



CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rebaganj, Faizabad
Ph: 9235400973,
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.REKHA VERMA	Registered On	: 30/Jul/2022 10:37:31
Age/Gender	: 38 Y 0 M 20 D /F	Collected	: 30/Jul/2022 11:03:49
UHID/MR NO	: CHFD.0000205844	Received	: 30/Jul/2022 11:25:52
Visit ID	: CHFD0211632223	Reported	: 30/Jul/2022 13:58:04
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	B
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	13.70	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
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TLC (WBC)	11,700.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
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DLC

Polymorphs (Neutrophils)	81.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	18.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	0.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE

ESR

Observed	20.00	Mm for 1st hr.	
Corrected	12.00	Mm for 1st hr.	< 20
PCV (HCT)	42.50	cc %	40-54

Platelet count

Platelet Count	1.84	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	47.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.24	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE

RBC Count

RBC Count	4.91	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
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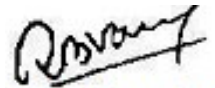
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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	86.50	fl	80-100	CALCULATED PARAMETER
MCH	28.00	pg	28-35	CALCULATED PARAMETER
MCHC	32.40	%	30-38	CALCULATED PARAMETER
RDW-CV	13.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	9,477.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	117.00	/cu mm	40-440	




Dr. R. B. Varshney
M.D. Pathology





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Age/Gender	: 38 Y 0 M 20 D /F	Collected	: 30/Jul/2022 15:31:01
UHID/MR NO	: CHFD.0000205844	Received	: 30/Jul/2022 15:50:28
Visit ID	: CHFD0211632223	Reported	: 30/Jul/2022 16:11:24
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
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GLUCOSE FASTING , Plasma

Glucose Fasting	95.51	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

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

Glucose PP

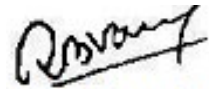
Sample: Plasma After Meal

100.31	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 diabetes in future, which is why an Annual Health Check up is essential.
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GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	34.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	105	mg/dl		

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

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

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

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

**Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.





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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.




Dr. Anupam Singh
M.B.B.S, M.D. (Pathology)





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Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) <i>Sample:Serum</i>	7.56	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample:Serum</i>	0.74	mg/dl	0.5-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) <i>Sample:Serum</i>	102.80	ml/min/1.73m ²	90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid <i>Sample:Serum</i>	4.99	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	28.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	26.79	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	22.75	IU/L	11-50	OPTIMIZED SZAIZING
Protein	7.20	gm/dl	6.2-8.0	BIRUET
Albumin	4.29	gm/dl	3.8-5.4	B.C.G.
Globulin	2.91	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.47		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	80.72	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.90	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.37	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.53	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	162.38	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	47.26	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	100	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	14.69	mg/dl	10-33	CALCULATED
Triglycerides	73.43	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP





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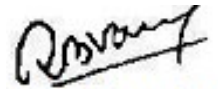
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200-499 High
>500 Very High




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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

Color	PALE YELLOW			
Specific Gravity	1.005			
Reaction PH	Neutral (7.0)			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	ABSENT			MICROSCOPIC EXAMINATION
Pus cells	3-4/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	FAIR NUMBER OF SQUAMOUS EPITHELIAL CELLS			

STOOL, ROUTINE EXAMINATION * , Stool

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

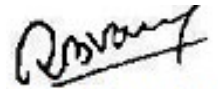
SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage ABSENT gms%

Interpretation:

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




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M.D. Pathology





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DEPARTMENT OF CLINICAL PATHOLOGY

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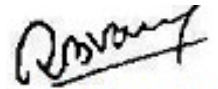
SUGAR, PP STAGE * , Urine

Sugar, PP Stage	ABSENT
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Interpretation:

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




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M.D. Pathology





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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

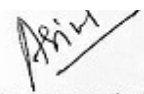
T3, Total (tri-iodothyronine)	132.24	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.25	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.




Dr. Anupam Singh
M.B.B.S, M.D.(Pathology)





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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

- 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 :

- NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.

Adv: clinico-pathological correlation and further evaluation.



Mamanda Singh
MD Radiodiagnosis





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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 intra hepatic 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

- 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.

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.





CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj, Faizabad
Ph: 9235400973,
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.REKHA VERMA	Registered On	: 30/Jul/2022 10:37:32
Age/Gender	: 38 Y 0 M 20 D /F	Collected	: N/A
UHID/MR NO	: CHFD.0000205844	Received	: N/A
Visit ID	: CHFD0211632223	Reported	: 30/Jul/2022 11:29:46
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

- No free fluid is noted in peritoneal cavity.

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.

UTERUS

- The uterus is anteverted and normal in size 73 x 40 x 31 mm.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline.
- Cervix is normal.

ADNEXA & OVARIES

- *Left ovary shows a tiny follicular cyst measuring 28 x 23 x 23 mm vol-8.26ml.*
- Right ovary is normal in size.

FINAL IMPRESSION:-

- *Left ovarian tiny follicular cyst.*

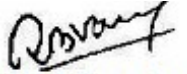
Adv: Clinico-pathological correlation and follow-up.

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

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:
ECG/EKG




Dr. R. B. Varshney
Ultrasonologist

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

Page 14 of 14



Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection
1800-419-0002

Mar. 2018



cdc faizabad1 <cdcfazabad1@gmail.com>

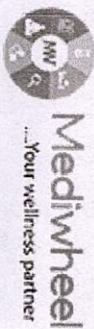
Fwd: Health Check up Booking Request(bobE14407),Package Code(PKG10000239),Beneficiary Code(41495)

anurag sri <anurag.idc@gmail.com>
To: cdc faizabad1 <cdcfazabad1@gmail.com>

29 July 2022 at 18:12

----- Forwarded message -----

From: **Mediwheel** <customercare@policywheel.com>
Date: **Fri, Jul 29, 2022 at 3:40 PM**
Subject: **Health Check up Booking Request(bobE14407),Package Code(PKG10000239),Beneficiary Code(41495)**
To: anurag.idc@gmail.com <anurag.idc@gmail.com>
Cc: **Mediwheel CC** <customercare@mediwheel.in>, **Mediwheel CC** <mediwheelwellness@gmail.com>



011-41195959
Email:wellness@mediwheel.in

Dear Chandan Healthcare Limited,
City : Faizabad . Location : Rekabgari,

We have received the following request for Health Check up from

Name	: MS. VERMA REKHA
Age	: 36
Gender	: Female
Member Relations	: Employee
Package Name	: Full Body Health Checkup Female Below 40
Package Code	: PKG10000239
User Location	: Uttar Pradesh,MAYABAZAR,100000
Contact Details	: 8318259324
Booking Date	: 29-07-2022



भारत सरकार

Government of India



रेखा वर्मा

Rekha Verma

जन्म तिथि / DOB : 10/07/1984

महिला / Female



7650 3638 7153

आधार - आम आदमी का अधिकार

www.uidai.gov.in

help@uidai.gov.in

1800 300 1947



7650 3638 7153

Rekha Verma

261201

Address: D/O: Khushiram Verma, 177,
Doctor Ganj, Veljhriya, Biswan, Biswan,
Sitapur, Uttar Pradesh, 261201

पता: D/O: खुशीराम वर्मा, 177,
डॉक्टर गंज, वेल्जहिया, बिसवां,
बिस्वान, सीतापुर, उत्तर प्रदेश,

Unique Identification Authority of India

आरटीय विशिष्ट पहचान प्राधिकरण



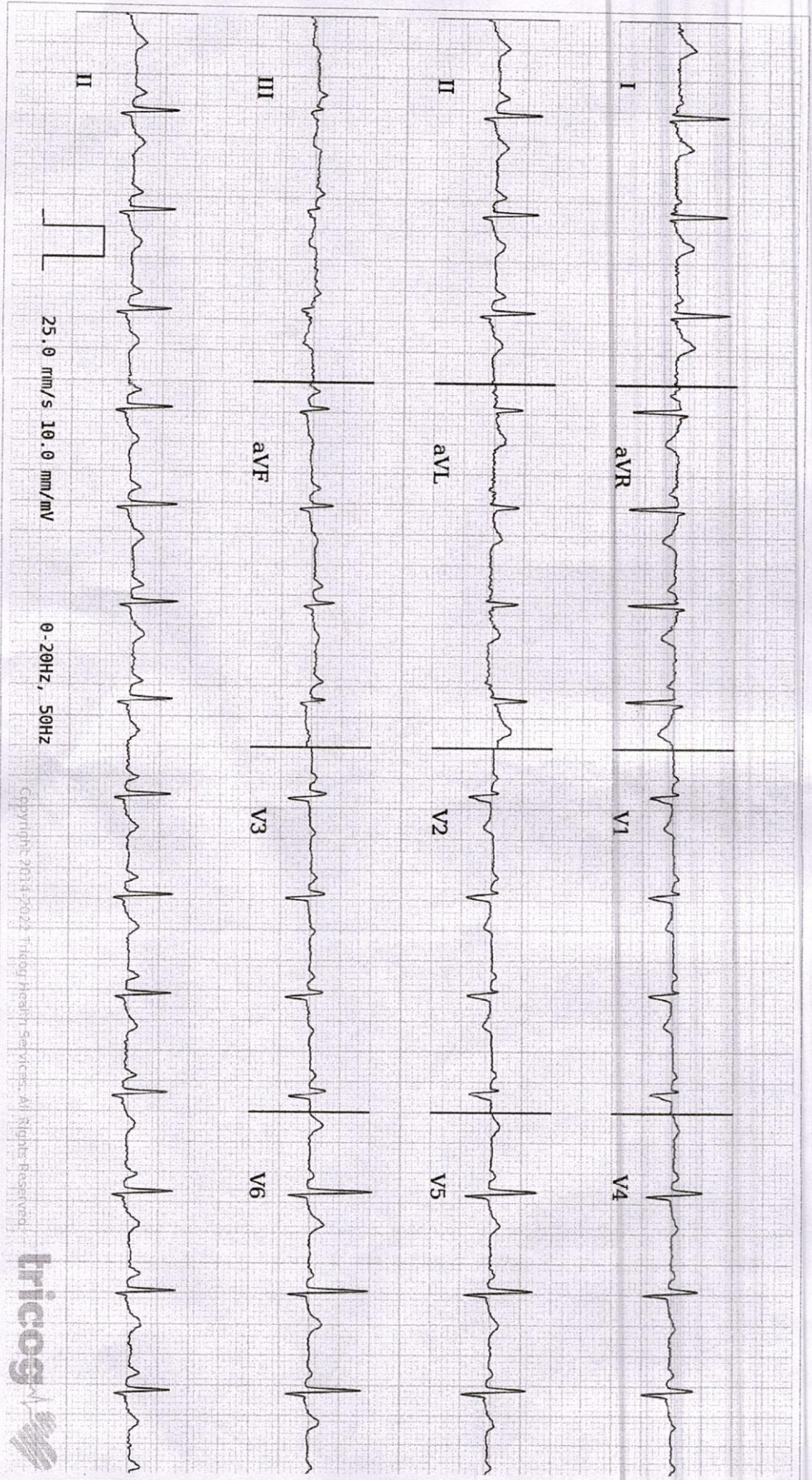


Age / Gender: 38/Female

Date and Time: 30th Jul 22 11:45 AM

Patient ID: CHF0211632223

Patient Name: Mrs. REKHA VERMA



AR: 93bpm VR: 93bpm QRSD: 80ms QT: 332ms QTc: 412ms PRI: 122ms P-R-T: 71° 20° 17°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

AUTHORIZED BY

[Signature]

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

[Signature]

Dr. Avinash K

76720