# CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj
Ph: 9235447965,0532-3559261
CIN: U85110UP2003PLC193493


| | | | |
|---|---|---|---|
| Patient Name | : Mrs.HEM PRABHA PANDEY | Registered On | : 13/Oct/2024 09:11:30 |
| Age/Gender | : 55 Y 0 M 28 D /F | Collected | : 13/Oct/2024 09:14:28 |
| UHID/MR NO | : ALDP.0000151654 | Received | : 13/Oct/2024 09:26:52 |
| Visit ID | : ALDP0260892425 | Reported | : 13/Oct/2024 12:25:38 |
| Ref Doctor | : Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD - | Status | : Final Report |

## DEPARTMENT OF HAEMATOLOGY

## MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| **Blood Group (ABO & Rh typing) ,** *Blood* | | | | |
| Blood Group | A | | | ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA |
| Rh ( Anti-D) | POSITIVE | | | ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA |
| **Complete Blood Count (CBC) ,** *Whole Blood* | | | | |
| Haemoglobin | 11.30 | g/dl | 1 Day- 14.5-22.5 g/dl<br>1 Wk- 13.5-19.5 g/dl<br>1 Mo- 10.0-18.0 g/dl<br>3-6 Mo- 9.5-13.5 g/dl<br>0.5-2 Yr- 10.5-13.5 g/dl<br>2-6 Yr- 11.5-15.5 g/dl<br>6-12 Yr- 11.5-15.5 g/dl<br>12-18 Yr 13.0-16.0 g/dl<br>Male- 13.5-17.5 g/dl<br>Female- 12.0-15.5 g/dl | COLORIMETRIC METHOD (CYANIDE-FREE REAGENT) |
| TLC (WBC) | 6,300.00 | /Cu mm | 4000-10000 | IMPEDANCE METHOD |
| **DLC** | | | | |
| Polymorphs (Neutrophils ) | 60.00 | % | 40-80 | FLOW CYTOMETRY |
| Lymphocytes | 35.00 | % | 20-40 | FLOW CYTOMETRY |
| Monocytes | 4.00 | % | 2-10 | FLOW CYTOMETRY |
| Eosinophils | 1.00 | % | 1-6 | FLOW CYTOMETRY |
| Basophils | 0.00 | % | < 1-2 | FLOW CYTOMETRY |
| **ESR** | | | | |
| Observed | 16.00 | MM/1H | 10-19 Yr 8.0<br>20-29 Yr 10.8<br>30-39 Yr 10.4<br>40-49 Yr 13.6<br>50-59 Yr 14.2<br>60-69 Yr 16.0<br>70-79 Yr 16.5<br>80-91 Yr 15.8 | |

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## DEPARTMENT OF HAEMATOLOGY

## MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| | | | Pregnancy<br>Early gestation - 48 (62 if anaemic)<br>Leter gestation - 70 (95 if anaemic) | |
| Corrected | - | Mm for 1st hr. | <20 | |
| PCV (HCT) | **38.00** | % | 40-54 | |
| **Platelet count** | | | | |
| Platelet Count | 2.14 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 16.50 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | - | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.24 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 11.30 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| **RBC Count** | | | | |
| RBC Count | 4.30 | Mill./cu mm | 3.7-5.0 | ELECTRONIC IMPEDANCE |
| **Blood Indices (MCV, MCH, MCHC)** | | | | |
| MCV | 88.70 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | **26.30** | pg | 27-32 | CALCULATED PARAMETER |
| MCHC | **29.70** | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 14.60 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 48.70 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 3,780.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 63.00 | /cu mm | 40-440 | |

Dr.Akanksha Singh (MD Pathology)

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## DEPARTMENT OF BIOCHEMISTRY

## MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| **GLUCOSE FASTING ,** *Plasma* | | | | |
| Glucose Fasting | **139.00** | mg/dl | < 100 Normal<br>100-125 Pre-diabetes<br>≥ 126 Diabetes | GOD POD |

**Interpretation:**

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
b) 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.
c) 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**<br>*Sample:Plasma After Meal* | 161.80 | mg/dl | <140 Normal<br>140-199 Pre-diabetes<br>>200 Diabetes | GOD POD |

**Interpretation:**
a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
b) 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.
c) I.G.T = Impaired Glucose Tolerance.

| | | | |
|---|---|---|---|
| **GLYCOSYLATED HAEMOGLOBIN (HBA1C) ,** *EDTA BLOOD* | | | |
| Glycosylated Haemoglobin (HbA1c) | **7.10** | % NGSP | HPLC (NGSP) |
| Glycosylated Haemoglobin (HbA1c) | 54.00 | mmol/mol/IFCC | |
| Estimated Average Glucose (eAG) | 157 | mg/dl | |

**Interpretation:**

**NOTE:-**

- eAG is directly related to A1c.

| | | | |
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## DEPARTMENT OF BIOCHEMISTRY

## MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|

- 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 mnagement.

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)** | 11.30 | mg/dL | 7.0-23.0 | CALCULATED |

*Sample:Serum*

| | | | |
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## DEPARTMENT OF BIOCHEMISTRY

## MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|

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

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

**Low BUN levels can be seen in the following:**

Low-protein diet, overhydration, Liver disease.

| | | | | |
|---|---|---|---|---|
| **Creatinine**<br>*Sample:Serum* | 0.80 | mg/dl | 0.5-1.20 | MODIFIED JAFFES |

**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**<br>*Sample:Serum* | 4.32 | mg/dl | 2.5-6.0 | URICASE |

**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) | 19.70 | U/L | < 35 | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 14.60 | U/L | < 40 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | **10.80** | IU/L | 11-50 | OPTIMIZED SZAZING |
| Protein | **6.14** | gm/dl | 6.2-8.0 | BIURET |
| Albumin | 4.11 | gm/dl | 3.4-5.4 | B.C.G. |
| Globulin | 2.03 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | **2.02** | | 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) | 93.00 | U/L | 42.0-165.0 | PNP/AMP KINETIC |
| Bilirubin (Total) | 0.89 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | **0.38** | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.51 | mg/dl | < 0.8 | JENDRASSIK & GROF |
| **LIPID PROFILE ( MINI ) ,** *Serum* | | | | |
| Cholesterol (Total) | 230.00 | mg/dl | <200 Desirable<br>200-239 Borderline High<br>> 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | **82.60** | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 124 | mg/dl | < 100 Optimal<br>100-129 Nr. Optimal/Above Optimal<br>130-159 Borderline High<br>160-189 High<br>> 190 Very High | CALCULATED |
| VLDL | 23.34 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 116.70 | mg/dl | < 150 Normal<br>150-199 Borderline High<br>200-499 High<br>>500 Very High | GPO-PAP |

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## DEPARTMENT OF CLINICAL PATHOLOGY

## MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| **URINE EXAMINATION, ROUTINE ,** *Urine* | | | | |
| Color | PALE YELLOW | | | |
| Specific Gravity | 1.015 | | | |
| Reaction PH | Acidic ( 6.0 ) | | | DIPSTICK |
| Appearance | CLEAR | | | |
| Protein | ABSENT | mg % | < 10 Absent<br>10-40 (+)<br>40-200 (++)<br>200-500 (+++)<br>> 500 (++++) | DIPSTICK |
| Sugar | ABSENT | gms% | < 0.5 (+)<br>0.5-1.0 (++)<br>1-2 (+++)<br>> 2 (++++) | DIPSTICK |
| Ketone | ABSENT | mg/dl | Serum-0.1-3.0<br>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** | 0-2/h.p.f | | | MICROSCOPIC EXAMINATION |
| **Pus cells** | 1-2/h.p.f | | | |
| RBCs | ABSENT | | | MICROSCOPIC EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | ABSENT | | | |

Urine Microscopy is done on centrifuged urine sediment.

| | | | |
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## DEPARTMENT OF CLINICAL PATHOLOGY

## MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| **SUGAR, FASTING STAGE ,** *Urine* | | | | |
| Sugar, Fasting stage | ABSENT | gms% | | |

**Interpretation:**

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| **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 |
|---|---|---|---|---|
| **THYROID PROFILE - TOTAL ,** *Serum* | | | | |
| T3, Total (tri-iodothyronine) | 129.00 | ng/dl | 84.61–201.7 | CLIA |
| T4, Total (Thyroxine) | 7.90 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 3.370 | 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

**(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)**

**CHEST P-A VIEW**

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.

Dr. Aishwarya Neha (MD Radiodiagnosis

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## DEPARTMENT OF ULTRASOUND

## MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

**LIVER**: - **Enalrged in size (17.8 cm) and shows diffusely raised echotexture**. No focal lesion is seen. No intra hepatic biliary radicle dilation is seen.

**GALL BLADDER** :- Not visualized (Psot cholecystectomy status)

**CBD :-** Normal in calibre measuring ~ 4.1 mm at porta.

**PORTAL VEIN**: - Normal in calibre and colour uptake at porta.

**PANCREAS: -** Head is visualised, normal in size & echopattern. No evidence of ductal dilatation or calcification is seen. Rest of the pancreas is obscured by bowel gases.

**SPLEEN**: - Normal in size (10.6 cm), shape and echogenicity. No evidence of mass lesion is seen.

**RIGHT KIDNEY**: - Normal in size, shape and position. Cortical echogenicity is normal with maintained corticomedullary differentiation. No focal lesion or calculus is seen. Pelvicalyceal system is not dilated.

**LEFT KIDNEY**: - Normal in size, shape and position. Cortical echogenicity is normal with maintained corticomedullary differentiation. No focal lesion or calculus is seen. Pelvicalyceal system is not dilated.

**URINARY BLADDER :-** Is adequately distended. No evidence of calculus is seen. **Wall is thickened (Maximum thickness 4.5 mm) and irregular.**

**UTERUS :-** Is atrophic in size.

**ADNEXA :-** No obvious adnexal pathology is seen.

**HIGH RESOLUTION** :- No evidence of bowel loop dilatation or abnormal wall thickening is seen. No significant retroperitoneal lymphadenopathy is seen. No free fluid is seen in the abdomen/pelvis.

**IMPRESSION :**

- **Moderate hepatomegaly with grade I fatty changes.**
- **Chronic cystitis.**

**Please correlate clinically.**

***** End Of Report *****

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

Dr. Aishwarya Neha (MD Radiodiagnosis