

Chandan Diagnostic Centre, Varanasi

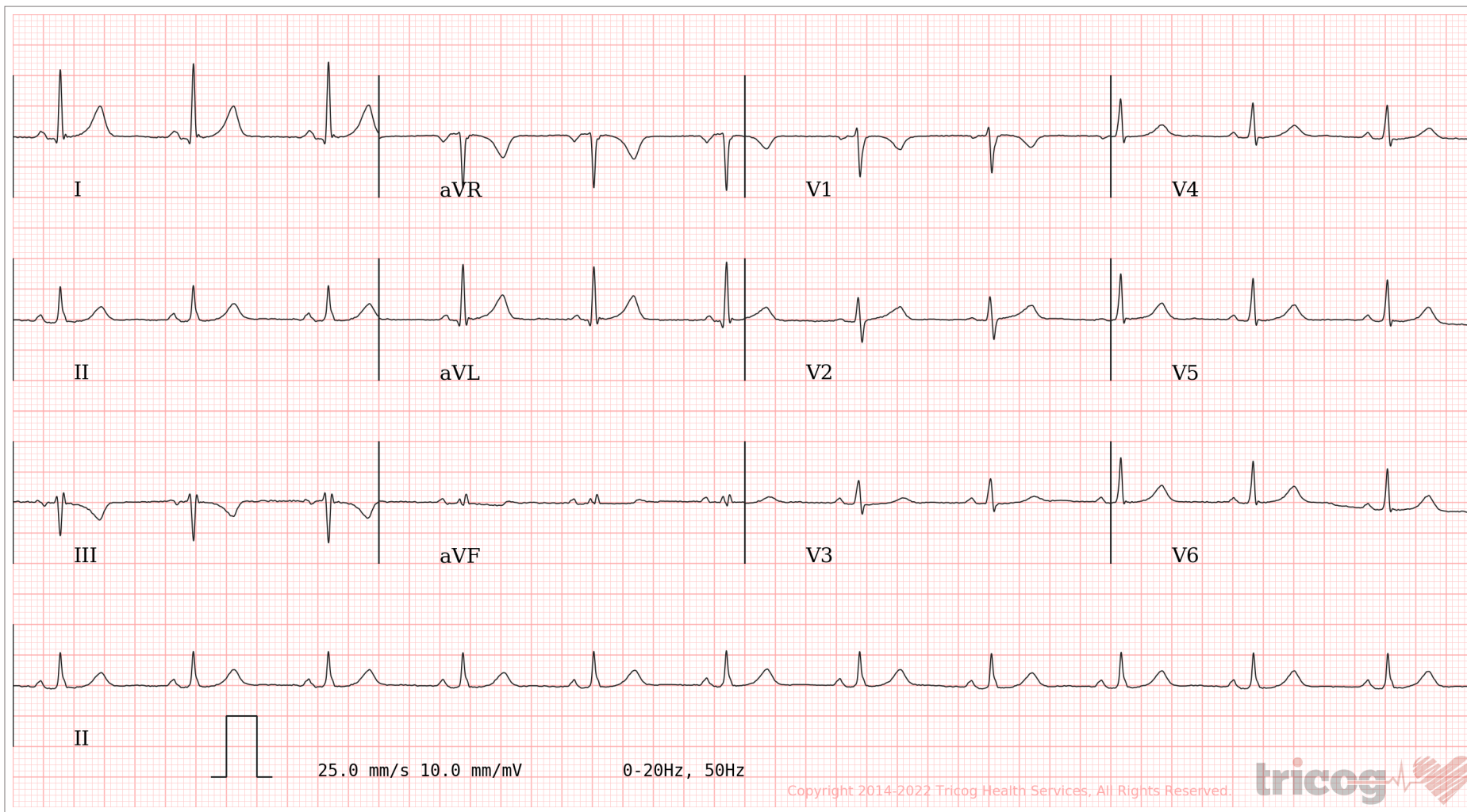
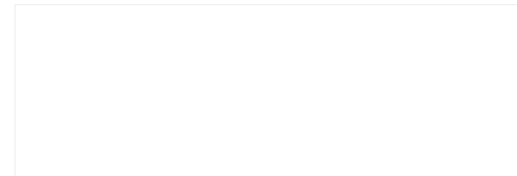


Age / Gender: 39/Female

Date and Time: 13th Aug 22 10:08 AM

Patient ID: CVAR0036682223

Patient Name: Mrs.RITU RANJITA RAI-PKG10000238



AR: 69bpm    VR: 69bpm    QRSD: 80ms    QT: 390ms    QTc: 417ms    PRI: 134ms    P-R-T: 27° 1° NA

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY

Dr. Maramita Manjul Das

96308



# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795,0542-3500227  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.RITU RANJITA RAI-PKG1000238	Registered On	: 13/Aug/2022 08:39:08
Age/Gender	: 39 Y 0 M 0 D /F	Collected	: 13/Aug/2022 10:24:20
UHID/MR NO	: CVAR.0000031064	Received	: 13/Aug/2022 10:44:23
Visit ID	: CVAR0036682223	Reported	: 13/Aug/2022 13:34:50
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	O
Rh ( Anti-D)	POSITIVE

#### Complete Blood Count (CBC) \* , Whole Blood

Haemoglobin	12.00	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
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TLC (WBC)	5,600	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
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#### DLC

Polymorphs (Neutrophils)	65.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE

#### ESR

Observed	10.00	Mm for 1st hr.
Corrected	6.00	Mm for 1st hr. < 20
PCV (HCT)	37.10	cc % 40-54

#### Platelet count

Platelet Count	1.30	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE

#### RBC Count

RBC Count	4.11	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
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### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	90.10	fl	80-100	CALCULATED PARAMETER
MCH	29.10	pg	28-35	CALCULATED PARAMETER
MCHC	32.30	%	30-38	CALCULATED PARAMETER
RDW-CV	15.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	52.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,640.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	112.00	/cu mm	40-440	



S.N. Sinha

Dr.S.N. Sinha (MD Path)





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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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#### GLUCOSE FASTING , Plasma

Glucose Fasting	96.70	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### 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

Glucose PP	136.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### 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)	5.00	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	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 management.





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### 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> Sample:Serum	9.00	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> Sample:Serum	0.70	mg/dl	0.5-1.3	MODIFIED JAFFES
<b>Uric Acid</b> Sample:Serum	6.60	mg/dl	2.5-6.0	URICASE
<b>LFT (WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	29.60	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	27.60	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	36.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.70	gm/dl	6.2-8.0	BIRUET
Albumin	3.80	gm/dl	3.8-5.4	B.C.G.
Globulin	2.90	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.31		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	131.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.40	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.20	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) , Serum</b>				
Cholesterol (Total)	166.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	42.50	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	106	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	17.54	mg/dl	10-33	CALCULATED
Triglycerides	87.70	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >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	1.030			
Reaction PH	Acidic ( 6.0 )			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	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
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#### Interpretation:

(+)	< 0.5
(++)	0.5-1.0
(+++)	1-2
(++++)	> 2





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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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#### SUGAR, PP STAGE \* , Urine

Sugar, PP Stage ABSENT

#### Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%



*S.N. Sinha*  
Dr.S.N. Sinha (MD Path)







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Age/Gender	: 39 Y 0 M 0 D /F	Collected	: 13/Aug/2022 10:24:19
UHID/MR NO	: CVAR.0000031064	Received	: 13/Aug/2022 15:24:57
Visit ID	: CVAR0036682223	Reported	: 13/Aug/2022 15:27:48
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
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#### THYROID PROFILE - TOTAL \* , Serum

T3, Total (tri-iodothyronine)	101.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	6.40	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.51	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.



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Dr.S.N. Sinha (MD Path)





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Patient Name	: Mrs.RITU RANJITA RAI-PKG1000238	Registered On	: 13/Aug/2022 08:39:09
Age/Gender	: 39 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000031064	Received	: N/A
Visit ID	: CVAR0036682223	Reported	: 13/Aug/2022 11:14:29
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## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### X-RAY DIGITAL CHEST PA \*

#### X-Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

#### IMPRESSION

**\* NO OBVIOUS DETECTABLE ABNORMALITY SEEN**



Dr Raveesh Chandra Roy (MD-Radio)





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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

- **LIVER:** - It measures 13.6 cm in mid clavicular line. It is normal in shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- **GALL BLADDER** :- Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.
- **CBD** :- It measures 2.6 mm in caliber.
- **PORTAL VEIN:** - It measures 8.5 mm in caliber.
- **PANCREAS:** - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.
- **SPLEEN:** - Normal in size ( 9.2 cm), shape and echogenicity.
- **RIGHT KIDNEY:** - Normal in size (9.4 x 3.7 cm ), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.
- **LEFT KIDNEY:** - Normal in size ( 9.3 x 4.2 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.
- **URINARY BLADDER** :- Normal in shape, outline and distension. No e/o wall thickening / calculus. Prevoid urine volume 134 cc.
- **UTERUS** :- Retroflexed. Size ( 78 x 40 x 50 mm/84 cc). No focal myometrial lesion seen. Endometrium thickness 6.6 mm.
- **OVARIES** :- Bilateral ovaries are normal in size, shape and echogenicity.
- Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy
- No free fluid is seen in the abdomen/pelvis.

**IMPRESSION : No significant abnormality seen.**

**Please correlate clinically**

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

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG



Dr Raveesh Chandra Roy (MD-Radio)

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



Name of Company: Mediwheel

Name of Executive: Rituranjita Rai

Date of Birth: 10/02/1983

Sex: Male / Female

Height: 159.....CMs

Weight: 85.....KGs

BMI (Body Mass Index) : 33.6

Chest (Expiration / Inspiration) 97 / 99.....CMs

Abdomen: 98.....CMs

Blood Pressure: 122 / 84.....mm/Hg

Pulse: 80.....BPM - Regular / Irregular

RR: 16.....Resp/Min

Identification Mark: Mole on the right side of the nose.

Any Allergies: NO

Vertigo: NO

Any Medications: NO

Any Surgical History: NO

Habits of alcoholism/smoking/tobacco: NO

Chief Complaints if any: NO

Lab Investigation Reports: Reported H.

Eye Check up vision & Color vision: Normal

Power / Reading Glasses: Yes / No

Left eye: -0.5

Right eye: 0.5

Client wearing powerglasses. power



# CHANDAN DIAGNOSTIC CENTRE



Near vision: *normal*  
 Far vision : *normal*  
 Dental check up : *normal*  
 ENT Check up : *normal*  
 Eye Checkup: *normal*

**Final impression**

Certified that I examined *Ritu Ranjita Rai* .....S/o or D/o .....  
 is presently in good health and free from any cardio-respiratory/communicable  
 ailment, **he/she is fit / Unfit to join any organization.**

*Ritu Ranjita Rai*  
**Client Signature :-**

.....  
**Signature of Medical Examiner**

**Name & Qualification - Dr. R. C. Roy (MBBS,MD)**

**Date..13..1.08 /2022, Place - VARANASI**

**Dr. R.C. ROY**  
 BS, MD. (Radio Diagnosis)  
 Reg. No.-26918





P- 93, Shivaji Nagar Colony, Mahmoorganj,  
Varanasi, Uttar Pradesh 221010, India

Latitude

Longitude

25.305393°

82.979093°

LOCAL 13:19:07

SATURDAY 08.13.2022

GMT 07:49:07

ALTITUDE 57 FEET



भारत निर्वाचन आयोग

ELECTION COMMISSION OF INDIA

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Name

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