

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



Patient Name	: Mrs.BABITA DEVI	Registered On	: 29/Jun/2023 09:45:03
Age/Gender	: 31 Y 9 M 3 D /F	Collected	: 29/Jun/2023 09:53:27
UHID/MR NO	: IDCD.0000177494	Received	: 29/Jun/2023 14:47:17
Visit ID	: IDCD0137412324	Reported	: 29/Jun/2023 15:36:08
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) ** , Blo	od			
Blood Group	AB			
Rh (Anti-D)	POSITIVE			
Complete Blood Count (CBC) ** , Whole	Blood			
Haemoglobin	11.30	g/dl	1 Day- 14.5-22.5 g/dl	
		J	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	
		Service Start	Male- 13.5-17.5 g/dl	
			Female- 12.0-15.5 g/dl	
TLC (WBC)	6,900.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	52.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	39.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	26.00	Mm for 1st hr.		
Corrected	12.00	Mm for 1st hr.	< 20	
PCV (HCT)	34.00	%	40-54	
Platelet count				
Platelet Count	1.64	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.60	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	50.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.05	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE





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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
MCV	85.50	fl	80-100	CALCULATED PARAMETER
MCH	27.80	pg	28-35	CALCULATED PARAMETER
MCHC	32.60	%	30-38	CALCULATED PARAMETER
RDW-CV	14.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,588.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	276.00	/cu mm	40-440	

Dr. Anupam Singh (MBBS MD Pathology)

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Patient Name	: Mrs.BABITA DEVI	Registered On	: 29/Jun/2023 09:45:04
Age/Gender	: 31 Y 9 M 3 D /F	Collected	: 29/Jun/2023 12:58:10
UHID/MR NO	: IDCD.0000177494	Received	: 29/Jun/2023 14:37:39
Visit ID	: IDCD0137412324	Reported	: 29/Jun/2023 16:17:11
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	79.70	mg/dl	< 100 Normal 100-125 Pre-diabetes	GOD POD
			≥ 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.

Glucose PP Sample:Plasma After Meal	91.60	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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.

Dr. Shoaib Irfan (MBBS, MD, PDCC)

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Age/Gender	: 31 Y 9 M 3 D /F	Collected	: 29/Jun/2023 09:53:27
UHID/MR NO	: IDCD.0000177494	Received	: 29/Jun/2023 12:52:48
Visit ID	: IDCD0137412324	Reported	: 29/Jun/2023 14:34:04
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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) ** , ED	DTA BLOOD			
Glycosylated Haemoglobin (HbA1c) Glycosylated Haemoglobin (HbA1c) Estimated Average Glucose (eAG)	5.30 34.00 105	% NGSP mmol/mol/IFC(mg/dl	2	HPLC (NGSP)

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. **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.

<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

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

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.

Dr. Anupam Singh (MBBS MD Pathology)

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UHID/MR NO	: IDCD.0000177494	Received	: 29/Jun/2023 11:29:54
Visit ID	: IDCD0137412324	Reported	: 29/Jun/2023 13:07:51
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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	8.36	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.67	mg/dl	Serum 0.5-1.2 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample:Serum	3.63	mg/dl	2.5-6.0	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 Cholesterol (Total)	17.80 12.70 11.80 7.07 4.47 2.60 1.72 101.11 0.81 0.27 0.54	U/L U/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.4-5.4 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) HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol) VLDL Triglycerides	148.00 38.50 92 17.02 85.10	mg/dl mg/dl mg/dl mg/dl	 <200 Desirable 200-239 Borderline High > 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High 10-33 < 150 Normal 150-199 Borderline High 200-499 High > 500 Very High 	DIRECT ENZYMATIC CALCULATED I 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	

Dr. Shoaib Irfan (MBBS, MD, PDCC)

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Age/Gender	: 31 Y 9 M 3 D /F	Collected	: 29/Jun/2023 10:47:26
UHID/MR NO	: IDCD.0000177494	Received	: 29/Jun/2023 13:57:56
Visit ID	: IDCD0137412324	Reported	: 29/Jun/2023 15:31:44
Ref Doctor	: 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	PALE YELLOW			
Specific Gravity	1.020			
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
Suyai	ADJENT	yms 70	0.5-1.0 (++)	DIFSTICK
			1-2 (+++)	
			>2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT		and the second second	
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC
Cast	ABSENT			EXAIVIINATION
Crystals	ABSENT			MICROSCOPIC
Ci ystais	ADJENT			EXAMINATION
Others	ABSENT			
STOOL, ROUTINE EXAMINATION *	** , Stool			
Color	YELLOWISH			
Consistency	SEMI SOLID			
Reaction (PH)	Acidic (5.5)			
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			





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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
Ove	ADSENT			
Ova Cysts	ABSENT ABSENT			
Others	ABSENT			
SUGAR, FASTING STAGE ** , Urine				
Sugar, Fasting stage	ABSENT	, gms%		
Interpretation: (+) < 0.5 (++) 0.5-1.0 (+++) 1-2 (++++) > 2				

Dr. Anupam Singh (MBBS MD Pathology)

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Age/Gender	: 31 Y 9 M 3 D /F	Collected	: 29/Jun/2023 13:15:09
UHID/MR NO	: IDCD.0000177494	Received	: 29/Jun/2023 13:55:01
Visit ID	: IDCD0137412324	Reported	: 29/Jun/2023 15:28:45
Ref Doctor	: 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
SUGAR, PP STAGE * , Urine Sugar, PP Stage	ABSENT			
Interpretation: (+) < 0.5 gms% (++) 0.5-1.0 gms% (+++) 1-2 gms% (++++) > 2 gms%				

Dr. Shoaib Irfan (MBBS, MD, PDCC)

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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)	115.62	ng/dl	84.61–201.7	CLIA	
T4, Total (Thyroxine)	9.60	ug/dl	3.2-12.6	CLIA	
TSH (Thyroid Stimulating Hormone)	1.45	µlU/mL	0.27 - 5.5	CLIA	

Interpretation:

0.3-4.5	µIU/mL	First Trimester
0.5-4.6	µIU/mL	Second Trimester
0.8-5.2	µIU/mL	Third Trimester
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.

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 (MBBS MD Pathology)







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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

- 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 vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION: NORMAL SKIAGRAM

Dr. Anil Kumar Verma (MBBS,DMRD)

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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

- Liver is normal in size (~ approx 119 mm) and has a normal homogenous echo texture.
- No obvious focal lesion is seen. The intra-hepatic biliary radicles are normal.
- Portal vein is normal in caliber.

GALL BLADDER & CBD

- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic. No wall thickening or pericholecystic fluid noted.
- Visualised proximal common bile duct is normal in caliber.

PANCREAS

• The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

- Both the kidneys are normal in size and echotexture.
- Atleast 3 small concretions seen at all polar region of right kidney.
- A small concretion seen at lower polar region of left kidney.
- The collecting system of both the kidneys is normal and cortico-medullary demarcation is clear.

SPLEEN

• The spleen is normal in size and has a normal homogenous echo-texture.

LYMPH NODES

• No significant lymph node noted.

URINARY BLADDER

• Urinary bladder is partially distended. Bladder wall is normal in thickness and is regular.

UTERUS & CERVIX

- The uterus is anteverted and normal.
- It has a homogenous myometrial echotexture.
- The endometrial echo is in mid line.
- Cervix appear normal.



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Home Sample Collection 1800-419-0002



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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ADNEXA & OVARIES

- Adnexa appear normal.
- Both ovaries are normal in size and echotexture.

IMPRESSION

• BILATERAL RENAL SMALL CONCRETIONS AS DESCRIBED.

Report prepared by- anoop

Dr. Anil Kumar Verma

MB.B.S., DMRD

(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 sonographic correlation of clinical findings)

*** End Of Report *** (**) Test Performed at Chandan Speciality Lab. Result/s to Follow: ECG / EKG Dr. Anil Kumar Verma (MBBS,DMRD) 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, Sonomanmography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Manmography, 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 Page 14 of 14



