

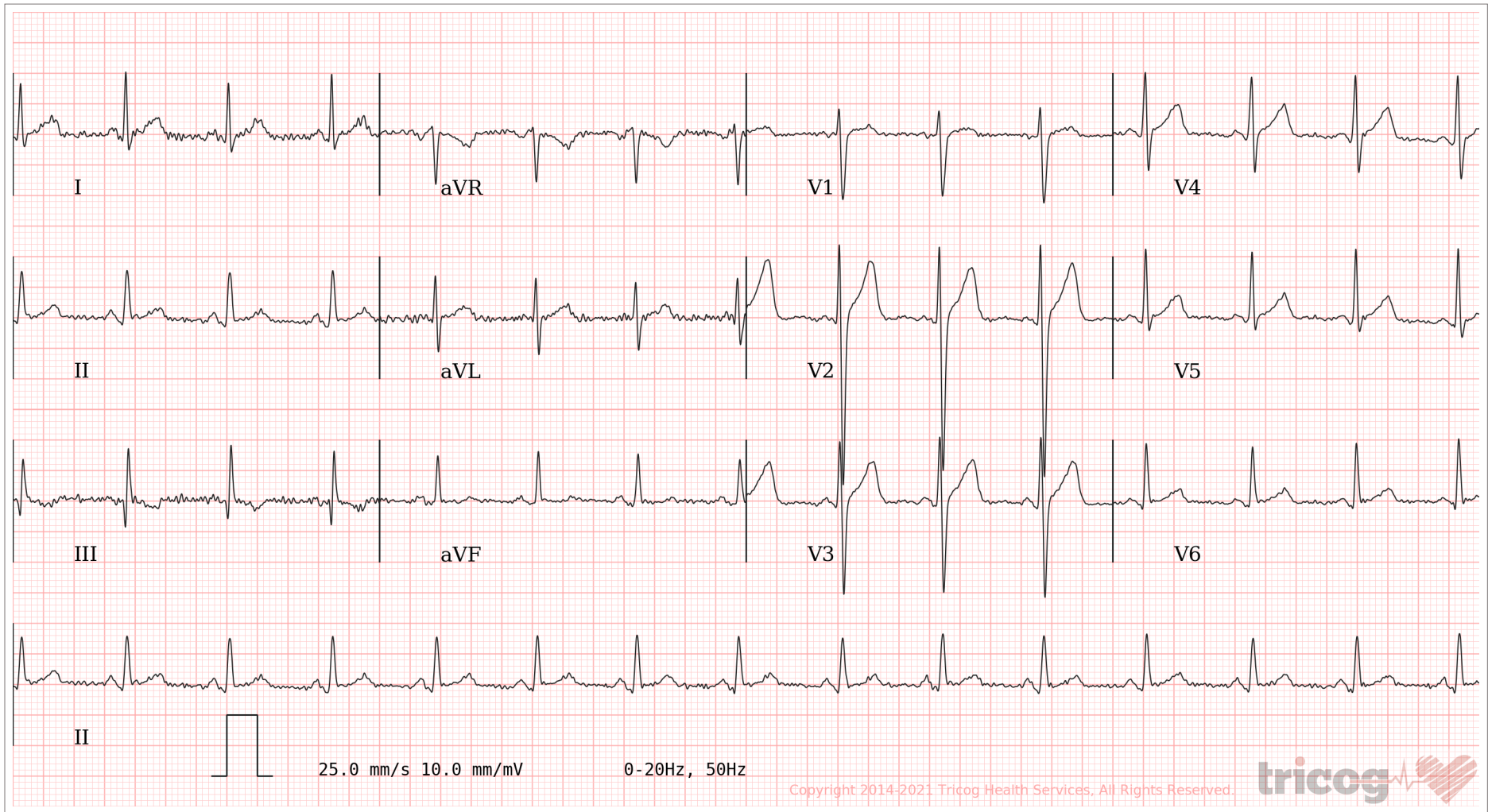


Age / Gender: 31/Female

Date and Time: 19th Nov 21 9:21 AM

Patient ID: CVAR0080212122

Patient Name: Mrs.POONAM KUMARI-9648744666



AR: 89 bpm VR: 89 bpm QRSD: 82 ms QT: 332 ms QTc: 403 ms PRI: 108 ms P-R-T: 39° 48° 18°

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

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

REPORTED BY

Dr. Javed Ali Khadri



P- 93, Shivaji Nagar Colony, Mahmoorganj,  
Varanasi, Uttar Pradesh 221010, India

Latitude

25.305423°

Longitude

82.979122°

LOCAL 10:27:36

FRIDAY 11.19.2021

GMT 04:57:36

ALTITUDE 18 METER



# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795,0542-2223232  
CIN : U85110DL2003PLC308206



|              |  |               |                        |
|--------------|--|---------------|------------------------|
| Patient Name | : Mrs.POONAM KUMARI-9648744666             | Registered On | : 19/Nov/2021 09:28:22 |
| Age/Gender   | : 31 Y 0 M 0 D /F                          | Collected     | : 19/Nov/2021 10:31:20 |
| UHID/MR NO   | : CVAR.0000023880                          | Received      | : 19/Nov/2021 10:35:05 |
| Visit ID     | : CVAR0080212122                           | Reported      | : 19/Nov/2021 12:47:23 |
| 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 Group (ABO & Rh typing) \* , Blood

|              |          |
|--------------|----------|
| Blood Group  | B        |
| Rh ( Anti-D) | POSITIVE |

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

|                                       |          |                |   |
|---------------------------------------|----------|----------------|---|
| Haemoglobin                           | 11.70    | g/dl           | Male- 13.5-17.5 g/dl<br>Female-12.0-15.5 g/dl |
| TLC (WBC)                             | 7,900    | /Cu mm         | 4000-10000                                    |
| <b>DLC</b>                            |          |                |   |
| Polymorphs (Neutrophils )             | 65.00    | %              | 55-70   |
| Lymphocytes                           | 30.00    | %              | 25-40   |
| Monocytes                             | 3.00     | %              | 3-5   |
| Eosinophils                           | 2.00     | %              | 1-6   |
| Basophils                             | 0.00     | %              | < 1   |
| <b>ESR</b>                            |          |                |   |
| Observed                              | 20.00    | Mm for 1st hr. |   |
| Corrected                             | 10.00    | Mm for 1st hr. | < 20  |
| PCV (HCT)                             | 38.80    | cc %           | 40-54   |
| <b>Platelet count</b>                 |          |                |   |
| Platelet Count                        | 1.50     | LACS/cu mm     | 1.5-4.0                                       |
| PDW (Platelet Distribution width)     | nr       | fL             | 9-17  |
| P-LCR (Platelet Large Cell Ratio)     | nr       | %              | 35-60   |
| PCT (Platelet Hematocrit)             | nr       | %              | 0.108-0.282                                   |
| MPV (Mean Platelet Volume)            | nr       | fL             | 6.5-12.0                                      |
| <b>RBC Count</b>                      |          |                |   |
| RBC Count                             | 4.10     | Mill./cu mm    | 3.7-5.0                                       |
| <b>Blood Indices (MCV, MCH, MCHC)</b> |          |                |   |
| MCV                                   | 94.70    | fl             | 80-100  |
| MCH                                   | 28.60    | pg             | 28-35   |
| MCHC                                  | 30.20    | %              | 30-38   |
| RDW                                   | 13.10    | %              | 11-16   |
| RDW-CV                                | 44.10    | fL             | 35-60   |
| Neutrophils Count                     | 5,135.00 | /cu mm         | 3000-7000                                     |
| Eosinophils Count (AEC)               | 158.00   | /cu mm         | 40-440  |



Dr.S.N. Sinha  
Dr.S.N. Sinha (MD Path)





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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 , Plasma

|                 |       |       |  |         |
|-----------------|-------|-------|--|---------|
| Glucose Fasting | 93.00 | mg/dl | < 100 Normal<br>100-125 Pre-diabetes<br>≥ 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.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \* , EDTA BLOOD

|                                   |       |               |             |
|-----------------------------------|-------|---------------|-------------|
| Glycosylated Haemoglobin (HbA1c)  | 5.30  | % NGSP        | HPLC (NGSP) |
| Glycosylated Haemoglobin (Hb-A1c) | 34.00 | mmol/mol/IFCC |             |
| Estimated Average Glucose (eAG)   | 106   | 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             |





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## DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.  
 \*\*Some danger of hypoglycemic reaction in Type I 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.

|  |        |                           |                                      |                 |
|--|--------|---------------------------|--------------------------------------|-----------------|
| <b>BUN (Blood Urea Nitrogen) *</b><br>Sample: Serum                  | 11.50  | mg/dL                     | 7.0-23.0                             | CALCULATED      |
| <b>Creatinine</b><br>Sample: Serum                                   | 0.50   | mg/dl                     | 0.5-1.2                              | MODIFIED JAFFES |
| <b>e-GFR (Estimated Glomerular Filtration Rate)</b><br>Sample: Serum | 102.00 | ml/min/1.73m <sup>2</sup> | 90-120 Normal<br>- 60-89 Near Normal | CALCULATED      |
| <b>Uric Acid</b><br>Sample: Serum                                    | 2.70   | mg/dl                     | 2.5-6.0                              | URICASE         |

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





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## DEPARTMENT OF BIOCHEMISTRY

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

| Test Name                               | Result        | Unit  | Bio. Ref. Interval | Method            |
|---|---------------|-------|--------------------|-------------------|
| SGOT / Aspartate Aminotransferase (AST) | 26.70         | U/L   | < 35               | IFCC WITHOUT P5P  |
| SGPT / Alanine Aminotransferase (ALT)   | 21.60         | U/L   | < 40               | IFCC WITHOUT P5P  |
| Gamma GT (GGT)                          | 14.50         | IU/L  | 11-50              | OPTIMIZED SZAZING |
| Protein                                 | 7.30          | gm/dl | 6.2-8.0            | BIRUET            |
| Albumin                                 | 4.00          | gm/dl | 3.8-5.4            | B.C.G.            |
| Globulin                                | 3.30          | gm/dl | 1.8-3.6            | CALCULATED        |
| A:G Ratio                               | 1.21          |       | 1.1-2.0            | CALCULATED        |
| Alkaline Phosphatase (Total)            | <b>181.40</b> | U/L   | 42.0-165.0         | IFCC METHOD       |
| Bilirubin (Total)                       | 0.40          | mg/dl | 0.3-1.2            | JENDRASSIK & GROF |
| Bilirubin (Direct)                      | 0.20          | mg/dl | < 0.30             | JENDRASSIK & GROF |
| Bilirubin (Indirect)                    | 0.20          | mg/dl | < 0.8              | JENDRASSIK & GROF |

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

|                                    |        |       |   |                  |
|------------------------------------|--------|-------|---|------------------|
| Cholesterol (Total)                | 157.00 | mg/dl | <200 Desirable<br>200-239 Borderline High<br>> 240 High   | CHOD-PAP         |
| HDL Cholesterol (Good Cholesterol) | 40.50  | mg/dl | 30-70   | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol)  | 98     | mg/dl | < 100 Optimal<br>100-129 Nr.<br>Optimal/Above Optimal<br>130-159 Borderline High<br>160-189 High<br>> 190 Very High | CALCULATED       |
| VLDL                               | 19.00  | mg/dl | 10-33   | CALCULATED       |
| Triglycerides                      | 95.00  | mg/dl | < 150 Normal<br>150-199 Borderline High<br>200-499 High<br>>500 Very High   | GPO-PAP          |



S.N. Sinha  
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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 |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

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

|                                 |                |       |  |                         |
|---------------------------------|----------------|-------|--|-------------------------|
| Color                           | PALE YELLOW    |       |  |                         |
| Specific Gravity                | 1.030          |       |  |                         |
| Reaction PH                     | Acidic ( 6.0 ) |       |  | DIPSTICK                |
| Protein                         | ABSENT         | mg %  | < 10 Absent<br>10-40 (+)<br>40-200 (++)<br>200-500 (+++)<br>> 500 (++++) | DIPSTICK                |
| Sugar                           | ABSENT         | gms%  | < 0.5 (+)<br>0.5-1.0 (++)<br>1-2 (+++)<br>> 2 (++++)                     | DIPSTICK                |
| Ketone                          | ABSENT         | mg/dl | 0.2-2.81   | BIOCHEMISTRY            |
| Bile Salts                      | ABSENT         |       |  |                         |
| Bile Pigments                   | ABSENT         |       |  |                         |
| Urobilinogen(1:20 dilution)     | ABSENT         |       |  |                         |
| <b>Microscopic Examination:</b> |                |       |  |                         |
| Epithelial cells                | 2-3/h.p.f      |       |  | MICROSCOPIC EXAMINATION |
| Pus cells                       | 0-1/h.p.f      |       |  | MICROSCOPIC EXAMINATION |
| RBCs                            | ABSENT         |       |  | MICROSCOPIC EXAMINATION |
| Cast                            | ABSENT         |       |  |                         |
| Crystals                        | ABSENT         |       |  | MICROSCOPIC 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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*S.N. Sinha*

Dr.S.N. Sinha (MD Path)







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## 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)     | 101.00 | ng/dl  | 84.61-201.7 | CLIA |
| T4, Total (Thyroxine)             | 3.96   | ug/dl  | 3.2-12.6    | CLIA |
| TSH (Thyroid Stimulating Hormone) | 4.12   | 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.



*S.N. Sinha*  
Dr. S.N. Sinha (MD Path)





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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

- 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**



*Roy*

Dr Raveesh Chandra Roy (MD-Radio)





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## DEPARTMENT OF ULTRASOUND

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

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

- The liver measures 11.2 cm in mid clavicular line. It is normal in shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- Gall bladder is absent (post cholecystectomy status).
- Portal vein measures 9.3 mm in caliber. CBD measures 4.1 mm in caliber.
- Pancreas is normal in size, shape and echogenicity.
- Spleen is normal in size ( 8.3 cm in its long axis ), shape and echogenicity.
- Right kidney measures : 10.2 x 3.8 cm. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.
- Left kidney measures : 10.3 x 4.4 cm. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated.
- Urinary bladder is almost empty. Prevoid urine volume 8 cc.
- Uterus is anteverted. Size 57 x 42 x 29 mm/37cc. No focal myometrial lesion seen. Endometrium thickness 3.5 mm.
- Bilateral ovaries are normal in size, shape and echogenicity.
- No free fluid is seen in the abdomen/pelvis.

#### IMPRESSION:

- **Post cholecystectomy status.**
- **Rest of the abdominal organs are normal.**

**Please correlate clinically.**

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

Result/s to Follow:

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



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

Page 9 of 9



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



Since 1991



# CHANDAN DIAGNOSTIC CENTRE

Far vision : Normal  
 Dental check up : Normal  
 ENT Check up : Normal  
 Eye Checkup : Normal

### Final impression

Certified that I examined Purnanjan S/o or D/o .....  
 is presently in good health and free from any cardio-respiratory/communicable  
 ailment, he/she is  fit /  Unfit to join any organization.

Client Signature :-

Purnanjan

[Signature]

**Dr. R.C. ROY**  
 MBBS., MD. (Radio Diagnosis)  
 Reg. No. - 26918

Signature of Medical Examiner

Name & Qualification Dr. R. Chary, MBBS, MChD

Date 19-11-2021 Place Varanasi



CHANDAN DIAGNOSTIC CENTRE

Name of Company: Mediwheel  
Name of Executive: Aoonam Kumari  
Date of Birth: 05-09-1990  
Sex: female  
Height: 148 cm.  
Weight: 58 kg.  
BMI (Body Mass Index): 21.5  
Chest (Expiration / Inspiration) 82 / 86 cm  
Abdomen: 79 cm  
Blood Pressure: 114/76.  
Pulse: 78 BPM.  
RR: 19 Rest / min.  
Ident Mark: cyst at Rt Lt Ankle.  
Any Allergies: No  
Vertigo: No  
Any Medications: No  
Any Surgical History: CB Remained - 2020 Papular Prosp. -  
Habits of alcoholism/smoking/tobacco: No  
Chief Complaints if any: No  
Lab Investigation Reports: No  
Eye Check up vision & Color vision: Normal E power glass - 2011-  
Left eye: Normal  
Right eye: Normal  
Near vision: Normal



# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795,0542-2223232  
CIN : U85110DL2003PLC308206



|              |  |               |                        |
|--------------|--|---------------|------------------------|
| Patient Name | : Mrs.POONAM KUMARI-9648744666             | Registered On | : 19/Nov/2021 09:28:22 |
| Age/Gender   | : 31 Y 0 M 0 D /F                          | Collected     | : 19/Nov/2021 10:31:20 |
| UHID/MR NO   | : CVAR.0000023880                          | Received      | : 19/Nov/2021 10:35:05 |
| Visit ID     | : CVAR0080212122                           | Reported      | : 19/Nov/2021 12:47:23 |
| 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 Group (ABO & Rh typing) \* , Blood

|              |          |
|--------------|----------|
| Blood Group  | B        |
| Rh ( Anti-D) | POSITIVE |

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

|                                       |          |                |   |
|---------------------------------------|----------|----------------|---|
| Haemoglobin                           | 11.70    | g/dl           | Male- 13.5-17.5 g/dl<br>Female-12.0-15.5 g/dl |
| TLC (WBC)                             | 7,900    | /Cu mm         | 4000-10000                                    |
| <b>DLC</b>                            |          |                |   |
| Polymorphs (Neutrophils )             | 65.00    | %              | 55-70   |
| Lymphocytes                           | 30.00    | %              | 25-40   |
| Monocytes                             | 3.00     | %              | 3-5   |
| Eosinophils                           | 2.00     | %              | 1-6   |
| Basophils                             | 0.00     | %              | < 1   |
| <b>ESR</b>                            |          |                |   |
| Observed                              | 20.00    | Mm for 1st hr. |   |
| Corrected                             | 10.00    | Mm for 1st hr. | < 20  |
| PCV (HCT)                             | 38.80    | cc %           | 40-54   |
| <b>Platelet count</b>                 |          |                |   |
| Platelet Count                        | 1.50     | LACS/cu mm     | 1.5-4.0                                       |
| PDW (Platelet Distribution width)     | nr       | fL             | 9-17  |
| P-LCR (Platelet Large Cell Ratio)     | nr       | %              | 35-60   |
| PCT (Platelet Hematocrit)             | nr       | %              | 0.108-0.282                                   |
| MPV (Mean Platelet Volume)            | nr       | fL             | 6.5-12.0                                      |
| <b>RBC Count</b>                      |          |                |   |
| RBC Count                             | 4.10     | Mill./cu mm    | 3.7-5.0                                       |
| <b>Blood Indices (MCV, MCH, MCHC)</b> |          |                |   |
| MCV                                   | 94.70    | fl             | 80-100  |
| MCH                                   | 28.60    | pg             | 28-35   |
| MCHC                                  | 30.20    | %              | 30-38   |
| RDW                                   | 13.10    | %              | 11-16   |
| RDW-CV                                | 44.10    | fL             | 35-60   |
| Neutrophils Count                     | 5,135.00 | /cu mm         | 3000-7000                                     |
| Eosinophils Count (AEC)               | 158.00   | /cu mm         | 40-440  |



Dr.S.N. Sinha (MD Path)





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| Visit ID     | : CVAR0080212122                            | Reported      | : 19/Nov/2021 13:11:36 |
| 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 | 93.00 | mg/dl | < 100 Normal<br>100-125 Pre-diabetes<br>≥ 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.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \* , EDTA BLOOD

|                                   |       |               |             |
|-----------------------------------|-------|---------------|-------------|
| Glycosylated Haemoglobin (HbA1c)  | 5.30  | % NGSP        | HPLC (NGSP) |
| Glycosylated Haemoglobin (Hb-A1c) | 34.00 | mmol/mol/IFCC |             |
| Estimated Average Glucose (eAG)   | 106   | 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             |





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## DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.  
 \*\*Some danger of hypoglycemic reaction in Type I 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.

|   |        |                           |                                      |                 |
|---|--------|---------------------------|--------------------------------------|-----------------|
| <b>BUN (Blood Urea Nitrogen) *</b><br>Sample:Serum                  | 11.50  | mg/dL                     | 7.0-23.0                             | CALCULATED      |
| <b>Creatinine</b><br>Sample:Serum                                   | 0.50   | mg/dl                     | 0.5-1.2                              | MODIFIED JAFFES |
| <b>e-GFR (Estimated Glomerular Filtration Rate)</b><br>Sample:Serum | 102.00 | ml/min/1.73m <sup>2</sup> | 90-120 Normal<br>- 60-89 Near Normal | CALCULATED      |
| <b>Uric Acid</b><br>Sample:Serum                                    | 2.70   | mg/dl                     | 2.5-6.0                              | URICASE         |

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







# CHANDAN DIAGNOSTIC CENTRE

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## DEPARTMENT OF BIOCHEMISTRY

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

| Test Name                               | Result        | Unit  | Bio. Ref. Interval | Method            |
|---|---------------|-------|--------------------|-------------------|
| SGOT / Aspartate Aminotransferase (AST) | 26.70         | U/L   | < 35               | IFCC WITHOUT P5P  |
| SGPT / Alanine Aminotransferase (ALT)   | 21.60         | U/L   | < 40               | IFCC WITHOUT P5P  |
| Gamma GT (GGT)                          | 14.50         | IU/L  | 11-50              | OPTIMIZED SZAZING |
| Protein                                 | 7.30          | gm/dl | 6.2-8.0            | BIRUET            |
| Albumin                                 | 4.00          | gm/dl | 3.8-5.4            | B.C.G.            |
| Globulin                                | 3.30          | gm/dl | 1.8-3.6            | CALCULATED        |
| A:G Ratio                               | 1.21          |       | 1.1-2.0            | CALCULATED        |
| Alkaline Phosphatase (Total)            | <b>181.40</b> | U/L   | 42.0-165.0         | IFCC METHOD       |
| Bilirubin (Total)                       | 0.40          | mg/dl | 0.3-1.2            | JENDRASSIK & GROF |
| Bilirubin (Direct)                      | 0.20          | mg/dl | < 0.30             | JENDRASSIK & GROF |
| Bilirubin (Indirect)                    | 0.20          | mg/dl | < 0.8              | JENDRASSIK & GROF |

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

|                                    |        |       |   |                  |
|------------------------------------|--------|-------|---|------------------|
| Cholesterol (Total)                | 157.00 | mg/dl | <200 Desirable<br>200-239 Borderline High<br>> 240 High   | CHOD-PAP         |
| HDL Cholesterol (Good Cholesterol) | 40.50  | mg/dl | 30-70   | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol)  | 98     | mg/dl | < 100 Optimal<br>100-129 Nr.<br>Optimal/Above Optimal<br>130-159 Borderline High<br>160-189 High<br>> 190 Very High | CALCULATED       |
| VLDL                               | 19.00  | mg/dl | 10-33   | CALCULATED       |
| Triglycerides                      | 95.00  | mg/dl | < 150 Normal<br>150-199 Borderline High<br>200-499 High<br>>500 Very High   | GPO-PAP          |



*S.N. Sinha*  
Dr. S.N. Sinha (MD Path)





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| Visit ID     | : CVAR0080212122                           | Reported      | : 19/Nov/2021 12:38:42 |
| 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 |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

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

|                                 |                |       |  |                         |
|---------------------------------|----------------|-------|--|-------------------------|
| Color                           | PALE YELLOW    |       |  |                         |
| Specific Gravity                | 1.030          |       |  |                         |
| Reaction PH                     | Acidic ( 6.0 ) |       |  | DIPSTICK                |
| Protein                         | ABSENT         | mg %  | < 10 Absent<br>10-40 (+)<br>40-200 (++)<br>200-500 (+++)<br>> 500 (++++) | DIPSTICK                |
| Sugar                           | ABSENT         | gms%  | < 0.5 (+)<br>0.5-1.0 (++)<br>1-2 (+++)<br>> 2 (++++)                     | DIPSTICK                |
| Ketone                          | ABSENT         | mg/dl | 0.2-2.81   | BIOCHEMISTRY            |
| Bile Salts                      | ABSENT         |       |  |                         |
| Bile Pigments                   | ABSENT         |       |  |                         |
| Urobilinogen(1:20 dilution)     | ABSENT         |       |  |                         |
| <b>Microscopic Examination:</b> |                |       |  |                         |
| Epithelial cells                | 2-3/h.p.f      |       |  | MICROSCOPIC EXAMINATION |
| Pus cells                       | 0-1/h.p.f      |       |  | MICROSCOPIC EXAMINATION |
| RBCs                            | ABSENT         |       |  | MICROSCOPIC EXAMINATION |
| Cast                            | ABSENT         |       |  |                         |
| Crystals                        | ABSENT         |       |  | MICROSCOPIC 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

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
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*S.N. Sinha*

Dr. S.N. Sinha (MD Path)





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| Visit ID     | : CVAR0080212122                            | Reported      | : 19/Nov/2021 13:59:47 |
| 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)     | 101.00 | ng/dl  | 84.61–201.7 | CLIA |
| T4, Total (Thyroxine)             | 3.96   | ug/dl  | 3.2-12.6    | CLIA |
| TSH (Thyroid Stimulating Hormone) | 4.12   | 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.



S.N. Sinha  
Dr.S.N. Sinha (MD Path)





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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

- 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**



Dr Raveesh Chandra Roy (MD-Radio)





# CHANDAN DIAGNOSTIC CENTRE

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| UHID/MR NO   | : CVAR.0000023880                           | Received      | : N/A                  |
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## DEPARTMENT OF ULTRASOUND

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

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

- The liver measures 11.2 cm in mid clavicular line. It is normal in shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- Gall bladder is absent (post cholecystectomy status).
- Portal vein measures 9.3 mm in caliber. CBD measures 4.1 mm in caliber.
- Pancreas is normal in size, shape and echogenicity.
- Spleen is normal in size ( 8.3 cm in its long axis ), shape and echogenicity.
- Right kidney measures : 10.2 x 3.8 cm. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.
- Left kidney measures : 10.3 x 4.4 cm. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated.
- Urinary bladder is almost empty. Prevoid urine volume 8 cc.
- Uterus is anteverted. Size 57 x 42 x 29 mm/37cc. No focal myometrial lesion seen. Endometrium thickness 3.5 mm.
- Bilateral ovaries are normal in size, shape and echogenicity.
- No free fluid is seen in the abdomen/pelvis.

#### IMPRESSION:

- **Post cholecystectomy status.**
- **Rest of the abdominal organs are normal.**

**Please correlate clinically.**

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

Result/s to Follow:

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

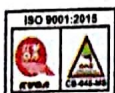


Dr Raveesh Chandra Roy (MD-Radio)

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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Home Sample Collection  
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