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

Patient Name	: Mrs.ARCHANA-89490	Registered On	: 27/Aug/2022 08:44:36
Age/Gender	: 27 Y 7 M 21 D /F	Collected	: N/A
UHID/MR NO	: ALDP.0000101624	Received	: N/A
Visit ID	: ALDP0132082223	Reported	: 27/Aug/2022 17:08:11
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CARDIOLOGY-ECG

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ECG / EKG *

1. Machnism, Rhythm	Sinus, Regular	
2. Atrial Rate	100	/mt
3. Ventricular Rate	100	/mt
4. P - Wave	Normal	
5. P R Interval	Normal	
6. Q R S Axis : R/S Ratio : Configuration :	Normal Normal Normal	
7. Q T c Interval	Normal	
8. S - T Segment	Normal	
9. T – Wave <u>FINAL IMPRESSION</u>	Normal	

Sinus Rhythm, Normal Axis, Nonspecific ST Abnormality.Please correlate clinically





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

Patient Name Age/Gender UHID/MR NO	: Mrs.ARCHANA-89490 : 27 Y 7 M 21 D /F : ALDP.0000101624		Registered O Collected Received	n : 27/Aug/2022 0 : 27/Aug/2022 0 : 27/Aug/2022 0	9:27:40
Visit ID	: ALDP0132082223		Reported	: 27/Aug/2022 0	
Ref Doctor	: Dr.Mediwheel - Arcofen	ni Health Care Ltd		: Final Report	
		DEPARTMENT	OF HAEMATO	LOGY	
	MEDIWHEEL B	ANK OF BAROD	A MALE & FEI	MALE BELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
	BO & Rh typing) * , Blood				
Blood Group		В			
Rh (Anti-D)		POSITIVE			
Complete Blood	d Count (CBC) * , Whole Blo	ood			
Haemoglobin		12.00	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)		8,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC					
Polymorphs (Ne	utrophils)	70.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes		26.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes		3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils		1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR		0.00	%	<1	ELECTRONIC IMPEDANCE
Observed		12.00	Mm for 1st hr.		
Corrected		-	Mm for 1st hr.	< 20	
PCV (HCT)		33.00	cc %	40-54	
Platelet count					
Platelet Count		2.24	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIO
PDW (Platelet Di	istribution width)	16.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet La	arge Cell Ratio)	34.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Her	matocrit)	0.25	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Plat	elet Volume)	11.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count					
RBC Count		4.06	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE

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

Patient Name	: Mrs.ARCHANA-89490	Registered On	: 27/Aug/2022 08:44:33
Age/Gender	: 27 Y 7 M 21 D /F	Collected	: 27/Aug/2022 09:27:40
UHID/MR NO	: ALDP.0000101624	Received	: 27/Aug/2022 09:51:25
Visit ID	: ALDP0132082223	Reported	: 27/Aug/2022 14:03:01
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	82.00	fl	80-100	CALCULATED PARAMETER
MCH	29.60	pg	28-35	CALCULATED PARAMETER
MCHC	36.10	%	30-38	CALCULATED PARAMETER
RDW-CV	13.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	51.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,600.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	80.00	/cu mm	40-440	



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Dr. Akanksha Singh (MD Pathology)

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

Patient Name	: Mrs.ARCHANA-89490	Registered On	: 27/Aug/2022 08:44:34
Age/Gender	: 27 Y 7 M 21 D /F	Collected	: 27/Aug/2022 13:03:05
UHID/MR NO	: ALDP.0000101624	Received	: 27/Aug/2022 13:07:44
Visit ID	: ALDP0132082223	Reported	: 27/Aug/2022 13:27:05
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING * , Plasma				
Glucose Fasting	79.40	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

Interpretation:

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

Glucose PP *	93.60	mg/dl	<140 Normal	GOD POD
Sample:Plasma After Meal			140-199 Pre-diabetes	
			>200 Diabetes	

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. Akanksha Singh (MD Pathology)

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

Patient Name	: Mrs.ARCHANA-89490	Registered On	: 27/Aug/2022 08:44:35
Age/Gender	: 27 Y 7 M 21 D /F	Collected	: 27/Aug/2022 09:27:40
UHID/MR NO	: ALDP.0000101624	Received	: 28/Aug/2022 12:02:21
Visit ID	: ALDP0132082223	Reported	: 28/Aug/2022 14:17:24
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

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 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 G8 90 SL TOSOH HPLC Analyser.

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

Patient Name	: Mrs.ARCHANA-89490	Registered On	: 27/Aug/2022 08:44:35
Age/Gender	: 27 Y 7 M 21 D /F	Collected	: 27/Aug/2022 09:27:40
UHID/MR NO	: ALDP.0000101624	Received	: 28/Aug/2022 12:02:21
Visit ID	: ALDP0132082223	Reported	: 28/Aug/2022 14:17:24
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name

Result

Unit

Method

Bio. Ref. Interval

<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

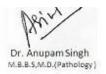
c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.





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

Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Mrs.ARCHANA-89490 : 27 Y 7 M 21 D /F : ALDP.0000101624 : ALDP0132082223 : Dr.Mediwheel - Arcofemi	Health Care Ltd.	Registered On Collected Received Reported Status	: 27/Aug/2022 08 : 27/Aug/2022 09 : 27/Aug/2022 09 : 27/Aug/2022 13 : Final Report	:27:40 :51:25
		DEPARTMENT	OF BIOCHEMIST	RY	
	MEDIWHEEL BA	NK OF BAROD	A MALE & FEMA	ALE BELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea I Sample:Serum	Nitrogen) *	7.00	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum		0.80	mg/dl	0.5-1.3	MODIFIED JAFFES
Uric Acid * Sample:Serum		4.61	mg/dl	2.5-6.0	URICASE
LFT (WITH GAM	MA GT) * , Serum				
SGOT / Aspartate	e Aminotransferase (AST)	26.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine A	minotransferase (ALT)	22.20	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	12.60	IU/L	11-50	OPTIMIZED SZAZING
Protein		6.20	gm/dl	6.2-8.0	BIRUET
Albumin		4.00	gm/dl	3.8-5.4	B.C.G.
Globulin		2.20	gm/dl	1.8-3.6	CALCULATED
A:G Ratio		1.82		1.1-2.0	CALCULATED
Alkaline Phospha	atase (Total)	113.40	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)		0.50	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)		0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirec	t)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Tota	al)	123.00	mg/dl	<200 Desirable 200-239 Borderline H > 240 High	CHOD-PAP High
HDL Cholesterol	(Good Cholesterol)	32.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	74	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optin 130-159 Borderline H 160-189 High > 190 Very High	
		16.58	mg/dl	10-33	
		82.90	mg/dl	< 150 Normal 150-199 Borderline 200-499 High >500 Very High	Kankohs Dr. Akanksha Singh (MD Pathology

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

Patient Name	: Mrs.ARCHANA-89490	Registered On	: 27/Aug/2022 08:44:35
Age/Gender	: 27 Y 7 M 21 D /F	Collected	: 27/Aug/2022 13:03:05
UHID/MR NO	: ALDP.0000101624	Received	: 27/Aug/2022 13:52:14
Visit ID	: ALDP0132082223	Reported	: 27/Aug/2022 14:32:00
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
JRINE EXAMINATION, ROUTINE *				
Color	PALE YELLOW			
Specific Gravity	1.025			
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	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	1-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			
Urine Microscopy is done on centrifug	ad uring sadiment			

Urine Microscopy is done on centrifuged urine sediment.

SUGAR, FASTING STAGE * , Urine

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

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

Patient Name	: Mrs.ARCHANA-89490	Registered On	: 27/Aug/2022 08:44:35
Age/Gender	: 27 Y 7 M 21 D /F	Collected	: 27/Aug/2022 13:03:05
UHID/MR NO	: ALDP.0000101624	Received	: 27/Aug/2022 13:52:14
Visit ID	: ALDP0132082223	Reported	: 27/Aug/2022 14:32:00
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	

(++++) > 2

SUGAR, PP STAGE * , Urine

Sugar, PP Stage

ABSENT

Interpretation:

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



Dr. Akanksha Singh (MD Pathology)

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

Patient Name	: Mrs.ARCHANA-89490	Registered On	: 27/Aug/2022 08:44:35
Age/Gender	: 27 Y 7 M 21 D /F	Collected	: 27/Aug/2022 09:27:40
UHID/MR NO	: ALDP.0000101624	Received	: 28/Aug/2022 10:55:45
Visit ID	: ALDP0132082223	Reported	: 28/Aug/2022 12:20:23
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL ** , Serum				
T3, Total (tri-iodothyronine)	115.62	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.35	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
-		0.3-4.5 μIU/n	nL First Trimes	ter
		0.5-4.6 μIU/n	nL Second Trim	nester
		0.8-5.2 μIU/n		ster
		0.5-8.9 μIU/n		55-87 Years
		0.7-27 μIU/n		28-36 Week
		2.3-13.2 μIU/n		> 37Week
		0.7-64 μIU/n	· · ·	,
		•	/mL Child	0-4 Days
		1.7-9.1 μIU/n	nL Child	2-20 Week

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.

2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.

3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.

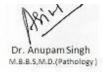
5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.

7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.

8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.





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

Patient Name	: Mrs.ARCHANA-89490	Registered On	: 27/Aug/2022 08:44:36
Age/Gender	: 27 Y 7 M 21 D /F	Collected	: N/A
UHID/MR NO	: ALDP.0000101624	Received	: N/A
Visit ID	: ALDP0132082223	Reported	: 27/Aug/2022 15:50:35
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 *

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

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

Please correlare clinically.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow: STOOL, ROUTINE EXAMINATION, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



Nidhikant.

Dr Nidhikant (MBBS, DMRD, DNB)

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



अर्जना