



CHANDAN DIAGNOSTIC CENTRE

Add: Godavari Complex, Near K.V.M Public School Heera Nagar, Haldwani
Ph: 7705023379,-
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.REKHA RAWAT	Registered On	: 26/Mar/2023 09:00:45
Age/Gender	: 33 Y 7 M 24 D /F	Collected	: 26/Mar/2023 10:04:35
UHID/MR NO	: CHL2.0000129729	Received	: 26/Mar/2023 11:18:05
Visit ID	: CHL20356772223	Reported	: 26/Mar/2023 14:36:41
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) **, Blood

Blood Group	AB
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) **, Whole Blood

Haemoglobin	13.60	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)	6,200.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	61.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	33.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	20.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr.	< 20	
PCV (HCT)	43.00	%	40-54	
Platelet count				
Platelet Count	1.6	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)	52.70	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	1.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.59	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE





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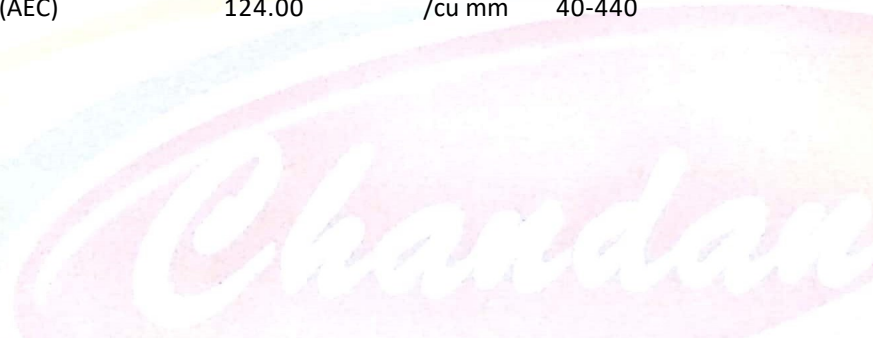


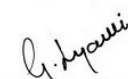
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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	93.20	fl	80-100	CALCULATED PARAMETER
MCH	29.80	pg	28-35	CALCULATED PARAMETER
MCHC	31.90	%	30-38	CALCULATED PARAMETER
RDW-CV	13.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,782.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	124.00	/cu mm	40-440	




Dr GITIKA HYANKI KUTIYAL M.D
(PATHOLOGY)





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Visit ID	: CHL20356772223	Reported	: 26/Mar/2023 13:01:55
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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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GLUCOSE FASTING **, Plasma

Glucose Fasting	83.80	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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.50	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	37.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	111	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 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





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*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.
**Some danger of hypoglycemic reaction in Type I diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH 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	11.58	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample:Serum	0.92	mg/dl	Serum 0.5-1.5 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid ** Sample:Serum	5.09	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) ** , Serum				
SGOT / Aspartate Aminotransferase (AST)	20.36	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	23.80	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	14.95	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.15	gm/dl	6.2-8.0	BIRUET
Albumin	3.82	gm/dl	3.8-5.4	B.C.G.
Globulin	2.33	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.64		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	61.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.51	mg/dl	0.3-1.2	JENDRASSIK & GROF





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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.31	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) ** , Serum				
Cholesterol (Total)	195.77	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	46.70	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	117	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	32.12	mg/dl	10-33	CALCULATED
Triglycerides	160.60	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP


Dr Vinod Ojha
MD Pathologist





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Patient Name	: Mrs.REKHA RAWAT	Registered On	: 26/Mar/2023 09:00:46
Age/Gender	: 33 Y 7 M 24 D /F	Collected	: 26/Mar/2023 13:06:06
UHID/MR NO	: CHL2.0000129729	Received	: 26/Mar/2023 14:20:09
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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE **, *Urine*

Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
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	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	2-8/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	30-40/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	BACTERIA PRESENT(++)			

SUGAR, FASTING STAGE **, *Urine*

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

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





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Test Name	Result	Unit	Bio. Ref. Interval	Method
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G. Hyanki
Dr GITIKA HYANKI KUTIYAL M.D
(PATHOLOGY)





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Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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THYROID PROFILE - TOTAL **, Serum

T3, Total (tri-iodothyronine)	124.15	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.80	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.

Dr. Anupam Singh (MBBS MD Pathology)





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Age/Gender	: 33 Y 7 M 24 D /F	Collected	: N/A
UHID/MR NO	: CHL2.0000129729	Received	: N/A
Visit ID	: CHL20356772223	Reported	: 26/Mar/2023 15:09:56
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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:-

- Bilateral lung fields appear grossly unremarkable.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Bilateral hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

IMPRESSION:-

No significant abnormality is seen.

Adv:-Clinico-pathological correlation.

Dr Sushil Pandey(MD Radiodignosis)





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver is normal in size and has a normal homogenous echo texture. No focal lesion is seen. (Note: - Small isoechoic focal lesion cannot be ruled out).

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is not dilated.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

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

KIDNEYS

- **Right kidney:-**
 - Right kidney is normal in size, measuring ~10.3x3.2 cms.
 - Cortical echogenicity is normal.
 - Pelvicalyceal system is not dilated.
 - Cortico-medullary demarcation is maintained.
 - Parenchymal thickness appear normal.
- **Left kidney:-**
 - Left kidney is normal in size, measuring ~9.4x4.0 cms.
 - Cortical echogenicity is normal.
 - Pelvicalyceal system is not dilated.
 - Cortico-medullary demarcation is maintained.





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- Parenchymal thickness appear normal.

SPLEEN

- The spleen is normal in size (~9.05 cms) and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or large mass.
- No free fluid is noted in peritoneal cavity.

URETERS

- The upper parts of both the ureters are normal.
- Bilateral vesicoureteric junctions are normal.

URINARY BLADDER

- The urinary bladder is minimally distended. Patient is not willing to wait for full bladder status.

FINAL IMPRESSION:-

- ***No significant abnormality noted.***

Adv : Clinico-pathological-correlation /further evaluation & Follow up


*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG




DR AZIM ILYAS
(MD.RADIOLOGIST)

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 Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *
365 Days Open *Facilities Available at Select Location

Page 11 of 11



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

Home Sample Collection
1800-419-0002

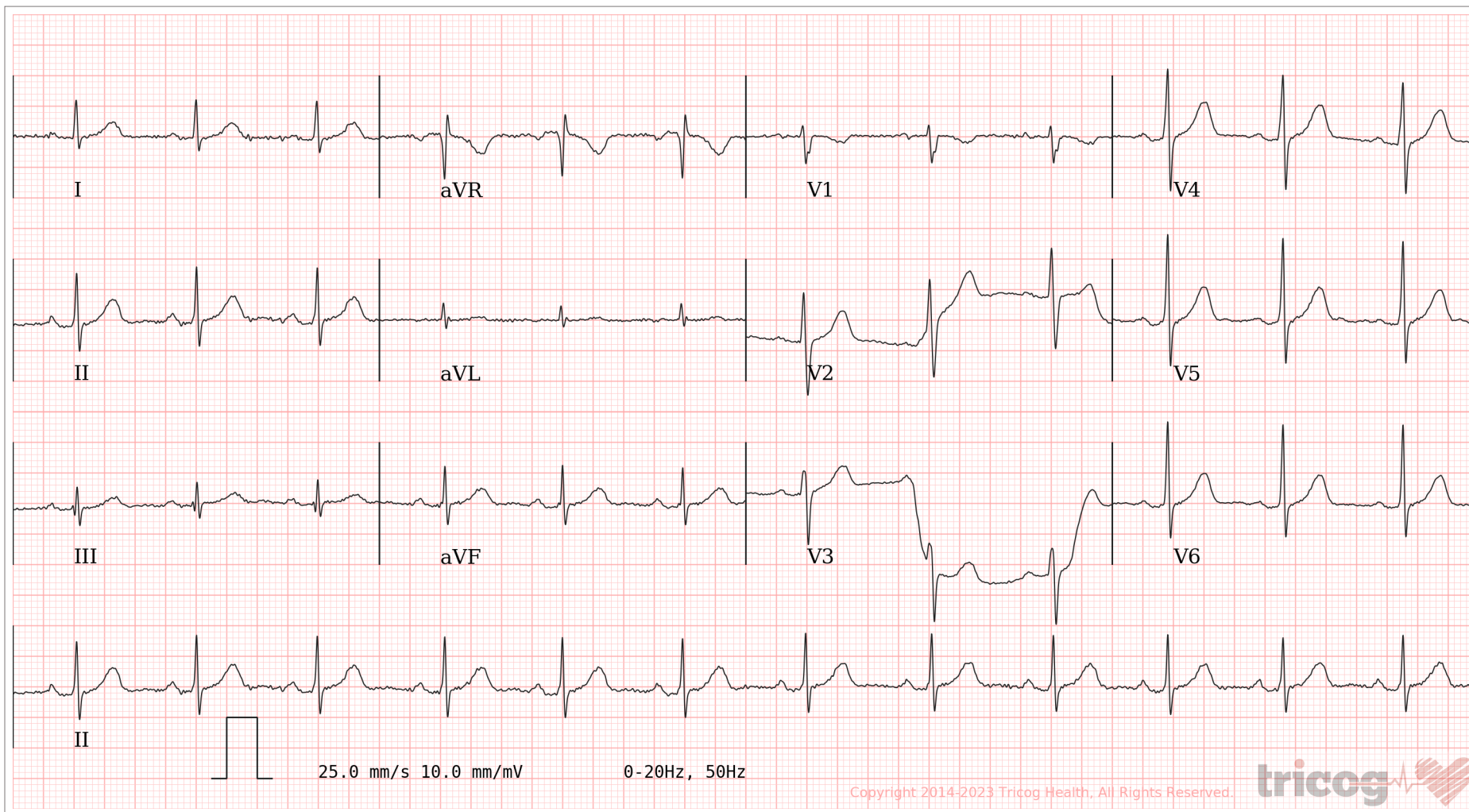
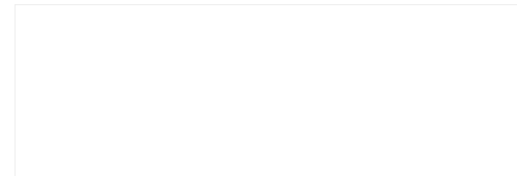
Mar. 2018

Chandan Diagnostic



Age / Gender: 33/Female
Patient ID: CHL20356772223
Patient Name: Mrs.REKHA RAWAT

Date and Time: 26th Mar 23 9:59 AM



AR: 76bpm VR: 76bpm QRSD: 80ms QT: 372ms QTcB: 418ms PRI: 168ms P-R-T: 72° 55° 56°

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

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr. Soumya Rao

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.

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