

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





Patient Name : Mrs.GUNJAN SINGH -ACP Registered On : 02/Oct/2021 09:49:53 Age/Gender Collected : 02/Oct/2021 10:11:53 : 42 Y O M O D /F UHID/MR NO : IDUN.0000151514 Received : 02/Oct/2021 10:38:47 Visit ID : IDUN0272972122 Reported : 02/Oct/2021 12:10:23

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

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|----------|--------------------|--------------------|-------------------------|
| | | | | |
| Blood Group (ABO & Rh typing) * , Blo | ood | | | |
| Blood Group | AB | | | |
| Rh (Anti-D) | POSITIVE | | | |
| COMPLETE BLOOD COUNT (CBC) * , BI | lood | | | |
| Haemoglobin | 13.00 | g/dl | 13.5-17.5 | PHOTOMETRIC |
| TLC (WBC) | 7,390.00 | /Cu mm | 4000-10000 | ELECTRONIC |
| | | | | IMPEDANCE |
| DLC | | | | |
| Polymorphs (Neutrophils) | 61.20 | % | 55-70 | ELECTRONIC |
| | | | | IMPEDANCE |
| Lymphocytes | 32.50 | % | 25-40 | ELECTRONIC |
| | | 200 | | IMPEDANCE |
| Monocytes | 4.60 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 1.00 | % | 1-6 | ELECTRONIC |
| Losinoprins | 1.00 | /0 | 1-0 | IMPEDANCE |
| Basophils | 0.70 | % | < 1 | ELECTRONIC |
| 2 do o prime | | | | IMPEDANCE |
| ESR | | | | |
| Observed | 18.00 | Mm for 1st hr. | | |
| Corrected | 10.00 | Mm for 1st hr. | < 20 | |
| PCV (HCT) | 38.70 | cc % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 3.60 | LACS/cu mm | 1.5-4.0 | ELECTRONIC |
| | | | | IMPEDANCE |
| PDW (Platelet Distribution width) | 13.50 | fL | 9-17 | ELECTRONIC |
| | | | | IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 41.80 | % | 35-60 | ELECTRONIC |
| DOT (DL 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 4- | 0/ | 0.400.0.000 | IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.38 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 10.60 | fL | 6.5-12.0 | ELECTRONIC |
| ivii v (ivicari ratelet volume) | 10.00 | IL | 0.3-12.0 | IMPEDANCE |
| RBC Count | | | | 25.1102 |
| RBC Count | 4.35 | Mill./cu mm | 3 7-5 0 | ELECTRONIC |
| NDO OOGIIL | 7.55 | IVIIII./ CU IIIIII | 3.7 3.0 | LLLOTROING |





IMPEDANCE



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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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|---|-------------------|------------------|---------------------|-------------------------|
| | | | | |
| Blood Indices (MCV, MCH, MCHC) | | | | |
| MCV | 88.80 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 29.80 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 33.60 | , % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 11.70 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 43.20 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count Absolute Eosinophils Count (AEC) | 4,530.00 70.00 | /cu mm /cu mm | 3000-7000 40-440 | |











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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interva | l Metho | od |
|----------------------------------|---------|-------|---------------------------------------|---------|----|
| Glucose Fasting Sample:Plasma | 95.63 n | 100-1 | Normal 25 Pre-diabetes 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 | 173.32 | 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.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) *, EDTA BLOOD

| Glycosylated Haemoglobin (HbA1c) | 5.77 | % NGSP | HPLC (NGSP) |
|-----------------------------------|-------|---------------|-------------|
| Glycosylated Haemoglobin (Hb-A1c) | 40.00 | mmol/mol/IFCC | |
| Estimated Average Glucose (eAG) | 119 | 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.









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|-----------|--------|------|--------------------|--------|
| | | | | |

| 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.

Clinical Implications:

BUN (Blood Urea Nitrogen) *

7.90

mg/dL

7.0-23.0

CALCULATED





^{**}Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

^{*}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 nondiabetic 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 FEMALE ABOVE 40 YRS

| Test Name | Result | Un | it Bio. Ref. Interva | al Method | |
|--|--------|---------------|---|------------------|----------------------------------|
| | | | | | |
| Sample:Serum | | | | | |
| Creatinine | 1.01 | mg/dl | 0.5-1.2 | MODIFIED JAFFES | |
| Sample:Serum e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum | 64.00 | ml/min/1.73m2 | 2 - 90-120 Normal - 60-89 Near Normal | CALCULATED | |
| Uric Acid Sample:Serum | 4.41 | mg/dl | 2.5-6.0 | URICASE | |
| L.F.T.(WITH GAMMA GT) * , Serum | | | | | |
| SGOT / Aspartate Aminotransferase (AST) | 34.48 | U/L | < 35 | IFCC WITHOUT P5P | |
| SGPT / Alanine Aminotransferase (ALT) | 22.22 | U/L | < 40 | IFCC WITHOUT P5P | |
| Gamma GT (GGT) | 26.11 | IU/L | 11-50 | OPTIMIZED SZAZIN | G |
| Protein | 6.40 | gm/dl | 6.2-8.0 | BIRUET | |
| Albumin | 4.10 | gm/dl | 3.8-5.4 | B.C.G. | |
| Globulin | 2.30 | gm/dl | 1.8-3.6 | CALCULATED | |
| A:G Ratio | 1.78 | | 1.1-2.0 | CALCULATED | |
| Alkaline Phosphatase (Total) | 61.80 | U/L | 42.0-165.0 | IFCC METHOD | _ |
| Bilirubin (Total) | 0.35 | mg/dl | 0.3-1.2 | JENDRASSIK & GRO | |
| Bilirubin (Direct) | 0.17 | mg/dl | < 0.30 | JENDRASSIK & GRO | |
| Bilirubin (Indirect) | 0.18 | mg/dl | < 0.8 | JENDRASSIK & GRO | F |
| LIPID PROFILE (MINI) *, Serum | | | | | |
| Cholesterol (Total) | 201.91 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP | |
| HDL Cholesterol (Good Cholesterol) | 40.36 | mg/dl | 30-70 | DIRECT ENZYMATIC | |
| LDL Cholesterol (Bad Cholesterol) | 125 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | | |
| VLDL | 36.99 | mg/dl | 10-33 | CALCULATED | |
| Triolycerides Triolycerides | 184.94 | mg/dl | < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | GPO-PAP | DR. RITU KALIA MD (PATHOLOGY) |
| THIS MANTENAN | | | | | |







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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--------------------------------|--------------|---------|-------------------------------|-------------------------|
| | | | | |
| URINE EXAMINATION, ROUTINE * , | Urine | | | |
| Color | LIGHT YELLOW | | | |
| Specific Gravity | 1.010 | | | |
| Reaction PH | Acidic (6.0) | | | DIPSTICK |
| Protein | ABSENT | mg % | < 10 Absent | DIPSTICK |
| | | , | 10-40 (+) | |
| | | | 40-200 (++) | |
| | | | 200-500 (+++) > 500 (++++) | |
| Sugar | ABSENT | gms% | < 0.5 (+) | DIPSTICK |
| Sagai | ADSERT | 9111370 | 0.5-1.0 (++) | DII 3110K |
| | | | 1-2 (+++) | |
| | | | > 2 (++++) | |
| Ketone | ABSENT | | | DIPSTICK |
| Bile Salts | ABSENT | | | |
| Bile Pigments | ABSENT | | | |
| Urobilinogen(1:20 dilution) | ABSENT | | | |
| Microscopic Examination: | | | | |
| Epithelial cells | 10-15/h.p.f | | | MICROSCOPIC |
| December 1 | F / // f | | | EXAMINATION |
| Pus cells · | 5-6/h.p.f | | | MICROSCOPIC EXAMINATION |
| RBCs | ABSENT | | | MICROSCOPIC |
| NDC3 | ADJENT | | | EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC |
| • | | | | EXAMINATION |
| Others | ABSENT | | | |
| STOOL, ROUTINE EXAMINATION * , | Stool | | | |
| Color | BROWNISH | | | |
| Consistency | SEMI SOLID | | | |
| Reaction (PH) | Acidic (5.0) | | | |
| Mucus | ABSENT | | | |
| Blood | ABSENT | | | |
| Worm | ABSENT | | | |
| Pus cells | ABSENT | | | |







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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method | |
|------------------------|--------|------|--------------------|--------|--|
| | | | | | |
| RBCs | ABSENT | | | | |
| Ova | ABSENT | | | | |
| Ova Cysts Others | ABSENT | | | | |
| Others | ABSENT | | | | |
| | | | | | |

SUGAR, FASTING STAGE *, Urine

Sugar, Fasting stage ABSENT gms%

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 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 FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------------------------------|--------|----------------|--------------------|-------------|
| | | | | |
| THYROID PROFILE - TOTAL * , Serum | | | | |
| T3, Total (tri-iodothyronine) | 200.20 | ng/dl | 84.61-201.7 | CLIA |
| T4, Total (Thyroxine) | 8.58 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 4.54 | μIŪ/mL | 0.27 - 5.5 | CLIA |
| | | | | |
| Interpretation: | | | | |
| | | 0.3-4.5 μIU/m | L First Trimeste | r |
| | | 0.5-4.6 μIU/m | L Second Trime | ster |
| | | 0.8-5.2 μIU/m | L Third Trimest | er |
| | | 0.5-8.9 μIU/m | nL Adults | 55-87 Years |
| | | 0.7-27 μIU/m | nL Premature | 28-36 Week |
| | | 2.3-13.2 μIU/m | L Cord Blood | > 37Week |
| | | 0.7-64 μIU/m | L Child(21 wk - | 20 Yrs.) |
| | | 1-39 μIU/ | | 0-4 Days |
| | | 1.7-9.1 μIU/n | | 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.



DR. RITU KALIA MD (PATHOLOGY)







Age/Gender

CHANDAN DIAGNOSTIC CENTRE

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Reported

: 02/Oct/2021 14:12:02

: N/A

: N/A

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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Registered On

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: NORMAL X-RAY



Dr. Amit Bhandari MBBS MD RADIOLOGY









Age/Gender

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Registered On

: N/A : 02/Oct/2021 10:18:46

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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

• The liver is enlarged and measures 162.6 mms. It shows diffuse increase in echogenicity. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein measured 10.0 mms. (Normal) at the porta.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct measured 3.0 mms. (Normal) at the porta.
- The gall bladder is normal in size and has regular walls measuring 2.0 mms. in thickness (normal) .Lumen of the gall bladder is anechoic.

PANCREAS

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

GREAT VESSELS

Great vessels are normal.

RIGHT KIDNEY

- The right kidney is normal in size, shape and cortical echotexture.
- The collecting system is normal and corticomedullary demarcation is clear.

LEFT KIDNEY

- The left kidney is normal in size, shape and cortical echotexture.
- The collecting system is normal and corticomedullary demarcation is clear.

SPLEEN

The spleen is normal in size and has a homogenous echotexture.

LYMPHNODES

• No pre-or-para aortic lymph node mass is seen.







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DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

URETERS

Both ureters are normal.

URINARY BLADDER

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

UTERUS & CERVIX

- The uterus is normal in size for age.
- It has a homogenous myometrial echotexture.
- The endometrial thickness is 4.8 mms.
- The cervix is enlarged and measures 42.9 x 32.4 mms.
- Nabothian cysts largest of which measures 4.0 x 3.6 mms are seen in cervix.

UTERINE ADNEXA

No mass is seen in adnexa.

CUL-DE-SAC

Pouch of Douglas is clear.

IMPRESSION

GRADE I DIFFUSE FATTY CHANGE OF LIVER WITH BULKY CERVIX WITH NABOTHIAN CYSTS CERVIX

ADV: FURTHER EVALUATION

*** End Of Report ***

(*) Test not done under NABL accredited Scope

Result/s to Follow:

ECG / EKG, TREAD MILL TEST, PAP SMEAR FOR CYTOLOGICAL EXAMINATION



MD (RADIOLOGIST)

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





