CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj
Ph: 9235447965,0532-2548257
CIN : U85110DL2003PLC308206

Since 1991

30 YEARS SINCE 1991

Patient Name	: Mrs.SWETA GAUR ALIAS SWETA DEVI - 7	Registered On	: 14/Jul/2023 10:00:00
Age/Gender	: 34 Y 4 M 20 D /F	Collected	: 14/Jul/2023 10:17:05
UHID/MR NO	: ALDP.0000121931	Received	: 14/Jul/2023 10:27:54
Visit ID	: ALDP0107612324	Reported	: 14/Jul/2023 12:09:36
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) * , *Blood*				
Blood Group	B			
Rh (Anti-D)	POSITIVE			
Complete Blood Count (CBC) * , *Whole Blood*				
Haemoglobin	11.30	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	
TLC (WBC)	5,600.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	**73.00**	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	**23.00**	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	16.00	Mm for 1st hr.		
Corrected	-	Mm for 1st hr.	< 20	
PCV (HCT)	**30.00**	%	40-54	
Platelet count				
Platelet Count	1.64	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	47.50	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	**13.10**	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	3.73	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				

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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
MCV	82.00	fl	80-100	CALCULATED PARAMETER
MCH	30.20	pg	28-35	CALCULATED PARAMETER
MCHC	36.80	%	30-38	CALCULATED PARAMETER
RDW-CV	13.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	50.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,088.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	56.00	/cu mm	40-440	

Dr.Akanksha Singh (MD Pathology)

ISO 9001:2018

SIN No:64075915

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

Home Sample Collection
1800-419-0002

Mar. 2018

CHANDAN DIAGNOSTIC CENTRE

Patient Name	: Mrs.SWETA GAUR ALIAS SWETA DEVI - 7	Registered On	: 14/Jul/2023 10:00:01
Age/Gender	: 34 Y 4 M 20 D /F	Collected	: 14/Jul/2023 10:17:04
UHID/MR NO	: ALDP.0000121931	Received	: 14/Jul/2023 10:27:54
Visit ID	: ALDP0107612324	Reported	: 14/Jul/2023 12:31:10
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd. -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

GLUCOSE FASTING * , *Plasma*

Glucose Fasting	83.00	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 = Impared Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) * , *EDTA BLOOD*

Glycosylated Haemoglobin (HbA1c)	5.50	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	36.80	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	112	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.

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

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

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

**Some danger of hypoglycemic reaction in Type 1 diabetics. 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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * *Sample:Serum*	7.40	mg/dL	7.0-23.0	CALCULATED
Creatinine * *Sample:Serum*	0.80	mg/dl	Serum 0.5-1.2 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid * *Sample:Serum*	2.50	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , *Serum*				
SGOT / Aspartate Aminotransferase (AST)	16.60	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	10.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	13.80	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.40	gm/dl	6.2-8.0	BIURET
Albumin	4.10	gm/dl	3.4-5.4	B.C.G.
Globulin	2.30	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.78		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	56.50	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.50	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , *Serum*				
Cholesterol (Total)	184.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	53.30	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	105	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	25.44	mg/dl	10-33	CALCULATED
Triglycerides	127.20	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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Patient Name	: Mrs.SWETA GAUR ALIAS SWETA DEVI - 7	Registered On	: 14/Jul/2023 10:00:01
Age/Gender	: 34 Y 4 M 20 D /F	Collected	: 14/Jul/2023 11:31:12
UHID/MR NO	: ALDP.0000121931	Received	: 14/Jul/2023 12:10:07
Visit ID	: ALDP0107612324	Reported	: 14/Jul/2023 13:45:43
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

STOOL, ROUTINE EXAMINATION * , *Stool*

Color	BROWNISH
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

AS

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UHID/MR NO	: ALDP.0000121931	Received	: 14/Jul/2023 10:27:54
Visit ID	: ALDP0107612324	Reported	: 14/Jul/2023 13:43:57
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd. -	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*

Test Name	Result	Unit	Bio. Ref. Interval	Method
T3, Total (tri-iodothyronine)	119.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.80	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.

*** End Of Report ***

UP...TION, ROUTINE, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, X-RAY DIGITAL CHEST PA
AR... R & LOWER)

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