

I am Priyambada tiwari do not go
for stool sample due to personal reason
and TMT also not done due to
operation.

Priyambada

Roy

Dr. R.C. ROY
MBBS, MD. (Radio Diagnosis)
Reg. No. -26918

CHANDAN DIAGNOSTIC CENTRE
455/6, (H G Complex), KANCHANPUR,
CHITAI PUR, VARANASI, UP 221005

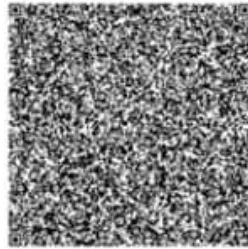


भारत सरकार
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भारतीय विशिष्ट पहचान प्राधिकरण
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नामांकन क्रम/ Enrolment No.: 0871/54001/08366

To
प्रियम्बदा तिवारी
Priyambada Tiwari
W/O Abhishek Kumar Tiwari,
Gram - Narachh,
Post - Chintamanipur,
VTC: Rasra,
PO: Rasra,
Sub District: Rasra,
District: Ballia,
State: Uttar Pradesh,
PIN Code: 221712,
Mobile: 9506581988



Signature Not Verified
Digital Signature of Unique
Identification Authority of India
ON: 02/04/2014 10:34:44
DST: 18C35

आपका आधार क्रमांक / Your Aadhaar No. :

9711 2068 5026

VID : 9133 0860 3078 1887

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



प्रियम्बदा तिवारी
Priyambada Tiwari
जन्म तिथि/DOB: 30/07/1992
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

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मेरा आधार, मेरी पहचान



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या www.uidai.gov.in पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
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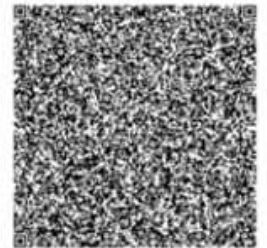


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Unique Identification Authority of India



पता:
W/O अभिशेक कुमार तिवारी, ग्राम - नराछ, पोस्ट -
चिंतामणीपुर, रसरा, रसड़ा, बलिया,
उत्तर प्रदेश - 221712

Address:
W/O Abhishek Kumar Tiwari, Gram -
Narachh, Post - Chintamanipur, Rasra, PO:
Rasra, DIST: Ballia,
Uttar Pradesh - 221712



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CHANDAN DIAGNOSTIC CENTRE

Add: Plot no - 455/6, H G Complex, Kanchanpur, Varanasi -UP 221005

Ph: 05424019523

CIN: U85110UP2003PLC193493

Patient Name	: Mrs.PRIYAMBADA TIWARI-22S32432	Registered On	: 10/Nov/2024 09:05:08
Age/Gender	: 32 Y 3 M 12 D /F	Collected	: 10/Nov/2024 10:50:24
UHID/MR NO	: CVA1.0000003143	Received	: 10/Nov/2024 11:01:57
Visit ID	: CVA10032302425	Reported	: 10/Nov/2024 13:45:45
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) , Blood

Blood Group	AB			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) , Whole Blood

Haemoglobin	11.50	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	COLORIMETRIC METHOD (CYANIDE-FREE REAGENT)
TLC (WBC)	6,200.00	/Cu mm	4000-10000	IMPEDANCE METHOD
DLC				
Polymorphs (Neutrophils)	60.00	%	40-80	FLOW CYTOMETRY
Lymphocytes	36.00	%	20-40	FLOW CYTOMETRY
Monocytes	2.00	%	2-10	FLOW CYTOMETRY
Eosinophils	2.00	%	1-6	FLOW CYTOMETRY
Basophils	0.00	%	< 1-2	FLOW CYTOMETRY
ESR				
Observed	10.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8	





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MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Pregnancy	
			Early gestation - 48 (62 if anaemic)	
			Later gestation - 70 (95 if anaemic)	
Corrected	6.00	Mm for 1st hr.	<20	
PCV (HCT)	37.40	%	40-54	
Platelet count				
Platelet Count	3.02	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	35.20	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.30	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.30	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.37	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	85.60	fL	80-100	CALCULATED PARAMETER
MCH	26.20	pg	27-32	CALCULATED PARAMETER
MCHC	30.60	%	30-38	CALCULATED PARAMETER
RDW-CV	12.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	38.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,720.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	124.00	/cu mm	40-440	

S.N. Sinha

Dr.S.N. Sinha (MD Path)





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING , Plasma

Glucose Fasting	94.10	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

CLINICAL SIGNIFICANCE:- Glucose is the major source of energy in the body . Lack of insulin or resistance to it section at the cellular level causes diabetes. Therefore, the blood glucose levels are very high. Elevated serum glucose levels are observed in diabetes mellitus and may be associated with pancreatitis, pituitary or thyroid dysfunction and liver disease. Hypoglycaemia occurs most frequently due to over dosage of insulin.

Glucose PP <i>Sample:Plasma After Meal</i>	111.70	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Interpretation:

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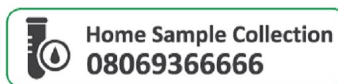
GLYCOSYLATED HAEMOGLOBIN (HBA1C) , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.70	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	39.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	117	mg/dl	

Interpretation:

NOTE:-

- eAG is directly related to A1c.





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- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

**Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated VARIANT II TURBO HPLC Analyser.

Clinical Implications:

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

*With optimal control, the HbA 1c moves toward normal levels.

*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

BUN (Blood Urea Nitrogen)

11.00

mg/dL

7.0-23.0

CALCULATED

Sample:Serum





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MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Interpretation:

Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.

Low BUN levels can be seen in the following:

Low-protein diet, overhydration, Liver disease.

Creatinine	0.80	mg/dl	0.5-1.20	MODIFIED JAFFES
<i>Sample:Serum</i>				

Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

Uric Acid	3.70	mg/dl	2.5-6.0	URICASE
<i>Sample:Serum</i>				

Interpretation:

Note:-

Elevated uric acid levels can be seen in the following:

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

LFT (WITH GAMMA GT) , Serum

SGOT / Aspartate Aminotransferase (AST)	24.80	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	20.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	37.40	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.80	gm/dl	6.2-8.0	BIURET
Albumin	4.20	gm/dl	3.4-5.4	B.C.G.
Globulin	2.60	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.62		1.1-2.0	CALCULATED





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Alkaline Phosphatase (Total)	75.90	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	0.40	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.10	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	244.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	77.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	133	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	33.20	mg/dl	10-33	CALCULATED
Triglycerides	166.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

S.N. Sinha

Dr.S.N. Sinha (MD Path)





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Age/Gender	: 32 Y 3 M 12 D /F	Collected	: 10/Nov/2024 15:35:16
UHID/MR NO	: CVA1.0000003143	Received	: 10/Nov/2024 15:37:00
Visit ID	: CVA10032302425	Reported	: 10/Nov/2024 15:37:17
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.025			
Reaction PH	Acidic (5.5)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	Serum-0.1-3.0 Urine-0.0-14.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE , Urine

Sugar, Fasting stage	ABSENT	gms%		
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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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THYROID PROFILE - TOTAL , Serum

T3, Total (tri-iodothyronine)	124.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.76	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.240	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.

2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.

3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.

5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.

7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.

8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

S.N. Sinha

Dr.S.N. Sinha (MD Path)





CHANDAN DIAGNOSTIC CENTRE

Add: Plot no - 455/6, H G Complex, Kanchanpur, Varanasi -UP 221005

Ph: 05424019523

CIN: U85110UP2003PLC193493

Patient Name	: Mrs.PRIYAMBADA TIWARI-22S32432	Registered On	: 10/Nov/2024 09:05:09
Age/Gender	: 32 Y 3 M 12 D /F	Collected	: 2024-11-10 09:50:44
UHID/MR NO	: CVA1.0000003143	Received	: 2024-11-10 09:50:44
Visit ID	: CVA10032302425	Reported	: 10/Nov/2024 09:51:22
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA **

X-Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

*** NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

Dr Raveesh Chandra Roy (MD-Radio)



Home Sample Collection
08069366666

View Reports on
Chandan 24x7 App





CHANDAN DIAGNOSTIC CENTRE

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Ph: 05424019523

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UHID/MR NO	: CVA1.0000003143	Received	: 2024-11-10 12:21:13
Visit ID	: CVA10032302425	Reported	: 10/Nov/2024 12:39:02
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) **

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver measures **15.3 cm in midclavicular line** and has a normal homogenous echo texture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is (**9.3 mm in caliber**) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (**4.1 mm in caliber**) not dilated.
- The gall bladder is **normal** in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

- The pancreas is **normal** in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

- **Right kidney:-**
 - ◊ Right kidney is normal in size, measuring ~ **9.3 x 3.7 cms.**
 - ◊ Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
 - ◊ Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.
- **Left kidney:-**
 - ◊ Left kidney is normal in size, measuring ~ **11.6 x 4.0 cms.**
 - ◊ Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
 - ◊ Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

SPLEEN





CHANDAN DIAGNOSTIC CENTRE

Add: Plot no - 455/6, H G Complex, Kanchanpur, Varanasi -UP 221005
Ph: 05424019523
CIN: U85110UP2003PLC193493

Patient Name	: Mrs.PRIYAMBADA TIWARI-22S32432	Registered On	: 10/Nov/2024 09:05:09
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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

- The spleen is normal in size (~ **9.6 cm in its long axis**) and has a normal homogenous echotexture.

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or large mass.

URINARY BLADDER

- The urinary bladder is partially filled. Bladder wall is normal in thickness and regular.
- **Pre-void urine volume is ~ 80 cc.**

UTERUS & CERVIX

- The uterus is anteverted. Size ~ **10.5 x 7.5 x 4.6 mm / 194 cc**
- Cervix is normal.

ADNEXA & OVARIES

- Both ovaries are visualized.
- Left ovary a cystic structure 29 mm in diameter seen in left adnexal region.

FINAL IMPRESSION:-

- **BULKY UTERUS**
- **REST OF THE ABDOMINAL ORGANS ARE NORMAL**

Adv : Clinico-pathological-correlation /further evaluation & Follow up

*** End Of Report ***

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, Tread Mill Test (TMT)

Dr Raveesh Chandra Roy (MD-Radio)





CHANDAN DIAGNOSTIC CENTRE

Add: Plot no - 455/6, H G Complex, Kanchanpur, Varanasi -UP 221005

Ph: 05424019523

CIN: U85110UP2003PLC193493

Patient Name	: Mrs.PRIYAMBADA TIWARI-22S32432	Registered On	: 10/Nov/2024 13:37:25
Age/Gender	: 32 Y 3 M 12 D /F	Collected	: 2024-11-10 13:50:44
UHID/MR NO	: CVA1.0000003156	Received	: 2024-11-10 13:50:44
Visit ID	: CVA10032432425	Reported	: 10/Nov/2024 13:56:54
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF CARDIOLOGY-2D-ECHO

2D ECHO

2D ECHO & COLOUR DOPPLER REPORT :-

AORTIC VALVES STUDY-

AO DIAMETER	27	mms.
LA DIAMETER	35	mms.
CUSP OPENING	16	mms.

LEFT VENTRICLE-

IVSd	8.9	mms
LVIDd	44	mms
LVPWd	08	mms
IVSs	11.6	mms
LVIDs	30	mms
LVPWs	12	mms

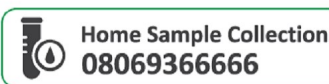
• EJECTION FRACTION : 60 % (60 ± 7 %)

RIGHT VENTRICLE-

• RVIDd : 2.4 cm

DIMENSIONAL IMAGING-

MITRAL VALVE	NORMAL
AORTIC VALVE	NORMAL
PULMONARY VALVE	NORMAL
TRICUSPID VALVE	NORMAL
INTER VENTRICULAR SEPTUM	NORMAL
INTERATRIAL SEPTUM	NORMAL
INTRACARDIAC CLOT / VEGETATION / MYXOMA	ABSENT
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
RIGHT VENTRICLE	NORMAL
RIGHT ATRIUM	NORMAL
PERICARDIUM	NORMAL





CHANDAN DIAGNOSTIC CENTRE

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Age/Gender	: 32 Y 3 M 12 D /F	Collected	: 2024-11-10 13:50:44
UHID/MR NO	: CVA1.0000003156	Received	: 2024-11-10 13:50:44
Visit ID	: CVA10032432425	Reported	: 10/Nov/2024 13:56:54
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF CARDIOLOGY-2D-ECHO

COLOUR FLOW MAPPING-

	VELOCITY (m/s)	PRESSURE GRADIENT (mm/Hg)	REGURGITATION
MITRAL FLOW	E:0.8 A:0.8	NORMAL	TRACE
AORTIC FLOW		NORMAL	ABSENT
PULMONARY FLOW		NORMAL PG 3	ABSENT
TRICUSPID FLOW		NORMAL	TRACE

SUMMARY OF FINDINGS AND ECHOCARDIOGRAPHY DIAGNOSIS-

- LV IS NORMAL IN SIZE AND EJECTION FRACTION. NO LVH. NO RWMA
- OTHER PARAMETERS WITHIN NORMAL RANGE
- IAS AND IVS ARE INTACT, NO SHUNT AT GREAT VESSEL
- NO THRUMBUS /CLOT/ EFFUSION

FINAL IMPRESSION-

- NO RESTING RWMA
- GOOD BIVENTRICULAR SYSTOLIC FUNCTION WITH LVEF 60%
- NO LVH WITH DIASTOLIC FUNCTION NORMAL
- NO CHAMBER DILATATION
- NO CLOT/ VEGETATION/ PAH/ EFFUSION

*** End Of Report ***

(**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, VARANASI, CHITAI PUR



Dr. Balaji V. Lohia (MBBS MD)

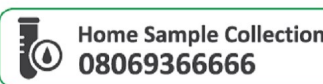
This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: MRI, CT scan, DR X-ray, Ultrasound, Sonomammography, Digital Mammography, ECG (Bedside also), 2D Echo, TMT, Holter, OPG, EEG, NCV, EMG & BERA, Audiometry, BMD, PFT, Fibroscan, Bronchoscopy, Colonoscopy and Endoscopy, Allergy Testing, Biochemistry & Immunoassay, Hematology, Microbiology & Serology, Histopathology & Immunohistochemistry, Cytogenetics and Molecular Diagnostics and Health Checkups *

365 Days Open

*Facilities Available at Select Location

Page 14 of 14





CHANDAN DIAGNOSTIC CENTRE

Add: Plot No - 455/6, H G Complex, Kanchanpur, Varanasi -Up 221005
Ph: ,05424019523
CIN : U85110DL2003PLC308206

Patient Name	: Mrs.PRIYAMBADA TIWARI-22S32432	Registered On	: 10/Nov/2024 09:05AM
Age/Gender	: 32 Y 3 M 12 D /F	Collected	: 10/Nov/2024 02:40PM
UHID/MR NO	: CVA1.000003143	Received	: 10/Nov/2024 02:40PM
Visit ID	: CVA10032302425	Reported	: 10/Nov/2024 02:47PM
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report
		Contract By	: MEDIWHEEL - ARCOFEMI HEALTH CARE LTD.[52610]CREDIT

DEPARTMENT OF CYTOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

SPECIMEN: pap smear

CYTOLOGY NO: 49/24-25

GROSS: Received one slide unstained conventional PAP smear. Received one slide unstained conventional PAP smear.

MICROSCOPIC: Satisfactory for evolution endoc-ervical cell seen. Cervical smear show predominantly benign superficial / parabasal cells, and intermediate squamous cells / epithelial cells with maintained nucleocytoplasmic ratio.
Background show dense / mild infiltrates of neutrophils.

IMPRESSION: [N. I. L. M] :-Negative for Interaepithelial lesion or Malignancy.

*** End Of Report ***

(*) Test not done under NABL accredited Scope, (**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, VARANASI, CHITAI PUR

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, Tread Mill Test (TMT)

S.N. Sinha

Dr.S.N. Sinha (MD Path)

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365 Days Open *Facilities Available at Selected Location



CHANDAN DIAGNOSTIC CENTRE-2, CHITAIPUR, VARANASI

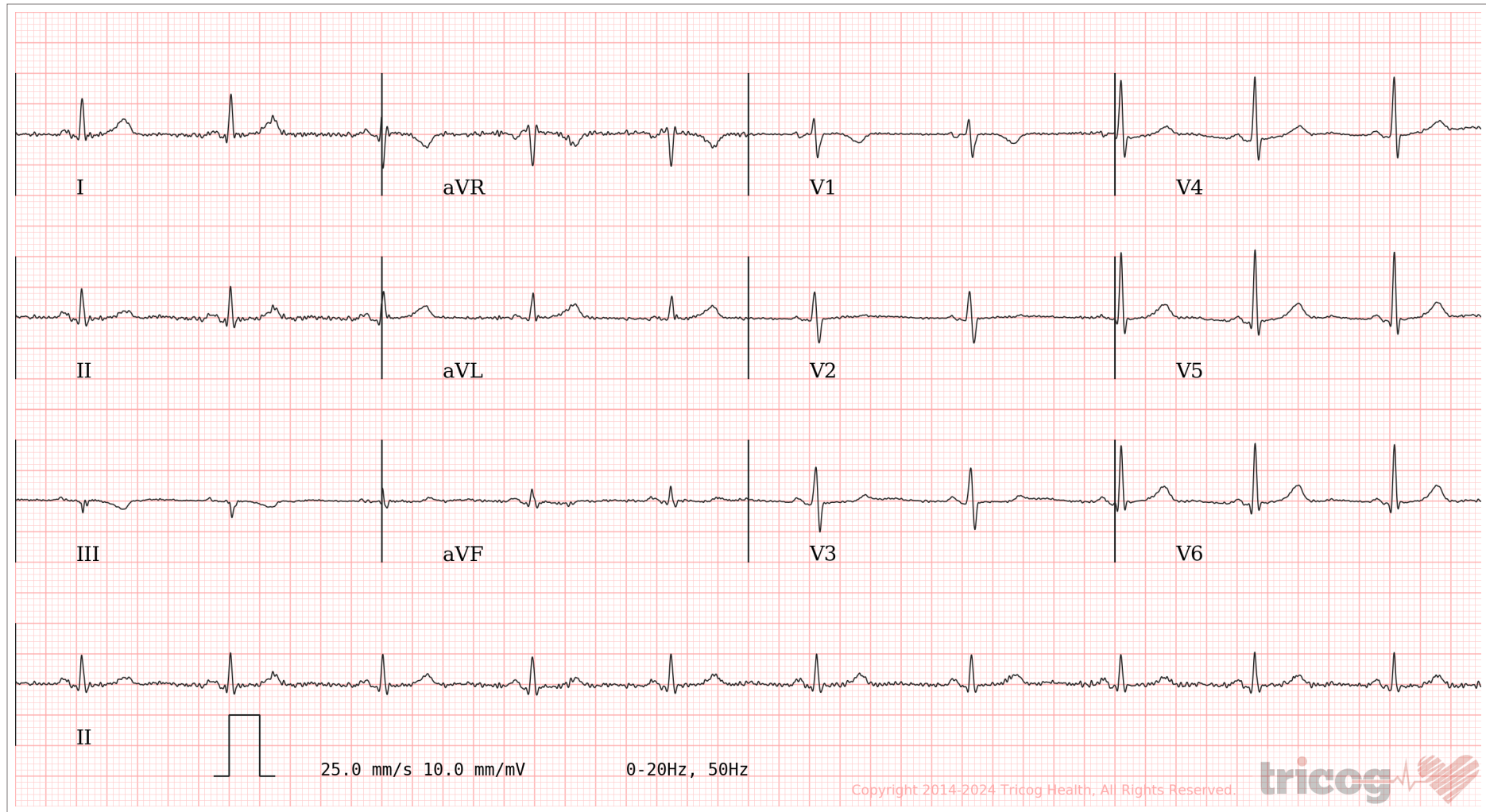


Age / Gender: 32/Female

Date and Time: 10th Nov 24 10:31 AM

Patient ID: CVA10032302425

Patient Name: Mrs.PRIYAMBADA TIWARI-22S32432



AR: 63bpm

VR: 63bpm

QRSD: 74ms

QT: 406ms

QTcB: 415ms

PRI: 124ms

P-R-T: 52° 11° 13°

ECG Within Normal Limits: Sinus Rhythm. Baseline artefacts. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr. Swati Rai

DMC 90424

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.