Chaudau Add: Ph: 9	HANDAN DIAGNOS 24/22,Vrindawan Bhawan,Karachi Khar 235432757, : U85110DL2003LC308206		FRE	VEARS SIGE 191
Age/Gender: 35 Y 10UHID/MR NO: IKNP.00Visit ID: IKNP006	USH YADAV - PKG10000238 M 24 D /M 00030005 52622324 Wheel Knp -	Registered (Collected Received Reported Status	Dn : 25/Nov/2023 1 : 25/Nov/2023 1 : 26/Nov/2023 1 : 26/Nov/2023 1 : Final Report	9:18:19 2:55:09
	DEPARTM ENT	OFHAEMATC	LOGY	
N	1 EDIWHEEL BANK OF BARO	DA MALE & FE	MALE BELOW 40 YRS	5
Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh ty Blood Group	ping) ** <i>, Blood</i> O			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE
Complete Blood Count (CE	C) ** , Whole Blood			
Haemoglobin	13.80	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) <u>DLC</u>	8,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils) Lymphocytes Monocytes Eosinophils Basophils ESR	53.00 35.00 5.00 7.00 0.00	% % % %	55-70 25-40 3-5 1-6 <1	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE
Observed Corrected PCV (HCT) Platelet count	16.00 10.00 42.00	Mm for 1st hr. Mm for 1st hr. %	< 9 40-54	
Platelet Count	2.06	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPI
PDW (Platelet Distribution w P-LCR (Platelet Large Cell Ra		fL %	9-17 35-60	ELECTRONIC IMPEDANCE





Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur Ph: 9235432757, CIN : U85110DL2003LC308206



: Mr.PEEYUSH YADAV - PKG10000238	Registered On	: 25/Nov/2023 17:55:34
: 35 Y 10 M 24 D /M	Collected	: 25/Nov/2023 19:18:19
: IKNP.0000030005	Received	: 26/Nov/2023 12:55:09
: IKNP0062622324	Reported	: 26/Nov/2023 16:16:10
: Dr.MediWheel Knp -	Status	: Final Report
	: 35 Y 10 M 24 D /M : IKNP.0000030005 : IKNP0062622324	: 35 Y 10 M 24 D /M Collected : IKNP.0000030005 Received : IKNP0062622324 Reported

DEPARTMENT OF HAEM ATOLOGY

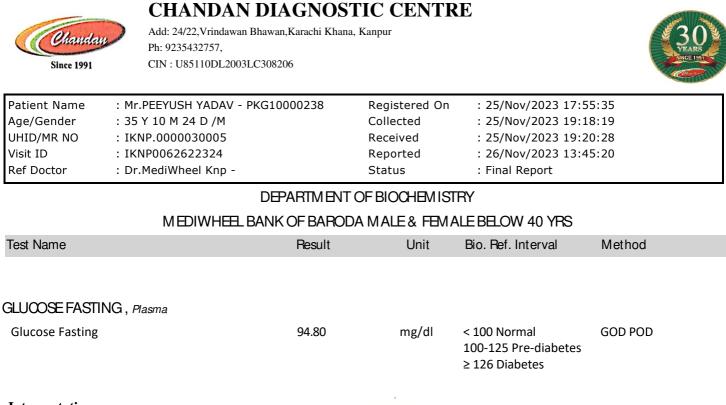
MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.27	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume) RBCCount	13.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count Blood Indices (MCV, MCH, MCHC)	4.23	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
MCV	104.70	fl	80-100	CALCULATED PARAMETER
MCH	32.70	pg	28-35	CALCULATED PARAMETER
MCHC	31.20	%	30-38	CALCULATED PARAMETER
RDW-CV	17.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	66.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,664.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	616.00	/cu mm	40-440	

Dr. Surbhi Lahoti (M.D. Pathology)

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Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
c) I.G.T = Impared Glucose Tolerance.

Glucose PP Sample:Plasma After Meal	98.40	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.c) I.G.T = Impared Glucose Tolerance.

Dr. Seema Nagar(MD Path)

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Since 1991

Ph: 9235432757, CIN : U85110DL2003LC308206



: Mr.PEEYUSH YADAV - PKG10000238	Registered On	: 25/Nov/2023 17:55:36
: 35 Y 10 M 24 D /M	Collected	: 25/Nov/2023 19:18:19
: IKNP.0000030005	Received	: 26/Nov/2023 12:53:27
: IKNP0062622324	Reported	: 26/Nov/2023 14:04:10
: Dr.MediWheel Knp -	Status	: Final Report
	: 35 Y 10 M 24 D /M : IKNP.0000030005 : IKNP0062622324	: 35 Y 10 M 24 D /M Collected : IKNP.0000030005 Received : IKNP0062622324 Reported

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C) **	. EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c) Glycosylated Haemoglobin (HbA1c)	5.00 31.00	% NGSP mmol/mol/IFCC		HPLC (NGSP)

mg/dl

Interpretation:

NOTE:-

Estimated Average Glucose (eAG)

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.

96

• eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc. **Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B.: Test carried out on Automated VARIANT II TURBO HPLC Analyser.

<u>Clinical Implications:</u>

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

*With optimal control, the HbA 1c moves toward normal levels.

*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy



Chaudau Add: 24/22,V Ph: 9235432	DAN DIAGNOS 'rindawan Bhawan,Karachi Khar 757, 0DL2003LC308206		NTRE		Since 199
Patient Name : Mr.PEEYUSH Y	ADAV - PKG10000238	Registered	d On : 25/Nov	/2023 17:5	5:36
Age/Gender : 35 Y 10 M 24 E		Collected		/2023 19:18	
UHID/MR NO : IKNP.0000030		Received		/2023 12:53	
Visit ID : IKNP0062622		Reported		/2023 14:04	4:10
Ref Doctor : Dr.MediWheel	knp -	Status	: Final R	eport	
	DEPARTM EN	T OF BIOCHE	MISTRY		
MEDIV	VHEEL BANK OF BARO	DA MALE & F	EMALE BELOW	40 YRS	
Test Name	Result	Uni	t Bio. Ref. Ir	nterval	Method
*Pregnancy d. chronic renal failu *Presence of Hb F and H causes resulting in a hemoglobinopathy	falsely elevated values. 2. 1 causes falsely decreased va	lues.		Lepore (autos	omal recessive mutation
BUN (Blood Urea Nitrogen) ** Sample:Serum	10.60	mg/dL	7.0-23.0	CALCUI	ATED
Creatinine * * Sample:Serum	1.15	mg/dl	0.6-1.30	MODIF	IED JAFFES
Uric Acid ** Sample:Serum	6.64	mg/dl	3.4-7.0	URICAS	E
LFT (WITH GAMMA GT) ** , Serum					
SGOT / Aspartate Aminotransferase (A	AST) 46.40	U/L	< 35	IFCC W	ITHOUT P5P
SGPT / Alanine Aminotransferase (AL		U/L	< 40	IFCC W	ITHOUT P5P
Gamma GT (GGT)	46.70	IU/L	11-50	OPTIM	ZED SZAZING
Protein	6.52	gm/dl	6.2-8.0	BIURET	

	SGPT / Alanine Aminotransferase (ALT)	70.50	U/L	< 40	IFCC WITHOUT P5P
	Gamma GT (GGT)	46.70	IU/L	11-50	OPTIMIZED SZAZING
	Protein	6.52	gm/dl	6.2-8.0	BIURET
	Albumin	4.54	gm/dl	3.4-5.4	B.C.G.
	Globulin	1.98	gm/dl	1.8-3.6	CALCULATED
	A:G Ratio	2.29		1.1-2.0	CALCULATED
	Alkaline Phosphatase (Total)	114.00	U/L	42.0-165.0	IFCC METHOD
	Bilirubin (Total)	1.73	mg/dl	0.3-1.2	JENDRASSIK & GROF
	Bilirubin (Direct)	0.65	mg/dl	< 0.30	JENDRASSIK & GROF
	Bilirubin (Indirect)	1.08	mg/dl	< 0.8	JENDRASSIK & GROF
l	JPID PROFILE (MINI) ** , <i>Serum</i> Cholesterol (Total)	179.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
	HDL Cholesterol (Good Cholesterol)	44.10	mg/dl	30-70	DIRECT ENZYMATIC
	LDL Cholesterol (Bad Cholesterol)	98	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High	
	VLDL	36.80	mg/dl	10-33	CALCULATED
	Triglycerides	184.00	mg/dl	< 150 Normal	GPO-PAP





Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur Ph: 9235432757, CIN : U85110DL2003LC308206



Patient Name	: Mr.PEEYUSH YADAV - PKG10000238	Registered On	: 25/Nov/2023 17:55:36
Age/Gender	: 35 Y 10 M 24 D /M	Collected	: 25/Nov/2023 19:18:19
UHID/MR NO	: IKNP.0000030005	Received	: 26/Nov/2023 12:53:27
Visit ID	: IKNP0062622324	Reported	: 26/Nov/2023 14:04:10
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name

Result

Unit

Method

150-199 Borderline High 200-499 High >500 Very High

Bio. Ref. Interval

Dr. Anupam Singh (MBBS MD Pathology)

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Chaudau Add: Ph: 9	HANDAN DIAGNOST 24/22,Vrindawan Bhawan,Karachi Khana, 2235432757, : U85110DL2003LC308206		RE	Since 195
	USH YADAV - PKG10000238 M 24 D /M	Registered On Collected	: 25/Nov/2023 17 : 25/Nov/2023 19	
-	00030005	Received	: 26/Nov/2023 13	
Visit ID : IKNP006		Reported	: 26/Nov/2023 19	
Ref Doctor : Dr.Medi	Wheel Knp -	Status	: Final Report	
	DEPARTMENT OF C	CLINICAL PATHO	DLOGY	
Ν	IEDIWHEEL BANK OF BARODA	AMALE&FEMA	ALE BELOW 40 YRS	
Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, RO Color Specific Gravity Reaction PH Appearance Protein	DARK YELLOW 1.020 Acidic (6.0) CLEAR ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++)	DIPSTICK DIPSTICK
			200-500 (+++)	
Sugar	ABSENT	am c0/	> 500 (++++) < 0.5 (+)	DIPSTICK
Sugar	ABSENT	gms%	 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++) 	DIPSTICK
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT		and a set of the	DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood Microscopic Examination:	ABSENT			DIPSTICK
Epithelial cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			
STOOL, ROUTINE EXAMINA	ATION **, stool			
Color	YELLOWISH			
Consistency	SEMI SOLID			





Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur Ph: 9235432757, CIN : U85110DL2003LC308206



Patient Name	: Mr.PEEYUSH YADAV - PKG10000238	Registered On	: 25/Nov/2023 17:55:34
Age/Gender	: 35 Y 10 M 24 D /M	Collected	: 25/Nov/2023 19:18:19
UHID/MR NO	: IKNP.0000030005	Received	: 26/Nov/2023 13:19:48
Visit ID	: IKNP0062622324	Reported	: 26/Nov/2023 19:32:47
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

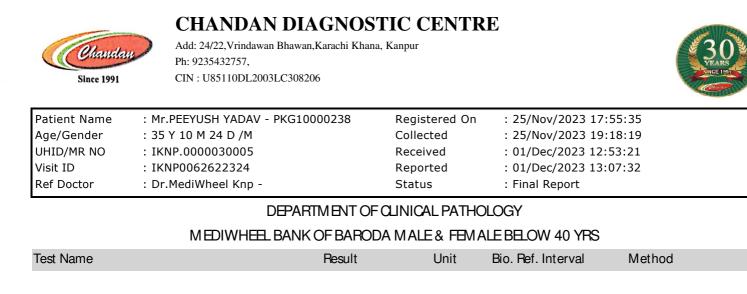
Test Name	Result	Unit	Bio. Ref. Interval	Method
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			

Dr. Anupam Singh (MBBS MD Pathology)

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ABSENT

gms%

SUGAR, FASTING STAGE* , Urine

Sugar, Fasting stage

Interpretation:

 $\begin{array}{ll} (+) & < 0.5 \\ (++) & 0.5 \\ (++) & 1 \\ (+++) & 1 \\ (++++) & > 2 \end{array}$

Dr. Seema Nagar(MD Path)

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Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur Ph: 9235432757, CIN : U85110DL2003LC308206



Patient Name	: Mr.PEEYUSH YADAV - PKG10000238	Registered On	: 25/Nov/2023 17:55:35
Age/Gender	: 35 Y 10 M 24 D /M	Collected	: 25/Nov/2023 19:18:19
UHID/MR NO	: IKNP.0000030005	Received	: 25/Nov/2023 19:20:28
Visit ID	: IKNP0062622324	Reported	: 26/Nov/2023 12:47:57
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name

Result

Unit

Bio. Ref. Interval

Method

$\ensuremath{\text{SUGAR}}, \ensuremath{\text{PP}} \ensuremath{\text{STAGE}}^*$, Urine

Sugar, PP Stage

ABSENT

Interpretation:

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

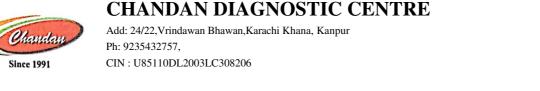


Dr. Seema Nagar(MD Path)

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Patient Name	: Mr.PEEYUSH YADAV - PKG10000238	Registered On	: 25/Nov/2023 17:55:36
Age/Gender	: 35 Y 10 M 24 D /M	Collected	: 25/Nov/2023 19:18:19
UHID/MR NO	: IKNP.0000030005	Received	: 26/Nov/2023 12:53:27
Visit ID	: IKNP0062622324	Reported	: 26/Nov/2023 15:38:00
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL ** , Serum				
T3, Total (tri-iodothyronine)	136.62	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.980	μIU/mL	0.27 - 5.5	CLIA
		ç.		
Interpretation:			and the second second second	
		0.3-4.5 μIU/1		
		0.5-4.6 μIU/1	mL Second Trimeste	r

	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	
4 levels but high TSH levels suffer	from prin	nary hypothy	vroidism, creti	nism. juvenile mvxe	20

µIU/mL

Third Trimester

0.8-5.2

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.

Dr. Anupam Singh (MBBS MD Pathology)







Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur Ph: 9235432757,

CIN: U85110DL2003LC308206



Patient Name	: Mr.PEEYUSH YADAV - PKG10000238	Registered On	: 25/Nov/2023 17:55:37
Age/Gender	: 35 Y 10 M 24 D /M	Collected	: N/A
UHID/MR NO	: IKNP.0000030005	Received	: N/A
Visit ID	: IKNP0062622324	Reported	: 26/Nov/2023 13:07:59
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

X- Ray Digital Chest P.A. View

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

IMPRESSION

*** NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow: ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



Dr Raveesh Chandra Roy (MD-Radio)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing * 365 Days Open *Facilities Available at Select Location

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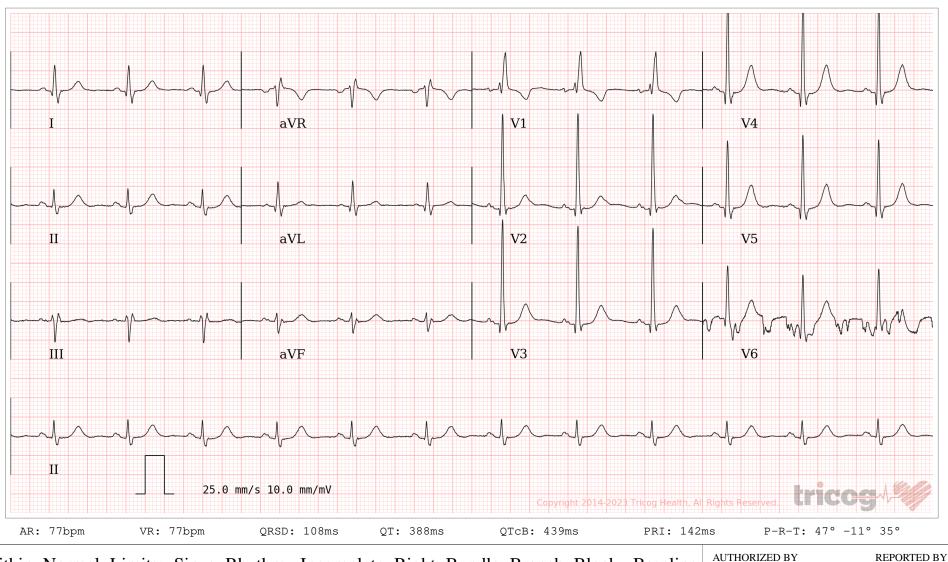


Chandan Diagnostic

Date and Time: 25th Nov 23 2:14 PM



Age / Gender: 35/Male Patient ID: IKNP0062622324 Mr.PEEYUSH YADAV - PKG10000238 Patient Name:



ECG Within Normal Limits: Sinus Rhythm, Incomplete Right Bundle Branch Block. Baseline artefacts. Baseline wandering. Please correlate clinically.



Dr. Charit MD, DM: Cardiology

63382