

Since 1991

INDRA DIAGNOSTIC CENTRE

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj Ph: 9235432681,

CIN: U85110DL2003PLC308206



Patient Name : Mr. VINAY KUMAR MAURYA Registered On : 26/Mar/2022 08:06:21 Age/Gender : 26 Y O M O D /M Collected : 26/Mar/2022 08:20:43 UHID/MR NO : CALI.0000033235 Received : 26/Mar/2022 11:33:26 Visit ID : CALI0115082122 Reported : 26/Mar/2022 16:05:57

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 B

Rh (Anti-D) POSITIVE

Complete Blood Count (CBC) **, Blood

Haemoglobin

17.00

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)	8,100.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	64.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	2.00	Mm for 1st hr.		
Corrected	0.00	Mm for 1st hr.	< 9	
PCV (HCT)	57.00	cc %	40-54	
Platelet count				
Platelet Count	1.95	LACS/cu mm	1.5-4.0	ELECTRONIC
	47.50	CI.	0.47	IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.50	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	28.20	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	10.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.27	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE





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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

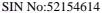
Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	93.10	fl	80-100	CALCULATED PARAMETER
MCH	32.30	pg	28-35	CALCULATED PARAMETER
MCHC	34.70	%	30-38	CALCULATED PARAMETER
RDW-CV	13.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,184.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	162.00	/cu mm	40-440	















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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

GLUCOSE FASTING **, Plasma

GOD POD Glucose Fasting 88.30 mg/dl < 100 Normal

100-125 Pre-diabetes ≥ 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 ** 115.00 **GOD POD** mg/dl <140 Normal 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)	5.00	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	31.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	96	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.





1800-419-0002

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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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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 nondiabetic 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.





SIN No:52154614



^{**}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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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	Un	it Bio. Ref. Interv	al Method
BUN (Blood Urea Nitrogen) ** Sample:Serum	11.30	mg/dL	7.0-23.0	CALCULATED
Creatinine **	1.21	mg/dl	0.7-1.3	MODIFIED JAFFES
Sample:Serum e-GFR (Estimated Glomerular Filtration Rate) ** Sample:Serum	72.50	ml/min/1,73m	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid ** Sample:Serum	6.70	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) ** , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect) LIPID PROFILE (MINI) ** , Serum Cholesterol (Total)	17.70 20.30 19.00 6.40 3.86 2.54 1.52 119.00 0.56 0.17 0.39	U/L U/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8 <200 Desirable 200-239 Borderline High	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	68.40 191 38.24 191.20	mg/dl mg/dl mg/dl mg/dl	> 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High 10-33 < 150 Normal	DIRECT ENZYMATIC CALCULATED
			150-199 Borderline High 200-499 High >500 Very High	Dr. Anupam Singh M.B.B.S,M.D.(Pathology)





Home Sample Collection

1800-419-0002



UHID/MR NO

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CIN: U85110DL2003PLC308206



Patient Name : Mr. VINAY KUMAR MAURYA Age/Gender : 26 Y O M O D /M

Registered On Collected : CALI.0000033235 Received

: 26/Mar/2022 10:36:53 : 26/Mar/2022 13:08:47

: 26/Mar/2022 08:06:22

Visit ID : CALI0115082122 Reported : 26/Mar/2022 14:03:06

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

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Result Unit Bio. Ref. Interval **Test Name** Method

SUGAR, PP STAGE **, Urine

Sugar, PP Stage

ABSENT

Interpretation:

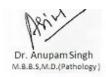
(+) $< 0.5 \; gms\%$

0.5-1.0 gms% (++)

(+++) 1-2 gms%

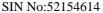
(++++) > 2 gms%















Test Name

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Method

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Result

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

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Unit

Bio. Ref. Interval

	1100011	C	2101110111110111	111011100
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	126.32	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.25	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.99	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/	mL First Trimeste	er
		0.5-4.6 μIU/	mL Second Trime	ester
		0.8-5.2 μIU/2	mL Third Trimest	ter
		0.5-8.9 µIU/	mL Adults	55-87 Years
		0.7-27 μIU/	mL Premature	28-36 Week
		2.3-13.2 µIU/1	mL Cord Blood	> 37Week
		0.7-64 μIU/i	mL Child(21 wk -	· 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.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

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

NATION, ROUTINE, STOOL, ROUTINE EXAMINATION, SUGAR, FASTING STAGE, ECG / EKG, X-RAY DIGIT. WHOLE ABDOMEN (UPPER & LOWER)

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





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