

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

CIN: U85110DL2003PLC308206



 Patient Name
 : Mrs.POOJA AGRI 22M102037100043694S Registered On
 : 25/Feb/2023 09:14:00

 Age/Gender
 : 32 Y 4 M 2 D /F
 Collected
 : 25/Feb/2023 10:00:32

 UHID/MR NO
 : CHL2.0000127205
 Received
 : 25/Feb/2023 11:36:37

Visit ID : CHL20324522223 Reported : 25/Feb/2023 14:25:55

Ref Doctor : Dr.MEDIWHEEL ARCOFEMI HEALTH CARE 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 B

Rh (Anti-D) POSITIVE

Complete Blood Count (CBC) ** , Whole Blood

Haemoglobin	12.00	g/dl	1 Day- 14.5-22.5 g/d 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/d 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/d 6-12 Yr- 11.5-15.5 g/d 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/d	l d
TLC (WBC)	5,900.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	64.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	32.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE

DLC				
Polymorphs (Neutrophils)	64.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	32.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	28.00	Mm for 1st hr.		
Corrected	20.00	Mm for 1st hr.	< 20	
PCV (HCT)	38.00	%	40-54	
Platelet count				
Platelet Count	1.72	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)	46.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.23	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.75	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE







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LTD HLD

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Dio ad Indiana (MCV MCU MCUC)				
Blood Indices (MCV, MCH, MCHC)				
MCV	77.90	fl	80-100	CALCULATED PARAMETER
MCH	25.20	pg	28-35	CALCULATED PARAMETER
MCHC	32.30	%	30-38	CALCULATED PARAMETER
RDW-CV	12.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	37.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,776.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	177.00	/cu mm	40-440	









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LTD HLD

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	U	nit Bio. Ref. Interv	al Method
GLUCOSE FASTING ** , Plasma				
Glucose Fasting	93.50	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 **	126.00	mg/dl	<140 Normal	GOD POD
Sample:Plasma After Meal			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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.60	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	38.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	114	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.







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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

lest Name Result Unit Bio. Ref. Interval Method	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)	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.

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	11.91	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample:Serum	0.78	mg/dl	Serum 0.5-1.5 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid ** Sample:Serum	3.96	mg/dl	2.5-6.0	URICASE





^{**}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	ı	Jnit Bio. Re	ef. Interval	Method
LFT (WITH GAMMA GT) ** , Serum					
SGOT / Aspartate Aminotransferase (AST)	42.88	U/L	< 35	IFCC '	WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	34.99	U/L	< 40	IFCC '	WITHOUT P5P
Gamma GT (GGT)	25.33	IU/L	11-50	OPTII	MIZED SZAZING
Protein	6.76	gm/dl	6.2-8.0	BIRUI	ET
Albumin	3.81	gm/dl	3.8-5.4	B.C.G	·
Globulin	2.95	gm/dl	1.8-3.6	CALC	ULATED
A:G Ratio	1.29		1.1-2.0	CALC	ULATED
Alkaline Phosphatase (Total)	73.00	U/L	42.0-165.0	IFCC	METHOD
Bilirubin (Total)	0.59	mg/dl	0.3-1.2	JEND	RASSIK & GROF
Bilirubin (Direct)	0.25	mg/dl	< 0.30	JEND	RASSIK & GROF
Bilirubin (Indirect)	0.34	mg/dl	< 0.8	JEND	RASSIK & GROF
LIPID PROFILE (MINI) **, Serum					
Cholesterol (Total)	249.13	mg/dl	<200 Desirable 200-239 Borde > 240 High		D-PAP
HDL Cholesterol (Good Cholesterol)	34.20	mg/dl	30-70	. DIREC	CT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	172	mg/dl	< 100 Optimal 100-129 Nr.		ULATED
			Optimal/Abov 130-159 Borde 160-189 High > 190 Very Hig	erline High	
VLDL	42.48	mg/dl	10-33	CALC	ULATED
Triglycerides	212.40	mg/dl	< 150 Normal 150-199 Borde 200-499 High >500 Very Higl	9	РАР









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UHID/MR NO : CHL2.0000127205 Received : 25/Feb/2023 15:24:31
Visit ID : CHL20324522223 Reported : 25/Feb/2023 18:22:08

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

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	1.010			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
Comment	ADCENIT		> 500 (++++)	DIDCTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:			The state of the s	
Epithelial cells	0-5/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells ·	0-3/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE ** , Urine				
Sugar, Fasting stage	ABSENT	gms%		

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2







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Status

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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

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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LTD HLD

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	l Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	85.80	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.70	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	10.90	μIŪ/mL	0.27 - 5.5	CLIA
Interpretation:				
. •		0.3-4.5 μIU/r	nL First Trimes	eter
		0.5-4.6 μIU/r	nL Second Trin	nester
		0.8-5.2 μIU/r	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/r	nL Cord Blood	> 37Week
		0.7-64 μIU/r		(- 20 Yrs.)
			/mL Child	0-4 Days
		1.7-9.1 μIU/1		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 *

(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.

IMPRESSION:-

No significant abnormality is seen.

Adv:-Clinico-pathological correlation.









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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 (~13.5 cms in longitudinal span) 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.
- 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.
- Cortical echogenicity is normal.
- Pelvicalyceal system is not dilated.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appear normal.

SPLEEN

• The spleen is normal in size (~8.0 cms) and has a normal homogenous echo-texture.



Home Sample Collection 1800-419-0002



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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 normal. Bladder wall is normal in thickness and is regular.

UTERUS & CERVIX

- The uterus is anteverted and normal in size & shape and homogenous myometrial echotexture.
- The endometrial echo is seen in mid line (~8 mm).
- Cervix is normal.

ADNEXA & OVARIES

- Adnexa are normal.
- Both ovaries are normal in size and texture.

FINAL IMPRESSION:-

No significant abnormality noted.

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

*** End Of Report ***

(**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, HALDWANI-2

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG





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





