

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



Patient Name	: Mrs.EKTA CHAUHAN-75544	Registered On	: 07/Jul/2022 10:11:24
Age/Gender	: 28 Y 0 M 0 D /F	Collected	: 07/Jul/2022 10:34:43
UHID/MR NO	: IDUN.0000176083	Received	: 07/Jul/2022 11:37:48
Visit ID	: IDUN0121262223	Reported	: 07/Jul/2022 13:29:46
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN	Status	: Final Report

	DEPARTMEN	Γ ΟΓ ΗΑΕΜΑΤΟ	DLOGY	
MEDIWHE	EL BANK OF BARO	DA MALE & FE	MALE BELOW 40 Y	RS
Test Name	Result	Unit	Bio. Ref. Interva	l Method
Blood Group (ABO & Rh typing) * , B	lood			
Blood Group Rh (Anti-D)	A POSITIVE			
Complete Blood Count (CBC) * , Who	le Blood			
Haemoglobin	12.60	g/dl	1 Day- 14.5-22.5 g/d 1 Wk- 13.5-19.5 g/d 1 Mo- 10.0-18.0 g/d 3-6 Mo- 9.5-13.5 g/ 0.5-2 Yr- 10.5-13.5	
			g/dl 2-6 Yr- 11.5-15.5 g/d 6-12 Yr- 11.5-15.5 g 12-18 Yr 13.0-16.0 g/dl	
			Male- 13.5-17.5 g/d Female- 12.0-15.5 g	
TLC (W <mark>BC)</mark> DLC	7,230.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils)	70.80	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	23.60	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.70	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	0.70	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.20	%	< 1	ELECTRONIC IMPEDANCE
Observed	22.00	Mm for 1st hr		
Corrected	10.00	Mm for 1st hr		
PCV (HCT)	35.60	cc %		
Platelet count	55.00		10 51	
Platelet Count	1.81	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	24.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	60.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.24	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume) RBC Count	13.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
		<i>(</i>		



RBC Count

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3.68

Mill./cu mm 3.7-5.0



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	96.80	fl	80-100	CALCULATED PARAMETER
МСН	34.10	pg	28-35	CALCULATED PARAMETER
МСНС	35.20	%	30-38	CALCULATED PARAMETER
RDW-CV	11.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,120.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	20.00	/cu mm	40-440	



DR.SMRITI GUPTA MD (PATHOLOGY)





SIN No:52446764







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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Uı	nit Bio. Ref. Interva	al Method
GLUCOSE FASTING , Plasma Glucose Fasting	105.47	mg/dl	< 100 Normal	GOD POD
			100-125 Pre-diabetes ≥ 126 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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) *, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.70	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	28.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	88	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





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

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.

BUN (Blood Urea Nitrogen) * Sample:Serum	6.34	mg/dL 7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.59	mg/dl 0.5-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	138.00	ml/min/1.73m2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	3.27	mg/dl 2.5-6.0	URICASE

LFT (WITH GAMMA GT) * , Serum





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	U	nit Bio. Ref. Interv	al Method
SGOT / Aspartate Aminotransferase (AST)	17.47	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	11.10	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	10.56	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.55	gm/dl	6.2-8.0	BIRUET
Albumin	3.86	gm/dl	3.8-5.4	B.C.G.
Globulin	2.69	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.43	,	1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	139.16	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.32	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.19	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.13	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	179.88	mg/dl	<200 Desirable 200-239 Borderline Higl > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	48.68	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	93	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline Higl 160-189 High > 190 Very High	
VLDL	38.31	mg/dl	10-33	CALCULATED
Triglycerides	191.57	mg/dl	< 150 Normal 150-199 Borderline Higl 200-499 High >500 Very High	GPO-PAP า



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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
JRINE EXAMINATION, ROUTINE *	, Urine			
Color	YELLOW			
Specific Gravity	1.010			
Reaction PH	Neutral (7.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
		,	10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
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	0.2-2.81	DIOCHEIVIISTRY
	ABSENT			
Bile Pigments Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:	ADSEINT		and a state of the	
Epithelial cells	2-3/h.p.f			MICROSCOPIC
D				EXAMINATION
Pus cells	0-1/h.p.f			MICROSCOPIC
DDC-				EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			EXAMINATION
Crystals	ABSENT			MICROSCOPIC
Crystals	ADJEINT			EXAMINATION
Others	AMORPHOUS			
	DEBRIS(++)			
UGAR, FASTING STAGE * , Urine				
	ADCENT	ana a0/		
Sugar, Fasting stage	ABSENT	gms%		

Interpretation:

 $\begin{array}{ll} (+) & < 0.5 \\ (++) & 0.5 \\ (+++) & 1 \\ \end{array}$



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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	
(++++) > 2					

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Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN	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)	176.87	ng/dl	84.61-201.7	CLIA	
T4, Total (Thyroxine)	13.70	ug/dl	3.2-12.6	CLIA	
TSH (Thyroid Stimulating Hormone)	3.76	μIU/mL	0.27 - 5.5	CLIA	

Interpretation:

(0.3-4.5	µIU/mL	First Trimest	ter
(0.5-4.6	µIU/mL	Second Trim	ester
(0.8-5.2	µIU/mL	Third Trimes	ster
(0.5-8.9	µIU/mL	Adults	55-87 Years
(0.7-27	µIU/mL	Premature	28-36 Week
2	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 8 0	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

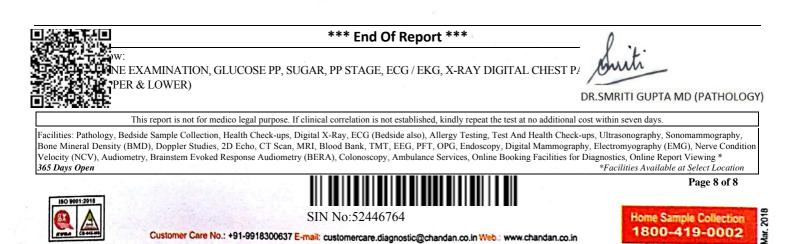
symptomatic and may cause transient hyperthyroidism but no persistent symptoms. 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis

5) Patients with high or normal 13 and 14 levels and low or normal TSH levels suffer either from 13 toxicosis or 14 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.





To एकता चौहान Ekta Chauhan

C/O: Pankaj Chauhan

MI TETR

Planet States

नामांकन ऋम/ Enrolment No.: 0013/10005/15194

Intification Authority of Intella

Carles Government of India

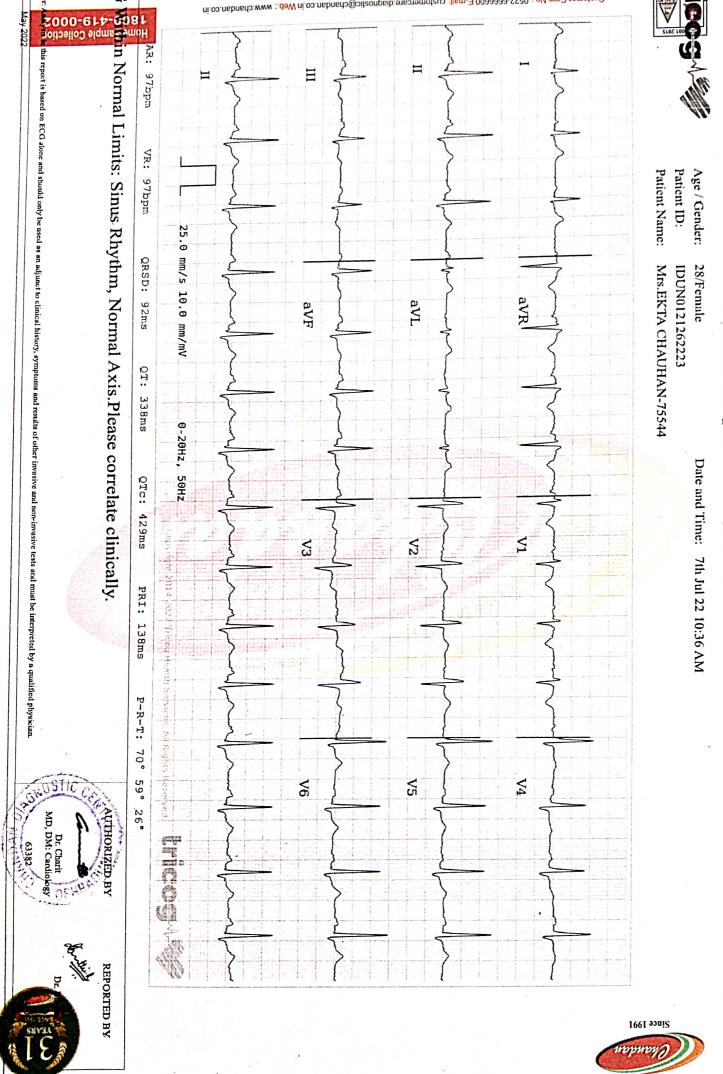
स्चना

- 🗉 आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- 🗉 सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।

🗉 यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

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- Verify identity using Secure QR Code/ Offline XML/ Onli Authentication.
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Chandan Diagnostic Centre, Dehradun