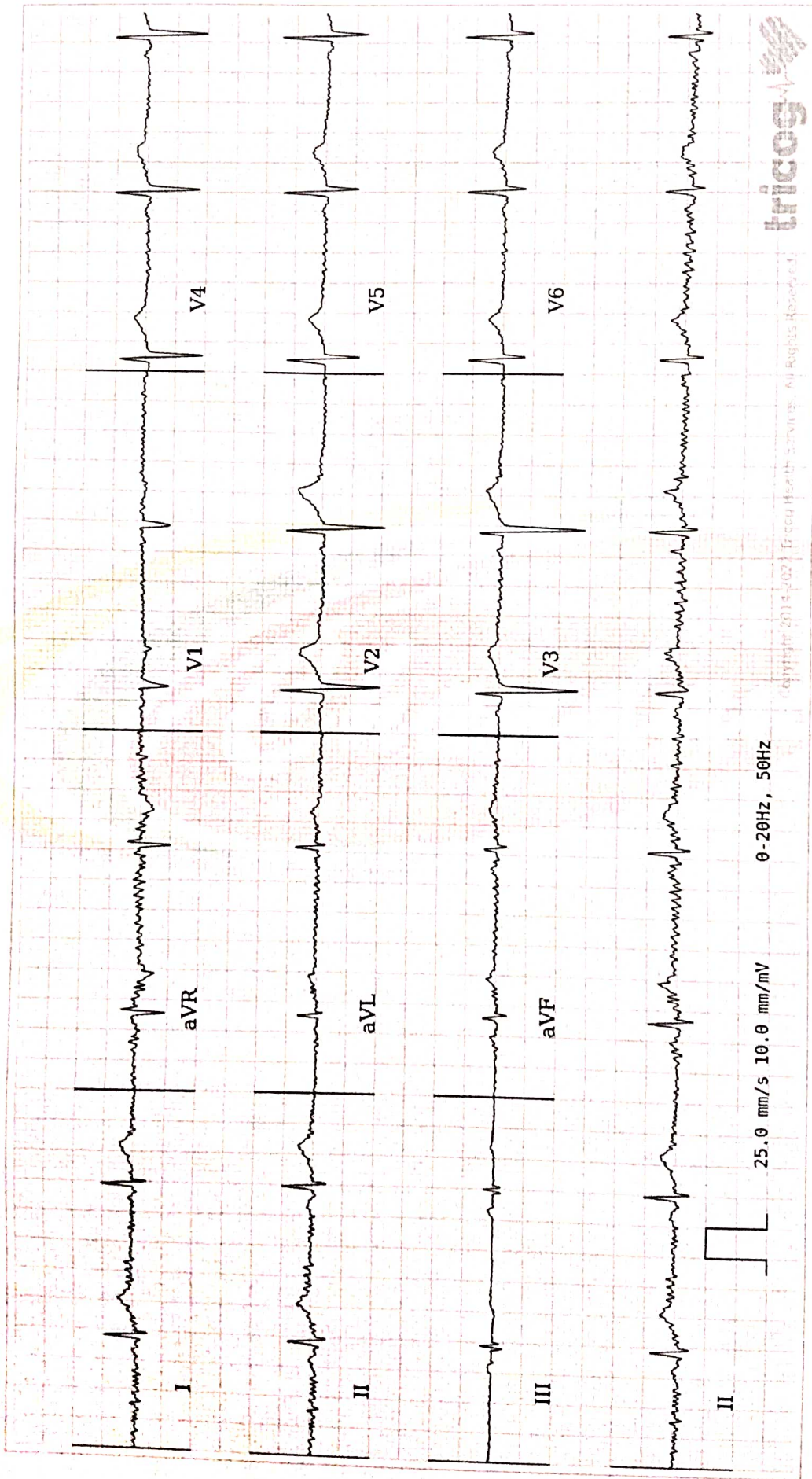


Age / Gender: 37/Male Date and Time: 9th Nov 22 9:57 AM
 Patient ID: IDUN0273362223
 Patient Name: Mr.MADHUR SEMWAL-PKG10000238



AR: 55bpm VR: 55bpm QRSd: 72ms QT: 394ms QTc: 376ms PRI: 142ms P-R-T: 63° 35° 30°

Within Normal Limits: Sinus Bradycardia. Baseline artefacts. Please correlate clinically.

CHANDAN DIAGNOSTIC
 AUTHORIZED BY
 Dr. Charit
 MD, DM: Cardiology

REPORTED BY
 Dr. Nethra

Analysis in 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.





भारत सरकार

Government of India

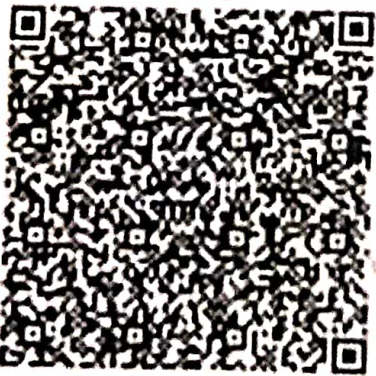
मधुर सेमवाल

Madhur Semwal

जन्म तिथि / DOB : 07/05/1985

पुरुष / Male

3651 5392 6445



आधार - आम आदमी का अधिकार

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



CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mr.MADHUR SEMWAL-PKG10000238	Registered On	: 09/Nov/2022 09:02:19
Age/Gender	: 37 Y 0 M 0 D /M	Collected	: 09/Nov/2022 09:35:12
UHID/MR NO	: IDUN.0000185847	Received	: 09/Nov/2022 10:50:39
Visit ID	: IDUN0273362223	Reported	: 09/Nov/2022 12:12:19
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN	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	A
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	14.00	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	
TLC (WBC)	6,610.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	60.60	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	26.90	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.60	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	7.20	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.70	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	4.00	Mm for 1st hr.		
Corrected	--	Mm for 1st hr.	<9	
PCV (HCT)	40.80	%	40-54	
Platelet count				
Platelet Count	1.55	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	26.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	59.30	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.21	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.30	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.58	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	89.20	fl	80-100	CALCULATED PARAMETER
MCH	30.60	pg	28-35	CALCULATED PARAMETER
MCHC	34.30	%	30-38	CALCULATED PARAMETER
RDW-CV	12.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,000.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	480.00	/cu mm	40-440	



DR. RITU BHATIA
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
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GLUCOSE FASTING , Plasma

Glucose Fasting	113.79	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 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

122.90	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 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)	5.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	33.00	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.

BUN (Blood Urea Nitrogen) * Sample:Serum	9.66	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.76	mg/dl	0.7-1.3	MODIFIED JAFFES
Uric Acid Sample:Serum	6.71	mg/dl	3.4-7.0	URICASE

LFT (WITH GAMMA GT) * , Serum





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
SGOT / Aspartate Aminotransferase (AST)	32.05	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	80.96	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	32.93	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.57	gm/dl	6.2-8.0	BIRUET
Albumin	4.27	gm/dl	3.8-5.4	B.C.G.
Globulin	2.30	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.86		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	99.26	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.77	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.32	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.45	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) * , Serum

Cholesterol (Total)	240.78	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	50.97	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	167	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	22.41	mg/dl	10-33	CALCULATED
Triglycerides	112.04	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



DR. RITU BHATIA
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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	1.025			
Reaction PH	Acidic (5.0)			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			
Microscopic Examination:				
Epithelial cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

STOOL, ROUTINE EXAMINATION * , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic (6.0)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	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
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage ABSENT gms%

Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++)
- (++++)

SUGAR, PP STAGE * , Urine

Sugar, PP Stage ABSENT

Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++)
- (++++)



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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 : NO SIGNIFICANT ABNORMALITY DETECTED



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.

IMPRESSION : - NO SIGNIFICANT ABNORMALITY DETECTED.

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

*** End Of Report ***

Result/s to Follow:

THYROID PROFILE - TOTAL, 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 *
365 Days Open *Facilities Available at Select Location

