

8

**Name** POONAM AGARWAL  
**Age / Sex** 37 years / Female  
**Contact** 9650777361  
**Referral Doctor** PAPARAO NADAKUDURU  
**This Section** An abridged abstract. Not a Clinical Laboratory Report



NABL Certificate: MC-6095

## INVESTIGATION

## YOUR CURRENT VISIT

FROM YOUR PREVIOUS 3 VISITS<sup>a</sup>

25-Jan-25

BRI<sup>b</sup>**Hemoglobin**

10.5

12 - 15

Method: SLS Hemoglobin Detection

## NOTES

- a. From previous 3 visits in preceding 2 years. If your past results are not mentioned, please contact us at 040-6700 6700
- b. BRI = Biological Reference Interval. Depending on the test / parameter, the BRI may differ on account of gender and age. For the sake of brevity, the units have not been mentioned in this table. Please refer to the Clinical Laboratory Report for details.

Note: Please contact us for possible remedial action if test results are unexpected.



Abnormal




\* Critical

## Screening &amp; Vaccination Recommendations

Grade A	Cervical Cancer, Colorectal Cancer, HIV, Hypertension, Sexually Transmitted Infections Grade-A: As categorized and recommended by the US Preventive Services Task Force. There is high certainty that the net benefit is substantial
Annual	Alcohol Abuse (Alcohol Level Serum, GTT), Hepatitis C (Hepatitis C Virus-HCV Antibody ELISA), HIV (HIV 1 & 2 Antibody ELISA), Sexually Transmitted Infections (Treponema Pallidum Hemagglutination Assay-TPHA), Tobacco Use (Urine Cotinine Nicotine Test), Hepatitis B (Hepatitis B Surface Antigen-HBsAg ELISA)
Periodic: every 2y	Hypertension (Hypertension Profile), Obesity (MDx Weight Watch Advanced), USG-Liver, USG-Uterus, USG-Abdomen, X Ray-Chest, ECG, 2D Echo, BMD
Periodic: every 3y	Cervical Cancer (Pap Smear, Human Papilloma Virus PCR Qualitative), Diabetes (HbA1c), MRI-Pelvis, MRI-Brain, MRI-Spine, CT-Abdomen, CT-Chest
Periodic: every 5y	Colorectal Cancer (Colonoscopy, MSI Testing), Hyperlipidemia (Lipid Profile), Lung Cancer
Vaccinations: Important	Hepatitis B, Human Papillomavirus (HPV), Influenza, Tetanus, Diphtheria, Acellular Pertussis (Tdap and Td)

**Important Disclaimer** Please consult a Registered Medical Practitioner for review and consultation, before proceeding on the above assessment and recommendations

Name	POONAM AGARWAL	Order	PTGOC2500775599	
Age / Sex	37 years / Female	Sample Drawn	25-Jan-25 / 11:46 AM	
Contact	9650777361	Sample Accepted	25-Jan-25 / 03:11 PM	
Collection Centre	INTGHYD95309	Sample Reported	25-Jan-25 / 06:45 PM	
Referral Doctor	PAPARAO NADAKUDURU	Report Status	Final	

**Ferritin, Serum**

SampleType: Serum

Department of Clinical Biochemistry

INVESTIGATION	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
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**Ferritin****8.5**

ng/mL

10-291

Method: CLIA

**Clinical Significance: Ferritin**

- **Ferritin is a compound composed of iron molecules bound to apoferritin. Stored iron represents about 25% of total iron in the body, and most of this iron is stored as ferritin.**
- Ferritin is found in serum in low concentrations and is directly proportional to the body's iron stores.
- Serum ferritin concentration, when analyzed with serum iron, iron-binding capacity, and tissue iron stores, is valuable in the diagnosis of iron-deficiency anemias, anemias of chronic infection, and conditions such as thalassemia and hemochromatosis.
- Measurement of serum ferritin is particularly valuable in distinguishing iron-deficiency anemias caused by low iron stores from those resulting from inadequate iron utilization.

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**Complete Blood Picture (CBP)**

SampleType: Whole Blood EDTA

Department of Haematology

INVESTIGATION	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>Hemoglobin</b> Method: SLS Hemoglobin Detection	<b>10.5</b>	gm/dL	12 - 15
<b>Hematocrit</b> Method: RBC Pulse Height Detection	38.6	%	36 - 46
<b>RBC COUNT</b> Method: HD focussed DC Detection	<b>5.00</b>	Millions/ cumm	3.8 - 4.8
<b>RED CELL INDICES</b> Method: Calculated from RBC HB and HCT	:		
<b>MCV</b>	<b>77.2</b>	fL	83 - 101
<b>MCH</b>	<b>21.0</b>	pg	27 - 32
<b>MCHC</b>	<b>27.2</b>	gm/dL	31.5 - 34.5
<b>RDW-CV</b>	15.4	%	7.5 - 15.5
<b>Total Leucocyte Count</b> Method: Flow cytometry WNR channel	9130.0	/cumm	4000 - 10000
<b>DIFFERENTIAL LEUCOCYTE COUNT</b> Method: Flow cytometry Calculated	:		
<b>Neutrophils</b>	68.7	%	40 - 80
<b>Lymphocytes</b>	22.9	%	20 - 40
<b>Monocytes</b>	5.5	%	2 - 10
<b>Eosinophils</b>	2.8	%	1 - 6
<b>Basophils</b>	0.1	%	0 - 1
<b>ABSOLUTE LEUCOCYTE COUNT</b> Method: Flow cytometry WDF channel	:		
<b>Absolute Neutrophil Count</b>	6270.0	/cumm	2000 - 7000
<b>Absolute Lymphocyte Count</b>	2090.0	/cumm	1000 - 3000
<b>Absolute Monocyte Count</b>	500.0	/cumm	200 - 1000
<b>Absolute Eosinophil Count</b>	260.0	/cumm	200 - 500
<b>Absolute Basophil Count</b>	<b>10.0</b>	/cumm	20 - 100
<b>Platelet Count</b> Method: HD focussed DC Detection	2.53	Lakhs/ cumm	1.5-4.0
<b>Mean Platelet Volume</b> Method: Calculated from PCT and Platelet count	<b>12.7</b>	fL	7 - 11

Note: Please contact us for possible remedial action if test results are unexpected.

 Abnormal
  \* Critical

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**Complete Blood Picture (CBP)**

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Department of Haematology

INVESTIGATION	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
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**PERIPHERAL SMEAR EXAMINATION**

:

Method: Microscopy of Leishman Stained Smear

<b>RBCs</b>	Predominantly Normocytic Normochromic. Mild: Anisocytosis.
<b>WBCs</b>	Normal count & Differential.
<b>Platelets</b>	Adequate in number & Normal in morphology.
<b>Hemoparasites</b>	No Parasite Found.
<b>Impression</b>	NORMOCYTIC NORMOCHROMIC ANEMIA.

**Critical limits (alert values)** are widely adopted as a standard of good laboratory practice and are defined as test parameter results that are outside the normal range to a degree that constitute an immediate health risk to the individual or require immediate action on the part of the ordering physician to avert significant patient morbidity or mortality

Parameter	Units	Critically Low	Critically High
Hemoglobin (birth to 6 days)	g/dL	<= 12.0	>= 22.0
Hemoglobin (6 days to Adult)	g/dL	<= 7.0	>= 21.0
Hematocrit (birth to 6 days)	%	<= 35.0	>= 65.0
Hematocrit (6 days to Adult)	%	<= 21.0	>= 65.0
Total Leucocyte count	/cu.mm	<= 500.0	>= 50,000.0
Absolute Neutrophil count	/cu.mm	<= 500.0	
Platelet count	Lakhs/cu.mm	<= 0.20	

**Note: In addition presence of blasts and hemoparasites (Eg. Malarial parasite) on slide review are critical alerts**

**Note:**

- Flagged results of Absolute Eosinophil count, Absolute Basophil count & Absolute Monocyte count below the biological reference intervals are clinically insignificant.
- As per the recommendations of International Council for Standardization in Hematology (ICSH), the Differential Leucocyte counts are additionally being reported as Absolute numbers of each cell per unit volume of blood.

\*\*\* END OF THE REPORT \*\*\*

**J Abraham**  
Verified by

**Dr G Srinivas**  
Director-Lab Services Regd no: TSMC-49913

**Y Prashanth**  
Verified by

Note: Please contact us for possible remedial action if test results are unexpected.

Abnormal  \* Critical

## Conditions of Reporting

1. Laboratory reports will aid in diagnosis of clinical conditions in conjunction with clinical signs, symptoms and related investigations. They are best interpreted by qualified medical professionals who understand reporting units, reference ranges and limitations of technologies and their correlation with other clinical findings.
2. The interpretations provided by MedPlus are for the guidance of patients and referring doctors. MedPlus nor its affiliates assume any liability or responsibility for any damage of any nature whatsoever that may be incurred in any person as a result of the use of the information provided in the report.
3. It is presumed that the test(s) performed are, on the specimen(s)/sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s) or sample(s).
4. The results of tests may vary from lab to lab and also from time to time for the same parameters for the same patient. Assays are performed with reasonable care and in accordance with standard procedures. The reported results are dependent on individual assay methods, equipment used, method specificity, sensitivity, drug interaction and the quality of the specimen(s)/samples(s) received.
5. Should the results indicate unexpected abnormality, the same should be reconfirmed after appropriate clinical correlation.
6. Histopathology specimen(s)/sample(s) will be preserved for one month from the date of testing and slides/reports will be preserved for five years. Other clinical specimen(s)/sample(s) will be discarded after seven days from the date of testing, unless otherwise specified by the client. Such preservation shall be subject to sample integrity.
7. Preliminary Report, if any indicates that the results are primary and they are yet to be reported for one or more of the tests, or else, as in case with many microbiology test, a "final" culture, identification or drug susceptibility result might be pending. When all results are available the "Preliminary report" will be replaced by "Final Report". Client shall rely only on the final report.
8. This report is not valid for Medico-legal purposes.
9. Tests are performed as per the test schedule in the test listing. In unforeseen circumstances such as non-availability of relevant kits, instrument breakdown, natural calamities etc, tests may not be reported as per schedule.
10. The sex of the foetus will not be revealed as per the prenatal diagnostic techniques (PNDT) Act, 1994.
11. All queries pertaining to this report should be directed to MedPlus Health Services Limited
12. All investigations are limited by the sensitivity and specificity of the assay and the condition of the specimen received by the laboratory. Assay result should be interpreted only in the context of other clinical findings and the clinical status of the patient.
13. Partial reproduction of this report is not permitted.

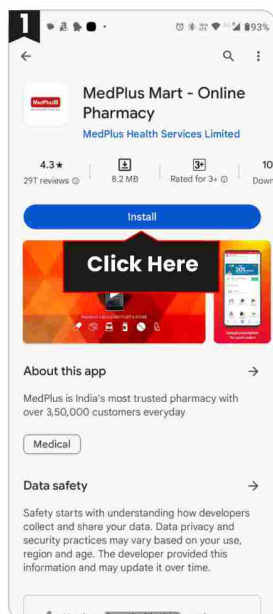
## Accreditation

NABL accreditation signifies that a laboratory meets international quality standards and is competent to provide accurate and reliable test results. NABL accreditation is awarded to those laboratory's whose testing and calibration services are of high quality.

### IMPORTANT

You can ask for a copy of the NABL certification of MedPlus Diagnostics. Please email: [wecare@medplusindia.com](mailto:wecare@medplusindia.com)

**Follow these steps to see all results from last 1 year, in one table**

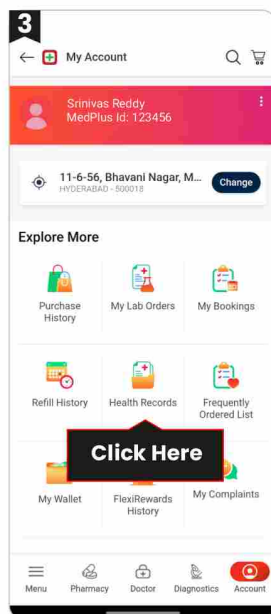


Install MedPlus Mart app: Google Play/ App Store.

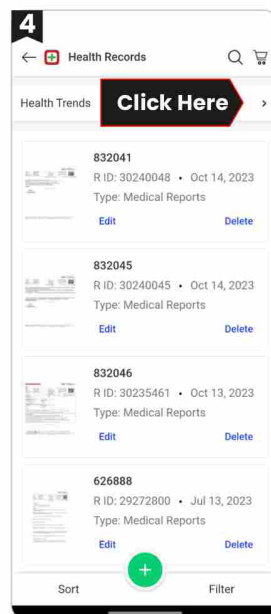
After installing, you must register with the same mobile number as your MedPlus Advantage Plan.



Click on the band on top, where your name is mentioned.

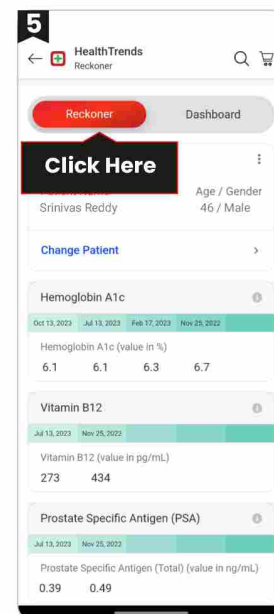


In this section, "Explore More", click on "Health Records".



In this section you can access visit/ test reports.

In the band on top, click on "Health Trends".



Click on "Reckoner", to see the test-wise tabulation of your lab results, from past and current visits.



## Vaccines at MedPlus: One shot today, Smile away

Vaccine	Who should take it?	You should know	If already immunized
Diphtheria Toxoid	<b>For all</b> except if contraindicated	<b>Mortality rate</b> for untreated diphtheria can be as high as <b>10% to 20%</b>	Age grp: 18 to 64yrs Booster: Once every 10yrs till the age of 65yrs
HPV	<b>For all</b> except if contraindicated (both male and female)	HPV can lead to <b>cancer</b> (cervical cancer being the most common)	No booster needed
Influenza	<b>For all</b> (especially for individuals at high risk)	<b>Pneumonia</b> is one of the common complications of influenza	Annual dose
Tetanus	<b>For all</b> except if contraindicated	<b>Mortality rate</b> for unvaccinated or poorly vaccinated population is <b>30%</b>	Booster dose once every 10yrs
Typhoid	<b>For all</b> except if contraindicated	<b>Mortality rate</b> for untreated typhoid fever is <b>10-30%</b>	Booster dose once every 3yrs
Varicella	<b>For all</b> who are not immune	<b>10%</b> of individuals with Varicella experience secondary bacterial infections	Recommended only if titers are inadequate
Zoster	<b>For all</b> > 50yrs or individuals at high risk		No booster needed
Pneumococcal (PCV15, PCV20, PPSV23)	<b>For all</b> > 65yrs or individuals at high risk		No booster needed
Anti-Rabies	Individuals at high-risk (like Vet physician and pet owners) or post-exposure		2 doses at Day 0 and Day 3 with no immunoglobulin when exposed
Hepatitis A	Individuals at high risk		No booster needed
Hepatitis B	Individuals at risk	Hepatitis B virus is a leading cause of liver <b>cancer</b> globally	Recommended only if titers are inadequate
Measles	Individuals at high risk		Single dose (recommended only if titers are inadequate)
Meningococcal (Grp A, C, Y, W)	Individuals at high risk		Booster dose once every 5yrs

## Feedback and Result Queries

 [wecare@medplusindia.com](mailto:wecare@medplusindia.com)

 [medplusmart.com](http://medplusmart.com)

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## RECOMMENDED LIFESTYLE-DISEASES ASSESSMENT TESTS

Dr. Venkat Nageshwar Goud

MBBS, DMRD

HOD - Radiology & Chief Radiologist



# 1

## ESSENTIAL INSIGHT INTO YOUR BODY COMPOSITION

### BODY FAT ANALYSIS (DEXA)

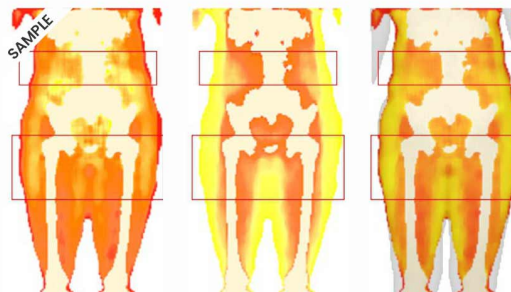
MRP ₹3196

MEDPLUS ADVANTAGE ₹799

Our DEXA machines use very low levels of x-rays to separately measure Fat mass, Lean mass and Bone mass.

With data your Physician or fitness trainer can build a safe weight reduction/ gain program.

The progress of your program can also be measured by regularly monitoring Fat mass, Lean mass and Bone mass.



→ ANDROID

→ GYNOID

11.2  
kgs

FAT MASS

14.9  
kgs

LEAN MASS

0.4  
kgs

BONE MINERAL

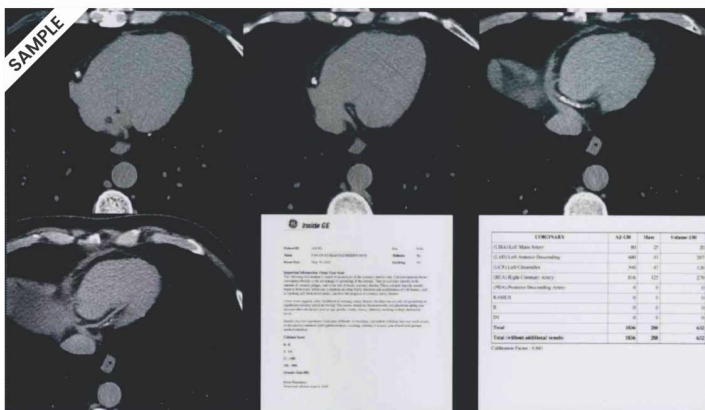
Android refers to the midsection of the torso, in the waist area, under the rib cage

Gynoid refers to the lower torso, in the hip area, down to the top of the thighs

FOR ANDROID AND GYNOID REGIONS

# 2

## BEST VALUE, IF YOU ARE > 40 YEARS



### CT - CARDIAC CALCIUM SCORING

MRP ₹5196

MEDPLUS ADVANTAGE ₹1299

Quick and noninvasive. This scan takes less than 5mins.

The detailed images can help your Physician decide if you need treatment to prevent a heart attack or stroke.

You can return to normal activities right after the test.

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## Feedback and Result Queries

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## Be **ALERT** To Your **KIDNEY HEALTH**

Do any of these apply to you?

- ☐ OBESITY
- ☐ DIABETES
- ☐ HYPERTENSION
- ☐ CARDIO VASCULAR DISEASE
- ☐ FAMILY HISTORY OF KIDNEY DISEASE

If YES, Then **Take eGFR Test** 

**Dr. Dinesh Deeti**  
MBBS, MD General Medicine  
MedPlus Diagnostics  
Dilsukhnagar, Hyderabad



### ESTIMATED GLOMERULAR FILTRATION RATE (OR, eGFR)







#### What is eGFR test?

Glomeruli are tiny filters in your kidneys that help remove toxins (waste) from your blood. Estimated glomerular filtration rate (eGFR) measures how much blood these filters clean every minute based on your body size.

#### What does eGFR tell healthcare providers?

Your kidneys are part of the urinary system. Kidney disease occurs when one or both kidneys have damage. When you have kidney disease, dangerous toxins can build up in your blood.

Kidney disease symptoms, such as frequent urination and muscle spasms, may not occur until you lose up to 40% of kidney function. eGFR helps detect the disease early so that you can start treatments to slow or stop kidney damage.

STAGES OF CHRONIC KIDNEY DISEASE		eGFR	% OF KIDNEY FUNCTION
Stage 1	Kidney damage with <b>normal</b> kidney function	90 or higher	 90-100%
Stage 2	Kidney damage with <b>mild loss</b> of kidney function	89 to 60	 89-60%
Stage 3a	<b>Mild to moderate</b> loss of kidney function	59 to 45	 59-45%
Stage 3b	<b>Moderate to severe</b> loss of kidney function	44 to 30	 44-30%
Stage 4	<b>Severe</b> loss of kidney function	29 to 15	 29-15%
Stage 5	Kidney <b>failure</b>	Less than 15	 Less than 15%

**For Bookings Call: 040 6700 6700**