

# CHANDAN DIAGNOSTIC CENTRE

Add: Godavari Complex, Near K.V.M Public School Heera Nagar, Haldwani

Ph: 7705023379,-

CIN : U85110DL2003PLC308206

Patient Name	: Mrs.SHIVA SAXENA BOBS4353	Registered On	: 31/Oct/2021 11:20:26
Age/Gender	: 26 Y 10 M 1 D /F	Collected	: 31/Oct/2021 12:07:29
UHID/MR NO	: CHL2.0000090236	Received	: 31/Oct/2021 15:21:33
Visit ID	: CHL20199762122	Reported	: 01/Nov/2021 12:41:51
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	A
Rh ( Anti-D)	POSITIVE

#### COMPLETE BLOOD COUNT (CBC) \*\* , Blood

Haemoglobin	13.90	mg/dl	Male-13.5-17.5 mg/dl Female-12.0-15.5mg/dl	
TLC (WBC)	7,900.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils )	62.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	32.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	<b>1.00</b>	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	5.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	8.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr.	< 20	
PCV (HCT)	44.00	cc %	40-54	
<b>Platelet count</b>				
Platelet Count	1.98	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	55.70	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.28	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	<b>14.10</b>	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	4.77	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	91.40	fl	80-100	CALCULATED PARAMETER
MCH	29.20	pg	28-35	CALCULATED PARAMETER
MCHC	32.00	%	30-38	CALCULATED PARAMETER
RDW-CV	13.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,898.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	395.00	/cu mm	40-440	

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## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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**Dr Vinod Ojha**  
MD Pathologist

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Visit ID	: CHL20199762122	Reported	: 31/Oct/2021 17:33:08
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
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<b>Glucose Fasting **</b> <i>Sample: Plasma</i>	78.46	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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

<b>Glucose PP **</b> <i>Sample: Plasma After Meal</i>	100.34	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 diabetics in future, which is why an Annual Health Check up is essential.
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#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.48	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	25.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	82	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.

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## DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
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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) \*\* 6.58 mg/dL 7.0-23.0 CALCULATED

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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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Sample: Serum

**Creatinine \*\*** 0.67 mg/dl 0.5-1.2 MODIFIED JAFFES

Sample: Serum

**e-GFR (Estimated Glomerular Filtration Rate) \*\*** 121.00 ml/min/1.73m<sup>2</sup> - 90-120 Normal  
- 60-89 Near Normal CALCULATED

Sample: Serum

**Uric Acid \*\*** 6.23 mg/dl 2.5-6.0 URICASE

Sample: Serum

#### L.F.T.(WITH GAMMA GT) \*\*, Serum

SGOT / Aspartate Aminotransferase (AST)	26.56	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	18.57	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	12.32	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.48	gm/dl	6.2-8.0	BIRUET
Albumin	4.02	gm/dl	3.8-5.4	B.C.G.
Globulin	2.46	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.63		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	146.94	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.50	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.27	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.23	mg/dl	< 0.8	JENDRASSIK & GROF

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

Cholesterol (Total)	154.74	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	38.50	mg/dl	30-70	DIRECT ENZYMATI
LDL Cholesterol (Bad Cholesterol)	95	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL Triglycerides	21.16 105.80	mg/dl mg/dl	10-33 < 150 Normal 150-199 Borderline High 200-499 High >500 Very High	CALCULATED GPO-PAP



  
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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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#### URINE EXAMINATION, ROUTINE \*\* , Urine

Color	PALE YELLOW			
Specific Gravity	1.010			
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			
<b>Microscopic Examination:</b>				
Epithelial cells	1-6/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-2/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### STOOL, ROUTINE EXAMINATION \*\* , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic ( 6.0)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT

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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
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
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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MD Pathologist

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UHID/MR NO	: CHL2.0000090236	Received	: 01/Nov/2021 11:46:14
Visit ID	: CHL20199762122	Reported	: 01/Nov/2021 12:41:40
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
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#### THYROID PROFILE - TOTAL \*\* , Serum

T3, Total (tri-iodothyronine)	127.69	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.41	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.42	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 asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.

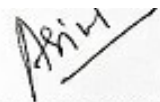
5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

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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Age/Gender	: 26 Y 10 M 1 D /F	Collected	: N/A
UHID/MR NO	: CHL2.0000090236	Received	: N/A
Visit ID	: CHL20199762122	Reported	: 31/Oct/2021 13:28:12
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 \*

**(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:-**

***NORMAL SKIAGRAM IN PRESENT SCAN.***

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

Result/s to Follow:

SUGAR, PP STAGE, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



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 Conduction 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

# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 24/Jan/2021 09:28:22
Age/Gender	: 30 Y 3 M 17 D /M	Collected	: 24/Jan/2021 09:56:58
UHID/MR NO	: CHLD.0000061835	Received	: 24/Jan/2021 10:26:47
Visit ID	: CHLD0148692021	Reported	: 24/Jan/2021 13:25:58
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDI ASSIST BOB PACKAGE -MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Blood Group (ABO &amp; Rh typing) * , Blood</b>				
Blood Group	O			
Rh ( Anti-D)	POSITIVE			
<b>ESR * , Blood</b>				
Observed	18.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr. < 9		
PCV (HCT)	47.00	cc %	40-54	
<b>COMPLETE BLOOD COUNT (CBC) * , Blood</b>				
Haemoglobin	15.80	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	9,340.00	/Cu mm	4000-10000	MICROSCOPIC EXAMINATION
<b>DLC</b>				
Polymorphs (Neutrophils)	64.00	%	55-70	MICROSCOPIC EXAMINATION
Lymphocytes	30.00	%	25-40	MICROSCOPIC EXAMINATION
Monocytes	3.00	%	3-5	MICROSCOPIC EXAMINATION
Eosinophils	3.00	%	1-6	MICROSCOPIC EXAMINATION
Basophils	0.00	%	< 1	MICROSCOPIC EXAMINATION
<b>ESR</b>				
Observed	18.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr. < 9		
PCV (HCT)	47.00	cc %	40-54	
<b>Platelet count</b>				
Platelet Count	1.5	LACS/cu mm	1.5-4.0	MICROSCOPIC EXAMINATION
<b>RBC Count</b>				
RBC Count	5.31	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				

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## DEPARTMENT OF HAEMATOLOGY

### MEDI ASSIST BOB PACKAGE -MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
MCV	90.70	fl	80-100	CALCULATED PARAMETER
MCH	29.80	pg	28-35	CALCULATED PARAMETER
MCHC	32.90	%	30-38	CALCULATED PARAMETER



Dr. Sakshi Garg Tayal (MBBS, MD  
Pathology PDCC Oncopathology)

# CHANDAN DIAGNOSTIC CENTRE

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Ph: ,9235400975

CIN : U85110DL2003PLC308206



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Age/Gender	: 30 Y 3 M 17 D /M	Collected	: 24/Jan/2021 09:56:58
UHID/MR NO	: CHLD.0000061835	Received	: 24/Jan/2021 10:26:47
Visit ID	: CHLD0148692021	Reported	: 24/Jan/2021 11:50:53
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDI ASSIST BOB PACKAGE -MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Glucose Fasting</b> <i>Sample:Plasma</i>	109.10	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.

<b>Glucose PP</b> <i>Sample:Plasma After Meal</i>	128.60	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 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 (Hb-A1c)	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.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy

# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 24/Jan/2021 09:28:25
Age/Gender	: 30 Y 3 M 17 D /M	Collected	: 24/Jan/2021 09:56:58
UHID/MR NO	: CHLD.0000061835	Received	: 24/Jan/2021 10:26:47
Visit ID	: CHLD0148692021	Reported	: 24/Jan/2021 11:50:53
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDI ASSIST BOB PACKAGE -MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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.

# CHANDAN DIAGNOSTIC CENTRE

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Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 24/Jan/2021 09:28:25
Age/Gender	: 30 Y 3 M 17 D /M	Collected	: 24/Jan/2021 09:56:58
UHID/MR NO	: CHLD.0000061835	Received	: 24/Jan/2021 10:26:47
Visit ID	: CHLD0148692021	Reported	: 24/Jan/2021 11:50:53
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDI ASSIST BOB PACKAGE -MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN (Blood Urea Nitrogen) *</b> <i>Sample:Serum</i>	12.52	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> <i>Sample:Serum</i>	1.25	mg/dl	0.7-1.3	MODIFIED JAFFES
<b>e-GFR (Estimated Glomerular Filtration Rate)</b> <i>Sample:Serum</i>	72.00	ml/min/1.73m <sup>2</sup>	90-120 Normal - 60-89 Near Normal	CALCULATED
<b>Bilirubin (Total, Direct, Indirect), Serum , Serum</b>				
Bilirubin (Total)	0.94	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.27	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.67	mg/dl	< 0.8	JENDRASSIK & GROF
<b>SGOT / Aspartate Aminotransferase (AST)</b> <i>Sample:Serum</i>	<b>45.50</b>	U/L	< 35	IFCC WITHOUT P5P
<b>SGPT / Alanine Aminotransferase (ALT)</b> <i>Sample:Serum</i>	<b>47.30</b>	U/L	< 40	IFCC WITHOUT P5P
<b>Alkaline Phosphatase (Total)</b> <i>Sample:Serum</i>	91.70	U/L	42.0-165.0	IFCC METHOD
<b>Protein</b> <i>Sample:Serum</i>	6.42	gm/dl	6.2-8.0	BIRUET
<b>Albumin *</b> <i>Sample:Serum</i>	4.31	gm/dl	3.8-5.4	B.C.G.
<b>Globulin *</b> <i>Sample:Serum</i>	2.11	gm/dl	1.8-3.6	CALCULATED
<b>LDL / HDL Ratio *</b> <i>Sample:Serum</i>	2.56		< 3.0	CALCULATED
<b>LDL Cholesterol (Bad Cholesterol) *</b> <i>Sample:Serum</i>	114	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
<b>HDL Cholesterol (Good Cholesterol) *</b> <i>Sample:Serum</i>	44.40	mg/dl	30-70	DIRECT ENZYMATIC
<b>Uric Acid</b>	<b>8.79</b>	mg/dl	3.4-7.0	URICASE

# CHANDAN DIAGNOSTIC CENTRE

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CIN : U85110DL2003PLC308206



Patient Name	: Mr. MOHIT KUMAR 105040	Registered On	: 24/Jan/2021 09:28:25
Age/Gender	: 30 Y 3 M 17 D /M	Collected	: 24/Jan/2021 09:56:58
UHID/MR NO	: CHLD.0000061835	Received	: 24/Jan/2021 10:26:47
Visit ID	: CHLD0148692021	Reported	: 24/Jan/2021 11:50:53
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDI ASSIST BOB PACKAGE -MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Sample: Serum

#### GAMMA GT (GGT) \* , Serum

Gamma GT (GGT)	32.20	IU/L	11-50	OPTIMIZED SZAING
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#### LIPID PROFILE (MINI) \* , Serum

Cholesterol (Total)	218.87	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	44.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	114	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	<b>60.86</b>	mg/dl	10-33	CALCULATED
Triglycerides	304.30	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



  
**Dr Vinod Ojha**  
MD Pathologist

# CHANDAN DIAGNOSTIC CENTRE

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Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 24/Jan/2021 09:28:26
Age/Gender	: 30 Y 3 M 17 D /M	Collected	: 24/Jan/2021 09:57:51
UHID/MR NO	: CHLD.0000061835	Received	: 24/Jan/2021 10:53:24
Visit ID	: CHLD0148692021	Reported	: 25/Jan/2021 13:36:21
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDI ASSIST BOB PACKAGE -MALE

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

Color	PALE YELLOW			
Specific Gravity	1.025			
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			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	0-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	3-12 Calcium oxalate crystals/h.p.f			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



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Age/Gender	: 30 Y 3 M 17 D /M	Collected	: 24/Jan/2021 09:57:51
UHID/MR NO	: CHLD.0000061835	Received	: 24/Jan/2021 10:53:24
Visit ID	: CHLD0148692021	Reported	: 25/Jan/2021 13:36:21
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDI ASSIST BOB PACKAGE -MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
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(++++ ) > 2



  
**Dr Vinod Ojha**  
MD Pathologist

# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 24/Jan/2021 09:28:26
Age/Gender	: 30 Y 3 M 17 D /M	Collected	: 24/Jan/2021 14:12:03
UHID/MR NO	: CHLD.0000061835	Received	: 24/Jan/2021 15:13:04
Visit ID	: CHLD0148692021	Reported	: 24/Jan/2021 17:49:55
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDI ASSIST BOB PACKAGE -MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### SUGAR, PP STAGE \* , Urine

Sugar, PP Stage	ABSENT
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#### Interpretation:

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



  
**Dr Vinod Ojha**  
MD Pathologist

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CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 24/Jan/2021 09:28:22
Age/Gender	: 30 Y 3 M 17 D /M	Collected	: 24/Jan/2021 09:56:58
UHID/MR NO	: CHLD.0000061835	Received	: 25/Jan/2021 10:53:19
Visit ID	: CHLD0148692021	Reported	: 25/Jan/2021 13:20:12
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDI ASSIST BOB PACKAGE -MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>PSA (Prostate Specific Antigen), Free **</b> <i>Sample:Serum</i>	0.120	ng/ml	< 1	ECLIA
<b>THYROID PROFILE - TOTAL ** , Serum</b>				
T3, Total (tri-iodothyronine)	125.62	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.20	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.

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



H levels.

Dr. Vijay Soren  
MD(Pathology)

# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 24/Jan/2021 09:28:26
Age/Gender	: 30 Y 3 M 17 D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000061835	Received	: N/A
Visit ID	: CHLD0148692021	Reported	: 24/Jan/2021 11:58:16
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF X-RAY MEDI ASSIST BOB PACKAGE -MALE

### X-RAY DIGITAL CHEST PA \*\*

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

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

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

**IMPRESSION:- NORMAL SKIAGRAM IN PRESENT SCAN**



  
Dr.Navneet Kumar (MD Radiodiagnosis )

# CHANDAN DIAGNOSTIC CENTRE

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CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 24/Jan/2021 09:28:26
Age/Gender	: 30 Y 3 M 17 D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000061835	Received	: N/A
Visit ID	: CHLD0148692021	Reported	: 24/Jan/2021 12:05:50
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF ULTRASOUND MEDI ASSIST BOB PACKAGE -MALE

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

### WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

#### LIVER

- *The liver is normal in size in longitudinal span, its echogenicity is homogeneously increased. 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.
- Porta hepatis 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** is normal in size, measuring ~ 11.6x5.3 cm and normal in cortical echogenicity. Pelvicalyceal system is not dilated. Cortico-medullary demarcation is maintained.
- *Left kidney is not visualized.*

#### SPLEEN

- The spleen is normal in size (~9.3 cm) 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 seen in peritoneal cavity.

#### URETERS

# CHANDAN DIAGNOSTIC CENTRE

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Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 24/Jan/2021 09:28:26
Age/Gender	: 30 Y 3 M 17 D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000061835	Received	: N/A
Visit ID	: CHLD0148692021	Reported	: 24/Jan/2021 12:05:50
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF ULTRASOUND MEDI ASSIST BOB PACKAGE -MALE

- The upper parts of both the ureters are normal.
- Bilateral vesicoureteric junctions are normal.

### URINARY BLADDER

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

### PROSTATE

- The prostate gland is normal in size, texture with smooth outline, its measuring ~ 16 cc in vol.

### ***FINAL IMPRESSION***

***Grade I fatty liver***

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

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

Result/s to Follow:  
ECG / EKG, 2D ECHO



Dr. Azim Ilyas(MBBS,MD Radiologist)

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 Conduction 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

# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 12/Mar/2020 09:04:26
Age/Gender	: 29 Y 5 M 4 D /M	Collected	: 12/Mar/2020 09:25:40
UHID/MR NO	: CHLD.0000046172	Received	: 12/Mar/2020 09:43:26
Visit ID	: CHLD0361641920	Reported	: 12/Mar/2020 12:30:16
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDI ASSIST BOB PACKAGE -MALE

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

#### ESR \* , Blood

Observed	6.00	Mm for 1st hr.
Corrected	4.00	Mm for 1st hr. < 9
PCV (HCT)	46.00	cc % 40-54

#### COMPLETE BLOOD COUNT (CBC) \* , Blood

Haemoglobin	14.80	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	7,600.00	/Cu mm	4000-10000	MICROSCOPIC EXAMINATION

#### DLC

Polymorphs (Neutrophils)	64.00	%	55-70	MICROSCOPIC EXAMINATION
Lymphocytes	32.00	%	25-40	MICROSCOPIC EXAMINATION
Monocytes	1.00	%	3-5	MICROSCOPIC EXAMINATION
Eosinophils	3.00	%	1-6	MICROSCOPIC EXAMINATION
Basophils	0.00	%	< 1	MICROSCOPIC EXAMINATION

#### ESR

Observed	6.00	Mm for 1st hr.
Corrected	4.00	Mm for 1st hr. < 9
PCV (HCT)	46.00	cc % 40-54

#### Platelet count

Platelet Count	1.70	LACS/cu mm	1.5-4.0	MICROSCOPIC EXAMINATION
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#### RBC Count

RBC Count	5.02	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
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#### Blood Indices (MCV, MCH, MCHC)

# CHANDAN DIAGNOSTIC CENTRE

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CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 12/Mar/2020 09:04:26
Age/Gender	: 29 Y 5 M 4 D /M	Collected	: 12/Mar/2020 09:25:40
UHID/MR NO	: CHLD.0000046172	Received	: 12/Mar/2020 09:43:26
Visit ID	: CHLD0361641920	Reported	: 12/Mar/2020 12:30:16
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDI ASSIST BOB PACKAGE -MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
MCV	92.60	fl	80-100	CALCULATED PARAMETER
MCH	29.50	pg	28-35	CALCULATED PARAMETER
MCHC	31.80	%	30-38	CALCULATED PARAMETER



  
**Dr Vinod Ojha**  
MD Pathologist



# CHANDAN DIAGNOSTIC CENTRE

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Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 12/Mar/2020 09:04:26
Age/Gender	: 29 Y 5 M 4 D /M	Collected	: 12/Mar/2020 09:25:40
UHID/MR NO	: CHLD.0000046172	Received	: 12/Mar/2020 09:43:26
Visit ID	: CHLD0361641920	Reported	: 12/Mar/2020 11:34:32
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDI ASSIST BOB PACKAGE -MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Glucose Fasting</b> <i>Sample:Plasma</i>	107.89	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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.



  
**Dr Vinod Ojha**  
MD Pathologist

# CHANDAN DIAGNOSTIC CENTRE

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Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 12/Mar/2020 09:04:27
Age/Gender	: 29 Y 5 M 4 D /M	Collected	: 14/Mar/2020 11:51:22
UHID/MR NO	: CHLD.0000046172	Received	: 14/Mar/2020 12:07:15
Visit ID	: CHLD0361641920	Reported	: 14/Mar/2020 13:44:44
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDI ASSIST BOB PACKAGE -MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Glucose PP</b> <i>Sample: Plasma After Meal</i>	126.96	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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.



  
**Dr Vinod Ojha**  
MD Pathologist

# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 12/Mar/2020 09:04:27
Age/Gender	: 29 Y 5 M 4 D /M	Collected	: 12/Mar/2020 09:25:40
UHID/MR NO	: CHLD.0000046172	Received	: 13/Mar/2020 12:13:43
Visit ID	: CHLD0361641920	Reported	: 13/Mar/2020 14:03:43
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDI ASSIST BOB PACKAGE -MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLYCOSYLATED HAEMOGLOBIN (HbA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.60	%	< 5.7 Non diabetic adults >=18 years 5.7-6.4 At risk (Prediabetes) >= 6.5 Diabetes (As per ADA)	HPLC (NGSP)
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#### Interpretation:

Abnormal haemoglobins might affect the half-life of the red cells or the in vivo glycation rates. Whenever it is suspected that the presence of a Hb variant (e.g. HbSS, HbCC or HbSC) affects the correlation between the HbA1c value and glycemic control HbA1c must not be used for the diagnosis of diabetes mellitus.

Any cause of shortened erythrocyte survival or decrease in mean erythrocyte age e.g., hemolytic anaemia or other hemolytic diseases, homozygous sickle cell trait, pregnancy, recent significant or chronic blood loss, etc, will reduce exposure of erythrocytes to glucose with a consequent decrease in % HbA1c values. Recent blood transfusions can alter the % HbA1c values.

Caution should be used when interpreting the HbA1c results from patients with these conditions. HbA1c must not be used for the diagnosis of diabetes mellitus in the presence of such conditions and also not suitable for the diagnosis of gestational diabetes.

Specimens containing high amounts of HbF (>10 %) may result in lower than expected % HbA1c values.

In very rare cases of rapidly evolving type I diabetes, the increase of the HbA1c values might be delayed compared to the acute increase in glucose concentrations. In these conditions, diabetes mellitus must be diagnosed based on plasma glucose concentrations / or typical clinical symptoms. [ADA - American Diabetes Association]



Dr. Vijay Soren  
MD(Pathology)

# CHANDAN DIAGNOSTIC CENTRE

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Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 12/Mar/2020 09:04:27
Age/Gender	: 29 Y 5 M 4 D /M	Collected	: 12/Mar/2020 09:25:40
UHID/MR NO	: CHLD.0000046172	Received	: 12/Mar/2020 09:43:26
Visit ID	: CHLD0361641920	Reported	: 12/Mar/2020 11:50:35
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDI ASSIST BOB PACKAGE -MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN (Blood Urea Nitrogen) *</b> <i>Sample:Serum</i>	10.49	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> <i>Sample:Serum</i>	0.96	mg/dl	0.7-1.3	MODIFIED JAFFES
<b>Bilirubin (Total, Direct, Indirect), Serum , Serum</b>				
Bilirubin (Total)	1.06	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	<b>0.35</b>	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.71	mg/dl	< 0.8	JENDRASSIK & GROF
<b>SGOT / Aspartate Aminotransferase (AST)</b> <i>Sample:Serum</i>	<b>39.99</b>	U/L	< 35	IFCC WITHOUT P5P
<b>SGPT / Alanine Aminotransferase (ALT)</b> <i>Sample:Serum</i>	<b>67.43</b>	U/L	< 40	IFCC WITHOUT P5P
<b>Alkaline Phosphatase (Total)</b> <i>Sample:Serum</i>	96.57	U/L	25-140	PNPP AMP KINETIC
<b>Protein</b> <i>Sample:Serum</i>	6.55	gm/dl	6.2-8.0	BIRUET
<b>Albumin *</b> <i>Sample:Serum</i>	4.29	gm/dl	3.8-5.4	B.C.G.
<b>Globulin *</b> <i>Sample:Serum</i>	2.26	gm/dl	1.8-3.6	CALCULATED
<b>LDL / HDL Ratio *</b> <i>Sample:Serum</i>	<b>3.17</b>		< 3.0	CALCULATED
<b>LDL Cholesterol (Bad Cholesterol) *</b> <i>Sample:Serum</i>	142	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
<b>HDL Cholesterol (Good Cholesterol) *</b> <i>Sample:Serum</i>	44.70	mg/dl	30-70	DIRECT ENZYMATIC
<b>Uric Acid</b>	<b>9.57</b>	mg/dl	3.4-7.0	URICASE

# CHANDAN DIAGNOSTIC CENTRE

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Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 12/Mar/2020 09:04:27
Age/Gender	: 29 Y 5 M 4 D /M	Collected	: 12/Mar/2020 09:25:40
UHID/MR NO	: CHLD.0000046172	Received	: 12/Mar/2020 09:43:26
Visit ID	: CHLD0361641920	Reported	: 12/Mar/2020 11:50:35
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDI ASSIST BOB PACKAGE -MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Sample: Serum

#### GAMMA GT (GGT) \* , Serum

Gamma GT (GGT)	<b>54.81</b>	IU/L	11-50	OPTIMIZED SZAIZING
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#### LIPID PROFILE (MINI) \* , Serum

Cholesterol (Total)	228.96	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	44.70	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	142	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	<b>42.73</b>	mg/dl	10-33	CALCULATED
Triglycerides	213.65	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



**Dr Vinod Ojha**  
MD Pathologist

# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 12/Mar/2020 09:04:28
Age/Gender	: 29 Y 5 M 4 D /M	Collected	: 12/Mar/2020 11:19:14
UHID/MR NO	: CHLD.0000046172	Received	: 12/Mar/2020 11:44:07
Visit ID	: CHLD0361641920	Reported	: 12/Mar/2020 13:36:28
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDI ASSIST BOB PACKAGE -MALE

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			DIPSTICK
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	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

# CHANDAN DIAGNOSTIC CENTRE

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Ph: ,9235400975

CIN : U85110DL2003PLC308206



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Age/Gender	: 29 Y 5 M 4 D /M	Collected	: 12/Mar/2020 11:19:14
UHID/MR NO	: CHLD.0000046172	Received	: 12/Mar/2020 11:44:07
Visit ID	: CHLD0361641920	Reported	: 12/Mar/2020 13:36:28
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDI ASSIST BOB PACKAGE -MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
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(++++) > 2



  
**Dr Vinod Ojha**  
MD Pathologist

# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 12/Mar/2020 09:04:28
Age/Gender	: 29 Y 5 M 4 D /M	Collected	: 14/Mar/2020 11:51:22
UHID/MR NO	: CHLD.0000046172	Received	: 14/Mar/2020 12:07:15
Visit ID	: CHLD0361641920	Reported	: 14/Mar/2020 13:19:05
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDI ASSIST BOB PACKAGE -MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### SUGAR, PP STAGE \* , Urine

Sugar, PP Stage	ABSENT
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#### Interpretation:

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



  
**Dr Vinod Ojha**  
MD Pathologist



# CHANDAN DIAGNOSTIC CENTRE

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Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 12/Mar/2020 09:04:26
Age/Gender	: 29 Y 5 M 4 D /M	Collected	: 12/Mar/2020 09:25:40
UHID/MR NO	: CHLD.0000046172	Received	: 13/Mar/2020 11:54:44
Visit ID	: CHLD0361641920	Reported	: 13/Mar/2020 13:11:37
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDI ASSIST BOB PACKAGE -MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>PSA (Prostate Specific Antigen), Free **</b> <i>Sample: Serum</i>	0.200	ng/ml	< 1	ECLIA
<b>THYROID PROFILE - TOTAL ** , Serum</b>				
T3, Total (tri-iodothyronine)	126.36	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.54	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.91	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.

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



H levels.

Dr. Vijay Soren  
MD(Pathology)

# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 12/Mar/2020 09:04:28
Age/Gender	: 29 Y 5 M 4 D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000046172	Received	: N/A
Visit ID	: CHLD0361641920	Reported	: 12/Mar/2020 14:14:07
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF X-RAY MEDI ASSIST BOB PACKAGE -MALE

X-RAY DIGITAL CHEST PA \*\*

**(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)  
DIGITAL 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 :            N O R M A L   S K I A G R A M**

Advice:- Clinico pathological correlation/ Follow up



*Vineet Modi*  
Dr.Vineet Kumar Modi  
(MD Radio Diagnosis)

# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 12/Mar/2020 09:04:28
Age/Gender	: 29 Y 5 M 4 D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000046172	Received	: N/A
Visit ID	: CHLD0361641920	Reported	: 12/Mar/2020 12:21:25
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF ULTRASOUND MEDI ASSIST BOB PACKAGE -MALE

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

#### WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

#### LIVER

- *The liver is normal in size, its echogenicity is homogeneously increased. No focal lesion is seen.*

#### PORTAL SYSTEM

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

- Visualized part appears grossly normal.

#### GREAT VESSELS

- Great vessels are normal.

#### KIDNEYS

- Both the kidneys are normal in size and cortical echotexture.
- The collecting system of both the kidneys is normal and cortico-medullary demarcation is clear.
- *Right kidney measuring approx 11.0 x 4.7 cms.*
- *Left kidney could not be visualized.*

#### SPLEEN

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

#### LYMPH NODES

- No pre- or para - aortic lymph node mass is seen.

# CHANDAN DIAGNOSTIC CENTRE

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Ph: ,9235400975

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Patient Name	: Mr.MOHIT KUMAR 105040	Registered On	: 12/Mar/2020 09:04:28
Age/Gender	: 29 Y 5 M 4 D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000046172	Received	: N/A
Visit ID	: CHLD0361641920	Reported	: 12/Mar/2020 12:21:25
Ref Doctor	: Dr. MEDI ASSIST PVT LTD HLD	Status	: Final Report

## DEPARTMENT OF ULTRASOUND MEDI ASSIST BOB PACKAGE -MALE

### ILIAC FOSSAE & PERITONEUM

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

### URETERS

- Visualized ureters are normal.

### URINARY BLADDER

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

### PROSTATE

- The prostate gland is normal in size with smooth outline, its measuring ~ 3.2 x 4.0 x 3.4 cms & weight approx 23.3 gms.

### FINAL IMPRESSION

#### GRADE I FATTY LIVER CHANGES

#### LEFT KIDNEY COULD NOT BE VISUALIZED ADV: CECT ABDOMEN & PELVIS CORRELATION

Adv : Clinico-pathological/*CECT ABDOMEN & PELVIS CORRELATION*/further evaluation & Follow up

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

Result/s to Follow:  
ECG/EKG, 2D ECHO



Dr. Astha Taneja (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

# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr. MOHIT KUMAR	Registered On	: 10/Jul/2020 08:03:40
Age/Gender	: 30 Y O M O D /M	Collected	: 10/Jul/2020 08:24:06
UHID/MR NO	: CHLD.0000050879	Received	: 10/Jul/2020 08:35:41
Visit ID	: CHLD0037612021	Reported	: 10/Jul/2020 12:22:09
Ref Doctor	: Dr. PRAMOD JOSHI	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE BLOOD COUNT (CBC) * , Blood</b>				
Haemoglobin	<b>12.60</b>	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	6,700.00	/Cu mm	4000-10000	MICROSCOPIC EXAMINATION
<b>DLC</b>				
Polymorphs (Neutrophils)	62.00	%	55-70	MICROSCOPIC EXAMINATION
Lymphocytes	34.00	%	25-40	MICROSCOPIC EXAMINATION
Monocytes	<b>1.00</b>	%	3-5	MICROSCOPIC EXAMINATION
Eosinophils	3.00	%	1-6	MICROSCOPIC EXAMINATION
Basophils	0.00	%	< 1	MICROSCOPIC EXAMINATION
<b>ESR</b>				
Observed	16.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	< 9	
PCV (HCT)	40.00	cc %	40-54	
<b>Platelet count</b>				
Platelet Count	<b>1.40</b>	LACS/cu mm	1.5-4.0	MICROSCOPIC EXAMINATION
<b>RBC Count</b>				
RBC Count	<b>3.96</b>	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	90.40	fl	80-100	CALCULATED PARAMETER
MCH	31.70	pg	28-35	CALCULATED PARAMETER
MCHC	35.10	%	30-38	CALCULATED PARAMETER



Dr Vinod Ojha  
MD Pathologist



SIN No:50967916

# CHANDAN DIAGNOSTIC CENTRE

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CIN : U85110DL2003PLC308206



Patient Name	: Mr. MOHIT KUMAR	Registered On	: 10/Jul/2020 08:03:40
Age/Gender	: 30 Y O M O D /M	Collected	: 10/Jul/2020 08:24:06
UHID/MR NO	: CHLD.0000050879	Received	: 10/Jul/2020 08:35:41
Visit ID	: CHLD0037612021	Reported	: 10/Jul/2020 11:36:25
Ref Doctor	: Dr. PRAMOD JOSHI	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE (MINI) * , Serum</b>				
Cholesterol (Total)	201.80	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	35.30	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	101	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	<b>65.72</b>	mg/dl	10-33	CALCULATED
Triglycerides	328.60	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



  
**Dr Vinod Ojha**  
MD Pathologist



SIN No:50967916

# CHANDAN DIAGNOSTIC CENTRE

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CIN : U85110DL2003PLC308206



Patient Name	: Mr. MOHIT KUMAR	Registered On	: 10/Jul/2020 08:03:40
Age/Gender	: 30 Y O M O D /M	Collected	: 10/Jul/2020 08:24:06
UHID/MR NO	: CHLD.0000050879	Received	: 10/Jul/2020 08:35:41
Visit ID	: CHLD0037612021	Reported	: 10/Jul/2020 18:28:07
Ref Doctor	: Dr. PRAMOD JOSHI	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE - TOTAL * , Serum</b>				
T3, Total (tri-iodothyronine)	183.44	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.85	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.79	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.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
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- 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.
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- 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 Vinod Ojha  
MD Pathologist



SIN No:50967916

# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr. MOHIT KUMAR	Registered On	: 10/Jul/2020 08:03:40
Age/Gender	: 30 Y O M O D /M	Collected	: 10/Jul/2020 08:24:06
UHID/MR NO	: CHLD.0000050879	Received	: 11/Jul/2020 11:30:26
Visit ID	: CHLD0037612021	Reported	: 11/Jul/2020 16:34:24
Ref Doctor	: Dr. PRAMOD JOSHI	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Vitamin D(25 hydroxy) ** Sample: Serum	29.10	ng/ml	0-20 Deficiency 20-30 Insufficiency 30-100 Sufficiency > 100 Toxicity	CLIA

### Interpretation:

Vitamin D is fat soluble steroid. Two forms of Vitamin D are biologically relevant Vitamin D3 (Cholecalciferol) and Vitamin D2 (Ergocalciferol). Vitamin D deficiency is a cause of secondary hyperparathyroidism. The measurement of Vitamin D status provides preventive and therapeutic interventions. Vitamin D deficiency is related to impaired bone metabolism (like rickets, osteoporosis, osteomalacia).

Most of the vitamin D (25-OH), measurable in serum, is vitamin D3 (25-OH) whereas vitamin D2(25-OH) reaches measurable levels only in patients taking vitamin D2 supplements. Vitamin D2 is considered to be less effective.



Dr. Vijay Soren  
MD(Pathology)



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CIN : U85110DL2003PLC308206



Patient Name	: Mr. MOHIT KUMAR	Registered On	: 10/Jul/2020 08:03:41
Age/Gender	: 30 Y O M O D /M	Collected	: 10/Jul/2020 08:24:06
UHID/MR NO	: CHLD.0000050879	Received	: 10/Jul/2020 08:35:41
Visit ID	: CHLD0037612021	Reported	: 10/Jul/2020 11:36:25
Ref Doctor	: Dr. PRAMOD JOSHI	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### RENAL FUNCTION TEST

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Urea</b> Sample: Serum	16.63	mg/dL	15-45	UV-GLDH KINETIC
<b>Creatinine</b> Sample: Serum	0.90	mg/dl	0.7-1.3	MODIFIED JAFFES
<b>Calcium *</b> Sample: Serum	8.85	mg/dl	8.5-10.2	ARSENAZO III
<b>Uric Acid</b> Sample: Serum	4.63	mg/dl	3.4-7.0	URICASE
<b>Sodium *</b> Sample: Serum	136.90	m Mol /L	135-148	ISE
<b>Potassium *</b> Sample: Serum	3.76	m Mol /L	3.5-5.3	ISE



  
**Dr Vinod Ojha**  
MD Pathologist



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Patient Name	: Mr. MOHIT KUMAR	Registered On	: 10/Jul/2020 08:03:41
Age/Gender	: 30 Y O M O D /M	Collected	: 10/Jul/2020 08:24:06
UHID/MR NO	: CHLD.0000050879	Received	: 10/Jul/2020 08:35:41
Visit ID	: CHLD0037612021	Reported	: 10/Jul/2020 12:59:31
Ref Doctor	: Dr. PRAMOD JOSHI	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### RENAL FUNCTION TEST

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>URINE EXAMINATION, ROUTINE * , Urine</b>				
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			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	0-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

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



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MD Pathologist

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 Conduction 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



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# CHANDAN DIAGNOSTIC CENTRE

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Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR	Registered On	: 19/Jan/2019 09:20:26
Age/Gender	: 28 Y O M O D /M	Collected	: 19/Jan/2019 09:29:37
UHID/MR NO	: CHLD.0000005342	Received	: 19/Jan/2019 10:21:19
Visit ID	: CHLD0078521819	Reported	: 19/Jan/2019 17:05:27
Ref Doctor	: Dr. BANK OF BARODA HLD	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### BANK OF BARODA HEALTH CHECK UP ( HLD ) MALE

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

Haemoglobin	15.00	g/dl	13.5-17.5	PHOTOMETRIC
Blood Group (ABO & Rh typing)	O POSITIVE			
TLC	7,800.00	/Cu mm	4000-10000	MICROSCOPIC EXAMINATION

#### DLC

Polymorphs	60.00	%	55-70	MICROSCOPIC EXAMINATION
Lymphocytes	37.00	%	25-40	MICROSCOPIC EXAMINATION
Monocytes	2.00	%	3-5	MICROSCOPIC EXAMINATION
Eosinophils	1.00	%	1-6	MICROSCOPIC EXAMINATION
Basophils	0.00	%	< 1	MICROSCOPIC EXAMINATION

#### ESR

Observed	12.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr.	< 9	
PCV	48.00	cc %	40-54	

#### GBP

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

1. RBCs are Normocytic and normochromic. No evidence of hemolysis and mp.
2. Leucocytes are adequate in numbers and reveal normal distribution.
3. Platelets are within normal limits.
4. Smears are Negative for Malarial and Microfilarial Parasite.
5. There are no blasts (precursor cells).

#### COMMENT - NORMAL GENERAL BLOOD PICTURE

Platelet Count	1.61	LACS/cu mm	1.5-4.0	MICROSCOPIC EXAMINATION
RBC Count	4.69	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE

#### Blood Indices (MCV, MCH, MCHC)

M.C.V.	95.10	fl	80-100	CALCULATED PARAMETER
M.C.H.	29.90	pg	28-35	CALCULATED PARAMETER



SIN No:50084076

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Ref Doctor	: Dr. BANK OF BARODA HLD	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### BANK OF BARODA HEALTH CHECK UP ( HLD ) MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
M.C.H.C.	32.60	%	30-38	CALCULATED PARAMETER



Dr Shipra Agarwal  
MD Microbiologist



SIN No:50084076

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Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR	Registered On	: 19/Jan/2019 09:20:26
Age/Gender	: 28 Y O M O D /M	Collected	: 19/Jan/2019 09:29:37
UHID/MR NO	: CHLD.0000005342	Received	: 19/Jan/2019 10:21:19
Visit ID	: CHLD0078521819	Reported	: 19/Jan/2019 13:57:44
Ref Doctor	: Dr. BANK OF BARODA HLD	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### BANK OF BARODA HEALTH CHECK UP ( HLD ) MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Glucose Fasting</b> <i>Sample:Plasma</i>	88.50	mg/dl	< 99 Normal 100-125 Near Normal I.G.T) > 126 Diabetic	GOD POD
<b>Glucose PP</b> <i>Sample:Plasma After Meal</i>	112.80	mg/dl	< 139 Normal 140-199 Near Normal (I.G.T) > 200 Diabetic	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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \* , Blood

Glycosylated Haemoglobin (HbA1c)	4.14	% NGSP	< 6 Non diabetic level < 6-6.9 Near normal glycemia < 7 Goal for therapy 7-8 Fair therapeutic control > 8 Action suggested	HPLC
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#### Interpretation:

Action suggested as the individual poses high risk of developing long term complications of diabetes including nephropathy, neuropathy, retinopathy etc. > 8.0

Goal of therapy in a known diabetic patient is to maintain HbA1c levels under 7.0% NGSP Unit.

This group includes population that has near normal glycemia but may / may not progress to Diabetes depending upon life style modifications. < 6.0 - 6.9

<b>BUN (Blood Urea Nitrogen) *</b> <i>Sample:Serum</i>	12.75	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> <i>Sample:Serum</i>	1.13	mg/dl	0.7-1.3	MODIFIED JAFFES



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UHID/MR NO	: CHLD.0000005342	Received	: 19/Jan/2019 10:21:19
Visit ID	: CHLD0078521819	Reported	: 19/Jan/2019 13:57:44
Ref Doctor	: Dr. BANK OF BARODA HLD	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### BANK OF BARODA HEALTH CHECK UP (HLD) MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Uric Acid</b> <i>Sample:Serum</i>	<b>7.60</b>	mg/dl	3.4-7.0	URICASE
<b>L.F.T.(WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	32.60	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	<b>54.70</b>	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	<b>70.20</b>	IU/L	11-50	OPTIMIZED SZAZING
Protein	<b>5.96</b>	gm/dl	6.2-8.0	BIRUET
Albumin	<b>3.76</b>	gm/dl	3.8-5.4	B.C.G.
Globulin	2.20	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.71		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	76.00	U/L	25-140	PNPP AMP KINETIC
Bilirubin (Total)	0.72	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	<b>0.24</b>	mg/dl	< 0.2	JENDRASSIK & GROF
Bilirubin (Indirect)	0.48	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE (HIS) * , Serum</b>				
Cholesterol (Total)	180.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	59.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol) (Direct)	73	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	<b>47.84</b>	mg/dl	10-33	CALCULATED
Non-HDL Cholesterol	120.60	mg/dl	0-160	CALCULATED
TC / HDL Cholesterol Ratio (HIS)	3.03		3-5	CALCULATED
LDL / HDL Ratio	1.23		< 3.0	CALCULATED
Triglycerides	239.20	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



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MD Pathologist



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CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR	Registered On	: 19/Jan/2019 09:20:26
Age/Gender	: 28 Y O M O D /M	Collected	: 19/Jan/2019 10:47:36
UHID/MR NO	: CHLD.0000005342	Received	: 19/Jan/2019 11:47:43
Visit ID	: CHLD0078521819	Reported	: 19/Jan/2019 14:26:52
Ref Doctor	: Dr. BANK OF BARODA HLD	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY


### BANK OF BARODA HEALTH CHECK UP (HLD) MALE

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

Color	PALE YELLOW			
Specific Gravity	1.010			
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			
<b>Microscopic Examination:</b>				
Epithelial cells	0-4/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			



  
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MD Microbiologist



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CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR	Registered On	: 19/Jan/2019 09:20:26
Age/Gender	: 28 Y O M O D /M	Collected	: 20/Jan/2019 10:57:45
UHID/MR NO	: CHLD.0000005342	Received	: 20/Jan/2019 11:00:48
Visit ID	: CHLD0078521819	Reported	: 20/Jan/2019 14:24:33
Ref Doctor	: Dr. BANK OF BARODA HLD	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### BANK OF BARODA HEALTH CHECK UP ( HLD ) MALE

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

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic ( 6.5 )
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Fungal element	ABSENT
Others	ABSENT



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Patient Name	: Mr.MOHIT KUMAR	Registered On	: 19/Jan/2019 09:20:26
Age/Gender	: 28 Y O M O D /M	Collected	: 19/Jan/2019 16:54:15
UHID/MR NO	: CHLD.0000005342	Received	: 19/Jan/2019 16:59:33
Visit ID	: CHLD0078521819	Reported	: 19/Jan/2019 17:25:31
Ref Doctor	: Dr. BANK OF BARODA HLD	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### BANK OF BARODA HEALTH CHECK UP ( HLD ) MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage ABSENT

#### SUGAR, PP STAGE \* , Urine

Sugar, PP Stage Negative



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Patient Name	: Mr.MOHIT KUMAR	Registered On	: 19/Jan/2019 09:20:26
Age/Gender	: 28 Y O M O D /M	Collected	: 19/Jan/2019 09:29:37
UHID/MR NO	: CHLD.0000005342	Received	: 20/Jan/2019 12:13:04
Visit ID	: CHLD0078521819	Reported	: 20/Jan/2019 15:38:58
Ref Doctor	: Dr. BANK OF BARODA HLD	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### BANK OF BARODA HEALTH CHECK UP ( HLD ) MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total ** <i>Sample:Serum</i>	0.200	ng/mL	< 1.3	CLIA

#### Interpretation:

1. PSA is a reliable tumour marker for already diagnosed Prostatic carcinomas. Elevated concentration of PSA in serum are generally indicative of a pathologic condition of the prostate ( prostatitis, benign hyperplasia or carcinoma )
2. As PSA is also present in para-urethral and anal glands, as well as in breast tissue, low levels of PSA can also be detected in sera from women.
3. PSA can be detected even after radical prostatectomy.
4. PSA determination is employed in monitoring the progress and efficiency of therapy in patients with prostate carcinoma or patients receiving hormonal therapy.
5. An inflammation or trauma of the prostate can lead to PSA evaluations of varying duration and magnitude.
6. The two monoclonal antibodies used in the Elecsys PSA test recognize PSA and PSA-ACT on an equimolar basis.
7. PSA may also be increased because of prostatic infection, UTI and catheterization.

#### THYROID PROFILE - TOTAL \*\* , Serum

T3, Total (Tri-iodothyronine)	114.53	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.63	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.03	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.

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



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## DEPARTMENT OF IMMUNOLOGY

### BANK OF BARODA HEALTH CHECK UP ( HLD ) MALE

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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. Vijay Soren  
MD(Pathology)



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CIN : U85110DL2003PLC308206



Patient Name	: Mr. MOHIT KUMAR	Registered On	: 19/Jan/2019 09:20:26
Age/Gender	: 28 Y O M O D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000005342	Received	: N/A
Visit ID	: CHLD0078521819	Reported	: 19/Jan/2019 13:41:43
Ref Doctor	: Dr. BANK OF BARODA HLD	Status	: Final Report

## DEPARTMENT OF X-RAY

### BANK OF BARODA HEALTH CHECK UP (HLD) MALE

#### X-RAY DIGITAL CHEST PA \*


(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)  
DIGITAL 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 :        N O R M A L   S K I A G R A M**

**Advice:- Clinico pathological correlation/ Follow up**



  
Dr. Abhijeet Bhandari  
Radiologist



SIN No:50084076

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Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr.MOHIT KUMAR	Registered On	: 19/Jan/2019 09:20:26
Age/Gender	: 28 Y O M O D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000005342	Received	: N/A
Visit ID	: CHLD0078521819	Reported	: 19/Jan/2019 10:57:09
Ref Doctor	: Dr. BANK OF BARODA HLD	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### BANK OF BARODA HEALTH CHECK UP ( HLD ) MALE

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

#### WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

##### LIVER

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

##### PORTAL SYSTEM

- The intrahepatic portal channels are normal.
- The portal vein is not dilated
- Porta hepatis is normal.

##### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal
- Common 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.

##### GREAT VESSELS

- Great vessels are normal.

##### KIDNEYS

- *Right kidney is normal in size and texture. Renal parenchymal thickness and echogenicity is normal with maintained cortico-medullary demarcation. No stone or hydro-nephrosis is seen, its measuring approx 12.2 x 6.1 cm.*
- *Left kidney is not visualized.*

##### SPLEEN

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

##### LYMPH NODES

- No pre- or para - aortic lymph node mass is seen.

##### RETROPERITONEUM

- Retroperitoneum is free

##### ILIAC FOSSAE & PERITONEUM

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



SIN No:50084076

# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani

Ph: ,9235400975

CIN : U85110DL2003PLC308206



Patient Name	: Mr. MOHIT KUMAR	Registered On	: 19/Jan/2019 09:20:26
Age/Gender	: 28 Y O M O D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000005342	Received	: N/A
Visit ID	: CHLD0078521819	Reported	: 19/Jan/2019 10:57:09
Ref Doctor	: Dr. BANK OF BARODA HLD	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### BANK OF BARODA HEALTH CHECK UP (HLD) MALE

#### URETERS

- The upper parts of both the ureters are normal.
- The vesico - ureteric junctions are normal.

#### URINARY BLADDER

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

#### PROSTATE

- The prostate gland is normal in texture with smooth outline.

#### FINAL IMPRESSION


***Non visualized left kidney (severely hypoplastic/absent)***

***ADV : CLINICOPATHOLOGICAL-CORRELATION /FURTHER EVALUATION***

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

Result/s to Follow:  
2D ECHO, ECG /EKG



  
Dr Mohd Akbar Khan  
Radiologist



SIN No:50084076

# CHANDAN DIAGNOSTIC CENTRE

Add: Godavari Complex, Near K.V.M Public School Heera Nagar, Haldwani

Ph: 7705023379,-

CIN : U85110DL2003PLC308206

Patient Name	: Mr.BABU RAM	Registered On	: 29/Sep/2019 17:01:15
Age/Gender	: 59 Y 0 M 0 D /M	Collected	: 29/Sep/2019 17:11:02
UHID/MR NO	: CHL2.0000032768	Received	: 29/Sep/2019 17:14:21
Visit ID	: CHL20220891920	Reported	: 30/Sep/2019 12:11:16
Ref Doctor	: Dr. MANOJ KUMAR JOSHI HALDWA	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Platelet count</b> * , Blood				
Platelet Count	1.17	LACS/cu mm	1.5-4.0	MICROSCOPIC EXAMINATION

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

(\*\*) Test Performed at Chandan Speciality Lab.



  
**Dr Vinod Ojha**  
MD Pathologist

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 Conduction 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



SIN No:50084076