

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar Ph: 7706041643,7706041644 CIN : U85196UP1992PLC014075



Patient Name	: Mr.ASHISH MEHROTRA	Registered On	: 27/Mar/2022 09:53:00
Age/Gender	: 47 Y 7 M 5 D /M	Collected	: 27/Mar/2022 10:08:00
UHID/MR NO	: IDCD.0000138590	Received	: 27/Mar/2022 10:56:36
Visit ID	: IDCD0496262122	Reported	: 27/Mar/2022 13:39:28
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

### DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

IVIEDIVVHE	EL BANK OF E	Saroda Male	ABOVE 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				
Haemoglobin	16.00	g/dl	1 Day- 14.5-22.5 g/dl	
		5	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/d	
		No way	12-18 Yr 13.0-16.0	Y MARY
			g/dl	
			Male- 13.5-17.5 g/dl	
			Female- 12.0-15.5 g/d	
TLC (WBC)	7,300.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	50.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	35.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	10.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	8.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr.		
PCV (HCT)	48.00	cc %	40-54	
Platelet count				
Platelet Count	2.80	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	37.10	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.26	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume) <b>RBC Count</b>	11.50	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count	4.96	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE





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# DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	96.00	fl	80-100	CALCULATED PARAMETER
MCH	32.20	pg	28-35	CALCULATED PARAMETER
MCHC	33.60	%	30-38	CALCULATED PARAMETER
RDW-CV	13.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,650.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	730.00	/cu mm	40-440	



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UHID/MR NO	: IDCD.0000138590	Received	: 27/Mar/2022 12:05:31
Visit ID	: IDCD0496262122	Reported	: 27/Mar/2022 13:35:21
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

### DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING, Plasma				
Glucose Fasting	98.00	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.



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UHID/MR NO	: IDCD.0000138590	Received	: 27/Mar/2022 13:00:17
Visit ID	: IDCD0496262122	Reported	: 27/Mar/2022 14:11:04
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

### DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	6.30	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	45.00	mmol/mol/IFCC		

mg/dl

#### Interpretation:

#### NOTE:-

Estimated Average Glucose (eAG)

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

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• 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

\*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.





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### DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 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

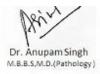
c. Alcohol toxicity d. Lead toxicity

\*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.





Home Sample Collection 1800-419-0002



## INDRA DIAGNOSTIC CENTRE

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	MEDIWHEEL BANK	OF BARODA MALE	ABOVE 40 YRS	
Test Name	Resul	lt Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) Sample:Serum	8.69	mg/dL	7.0-23.0	CALCULATED
Creatinine	1.11	mg/dl	0.7-1.3	MODIFIED JAFFES
Sample:Serum e-GFR (Estimated Glomerular Rate) Sample:Serum	Filtration 71.00	) ml/min/1.73	8m2 - 90-120 Normal - 60-89 Near Norm	CALCULATED al
Uric Acid Sample:Serum	5.61	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) *	, Serum			
SGOT / Aspartate Aminotrar SGPT / Alanine Aminotransfe Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect) <b>LIPID PROFILE ( MINI )</b> , <i>Se</i> Cholesterol (Total) HDL Cholesterol (Good Chole LDL Cholesterol (Bad Cholest	erase (ALT) 28.90 22.80 7.05 4.12 2.93 1.41 92.07 0.57 0.18 0.39 erum 173.0 esterol) 43.50	0 U/L IU/L gm/dl gm/dl gm/dl gm/dl mg/dl 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 < 0.8 <200 Desirable 200-239 Borderline > 240 High 30-70 < 100 Optimal 100-129 Nr.	DIRECT ENZYMATIC CALCULATED
VLDL	22.68	3 mg/dl	Optimal/Above Opt 130-159 Borderline 160-189 High > 190 Very High 10-33	

Triglycerides

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**GPO-PAP** 



113.40

mg/dl

< 150 Normal

150-199 Borderline High





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Visit ID	: IDCD0496262122	Reported	: 27/Mar/2022 14:12:57
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

# DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Result

Unit

Bio. Ref. Interval Method

200-499 High >500 Very High



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Age/Gender	: 47 Y 7 M 5 D /M	Collected	: 27/Mar/2022 11:48:55
UHID/MR NO	: IDCD.0000138590	Received	: 27/Mar/2022 12:51:51
Visit ID	: IDCD0496262122	Reported	: 27/Mar/2022 13:19:03
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

#### DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
RINE EXAMINATION, ROUTINE * ,	Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Neutral (7.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
		0.	> 500 (++++)	DIDOTION
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++) > 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT	ing/u	0.2-2.01	DIOCHEIMISTIK
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:	ADJLINI		and the second second	
Epithelial cells	ABSENT			MICROSCOPIC
	ADOENIT			EXAMINATION
Pus cells	ABSENT			MICROSCOPIC
				EXAMINATION
RBCs	ABSENT			MICROSCOPIC
Cast	ABSENT			EXAMINATION
Crystals	ABSENT			MICROSCOPIC
Others	ABSENT			LANNINATION
	ADJENT			
UGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
		3		

#### Interpretation:

 $\begin{array}{ll} (+) & < 0.5 \\ (++) & 0.5\text{-}1.0 \\ (+++) & 1\text{-}2 \\ (++++) & > 2 \end{array}$ 

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### DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method



Dr. Shoaib Irfan (MBBS, MD, PDCC)

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UHID/MR NO	: IDCD.0000138590	Received	: 27/Mar/2022 12:43:35
Visit ID	: IDCD0496262122	Reported	: 27/Mar/2022 17:58:22
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#### DEPARTMENT OF IMMUNOLOGY

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
PSA (Prostate Specific Antigen), Total **	1.230	ng/mL	< 2.0	CLIA	
Sample:Serum					

#### **Interpretation:**

- 1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
- 2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone<sup>-</sup>
- 3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
- 4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
- 5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

#### THYROID PROFILE - TOTAL \*\* , Serum

T3, Total (tri-iodothyronine)	126.35	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.57	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.73	µIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	µIU/mL	First Trimest	er
0.5-4.6	µIU/mL	Second Trim	ester
0.8-5.2	µIU/mL	Third Trimes	ter
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.





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#### DEPARTMENT OF IMMUNOLOGY

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

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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Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

### **DEPARTMENT OF X-RAY**

#### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

### X-RAY DIGITAL CHEST PA \* (500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### **DIGITAL CHEST P-A VIEW**

- Bilateral bronchovascular markings appear prominent.
- 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 parenchyma did not reveal any significant lesion.

Please correlate clinically

Typed by - VINAY

(This report is a professional opinion & not a diagnosis. Kindly intimate us immediately or within 7 days for any reporting / typing error or any query regarding radiological correlation of clinical findings).



Dr. Anil Kumar Verma (MBBS.DMRD)







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Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

### DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

#### **LIVER**

• The liver is normal in size and has a normal homogenous echotexture. No focal lesion is seen.

#### PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

#### **BILIARY SYSTEM**

- The intra-hepatic biliary radicles are normal.
- Common duct are normal at the porta.
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

#### PANCREAS

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

#### **<u>RIGHT KIDNEY</u>**

- Right kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of right ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

#### **LEFT KIDNEY**

- Left kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal.



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- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

#### **SPLEEN**

• The spleen is normal in size and has a homogenous echotexture. No focal lesion is seen.

#### **ILIAC FOSSA**

• Scan over the iliac fossae does not reveal any fluid collection or mass.

#### **URINARY BLADDER**

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

#### **PROSTATE**

• Prostate gland is normal in size & echotexture.

#### **IMPRESSION**

• No significant sonological abnormality is seen on this study.

Typed by roshan

\*\*\* End Of Report \*\*\* (\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, Tread Mill Test (TMT)



Dr. Anoop Agarwal MBBS,MD(Radiology)

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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