




**Reg. ID** : 233586  
**Name of Patient** : MRS. CHANCHAL  
**Age/Gender** : 32 years / Female  
**Refd by Dr.** : BANK OF BARODA  
**Mobile No.** : 8586033767  
**Sample Type** : EDTA

**Panel Company** : AAROGYA RPR  
**Lab Request ID** : 222810042  
**Sample Collection Date** : Oct 08, 2022, 09:48 a.m.  
**Sample Acknowledgment Date** : Oct 08, 2022, 09:48 a.m.  
**Test Reported On** : Oct 08, 2022, 04:15 p.m.

Test Description	Value	Unit	Biological Ref Interval
<b>Complete Blood Count (CBC)</b>			
Arogya_Bank of Baroda_Health Check_Female			
HAEMOGLOBIN (Hb)	13.1	gm/dl	12.00 - 15.00
Method : SLS			
TLC (Total Leucocyte Count )	6800	/cumm	4000.00 - 10000.00
Method : ELECTRIC IMPEDENCE			
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHIL	66	%	40.00 - 70.00
LYMPHOCYTE	30	%	20.00 - 40.00
EOSINOPHIL	02	%	1.00 - 6.00
MONOCYTE	02	%	2.00 - 10.00
BASOPHIL	0	%	0.00 - 2.00
E.S.R.	20	mm/Ist hr.	0.00 - 20.00
Method : Westergen			
R B C (Red Blood Cell Count)	4.6	Millions/cmm	3.80 - 4.80
Method : Impedence			
PCV (Hematocrit)	40.4	%	36.00 - 46.00
M C V (Mean Corp Volume)	87.83	fL	83.00 - 101.00
Method : CALCULATED			
M C H (Mean Corp Hb)	28.48	pg	27.00 - 32.00
Method : CALCULATED			
M C H C (Mean Corp Hb Conc)	32.43	%	31.50 - 34.50
Method : CALCULATED			
MPV	11.8	fL	6.5-12
Method : Calculated			
PLATELET COUNT	232000	/cumm	150000.00 - 410000.00
Method : Impedence			
ABSOLUTE EOSINOPHIL COUNT	136	/cumm	40.00 - 440.00
ABSOLUTE LYMPHOCYTES COUNT	2040	/cumm	1000.00 - 3000.00
ABSOLUTE NEUTROPHIL COUNT	4488	/cumm	2000.00 - 7000.00
Method : MICROSCOPY			
RDW -CV	13.8	%	11.60 - 14.00
RDW -SD	42.4	fL	39.00 - 46.00
PDW	16.2		8.3 - 25

\*\*END OF REPORT\*\*

**If tests results are alarming/unexpected,client is advised to contact the Lab immediately for possible remedial actions.**

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)





**Reg. ID** : 233586 **Panel Company** : AAROGYA RPR  
**Name of Patient** : MRS. CHANCHAL **Lab Request ID** : 222810042  
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**Refd by Dr.** : BANK OF BARODA **Sample Acknowledgment Date** : Oct 08, 2022, 09:48 a.m.  
**Mobile No.** : 8586033767 **Test Reported On** : Oct 08, 2022, 05:35 p.m.  
**Sample Type** : EDTA

Test Description	Value	Unit	Biological Ref Interval
<b><u>Blood Group ABO &amp; RH TYPING*</u></b>			
Arogya_Bank of Baroda_Health Check_Female			
BLOOD GROUP ABO	AB		
RH Typing	Positive		

END OF REPORT

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)






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**Name of Patient** : MRS. CHANCHAL **Lab Request ID** : 01222810042  
**Age/Gender** : 32 years / Female **Sample Collection Date** : Oct 08, 2022, 09:48 a.m.  
**Refd by Dr.** : BANK OF BARODA **Sample Acknowledgment Date** : Oct 08, 2022, 09:48 a.m.  
**Mobile No.** : 8586033767 **Test Reported On** : Oct 08, 2022, 05:33 p.m.  
**Sample Type** : FLUORIDE-F

Test Description	Value	Unit	Biological Ref Interval
<b><u>BLOOD GLUCOSE FASTING</u></b>			
Arogya_Bank of Baroda_Health Check_Female			
<b>BLOOD GLUCOSE FASTING</b>	82	mg/dl	70 - 99
<b>Method : Hexokinase</b>			
<b>Comments</b>			
Fasting Blood Sugar: 70-99 mg/dl : Non Diabetic			
100-125 mg/dl : Impaired Fasting Glucose			
>125 mg/dl : Diabetic			

END OF REPORT

  
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**Refd by Dr.** : BANK OF BARODA **Sample Acknowledgment Date** : Oct 08, 2022, 09:48 a.m.  
**Mobile No.** : 8586033767 **Test Reported On** : Oct 08, 2022, 05:33 p.m.  
**Sample Type** : FLOURIDE PP

Test Description	Value	Unit	Biological Ref Interval
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Arogya\_Bank of Baroda\_Health Check\_Female

<b>BLOOD GLUCOSE PP</b>	116	mg/dl	70 - 139
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Method : Hexokinase

**Comments**

PP Blood Sugar: 70-139 mg/dl : Non Diabetic  
140-199 mg/dl : Impaired Glucose  
>200 mg/dl : Diabetic

END OF REPORT

**Dr. A. LALCHANDANI**  
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<b>Age/Gender</b> : 32 years / Female	<b>Sample Collection Date</b> : Oct 08, 2022, 09:48 a.m.
<b>Refd by Dr.</b> : BANK OF BARODA	<b>Sample Acknowledgment Date</b> : Oct 08, 2022, 09:48 a.m.
<b>Mobile No.</b> : 8586033767	<b>Test Reported On</b> : Oct 08, 2022, 04:56 p.m.
<b>Sample Type</b> : URINE	

Test Description	Value	Unit	Biological Ref Interval
<b><u>URINE Examination R/M*</u></b>			
Arogya_Bank of Baroda_Health Check_Female			
<b><u>Physical examination</u></b>			
Quantity	20ml		
Colour	Pale Yellow	.	Pale yellow
Appearance	Clear		
<b><u>Chemical Examination</u></b>			
Ph	6.0		5.0-8.0
Method : Method : Dipstick Manual			
Specific Gravity	1.020		1.005 - 1.030
Method : Method : Dipstick Manual			
Protein	Negative		Negative
Method : Method : Dipstick Manual			
Glucose	Negative		Negative
Method : Dipstick/Manual			
Bilirubin	Negative		Negative
Method : Dipstick/Manual			
Ketones	Negative		Negative
Method : Dipstick/Manual			
Nitrite	Negative		Negative
Method : Dipstick/Manual			
Urobilinogen	Normal		Normal
Method : Dipstick/Manual			
<b><u>Microscopic Examination - Method "Microscopy"</u></b>			
Pus cells	1 - 2	/hpf	0 - 4/hpf
Red Blood Cells	NIL	/hpf	Nil
Epiethelial Cells	1 - 2	/hpf	1 - 2/hpf
Crystals	Absent	.	Absent
Casts	Absent	.	Absent
Yeast	Absent	.	Absent
Bacteria	Absent	.	Absent

**Note**

Pus Cells are significant only in midstream sample. Important for interpretation in female patient as local contamination may occur.

A urine analysis alone usually doesn't provide a definite diagnosis. Depending on the reason your doctor recommended this test, you might need follow-up for unusual results. Evaluation of the urine analysis results with other tests can help your provider determine next steps. Getting standard test results from a urine analysis doesn't guarantee that you're not ill. It might be too early to detect disease or your urine could be too diluted. Tell your doctor if you still have signs and symptoms.



**Dr. A. LALCHANDANI**  
M.D. (Pathology)



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<b>Refd by Dr.</b>	: BANK OF BARODA	<b>Sample Acknowledgment Date</b>	: Oct 08, 2022, 09:48 a.m.
<b>Mobile No.</b>	: 8586033767	<b>Test Reported On</b>	: Oct 08, 2022, 04:56 p.m.
<b>Sample Type</b>	: URINE		

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Test Description	Value	Unit	Biological Ref Interval
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\*\*END OF REPORT\*\*

**If tests results are alarming/unexpected,client is advised to contact the Lab immediately for possible remedial actions.**



**Dr. A. LALCHANDANI**  
M.D. (Pathology)



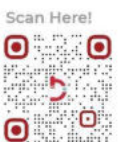
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**Age/Gender** : 32 years / Female  
**Refd by Dr.** : BANK OF BARODA  
**Mobile No.** : 8586033767  
**Sample Type** : SERUM

**Panel Company** : AAROGYA RPR  
**Lab Request ID** : 00222810042  
**Sample Collection Date** : Oct 08, 2022, 09:48 a.m.  
**Sample Acknowledgment Date** : Oct 08, 2022, 09:48 a.m.  
**Test Reported On** : Oct 08, 2022, 04:38 p.m.

Test Description	Value	Unit	Biological Ref Interval
<b><u>Lipid-Profile*</u></b>			
Arogya_Bank of Baroda_Health Check_Female			
CHOLESTROL TOTAL Method : CHOD-POD	166	mg/dL	Desirable : < 200 Borderline: 200 - 239 High : > 240
T.G Method : ENZYMATYIC (E.P)	55	mg/dL	Desirable < 150 Borderline High 150 - 199 High 200 - 499 Very High > 500
HDL Method : Enzymatic immunoinhibition	<b>61 ▲</b>	mg/dL	40-60
V L D I Method : Calculated	11	mg/dl	07 - 35
LDL CHOLESTEROI Method : Calculated	94	mg/dl	Desirable :- < 100 Border line: 130 - 159 High Risk : 160 - 189 Very High : > 190
LDL / HDL CHOLESTEROL Ratio Method : Calculated	1.54		2.5 - 3.5 High : > 3.5
TOTAL / HDL CHOLESTEROL Ratio Method : Calculated	2.72		Moderate Risk : 3.5 - 5.0 High Risk : > 5.0

END OF REPORT

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)





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**Mobile No.** : 8586033767  
**Sample Type** : SERUM

**Panel Company** : AAROGYA RPR  
**Lab Request ID** : 00222810042  
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**Sample Acknowledgment Date** : Oct 08, 2022, 09:48 a.m.  
**Test Reported On** : Oct 08, 2022, 04:39 p.m.

**Liver Function Test (LFT)\***

Arogya\_Bank of Baroda\_Health Check\_Female

BILIRUBIN TOTAL	0.9	mg/dL	0.3 - 1.2
Method : DIAZO			
BIL DIRECT	0.2	mg/dL	< 0.2
Method : DIAZO			
BIL INDIRECT	0.7		0.4-1.1
Method : CALCULATED			
AST/SGOT	21	μ/L	< 35
Method : UV WITHOUT P5P			
ALT/SGPT	13	μ/L	< 35
Method : UV WITHOUT P5P			
ALKALINE PHOSPHATE	49	IU/L	30-120
Method : PNPP, AMP BUFFER			
TOTAL PROTEIN	7.4	g/dL	6.6 - 8.3
Method : BIURET			
ALBUMIN	4.4	g/DL	3.5 - 5.2
Method : BCG			
GLOBULIN	3	g/dl	2.0-3.5
Method : Calculated			
A/G RATIO	1.47		0.9-2.5
Method : Calculated			
GGT	11	μ/L	< 38
Method : Glutamyl carboxy nitroanilide Glycylglycine			

**\*\*END OF REPORT\*\***

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**Dr. A. LALCHANDANI**  
M.D. (Pathology)







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<b>Refd by Dr.</b> : BANK OF BARODA	<b>Sample Acknowledgment Date</b> : Oct 08, 2022, 09:48 a.m.
<b>Mobile No.</b> : 8586033767	<b>Test Reported On</b> : Oct 08, 2022, 07:30 p.m.
<b>Sample Type</b> : EDTA	

**GLYCOSYLATED HAEMOGLOBIN HbA1c\***

Arogya\_Bank of Baroda\_Health Check\_Female

HbA1c\* 5.4 % 4.00 - 5.70

Method : HPLC - Ion Exchange

MEAN BLOOD GLUCOSE LEVEL Mean Blood 108 mg/dL 68 - 117

Glucose Level over past 60 days period

**INTERPRETATION****According to recommendations of the American Diabetes Association (ADA)**

Group	HbA1c in %
Non-Diabetic adults 18 year	4.5 - 5.6
At risk of developing diabetes	> 5.7 to < 6.4
Diagnosing of Diabetes mellitus	>= 6.5

**Comments**

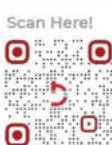
- Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have q high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
- Diabetes patients with HbA1c levels below 7%(DCCT/NGSP) meet the goal of the ADA.
- HbA1c levels below the established reference interval may indicate recent episodes of hypoglycemia, the presence of Hb variants or shortened lifetime of erythrocytes.
- HbA1c Provides an index of average blood glucose levels over the past 8 -12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

**FACTORS THAT INTERFERE WITH HbA1C Measurement-** Hemoglobin variants,elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the with renal failure) can affect the accuracy of HbA1c measurements.

**FACTORS THAT AFFECT INTERPRETATION OF HbA1C RESULTS** - Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g.,recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c

END OF REPORT

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<b>Mobile No.</b>	: 8586033767	<b>Test Reported On</b>	: Oct 08, 2022, 07:30 p.m.
<b>Sample Type</b>	: EDTA		

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**Dr. A. LALCHANDANI**  
M.D. (Pathology)

Value	Unit	Biological Ref Interval
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<b>Name of Patient</b>	: MRS. CHANCHAL	<b>Lab Request ID</b>	: R222810042
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<b>Refd by Dr.</b>	: BANK OF BARODA	<b>Sample Acknowledgment Date</b>	: Oct 08, 2022, 09:48 a.m.
<b>Mobile No.</b>	: 8586033767	<b>Test Reported On</b>	: Oct 10, 2022, 01:46 p.m.
<b>Sample Type</b>	: RADIO		

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**X-ray Chest P.A\***

Arogya\_Bank of Baroda\_Health Check\_Female

Bronchovascular markings are normal. No active lung parenchymal lesion seen.

Bilateral hilar shadows are normal.

Cardiac silhouette is normal.

Rib cage appears normal.

Bilateral CP angles are clear.

*Kindly correlate clinically.*

---

END OF REPORT

Dr. SARABJEET  
Sr. Radiologist M.D.





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**Name of Patient** : MRS. CHANCHAL **Lab Request ID** : 00222810042  
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**Refd by Dr.** : BANK OF BARODA **Sample Acknowledgment Date** : Oct 08, 2022, 09:48 a.m.  
**Mobile No.** : 8586033767 **Test Reported On** : Oct 08, 2022, 05:26 p.m.  
**Sample Type** : SERUM

Test Description	Value	Unit	Biological Ref Interval
<b>Thyroid Function Test (T3,T4,TSH)</b>			
Arogya_Bank of Baroda_Health Check_Female			
TOTAL T3	1.19	ng/mL	0.60 - 1.83
Method : CLIA			
TOTAL T4	9.47	ug/dl	5.48 - 14.28
Method : CLIA			
Thyroid Stimulating Hormone - TSH	3.30	uU/ml	0.35 - 5.50
Method : CLIA			

**COMMENTS:-**

A high TSH result often means an underactive thyroid gland caused by failure of the gland (Hypothroidism). Very rarely, a high TSH result can indicate a problem with the pituitary gland, such as a tumour, in what is known as secondary hyperthyroidism. A high TSH value can also occur in people with underactive thyroid gland who have been receiving too little thyroid hormone medication.

A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH. A low TSH result can also occur in people with an underactive thyroid gland who are receiving too much thyroid hormone medication.

END OF REPORT

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)





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**Mobile No.** : 8586033767 **Test Reported On** : Oct 10, 2022, 09:20 a.m.  
**Sample Type** : RADIO

**Both Breast Ultrasound\***

Arogya\_Bank of Baroda\_Health Check\_Female

**Findings:**

Bilateral breasts show normal fibroglandular with fatty parenchyma.

**Right Breast:**

There is no evidence of any mass or cyst is seen in the breast parenchyma.  
No abnormal duct dilatation or architectural distortion is seen.  
No abnormal calcification is seen.  
Right nipple & retroareolar complex is normal.  
No significant axillary nodes are seen.


**Left Breast:**

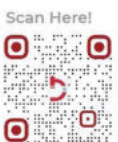
There is no evidence of any mass or cyst is seen in the breast parenchyma.  
No abnormal duct dilatation or architectural distortion is seen.  
No abnormal calcification is seen.  
Left nipple & retroareolar complex is normal.  
No significant axillary nodes are seen.

**Impression: BIRAD'S I catagory.**

*Please correlate clinically & with other investigations. This report is for diagnostic use only and is not valid for medicolegal purposes. We are open for reconsideration of the report if required/suggested by treating doctor.*

END OF REPORT

  
Dr. SARABJEET  
Sr. Radiologist M.D.





CIN No : L85320DL2017PLC321605

Reg. ID	: 233586	Panel Company	: AAROGYA RPR
Name of Patient	: MRS. CHANCHAL	Lab Request ID	: R222810042
Age/Gender	: 32 years / Female	Sample Collection Date	: Oct 08, 2022, 09:48 a.m.
Refd by Dr.	: BANK OF BARODA	Sample Acknowledgment Date	: Oct 08, 2022, 09:48 a.m.
Mobile No.	: 8586033767	Test Reported On	: Oct 10, 2022, 09:17 a.m.
Sample Type	: RADIO		

**Female Ultrasound Whole Abdomen\***

Arogya\_Bank of Baroda\_Health Check\_Female

**Liver** measures 13.2 cm in the craniocaudal axis , outline smooth with homogenous **echotexture**. No obvious focal parenchymal lesion seen no extra or intra hepatic billiary dilatation is noted . Hepatic veins drain normally in to IVC . Portal vein is normal and in course and caliber.

**Gall bladder is distended.** No intra luminal calculus is seen. Gall bladder wall is normal in thickness Common bile duct is normal in caliber and lumen is clear.

**Pancreas** is normal in size & outline Echotexture is homogenous. No evidence of any focal lesion or calcification is seen. Pancreatic duct is not dilated.

**Spleen measures 10.7 cm** normal in outline and echotexture. No focal lesion calcification is seen.

Right **kidney** measures 97 x 39.7 mm , corticomedullary differentiation is maintained. cortical echotexture is homogenous No mass lesion, calculus or hydronephrosis is seen .

Left **kidney** measures 100 x 45 mm , corticomedullary differentiation is maintained. cortical echotexture is homogenous No mass lesion, calculus or hydronephrosis is seen .

**Urinary bladder** is distended. wall thickness is normal ,no calculus or mass seen.

Uterus is normal measuring 83 x 42.6 mm Myometrium is homogenous . No mass or focal lesion is seen . Entrometrium is 14.2 mm in thickness.

Right ovary measures 14.1 x 28 mm in size. A maturing follicle is seen within.

Left ovary measures 19.8 x 21.7mm in size. No mass or cyst is seen within

Both adenexa are normal . Cervical canal is normal

No significant retroperitoneal lymph adenopathy . No peritoneal fluid seen.

No significant gastric or small bowel lesion is seen.

# Dr Lalchandani Labs Ltd.

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CIN No : L85320DL2017PLC321605

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**Mobile No.** : 8586033767  
**Sample Type** : RADIO

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\*\*END OF REPORT\*\*

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Dr. SARABJEET  
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**Mobile No.** : 8586033767 **Test Reported On** : Oct 08, 2022, 04:38 p.m.  
**Sample Type** : SERUM

Test Description	Value	Unit	Biological Ref Interval
<b><u>SERUM CREATININE</u></b>			
Arogya_Bank of Baroda_Health Check_Female			
CREATNINE	0.66	mg/DL	0.51 - 0.95
Method : ALKALINE PICRATE KINETIC			

END OF REPORT

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)





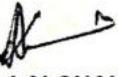


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Test Description	Value	Unit	Biological Ref Interval
		<b>BUN*</b>	
Arogya_Bank of Baroda_Health Check_Female			
BUN	12.5	mg/dL	6.0 - 20.0

END OF REPORT

  
**Dr. A. LALCHANDANI**  
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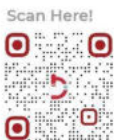


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**Mobile No.** : 8586033767 **Test Reported On** : Oct 08, 2022, 04:39 p.m.  
**Sample Type** : SERUM

Test Description	Value	Unit	Biological Ref Interval
<b><u>SERUM URIC ACID</u></b>			
Arogya_Bank of Baroda_Health Check_Female			
URIC ACID	5.2	mg/DL	2.6 - 6.0
Method : URICASE CALORIMETRIC			

END OF REPORT

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)






<b>Reg. ID</b> : 233586	<b>Panel Company</b> : AAROGYA RPR
<b>Name of Patient</b> : MRS. CHANCHAL	<b>Lab Request ID</b> : 222810042
<b>Age/Gender</b> : 32 years / Female	<b>Sample Collection Date</b> : Oct 08, 2022, 09:48 a.m.
<b>Refd by Dr.</b> : BANK OF BARODA	<b>Sample Acknowledgment Date</b> : Oct 08, 2022, 09:48 a.m.
<b>Mobile No.</b> : 8586033767	<b>Test Reported On</b> : Oct 08, 2022, 05:36 p.m.
<b>Sample Type</b> : URINE	

Test Description	Value	Unit	Biological Ref Interval
	<b><u>URINE SUGAR (PP)*</u></b>		
Arogya_Bank of Baroda_Health Check_Female			
URINE SUGAR (PP)	Absent		

END OF REPORT

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)





**Reg. ID** : 233586 **Panel Company** : AAROGYA RPR  
**Name of Patient** : MRS. CHANCHAL **Lab Request ID** : 222810042  
**Age/Gender** : 32 years / Female **Sample Collection Date** : Oct 08, 2022, 09:48 a.m.  
**Refd by Dr.** : BANK OF BARODA **Sample Acknowledgment Date** : Oct 08, 2022, 09:48 a.m.  
**Mobile No.** : 8586033767 **Test Reported On** : Oct 08, 2022, 05:36 p.m.  
**Sample Type** : URINE

Test Description	Value	Unit	Biological Ref Interval
<b><u>URINE SUGAR (FASTING)*</u></b>			
Arogya_Bank of Baroda_Health Check_Female			
Urine Sugar (Fasting)	Absent		

END OF REPORT

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)





**Reg. ID** : 233586 **Panel Company** : AAROGYA RPR  
**Name of Patient** : MRS. CHANCHAL **Lab Request ID** : 00222810042  
**Age/Gender** : 32 years / Female **Sample Collection Date** : Oct 08, 2022, 09:48 a.m.  
**Refd by Dr.** : BANK OF BARODA **Sample Acknowledgment Date** : Oct 08, 2022, 09:48 a.m.  
**Mobile No.** : 8586033767 **Test Reported On** : Oct 08, 2022, 04:39 p.m.  
**Sample Type** : SERUM

Test Description	Value	Unit	Biological Ref Interval
<u>CALCIUM</u>			
Arogya_Bank of Baroda_Health Check_Female			
CALCIUM	9.3	mg/dL	8.4 - 10.2
Method : Arsenazo III			

END OF REPORT

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)





**Reg. ID** : 233586  
**Name of Patient** : MRS. CHANCHAL  
**Age/Gender** : 32 years / Female  
**Refd by Dr.** : BANK OF BARODA  
**Mobile No.** : 8586033767  
**Sample Type** : SERUM

**Panel Company** : AAROGYA RPR  
**Lab Request ID** : 00222810042  
**Sample Collection Date** : Oct 08, 2022, 09:48 a.m.  
**Sample Acknowledgment Date** : Oct 08, 2022, 09:48 a.m.  
**Test Reported On** : Oct 08, 2022, 06:01 p.m.

Test Description	Value	Unit	Biological Ref Interval
<b><u>VITAMIN B12</u></b>			
VITAMIN B12	125	pg/mL	75 - 807

Method : CLIA

**Comments :**

Vitamin B12 along with folate is essential for DNA synthesis and myelin formation. Vitamin B12 deficiency can be because of nutritional deficiency, malabsorption and other gastrointestinal causes. The test is ordered primarily to help diagnose the cause of macrocytic/megaloblastic anemia.

**Decreased levels are seen in:**

Anaemia , normal near term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, with oral contraceptive use, parasitic competition, pancreatic deficiency , treated epilepsy, smoking , hemodialysis and advancing age.

**Increased levels are seen in:**

Renal failure , hepatocellular disorders, myeloproliferative disorders and at times with excess supplementation of vitamins pills.

END OF REPORT

**Dr. A. LALCHANDANI**  
M.D. (Pathology)





**Reg. ID** : 233586 **Panel Company** : AAROGYA RPR  
**Name of Patient** : MRS. CHANCHAL **Lab Request ID** : 00222810042  
**Age/Gender** : 32 years / Female **Sample Collection Date** : Oct 08, 2022, 09:48 a.m.  
**Refd by Dr.** : BANK OF BARODA **Sample Acknowledgment Date** : Oct 08, 2022, 09:48 a.m.  
**Mobile No.** : 8586033767 **Test Reported On** : Oct 08, 2022, 06:01 p.m.  
**Sample Type** : SERUM

Test Description	Value	Unit	Biological Ref Interval
	<b>25 (OH) Vitamin D</b>		
25 (OH) Vitamin D	10.89 ▼	ng/ml	Deficiency : < 20 ng/ml. Insufficient : 20 - 30 ng/ml. Sufficient : 30 - 100 ng/ml. Intoxication : > 100 ng/ml
Method : CLIA			

**Limitations of Use**

- Vitamin D levels may vary according to factors such as geography, season, or the patient's health, diet, age, ethnic origin, use of vitamin D supplementation or environment.
- This product is for use on Access 2 Immunoassay Systems only. It is not compatible with UniCel DxI Immunoassay Systems.
- 2. The reportable measuring range of the assay is defined as the range from the Limit of Detection (LoD) to the Calibrator S5 value, 2.0 to approximately 167 ng/mL (5.0 to ~418 nmol/L). Values outside of this range should be reported as < 2.0 ng/mL or > S5 Calibrator value (~167 ng/mL), respectively. Do not dilute patient samples, as this could lead to incorrect Vitamin D results.
- 3. For assays employing antibodies, the possibility exists for interference by heterophile antibodies in the patient sample. Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interfere with immunoassays. Additionally, other heterophile antibodies (e.g. human anti-sheep antibodies) may be present in patient samples. 15,16 Such interfering antibodies may cause erroneous results. Carefully evaluate the results of patients suspected of having these antibodies. Access 25(OH) Vitamin D Total Access Only English Instructions For Use B29592 R Page 8 of 14 APRIL 2020
- 4. Other potential interferences in the patient sample could be present and may cause erroneous results in immunoassays. Some examples that have been documented in literature include rheumatoid factor, endogenous alkaline phosphatase, fibrin, and proteins capable of binding to alkaline phosphatase. 17 Carefully evaluate the results of patients suspected of having these types of interferences.
- 5. The Access 25(OH) Vitamin D Total results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.

END OF REPORT

**Dr. A. LALCHANDANI**  
M.D. (Pathology)



**Dr. LALCHANDANI LABS**  
**19C, PUNJABI CLUB ROAD,**  
**WEST PUNJABI BAGH, NEW DELHI**

Age: 32  
 Weight (kg): 61  
 Height (cm): 160  
 BSA (m<sup>2</sup>): 1.63  
 Number: 000

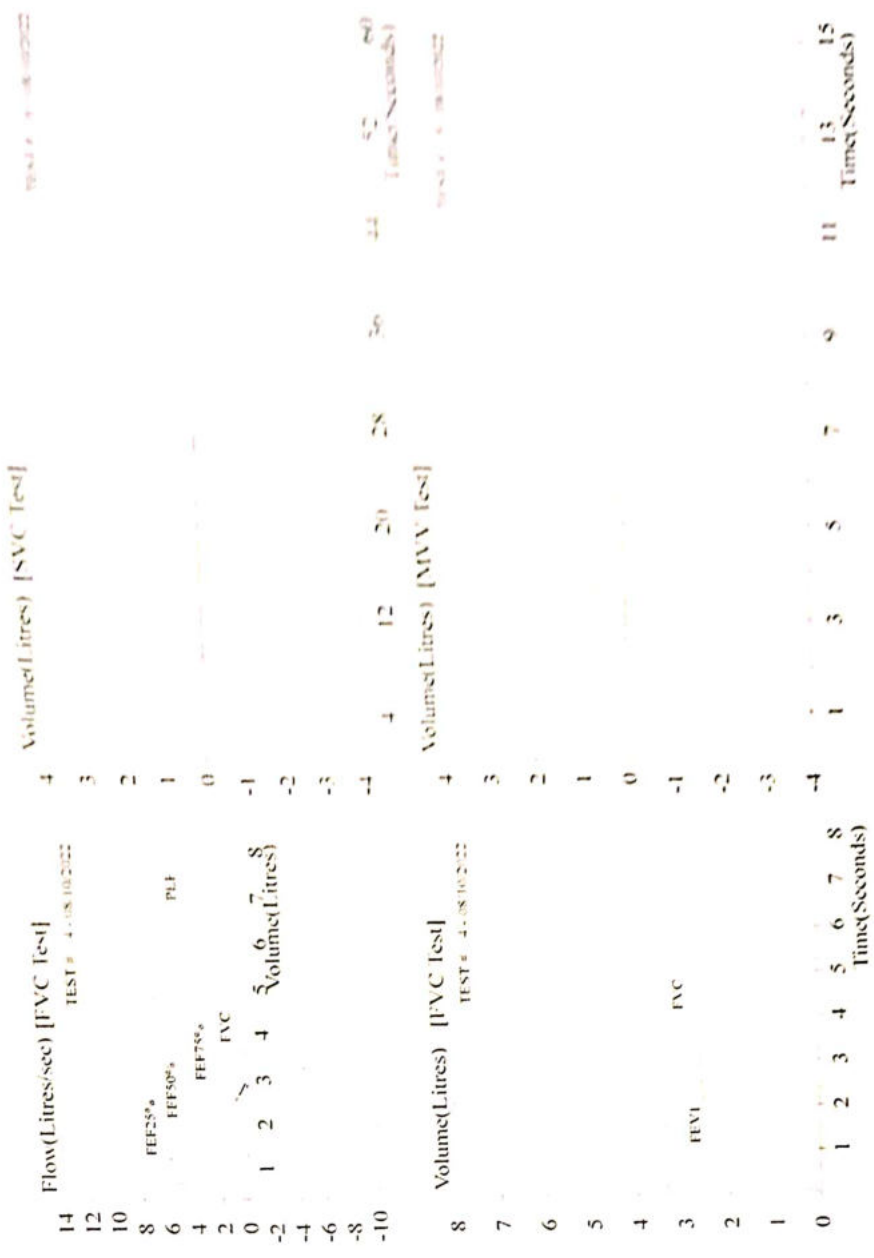
Date of Birth: 15/07/1990  
 Sex: Female  
 Ethnic Corr.: 100%  
 Description:  
 Comments:

Last Name: CHANCHAL  
 First Name: 65464654  
 ID: 08/10/2022  
 Predicted: ERS 93

**Spirometry Results**

Parameter	Pred	Pre	%Pred
FVC (L)	3.37	2.74	81
FEV.5 (L)	---	1.79	---
FEV1 (L)	2.92	2.35	80
PEFR (L/s)	6.73	6.31	94
PIFR (L/s)	---	0.17	---
FEF25-75 (L/s)	3.83	3.53	92
FEF 25% (L/s)	5.95	6.31	106
FEF 50% (L/s)	4.28	4.28	100
FEF 75% (L/s)	1.99	1.65	83
FEV1 FVC (%)	83.02	85.77	103
FVC Time (Sec)	---	3.09	---
SVC (L)	3.34	2.87	86
ERV (L)	---	0.58	---
IRV (L)	---	0.46	---
VE (L/min)	---	13.29	---
Rf (l/min)	---	7.26	---
Ti (sec)	---	2.88	---
Tc (sec)	---	5.38	---
Vi (L)	---	1.83	---
Vt/Ti (L/s)	---	0.64	---
Ti/Ttot (sec)	---	0.35	---
IC (L)	---	2.29	---
MVV (L/min)	107.93	2.4	2
MRF (l/min)	---	5	---
MVt (L)	---	0.48	---
MVVt (sec)	---	15.38	---
ELA (Years)	30	53	---

Pre Medication Report Indicates  
 Normal Spirometry (%FEV1/FVC>80%Pred%FEV1  
 /FVC and FVC>80%PredFVC)



Dr.

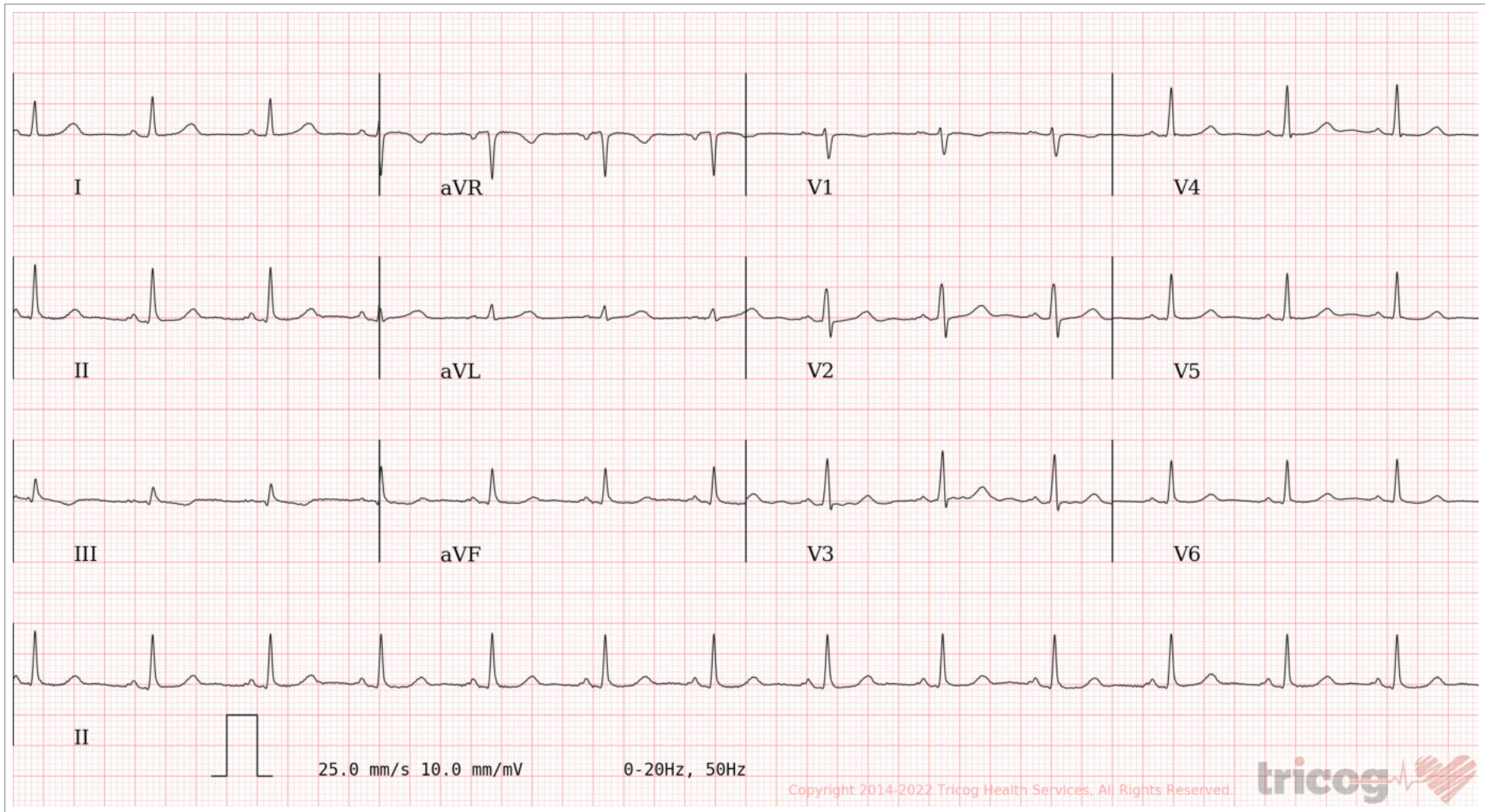


Age / Gender: 32/Female

Date and Time: 8th Oct 22 2:21 PM

Patient ID: 10

Patient Name: Chanchal



AR: 81.0bpm VR: 81.0bpm QRSD: 70.0ms QT: 360.0ms QTc: 418.0ms PRI: 120.0ms P-R-T: 42.0° 49.0° 21.0°

Low Voltage Complexes, Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY

Dr Prathima S.K

Name: Mrs. CHANCHAL  
Ref:

Age/Sex : 32YRS/F  
Date: 08/10/2022

### Transthoracic Echo-Doppler Report

#### M-Mode/2-D Description:

Left Ventricle It is Normal Size. There is no regional wall motion abnormality  
Global LVEF is 60%.  
Left Atrium It is normal size.  
Right Atrium It is normal size.  
Right Ventricle It is normal size. RV systolic function is normal.  
Aortic Valve Aortic cusps are normal  
Mitral Valve It opens normally. Subvalvular apparatus appears normal.  
Tricuspid valve It appears normal  
Pulmonary Valve It appears normal.  
Main Pulmonary artery & its branches Appear normal  
No intracardiac clot/mass/veg.  
Pericardium There is no pericardial effusion.  
IAS & IVS: Intact.

#### 2-D/ M-Mode Measurements (mm):

	Observed Values	Normal Values
Aortic root diameter	26	20-36 (mm/M <sup>2</sup> )
Aortic Valve Opening		15-26
Left Atrium size	32.4	19-40

	End Diastole	End Systole	Normal Values
Left Ventricle Size	39	23	(ED= 37-56; ES=22-40)
Interventricular Septum	09	10	(ED= 6-12)
Posterior Wall Thickness	09	10	(ED= 5-10)

LV Ejection Fraction (%)	60%	55%-80%
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**Doppler Velocities:**

		Mrs. CHANCHAL	
Pulmonary Valve (Cm / Sec.)		Aortic Valve (Cm / Sec.)	
Max Velocity	90	Max Velocity	105
Max PG	2.3	Mean Velocity	
Mean PG		Max PG	4.4
		Mean PG	
Mitral Valve (Cm / Sec.)	Mitral Valve (Cm / Sec.)	Tricuspid Valve (Cm / Sec.)	
E -92	Max Velocity	Max Velocity	
A -62	Mean Velocity	Mean Velocity	
DT -	Max PG	Max PG	18
PHT -	Mean PG	Mean PG	

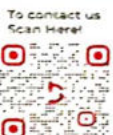
**Regurgitation**

	MR		TR
Severity	Nil	Severity	Mild
Max Velocity		Max Velocity	
Mean Velocity		Max Gradient	
	AR		PR
Severity	Nil	Severity	Nil
ED Velocity		PADP	
PHT		Mean PAP	

*Final Interpretation*

Study done at heart rate 78 BPM  
 No regional wall motion abnormality. Global LVEF= 60%.  
 Normal cardiac chambers dimensions.  
 No MR.  
 Mild TR (RVSP=18+ RAP).  
 RV systolic function is normal.  
 No intra cardiac clot/mass/veg./pericardial effusion.  
 IVC normal with >50% respiratory variation

Dr. Saurabh Bagga  
 MD, DM (Cardiology)



**SMEDICAL EXAMINATION REPORT (MER FORM)**

NAME	AGE	CORPORATE:	CONTACT NO	LOCATION
Chandani	32			
HEIGHT: 160	M/F F	WEIGHT: 61.6	BMI:	BP: 110/75
DATE: 08/10/22				
Vision	LEFT	NS		
	RIGHT	NS		
Color blindness	No			
FAMILY HISTORY	Diabetes	Nil		
	Hypertension	Nil		
PERSONAL HISTORY	Diabetes	Nil		
	Hypertension	Nil		
	Tuberculosis/any chronic illness	(COVID)-19 in Sep '20		
MEDICATIONS IF ANY	No			
EYE EXAMINATION	✓			
CLINICAL EXAMINATION	No pain in R- calf always, persistent, movable mass palpated on beneath of right leg.			

SIGNATURE OF CLIENT:

SIGNATURE OF DOCTOR:

