



# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani  
Ph: ,9235400975  
CIN : U85110DL2003PLC308206



Patient Name	: Miss.VINEETA SHANKHWAR 91883	Registered On	: 31/Jul/2022 11:17:41
Age/Gender	: 40 Y 0 M 0 D /F	Collected	: 31/Jul/2022 11:35:04
UHID/MR NO	: CHLD.0000081768	Received	: 31/Jul/2022 11:55:34
Visit ID	: CHLD0063692223	Reported	: 01/Aug/2022 12:16:11
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) \* , Whole Blood

Haemoglobin	10.10	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
-------------	-------	------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

TLC (WBC)	4,600.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
-----------	----------	--------	------------	----------------------

#### DLC

Polymorphs (Neutrophils)	63.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	32.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE

#### ESR

Observed	42.00	Mm for 1st hr.
Corrected	22.00	Mm for 1st hr. < 20
PCV (HCT)	32.00	cc % 40-54

#### Platelet count

Platelet Count	2.24	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	32.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.23	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	10.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE

#### RBC Count

RBC Count	4.00	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
-----------	------	-------------	---------	----------------------



SIN No:52939479





# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani  
Ph: ,9235400975  
CIN : U85110DL2003PLC308206



Patient Name	: Miss.VINEETA SHANKHWAR 91883	Registered On	: 31/Jul/2022 11:17:41
Age/Gender	: 40 Y 0 M 0 D /F	Collected	: 31/Jul/2022 11:35:04
UHID/MR NO	: CHLD.0000081768	Received	: 31/Jul/2022 11:55:34
Visit ID	: CHLD0063692223	Reported	: 01/Aug/2022 12:16:11
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
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	86.70	fl	80-100	CALCULATED PARAMETER
MCH	<b>26.40</b>	pg	28-35	CALCULATED PARAMETER
MCHC	<b>29.20</b>	%	30-38	CALCULATED PARAMETER
RDW-CV	<b>18.70</b>	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	59.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	<b>2,898.00</b>	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	184.00	/cu mm	40-440	



  
Dr Vinod Ojha  
MD Pathologist



SIN No:52939479





# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani  
Ph: ,9235400975  
CIN : U85110DL2003PLC308206



Patient Name	: Miss.VINEETA SHANKHWAR 91883	Registered On	: 31/Jul/2022 11:17:42
Age/Gender	: 40 Y 0 M 0 D /F	Collected	: 31/Jul/2022 11:35:04
UHID/MR NO	: CHLD.0000081768	Received	: 31/Jul/2022 11:55:34
Visit ID	: CHLD0063692223	Reported	: 31/Jul/2022 13:03:53
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. Interval	Method
-----------	--------	------	--------------------	--------

#### GLUCOSE FASTING , Plasma

Glucose Fasting	85.78	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### Glucose PP

Sample: Plasma After Meal

115.83	mg/dl	<140 Normal 140-199 Pre-diabetes >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 diabetics 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)	5.30	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	34.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	106	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.



SIN No:52939479





# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani  
Ph: ,9235400975  
CIN : U85110DL2003PLC308206



Patient Name	: Miss.VINEETA SHANKHWAR 91883	Registered On	: 31/Jul/2022 11:17:42
Age/Gender	: 40 Y 0 M 0 D /F	Collected	: 31/Jul/2022 11:35:04
UHID/MR NO	: CHLD.0000081768	Received	: 31/Jul/2022 11:55:34
Visit ID	: CHLD0063692223	Reported	: 31/Jul/2022 13:03:53
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. Interval	Method
-----------	--------	------	--------------------	--------

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.



SIN No:52939479





# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani  
Ph: ,9235400975  
CIN : U85110DL2003PLC308206



Patient Name	: Miss.VINEETA SHANKHWAR 91883	Registered On	: 31/Jul/2022 11:17:42
Age/Gender	: 40 Y 0 M 0 D /F	Collected	: 31/Jul/2022 11:35:04
UHID/MR NO	: CHLD.0000081768	Received	: 31/Jul/2022 11:55:34
Visit ID	: CHLD0063692223	Reported	: 31/Jul/2022 13:03:53
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. Interval	Method
-----------	--------	------	--------------------	--------

#### BUN (Blood Urea Nitrogen)

Sample:Serum

9.96 mg/dL 7.0-23.0 CALCULATED

#### Creatinine

Sample:Serum

0.68 mg/dl 0.5-1.3 MODIFIED JAFFES

#### e-GFR (Estimated Glomerular Filtration Rate)

Sample:Serum

109.00 ml/min/1.73m2 - 90-120 Normal  
- 60-89 Near Normal CALCULATED

#### Uric Acid

Sample:Serum

6.35 mg/dl 2.5-6.0 URICASE

#### LFT (WITH GAMMA GT) \* , Serum

SGOT / Aspartate Aminotransferase (AST)

50.89 U/L < 35 IFCC WITHOUT P5P

SGPT / Alanine Aminotransferase (ALT)

29.91 U/L < 40 IFCC WITHOUT P5P

Gamma GT (GGT)

99.70 IU/L 11-50 OPTIMIZED SZAZING

Protein

6.93 gm/dl 6.2-8.0 BIRUET

Albumin

3.95 gm/dl 3.8-5.4 B.C.G.

Globulin

2.98 gm/dl 1.8-3.6 CALCULATED

A:G Ratio

1.33 1.1-2.0 CALCULATED

Alkaline Phosphatase (Total)

120.30 U/L 42.0-165.0 IFCC METHOD

Bilirubin (Total)

0.54 mg/dl 0.3-1.2 JENDRASSIK & GROF

Bilirubin (Direct)

0.18 mg/dl < 0.30 JENDRASSIK & GROF

Bilirubin (Indirect)

0.36 mg/dl < 0.8 JENDRASSIK & GROF

#### LIPID PROFILE ( MINI ) , Serum

Cholesterol (Total)

141.38 mg/dl <200 Desirable  
200-239 Borderline High  
> 240 High CHOD-PAP

HDL Cholesterol (Good Cholesterol)

42.00 mg/dl 30-70 DIRECT ENZYMATIC

LDL Cholesterol (Bad Cholesterol)

57 mg/dl < 100 Optimal  
100-129 Nr.  
Optimal/Above Optimal  
130-159 Borderline High  
160-189 High  
> 190 Very High CALCULATED

42.64 mg/dl 10-33 CALCULATED

213.20 mg/dl < 150 Normal  
150-199 Borderline High  
200-499 High  
>500 Very High GPO-PAP



Dr Vinod Ojha  
MD Pathologist



SIN No:52939479





# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani  
Ph: ,9235400975  
CIN : U85110DL2003PLC308206



Patient Name	: Miss.VINEETA SHANKHWAR 91883	Registered On	: 31/Jul/2022 11:17:42
Age/Gender	: 40 Y 0 M 0 D /F	Collected	: 31/Jul/2022 11:35:04
UHID/MR NO	: CHLD.0000081768	Received	: 31/Jul/2022 11:55:34
Visit ID	: CHLD0063692223	Reported	: 01/Aug/2022 14:43:32
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 \* , Urine

Color	TURBID YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic ( 5.0 )			DIPSTICK
Protein	PRESENT (+)	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	1-6/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-4/h.p.f			MICROSCOPIC EXAMINATION
RBCs	Plenty number of RBCs			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	Frequent amorphous granular deposit are seen			MICROSCOPIC EXAMINATION
Others	ABSENT			



  
Dr Vinod Ojha  
MD Pathologist



SIN No:52939479





# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani  
Ph: ,9235400975  
CIN : U85110DL2003PLC308206



Patient Name	: Miss.VINEETA SHANKHWAR 91883	Registered On	: 31/Jul/2022 11:17:42
Age/Gender	: 40 Y 0 M 0 D /F	Collected	: 31/Jul/2022 14:26:28
UHID/MR NO	: CHLD.0000081768	Received	: 31/Jul/2022 14:27:23
Visit ID	: CHLD0063692223	Reported	: 31/Jul/2022 15:06:49
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
-----------	--------	------	--------------------	--------

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

Sugar, PP Stage ABSENT

#### Interpretation:

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



  
Dr Vinod Ojha  
MD Pathologist



SIN No:52939479





# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani  
Ph: ,9235400975  
CIN : U85110DL2003PLC308206



Patient Name	: Miss.VINEETA SHANKHWAR 91883	Registered On	: 31/Jul/2022 11:17:42
Age/Gender	: 40 Y 0 M 0 D /F	Collected	: 31/Jul/2022 11:35:04
UHID/MR NO	: CHLD.0000081768	Received	: 01/Aug/2022 12:16:03
Visit ID	: CHLD0063692223	Reported	: 01/Aug/2022 16:07:29
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)	<b>42.23</b>	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	3.20	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	<b>137.25</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.



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

(\*\*) Test Performed at Chandan Speciality Lab.

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

HOW: NE EXAMINATION, SUGAR, FASTING STAGE, ECG / EKG, X-RAY DIGITAL CHEST PA, ULTRASOUND WHC (ER)

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 \*  
365 Days Open \*Facilities Available at Select Location



SIN No:52939479

Page 8 of 8



Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection  
1800-419-0002

Mar. 2018

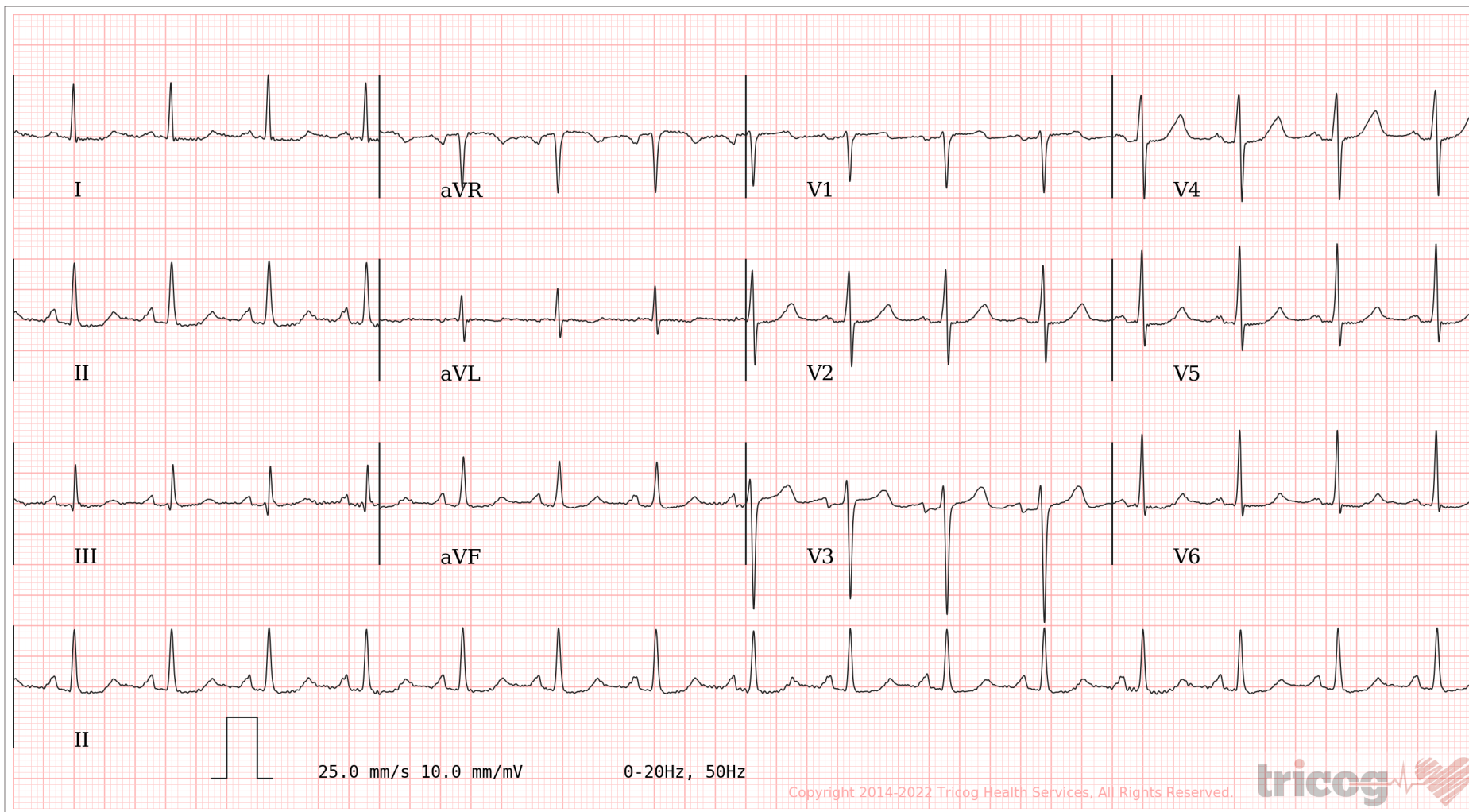


# Chandan Diagnostic Centre, Haldwani - 1



Age / Gender: 40/Female  
Patient ID: CHLD0063692223  
Patient Name: VINEETA SHANKHWAR 91883

Date and Time: 31st Jul 22 11:48 AM



AR: 94bpm    VR: 94bpm    QRSD: 80ms    QT: 378ms    QTc: 472ms    PRI: 146ms    P-R-T: 64° 53° 80°

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

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY

Dr. Adithya R

KMC129110