

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

CIN: U85110DL2003PLC308206



Patient Name : Mr.ABHINAV SAHU -182806 Registered On : 27/Mar/2022 08:54:17

 Age/Gender
 : 28 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000092816
 Received
 : N/A

Visit ID : ALDP0349622122 Reported : 27/Mar/2022 18:23:27

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

DEPARTMENT OF CARDIOLOGY-ECG

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ECG / EKG *

1. Machnism, Rhythm Sinus, Regular

2. Atrial Rate 59 /mt

3. Ventricular Rate 59 /mt

4. P - Wave Normal

5. P R Interval Normal

6. Q R S

Axis: Normal R/S Ratio: Normal Configuration: Normal

7. Q T c Interval Normal

8. S - T Segment Normal

9. T – Wave Normal

FINAL IMPRESSION

ECG Within Normal Limits: Sinus Bradycardia, Sinus Bradycardia. Please correlate clinically.













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Patient Name : Mr.ABHINAV SAHU -182806 Registered On : 27/Mar/2022 08:54:15 Age/Gender : 28 Y O M O D /M Collected : 27/Mar/2022 09:32:07 UHID/MR NO : ALDP.0000092816 Received : 27/Mar/2022 09:56:26 Visit ID : ALDP0349622122 Reported : 27/Mar/2022 12:14:57

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

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

	BANK OF BARODA WALE & FEWALE BELOW 40 YKS				
Test Name	Result	Unit	Bio. Ref. Interval	Method	
Blood Group (ABO & Rh typing) * , Blood	d				
Blood Group	A POSITIVE				
Rh (Anti-D)	POSITIVE				
Complete Blood Count (CBC) * , Blood					
Haemoglobin	13.80	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/d		
			12-18 Yr 13.0-16.0		
			g/dl		
			Male- 13.5-17.5 g/dl		
			Female- 12.0-15.5 g/d	I	
TLC (WBC)	6,900.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE	
DLC					
Polymorphs (Neutrophils)	56.00	%	55-70	ELECTRONIC IMPEDANCE	
Lymphocytes	38.00	%	25-40	ELECTRONIC IMPEDANCE	
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE	
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE	
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE	
ESR					
Observed	6.00	Mm for 1st hr.			
Corrected	, -	Mm for 1st hr.	. < 9		
PCV (HCT)	37.00	cc %	40-54		
Platelet count					
Platelet Count	1.92	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC	
PDW (Platelet Distribution width)	16.70	fL	9-17	ELECTRONIC IMPEDANCE	
P-LCR (Platelet Large Cell Ratio)	45.00	%	35-60	ELECTRONIC IMPEDANCE	
PCT (Platelet Hematocrit)	0.24	%	0.108-0.282	ELECTRONIC IMPEDANCE	
MPV (Mean Platelet Volume)	12.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE	
RBC Count					
RBC Count	4.42	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE	







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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	85.30	fl	80-100	CALCULATED PARAMETER
MCH	31.20	pg	28-35	CALCULATED PARAMETER
MCHC	36.60	%	30-38	CALCULATED PARAMETER
RDW-CV	13.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	52.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,864.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	207.00	/cu mm	40-440	









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Patient Name : Mr.ABHINAV SAHU -182806 : 27/Mar/2022 08:54:16 Registered On Age/Gender : 28 Y O M O D /M Collected : 27/Mar/2022 15:31:08 UHID/MR NO : ALDP.0000092816 Received : 27/Mar/2022 16:44:27 Visit ID : ALDP0349622122 Reported : 27/Mar/2022 17:07:31

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

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

Interpretation:

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

Glucose PP *	102.90	mg/dl	<140 Normal	GOD POD
Sample:Plasma After Meal			140-199 Pre-diabetes	
			>200 Diabetes	

Interpretation:

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









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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)	5.20	% NGSP		HPLC (NGSP)	
Glycosylated Haemoglobin (Hb-A1c)	33.00	mmol/mol/IFCC			
Estimated Average Glucose (eAG)	102	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)	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.

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





^{**}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	12.52	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.90	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) * Sample:Serum	116.00	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid * Sample:Serum	5.10	mg/dl	3.4-7.0	URICASE
LFT (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) Bilirubin (Indirect) LIPID PROFILE (MINI) * , Serum	29.00 57.90 34.80 6.10 3.60 2.50 1.44 104.60 0.60 0.20 0.40	U/L U/L IU/L gm/dl gm/dl gm/dl U/L 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	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF
Cholesterol (Total)	171.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	39.20 107	mg/dl mg/dl	30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	
VLDL Triglycerides	25.16 125.80	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













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Patient Name : Mr.ABHINAV SAHU -182806 : 28 Y O M O D /M

Registered On Collected

: 27/Mar/2022 08:54:16 : 27/Mar/2022 15:38:27

Age/Gender UHID/MR NO Visit ID

: ALDP.0000092816

Received Reported : 27/Mar/2022 16:44:27

: ALDP0349622122 Ref Doctor

: 27/Mar/2022 18:17:59

: 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 Specific Gravity Reaction PH	PALE YELLOW 1.015 Acidic (6.5)			DIPSTICK
Protein	TRACE	, mg %	< 10 Absent 10-40 (+)	DIPSTICK
			40-200 (++) 200-500 (+++) > 500 (++++)	
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 P <mark>igment</mark> s	ABSENT			
Urobilinogen(1:20 dilution) Microscopic Examination:	ABSENT		The state of the s	
Epithelial cells	0-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells ·	0-2/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

Urine Microscopy is done on centrifuged urine sediment.

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage **ABSENT** gms%

Interpretation:

(+)< 0.5

0.5 - 1.0(++)







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Visit ID

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: 27/Mar/2022 18: 17: : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

(+++) 1-2

(++++) > 2

SUGAR, PP STAGE * , Urine

Sugar, PP Stage

ABSENT

Interpretation:

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%

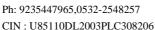








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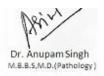
DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Result	Unit	Bio. Ref. Interva	al Method
124.30	ng/dl	84.61-201.7	CLIA
8.47	ŭ	3.2-12.6	CLIA
1.83	μIŪ/mL	0.27 - 5.5	CLIA
	0.3-4.5 μIU/	mL First Trime	ester
	0.5-4.6 μIU/	mL Second Tri	mester
	0.8-5.2 μIU/	mL Third Trim	ester
	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 w	k - 20 Yrs.)
			0-4 Days
			2-20 Week
	124.30 8.47	124.30 ng/dl 8.47 ug/dl 1.83 µIU/mL 0.3-4.5 µIU/ 0.5-4.6 µIU/ 0.8-5.2 µIU/ 0.5-8.9 µIU/ 0.7-27 µIU/ 2.3-13.2 µIU/ 0.7-64 µIU/ 1-39 µIU	124.30 ng/dl 84.61–201.7 8.47 ug/dl 3.2-12.6 1.83 μIU/mL 0.27 - 5.5 0.3-4.5 μIU/mL First Trime 0.5-4.6 μIU/mL Second Tri 0.8-5.2 μIU/mL Third Trim 0.5-8.9 μIU/mL Adults 0.7-27 μIU/mL Premature 2.3-13.2 μIU/mL Cord Blood 0.7-64 μIU/mL Child(21 w

- 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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Age/Gender Collected : 28 Y O M O D /M : N/A UHID/MR NO : ALDP.0000092816 Received : N/A

Visit ID Reported : ALDP0349622122 : 27/Mar/2022 14:38:45

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

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

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

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

Please correlare clinically.



Dr Raveesh Chandra Roy (MD-Radio)







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Reported

: 27/Mar/2022 10:36:37

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Status : Final Report

: N/A

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER: - Normal in size (13.4 cm), shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

GALL BLADDER: Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

CBD:- Normal in calibre at porta.

PORTAL VEIN: - Normal in calibre and colour uptake at porta.

PANCREAS: - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

SPLEEN: - Normal in size (8.9 cm), shape and echogenicity.

RIGHT KIDNEY: - Normal in size (9.9 x 4.5 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size (10.5 x 4.7 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

URINARY BLADDER: Normal in shape, outline and distension. No e/o wall thickening / calculus.

PROSTATE: Normal in size (vol - 16.4 cc), shape and echo pattern.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

IMPRESSION: No significant abnormality seen.

Please correlate clinically

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.



NE EXAMINATION

Dr R. K. VERMA MBBS,PGDGM

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





