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

Patient Name	: Mr.NARSINGH YADAV - 9	0589	Registered C		
Age/Gender	: 36 Y 0 M 2 D /M		Collected	: 06/Nov/2022 1	
UHID/MR NO	: ALDP.0000107564		Received	: 06/Nov/2022 1	
Visit ID	: ALDP0231872223		Reported	: 06/Nov/2022 1	3:22:45
Ref Doctor	: Dr.Mediwheel - Arcofemi			: Final Report	
		DEPARTMENT (Logy Male Below 40 yrs	
Test Name		Result	A IVIALE & FEI Unit	Bio. Ref. Interval	Method
		Result	Unit		Method
Blood Group (A	BO & Rh typing) * , Blood				
Blood Group		А			
Rh (Anti-D)		POSITIVE			
Complete Blood	1 Count (CBC) * , Whole Bloc	od			
Haemoglobin		14.50	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/d	I
TLC (WBC) <u>DLC</u>		7,100.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Ne	utrophils)	53.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes		40.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes		3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils		4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils		0.00	%	<1	ELECTRONIC IMPEDANCE
ESR		0.00	70	• •	
Observed		4.00	Mm for 1st hr.		
Corrected		4.00	Mm for 1st hr.		
		-			
PCV (HCT)		37.00	%	40-54	
Platelet count					
Platelet Count		2.52	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPI
PDW (Platelet Di	stribution width)	16.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet La	arge Cell Ratio)	39.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Her	0	0.30	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Plate	-	11.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count	- /	-		-	
RBC Count		4.38	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE

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

Patient Name	: Mr.NARSINGH YADAV - 90589	Registered On	: 06/Nov/2022 10:20:18
Age/Gender	: 36 Y 0 M 2 D /M	Collected	: 06/Nov/2022 10:40:07
UHID/MR NO	: ALDP.0000107564	Received	: 06/Nov/2022 11:15:16
Visit ID	: ALDP0231872223	Reported	: 06/Nov/2022 13:22:45
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
Blood Indices (MCV, MCH, MCHC)				
MCV	86.50	fl	80-100	CALCULATED PARAMETER
MCH	33.20	pg	28-35	CALCULATED PARAMETER
MCHC	38.40	%	30-38	CALCULATED PARAMETER
RDW-CV	13.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	53.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,763.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	284.00	/cu mm	40-440	



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Dr. Akanksha Singh (MD Pathology)

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Patient Name	: Mr.NARSINGH YADAV - 90589	Registered On	: 06/Nov/2022 10:20:18
Age/Gender	: 36 Y O M 2 D /M	Collected	: 06/Nov/2022 10:40:07
UHID/MR NO	: ALDP.0000107564	Received	: 06/Nov/2022 11:15:16
Visit ID	: ALDP0231872223	Reported	: 06/Nov/2022 12:09:24
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	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	99.90	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.



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Dr. Akanksha Singh (MD Pathology)

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Age/Gender	: 36 Y 0 M 2 D /M	Collected	: 06/Nov/2022 10:40:07
UHID/MR NO	: ALDP.0000107564	Received	: 07/Nov/2022 11:15:56
Visit ID	: ALDP0231872223	Reported	: 07/Nov/2022 12:15:46
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c) Glycosylated Haemoglobin (HbA1c)	5.30 34.00	% NGSP mmol/mol/IFCC		HPLC (NGSP)

mg/dl

Interpretation:

NOTE:-

Estimated Average Glucose (eAG)

- 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.

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• 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.

<u>Clinical Implications:</u>

*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

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

Patient Name	: Mr.NARSINGH YADAV - 90589	Registered On	: 06/Nov/2022 10:20:18
Age/Gender	: 36 Y 0 M 2 D /M	Collected	: 06/Nov/2022 10:40:07
UHID/MR NO	: ALDP.0000107564	Received	: 07/Nov/2022 11:15:56
Visit ID	: ALDP0231872223	Reported	: 07/Nov/2022 12:15:46
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method	Test Name	Result	Unit	Bio. Ref. Interval	Method	
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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.





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

Patient Name		1500	Podistored Or	. 06/Nov/2022 10	20.19
Patient Name Age/Gender	: Mr.NARSINGH YADAV - 90 : 36 Y 0 M 2 D /M	AQCI	Registered On Collected	: 06/Nov/2022 10: : 06/Nov/2022 10:	
UHID/MR NO	: ALDP.0000107564		Received	: 06/Nov/2022 10:	
Visit ID	: ALDP0231872223		Reported	: 06/Nov/2022 12:	
Ref Doctor	: Dr.Mediwheel - Arcofemi	Health Care Ltd.	-	: Final Report	
	I	DEPARTMENT (OF BIOCHEMIST	RY	
	MEDIWHEEL BA			ALE BELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea I Sample:Serum	Nitrogen) *	8.13	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum		1.10	mg/dl	0.7-1.3	MODIFIED JAFFES
Uric Acid * Sample:Serum		7.20	mg/dl	3.4-7.0	URICASE
LFT (WITH GAM	MA GT) * , Serum				
SGOT / Aspartate	e Aminotransferase (AST)	29.60	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine A	minotransferase (ALT)	74.80	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT))	22.40	IU/L	11-50	OPTIMIZED SZAZING
Protein		7.00	gm/dl	6.2-8.0	BIRUET
Albumin		4.60	gm/dl	3.8-5.4	B.C.G.
Globulin		2.40	gm/dl	1.8-3.6	CALCULATED
A:G Ratio		1.92		1.1-2.0	CALCULATED
Alkaline Phospha	itase (Total)	101.70	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)		0.60	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)		0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect	t)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI)*, Serum				
Cholesterol (Tota	il)	162.00	mg/dl	<200 Desirable 200-239 Borderline H > 240 High	CHOD-PAP igh
HDL Cholesterol	(Good Cholesterol)	43.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (65	mg/dl	< 100 Optimal	CALCULATED
				100-129 Nr.	
				Optimal/Above Optim 130-159 Borderline H 160-189 High > 190 Very High	
		53.26	mg/dl	10-33	
		266.30	mg/dl	< 150 Normal 150-199 Borderline 200-499 High >500 Very High ^{Dr}	Akanksha Singh (MD Pathology)

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

Patient Name	: Mr.NARSINGH YADAV - 90589	Registered On	: 06/Nov/2022 10:20:18
Age/Gender	: 36 Y O M 2 D /M	Collected	: 06/Nov/2022 11:14:25
UHID/MR NO	: ALDP.0000107564	Received	: 06/Nov/2022 11:15:16
Visit ID	: ALDP0231872223	Reported	: 06/Nov/2022 13:51:07
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
IRINE EXAMINATION, ROUTINE *	, Urine			
Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (6.0)			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	0-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
Urine Microscopy is done on centrifuge	ed urine sediment			

Urine Microscopy is done on centrifuged urine sediment.

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage	ABSENT	gms%
Interpretation:		
(+) < 0.5		
(++) 0.5-1.0		
(+++) 1-2		

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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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Dr. Akanksha Singh (MD Pathology)

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

Patient Name	: Mr.NARSINGH YADAV - 90589	Registered On	: 06/Nov/2022 10:20:18
Age/Gender	: 36 Y O M 2 D /M	Collected	: 06/Nov/2022 10:40:07
UHID/MR NO	: ALDP.0000107564	Received	: 07/Nov/2022 10:07:41
Visit ID	: ALDP0231872223	Reported	: 07/Nov/2022 11:50:41
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL ** , Serum				
T3, Total (tri-iodothyronine)	117.68	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.87	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	5.83	μIŪ/mL	0.27 - 5.5	CLIA
Interpretation:				
-		0.3-4.5 μIU/ı	nL First Trimes	ter
		0.5-4.6 µIU/r	nL Second Trim	nester
		0.8-5.2 μIU/r		ster
		0.5-8.9 μIU/r		55-87 Years
		0.7-27 μIU/r	nL Premature	28-36 Week
		2.3-13.2 μIU/r	nL Cord Blood	> 37Week
		0.7-64 μIU/r	nL Child(21 wk	- 20 Yrs.)
		1-39 μIU	/mL Child	0-4 Days
		1.7-9.1 μIU/1	nL 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.

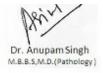
5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

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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Patient Nam	ne	: Mr.NARSINGH YADAV - 90589	Registered On	: 06/Nov/2022 10:20:19
Age/Gender	-	: 36 Y 0 M 2 D /M	Collected	: N/A
UHID/MR NC	C	: ALDP.0000107564	Received	: N/A
Visit ID		: ALDP0231872223	Reported	: 06/Nov/2022 11:56:08
Ref Doctor		: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

<u>X-RAY REPORT</u> (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) <u>CHEST P-A VIEW</u>

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.



Nidhikant.

Dr Nidhikant (MBBS, DMRD, DNB)

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

Patient Name	: Mr.NARSINGH YADAV - 90589	Registered On	: 06/Nov/2022 10:20:19
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UHID/MR NO	: ALDP.0000107564	Received	: N/A
Visit ID	: ALDP0231872223	Reported	: 06/Nov/2022 10:43:35
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER: - Normal in size, shape and **shows diffuse increase in the liver parenchymal echogenicity suggestive of grade I fatty changes**. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

GALL BLADDER :- Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

CBD :- Normal in calibre at porta.

PORTAL VEIN: - Normal in calibre and colour uptake at porta.

PANCREAS: - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

SPLEEN: - Normal in size, shape and echogenicity.

RIGHT KIDNEY: - Normal in size, shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size, shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

URINARY BLADDER :- Normal in shape, outline and distension. No e/o wall thickening / calculus.

PROSTATE :- Normal in size, shape and echo pattern.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

IMPRESSION : Grade I fatty liver.

Please correlate clinically

