INDRA DIAGNOSTIC CENTRE

Add: Kamla Nehru Road, Old Katra,Prayagraj
Ph: 9235447965,0532-2548257
CIN : U85110DL2003PLC308206

NABL ACCREDITED
NABL:MC-3082

Patient Name	: Mr.ASHOK KUMAR TRIVEDI -PKG10000236	Registered On	: 28/Jul/2021 09:55:54
Age/Gender	: 46 Y 0 M 0 D /M	Collected	: 28/Jul/2021 10:14:41
UHID/MR NO	: ALDP.0000077137	Received	: 28/Jul/2021 10:27:42
Visit ID	: ALDP0126232122	Reported	: 28/Jul/2021 13:03:47
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , *Blood*				
Blood Group	B			
Rh (Anti-D)	POSITIVE			
COMPLETE BLOOD COUNT (CBC) * , *Blood*				
Haemoglobin	15.00	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	6,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	57.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	37.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	10.00	Mm for 1st hr.		
Corrected	-	Mm for 1st hr.	< 9	
PCV (HCT)	41.00	cc %	40-54	
Platelet count				
Platelet Count	1.70	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	16.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	**65.70**	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.27	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	**16.00**	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.63	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	87.50	fl	80-100	CALCULATED PARAMETER
MCH	32.40	pg	28-35	CALCULATED PARAMETER
MCHC	37.10	%	30-38	CALCULATED PARAMETER
RDW-CV	13.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	52.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,648.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	64.00	/cu mm	40-440	

Dr. Akanksha Singh (MD Pathology)

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose Fasting *Sample:Plasma*	110.40	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 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*	147.50	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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.

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UHID/MR NO	: ALDP.0000077137	Received	: 29/Jul/2021 10:43:11
Visit ID	: ALDP0126232122	Reported	: 29/Jul/2021 11:36:54
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , *EDTA BLOOD*				
Glycosylated Haemoglobin (HbA1c)	5.70	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	39.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	117	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.

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.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method

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.

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

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * *Sample:Serum*	15.30	mg/dL	7.0-23.0	CALCULATED
Creatinine *Sample:Serum*	1.20	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) *Sample:Serum*	69.00	ml/min/1.73m2	- 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid *Sample:Serum*	**7.20**	mg/dl	3.4-7.0	URICASE
L.F.T.(WITH GAMMA GT) * , *Serum*				
SGOT / Aspartate Aminotransferase (AST)	**45.10**	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	**42.60**	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	41.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.20	gm/dl	6.2-8.0	BIRUET
Albumin	4.50	gm/dl	3.8-5.4	B.C.G.
Globulin	2.70	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.67		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	117.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	**1.40**	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	**0.60**	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.80	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , *Serum*				
Cholesterol (Total)	219.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	37.20	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	153	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	28.46	mg/dl	10-33	CALCULATED
Triglycerides	142.30	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High	GPO-PAP

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
			>500 Very High	

Result Rechecked

Dr. Akanksha Singh (MD Pathology)

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	0-1/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			
SUGAR, FASTING STAGE * , *Urine*				
Sugar, Fasting stage	ABSENT	gms%		

Interpretation:

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

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DEPARTMENT OF CLINICAL PATHOLOGY

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. Akanksha Singh (MD Pathology)

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DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total ** *Sample:Serum*	0.300	ng/mL	< 2.0	CLIA

Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

THYROID PROFILE - TOTAL ** , *Serum*

T3, Total (tri-iodothyronine)	123.66	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.65	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.68	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.

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DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method

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

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. ANIL KUMAR
MD (Radiology)

INDRA DIAGNOSTIC CENTRE

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DEPARTMENT OF ULTRASOUND

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

The liver is normal in size (12.3 cm), shape and **shows diffuse increase in the liver parenchymal echogenecity with patchy attenuation of portal venous walls, suggestive of grade II fatty changes.** No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
Gall bladder is well distended and is normal.
Portal vein and CBD are not dilated.
Pancreas is normal in size, shape and echogenecity.
Spleen is normal in size (9.2 cm), shape and echogenecity.
Right kidney is normal in size, shape and echogenecity. **Few tiny concretions are seen.** Right pelvicalyceal system is not dilated.
Right kidney measures : 9.7 x 4.0 cm
Left kidney is normal in size, shape and echogenecity. **Few tiny concretions are seen.** Left pelvicalyceal system is not dilated.
Left kidney measures : 10.3 x 4.2 cm
Urinary bladder is normal in shape, outline and distension. Lumen is anechoic and no wall thickening seen.
The prostate is normal in size (vol- 17.6 cc), shape and echopattern.
No free fluid is seen in the abdomen/pelvis.
High Resolution USG - No abnormal bowel wall thickening or bowel loop dilatation is seen. Ileocecal junction and cecum is seen normally. Appendix is not visualized. No mesenteric lymphadenopathy is seen .

IMPRESSION : --

- **Hepatic steatosis grade II.**
- **Bilateral renal tiny concretions.**

Please correlate clinically

DR. ANIL KUMAR
MD (Radiology)

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

DEPARTMENT OF TMT

TREAD MILL TEST *

NORMAL

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

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

Result/s to Follow:
STOOL R/M

Dr. R K VERMA
MBBS, PGDGM