



# **CHANDAN DIAGNOSTIC CENTRE**

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar

Ph: 7706041643,7706041644 CIN: U85110UP2003PLC193493

Patient Name : Mrs.HINA ISRAIL Registered On : 23/Nov/2024 09:07:15 Collected Age/Gender : 39 Y 3 M 4 D /F : 23/Nov/2024 09:42:41 UHID/MR NO : IDCD.0000132475 Received : 23/Nov/2024 10:43:58 Visit ID Reported : 23/Nov/2024 14:48:19 : IDCD0431102425

: Dr.Mediwheel - Arcofemi Health Care Ltd. Status Ref Doctor : 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	А			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) ** , I	EDTA Whole Blood			
Haemoglobin	12.30	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) <u>DLC</u>	7,600.00	/Cu mm	4000-10000	IMPEDANCE METHOD
Polymorphs (Neutrophils )	58.00	%	40-80	FLOW CYTOMETRY
Lymphocytes	36.00	%	20-40	FLOW CYTOMETRY
Monocytes	4.00	%	2-10	FLOW CYTOMETRY
Eosinophils	2.00	%	1-6	FLOW CYTOMETRY
Basophils <b>ESR</b>	0.00	%	< 1-2	FLOW CYTOMETRY
Observed	24.00	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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Test Name	Result	Unit	Bio. Ref. Interval	Method
			Pregnancy Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic)	
Corrected	12.00	Mm for 1st hr.	•	
PCV (HCT)	38.00	%	40-54	
Platelet count				
Platelet Count	1.90	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	52.40	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.90	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.20	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	89.60	fI	80-100	CALCULATED PARAMETER
MCH	29.20	pg	27-32	CALCULATED PARAMETER
MCHC	32.60	%	30-38	CALCULATED PARAMETER
RDW-CV	12.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,408.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	152.00	/cu mm	40-440	



DR.KIRITI KANAUJIA MBBS MD(PATH)











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Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

# DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
OLLIGORE FACTING **				
GLUCOSE FASTING ** , Plasma				
Glucose Fasting	93.70	mg/dl	< 100 Normal 100-125 Pre-diabetes > 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 94.40 mg/dl <140 Normal GOD POD Sample:Plasma After Meal 140-199 Pre-diabetes

140-199 Pre-diabetes >200 Diabetes

#### **Interpretation:**

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
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### DEPARTMENT OF BIOCHEMISTRY

# MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
GLYCOSYLATED HAEMOGLOBIN (HBA1C) **	, EDTA Whole Blood				

% NGSP

mmol/mol/IFCC

mg/dl

# Interpretation:

### NOTE:-

Glycosylated Haemoglobin (HbA1c)

Glycosylated Haemoglobin (HbA1c)

Estimated Average Glucose (eAG)

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.

5.40

36.00

108

• 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)	<b>Degree of Glucose Control Unit</b>
> 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

<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

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





HPLC (NGSP)

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



**Test Name** 



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### DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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

Unit

Bio. Ref. Interval

Method

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

Result

- \*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.

Bring













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### DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) Sample:Serum	9.34	mg/dL	7.0-23.0	CALCULATED

## **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
 0.90
 mg/dl
 Female 0.6-1.1
 MODIFIED JAFFES

 Sample:Serum
 Newborn 0.3-1.0
 Infent 0.2-0.4
 Child 0.3-0.7
 Adolescent 0.5- 1.0

#### **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 Acid4.30mg/dl2.6-6.0URICASESample:Serum

### **Interpretation:**

Note:-

Elevated uric acid levels can be seen in the following:

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









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Test Name	Result	Unit	Bio. Ref. Interval	Method
157 AMTH CARRAGO OT ++				
LFT (WITH GAMMA GT) ** , Serum				
SGOT / Aspartate Aminotransferase (AST)	28.60	U/L	< 31	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	26.90	U/L	< 34	IFCC WITHOUT P5P
Gamma GT (GGT)	42.10	U/L	0-38	IFCC, KINETIC
Protein	6.83	gm/dl	6.2-8.0	BIURET
Albumin	4.10	gm/dl	3.4-5.4	B.C.G.
Globulin	2.73	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.50		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	86.92	U/L	42-98	IFCC AMP KINETIC
Bilirubin (Total)	0.25	mg/dl	Adult	DIAZO
			0-2.0	
Bilirubin (Direct)	0.24	mg/dl	< 0.20	DIAZO
Bilirubin (Indirect)	0.01	mg/dl	< 1.8	CALCULATED
LIPID PROFILE (MINI) **, Serum				
Cholesterol (Total)	173.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	49.60	mg/dl	42-88	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	100	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High	
VLDL	23.80	mg/dl	10-33	CALCULATED
Triglycerides	119.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >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	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (6.0)			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	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

**STOOL, ROUTINE EXAMINATION \*\***, Stool

Color BROWNISH











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# DEPARTMENT OF CLINICAL PATHOLOGY MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Consistency	SEMI SOLID			
Reaction (PH)	Acidic (6.5)			
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			
SUGAR, FASTING STAGE **, Urine				
Sugar, Fasting stage	ABSENT	gms%		

# **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%

Kinti

DR.KIRITI KANAUJIA MBBS MD(PATH)













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# DEPARTMENT OF IMMUNOLOGY

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit Bi	o. Ref. Interval	Method
THYROID PROFILE - TOTAL ** , Serum				
T3, Total (tri-iodothyronine)	123.26	ng/dl 84	1.61–201.7	CLIA
T4, Total (Thyroxine)	9.30	ug/dl 3.2	2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.730	μIU/mL 0.2	27 - 5.5	CLIA
Interpretation:				
•		0.3-4.5 μIU/mL	First Trimester	
		$0.5$ - $4.6$ $\mu$ IU/mL	Second Trimester	
		0.8-5.2 µIU/mL	Third Trimester	
		$0.5\text{-}8.9  \mu IU/mL$	Adults 55-8	37 Years
		$0.7\text{-}27  \mu IU/mL$	Premature 28	-36 Week
		2.3-13.2 µIU/mL		37Week
		0.7-64 µIU/mL	Child(21 wk - 20 Y	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.

Brin













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# DEPARTMENT OF X-RAY MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA \*\*
(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### **DIGITAL 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: NORMAL SKIAGRAM

Dr. Anil Kumar Verma (MBBS,DMRD)













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# DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

# **ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*\***

#### LIVER

- Liver is normal in size (~ 136 mm) with grade-I fatty changes with few areas of focal fat sparing.
- The intra-hepatic biliary radicles are normal.
- Portal vein is normal in caliber.

#### GALL BLADDER & CBD

- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic. No wall thickening or pericholecystic fluid noted.
- Visualised proximal common bile duct is normal in caliber.

## **PANCREAS**

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

#### **KIDNEYS**

- Both the kidneys are normal in size and echotexture.
- The collecting system of both the kidneys is normal and cortico-medullary demarcation is clear.

#### **SPLEEN**

• The spleen is normal in size and has a normal homogenous echo-texture.

#### LYMPH NODES

• No significant lymph node noted.













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#### URINARY BLADDER

• Urinary bladder is well distended. Bladder wall is normal in thickness and is regular.

#### **UTERUS & CERVIX**

- The uterus is anteverted.
- It has a homogenous myometrial echotexture.
- The endometrial echo is in mid line.
- Cervical lengthening ~ approx 4.2 cm (History of previous cesarean). Minimal anechoic endometrial collection seen in lower cervical cavity.

#### **ADNEXA & OVARIES**

- Adnexa appear normal.
- Right ovary is normal in size and echotexture.
- Simple follicular cyst ~ approx 30 x 20 mm seen along right ovary.

### **IMPRESSION**

**Indication: Routine screening (No previous records)** 

- Grade-I fatty changes in liver.
- Minimal anechoic endometrial collection seen in lower cervical cavity.
- Left ovarian simple follicular cyst

Please correlate clinically

Note:- All renal/ ureteric/ biliary calculi & all bowel pathologies may not always be visualized on ultrasonography.

Report prepared by- shanaya

(This report is a professional opinion & not a diagnosis. Kindly intimate us immediately or within 7 days for any reporting / typing error or any query regarding sonographic correlation of clinical findings)

## \*\*\* End Of Report \*\*\*

(\*\*) Test Performed at Chandan Speciality Lab.

Re Mill

Mill Test (TMT)

Dr. Anil Kumar Verma (MBBS,DMRD)

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 \*

\*Facilities Available at Select Location















Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar

Ph: 7706041643,7706041644 CIN: U85110DL2003PLC308206

Patient Name : Mrs.HINA ISRAIL Registered On : 23/Nov/2024 09:07AM Age/Gender : 39 Y 3 M 4 D /F Collected : 23/Nov/2024 12:21PM UHID/MR NO : IDCD.0000132475 Received : 23/Nov/2024 03:17PM Visit ID : 23/Nov/2024 07:44PM : IDCD0431102425 Reported

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. - 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:** |398/24-25

**GROSS:** Two unstained smears received & stained by papanicolau's technique.

MICROSCOPIC: Smears show fair number of superficial & intermediate squamous epithelial cells all showing

unremarkable cytology. No endocervical cells seen. No atypical cells seen.

IMPRESSION: SMEARS ARE NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

## \*\*\* End Of Report \*\*\*

(\*) Test not done under NABL accredited Scope, (\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

ECG / EKG, Tread Mill Test (TMT)

Dr. Surbhi Lahoti (M.D. Pathology)

Dr. Nirupma Lal MD(Pathology)

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\*Facilities Available at Selected Location







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