



# CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mr. MOHIT SAGAR-103583	Registered On	: 08/Jul/2023 09:19:40
Age/Gender	: 35 Y O M O D /M	Collected	: 08/Jul/2023 09:29:12
UHID/MR NO	: IDUN.0000203359	Received	: 08/Jul/2023 09:47:01
Visit ID	: IDUN0116522324	Reported	: 08/Jul/2023 10:58:06
Ref Doctor	: Dr. MEDIWHEEL ACROFEMI HEALTHCARE LTD. DDN -	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	O
Rh ( Anti-D)	POSITIVE

#### Complete Blood Count (CBC) \* , Whole Blood

Haemoglobin	14.20	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/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl
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TLC (WBC)	7,290.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
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#### DLC

Polymorphs (Neutrophils)	62.10	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	29.30	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.60	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.70	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.30	%	<1	ELECTRONIC IMPEDANCE

#### ESR

Observed	6.00	Mm for 1st hr.	
Corrected	--	Mm for 1st hr.	<9
PCV (HCT)	40.00	%	40-54

#### Platelet count

Platelet Count	2.09	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	17.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	47.30	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.24	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.30	fL	6.5-12.0	ELECTRONIC IMPEDANCE

#### RBC Count

RBC Count	4.75	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
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#### Blood Indices (MCV, MCH, MCHC)





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MCV	84.40	fL	80-100	CALCULATED PARAMETER
MCH	29.90	pg	28-35	CALCULATED PARAMETER
MCHC	35.40	%	30-38	CALCULATED PARAMETER
RDW-CV	12.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,520.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	200.00	/cu mm	40-440	



DR. RITU BHATIA  
MD (Pathology)





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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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#### GLUCOSE FASTING , Plasma

Glucose Fasting	100.00	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### 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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impared Glucose Tolerance.

#### Glucose PP

Sample: Plasma After Meal

184.80	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### 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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impared Glucose Tolerance.

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

Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	32.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	100	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.





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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.

\*\*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 VARIANT II TURBO 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> Sample: Serum	7.88	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> Sample: Serum	1.30	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
<b>Uric Acid</b> Sample: Serum	7.02	mg/dl	3.4-7.0	URICASE







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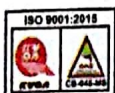
#### LFT (WITH GAMMA GT) \* , Serum

SGOT / Aspartate Aminotransferase (AST)	28.84	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	<b>46.33</b>	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	46.48	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.79	gm/dl	6.2-8.0	BIURET
Albumin	4.22	gm/dl	3.4-5.4	B.C.G.
Globulin	2.57	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.64		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	129.52	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.79	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.27	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.52	mg/dl	< 0.8	JENDRASSIK & GROF

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

Cholesterol (Total)	<b>249.73</b>	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	44.91	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	129	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	<b>75.55</b>	mg/dl	10-33	CALCULATED
Triglycerides	<b>377.74</b>	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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Patient Name	: Mr. MOHIT SAGAR-103583	Registered On	: 08/Jul/2023 09:19:41
Age/Gender	: 35 Y O M O D /M	Collected	: 08/Jul/2023 11:26:55
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## DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Color	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic ( 6.5 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
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 Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
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#### Interpretation:

(+)	< 0.5
(++)	0.5-1.0
(+++)	1-2
(++++)	> 2





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#### 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 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 : NO SIGNIFICANT ABNORMALITY DETECTED**

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** : is normal in size (12 cm) and bright in echotexture. No focal lesion seen.

**PORTAL VEIN**: is normal at porta .

Common bile duct is normal. Intra Hepatic biliary radicles are not dilated.

**GALL BLADDER** :seen in distended state with echofree lumen. Wall thickness is normal.

**SPLEEN** : is normal in size, shape and echotexture. No focal lesion seen.

**PANCREAS**: Head and body appear normal. Tail is obscured by bowel gases.

**KIDNEYS**: Both kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Parenchymal thickness is normal.

No mass/calculus/hydronephrosis seen.

**LYMPHNODES** : No pre-or-para aortic lymph node mass is seen.

**URINARY BLADDER**: seen in distended state with echofree lumen. Wall thickness is normal.

**PROSTATE** : is normal in size and echotexture.

**FLUID** : No significant free fluid seen in peritoneal cavity.

**IMPRESSION** : -GRADE I FATTY LIVER.

**REST NO SIGNIFICANT ABNORMALITY DETECTED.**

**Note** : - In case of any discrepancy due to typing error kindly get it rectified immediately

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

Results to Follow  
STANDARD EXAMINATION, THYROID PROFILE - TOTAL, ECG / EKG



Dr. Amit Bhandari 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

