

Lab No.	012503080168	Age/Gender	34 YRS/MALE	Coll. ON	08/Mar/2025 08:20AM
NAME	Mr. CHIRAG KALRA			Reg. ON	08/Mar/2025
Ref. Dr.	MEDIWHEEL	BarcodeNo	01080168	Approved ON	08/Mar/2025 10:59AM
Rpt. Centre	Self			Printed ON	08/Mar/2025 04:37PM

Test Name	Value	Unit	Biological Reference Interval
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Complete Haemogram, EDTA whole blood

Haemoglobin (Hb) <i>Method : Colorimetry</i>	14.50	gm/dl	13.0 - 17.0
RBC count <i>Method : Electrical impedance</i>	4.89	Millions/cmm	4.5 - 5.5
PCV / Haematocrit <i>Method : Calculated</i>	44.30	%	40.0 - 50.0
MCV <i>Method : Calculated</i>	90.60	fl	83.0 - 101.0
MCH <i>Method : Calculated</i>	29.60	picogram	27.0 - 32.0
MCHC <i>Method : Calculated</i>	32.70	%	31.5 - 34.5
RDW - CV <i>Method : Calculated</i>	12.70	%	11.6 - 14.0
Mentzer Index <i>Method : Calculated</i>	18.53		>= 13.0

The Mentzer index (MCV/ RBC count) is a useful tool for initial screening of patients with a microcytic hypochromic blood picture to rule out a thalassemia trait. If the index is less than 13, thalassemia is said to be more likely. If the result is greater than 13, then iron-deficiency anemia is said to be more likely. All patients with a low normal to low hemoglobin and a Mentzer index below 13 should be screened for thalassemia trait by HPLC.

TLC (Total Leucocyte Count) <i>Method : Flowcytometry</i>	6,170	/cmm	4000 - 10000
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DLC (Flowcytometry)

Neutrophils	63.30	%	35.0 - 75.0
Lymphocytes	30.10	%	25.0 - 45.0
Eosinophils	1.00	%	1.0 - 5.0
Monocytes	5.30	%	1.0 - 6.0
Basophils	0.30	%	0 - 1

Absolute Leucocyte Count (Calculated)

Absolute Neutrophil Count	3,905.61	/cmm	2000 - 7000
Absolute Lymphocyte Count	1,857.17	/cmm	1000 - 3000
Absolute Eosinophil count	61.70	/cmm	20 - 500
Absolute Monocyte count	327.01	/cmm	200 - 1000
Absolute Basophil count	18.51	/cmm	0 - 100

Platelet count <i>Method : Electrical impedance</i>	2.34	Lakh/cmm	1.5 - 4.1
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ESR (Erythrocyte Sedimentation Rate) <i>Method : Westergren method</i>	8	mm/1st hr	0 - 22
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Peripheral Smear

RBCs are normocytic and normochromic.
Leucocytic series is numerically and morphologically within normal limits.
Platelets are adequate in number and are normal in morphology.
No atypical cells or haemoparasites are seen.
Impression: Normal peripheral smear.

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Blood Group (ABO + RH)

Blood Group , EDTA blood B
 Method : Slide agglutination (Forward & Reverse grouping)

Rh type , EDTA blood Positive
 Method : Slide agglutination



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Glucose Fasting, plasma Method : GOD POD	102.10	mg/dL	60 - 100
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Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dl is considered normal.
- A fasting plasma glucose level between 100-126 mg/dl is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level of above 126 mg/dl is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dl on both the occasions is confirmatory of a diabetic state.



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Test Name	Value	Unit	Biological Reference Interval
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Glucose PP, plasma Method : GOD POD	107.10	mg/dL	90 - 140
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Interpretation (In accordance with the American diabetes association guidelines):

- A post-prandial plasma glucose level below 140 mg/dl is considered normal.
- A post-prandial plasma glucose level between 140-199 mg/dl is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A post-prandial plasma glucose level of above 200 mg/dl is highly suggestive of a diabetic state. A repeat post-prandial test is strongly recommended for all such patients. A post-prandial plasma glucose level in excess of 200 mg/dl on both the occasions is confirmatory of a diabetic state.



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Test Name	Value	Unit	Biological Reference Interval
Blood Urea Nitrogen (BUN), serum <i>Method : Calculated</i>	5.77	mg/dl	7.8 - 20.2
Serum Creatinine <i>Method : Jaffe kinetic</i>	0.69	mg/dl	0.7 - 1.2
Serum Uric Acid <i>Method : Uricase-Peroxidase</i>	4.98	mg/dl	3.6 - 8.2



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HbA1c (Glycosylated haemoglobin), EDTA whole blood <i>Method : HPLC</i>	5.30	%	< 5.7
Estimated average plasma Glucose <i>Method : Calculated</i>	105.41	mg/dL	65 - 136

The test is approved by NGSP for patient sample testing.

Interpretation:

Metabolically normal patients	%	< 5.7
Pre-diabetic	%	5.7 - 6.4
Diabetic	%	> 6.4

Glycosylated hemoglobin or HbA1C is a reliable indicator of mean plasma glucose levels for a period of 8-12 weeks preceding the date on which the test is performed and is a more reliable indicator of overall blood sugar control in known diabetic patients than blood sugar levels. A value of less than 5.7 % is usually seen in metabolically normal patients, however diabetics with very good control can also yield similar values. The HbA1c test, thus can not be used to differentiate between diabetic patients with very good control over the plasma glucose levels from metabolically normal, non-diabetic subjects as both groups may reveal very similar values in the assay.



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LFT (Liver Function Test)

Serum Bilirubin Total <i>Method : Diazotized Sulfanilic Acid (DSA)</i>	0.91	mg/dl	0.1 - 1.2
Serum Bilirubin Direct <i>Method : Diazotized Sulfanilic Acid (DSA)</i>	0.28	mg/dl	0.0 - 0.3
Serum Bilirubin Indirect <i>Method : Calculated</i>	0.63	mg/dl	0.1 - 1.1
Serum SGOT/AST <i>Method : IFCC without P5P</i>	25.80	U/l	<= 35.0
Serum SGPT/ALT <i>Method : IFCC without P5P</i>	56.40	U/l	<= 45.0
Serum Alkaline Phosphatase <i>Method : PNP, AMP Buffer</i>	71.40	U/l	30.0 - 120.0
Serum GGT (Gamma Glutamyl Transpeptidase) <i>Method : UV-assay according to Szasz</i>	25.30	U/l	11.0 - 61.0
Serum total Protein <i>Method : Biuret</i>	7.18	g/dl	6.6 - 8.3
Serum Albumin <i>Method : Bromo Cresol Green</i>	4.40	g/dl	3.5 - 5.2
Serum Globulin <i>Method : Calculated</i>	2.78	g/dl	2.0 - 3.5
Albumin / Globulin ratio <i>Method : Calculated</i>	1.58		1.5 - 2.5



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Lipid Profile basic (direct HDL,calculated LDL)

Total Cholesterol, , serum Method : CHOD-POD	139.30	mg/dl	< 200.0
Triglycerides , serum Method : GPO-POD	118.80	mg/dl	< 150
HDL Cholesterol , serum Method : Direct measure PEG (CHE-CHO)	46.50	mg/dl	> 40
VLDL Cholesterol , serum Method : Calculated	23.76	mg/dl	< 30
L.D.L Cholesterol , serum Method : Calculated	69.04	mg/dl	< 100
Cholesterol, Non HDL , serum Method : Calculated	92.80	mg/dl	< 130
Total Cholesterol / HDL Cholesterol Ratio , serum Method : Calculated	3.00		< 5.0
LDL / HDL Cholesterol ratio , serum Method : Calculated	1.48		< 3.5

Interpretation:

National Lipid Association Recommendation (NLA-2014)

Total Cholesterol Desirable: <200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	Triglycerides Normal: <150 mg/dL Borderline high: 150-199 mg/dL High: 200-499 mg/dL Very high: > or =500 mg/dL
Non HDL Cholesterol Desirable: <130 mg/dL Borderline high: 130-159 mg/dL High: 160-189 mg/dL Very high: > or =190 mg/dL	LDL Cholesterol Optimal: <100 mg/dL Near Optimal: 100-129 mg/dL Borderline high: 130-159 mg/dL High: 160-189 mg/dL Very high: > or =190 mg/dL
HDL Cholesterol Low (Men) <40 mg/dL Low (Women) <50 mg/dL	

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Thyroid Profile Total (T3, T4, TSH)

T3, (Triiodothyronine) , serum Method : ECLIA	1.62	ng/mL	0.80 - 2.0
T4, (Thyroxine) , serum Method : ECLIA	8.79	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum Method : ECLIA	2.03	uIU/ml	0.27 - 4.2

Interpretation:

- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

Note: Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

The following ranges are recommended for pregnant females:

Gestation period	TSH (uIU/ml)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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Urine Routine & Microscopic Examination

Physical examination

Volume	30	mL	
Colour	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Specific gravity	1.015		1.003 - 1.035
<i>Method : pKa change</i>			

Chemical examination

Protein	Nil		Nil
<i>Method : error-of-indicator</i>			
Glucose	Nil		Nil
<i>Method : GOD-POD</i>			
pH	5.0		
<i>Method : Double indicator</i>			
Bilirubin	Negative		Negative
<i>Method : Azo-coupling reaction</i>			
Urobilinogen	Normal		Normal
<i>Method : Azo-coupling reaction</i>			
Ketone	Negative		Negative
<i>Method : Legals test</i>			
Erythrocytes	Absent		Absent
<i>Method : Peroxidase</i>			
Nitrite	Negative		Negative
<i>Method : Griess reaction</i>			
Leukocytes	Absent	Leu/uL	Negative
<i>Method : Esterase activity of granulocytes</i>			

Microscopic examination

WBC	0 - 1	/ HPF	0 - 2
RBC	Nil	/ HPF	0 - 2
Casts	Nil	/ HPF	Nil
Crystals	Nil	/ HPF	Nil
Epithelial cells	0 - 1	/ HPF	0 - 15
Bacteria	Absent		Absent
Others	Nil		
<i>Method : Light microscopy</i>			

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Test Name	Value	Unit	Biological Reference Interval
Urine Sugar fasting <i>Method : Hexokinase</i>	Nil		Nil
Urine Sugar PP <i>Method : Hexokinase</i>	NIL		NIL



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ECG Electro-cardiography

Normal ECG.



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Echo-cardiography

COLOR DOPPLER ECHO-CARDIOGRAPHY

MEASUREMENTS:

Dimensions	Values	Normal Range
Aorta	27	Upto 40 mm
Left Atrium	34	Upto 40 mm
Left ventricle		
End diastolic	45	Upto 56 mm
End systolic	30	Upto 35 mm
Interventricular septal thickness		
End diastolic	11	6-12 mm
End systolic	13	
Posterior wall thickness		
End diastolic	10	6-11 mm
End systolic	14	
LV Ejection Fraction	60%	55-85 %

MITRAL VALVE: Both antero-medial and posterolateral mitral valve leaflets are normal in thickness.

There is no calcification of valve leaflets. Chordae and both papillary muscles are normal.

There is no evidence of mitral stenosis or regurgitation/prolapse of leaflets.

Mitral valve ring is normal and does not show any calcification. There are no vegetations seen.

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AORTIC VALVE:

Aortic valve has three leaflets, closure line is central. There is no systolic doming of leaflets.

Aortic valve opening is normal. No calcification is seen.

No vegetations. No evidence of stenosis or regurgitation of valve.

PULMONARY VALVE:

No vegetation. No stenosis or regurgitation of the valve.

TRICUSPID VALVE:

Leaflets are normally attached. There is no vegetations. No evidence of stenosis of tricuspid valve.

DOPLER STUDIES

Valve	Normal velocities		Gradient	Regurgitation
	Velocity m/sec	Values m/s		
Aortic	(0.7 – 1.1)	1.22		Nil
Mitral	(0.6 – 1.1) E =	0.87		Nil
	A =	0.65		
Pulmonary	(0.6 – 0.9)	0.89		Nil
Tricuspid	(0.3 – 0.6)	1.70	11	Trace

Pulmonary Artery Pressure: No pulmonary artery hypertension seen.


CHAMBERS :

LEFT VENTRICLE:

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Left ventricle is of normal size and shape. Contractility is normal.
No evidence of resting regional left ventricle hyperkinesia/ akinesia/ dyskinesia/ left ventricle aneurysm. No left ventricle clot is seen.
No intra-cavitary mass is seen. Left ventricular Ejection Fraction is : 60%

RIGHT VENTRICLE :

Right ventricle is of normal size and shape. Right ventricle contractility is normal.
No evidence of resting regional hypokinesia/ akinesia or dyskinesia of right ventricle.

INTER VENTRICULAR SEPTUM :

No evidence of inter ventricular septum rupture or ventricular septal defects.

LEFT ATRIUM :

Left atrium is of normal size. No Evidence of left atrium or left atrium appendage clots.

RIGHT ATRIUM :

Right atrium is normal in size shape and contractility. No clots or intra-cavitary mass.

INTER ATRIAL SEPTUM : No flow across inter atrial septum is seen.

AORTA :

Ascending aorta is normal in diameter. No evidence of dissection on transthoracic echo. No calcification is seen.


PUMONARY ARTERIES :

Main pulmonary artery, left and right pulmonary arteries are normal in size and do not reveal any stenosis or occlusion of lumen.

*Disclaimer: This is an electronically validated report. If any discrepancy is found, it should be confirmed by the user.
Processing Centre : Prognosis Laboratories,515-516, Sector-19, Dwarka, Behind Gupta Properties.



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Dr. Anil Sahoo
MD. PGDCO
Reg. No.33201

Lab No.	012503080168	Age/Gender	34 YRS/MALE	Coll. ON	08/Mar/2025 08:20AM
NAME	Mr. CHIRAG KALRA			Reg. ON	08/Mar/2025
Ref. Dr.	MEDIWHEEL	BarcodeNo	01080168	Approved ON	08/Mar/2025 04:26PM
Rpt. Centre	Self			Printed ON	08/Mar/2025 04:37PM

PERICARDIUM :

Pericardium has normal thickness. There is no effusion or pericardial calcification or constriction.

LEFT VENTRICULAR SYSTOLIC FUNCTION :

Left ventricle (systolic) ejection fraction 60%.

FINAL IMPRESSION :


- Cardiac chambers are normal.
- No systolic anterior motion/ Left ventricular outflow tract gradient noted
- Wall motion is normal.
- Trace TR (RVSP =11+RAP).
- Normal mitral inflow pattern.
- Left ventricle & right ventricle systolic function is normal.
- Left ventricular Ejection Fraction – 60 %.

Kindly correlate clinically.

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NAME	Mr. CHIRAG KALRA			Reg. ON	08/Mar/2025
Ref. Dr.	MEDIWHEEL	BarcodeNo	01080168	Approved ON	08/Mar/2025 01: 54PM
Rpt. Centre	Self			Printed ON	08/Mar/2025 04: 37PM

MER

Please find attachment.



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Processing Centre : Prognosis Laboratories,515-516, Sector-19, Dwarka, Behind Gupta Properties.



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Address:VIHAR KUNJ, Mobile:9871394162

Lab No.	012503080168	Age/Gender	34 YRS/MALE	Coll. ON	08/Mar/2025 08:20AM
NAME	Mr. CHIRAG KALRA			Reg. ON	08/Mar/2025
Ref. Dr.	MEDIWHEEL	BarcodeNo	01080168	Approved ON	08/Mar/2025 10:26AM
Rpt. Centre	Self			Printed ON	08/Mar/2025 04:37PM

X-Ray Chest PA view

Trachea and mediastinum are central.

Bilateral lung fields are clear.

Bilateral hilar shadows are normal.

Bilateral costophrenic angles are clear.

Cardiac shadow is normal.

Soft tissue shadows and bony rib cage is normal.

Impression: No significant abnormality seen .

Please correlate clinically

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DR AMIT JAISWAL
MBBS,DMRD.DNB (RADIO DIAGNOSIS)
DMC No. 55709

Lab No.	012503080168	Age/Gender	34 YRS/MALE	Coll. ON	08/Mar/2025 08: 20AM
NAME	Mr. CHIRAG KALRA			Reg. ON	08/Mar/2025
Ref. Dr.	MEDIWHEEL	BarcodeNo	01080168	Approved ON	08/Mar/2025 09: 32AM
Rpt. Centre	Self			Printed ON	08/Mar/2025 04: 37PM

SONOGRAPHY OF ABDOMEN AND PELVIS

The liver is normal in size (13.7 cm) *and shows mild diffuse increased parenchymal echogenicity.* There is no evidence of any focal hepatic lesion. The hepatic and portal veins are normal. There is no intrahepatic biliary dilatation.

The gall bladder is adequately distended. *Gb shows few comet tail artifacts seen arising from anterior wall and fundal region with mild diffuse wall thickening. Findings are suggestive of adenomyomatosis.* There is no evidence of any calculi. The CBD is not dilated.

The pancreas is well visualized and shows a normal parenchymal echotexture. There is no evidence of any focal mass, calcification or ductal dilatation seen. There is no peripancreatic fluid collection seen.

The spleen is normal in size (10.0 cm) and shows a normal parenchymal echotexture. There is no focal lesion seen.

The right kidney measures 10.8 x 4.3 cm and the left kidney measures 11.6 x 4.9 cm. Both kidneys are normal in size and shape. The kidneys show normal echotexture with a well-maintained cortical thickness. There is no evidence of hydronephrosis, cortical scarring or calculus disease in either kidney.

There is no ascites or bowel wall thickening.

The urinary bladder shows normal contours.

The prostate is not enlarged. It measures 31 x 30 x 29 mm and shows an estimated weight of 14.6 gms. There is no median lobe prominence.

IMPRESSION

- **Grade I fatty liver.**
- **Adenomyomatosis of gall bladder.**

Kindly correlate clinically.

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Address:VIHAR KUNJ, Mobile:9871394162

Lab No.	012503080168	Age/Gender	34 YRS/MALE	Coll. ON	08/Mar/2025 08: 20AM
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*** Partial Report ***



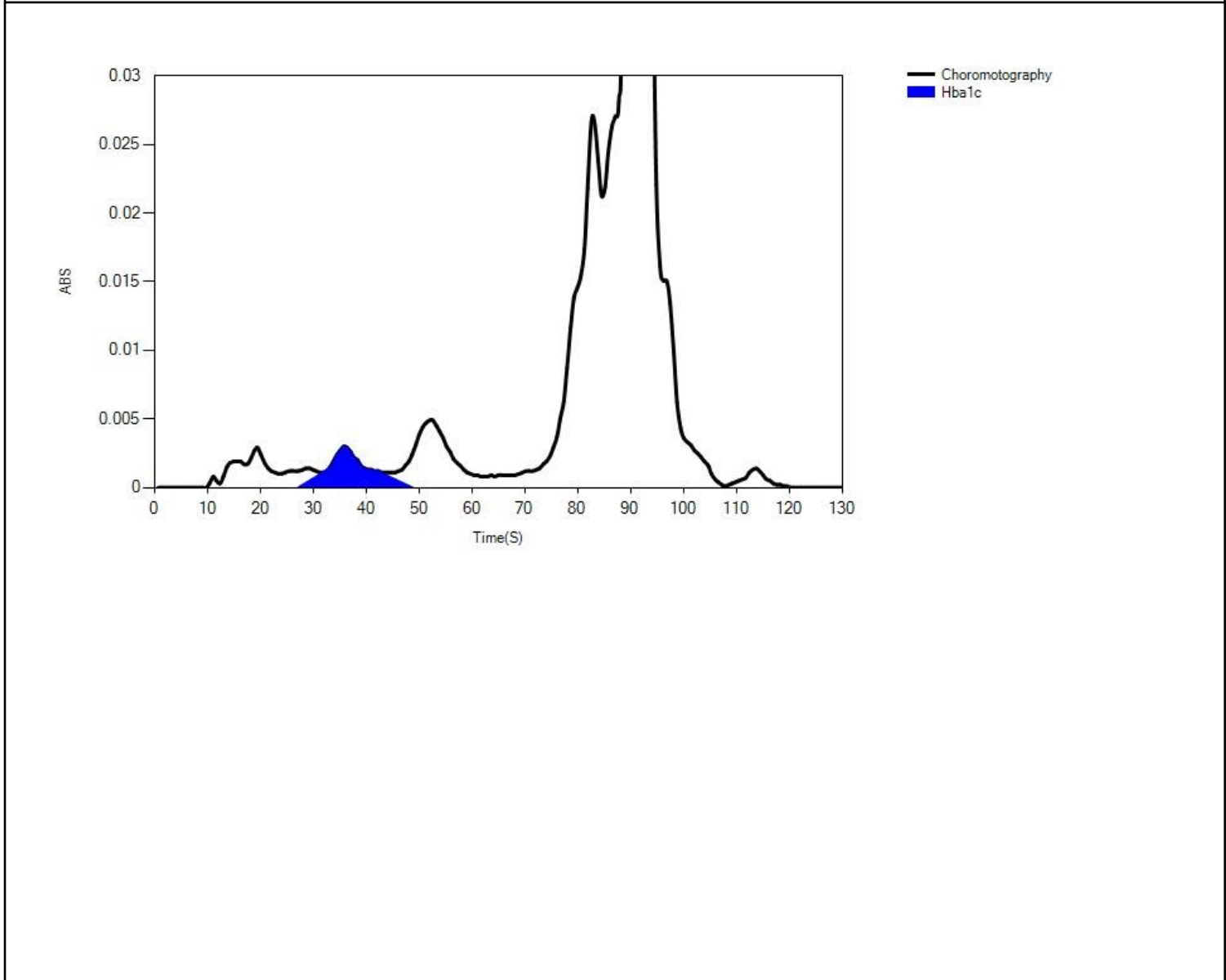
Scan to view report

DR AMIT JAISWAL
MBBS,DMRD.DNB (RADIO DIAGNOSIS)
DMC No. 55709

LIFOTRONIC Graph Report

Name :	Case :	Patient Type :	Test Date : 08/03/2025 11:02:05
Age :	Department :	Sample Type : Whole Blood EDTA	Sample Id : 01080168
Gender :			Total Area : 9863

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	66	3070	8872	84.9
HbA1c	38	49	551	5.3
La1c	26	30	221	2.1
HbF	21	14	17	0.2
Hba1b	14	29	117	1.1
Hba1a	11	19	85	0.8



PROGNOSIS LABORATORIES

A SUBSIDIARY OF MEDGENOME

515-516 DWARKA SEC19 NEW DELHI 110075

Mr. CHIRAG KALRA

ID. : 1776

AGE/SEX : 34 Yr /M

HT/WT : /

DATE : 08-03-2025 09:30:56 AM

REF.BY : Dr.MEDIWHEEL

MACHINE INTERPRETATION : Normal ECG.

RATE : 68 bpm

BP : N/A

P Axis : 38 deg.

QRS Axis : 48 deg.

T Axis : 63 deg.

P Duration : 109 ms

PR Duration : 129 ms

QRS Duration : 89 ms

QT Interval : 346 ms

QTc Interval : 363 ms

Linked Median

Speed : 25 mm/s

Sensitivity : 10 mm/mV



भारत सरकार
Government of India

भारत
आधार

Download Date: 07/12/2019

चिराग कालरा
Chirag Kalra
जन्म तिथि/DOB: 11/08/1990
पुरुष/ MALE

Issue Date: 22/10/2019

2428 9662 9101
VID : 9100 2164 4464 4938

मेरा आधार, मेरी पहचान

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आधार

पता:
S/O विनोद कुमार कालरा, डीजी-२/२२०-डी, विकास
पुरी, विकास पुरी, वेस्ट दिल्ली,
दिल्ली - 110018

Address:
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Puri, Vikas Puri, West Delhi,
Delhi - 110018

2428 9662 9101
VID : 9100 2164 4464 4938

1047 | help@uidai.gov.in | www.uidai.gov.in

SELF DECLARATION

DATE 08/03/2025

NAME: - Chirag Kabra

Sir/mam,
I do not want to avail physical
consultation in this Mediwheel health package.
Requesting to consider.

Thanks & regards
Chirag Kabra
ph - 9871394162

Chirag
08/03/2025
SIGNATURE