



# CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj, Faizabad  
Ph: 9235400973,  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.RENU	Registered On	: 11/Mar/2023 09:02:52
Age/Gender	: 28 Y 6 M 3 D /F	Collected	: 11/Mar/2023 09:33:18
UHID/MR NO	: CHFD.0000235440	Received	: 11/Mar/2023 09:48:32
Visit ID	: CHFD0600672223	Reported	: 11/Mar/2023 14:01:42
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
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	O
Rh ( Anti-D)	POSITIVE

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

Haemoglobin	9.50	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	
TLC (WBC)	5,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	77.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	21.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	28.00	Mm for 1st hr.		
Corrected	14.00	Mm for 1st hr.	< 20	
PCV (HCT)	30.80	%	40-54	
Platelet count				
Platelet Count	1.18	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	65.40	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.14	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	15.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<u>RBC Count</u>				
RBC Count	3.56	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE





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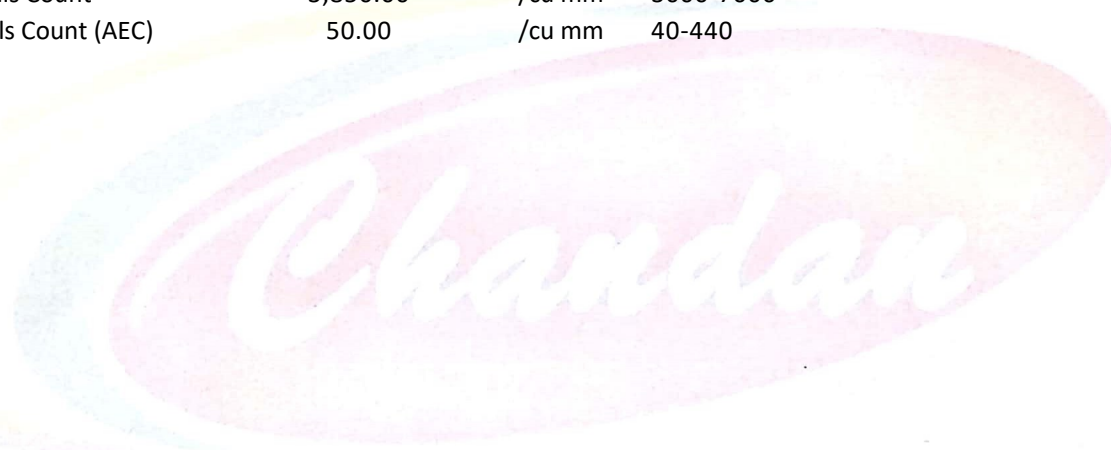


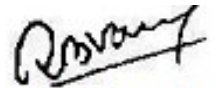
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### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	86.40	fl	80-100	CALCULATED PARAMETER
MCH	26.70	pg	28-35	CALCULATED PARAMETER
MCHC	30.90	%	30-38	CALCULATED PARAMETER
RDW-CV	16.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	54.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,850.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	50.00	/cu mm	40-440	



  
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Age/Gender	: 28 Y 6 M 3 D /F	Collected	: 11/Mar/2023 13:11:36
UHID/MR NO	: CHFD.0000235440	Received	: 11/Mar/2023 13:22:49
Visit ID	: CHFD0600672223	Reported	: 11/Mar/2023 13:39:26
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
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#### GLUCOSE FASTING , Plasma

Glucose Fasting	93.10	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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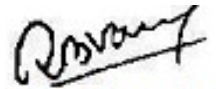
#### Interpretation:

- 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP Sample: Plasma After Meal	151.69	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 diabetes in future, which is why an Annual Health Check up is essential.
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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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#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.70	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	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 management.

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 1diabetics. 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







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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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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## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) <i>Sample: Serum</i>	6.63	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample: Serum</i>	0.66	mg/dl	Serum 0.5-1.5 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid <i>Sample: Serum</i>	3.75	mg/dl	2.5-6.0	URICASE
<b>LFT (WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	15.79	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	9.86	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	12.33	IU/L	11-50	OPTIMIZED SZAZING
Protein	5.90	gm/dl	6.2-8.0	BIRUET
Albumin	4.42	gm/dl	3.8-5.4	B.C.G.
Globulin	1.48	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.99		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	63.31	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.12	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.46	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.66	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) * , Serum</b>				
Cholesterol (Total)	151.21	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	40.29	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	97	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	14.13	mg/dl	10-33	CALCULATED
Triglycerides	70.66	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High	GPO-PAP





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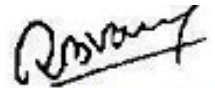
## DEPARTMENT OF BIOCHEMISTRY

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>500 Very High



  
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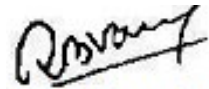
## DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 5.0 )			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			
Microscopic Examination:				
Epithelial cells	ABSENT			MICROSCOPIC EXAMINATION
Pus cells	2-3/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	FAIR NO OF SQUAMOUS EPITHELIAL CELLS			

  
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## DEPARTMENT OF CLINICAL PATHOLOGY

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

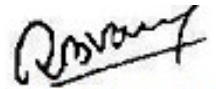
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#### SUGAR, FASTING STAGE\* , Urine

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

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

  
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## DEPARTMENT OF CLINICAL PATHOLOGY

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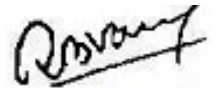
SUGAR, PP STAGE\* , Urine

Sugar, PP Stage ABSENT

#### Interpretation:

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



  
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## DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL \*\* , Serum

T3, Total (tri-iodothyronine)	115.25	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.45	μIU/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.

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## 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

- 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 :

- **NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.**

*Adv: clinico-pathological correlation and further evaluation.*

Dr Mohd. Akbar Khan(MD Radiologist)







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## DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

### WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

#### LIVER

- The liver is normal in size 10.31cm in longitudinal span and has a normal homogenous echotexture. No focal lesion is seen.

#### PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- The portal vein is not dilated.
- Porta hepatis is normal.

#### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct is not dilated.
- The gall bladder is normal in size. GB Wall thickness is normal.

#### PANCREAS

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

#### GREAT VESSELS

- Great vessels are normal.

#### KIDNEYS

- Both the kidneys are normal in size and cortical echotexture.
- 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 pre- or para - aortic lymph node mass is seen.

#### RETROPERITONEUM

- Retroperitoneum is free.

#### ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or mass.





# CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj, Faizabad  
Ph: 9235400973,  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.RENU	Registered On	: 11/Mar/2023 09:02:53
Age/Gender	: 28 Y 6 M 3 D /F	Collected	: N/A
UHID/MR NO	: CHFD.0000235440	Received	: N/A
Visit ID	: CHFD0600672223	Reported	: 11/Mar/2023 10:35:26
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

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

- No free fluid is noted in peritoneal cavity.

#### URETERS

- The upper parts of both the ureters are normal.
- The vesico - ureteric junctions are normal.

#### URINARY BLADDER

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

#### UTERUS

- The uterus is anteverted and normal in size.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline.
- Cervix is normal.

#### ADNEXA & OVARIES

- Bilateral Adnexa and ovaries are normal.

#### FINAL IMPRESSION:-

- No significant abnormality is seen in present study.

**Adv: Clinico-pathological correlation and follow-up.**

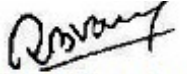
\*\*\* End Of Report \*\*\*

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG



  
Dr. R. B. Varshney  
Ultrasonologist

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 Conduction 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

Page 14 of 14



Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection  
1800-419-0002

Mar. 2018



**Re: Health Check up Booking Confirmed Request(bobS24461),Package Code-  
PKG10000239, Beneficiary Code-12652**

anurag sri &lt;anurag.idc@gmail.com&gt;

To: Mediwheel &lt;wellness@mediwheel.in&gt;, cdc faizabad1 &lt;cdcfaizabad1@gmail.com&gt;

Cc: mediwheelwellness@gmail.com

2 March 2023 at 10:06

confirmed

pack code 2613

On Tue, Feb 28, 2023 at 11:53 AM Mediwheel &lt;wellness@mediwheel.in&gt; wrote:

**Mediwheel**  
...Your wellness partner**011-41195959**

Email:wellness@mediwheel.in

Hi **Chandan Diagnostic Centre,**Diagnostic/Hospital Location :**Mukut Complex,Rekabganj, City:Faizabad**

We have received the confirmation for the following booking .

**Beneficiary Name** : PKG10000239**Beneficiary Name** : RENU**Member Age** : 28**Member Gender** : Female**Member Relation** : Spouse

Renu

**Package Name** : Full Body Health Checkup Female Below 40**Location** : BARIYAWAN,Uttar Pradesh-224210**Contact Details** : 9670886267**Booking Date** : 04-01-2023**Appointment Date** : 11-03-2023**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

We request you to facilitate the employee on priority.





4102 5385 4190

Address:  
W/O: Devendra Kumar, 165,  
Kisundaspur No.1 Or  
Kisundasp, Azamgarh,  
Uttar Pradesh - 276208

पता:  
अश्विनी: देवेंद्र कुमार, 165,  
किसुन्दरपुर नं. १ और किसुन्दरपुर,  
आजमगढ़,  
उत्तर प्रदेश - 276208

Unique Identification Authority of India

भारतीय विश्वैक पहचान प्राधिकरण



भारत सरकार

Government of India



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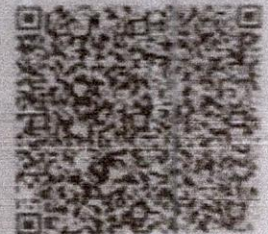


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जन्म तिथि/ DOB: 06/09/1994

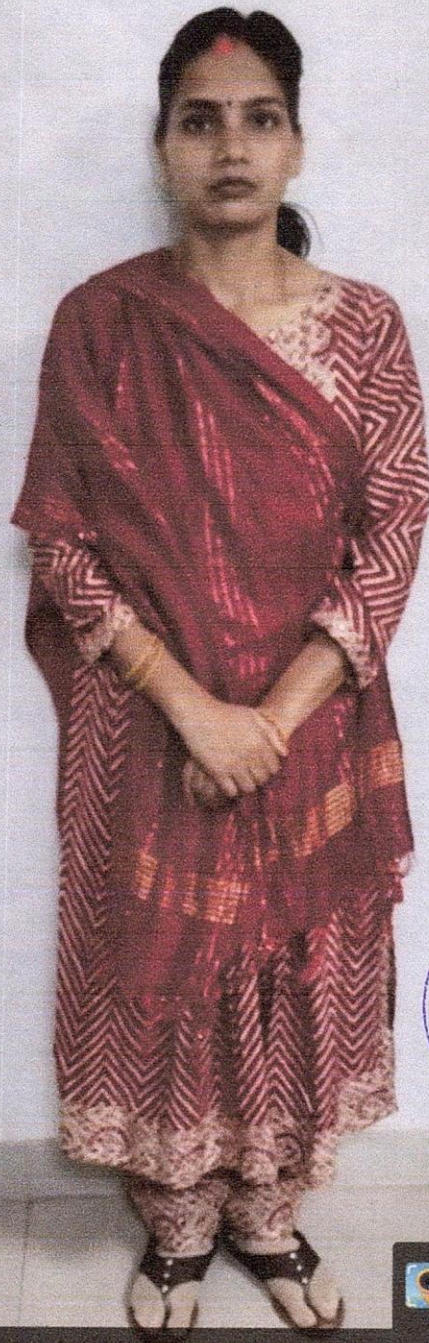
महिला / FEMALE



4102 5385 4190


मेरा आधार, मेरी पहचान





Renu



 **GPS Map Camera**

**Faizabad, Uttar Pradesh, India**

Mukut Complex Near Distt. Hospital Rakabganj,  
Lajpat Nagar, Faizabad, Uttar Pradesh 224001, India

Lat 26.778817°

Long 82.138806°

11/03/23 08:36 AM GMT +05:30

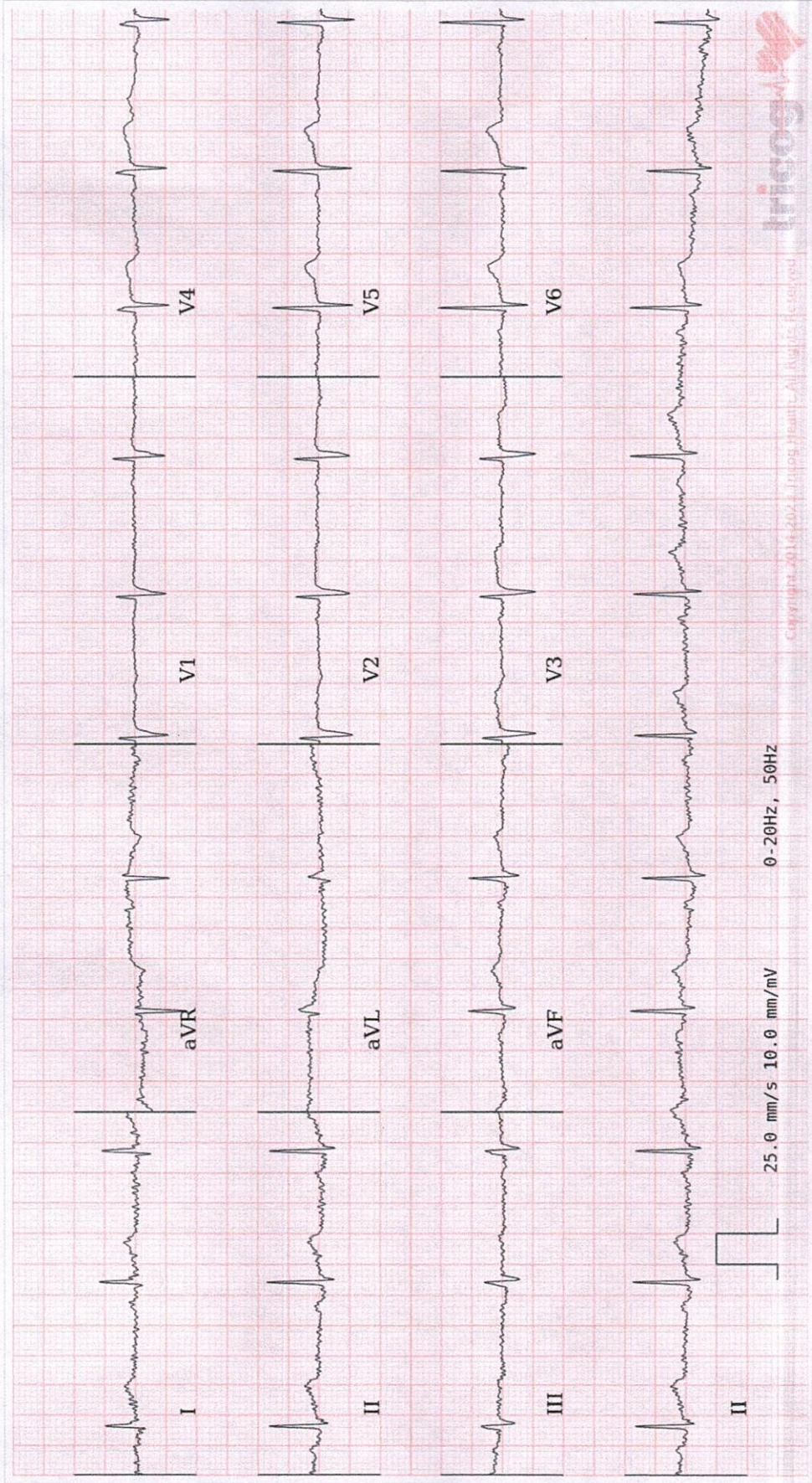






**Chandan Diagnostic**

Age / Gender: 28/Female Date and Time: 11th Mar 23 9:48 AM  
Patient ID: CHF0600672223  
Patient Name: Mrs.RENU



AR: 65bpm VR: 65bpm QRS: 74ms QT: 382ms QTc: 397ms PRI: 178ms P-R-T: 54° 50° 52°

**s Rhythm, Non-specific ST/T Wave Changes. Please correlate clinically.**

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology  
6382

REPORTED BY

Dr. Dinesh Gupta

Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

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