

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj Ph: 9235432681,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.PRAGYA ABHISHEK TRIPATHI Registered On : 26/Jan/2024 10:43:11 Age/Gender Collected : 31 Y 6 M 22 D /F : 26/Jan/2024 10:53:59 UHID/MR NO : CALI.0000040800 Received : 26/Jan/2024 13:22:55 Visit ID Reported : 26/Jan/2024 16:27:18 : CALI0197672324

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

# DEPARTMENT OF HAEMATOLOGY MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) **, BI	ood			
Blood Group	А			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE	- control of		ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) ** , Whole	e Blood			
Haemoglobin	11.80	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	
TLC (WBC) DLC	7,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils )	62.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	24.00	Mm for 1st hr.		
Corrected	20.00	Mm for 1st hr.	< 20	
PCV (HCT)	36.00	%	40-54	
Platelet count	23.00			
Platelet Count	2.8	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.10	fL	9-17	ELECTRONIC IMPEDANCE
	48.80	%	35-60	ELECTRONIC IMPEDANCE









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Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.36	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.63	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	79.00	fl	80-100	CALCULATED PARAMETER
MCH	25.40	pg	28-35	CALCULATED PARAMETER
MCHC	32.20	%	30-38	CALCULATED PARAMETER
RDW-CV	14.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	41.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,340.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	280.00	/cu mm	40-440	

Bring

Dr. Anupam Singh (MBBS MD Pathology)



Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web.: www.chandan.co.in



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### **DEPARTMENT OF BIOCHEMISTRY**

## MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Uı	nit Bio. Ref. Inte	rval Method	
GLUCOSE FASTING ** , Plasma					
Glucose Fasting	86.00	mg/dl	< 100 Normal 100-125 Pre-diabetes	GOD POD	

≥ 126 Diabetes

# **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 = Impared Glucose Tolerance.

Glucose PP **	115.90	mg/dl	<140 Normal	GOD POD
Sample:Plasma After Meal			140-199 Pre-diabetes >200 Diabetes	
			>200 Diabetes	

# **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 = Impared Glucose Tolerance.

## GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.40	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	36.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	108	mg/dl	

#### **Interpretation:**

# NOTE:-

- 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.
- 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.



Home Sample Collection 1800-419-0002



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### **DEPARTMENT OF BIOCHEMISTRY**

## MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method	
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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 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) ** Sample:Serum	9.30	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample:Serum	0.74	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid ** Sample:Serum	4.53	mg/dl	2.5-6.0	URICASE

LFT (WITH GAMMA GT) \*\*, Serum





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



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# DEPARTMENT OF BIOCHEMISTRY MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	U	Jnit Bio. Ref. Interva	al Method
SGOT / Aspartate Aminotransferase (AST)	24.80	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	11.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	20.90	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.58	gm/dl	6.2-8.0	BIURET
Albumin	4.45	gm/dl	3.4-5.4	B.C.G.
Globulin	2.13	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.09	,	1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	99.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.80	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	Jendrassik & Grof
Bilirubin (Indirect)	0.50	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) **, Serum				
Cholesterol (Total)	190.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	67.10	mg/dl	30-70	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	22.84	mg/dl	10-33	CALCULATED
Triglycerides	114.20	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Bring

Dr. Anupam Singh (MBBS MD Pathology)



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Patient Name : Mrs.PRAGYA ABHISHEK TRIPATHI

: 31 Y 6 M 22 D /F

Collected

: 26/Jan/2024 10:43:12

Age/Gender

Registered On

: 26/Jan/2024 14:49:57 : 26/Jan/2024 15:49:05

UHID/MR NO Visit ID

: CALI.0000040800 : CALI0197672324

Received Reported

: 26/Jan/2024 16:53:51

Ref Doctor

Dr. Mediwheel - Arcofemi Health Care Ltd.

Status

: Final Report

# **DEPARTMENT OF CLINICAL PATHOLOGY**

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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

SUGAR, PP STAGE \*\*, Urine

Sugar, PP Stage

**ABSENT** 

**Interpretation:** 

< 0.5 gms% (+)

(++)0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%

Dr. Anupam Singh (MBBS MD Pathology)

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Patient Name : Mrs.PRAGYA ABHISHEK TRIPATHI Registered On : 26/Jan/2024 10:43:12 Age/Gender : 31 Y 6 M 22 D /F Collected : 26/Jan/2024 10:53:59 UHID/MR NO : CALI.0000040800 Received : 26/Jan/2024 13:19:53 Visit ID : CALI0197672324 Reported : 26/Jan/2024 14:17:10 : Dr.Mediwheel - Arcofemi Health Care Ltd. Ref Doctor Status : Final Report

## DEPARTMENT OF IMMUNOLOGY

## MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	104.51	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.130	μlŪ/mL	0.27 - 5.5	CLIA
Interpretation:		·		
· ·		0.3-4.5 $\mu IU/r$	nL First Trimes	ter
		0.5-4.6 μIU/r	nL Second Trin	nester
		0.8-5.2 μIU/n	nL Third Trime	ster
		0.5-8.9 µIU/r	nL Adults	55-87 Years
		0.7-27 μIU/r	nL Premature	28-36 Week
		2.3-13.2 μIU/n		> 37Week
		0.7-64 μIU/n		- 20 Yrs.)
			/mL Child	0-4 Days
		1.7-9.1 μIU/r		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.

Being

Dr. Anupam Singh (MBBS MD Pathology)









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# **DEPARTMENT OF X-RAY**

## MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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 MALE & FEMALE BELOW 40 YRS

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

#### **LIVER**

- Liver is normal in size (~ approx 129 mm) and has a normal homogenous echo texture.
- No obvious focal lesion is seen. The intra-hepatic biliary radicles are normal.
- Portal vein is normal in caliber.

## **GALL BLADDER & CBD**

- Multiple faint echogenic foci giving weak acoustic shadow seen within gall bladder lumen, largest ~ approx 8.3 mm......likely soft calculi. ADV:- Follow up USG. Few adenomyomatous changes seen along wall of gall bladder. No wall thickening or pericholecystic fluid noted.
- Visualised proximal common bile duct is normal (~ approx 3.5mm) in caliber, lumen echo lucent smooth tapering.

#### **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.

#### **URINARY BLADDER**

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

#### **UTERUS & CERVIX**

- The uterus is anteverted and measures ~ 77 x 40 x 36 mm, volume ~ 59.7 cc.
- It has a homogenous myometrial echotexture.
- The endometrial echo is in mid line and measures ~ 5.7 mm.
- Cervix appear normal in size & measures ~ 5.7 mm.

#### **ADNEXA & OVARIES**

- Adnexa appear normal.
- Both ovaries are normal in size and echotexture.
- Right ovary measures ~ 27 x 14 mm.
- Left ovary measures ~ 24 x 15 mm.



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# DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

## **IMPRESSION**

• CHOLELITHIASIS. (ADV:- Follow up USG).

Report prepared by- anoop

Dr. Anil Kumar Verma

MBBS, DMRD

(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.

Result/s to Follow:

URINE EXAMINATION, ROUTINE, STOOL, ROUTINE EXAMINATION, ECG / EKG



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: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*

\*Facilities Available at Select Location





