



Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



Patient Name : Mrs.KARISHAM TANDON-PKG10000239 Registered On : 14/Aug/2021 11:22:49 : 31 Y O M O D /F : 14/Aug/2021 12:30:49 Age/Gender Collected UHID/MR NO : 14/Aug/2021 12:34:40 : CVAR.0000021114 Received Visit ID : CVAR0051462122 Reported : 14/Aug/2021 14:55:40

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

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

MEDIWHEEL		A MALE & FEMA	LE BELOW 40 YRS	
Test Name	Result	Unit	Bio. Ref. Interval	Method
lood Group (ABO & Rh typing) * , Blood	d			
Blood Group	AB			
Rh (Anti-D)	POSITIVE			
OMPLETE BLOOD COUNT (CBC) * , Bloo	od			
Haemoglobin	13.00	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	7,500	/Cu mm	4000-10000	ELECTRONIC
				IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	60.00	%	55-70	ELECTRONIC
				IMPEDANCE
Lymphocytes	35.00	%	25-40	ELECTRONIC
Monocytes	3.00	%	3-5	IMPEDANCE ELECTRONIC
Monocytes	3.00	/0	3-0	IMPEDANCE
Eosin <mark>ophils</mark>	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.		
PCV (HCT)	38.60	cc %	40-54	
Platelet count				
Platelet Count	1.71	LACS/cu mm	1.5-4.0	ELECTRONIC
DDW (District District Alice or initial)	17.00	£I.	0.17	IMPEDANCE
PDW (Platelet Distribution width)	16.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC
r Lon (Flatelet Large Gen Natio)	111	70	33 00	IMPEDANCE
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC
,				IMPEDANCE
MPV (Mean Platelet Volume)	12.70	fL	6.5-12.0	ELECTRONIC
				IMPEDANCE
RBC Count				
RBC Count	4.42	Mill./cu mm	3.7-5.0	ELECTRONIC





IMPEDANCE





Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-2223232

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Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	87.40	fl	80-100	CALCULATED PARAMETER
MCH	29.50	pg	28-35	CALCULATED PARAMETER
MCHC	33.80	<u>,</u> %	30-38	CALCULATED PARAMETER
RDW-CV	13.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count Absolute Eosinophils Count (AEC)	4,500.00 150.00	/cu mm /cu mm	3000-7000 40-440	



S. M. Cindo 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. Interva	al Method
Glucose Fasting Sample:Plasma	99.70	100-1	Normal 25 Pre-diabetes 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	138.00	mg/dl	<140 Normal 140-199 Pre-diabetes	GOD POD
			>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)	5.10	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	33.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	101	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 U	Jnit Bio.	o. 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:

BUN (Blood Urea Nitrogen) *

7.40

mg/dL

7.0-23.0

CALCULATED





^{**}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	Un	it Bio. Ref. Inte	rval Method
Sample:Serum				
Creatinine Sample:Serum	0.77	mg/dl	0.5-1.2	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	102.00	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	3.95	mg/dl	2.5-6.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	26.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	17.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	32.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.49	gm/dl	6.2-8.0	BIRUET
Albumin	3.90	gm/dl	3.8-5.4	B.C.G.
Globulin	2.59	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.51		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	69.30	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.50	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	Jendrassik & Grof
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	161.00	mg/dl	<200 Desirable 200-239 Borderline H > 240 High	CHOD-PAP igh
HDL Cholesterol (Good Cholesterol)	37.50	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	103	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optim 130-159 Borderline H 160-189 High > 190 Very High	
VLDL	20.28	mg/dl	10-33	CALCULATED
Trialycerides I	101.40	mg/dl	< 150 Normal 150-199 Borderline H 200-499 High	GPO-PAP igh S:N:Sinlon
			>500 Very High	Dr.S.N. Sinha (MD Path)









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: 14/Aug/2021 11:22:50

Age/Gender

: 31 Y O M O D /F

Collected Received

: 14/Aug/2021 15:52:58 : 14/Aug/2021 15:54:14

UHID/MR NO Visit ID

: CVAR.0000021114 : CVAR0051462122

Reported

: 14/Aug/2021 15:54:39

Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd.

: Final Report Status

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

URINE EXAMINATION, ROUTINE * ,	Urine			
Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	, mg %	< 10 Absent 10-40 (+)	DIPSTICK
			40-200 (++) 200-500 (+++) > 500 (++++)	
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) Microscopic Examination:	ABSENT			
Epithelial cells	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells ·	0-2/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%		

Sugar, Fasting stage gms%

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

SUGAR, PP STAGE *, Urine

Sugar, PP Stage

ABSENT

Interpretation:

(+)< 0.5 gms%

0.5-1.0 gms% (++)

(+++) 1-2 gms%

(++++) > 2 gms%



S.N. Sinta

Dr.S.N. Sinha (MD Path)









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-2223232

CIN: U85110DL2003PLC308206



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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Un	it I	Bio. Ref. Interval	Method
HYROID PROFILE - TOTAL * , Serum					
T3, Total (tri-iodothyronine)	102.00	ng/	dl 8	84.61–201.7	CLIA
T4, Total (Thyroxine)	4.45	ū		3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.49	μIŪ/	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	$\mu IU/mL$	Second Trin	nester
		0.5-8.9	$\mu IU/mL$	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	μIU/mL	Third Trime	ster
		1-39	μIU/mI	Child	0-4 Days
		1.7-9.1	μIU/mL	Child	2-20 Week
		2.3-13.2	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.



C.M. Sinta Dr.S.N. Sinha (MD Path)







CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-2223232

CIN: U85110DL2003PLC308206



Patient Name

: Mrs.KARISHAM TANDON-PKG10000239

Registered On

: 14/Aug/2021 11:22:51

Age/Gender UHID/MR NO : 31 Y O M O D /F

Collected

: N/A : N/A

Visit ID

: CVAR.0000021114 : CVAR0051462122

Received Reported

: 14/Aug/2021 12:54:07

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

- 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: NORMAL SKIAGRAM



Dr. Raveesh Chandra Roy (MD-Radio)







Age/Gender

UHID/MR NO

CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

- The liver measures 12.4 cm in mid clavicular line. It is normal in shape and echogenecity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- Gall bladder is well distended. Hyperechoic focus 15 mm in diameter is seen in GB lumen. GB wall thickness 3 mm.
- Portal vein measures 9.5 mm in caliber. CBD measures 3.7 mm in caliber.
- Pancreas is normal in size, shape and echogenecity.
- Spleen is normal in size (7.8 cm in its long axis), shape and echogenecity.
- Right kidney is normal in size, shape and echogenecity. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.Right kidney measures: 11.6 x 3.5 cm.
- Left kidney is normal in size, shape and echogenecity. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated. Left kidney measures: 11.2 x 4.8 cm.
- Urinary bladder is normal in shape, outline and distension. Lumen is anechoic and no wall thickening seen. Prevoid urine volume 237 cc.
- Uterus is anteverted. Size 81 x 41 x 34 mm / 60 cc. No focal myometrial lesion seen. Endometrium thickness 4.5 mm.
- Bilateral ovaries are normal in size, shape and echogenecity.
- No free fluid is seen in the abdomen/pelvis.

IMPRESSION:

- Solitary GB stone.
- Rest of the abdominal organs are normal

Please correlate clinically.

*** End Of Report ***

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG



Ry

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 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



