSRI), antipsychotics.	<b>Decreased in:</b> 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). <b>Drugs:</b> Adrenergic agents, diuretics.	<b>Decreased in:</b> 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, adrenal insufficiency, hyperaldosteronism, metabolic alkalosis. <b>Drugs:</b> chronic laxative, corticosteroids, diuretics.
<b>Increased in:</b> Dehydration (excessive sweating, severe vomiting or diarrhea), diabetes mellitus, diabetes insipidus, hyperaldosteronism, inadequate water intake. <b>Drugs:</b> steroids, licorice, oral contraceptives.	<b>Increased in:</b> Massive hemolysis, severe tissue damage, rhabdomyolysis, acidosis, dehydration, renal failure, Addison's disease, RTA type IV, hyperkalemic familial periodic paralysis. <b>Drugs:</b> potassium salts, potassium-sparing diuretics, NSAIDs, beta-blockers, ACE inhibitors, high-dose trimethoprim-sulfamethoxazole.	<b>Increased in:</b> Renal failure, nephrotic syndrome, RTA, dehydration, overtreatment with saline, hyperparathyroidism, diabetes insipidus, metabolic acidosis from diarrhea (loss of HCO <sub>3</sub> <sup>-</sup> ), respiratory alkalosis, hyperadrenocorticism. <b>Drugs:</b> acetazolamide, androgens, hydrochlorothiazide, salicylates.

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**Dr. Pranjal Vasish**  
LAB HEAD

*Chandni Garg*

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**PATIENT NAME : SWATI KUMARI**

**REF. DOCTOR : SELF**

**CODE/NAME & ADDRESS : C000138383**

**ACCESSION NO : 0080XB007385**

**AGE/SEX : 25 Years Female**

**ARCOFEMI HEALTHCARE LTD (MEDIWHEEL  
F-703, LADO SARAI, MEHRAULISOUTH WEST  
DELHI**

**PATIENT ID : SWATF22079880**

**DRAWN :**

**NEW DELHI 110030  
8800465156**

**CLIENT-PATIENT ID:**

**RECEIVED : 22/02/2024 09:01:22**

**ABHA NO :**

**REPORTED : 22/02/2024 14:34:05**

Test Report Status	Final	Results	Biological Reference Interval	Units
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**Interferences:** Severe lipemia or hyperproteinemia, if sodium analysis involves a dilution step can cause spuriously 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 spuriously. 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, sulfonyleas, 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 pernicious 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, ischemia 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, Pagets disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatemia, Malnutrition, Protein deficiency, Wilsons 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, Waldenstroms 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, Muscuophy

**URIC ACID, SERUM-** Causes of increased levels: Dietary (High Protein Intake, Prolonged Fasting, Rapid weight loss), Gout, Lesch nyhan syndrome, Type 2 DM, Metabolic syndrome. Causes of decreased levels: Low Zinc intake, DCP, 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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**PERFORMED AT :**  
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**PATIENT NAME : SWATI KUMARI**

**REF. DOCTOR : SELF**

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

**ACCESSION NO :** 0080XB007385  
**PATIENT ID :** SWATF22079880  
**CLIENT PATIENT ID:**  
**ABHA NO :**

**AGE/SEX :** 25 Years Female  
**DRAWN :**  
**RECEIVED :** 22/02/2024 09:01:22  
**REPORTED :** 22/02/2024 14:34:06

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'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, 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.

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**PATIENT NAME : SWATI KUMARI**

**REF. DOCTOR : SELF**

<b>CODE/NAME &amp; ADDRESS</b> : C000138383 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULI SOUTH WEST DELHI NEW DELHI 110030 8800465156	<b>ACCESSION NO : 0080XB007385</b> <b>PATIENT ID</b> : SWATF22079880 <b>CLIENT PATIENT ID:</b> <b>ABHA NO</b> :	<b>AGE/SEX</b> : 25 Years Female <b>DRAWN</b> : <b>RECEIVED</b> : 22/02/2024 09:01:22 <b>REPORTED</b> : 22/02/2024 14:34:06
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<b>Test Report Status</b> <b>Final</b>	<b>Results</b>	<b>Biological Reference Interval</b>	<b>Units</b>
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**CLINICAL PATH - URINALYSIS**

**MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE**

**PHYSICAL EXAMINATION, URINE**

**COLOR** PALE YELLOW  
**APPEARANCE** CLEAR

**CHEMICAL EXAMINATION, URINE**

<b>PH</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY- DOUBLE INDICATOR METHOD	6.0	4.7 - 7.5
<b>SPECIFIC GRAVITY</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY (pH CHANGE OF PRETREATED POLY ELECTROLYTES)	1.015	1.003 - 1.035
<b>PROTEIN</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY (PROTEIN-ERROR-OF-INDICATORS PRINCIPLE)	NOT DETECTED	NOT DETECTED
<b>GLUCOSE</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY (GLUCOSE OXIDASE/PEROXIDASE METHOD)	NOT DETECTED	NOT DETECTED
<b>KETONES</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY (SODIUM NITROPRUSSIDE REACTION)	NOT DETECTED	NOT DETECTED
<b>BLOOD</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY (PEROXIDASE METHOD)	NOT DETECTED	NOT DETECTED
<b>BILIRUBIN</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY (DIAZO REACTION)	NOT DETECTED	NOT DETECTED
<b>UROBILINOGEN</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY - EHRLICH REACTION	NORMAL	NORMAL
<b>NITRITE</b> METHOD : REFLECTANCE SPECTROPHOTOMETRY, CONVERSION OF NITRATE TO NITRITE	NOT DETECTED	NOT DETECTED
<b>LEUKOCYTE ESTERASE</b>	NOT DETECTED	NOT DETECTED

**MICROSCOPIC EXAMINATION, URINE**

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

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<b>PATIENT NAME : SWATI KUMARI</b>		<b>REF. DOCTOR : SELF</b>	
<b>CODE/NAME &amp; ADDRESS :</b> C000138383 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	<b>ACCESSION NO :</b> 0080XB007385	<b>AGE/SEX :</b> 25 Years Female	
	<b>PATIENT ID :</b> SWATF22079880	<b>DRAWN :</b>	
	<b>CLIENT PATIENT ID:</b>	<b>RECEIVED :</b> 22/02/2024 09:01:22	
	<b>ABHA NO :</b>	<b>REPORTED :</b> 22/02/2024 14:34:06	

Test Report Status	Final	Results	Biological Reference Interval	Units
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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**REF. DOCTOR : SELF**

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





**PATIENT NAME : SWATI KUMARI**

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**CYTOLOGY**

**MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE**

**PAPANICOLAOU SMEAR**

TEST METHOD

SAMPLE NOT RECEIVED

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**PERFORMED AT :**

Agilus Diagnostics Ltd.  
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Chandigarh, 160011



Patient Ref. No. 775000006522858



<b>PATIENT NAME : SWATI KUMARI</b>		<b>REF. DOCTOR : SELF</b>	
<b>CODE/NAME &amp; ADDRESS : C000138383</b>		<b>ACCESSION NO : 0080XB007385</b>	<b>AGE/SEX : 25 Years Female</b>
ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156		<b>PATIENT ID : SWATF22079880</b>	<b>DRAWN :</b>
		<b>CLIENT PATIENT ID:</b>	<b>RECEIVED : 22/02/2024 09:01:22</b>
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<b>Test Report Status</b>	<b>Final</b>	<b>Results</b>	<b>Biological Reference Interval</b>	<b>Units</b>
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**SPECIALISED CHEMISTRY - HORMONE**

**MEDI WHEEL FULL BODY HEALTH CHECKUP BELOW 40FEMALE**

**THYROID PANEL, SERUM**

<b>T3</b> METHOD : COMPETITIVE (ECLIA)	127.00	80.00 - 200.00	ng/dL
<b>T4</b> METHOD : COMPETITIVE (ECLIA)	7.64	5.10 - 14.10	µg/dL
<b>TSH (ULTRASENSITIVE)</b> METHOD : SANDWICH (ECLIA)	<b>5.420 High</b>	Non Pregnant Women 0.27 - 4.20 Pregnant Women (As per American Thyroid Association) 1st Trimester 0.100 - 2.500 2nd Trimester 0.200 - 3.000 3rd Trimester 0.300 - 3.000	µIU/mL

*Repeat TSH after three months*

**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

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

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 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](http://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.

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Patient Ref. No. 77500006522858