Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mrs.MAMTA GIRI -172142 Registered On : 12/Nov/2022 09:21:08 Age/Gender : 40 Y 0 M 20 D /F Collected : 12/Nov/2022 09:51:30 UHID/MR NO : ALDP.0000108175 Received : 12/Nov/2022 10:36:13 Visit ID : ALDP0242372223 Reported : 12/Nov/2022 13:29:55 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , E	Blood			
Blood Group	0			
Rh (Anti-D)	POSITIVE			
Complete Blood Count (CBC) * , Who	ole Blood			
Haemoglobin	13.10	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)	8,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	69.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	26.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	8.00	Mm for 1st hr.		
Corrected	-	Mm for 1st hr.	< 20	
PCV (HCT)	39.00	%	40-54	
Platelet count	27.00	, ,		
Platelet Count	1.35	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)	-	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.21	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	16.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count	10.10	IL	0.0 12.0	LLLOTROINIO IIVII LDAINOL
RBC Count	4.38	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE

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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	90.20	fl	80-100	CALCULATED PARAMETER
MCH	30.00	pg	28-35	CALCULATED PARAMETER
MCHC	33.30	%	30-38	CALCULATED PARAMETER
RDW-CV	13.20	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	44.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	6,072.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	88.00	/cu mm	40-440	



Dr. Akanksha Singh (MD Pathology)

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Patient Name : Mrs.MAMTA GIRI -172142 Registered On : 12/Nov/2022 09:21:08 Collected Age/Gender : 40 Y 0 M 20 D /F : 12/Nov/2022 14:06:00 UHID/MR NO : ALDP.0000108175 Received : 12/Nov/2022 14:27:28 Visit ID Reported : ALDP0242372223 : 12/Nov/2022 15:01:33 Ref Doctor : Final Report : Dr.Mediwheel - Arcofemi Health Care Ltd. Status

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
GLUCOSE FASTING * , Plasma					
Glucose Fasting	83.40	mg/dl	< 100 Normal 100-125 Pre-diabete: ≥ 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.

Glucose PP *	127.70	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.



Dr. Akanksha Singh (MD Pathology)

Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mrs.MAMTA GIRI -172142 : 12/Nov/2022 09:21:09 Registered On Age/Gender : 40 Y 0 M 20 D /F Collected : 12/Nov/2022 09:51:30 UHID/MR NO : ALDP.0000108175 Received : 13/Nov/2022 12:04:13 Visit ID : ALDP0242372223 Reported : 13/Nov/2022 13:02:29 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

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 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.

Clinical Implications:

^{**}Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

^{*}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

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

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

- 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.





Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) *	8.22	mg/dL	7.0-23.0	CALCULATED
Sample:Serum	0.22	Hig/uL	7.0-23.0	CALCULATED
Creatinine *	0.90	mg/dl	0.5-1.2	MODIFIED JAFFES
Sample:Serum		g ,		
Uric Acid *	3.52	mg/dl	2.5-6.0	URICASE
Sample:Serum				
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	19.60	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	29.60	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	11.70	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.60	gm/dl	6.2-8.0	BIRUET
Albumin	4.40	gm/dl	3.8-5.4	B.C.G.
Globulin	3.20	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.38	ŭ	1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	118.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.50	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.20	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) *, Serum				
Cholesterol (Total)	124.00	mg/dl	<200 Desirable	CHOD-PAP
,		J	200-239 Borderline	High
			> 240 High	
HDL Cholesterol (Good Cholesterol)	30.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	82	mg/dl	< 100 Optimal	CALCULATED
			100-129 Nr.	
			Optimal/Above Opti	
			130-159 Borderline	High
			160-189 High	
	12.04	ma/dl	> 190 Very High	
	12.04	mg/dl	10-33	N . 0
	60.20	mg/dl	< 150 Normal 150-199 Borderline	Lau bong
74-05-74-05-04 -562-75-75-75-55-			200-499 High	Traver
2007 (100 000) (100 000 000)				Or. Akanksha Singh (MD Pathology)
三 10mm (4.40m/1915)			,	

Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mrs.MAMTA GIRI -172142 Registered On : 12/Nov/2022 09:21:09 Age/Gender : 40 Y 0 M 20 D /F Collected : 12/Nov/2022 14:06:00 UHID/MR NO : ALDP.0000108175 Received : 12/Nov/2022 14:27:28 Visit ID : ALDP0242372223 Reported : 12/Nov/2022 15:10:03 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE * ,	Urino			
Color Specific Crevity	LIGHT YELLOW			
Specific Gravity Reaction PH	1.015			DIDCTICK
	Acidic (5.0)	· ·- 0/	10 Abount	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	1-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-3/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
Others	ABSENT			EXAMINATION
Urine Microscopy is done on centrifuged	l urine sediment.			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		

Interpretation:

(+) < 0.5 (++) 0.5-1.0

(+++) 1-2

Add: Kamla Nehru Road, Old Katra, Prayagraj

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Patient Name : 12/Nov/2022 09:21:09 : Mrs.MAMTA GIRI -172142 Registered On Age/Gender : 40 Y 0 M 20 D /F Collected : 12/Nov/2022 14:06:00 UHID/MR NO : ALDP.0000108175 Received : 12/Nov/2022 14:27:28 Visit ID : ALDP0242372223 Reported : 12/Nov/2022 15:10:03

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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

(++++) > 2

SUGAR, PP STAGE * , Urine

Sugar, PP Stage ABSENT

Interpretation:

 $(+) \qquad <0.5~gms\%$

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%



Dr. Akanksha Singh (MD Pathology)

Add: Kamla Nehru Road, Old Katra, Prayagraj

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Patient Name : Mrs.MAMTA GIRI -172142 Registered On : 12/Nov/2022 09:21:09 Age/Gender Collected : 40 Y 0 M 20 D /F : 12/Nov/2022 09:51:30 UHID/MR NO : ALDP.0000108175 Received : 13/Nov/2022 11:41:36 Visit ID : ALDP0242372223 Reported : 13/Nov/2022 12:58:54 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

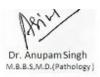
DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL ** , Serum				
T3, Total (tri-iodothyronine)	124.15	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.60	•	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.88	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
•		0.3-4.5 μIU/ml	L First Trimest	er
		$0.5\text{-}4.6 \mu IU/ml$	L Second Trim	ester
		0.8-5.2 μ IU/ml		ter
		0.5-8.9 μ IU/ml		55-87 Years
		0.7-27 $\mu IU/ml$		28-36 Week
		2.3-13.2 μIU/mI		
		0.7-64 μIU/mI	,	,
		1-39 μIU/r		0-4 Days
		1.7-9.1 μIU/ml	L 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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CIN: U85110DL2003PLC308206

Patient Name : Mrs.MAMTA GIRI -172142 Registered On : 12/Nov/2022 09:21:09

 Age/Gender
 : 40 Y 0 M 20 D /F
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000108175
 Received
 : N/A

Visit ID : ALDP0242372223 Reported : 12/Nov/2022 12:51:44

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

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 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.



Dr Nidhikant (MBBS, DMRD, DNB)

Widhirant.

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

CIN: U85110DL2003PLC308206

Patient Name : Mrs.MAMTA GIRI -172142 Registered On : 12/Nov/2022 09:21:10

 Age/Gender
 : 40 Y 0 M 20 D /F
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000108175
 Received
 : N/A

Visit ID : ALDP0242372223 Reported : 12/Nov/2022 10:46:54

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

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 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, 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: Not visualized (Post hysterectomy status).

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.

Please correlate clinically.



Dr Nidhikant (MBBS, DMRD, DNB)

Widhirant.

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Patient Name : Mrs.MAMTA GIRI -172142 Registered On : 12/Nov/2022 09:21:10

 Age/Gender
 : 40 Y 0 M 20 D /F
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000108175
 Received
 : N/A

Visit ID : ALDP0242372223 Reported : 13/Nov/2022 10:55:43

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

DEPARTMENT OF TMT

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Tread Mill Test (TMT) *

NORMAL

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, PAP SMEAR FOR CYTOLOGICAL EXAMINATION



Dr. R K VERMA MBBS, PGDGM

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