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



# IAGNOSTIC & MR

### FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

## Hematology Analysis Report

First Name: KIRAN

Last Name:

Gender: Female Sample Type:

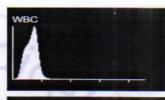
Department: Med Rec. No .: Sample ID: 5

Test Time: 24/11/2023 12:21

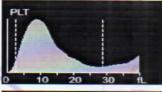
Diagnosis:

Ag	e:				
Pa	rameter	Result		Ref. Range	Unit
1	WBC	5.54		4.00-10.00	10^3/uL
2	Neu%	66.2		50.0-70.0	%
3	Lym%	23.6		20.0-40.0	%
4	Mon%	7.3		3.0-12.0	%
5	Eos%	2.4		0.5-5.0	%
6	Bas%	0.5		0.0-1.0	%
7	Neu#	3.67		2.00-7.00	10^3/uL
8	Lym#	1.31		0.80-4.00	10^3/uL
9	Mon#	0.40		0.12-1.20	10^3/uL
10	Eos#	0.13		0.02-0.50	10^3/uL
11	Bas#	0.03		0.00-0.10	10^3/uL
12	RBC	3.30	L	3.50-5.50	10^6/uL
13	HGB	7.8	L	11.0-16.0	g/dL
14	HCT	22.3	L	37.0-54.0	%

15 MCV 67.5 80.0-100.0 fL 16 MCH 23.6 27.0-34.0 pg 17 MCHC 34.9 32.0-36.0 g/dL 18 RDW-CV 14.9 11.0-16.0 % 19 RDW-SD 41.4 35.0-56.0 fL 20 PLT 280 100-300 10^3/uL 21 MPV 8.5 6.5-12.0 fL **22 PDW** 10.5 9.0-17.0 **23 PCT** 0.238 0.108-0.282 % 24 P-LCR 25.6 11.0-45.0 % 25 P-LCC 30-90 10^3/uL













Marita Khalela

Dr. Mamta Khuteta M D. (Path.)

RMC No.: 4720/16260

Submitter: Draw Time:

24/11/2023 12:21 Report Time:

Operator: admin Received Time: 24/11/2023 12:21

Approver: Validated Time:

Remarks:

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







# DIAGNOSTIC & MRI

### FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Patient Name: KIRAN

Sr. No. : 75142 Patient ID No.: 139 : FEMALE Gender

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Registered on : 24-11-2023

02:45 PM

Collected On : 24-11-2023

Received On : 24-11-2023

02:45 PM 02:45 PM

Reported On : 24-11-2023

03:58 PM

LIS Number

Bar Code

### HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
BLOOD GROUPING (ABO & Rh )	B+ Positive	110	

### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	4.80	%	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.10 - 8.00 Adeqate Control 8.10 - 9.00 Suboptimal Control 9.10 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control
eAG (Estimated Average Glucose)	91.06	mg/dL	(V)
eAG (Estimated Average Glucose)	5.05	mmol/L	

Method: Fluorescence Immunoassay Technology

Sample Type: EDTA Blood

Test Performed by:-

Fully Automated (EM 200) ERBA MANNHEIM.

#### 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.

Dr. Ashish Sethi

Consultant Biochemist

Manta Khuleta Dr.Mamta Khuteta M.D.(Path.) RMC No. 4720/1

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

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



# AGNOSTIC & MRI

### FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

03:58 PM

Patient Name: KIRAN

Sr. No. : 75142 Patient ID No.: 139 Gender : FEMALE

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Registered on : 24-11-2023 02:45 PM

Collected On : 24-11-2023 02:45 PM Received On : 24-11-2023 02:45 PM

Reported On : 24-11-2023 Bar Code

LIS Number

#### **BIO-CHEMISTRY**

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method: GOD-POD)	75.00	mg/dL	Glucose Fasting Cord: 45-96 New born, 1d: 40 -60 New born,>1d: 50-80 Child: 60-100 Adult: 74-100 >60 Y: 82-115 >90 Y: 75-121

#### KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea ( Method : Urease-GLDH )	23.00	mg/dL	Adults Women < 50 years: 13-40 Women > 50 years: 21-43 Men < 50 years: 19-45 Men > 50 years: 18-55 Children 1-3 years: 11-36 4-13 years: 15-36 13-19 years : 18-45
Creatinine ( Method : Enzymatic Creatininase )	0.78	mg/dL	0.61.30
Calcium	9.87	mg/dL	8.511
Uric Acid (Method: Uricase-POD)	5.10	mg/dL	2.47.2

Ashish sothe

Dr. Ashish Sethi Consultant Biochemist

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

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



# IAGNOSTIC & MRI

### **FULLY COMPUTERISED PATHOLOGY LABORATORY**

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

**MAMOGRAPHY** 

NABL CERTIFICATE NO. MC-5346

Patient Name: KIRAN

Sr. No. : 75142 Patient ID No.: 139 Gender : FEMALE

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Registered on: 24-11-2023 02:45 PM Collected On : 24-11-2023

Received On : 24-11-2023

02:45 PM Reported On : 24-11-2023 03:58 PM

LIS Number 5

**BIO-CHEMISTRY** 

**Liver Function Test** 

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.:-UV Kinetic)	13.00	U/L	540
SGPT/ALT(Tech.:-UV Kinetic)	22.00	U/L	540
Bilirubin(Total)(Tech.:-Jendrassik Grof)	0.95	mg/dL	0.11.1
Bilirubin(Direct)	0.20	mg/dL	00.3
Bilirubin(Indirect)	0.75	mg/dL	0.11.0
Total Protein(Tech.:-Biuret)	6.98	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)	3.00	gm/dL	2.54.5
A/G Ratio(Tech.:-Calculated)	1.33	1 12 /	1.2 2.5
Alkaline Phosphatase(Tech.:-Pnp Amp Kinetic)	183.00	U/L	108-306

Dr. Ashish Sethi Consultant Biochemist

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

Martin Khuteta Dr.Mamta Khuteta M.D.(Path.) RMC No. 4720/16



# IAGNOSTIG & MRI

### FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Patient Name: KIRAN

Sr. No. : 75142 Patient ID No.: 139 Gender : FEMALE

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Registered on : 24-11-2023 Collected On : 24-11-2023

02:45 PM 02:45 PM

Received On : 24-11-2023

02:45 PM 03:58 PM

Reported On : 24-11-2023 5.4 Bar Code

LIS Number

### LIPID PROFILE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	158.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	45.00	mg/dL	3588
Triglycerides ( Method : GPO )	91.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	94.80	mg/dL	0100
VLDL Cholesterol	18.20	mg/dL	035
TC/HDL Cholestrol Ratio	3.51	Ratio	2.55
LDL/HDL Ratio	2.11	Ratio	1.53.5

#### LIPID PROFILE COMMENTS:

All above biological reference interval/sranges are in accordance to the recommendatons of The Natonal Cholesterol Educaton Program(N CEP) Adult Treatment Panel III

(ATP III) Guidelines providing the most desirable targets of various circulating lipid fractons in the bl.ood

Lipid level assessments must be made followin9g to 12 hours of fastn,g otherwise assay results might lead to erroneous interpretat.on

NCEP recommends the assessment of3 diferent samples drawn at intervals o1f w eek for harmonizing biological variables that might be encountered in single assays

Therapeutc target levels of lipids as per NCEP - ATP III recommendation:s

Total Cholesterol (mg/dL) <200 - Desirable 200-239 -Borderline high <240 - High

HDL Cholesterol(mg/dL), <40 - Low >60 - High

LDL Cholesterol(mg/dL) <100 Optmal

[ Primary Target of Therapy] 100-129 Near optmal/above optmal

130-159 Borderline high

160-189 High

>190 Very high

Serum Triglycerides (mg/dL) <150 Normal

150-199 Borderline high

Dr. Ashish Sethi

Consultant Biochemist

This Reports is Not Valid For Medico Legal Purposes This Reports is Not valid For Medica Legal Purposes - Identification and harne of betson is not our respossibility.

31 June 19 June 1

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

Manta Khulela Dr.Mamta Khuteta M.D.(Path.) RMC No. 4720



# RAJASTHANI DIAGNOSTIC & MRI CENTRE

## **FULLY COMPUTERISED PATHOLOGY LABORATORY**

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Name :-

Mrs. KIRAN

Fomale

Female

Doctor :-

Sex / Age :-

Client Name :-

MEDI WHEEL HEALTH CHECK UP

Sample Type :- Serum

Patient ID / CCL No :-102340927

Sample Collected :- 25/11/2023 11:35:1

Sample Received on: 25-11-2023 11:35:5(

Report Released on: 25-11-2023 15:35:17

Barcode ..

TEST NAME

VALUE

UNIT

REFERENCE RANGE

TFT

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

129.00

ng/dl

100 - 740 : 0-30 Days 105 - 207 : 1-12 Yrs. 86 - 192 : 13-20 Yrs.

70 - 204 : Adults

T4 (TOTAL THYROXINE)

(Tech.:- Chemiluminescence Immunoassay)

7.75

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.

5.50 - 11.10 : 13-20 4.60 - 12.50 Adults

TSH. (Ultra Sensitive)

(Tech.:- Chemiluminescence Immunoassay)

1.04

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

Diola

Man Agarwal

DR. ASHISH SETHI

B-110, Indra Nagar, Physical Branch (Raj.) Response to the Received M.D.S., (Path.) DR. ASHISH SE Consultant Biod



# DIAGNOSTIC & MRI

## **FULLY COMPUTERISED PATHOLOGY LABORATORY**

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Patient Name: KIRAN

Sr. No. : 75142 Patient ID No.: 139 Gender : FEMALE

Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Registered on : 24-11-2023

02:45 PM Collected On : 24-11-2023 02:45 PM

Received On : 24-11-2023 02:45 PM Reported On : 24-11-2023 03:58 PM

Bar Code LIS Number

## URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL		100	
Quantity		ml	1
Colour	Pale Yellow		
Appearance / Transparency	Clear	1	0 /
Specific Gravity	1.025		Ya \
PH /	5.0		4.56.5
CHEMICAL		\	CD
Reaction	Acidic		
Albumin	TRACE	1	5
Urine Sugar	Nil		
MICROSCOPIC			
Red Blood Cells	Nil	/h.p.f.	N 2
Pus Cells	2-3	/h.p.f.	10 /
Epithelial Cells	12	/h.p.f.	1
Crystals	Nil	/h.p.f.	5 /
Casts	Nil	/h.p.f.	
Bactria	Nil	/h.p.f.	
Others	Why Nil Nil	/h.p.f.	
	- /////IIIIIIII		
Test Name	Observed Values	Units	Reference Interval

Test Name	Observed Values	Units	Reference Intervals
URINE SUGAR FASTING	Nil		
URINE SUGAR PP	Nil		

**END OF REPORT** 

>>> Results relate only to the sample as received. Kindly correlate with clinical condition. <<< Note: This report is not valid for medico legal purposes.

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

This Reports is Not Valid For Medico Legal Purposes. Identification and name of person is not our respossibility.
अपपानकालीय के No part of this report should be re उसके 85000 कि अपपानकालीय के No part of this report should be reserved to the relevant factor.

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