

Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN : U85110DL2003PLC308206



Patient Name	: Mr.DEEPAK SINGH -168253	Registered On	: 28/Aug/2021 09:58:27
Age/Gender	: 31 Y O M O D /M	Collected	: 28/Aug/2021 10:50:19
UHID/MR NO	: IDUN.0000146917	Received	: 28/Aug/2021 11:18:06
Visit ID	: IDUN0213312122	Reported	: 28/Aug/2021 12:43:18
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 Rh (Anti-D)	0 POSITIVE			
COMPLETE BLOOD COUNT (CBC) * , Blood				
Haemoglobin TLC (WBC)	15.60 5,490.00	g/dl /Cu mm	13.5-17.5 4000-10000	PHOTOMETRIC ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	59.70	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.60	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	8.20	%	3-5	ELECTRONIC IMPEDANCE
Eosin <mark>ophils</mark>	0.90	%	1-6	ELECTRONIC
Basophils	0.60	%	<1	ELECTRONIC
ESR				
Observed	6.00	Mm for 1st hr.		
Corrected	2.00	Mm for 1st hr.	< 9	
PCV (HCT) Platelet count	45.60	cc %	40-54	
Platelet Count	2.75	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	14.60	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	42.50	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.30	%	0.108-0.282	ELECTRONIC
MPV (Mean Platelet Volume)	10.70	fL	6.5-12.0	ELECTRONIC
RBC Count				
RBC Count	5.25	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE





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Blood Indices (MCV, MCH	I, MCHC)				
MCV		86.80	fl	80-100	CALCULATED PARAMETER
MCH		29.70	pg	28-35	CALCULATED PARAMETER
MCHC		34.30	%	30-38	CALCULATED PARAMETER
RDW-CV		12.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD		42.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Cour Absolute Eosinophils Cour		3,280.00 50.00	/cu mm /cu mm	3000-7000 40-440	



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Visit ID	: IDUN0213312122	Reported	: 28/Aug/2021 15:34:51
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose Fasting Sample:Plasma	89.76	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 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 Sample:Plasma After Meal	129.48	mg/dl	<140 Normal 140-199 Pre-diabetes	GOD POD
		1.1	>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.



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD				
Glycosylated Haemoglobin (HbA1c)	4.82	% NGSP		HPLC (NGSP)	
Glycosylated Haemoglobin (Hb-A1c)	29.00	mmol/mol/IFCC			

mg/dl

Interpretation:

NOTE:-

Estimated Average Glucose (eAG)

- 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.

91

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



Home Sample Collecti 1800-419-0002



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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name

Result

Unit

Method

Bio. Ref. Interval

<u>Clinical Implications:</u>

*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	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample:Serum	9.90	mg/dL	7.0-23.0	CALCULATED
Creatinine	1.22	mg/dl	0.7-1.3	MODIFIED JAFFES
Sample:Serum e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	74.00	ml/min/1.73m	n2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	7.41	mg/dl	3.4-7.0	URICASE
L.F.T.(WITH GAMMA GT) * , NA				
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	29.55 31.98 27.57 7.01 4.75 2.26 2.10 58.33 0.61 0.28 0.33	U/L U/L IU/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	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF
Cholesterol (Total)	233.38	mg/dl	<200 Desirable 200-239 Borderline H > 240 High	CHOD-PAP High
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	38.40 169	mg/dl mg/dl	30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal/Above Optimal/Above Optimal/Above Optimal 130-159 Borderline H 160-189 High > 190 Very High	
VLDL Triglycerides	26.10 130.51	mg/dl mg/dl	10-33 < 150 Normal 150-199 Borderline F	CALCULATED GPO-PAP High





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name

Result

Unit

Method

200-499 High >500 Very High

Bio. Ref. Interval



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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
URINE EXAMINATION, ROUTINE * , U				
Color	LIGHT YELLOW			
Specific Gravity	1.005			
Reaction PH	Acidic (5.5)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
		,	10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
Gunnar	ADCENIT	auto a 0/	> 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	and the	-(,	DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:			and the second second	
Epithelial cells	1-2/h.p.f			MICROSCOPIC
	1 2711.p.1			EXAMINATION
Pus cells	ABSENT			MICROSCOPIC
				EXAMINATION
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
ougur, raotnig stago		911370		

Interpretation:

 $\begin{array}{ll} (+) & < 0.5 \\ (++) & 0.5\text{-}1.0 \\ (+++) & 1\text{-}2 \\ (++++) & > 2 \end{array}$

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Home Sample Collection



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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%



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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)	125.62	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.63	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.81	uIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	µIU/mL	First Trimes	ter
0.4-4.2	µIU/mL	Adults	21-54 Years
0.5-4.6	µIU/mL	Second Trin	nester
0.5-8.9	µIU/mL	Adults	55-87 Years
0.7-64	µIU/mL	Child(21 wk	- 20 Yrs.)
0.7-27	µIU/mL	Premature	28-36 Week
0.8-5.2		Third Trime	ster
1-39	µIU/mL	Child	0-4 Days
1.7-9.1	µIU/mL	Child	2-20 Week
2.3-13.2	2 μIU/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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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

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

IMPRESSION : NORMAL X-RAY



Dr. Amit Bhandari 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 is normal in size, shape and echotexture. No focal lesion seen. PV and CBD are normal. IHBR are not dilated.

Gall bladder seen in distended state with echofree lumen. Wall thickness is normal.

Spleen is normal in size, shape and echotexture.

Pancreas Head and body appear normal. Tail obscured by bowel gases.

Kidneys: Both kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Parenchymal thickness is normal. No obvious mass/calculus/hydronephrosis seen.

Urinary bladder seen in distended state with echofree lumen. Wall thickness is normal.

Prostate is normal in size and echotexture.

No significant free fluid seen in peritoneal cavity.

IMP:- No significant abnormality detected.

Note: All consultants are requested to please mention the region of interest in provisional diagnosis – so that specific stressed scan cannot be missed.

- : Impression is professional opinion, not a diagnosis and should be correlated clinically.
- : All machines/ Procedures have their limitations.

*** End Of Report ***

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

Result/s to Follow: STOOL, ROUTINE EXAMINATION, ECG / EKG



Dr. Amit Bhandari 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 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 365 Days Open

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