

Add: Armelia,1St Floor,56New Road, M.K.P Chowk, Dehradun Ph: 9235501532,01352710192 CIN: U85110DL2003PLC308206

: Dr.Mediwheel - Arcofemi Health Care Ltd. Status





Patient Name : Mr.AJAY KUMAR THAKUR-ACP Registered On : 15/Aug/2021 09:14:33 Collected Age/Gender : 15/Aug/2021 09:37:24 : 31 Y O M O D /M UHID/MR NO : 15/Aug/2021 10:07:20 : IDUN.0000145464 Received Visit ID Reported : 15/Aug/2021 12:48:47 : IDUN0194212122 Ref Doctor : Final Report

#### **DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method

# Blood Group (ABO & Rh typing) \*, Blood

**Blood Group** В Rh (Anti-D) **POSITIVE** 

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

7,850.00	10		
	/Cu mm	4000-10000	ELECTRONIC
			IMPEDANCE
(4.00	0/	FF 70	ELECTRONIC
04.90	%	55-70	IMPEDANCE
25.70	%	25-40	ELECTRONIC
			IMPEDANCE
5.30	%	3-5	ELECTRONIC
2.50	0/	1 /	IMPEDANCE ELECTRONIC
3.50	%	1-0	IMPEDANCE
0.60	%	< 1	ELECTRONIC
			IMPEDANCE
12.00	Mm for 1st hr.		
40.40	cc %	40-54	
2.36	LACS/cu mm	1.5-4.0	ELECTRONIC
1/ 70	£I	0.17	IMPEDANCE
16.70	TL	9-17	ELECTRONIC IMPEDANCE
48.10	%	35-60	ELECTRONIC
			IMPEDANCE
0.27	%	0.108-0.282	ELECTRONIC
			IMPEDANCE
11.40	fL	6.5-12.0	ELECTRONIC
			IMPEDANCE
4.42	Mill /cu mm	1255	ELECTRONIC
4.43	iviiii./cu mm	4.2-3.3	IMPEDANCE
	5.30 3.50 0.60 12.00 6.00 40.40 2.36 16.70 48.10	25.70 %  5.30 %  3.50 %  0.60 %  12.00 Mm for 1st hr. 6.00 Mm for 1st hr. cc %  2.36 LACS/cu mm  16.70 fL  48.10 %  0.27 %  11.40 fL	25.70       %       25-40         5.30       %       3-5         3.50       %       1-6         0.60       %       <1







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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	91.20	fl	80-100	CALCULATED PARAMETER
MCH	29.70	pg	28-35	CALCULATED PARAMETER
MCHC	32.60	<u>,</u> %	30-38	CALCULATED PARAMETER
RDW-CV	12.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count Absolute Eosinophils Count (AEC)	5,100.00 270.00	/cu mm /cu mm	3000-7000 40-440	











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#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose Fasting Sample:Plasma	96.85	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	143.26	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.
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#### **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 (Hb-A1c)	31.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	96	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 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)	<b>Degree of Glucose Control Unit</b>
> 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

<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

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





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



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#### **DEPARTMENT OF BIOCHEMISTRY**

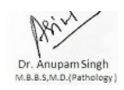
#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

#### **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.











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#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample:Serum	8.80	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.14	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	80.00	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	7.89	mg/dl	3.4-7.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct)	38.09 46.81 35.77 6.91 4.22 2.69 1.57 82.52 0.58 0.27	U/L U/L IU/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF
Bilirubin (Indirect)	0.31	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE ( MINI ) * , Serum				
Cholesterol (Total)	141.97	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	<b>27.64</b> 49	mg/dl mg/dl	30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	DIRECT ENZYMATIC CALCULATED
VLDL Triglycerides	<b>65.37</b> 326.84	mg/dl mg/dl	10-33 < 150 Normal 150-199 Borderline High	CALCULATED GPO-PAP







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#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name Result Unit Bio. Ref. Interval Method

200-499 High >500 Very High













**Test Name** 

#### CHANDAN DIAGNOSTIC CENTRE

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Bio. Ref. Interval



Method

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Result

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#### **DEPARTMENT OF CLINICAL PATHOLOGY**

Unit

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

Color	LIGHT YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++)	DIPSTICK
			200-500 (+++) > 500 (++++)	
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			
Microscopic Examination:				
Epithelial cells	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells ·	ABSENT			MICROSCOPIC

RBCs ABSENT

T MICROSCOPIC EXAMINATION

Cast ABSENT Crystals ABSENT

MICROSCOPIC EXAMINATION

**EXAMINATION** 

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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**DEPARTMENT OF CLINICAL PATHOLOGY** 

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

**Test Name** Result Unit Bio. Ref. Interval Method













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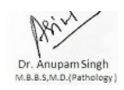
#### DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interva	l Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	114.52	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.32	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	6.36	μIŪ/mL	0.27 - 5.5	CLIA
Interpretation:				
. •		0.3-4.5 μΙ	J/mL First Trime	ster
		0.4-4.2 μΙ	J/mL Adults	21-54 Years
		0.5-4.6 μΙ	J/mL Second Trii	mester
		0.5-8.9 μΙ	J/mL Adults	55-87 Years
		0.7-64 μΙΙ	J/mL Child(21 w	k - 20 Yrs.)
		0.7-27 μΙ	J/mL Premature	28-36 Week
		0.8-5.2 μΙ	J/mL Third Trime	ester
		1-39 μΙΙ	J/mL Child	0-4 Days
		1.7-9.1 μΙ	J/mL Child	2-20 Week
		2.3-13.2 μΙ	J/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 along with TSH levels.











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: 15/Aug/2021 14:41:44

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#### **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**

- Pulmonary parenchyma did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Diaphragmatic shadows are normal on both sides.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Bony cage is normal.

IMPRESSION: NORMAL X-RAY



Dr. Amit Bhandari MBBS MD RADIOLOGY









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#### DEPARTMENT OF ULTRASOUND

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

# ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

#### **LIVER**

• The liver is enlarged and measures 168.3 mms. It shows diffuse increase in echogenicity. No focal lesion is seen.

#### **PORTAL SYSTEM**

- The intra hepatic portal channels are normal.
- Portal vein measured 10.0 mms. (Normal) at the porta.

#### **BILIARY SYSTEM**

- The intra-hepatic biliary radicles are normal.
- Common duct measured 3.0 mms. (Normal) at the porta.
- The gall bladder is normal in size and has regular walls measuring 2.0 mms. in thickness (normal) .Lumen of the gall bladder is anechoic.

#### **PANCREAS**

• The pancreas is normal in size and shape and has a normal homogenous echotexture.

#### **GREAT VESSELS**

Great vessels are normal.

#### **RIGHT KIDNEY**

- The right kidney is normal in size, shape and cortical echotexture.
- The collecting system is normal and corticomedullary demarcation is clear.

#### **LEFT KIDNEY**

- The left kidney is normal in size, shape and cortical echotexture.
- The collecting system is normal and corticomedullary demarcation is clear.

#### **SPLEEN**

• The spleen is normal in size and has a homogenous echotexture.

#### **LYMPHNODES**

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







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# DEPARTMENT OF ULTRASOUND

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

#### **URETERS**

Both the ureters are normal.

#### **URINARY BLADDER**

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

#### **PROSTATE**

• The prostate gland is normal in texture and size. No focal mass or capsular breech is seen.

#### **IMPRESSION**

#### **GRADE I DIFFUSE FATTY CHANGE OF LIVER**

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

(\*) Test not done under NABL accredited Scope, (\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, ECG / EKG



DR. R B KALIA 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 Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*

\*Facilities Available at Select Location





