

# CHANDAN DIAGNOSTIC CENTRE

Add: Armelia, 1St Floor, 56New Road, M.K.P Chowk, Dehradun

Ph: 9235501532, 01352710192

CIN : U85110DL2003PLC308206



|              |  |               |                        |
|--------------|--|---------------|------------------------|
| Patient Name | : Mrs.SUMAN DEVI-PKG10000239               | Registered On | : 22/Jan/2022 10:22:59 |
| Age/Gender   | : 26 Y 0 M 0 D /F                          | Collected     | : 22/Jan/2022 10:42:23 |
| UHID/MR NO   | : IDUN.0000162117                          | Received      | : 22/Jan/2022 10:51:36 |
| Visit ID     | : IDUN0418922122                           | Reported      | : 22/Jan/2022 12:17:31 |
| 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  | O        |
| Rh ( Anti-D) | POSITIVE |

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

|                                       |              |                |   |
|---------------------------------------|--------------|----------------|---|
| Haemoglobin                           | 14.70        | g/dl           | Male- 13.5-17.5 g/dl<br>Female-12.0-15.5 g/dl |
| TLC (WBC)                             | 8,890.00     | /Cu mm         | 4000-10000                                    |
| <b>DLC</b>                            |              |                |   |
| Polymorphs (Neutrophils )             | 58.20        | %              | 55-70   |
| Lymphocytes                           | 35.60        | %              | 25-40   |
| Monocytes                             | 4.80         | %              | 3-5   |
| Eosinophils                           | 1.00         | %              | 1-6   |
| Basophils                             | 0.40         | %              | < 1   |
| <b>ESR</b>                            |              |                |   |
| Observed                              | 16.00        | Mm for 1st hr. |   |
| Corrected                             | 8.00         | Mm for 1st hr. | < 20  |
| PCV (HCT)                             | 43.80        | cc %           | 40-54   |
| <b>Platelet count</b>                 |              |                |   |
| Platelet Count                        | 1.66         | LACS/cu mm     | 1.5-4.0                                       |
| PDW (Platelet Distribution width)     | <b>26.00</b> | fL             | 9-17  |
| P-LCR (Platelet Large Cell Ratio)     | 59.30        | %              | 35-60   |
| PCT (Platelet Hematocrit)             | 0.22         | %              | 0.108-0.282                                   |
| MPV (Mean Platelet Volume)            | <b>13.00</b> | fL             | 6.5-12.0                                      |
| <b>RBC Count</b>                      |              |                |   |
| RBC Count                             | 4.79         | Mill./cu mm    | 3.7-5.0                                       |
| <b>Blood Indices (MCV, MCH, MCHC)</b> |              |                |   |
| MCV                                   | 91.40        | fl             | 80-100  |
| MCH                                   | 30.70        | pg             | 28-35   |
| MCHC                                  | 33.60        | %              | 30-38   |
| RDW                                   | 12.00        | %              | 11-16   |
| RDW-CV                                | 45.60        | fL             | 35-60   |
| Neutrophils Count                     | 5,180.00     | /cu mm         | 3000-7000                                     |
| Eosinophils Count (AEC)               | 70.00        | /cu mm         | 40-440  |



DR. RITU KALIA  
MD (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 |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

#### GLUCOSE FASTING , Plasma

|                 |       |       |  |         |
|-----------------|-------|-------|--|---------|
| Glucose Fasting | 90.86 | mg/dl | < 100 Normal<br>100-125 Pre-diabetes<br>≥ 126 Diabetes | GOD POD |
|-----------------|-------|-------|--|---------|

#### 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

|       |       |  |         |
|-------|-------|--|---------|
| 86.65 | mg/dl | <140 Normal<br>140-199 Pre-diabetes<br>>200 Diabetes | GOD POD |
|-------|-------|--|---------|

#### 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.

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

|                                   |       |               |             |
|-----------------------------------|-------|---------------|-------------|
| Glycosylated Haemoglobin (HbA1c)  | 5.22  | % NGSP        | HPLC (NGSP) |
| Glycosylated Haemoglobin (Hb-A1c) | 34.00 | mmol/mol/IFCC |             |
| Estimated Average Glucose (eAG)   | 103   | 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.

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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.

\*\*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.

### 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.

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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><br><i>Sample:Serum</i>                  | 10.20         | mg/dL                     | 7.0-23.0  | CALCULATED        |
| <b>Creatinine</b><br><i>Sample:Serum</i>                                   | 0.68          | mg/dl                     | 0.5-1.2   | MODIFIED JAFFES   |
| <b>e-GFR (Estimated Glomerular Filtration Rate)</b><br><i>Sample:Serum</i> | <b>121.00</b> | ml/min/1.73m <sup>2</sup> | - 90-120 Normal<br>- 60-89 Near Normal  | CALCULATED        |
| <b>Uric Acid</b><br><i>Sample:Serum</i>                                    | 4.41          | mg/dl                     | 2.5-6.0   | URICASE           |
| <b>L.F.T.(WITH GAMMA GT) * , Serum</b>                                     |               |                           |   |                   |
| SGOT / Aspartate Aminotransferase (AST)                                    | 34.71         | U/L                       | < 35  | IFCC WITHOUT P5P  |
| SGPT / Alanine Aminotransferase (ALT)                                      | <b>52.13</b>  | U/L                       | < 40  | IFCC WITHOUT P5P  |
| Gamma GT (GGT)   | 28.13         | IU/L                      | 11-50   | OPTIMIZED SZAZING |
| Protein  | 7.78          | gm/dl                     | 6.2-8.0   | BIRUET            |
| Albumin  | <b>6.09</b>   | gm/dl                     | 3.8-5.4   | B.C.G.            |
| Globulin   | <b>1.69</b>   | gm/dl                     | 1.8-3.6   | CALCULATED        |
| A:G Ratio  | <b>3.60</b>   |                           | 1.1-2.0   | CALCULATED        |
| Alkaline Phosphatase (Total)   | 111.20        | U/L                       | 42.0-165.0  | IFCC METHOD       |
| Bilirubin (Total)  | 0.70          | mg/dl                     | 0.3-1.2   | JENDRASSIK & GROF |
| Bilirubin (Direct)   | <b>0.48</b>   | mg/dl                     | < 0.30  | JENDRASSIK & GROF |
| Bilirubin (Indirect)   | 0.22          | mg/dl                     | < 0.8   | JENDRASSIK & GROF |
| <b>LIPID PROFILE ( MINI ) * , Serum</b>                                    |               |                           |   |                   |
| Cholesterol (Total)  | 176.90        | mg/dl                     | <200 Desirable<br>200-239 Borderline High<br>> 240 High   | CHOD-PAP          |
| HDL Cholesterol (Good Cholesterol)   | 45.86         | mg/dl                     | 30-70   | DIRECT ENZYMATIC  |
| LDL Cholesterol (Bad Cholesterol)  | 99            | mg/dl                     | < 100 Optimal<br>100-129 Nr.<br>Optimal/Above Optimal<br>130-159 Borderline High<br>160-189 High<br>> 190 Very High | CALCULATED        |
|  | 31.74         | mg/dl                     | 10-33   | CALCULATED        |
|  | 158.70        | mg/dl                     | < 150 Normal<br>150-199 Borderline High<br>200-499 High<br>>500 Very High   | GPO-PAP           |



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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                           | PALE YELLOW    |       |  |                         |
| Specific Gravity                | 1.020          |       |  |                         |
| Reaction PH                     | Acidic ( 6.0 ) |       |  | DIPSTICK                |
| Protein                         | ABSENT         | mg %  | < 10 Absent<br>10-40 (+)<br>40-200 (++)<br>200-500 (+++)<br>> 500 (++++) | DIPSTICK                |
| Sugar                           | ABSENT         | gms%  | < 0.5 (+)<br>0.5-1.0 (++)<br>1-2 (+++)<br>> 2 (++++)                     | DIPSTICK                |
| Ketone                          | ABSENT         | mg/dl | 0.2-2.81   | BIOCHEMISTRY            |
| Bile Salts                      | ABSENT         |       |  |                         |
| Bile Pigments                   | ABSENT         |       |  |                         |
| Urobilinogen(1:20 dilution)     | ABSENT         |       |  |                         |
| <b>Microscopic Examination:</b> |                |       |  |                         |
| Epithelial cells                | 5-6/h.p.f      |       |  | MICROSCOPIC EXAMINATION |
| Pus cells                       | 15-20/h.p.f    |       |  | 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 ( 6.5 ) |
| 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% |
|----------------------|--------|------|

#### 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%



DR. RITU KALIA  
MD (PATHOLOGY)

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| Visit ID     | : IDUN0418922122                           | Reported      | : 24/Jan/2022 13:03:12 |
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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)     | 142.66       | ng/dl  | 84.61–201.7 | CLIA |
| T4, Total (Thyroxine)             | 6.70         | ug/dl  | 3.2-12.6    | CLIA |
| TSH (Thyroid Stimulating Hormone) | <b>20.72</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.

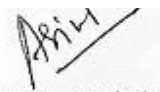
5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

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 \*

#### X-RAY REPORT

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### 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 :

- **NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.**



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 enlarged and measures approx 17.7 cm. It shows diffuse increase in echogenicity.** 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 is obscured by bowel gases.

**Kidneys:** Right kidney measures approx 100 x 36 mm and left kidney measures approx 110 x 52 mm.

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

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

**Uterus:** - is normal in size, shape and echotexture. No focal lesion seen.

Endometrial thickness is approx 7.4 mm.

**Adnexa: - Left ovary is bulky and measures approx 13.8 cc in volume.**

Right ovary is normal and measures approx 2.5 cc in volume.

No significant free fluid seen in peritoneal cavity.

**IMP: - MILD HEPATOMEGALY WITH GRADE II FATTY CHANGES.**

**BULKY LEFT OVARY.**

**ADV : FURTHER EVALUATION.**

*Note: In case of any discrepancy due to typing error kindly get it rectified immediately*

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

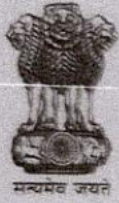
(\*) Test not done under NABL accredited Scope, (\*\*) Test Performed at Chandan Speciality Lab.



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 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



भारत सरकार  
GOVERNMENT OF INDIA



सुमन देवी.

Suman Devi

जन्म तारीख/DOB: 03/04/1995

महिला Female

5156 2571 9397



मेरा आधार, मेरी पहचान

Dr. RISHI BHUSHAN KALIA  
M.D.  
CHANDAN DIAGNOSTIC CENTRE  
56, New Road, MKP  
Dehradun-248001  
Reg. No. 01858



Age / Gender: 26/Female

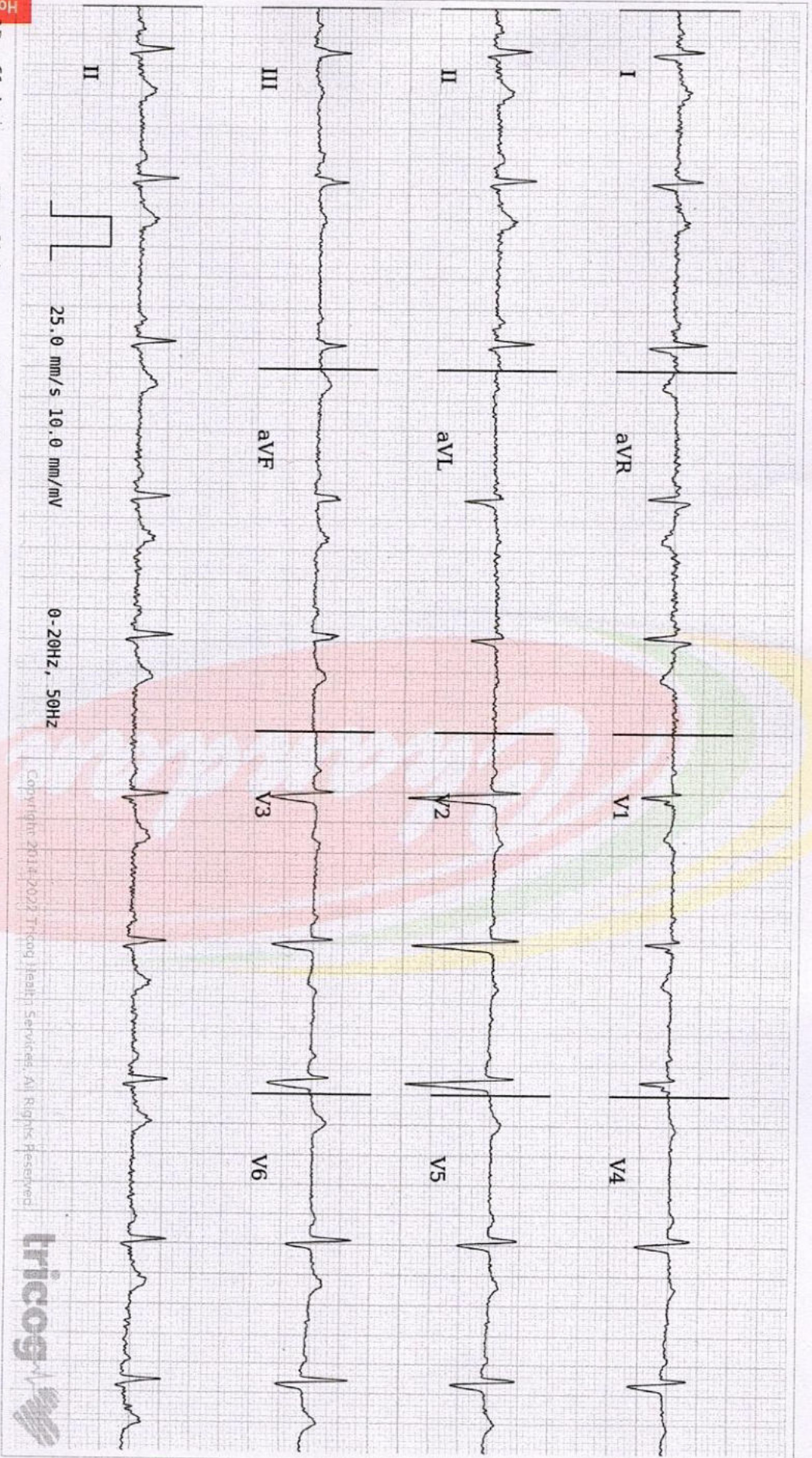
Date and Time: 22nd Jan 22 11:11 AM

Patient ID: IDUN0418922122

Patient Name: Mrs. SUMAN DEVI-PKG10000239



Customer Care No.: 0522-666600 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in



AR: 61 bpm VR: 61 bpm QRSd: 98 ms QT: 422 ms QTc: 424 ms PRI: 150 ms P-R-T: 54° 87° 51°

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

Home Sample Collection 1800 410002



REPORTED BY



Disclaimer: This report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.