

# INDRA DIAGNOSTIC CENTRE

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar

Ph: 7706041643,7706041644

CIN : U85196UP1992PLC014075



Patient Name	: Mrs.PRIYANKA VERMA	Registered On	: 07/Nov/2021 09:37:43
Age/Gender	: 34 Y 0 M 28 D /F	Collected	: 07/Nov/2021 09:45:01
UHID/MR NO	: IDCD.0000125548	Received	: 07/Nov/2021 10:34:52
Visit ID	: IDCD0326712122	Reported	: 07/Nov/2021 15:47:26
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
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	O
Rh ( Anti-D)	POSITIVE

#### COMPLETE BLOOD COUNT (CBC) \* , Blood

Haemoglobin	13.50	g/dl	Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl
TLC (WBC)	9,100.00	/Cu mm	4000-10000 ELECTRONIC IMPEDANCE
<b>DLC</b>			
Polymorphs (Neutrophils )	66.00	%	55-70 ELECTRONIC IMPEDANCE
Lymphocytes	26.00	%	25-40 ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5 ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6 ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1 ELECTRONIC IMPEDANCE
<b>ESR</b>			
Observed	12.00	Mm for 1st hr.	
Corrected	8.00	Mm for 1st hr.	< 20
PCV (HCT)	40.00	cc %	40-54
<b>Platelet count</b>			
Platelet Count	3.00	LACS/cu mm	1.5-4.0 ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.20	fL	9-17 ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	42.20	%	35-60 ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.26	%	0.108-0.282 ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	<b>12.30</b>	fL	6.5-12.0 ELECTRONIC IMPEDANCE
<b>RBC Count</b>			
RBC Count	4.40	Mill./cu mm	3.7-5.0 ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>			
MCV	94.40	fl	80-100 CALCULATED PARAMETER
MCH	30.60	pg	28-35 CALCULATED PARAMETER
MCHC	32.40	%	30-38 CALCULATED PARAMETER
	13.60	%	11-16
	45.90	fL	35-60
Neutrophils Count	6,006.00	/cu mm	3000-7000
Eosinophils Count (AEC)	364.00	/cu mm	40-440



Dr. Shoaib Irfan (MBBS, MD, PDCC)

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UHID/MR NO	: IDCD.0000125548	Received	: 07/Nov/2021 16:42:29
Visit ID	: IDCD0326712122	Reported	: 07/Nov/2021 17:03:54
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
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#### GLUCOSE FASTING , Plasma

Glucose Fasting	114.30	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.

#### Glucose PP

Sample: Plasma After Meal

122.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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.



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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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#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.70	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	39.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	117	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

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

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

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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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#### 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.



Dr. Anupam Singh  
M.B.B.S,M.D.(Pathology)

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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN (Blood Urea Nitrogen) *</b> <i>Sample:Serum</i>	10.70	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> <i>Sample:Serum</i>	1.00	mg/dl	0.5-1.2	MODIFIED JAFFES
<b>e-GFR (Estimated Glomerular Filtration Rate)</b> <i>Sample:Serum</i>	63.50	ml/min/1.73m <sup>2</sup>	90-120 Normal - 60-89 Near Normal	CALCULATED
<b>Uric Acid</b> <i>Sample:Serum</i>	5.07	mg/dl	2.5-6.0	URICASE
<b>L.F.T.(WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	32.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	28.20	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	32.80	IU/L	11-50	OPTIMIZED SZAIZING
Protein	7.39	gm/dl	6.2-8.0	BIRUET
Albumin	4.67	gm/dl	3.8-5.4	B.C.G.
Globulin	2.72	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.72		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	120.20	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	<b>1.36</b>	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	<b>0.72</b>	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.64	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) * , Serum</b>				
Cholesterol (Total)	178.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	54.90	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	97	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	26.32	mg/dl	10-33	CALCULATED
Triglycerides	131.60	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP

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

Color	LIGHT YELLOW			
Specific Gravity	1.010			
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			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### STOOL, ROUTINE EXAMINATION \* , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic ( 6.0 )
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT

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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
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			

#### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
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#### 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. Interval	Method
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#### THYROID PROFILE - TOTAL \*\* , Serum

T3, Total (tri-iodothyronine)	99.15	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.00	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	<b>11.37</b>	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.

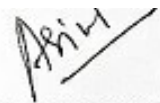
5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

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  
M.B.B.S, M.D. (Pathology)

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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

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

**IMPRESSION : N O R M A L S K I A G R A M**



  
Dr. Anoop Agarwal  
MBBS,MD(Radiology)

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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

##### LIVER

- The liver is normal in size and has a normal homogenous echotexture. No focal lesion is seen.

##### PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

##### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct are normal at the porta.
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

##### PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture.

##### RIGHT KIDNEY

- Right kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of right ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

##### LEFT KIDNEY

- Left kidney is normal in size and shape and cortical echotexture.
- **Small bright echo calculus seen involving lower calyx, measures 3.1 mm approx.**
- The collecting system is not dilated.
- The upper part of left ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### SPLEEN

- The spleen is normal in size and has a homogenous echotexture. No focal lesion is seen.

#### ILIAC FOSSA

- Scan over the iliac fossa does not reveal any fluid collection or mass.

#### URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and regular.

#### UTERUS

- The uterus is anteverted and anteflexed position.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline.
- Cervix is normal.

#### ADNEXA & OVARIES

- Adnexa on both sides are normal.
- Both the ovaries are normal in size, shape & has a normal echotexture.

#### CUL-DE-SAC

- Pouch of Douglas is clear.

#### IMPRESSION

- **SMALL LEFT RENAL CALCULUS.**

Typed by- anoop

\*\*\* End Of Report \*\*\*

(\*) Test not done under NABL accredited Scope, (\*\*) Test Performed at Chandan Speciality Lab.



Dr. Anoop Agarwal  
MBBS,MD(Radiology)

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



anurag sri &lt;anurag.idc@gmail.com&gt;

**Health Check up Booking Confirmed Request(bobS4348),Package Code-PKG10000239, Beneficiary Code-58641**

Mediwheel &lt;santosh@policywheel.com&gt;

Wed, Oct 27, 2021 at 2:52 PM

To: "anurag.idc@gmail.com" &lt;anurag.idc@gmail.com&gt;

Cc: Mediwheel CC &lt;customercare@mediwheel.in&gt;, Mediwheel CC &lt;mediwheelwellness@gmail.com&gt;

**Mediwheel**  
...Your wellness partner

07/11/2021



011-41195959

Email:wellness@mediwheel.in

Hi **Chandan Healthcare Limited**,Diagnostic/Hospital Location : **Indradeep Complex, Sanjay Gandhi Puram, City: Lucknow**

We have received the confirmation for the following booking .

**Beneficiary Name** : PKG10000239**Beneficiary Name** : Priyanka verma**Member Age** : 34**Member Gender** : Female**Member Relation** : Spouse**Package Name** : Full Body Health Checkup Female Below 40**Location** : BENGALURU, Karnataka-NULL**Contact Details** : 8429565663**Booking Date** : 23-10-2021**Appointment Date** : 07-11-2021Re by  
Mediwheel.**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

We request you to facilitate the employee on priority.



**Indian Union Driving Licence**  
**Issued by Uttar Pradesh**

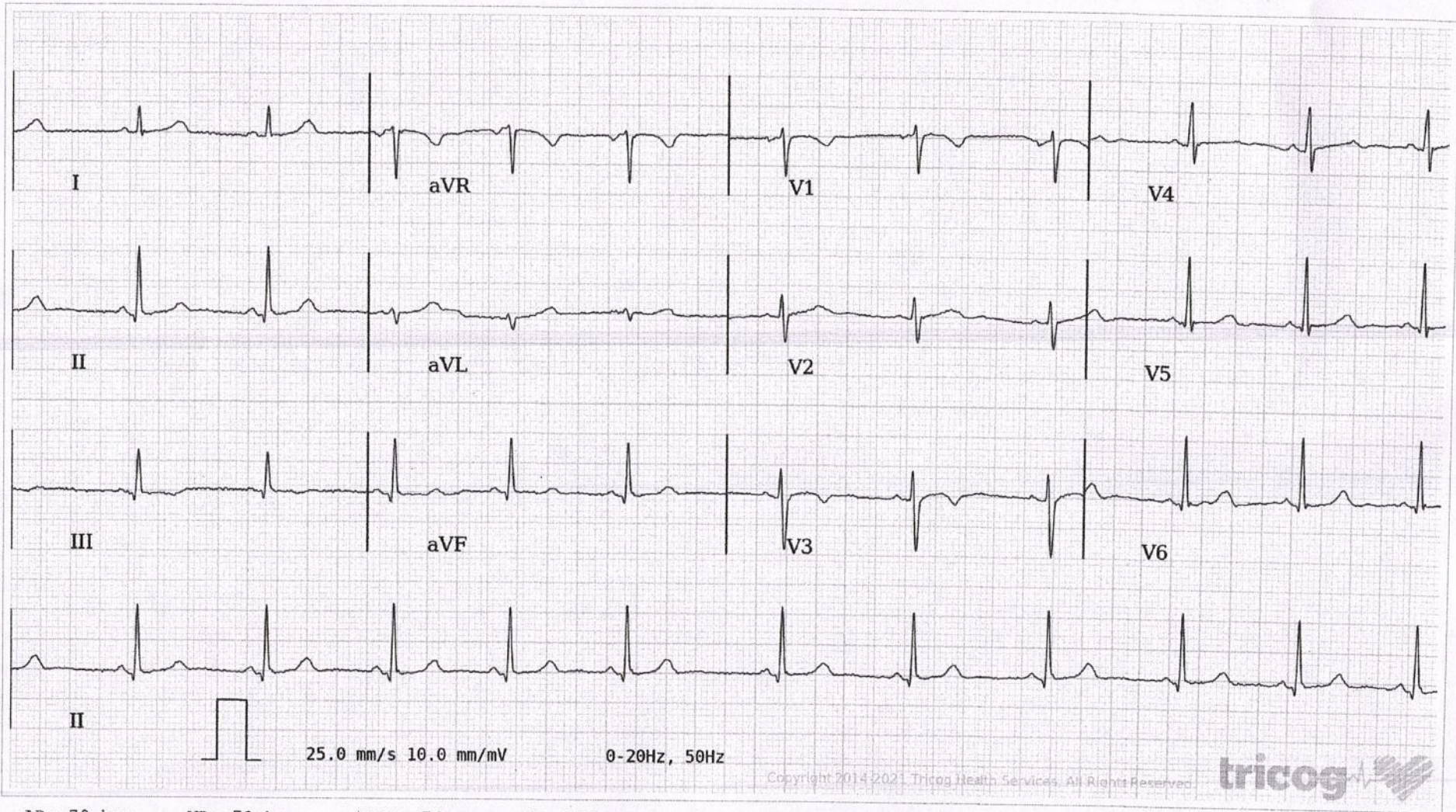
**UP32 20210007034**

Issue Date: 29-02-2021    Validity (DT): 19-02-2021    Identity No: 

Name: **PRITVIMBA VERMA**    Blood Group:    Organ Donor: **N**  
 Date of Birth: **16-10-1988**    Son/Daughter/Wife of: **ANURESH KUMAR**  
 Address: **3 JABBERA MINHAS DURGAPURI COLONY NEAR  
 CHANDRA PRAKASH CROSSING GOMTI NAGAR  
 LUCKNOW, UP 226016**

Date of First Issue: **02-03-2021**

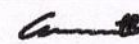
Holder's Signature: 



AR: 70 bpm VR: 70 bpm QRSD: 74 ms QT: 392 ms QTc: 423 ms PRI: 108 ms P-R-T: 44° 66° 28°

**ECG Within Normal Limits: Sinus Rhythm, Normal Axis, with Sinus Arrhythmia. Please correlate clinically.**

AUTHORIZED BY



Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY



Dr. Prashant Valecha

12-45260