



# CHANDAN DIAGNOSTIC CENTRE

Add: Godavari Complex, Near K.V.M Public School Heera Nagar, Haldwani  
Ph: 7705023379,-  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.POOJA VERMA PKG10000239	Registered On	: 15/May/2022 09:29:13
Age/Gender	: 27 Y 3 M 23 D /F	Collected	: 15/May/2022 09:43:23
UHID/MR NO	: CHL2.0000105285	Received	: 15/May/2022 10:49:56
Visit ID	: CHL20045422223	Reported	: 16/May/2022 12:37:47
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY BANK OF BARODA HEALTH CHECK UP FEMALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
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### HAEMOGRAM \*\* , Blood

Haemoglobin	12.10	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)	6,300.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils)	44.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	32.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	22.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	10.00	Mm for 1st hr.		
Corrected	2.00	Mm for 1st hr.	< 20	
PCV (HCT)	38.00	cc %	40-54	

### GBP

#### General Blood Picture (G.B.P. / P.B.S.)

- RBCs are Normocytic and normochromic.
- Leucocytes are adequate in numbers and **DLC as mentioned above marked shows eosinophilic leucocytosis.**
- Platelets are within normal limits.
- Smears are Negative for Malarial and Microfilarial Parasite.
- There are no blasts (precursor cells).

#### COMMENT: MARKED EOSINOPHILIC LEUCOCYTOSIS

#### Platelet count





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Platelet Count	1.64	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	45.30	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	<b>12.40</b>	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	4.06	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				
M.C.V.	90.00	fl	80-100	CALCULATED PARAMETER
M.C.H.	29.80	pg	28-35	CALCULATED PARAMETER
M.C.H.C.	33.20	%	30-38	CALCULATED PARAMETER
RDW-CV	13.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	41.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	<b>2,772.00</b>	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	<b>1,386.00</b>	/cu mm	40-440	



  
Dr Vinod Ojha  
MD Pathologist





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## DEPARTMENT OF BIOCHEMISTRY BANK OF BARODA HEALTH CHECK UP FEMALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
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### GLUCOSE FASTING \*\* , Plasma

Glucose Fasting	74.71	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.

### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.80	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	29.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	91	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.

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





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\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.  
 \*\*Some danger of hypoglycemic reaction in Type I 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.

<b>BUN (Blood Urea Nitrogen) **</b> Sample:Serum	10.69	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine **</b> Sample:Serum	0.90	mg/dl	0.5-1.3	MODIFIED JAFFES
<b>e-GFR (Estimated Glomerular Filtration Rate) **</b> Sample:Serum	88.00	ml/min/1.73m <sup>2</sup>	90-120 Normal - 60-89 Near Normal	CALCULATED
<b>Uric Acid **</b> Sample:Serum	2.68	mg/dl	2.5-6.0	URICASE
<b>LFT (WITH GAMMA GT) ** , Serum</b>				







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## DEPARTMENT OF BIOCHEMISTRY

### BANK OF BARODA HEALTH CHECK UP FEMALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
SGOT / Aspartate Aminotransferase (AST)	25.13	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	16.06	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	19.03	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.52	gm/dl	6.2-8.0	BIRUET
Albumin	4.62	gm/dl	3.8-5.4	B.C.G.
Globulin	1.90	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	<b>2.43</b>		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	54.13	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.39	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.15	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.24	mg/dl	< 0.8	JENDRASSIK & GROF

### LIPID PROFILE (MINI) \*\*, Serum

Cholesterol (Total)	140.34	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	40.90	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	85	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	14.04	mg/dl	10-33	CALCULATED
Triglycerides	70.18	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



  
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## DEPARTMENT OF CLINICAL PATHOLOGY BANK OF BARODA HEALTH CHECK UP FEMALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
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### URINE EXAMINATION, ROUTINE \*\* , Urine

Color	PALE YELLOW			
Specific Gravity	1.020			
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			
<b>Microscopic Examination:</b>				
Epithelial cells	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC EXAMINATION
RBCs	OCCASIONAL			MICROSCOPIC EXAMINATION
Cast	NIL			
Crystals	NIL			MICROSCOPIC EXAMINATION
Others	NIL			



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UHID/MR NO	: CHL2.0000105285	Received	: 16/May/2022 19:34:07
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## DEPARTMENT OF CLINICAL PATHOLOGY BANK OF BARODA HEALTH CHECK UP FEMALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
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### STOOL R/M \*\* , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic ( 6.0 )
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Fungal element	ABSENT
Others	ABSENT



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### 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 IMMUNOLOGY

### BANK OF BARODA HEALTH CHECK UP FEMALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL \*\* , Serum


T3, Total (tri-iodothyronine)	136.52	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	5.20	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.40	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 BANK OF BARODA HEALTH CHECK UP FEMALE

### X-RAY DIGITAL CHEST PA \*

**(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)**

#### **DIGITAL CHEST P-A VIEW:-**

- Bilateral lung fields appear grossly unremarkable.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Bilateral hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

#### **IMPRESSION:-**

*No significant abnormality is seen.*

#### **Adv:-Clinico-pathological correlation.**



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## DEPARTMENT OF ULTRASOUND BANK OF BARODA HEALTH CHECK UP FEMALE

### Sonomammography \*\*

### SONOMAMMOGRAPHY REPORT

High resolution scanning of both breasts was performed with 8 – 10 mHz linear array transducer.

#### RIGHT BREAST:

- Superficial adipose layer is normally visualized.
- Glandular layer is normal. No echo variant lesion is noted.
- Retromammory area is free.
- No enlarged axillary lymph nodes are seen.

#### LEFT BREAST:

- Superficial adipose layer is normally visualized.
- Glandular layer is normal. No echo variant lesion is noted.
- Retromammory area is free.
- No enlarged axillary lymph nodes are seen.

#### IMPRESSION:-

**NO ECHO VARIENT LESION IS SEEN ON EITHER BREAST**

*Adv :Clinicopathological correlation /further evaluation*

### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*\*

#### WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

#### **LIVER**

- The liver is normal in size (~ 12.8 cms in longitudinal span) and has a normal homogenous echo texture. No focal lesion is seen. (Note:- Small isoechoic focal lesion cannot be ruled out).

#### **PORTAL SYSTEM**

- The intra hepatic portal channels are normal.
- Portal vein is not dilated.





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- Porta hepatitis is normal.

### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is not dilated.
- 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:-**
  - ◊ Right kidney is normal in size, measuring ~10.2x3.3 cms.
  - ◊ Cortical echogenicity is normal.
  - ◊ Pelvicalyceal system is not dilated.
  - ◊ Cortico-medullary demarcation is maintained.
  - ◊ Parenchymal thickness appear normal.
- **Left kidney:-**
  - ◊ Left kidney is normal in size, measuring ~10.5x4 cms.
  - ◊ Cortical echogenicity is normal.
  - ◊ Pelvicalyceal system is not dilated.
  - ◊ Cortico-medullary demarcation is maintained.
  - ◊ Parenchymal thickness appear normal.

### SPLEEN

- The spleen is normal in size (~ 10 cms) and has a normal homogenous echo-texture.

### ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or large mass.
- No free fluid is noted in peritoneal cavity.

### URETERS

- The upper parts of both the ureters are normal.







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- Bilateral vesicoureteric junctions are normal.

### URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular.

### UTERUS & CERVIX

- The uterus is normal in size and anteverted, its measuring ~7.2x2.7 cms.
- It has a homogenous myometrial echotexture.
- The endometrial echo is in midline and measuring ~5.8 mm.

### ADNEXA & OVARIES

- Adnexa are normal.
- Right ovary is normal in size and echotexture, measuring ~2.6x1.4 cms.
- Left ovary is normal in size and echotexture, measuring ~2.7x1.4 cms.
- No pelvic mass cyst or collection is seen.

### FINAL IMPRESSION:-

*No significant sonological abnormality is noted*

Adv : Clinico-pathological-correlation /further evaluation & Follow up

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

(\*\*) Test Performed at CHANDAN DIAGNOSTIC CENTRE, HALDWANI

Result/s to Follow:

SUGAR, PP STAGE, GLUCOSE PP, ECG / EKG, 2D ECHO



Dr. Rohit Rakholia (MBBS MD Radiodiagnosis)

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

