

Chandan Diagnostic

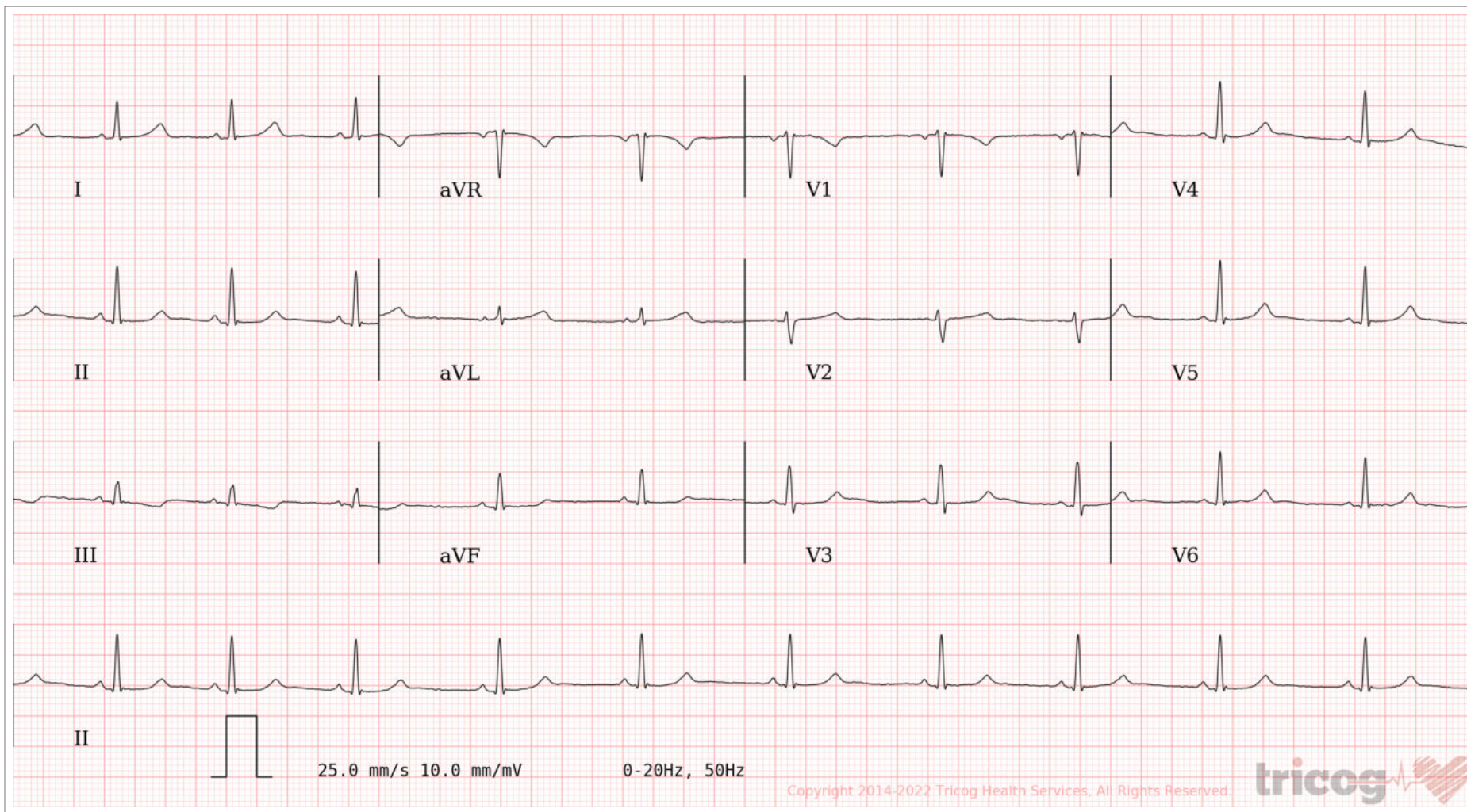


Age / Gender: 28/Female

Date and Time: 26th Oct 22 9:34 AM

Patient ID: CVAR0057692223

Patient Name: Mrs.RASHMI KUMARI - PKG10000239



AR: 66bpm VR: 66bpm QRSD: 70ms QT: 400ms QTc: 419ms PRI: 116ms P-R-T: 49° 47° 15°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis, with Sinus Arrhythmia, Low Voltage QRS. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr Kavitha A

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.

63382



CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795, 0542-3500227
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.RASHMI KUMARI - PKG10000239	Registered On	: 26/Oct/2022 08:55:27
Age/Gender	: 28 Y 0 M 0 D /F	Collected	: 26/Oct/2022 09:20:56
UHID/MR NO	: CVAR.0000033043	Received	: 26/Oct/2022 09:22:01
Visit ID	: CVAR0057692223	Reported	: 26/Oct/2022 12:16:34
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
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	O
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	11.30	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)	4,700.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	70.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	25.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	10.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	< 20	
PCV (HCT)	33.90	%	40-54	
Platelet count				
Platelet Count	0.90	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	3.83	Mill./cu mm	3.7-5.0	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	88.40	fl	80-100	CALCULATED PARAMETER
MCH	29.60	pg	28-35	CALCULATED PARAMETER
MCHC	33.40	%	30-38	CALCULATED PARAMETER
RDW-CV	13.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	44.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,290.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	94.00	/cu mm	40-440	



S.N. Sinha

Dr.S.N. Sinha (MD Path)





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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	98.00	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 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

Glucose PP	135.00	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)	5.00	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	31.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	96	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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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	21.00	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.10	mg/dl	0.5-1.2	MODIFIED JAFFES
Uric Acid Sample:Serum	4.50	mg/dl	2.5-6.0	URICASE

LFT (WITH GAMMA GT) * , Serum





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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
SGOT / Aspartate Aminotransferase (AST)	23.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	20.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	14.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.80	gm/dl	6.2-8.0	BIRUET
Albumin	4.20	gm/dl	3.8-5.4	B.C.G.
Globulin	2.60	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.62		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	118.30	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.50	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.10	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.40	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) , Serum

Cholesterol (Total)	210.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	44.20	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	152	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	14.00	mg/dl	10-33	CALCULATED
Triglycerides	70.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



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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	1.030			
Reaction PH	Acidic (6.5)			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	4-5/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	8-10/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

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





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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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SUGAR, PP STAGE * , Urine

Sugar, PP Stage ABSENT

Interpretation:

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



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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)	101.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	4.22	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.02	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.



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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

X-Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

*** NO OBVIOUS DETECTABLE ABNORMALITY SEEN**



Dr Raveesh Chandra Roy (MD-Radio)





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

- The liver is normal in size **14.8 cm** in longitudinal span and has a normal homogenous echotexture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein measures **9.4 mm** in caliber.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- CBD measures **3.7 mm** in caliber.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

- Right kidney is normal in size **10.3 x 3.3 cm** position and cortical echotexture.
- Left kidney is normal in size **10.3 x 4.2 cm** position and cortical echotexture.
- The collecting system of both the kidneys are not dilated.

SPLEEN

- The spleen is normal in size **9.3 cm** and has a normal homogenous echo-texture.

URINARY BLADDER

- Urinary bladder is normal. Bladder wall is normal in thickness and is regular. No calculus seen. Prevoid urine **volume 31 cc**.

UTERUS





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

- Uterus is anteverted and normal in size **70 x 44 x 36 mm / 60 cc.**
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline. ET measures ~ **4.5 mm.**
- Cervix is normal.

ADNEXA & OVARIES

- Adnexa are normal.
- Both the ovaries are normal in size and echotexture.
- **Minimal fluid collection in posterior cul-de-sac - physiological**

FINAL IMPRESSION:-

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

Adv: Clinico-pathological correlation and follow-up.

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

Result/s to Follow:
STOOL, ROUTINE EXAMINATION, ECG / EKG



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 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



Name of Company: *mediawheel*
Name of Executive: *Rashmi Kumari*
Date of Birth: *31/12/1994*
Sex: Male / Female
Height: *1.52* CMs
Weight: *49* KGs
BMI (Body Mass Index): *21.2*
Chest (Expiration / Inspiration) ...*80/82* CMs
Abdomen: *75* CMs
Blood Pressure: ...*100/70* mm/Hg
Pulse: *76* BPM - **Regular / Irregular**
RR: *18* Resp/Min
Ident Mark: *Left hand cut*
teeth mark
Any Allergies: *NO*
Vertigo: *NO*
Any Medications: *NO*
Any Surgical History: *NO*
Habits of alcoholism/smoking/tobacco: *NO*
Chief Complaints if any: *NO*
Lab Investigation Reports: *Report Attach*
Eye Check up vision & Color vision: *Client wearing power glass but*
power not confirm by the
doctor. since 12yo.
Left eye: *Normal*
Right eye: *Normal*
Near vision: *Normal*
Far vision: *Normal*
Dental check up: *Normal*



CHANDAN DIAGNOSTIC CENTRE



ENT Check up : Normal
Eye Checkup: Normal

Final impression

Certified that I examined Rashmi Kuma S/o or D/o
is presently in good health and free from any cardio-respiratory/communicable ailment,
he/she is *fit / Unfit* to join any organization.

Rashmi

Client Signature :-

.....
Signature of Medical Examiner

Name & Qualification - Dr. R. C. Roy (MBBS,MD)

Date 26.1.15 /2022, Place - VARANASIS

Dr. R.C. ROY
MBBS,MD. (Radio Diagnosis)
Reg. No.-26918

Chandan Diagnostic Cent:
99, Shivaji Nagar, Mahmoorganj,
Varanasi-221010 (U.P.)
Phone No..0542-2223232



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
FJQPR2935M



नाम/ Name
RASHMI

पिता का नाम/ Father's Name
BIRENDRA KUMAR

जन्म की तारीख/
Date of Birth
01/01/1994

20082021

PAN Application Digitally Signed, Card Not
Valid unless Physically Signed



LAKE ATHABASCA CANADA

Latitude

25.305424°

Longitude

82.979056°

LOCAL 09:21:15

WEDNESDAY 10.26.2022

GMT 03:51:15

ALTITUDE 60 FEET