

Add: Kamla Nehru Road, Old Katra, Prayagraj Ph: 9235447965,0532-2548257

CIN: U85110DL2003PLC308206



Patient Name : Mrs.RUBY SINGH -100952 Registered On : 15/May/2022 11:27:54

 Age/Gender
 : 29 Y 0 M 0 D /F
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000095472
 Received
 : N/A

Visit ID : ALDP0036442223 Reported : 15/May/2022 14:20:27

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

DEPARTMENT OF CARDIOLOGY-ECG

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ECG / EKG *

1. Machnism, Rhythm Sinus, Regular

2. Atrial Rate 87 /mt

3. Ventricular Rate 87 /mt

4. P - Wave Normal

5. P R Interval Normal

6. Q R S

Axis: Normal R/S Ratio: Normal Configuration: Normal

7. Q T c Interval Normal

8. S - T Segment Normal

9. T – Wave Normal

FINAL IMPRESSION

Sinus Rhythm, Normal Axis, Nonspecific T wave Abnormality. T wave inversions in anterior chest leads is a normal variant in females, however, please rule out ischemia. Please correlate clinically.













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Patient Name : Mrs.RUBY SINGH -100952 Registered On : 15/May/2022 11:27:53 Age/Gender Collected : 15/May/2022 12:07:27 : 29 Y O M O D /F UHID/MR NO : 15/May/2022 12:28:50 : ALDP.0000095472 Received Visit ID Reported : 15/May/2022 13:38:46 : ALDP0036442223

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 AB
Rh (Anti-D) POSITIVE

Complete Blood Count (CBC) *, Whole Blood

Haemoglobin

11.20

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

			1 citiale 12.0 10.0 g/	ui
TLC (WBC)	7,300.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	70.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	26.00	%	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	22.00	Mm for 1st hr.		
Corrected	, -	Mm for 1st hr.	< 20	
PCV (HCT)	32.00	cc %	40-54	
Platelet count				
Platelet Count	1.55	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	68.40	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.24	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	16.40	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.46	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE







Since 1991

INDRA DIAGNOSTIC CENTRE

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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	72.50	fl	80-100	CALCULATED PARAMETER
MCH	25.10	pg	28-35	CALCULATED PARAMETER
MCHC	34.60	%	30-38	CALCULATED PARAMETER
RDW-CV	16.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	54.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,110.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	73.00	/cu mm	40-440	









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Registered On

: 15/May/2022 11:27:53 : 15/May/2022 15:04:43

UHID/MR NO : ALDP.0000095472 Visit ID : ALDP0036442223

Reported

: 15/May/2022 15:09:59 : 15/May/2022 15:29:21

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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	95.50	mg/dl	< 100 Normal 100-125 Pre-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.

Glucose PP *
Sample:Plasma After Meal

123.70

mg/dl

<140 Normal

≥ 126 Diabetes

GOD POD

140-199 Pre-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.









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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit Bio. Re	ef. Interval Method	
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP	HPLC (NGSP)	

mg/dl

Interpretation:

NOTE:-

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.

99

• 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.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.





^{**}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

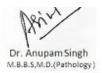
MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

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.













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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample:Serum	9.53	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.70	mg/dl	0.5-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) * Sample:Serum	117.00	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid *	2.79	mg/dl	2.5-6.0	URICASE
Sample:Serum				
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	29.70	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	33.40	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	19.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.30	gm/dl	6.2-8.0	BIRUET
Albumin	4.50	gm/dl	3.8-5.4	B.C.G.
Globulin	1.80	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.50		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	127.40	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.00	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.40	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.60	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	175.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	52.30	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	82	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
			Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	1
VLDL	40.48	mg/dl	10-33	CALCULATED
Triglycerides	202.40	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP







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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

> 200-499 High >500 Very High













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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
URINE EXAMINATION, ROUTINE *	, Urine			
Color	PALE YELLOW			
Specific Gravity	1.025			DIDOTION
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	, mg %	< 10 Absent	DIPSTICK
			10-40 (+) 40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
	THE PART AND	DE LOS PA	> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	3-4/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells ·	1-2/h.p.f			MICROSCOPIC
222				EXAMINATION
RBCs	1-2/h.p.f			MICROSCOPIC
Coat	ABSENT			EXAMINATION
Cast	ABSENT			MICROSCOPIC
Crystals	ADSEIVI			EXAMINATION
Others	ABSENT			LAMININATION
Othors	ADJENT			

Urine Microscopy is done on centrifuged urine sediment.

STOOL, ROUTINE EXAMINATION *, Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Neutral (7.0)
Mucus	ABSENT
Blood	ARSENT







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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
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			
Urine Microscopy is done on centrifuged urine sed	iment.			

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%









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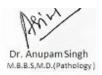
DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	l Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	132.62	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.45	μlŪ/mL	0.27 - 5.5	CLIA
		y.		
Interpretation:				
		0.3-4.5 µIU/	mL First Trime	ster
		0.5-4.6 µIU/	mL Second Tri	mester
		0.8-5.2 µIU/1	mL Third Trime	ester
		0.5-8.9 µIU/1	mL Adults	55-87 Years
		0.7-27 μIU/2	mL Premature	28-36 Week
		2.3-13.2 μIU/1	mL Cord Blood	> 37Week
		0.7-64 μIU/1	mL Child(21 wl	k - 20 Yrs.)
		1-39 μΙ	J/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 MALE & FEMALE BELOW 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.



Widhirant (MBBS,DMRD,DNB)









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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER: - Normal in size, shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

GALL BLADDER: Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

CBD:- Normal in calibre at porta.

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

PANCREAS: - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

SPLEEN: - Normal in size (9.6 cm), shape and echogenicity.

RIGHT KIDNEY: - Normal in size, shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size, shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

URINARY BLADDER: Normal in shape, outline and distension. No e/o wall thickening / calculus.

UTERUS: Anteverted, and is normal in size. No focal myometrial lesion seen. Endometrium is normal in thickness.

OVARIES: Bilateral ovaries are normal in size, shape and echogenicity.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

IMPRESSION: No significant abnormality seen.

elate clinically.

*** End Of Report ***

Or Nidhikant (MBBS,DMRD,DNB)

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



