

Chandan Diagnostic

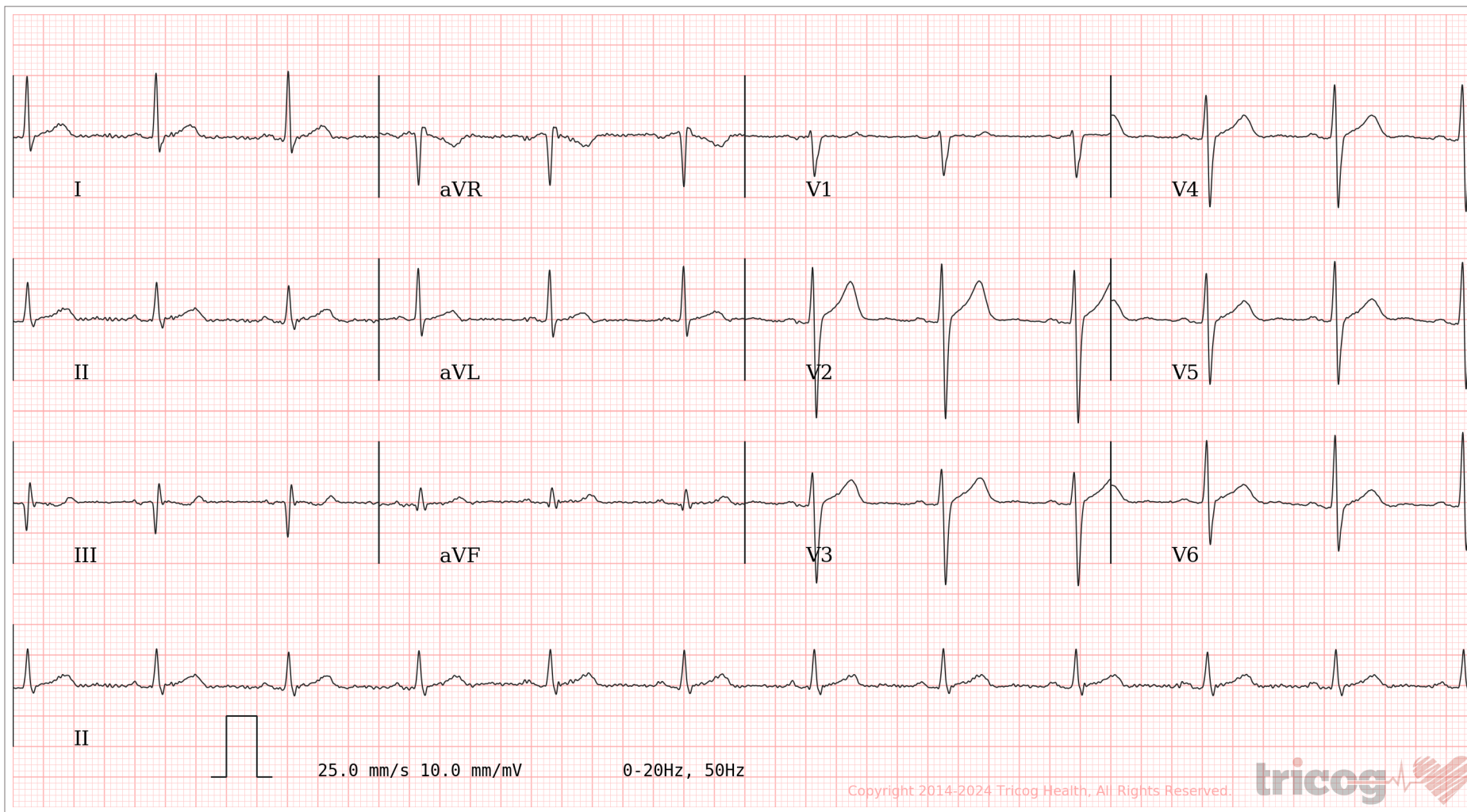


Age / Gender: 37/Female

Date and Time: 15th Nov 24 11:07 AM

Patient ID: CGKP0175272425

Patient Name: Mrs.SITA KUMARI GURJAR



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AR: 70bpm VR: 70bpm QRSD: 88ms QT: 380ms QTcB: 410ms PRI: 164ms P-R-T: 35° 13° 37°

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

AUTHORIZED BY

Dr. Charit MD, DM: Cardiology

63382

REPORTED BY

Dr. Mohammed Sadiqulla Shariff C

KMC 116747

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.



CHANDAN DIAGNOSTIC CENTRE

Add: Near Pulse Hospital, Chatra Sangh Chauraha, Gorakhpur (U.P)

Ph: 7232903044,9161222228

CIN: U85110UP2003PLC193493

Patient Name	: Mrs.SITA KUMARI GURJAR	Registered On	: 15/Nov/2024 10:06:07
Age/Gender	: 37 Y 0 M 0 D /F	Collected	: 15/Nov/2024 10:20:16
UHID/MR NO	: CGKP.0000041851	Received	: 15/Nov/2024 10:23:26
Visit ID	: CGKP0175272425	Reported	: 15/Nov/2024 11:29:55
Ref Doctor	: Dr.Mediwheel gkp -	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	12.80	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)	7,500.00	/Cu mm	4000-10000	IMPEDANCE METHOD
DLC				
Polymorphs (Neutrophils)	64.00	%	40-80	FLOW CYTOMETRY
Lymphocytes	32.00	%	20-40	FLOW CYTOMETRY
Monocytes	3.00	%	2-10	FLOW CYTOMETRY
Eosinophils	1.00	%	1-6	FLOW CYTOMETRY
Basophils	0.00	%	< 1-2	FLOW CYTOMETRY
ESR				
Observed	18.00	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)	
			Letar gestation - 70 (95	
			if anaemic)	
Corrected	4.00	Mm for 1st hr.	<20	
PCV (HCT)	40.30	%	40-54	
Platelet count				
Platelet Count	3.40	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.70	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	29.20	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.35	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	10.40	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.64	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	86.80	fl	80-100	CALCULATED PARAMETER
MCH	27.70	pg	27-32	CALCULATED PARAMETER
MCHC	31.90	%	30-38	CALCULATED PARAMETER
RDW-CV	13.20	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,800.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	75.00	/cu mm	40-440	

Vasundhara

DR VASUNDHARA MD PATHOLOGIST





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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	94.20	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	107.70	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Sample:Plasma After Meal

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.
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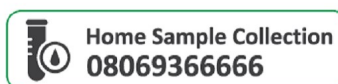
GLYCOSYLATED HAEMOGLOBIN (HBA1C) , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.70	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	39.20	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	118	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)

8.18

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 <i>Sample:Serum</i>	0.76	mg/dl	Female 0.6-1.1 Newborn 0.3-1.0 Infent 0.2-0.4 Child 0.3-0.7 Adolescent 0.5- 1.0	MODIFIED JAFFES
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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 <i>Sample:Serum</i>	4.32	mg/dl	2.6-6.0	URICASE
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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)	21.00	U/L	< 31	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	13.10	U/L	< 34	IFCC WITHOUT P5P
Gamma GT (GGT)	17.80	U/L	0-38	IFCC, KINETIC
Protein	6.42	gm/dl	6.2-8.0	BIURET





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Test Name	Result	Unit	Bio. Ref. Interval	Method
Albumin	4.47	gm/dl	3.4-5.4	B.C.G.
Globulin	1.95	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.29		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	110.53	U/L	42-98	IFCC AMP KINETIC
Bilirubin (Total)	0.51	mg/dl	Adult 0-2.0	DIAZO
Bilirubin (Direct)	0.16	mg/dl	< 0.20	DIAZO
Bilirubin (Indirect)	0.35	mg/dl	< 1.8	CALCULATED
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	165.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	68.30	mg/dl	42-88	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	82	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	15.36	mg/dl	10-33	CALCULATED
Triglycerides	76.80	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Vasundhara

DR VASUNDHARA MD PATHOLOGIST





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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	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	TURBID			
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	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	3-4/h.p.f			
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 CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2

SUGAR, PP STAGE , Urine

Sugar, PP Stage ABSENT

Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 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)	146.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.130	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.

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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA

X-RAY REPORT

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION :

- NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.

Adv: clinico-pathological correlation and further evaluation

Dr.Dilip Yadav MBBS,DNB(Radio Diagnosis)



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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

Liver - Normal in size with homogenous echo texture. No IHBR dilatation is seen. Portal vein shows normal diameter and flow pattern. No definite focal or diffuse mass lesion noted.

Gall bladder – Adequately distended. No calculus in lumen. Wall thickness is normal.

CBD – Normal. No intra-ducal calculus is seen.

Pancreas- Head and proximal body appears normal. Rest of the pancreas is obscured of the bowel gases.

Spleen- shows normal size and parenchymal echotexture.

Right kidney- is normal in size. No pelvicalyceal calculus is seen. No backpressure changes are seen. Ureter is normal.

Left kidney- is normal in size. No pelvicalyceal calculus is seen. No backpressure changes are seen. Ureter is normal.

Urinary bladder- is adequately distended. Wall is smooth and regular. No mass or calculus seen.

Uterus- is anteverted and normal in size and shape. Myometrium show homogenous echotexture. No definite evidence of any focal or diffuse lesion noted. **Endometrial thickness is ~ 12 mm.**

Right ovary- is normal in size.

Left ovary- is normal in size.

No ascites is seen.

IMPRESSION

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY DETECTED.**

ADV-CLINICAL CORRELATION AND FOLLOW UP STUDY.

*** End Of Report ***



Re
ST
EXAMINATION, ECG / EKG, Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL

Dr.Dilip Yadav MBBS,DNB(Radio Diagnosis)

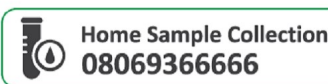
This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

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


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YOU can control diabetes with a healthy lifestyle, proper nutrition and support.

Other Types of Diabetes:

- A less common type of diabetes, known as **secondary diabetes**, can result when certain drugs or chemicals damage the pancreas or when portions of pancreas that produces insulin is surgically removed.
- **Impaired glucose tolerance**, formerly known as latent diabetes, occurs when a person's blood sugar level falls between normal and diabetic levels. Like Type II diabetes, this condition may be treated by diet and through weight loss.
- **Gestational diabetes** occurs in women who are pregnant, but typically subsides after delivery. Women who experience gestational diabetes may be at risk for developing Type II diabetes later on in life.

 **Chandan Healthcare Ltd.**



 **GPS Map Camera**

Gorakhpur, Uttar Pradesh, India
P9wh+3xr, Bangsaon Colony, Kalepur, Gorakhpur, Uttar Pradesh
273001, India
Lat 26.745135° Long 83.379763°
15/11/24 11:24 AM GMT +05:30





भारत सरकार
Government of India



गुर्जर सीताकुमारी
Gurjar Sitakumari
जन्म तिथि/DOB: 02/11/1987
महिला/ FEMALE

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VID : 9140 4250 2900 7112

मेरा **आधार**, मेरी पहचान

Issue Date: 18/06/2016

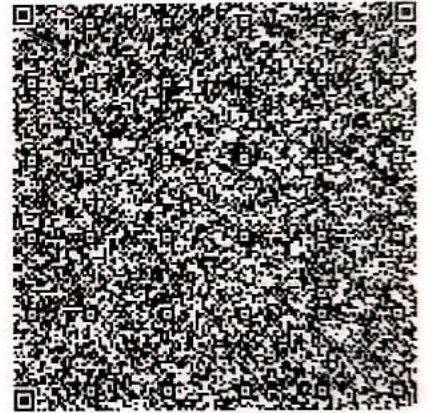


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