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2991 1520 5613

Address: D/O: Vinod Kumar Singh, Jig post
 Jasapur, Jigna, Kanpur Dehat,
 Uttar Pradesh - 209310

पता: आगला: विनोद कुमार सिंह, जिगा
 पोस्ट जसापुर, जिगना, कानपुर देहात,
 उत्तर प्रदेश - 209310

Unique Identification Authority of India

एनआरआई



Laxmi Singh
6392202636

K. Sharma

DR. K.C. BHARADWAJ
M.B.B.S. D CARD
Reg. No. 32749



भारत सरकार

Government of India

Indra Diagnostic Centre
24/22 Karachi Khana
Mall Road, Kanpur

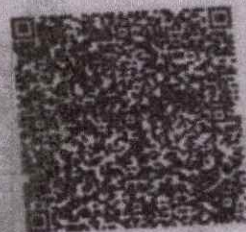


लक्ष्मी सिंह

Lakshmi Singh

जन्म तिथि/ DOB: 09/03/1998

महिला / FEMALE



2991 1520 5613

मेरा आधार, मेरी पहचान



K. M. M. M. M.

*DR. K. C. BHARADWAJ
M.B.B.S., D.C.A.
Reg. No. 32749*

*Indra Diagnostic Centre
24/22 Karachi Karana
Mall Road, Kharpor*



INDRA DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan ,Karachi Khana, Kanpur
Ph: 9235432757,
CIN : U85110DL2003LC308206



Patient Name	: Mrs.LAKSHMI SINGH -PKG10000238	Registered On	: 14/Aug/2021 15:46:53
Age/Gender	: 23 Y 5 M 6 D /F	Collected	: 14/Aug/2021 15:49:38
UHID/MR NO	: IKNP.0000013937	Received	: 14/Aug/2021 15:49:58
Visit ID	: IKNP0040232122	Reported	: 14/Aug/2021 17:35:09
Ref Doctor	: Dr.MediWheel Knp	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) * , Blood

Haemoglobin	13.80	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	5,900.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE

DLC

Polymorphs (Neutrophils)	50.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	42.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	7.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE

ESR

Observed	18.00	Mm for 1st hr.
Corrected	14.00	Mm for 1st hr. < 20
PCV (HCT)	39.00	cc % 40-54

Platelet count

Platelet Count	1.5	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	16.80	fl	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	51.60	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.21	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.80	fl	6.5-12.0	ELECTRONIC IMPEDANCE

RBC Count

RBC Count	3.88	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
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Since 1991



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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	102.00	fl	80-100	CALCULATED PARAMETER
MCH	35.50	pg	28-35	CALCULATED PARAMETER
MCHC	34.80	%	30-38	CALCULATED PARAMETER
RDW-CV	12.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	44.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,950.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	59.00	/cu mm	40-440	



Dr. Seema Nagar(MD Path)





INDRA DIAGNOSTIC CENTRE

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Ref Doctor	: Dr.MediWheel Knp	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 Sample: Plasma	92.40	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 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	120.70	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)	5.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	33.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	102	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.

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.



INDRA DIAGNOSTIC CENTRE

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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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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 1diabetics. 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) * **5.80** mg/dL 7.0-23.0 CALCULATED



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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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Sample: Serum

Creatinine 0.95 mg/dl 0.5-1.2 MODIFIED JAFFES

Sample: Serum

e-GFR (Estimated Glomerular Filtration Rate) 72.90 ml/min/1.73m² - 90-120 Normal
- 60-89 Near Normal CALCULATED

Sample: Serum

Uric Acid 4.62 mg/dl 2.5-6.0 URICASE

Sample: Serum

L.F.T.(WITH GAMMA GT) * , Serum

SGOT / Aspartate Aminotransferase (AST)	31.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	14.90	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	16.20	IU/L	11-50	OPTIMIZED SZAZING
Protein	8.00	gm/dl	6.2-8.0	BIRUET
Albumin	4.54	gm/dl	3.8-5.4	B.C.G.
Globulin	3.46	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.31		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	78.80	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.23	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.73	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.50	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) * , Serum

Cholesterol (Total)	145.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	28.05	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	103	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	14.08	mg/dl	10-33	CALCULATED
Triglycerides	70.40	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Seema

Dr. Seema Nagar(MD Path)



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Visit ID	: IKNP0040232122	Reported	: 14/Aug/2021 18:18:37
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

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	LIGHT YELLOW			
Specific Gravity	1.020			
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			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			



Dr. Seema Nagar(MD Path)



INDRA DIAGNOSTIC CENTRE

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Patient Name	: Mrs.LAKSHMI SINGH -PKG10000238	Registered On	: 14/Aug/2021 15:46:54
Age/Gender	: 23 Y 5 M 6 D /F	Collected	: 14/Aug/2021 15:49:38
UHID/MR NO	: IKNP.0000013937	Received	: 14/Aug/2021 20:03:46
Visit ID	: IKNP0040232122	Reported	: 14/Aug/2021 20:06:27
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

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, 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. Seema Nagar(MD Path)



INDRA DIAGNOSTIC CENTRE

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Since 1991



Patient Name	: Mrs.LAKSHMI SINGH -PKG10000238	Registered On	: 14/Aug/2021 15:46:54
Age/Gender	: 23 Y 5 M 6 D /F	Collected	: 14/Aug/2021 15:49:38
UHID/MR NO	: IKNP.0000013937	Received	: 15/Aug/2021 12:21:43
Visit ID	: IKNP0040232122	Reported	: 15/Aug/2021 13:57:15
Ref Doctor	: Dr.MediWheel Knp	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

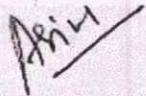
T3, Total (tri-iodothyronine)	124.27	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.63	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.10	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.4-4.2	μIU/mL	Adults 21-54 Years
0.5-4.6	μIU/mL	Second Trimester
0.5-8.9	μIU/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 Trimester
1-39	μIU/mL	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.




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 *

(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

*** End Of Report ***

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

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



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

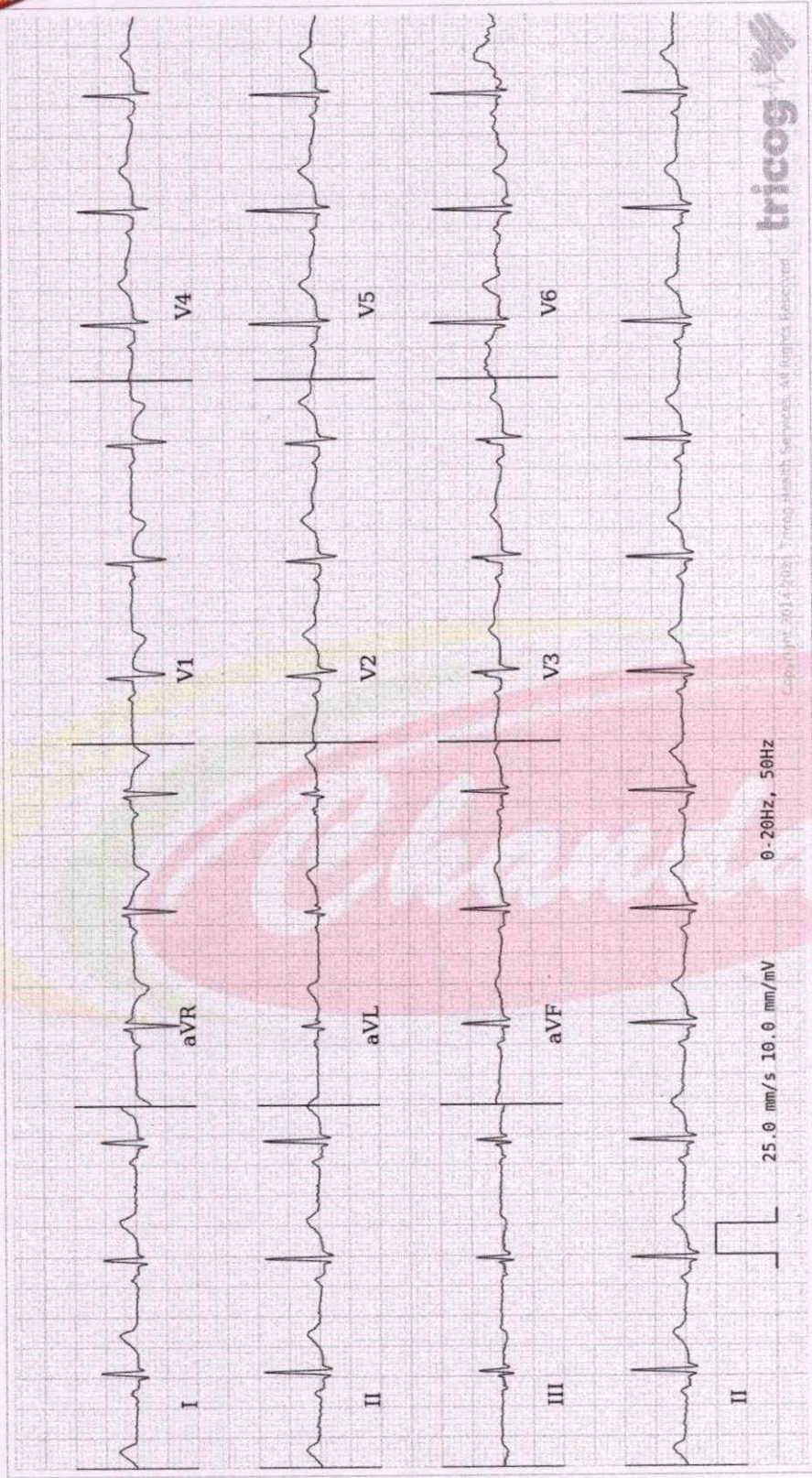
*Facilities Available at Select Location

Page 9 of 9





Age / Gender: 23/Female Date and Time: 14th Aug 21 4:00 PM
Patient ID: IKNP0040232122
Patient Name: LAKSHMI SINGH -PKG10000238



AR: 78 bpm VR: 78 bpm QRSD: 80 ms QT: 382 ms QTc: 435 ms PRI: 134 ms P-R-T: 26° 53° 28°

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

AUTHORIZED BY

Dr. Chauri MD, DM: Cardiology 63382

REPORTED BY

Dr. Javed Ali Khatri 85866

Disclaimer: 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.

