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

Ph: 9235432681,

CIN: U85110DL2003PLC308206

Patient Name	: Mrs.ANUBHA DWIVEDI	Registered On	: 16/Jun/2021 09:46:08
Age/Gender	: 32 Y O M O D /F	Collected	: 16/Jun/2021 10:20:18
UHID/MR NO	: CALI.0000027830	Received	: 16/Jun/2021 13:19:24
Visit ID	: CALI0030982122	Reported	: 16/Jun/2021 16:29:47
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
Blood Group (ABO & Rh typing) ** , Blood	,			
Blood Group	AB			
Rh (Anti-D)	POSITIVE			
COMPLETE BLOOD COUNT (CBC) ** , Blood	d			
Haemoglobin	11.20	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	6,100.00	/Cu mm	4000-10000	MICROSCOPIC
<u>DLC</u>				EXAMINATION
Polymorphs (Neutrophils)	57.00	%	55-70	MICROSCOPIC
, 5,,,				EXAMINATION
Lymphocytes	37.00	%	25-40	MICROSCOPIC
				EXAMINATION
Monocytes	4.00	%	3-5	MICROSCOPIC
Eosinophils	2.00	%	1-6	EXAMINATION MICROSCOPIC
Losinopinis	2.00	70	1-0	EXAMINATION
Basophils	0.00	%	< 1	MICROSCOPIC
·				EXAMINATION
ESR				
Observed	32.00	Mm for 1st hr.		
Corrected	12.00	Mm for 1st hr.	< 20	
PCV (HCT)	30.00	cc %	40-54	
Platelet count				
Platelet Count	1.80	LACS/cu mm	1.5-4.0	MICROSCOPIC EXAMINATION
RBC Count				
RBC Count	3.81	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	93.70	fl	80-100	CALCULATED PARAMETER
MCH	29.40	pg	28-35	CALC NAV
MCHC	31.30	%	30-38	CALC Dr. Anupam Singh PARJ M.B.B.S.M.D.(Pathology)

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

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Patient Name : Mrs.ANUBHA DWIVEDI Registered On : 16/Jun/2021 09:46:09 Age/Gender : 32 Y O M O D /F Collected : 16/Jun/2021 10:20:18 UHID/MR NO : CALI.0000027830 Received : 16/Jun/2021 13:29:18 Visit ID : CALI0030982122 Reported : 16/Jun/2021 14:19:18 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. Interva	al Method
Glucose Fasting ** Sample:Plasma	116.70	100-) Normal 125 Pre-diabetes 5 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 **	131.40	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)	5.00	% 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.

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.

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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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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

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.

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Ur	nit Bio. Ref. Inte	rval Method
Sample:Serum				
Creatinine ** Sample:Serum	0.69	mg/dl	0.5-1.2	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) ** Sample:Serum	98.60	ml/min/1.73m	12 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid ** Sample:Serum	5.69	mg/dl	2.5-6.0	URICASE
L.F.T.(WITH GAMMA GT) ** , Serum				
SGOT / Aspartate Aminotransferase (AST)	26.60	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	28.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	17.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.97	gm/dl	6.2-8.0	BIRUET B.C.G.
Albumin Globulin	4.03 2.94	gm/dl gm/dl	3.8-5.4 1.8-3.6	CALCULATED
A:G Ratio	1.37	gili/di	1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	122.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.29	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.66	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.63	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) **, Serum				
Cholesterol (Total)	179.00	mg/dl	<200 Desirable 200-239 Borderline H > 240 High	CHOD-PAP igh
HDL Cholesterol (Good Cholesterol)	31.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	124	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optim 130-159 Borderline H 160-189 High > 190 Very High	
VLDL	23.42	mg/dl	10-33	CALCULATED
Triglycerides	117.10	mg/dl	< 150 Normal 150-199 Borderline H 200-499 High >500 Very High	GPO-PAP igh Dr. Anupam Singh M.B.B.S,M.D.(Pathology)

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Patient Name : Mrs.ANUBHA DWIVEDI Registered On : 16/Jun/2021 09:46:09 Age/Gender : 32 Y O M O D /F Collected : 16/Jun/2021 13:33:08 UHID/MR NO : CALI.0000027830 Received : 16/Jun/2021 15:59:06 Visit ID : CALI0030982122 Reported : 16/Jun/2021 16:38:41 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : 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 ** ,	l Ivino			
Color	LIGHT YELLOW			
Specific Gravity	1.005			
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			
Microscopic Examination:				
Epithelial cells	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE ** , Urine				
Sugar, Fasting stage	ABSENT	gms%		
Interpretation:				

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2

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da Stadium Road, Aliganj

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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%

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

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

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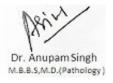
Patient Name : Mrs.ANUBHA DWIVEDI Registered On : 16/Jun/2021 09:46:09 Age/Gender : 32 Y O M O D /F Collected : 16/Jun/2021 10:20:18 UHID/MR NO : CALI.0000027830 Received : 16/Jun/2021 13:10:38 Visit ID : CALI0030982122 Reported : 16/Jun/2021 13:49:54 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	115.62	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.23	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	5.21	μIU/ml	0.27 - 5.5	CLIA
Interpretation:				
•		0.3-4.5 μΙ	U/mL First Trimes	ter
		0.4-4.2 μΙ	U/mL Adults	21-54 Years
		•	U/mL Second Trin	nester
		•	U/mL Adults	55-87 Years
		•	U/mL Child(21 wk	· · · · · · · · · · · · · · · · · · ·
		•	U/mL Premature	28-36 Week
		•	U/mL Third Trime	
		•	IU/mL Child	0-4 Days
		•	U/mL Child	2-20 Week
		2.3-13.2 μΙ	U/mL Cord Blood	> 37Week

- 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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Patient Name : Mrs.ANUBHA DWIVEDI Registered On : 16/Jun/2021 09:46:09

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

 UHID/MR NO
 : CALI.0000027830
 Received
 : N/A

Visit ID : CALI0030982122 Reported : 16/Jun/2021 13:46:46

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

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

- 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: NO SIGNIFICANT DIAGNOSTIC ABNORMALITY SEEN.

Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)

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da Stadium Road, Aliganj

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Patient Name : Mrs.ANUBHA DWIVEDI Registered On : 16/Jun/2021 09:46:10

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

 UHID/MR NO
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Visit ID : CALI0030982122 Reported : 16/Jun/2021 10: 42: 00

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

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

• The liver is normal in size measures ~ 12.5 cm and has a normal homogenous echotexture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- The portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common 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 is normal in size, position and cortical echotexture. Cortico-medullary demarcation is maintained.
- Left kidney is normal in size, position and cortical echotexture. Cortico-medullary demarcation is maintained.
- The collecting system of both the kidneys are not dilated.

SPLEEN

The spleen is normal in size and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or mass.
- No free fluid is noted in peritoneal cavity.

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Patient Name : Mrs.ANUBHA DWIVEDI Registered On : 16/Jun/2021 09:46:10

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

 UHID/MR NO
 : CALI.0000027830
 Received
 : N/A

Visit ID : CALI0030982122 Reported : 16/Jun/2021 10:42:00

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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

URINARY BLADDER

• The urinary bladder is normal. Bladder wall is normal in thickness and is regular. No calculus seen.

UTERUS

- The uterus is anteverted and normal in size.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline. Et measures 8.9 mm
- Cervix is normal.

ADNEXA & OVARIES

- Adnexa are normal.
- Both the ovaries are normal in size.
- Right ovary measures 2.9 x 2.5 cms.
- Left ovary measures 1.8 x 3.3 cms

FINAL IMPRESSION:-

NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.

Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG

Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)

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