

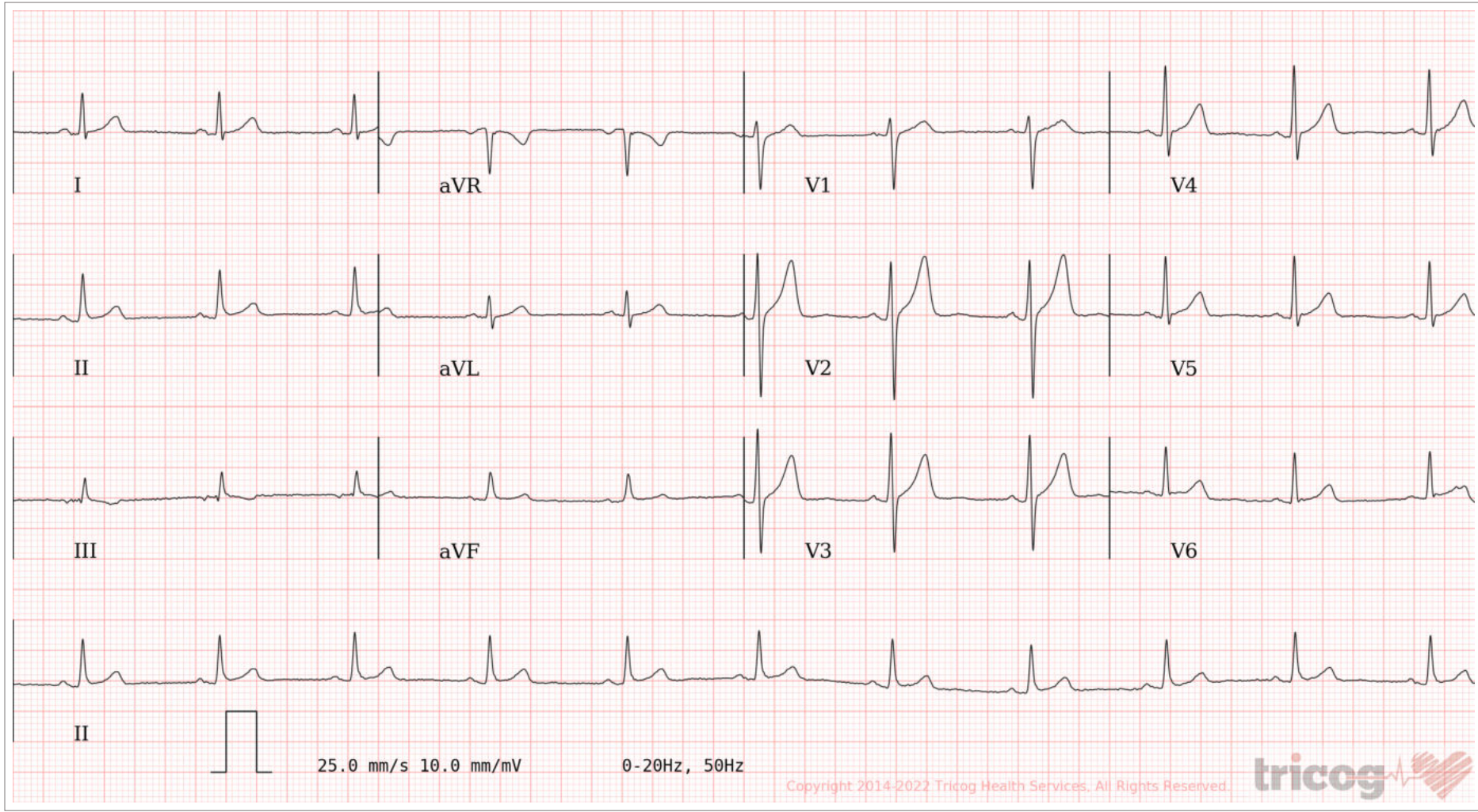
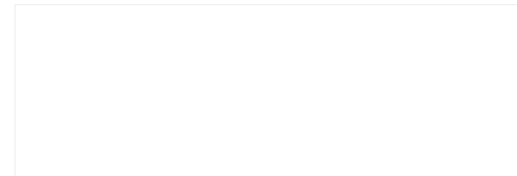


Age / Gender: 33/Male

Date and Time: 25th Sep 22 9:45 AM

Patient ID: IDUN0219932223

Patient Name: Mr.NITIN JHUJHELIA-PKG10000239



AR: 68bpm VR: 68bpm QRSD: 82ms QT: 342ms QTc: 363ms PRI: 124ms P-R-T: 17° 52° 23°

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

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr Sadath Uzma

72392



CHANDAN DIAGNOSTIC CENTRE

Add: Armelia, 1St Floor, 56New Road, M.K.P Chowk, Dehradun
Ph: 9235501532, 01352710192
CIN : U85110DL2003PLC308206



| | | | |
|--------------|---|---------------|------------------------|
| Patient Name | : Mr.NITIN JHUJHELIA-PKG10000239 | Registered On | : 25/Sep/2022 09:03:54 |
| Age/Gender | : 33 Y 0 M 0 D /M | Collected | : 25/Sep/2022 09:16:25 |
| UHID/MR NO | : IDUN.0000182469 | Received | : 25/Sep/2022 09:52:30 |
| Visit ID | : IDUN0219932223 | Reported | : 25/Sep/2022 12:33:09 |
| 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 |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

Blood Group (ABO & Rh typing) * , Blood

| | |
|--------------|----------|
| Blood Group | AB |
| Rh (Anti-D) | POSITIVE |

Complete Blood Count (CBC) * , Whole Blood

| | | | | |
|-----------------------------------|----------|----------------|--|----------------------------------|
| Haemoglobin | 17.70 | 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) | 9,040.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |
| DLC | | | | |
| Polymorphs (Neutrophils) | 48.70 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 42.40 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 5.30 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 2.90 | % | 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) | 51.60 | % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 1.99 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 17.20 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 45.50 | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.22 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 11.10 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| RBC Count | | | | |
| RBC Count | 5.53 | Mill./cu mm | 4.2-5.5 | ELECTRONIC IMPEDANCE |





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| 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 |
|---------------------------------------|----------|--------|--------------------|----------------------|
| Blood Indices (MCV, MCH, MCHC) | | | | |
| MCV | 93.40 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 31.90 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 34.20 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 12.40 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 48.00 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 4,410.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 260.00 | /cu mm | 40-440 | |



DR. RITU BHATIA
MD (Pathology)





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| | | | |
|--------------|---|---------------|------------------------|
| Patient Name | : Mr.NITIN JHUJHELIA-PKG10000239 | Registered On | : 25/Sep/2022 09:03:55 |
| Age/Gender | : 33 Y 0 M 0 D /M | Collected | : 25/Sep/2022 09:16:24 |
| UHID/MR NO | : IDUN.0000182469 | Received | : 25/Sep/2022 09:52:30 |
| Visit ID | : IDUN0219932223 | Reported | : 25/Sep/2022 14:12:09 |
| Ref Doctor | : Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN | 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 | 102.00 | 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

| | | | |
|--------|-------|--|---------|
| 120.42 | 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) | 5.00 | % NGSP | HPLC (NGSP) |
| Glycosylated Haemoglobin (HbA1c) | 31.00 | mmol/mol/IFCC | |
| Estimated Average Glucose (eAG) | 97 | 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 |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

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 | 7.01 | mg/dL | 7.0-23.0 | CALCULATED |
| Creatinine Sample: Serum | 0.71 | mg/dl | 0.7-1.3 | MODIFIED JAFFES |
| Uric Acid Sample: Serum | 8.01 | 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) | 24.18 | U/L | < 35 | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 22.01 | U/L | < 40 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 90.71 | IU/L | 11-50 | OPTIMIZED SZAZING |
| Protein | 6.45 | gm/dl | 6.2-8.0 | BIRUET |
| Albumin | 4.01 | gm/dl | 3.8-5.4 | B.C.G. |
| Globulin | 2.44 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.64 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 131.86 | U/L | 42.0-165.0 | IFCC METHOD |
| Bilirubin (Total) | 1.68 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.66 | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 1.02 | mg/dl | < 0.8 | JENDRASSIK & GROF |

LIPID PROFILE (MINI) * , Serum

| | | | | |
|------------------------------------|---------------|-------|---|------------------|
| Cholesterol (Total) | 225.15 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 47.98 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 127 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | CALCULATED |
| VLDL | 49.99 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 249.95 | mg/dl | < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | GPO-PAP |



DR. RITU BHATIA
MD (Pathology)





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| UHID/MR NO | : IDUN.0000182469 | Received | : 25/Sep/2022 09:52:30 |
| Visit ID | : IDUN0219932223 | Reported | : 25/Sep/2022 11:43:24 |
| Ref Doctor | : Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN | 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 | 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 | 1-2/h.p.f | | | MICROSCOPIC EXAMINATION |
| Pus cells | ABSENT | | | |
| RBCs | ABSENT | | | MICROSCOPIC EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | ABSENT | | | |

SUGAR, FASTING STAGE * , Urine

| | | | | |
|----------------------|--------|------|--|--|
| Sugar, Fasting stage | ABSENT | gms% | | |
|----------------------|--------|------|--|--|

Interpretation:



0.5
-1.0

DR. RITU BHATIA
MD (Pathology)





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|--------------|---|---------------|------------------------|
| Patient Name | : Mr.NITIN JHUJHELIA-PKG10000239 | Registered On | : 25/Sep/2022 09:03:56 |
| Age/Gender | : 33 Y 0 M 0 D /M | Collected | : N/A |
| UHID/MR NO | : IDUN.0000182469 | Received | : N/A |
| Visit ID | : IDUN0219932223 | Reported | : 25/Sep/2022 14:36:15 |
| Ref Doctor | : Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN | Status | : Final Report |

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

X-RAY REPORT

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

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 :

- **NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.**



Dr. Amit Bhandari MBBS MD RADIOLOGY





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 is normal in size (13.2 cm), and is bright in echotexture. No focal lesion is 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.

IMP: - GRADE I FATTY LIVER

REST NO SIGNIFICANT ABNORMALITY NOTED

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

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

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, 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



ed is provided in the annexure to this letter. We request you to
shless facility as per our tie up arrangement. We request you to
p requirement of our employee and accord your top priority and
d. The EC Number and the booking reference number as given in
ntioned in the invoice, invariably.

n in this regard.

भारत सरकार
GOVERNMENT OF INDIA

नितिन झुझेलिया
Nitin Jhujhelia
जन्म तिथि / DOB: 27/06/1989
पुरुष / MALE
Mobile No.: 9967874122

6028 6423 4137
VID : 9170 3923 5565 4124

मेरा आधार, मेरी पहचान

Download Date: 15/12/2020

Issue Date: 24/07/2017

d letter. No