



Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



Patient Name : Mr. TAUHEED SHAHNAWAZ-MEDIWHEEL Registered On : 23/Oct/2021 09:01:14 Age/Gender Collected : 30 Y 0 M 0 D /M : 23/Oct/2021 11:04:02 UHID/MR NO : CVAR.0000023049 Received : 23/Oct/2021 11:50:43 Visit ID : CVAR0071722122 Reported : 23/Oct/2021 16:21:58

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) \*, Blood

Blood Group A
Rh ( Anti-D) POSITIVE

## **COMPLETE BLOOD COUNT (CBC) \***, Blood

Haemoglobin	15.40	mg/dl	Male-13.5-17.5 mg/d Female-12.0- 15.5mg/dl	
TLC (WBC)	5,600	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC	3,000	/ cu mm	4000 10000	ELECTRONIC IVII EDANCE
Polymorphs (Neutrophils )	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	36.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR	0.00	/6		LLECTRONIC INFLUANCE
	10.00	Mm for 1st hr		
Observed	10.00 6.00	Mm for 1st hr		
Corrected				
PCV (HCT) Platelet count	43.40	cc %	40-54	
Platelet Count	1.50	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.70	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.93	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	88.10	fl	80-100	CALCULATED PARAMETER
MCH	31.20	pg	28-35	CALCULATED PARAMETER
MCHC	35.40	%	30-38	CALCULATED PARAMETER
RDW-CV	12.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	40.90	, fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,360.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	112.00	/cu mm	40-440	









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## **DEPARTMENT OF HAEMATOLOGY**

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

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





S.N. Sinta Dr.S.N. Sinha (MD Path)











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#### **DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	l Method
Glucose Fasting Sample:Plasma	99.40 r	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	110.00	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)	4.80	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	24.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	96	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.



Home Sample Collection 1800-419-0002

## CHANDAN DIAGNOSTIC CENTRE



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Test Name	Result	Unit	Bio. Ref. Interval	Method
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Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	<b>Degree of Glucose Control Unit</b>
> 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

<sup>\*</sup>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) \*** 

10.90

mg/dL

7.0-23.0

**CALCULATED** 





<sup>\*\*</sup>Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

<sup>\*</sup>Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

<sup>\*</sup>With optimal control, the HbA 1c moves toward normal levels.

<sup>\*</sup>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

<sup>\*</sup>Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

<sup>\*</sup>Pregnancy d. chronic renal failure. Interfering Factors:

<sup>\*</sup>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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Status

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Test Name	Result	Uni	it Bio. Ref. Interva	al Method
Sample:Serum				
Creatinine Sample:Serum	0.90	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	104.00	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	7.00	mg/dl	3.4-7.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	40.90	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	80.70	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	54.90	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.10	gm/dl	6.2-8.0	BIRUET
Albumin	4.10	gm/dl	3.8-5.4	B.C.G.
Globulin	3.00	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.37		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	212.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.60	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.40	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE ( MINI ) * , Serum				
Cholesterol (Total)	219.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	48.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	141	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	30.22	mg/dl	10-33	CALCULATED
Triglycerides	151.10	mg/dl	< 150 Normal 150-199 Borderline High	
			200-499 High	S.N. Sinla
			>500 Very High	Dr.S.N. Sinha (MD Path









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: 23/Oct/2021 16:55:44 : 23/Oct/2021 17:02:38

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Status

: 23/Oct/2021 17:05:42

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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

#### **URINE EXAMINATION. ROUTINE \*** . Urine

URINE EXAMINATION, ROUTINE *	<b>,</b> Urine			
Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+)	DIPSTICK
			40-200 (++)	
			200-500 (+++) > 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	J 197 X 1		DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells ·	0-1/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC
				<b>EXAMINATION</b>
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				

Sugar, Fasting stage	ABSENT	gms%

## **Interpretation:**

(+)< 0.5

(++)0.5 - 1.0

(+++) 1-2

(++++) > 2









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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

**SUGAR, PP STAGE \* , Urine** 

Sugar, PP Stage

**ABSENT** 

## **Interpretation:**

(+)< 0.5 gms%

(++)0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%



S.N. Sinta

Dr.S.N. Sinha (MD Path)









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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)	99.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.45	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	5.00	μIU/mL	0.27 - 5.5	CLIA
Interpretation:		,		
		0.3-4.5 μIU/1	mL First Trimest	ter
		0.5-4.6 μIU/1	mL Second Trim	ester
		0.8-5.2 μIU/1	mL Third Trimes	ster
		0.5-8.9 μIU/1	mL Adults	55-87 Years
		0.7-27 μIU/1	mL Premature	28-36 Week
		2.3-13.2 μIU/1	mL Cord Blood	> 37Week
		0.7-64 μIU/ı		- 20 Yrs.)
		1-39 µIU	J/mL Child	0-4 Days
		1.7-9.1 μIU/1		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.



C.N. Sinta

Dr.S.N. Sinha (MD Path)









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Collected Age/Gender : 30 Y 0 M 0 D /M : N/A UHID/MR NO : CVAR.0000023049 Received : N/A

Visit ID : CVAR0071722122 Reported : 23/Oct/2021 11:35:45

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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 Raveesh Chandra Roy (MD-Radio)





## CHANDAN DIAGNOSTIC CENTRE



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## **DEPARTMENT OF ULTRASOUND**

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

## **ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \***

- The liver measures 14.7 cm in mid clavicular line. Mild diffuse increase in liver echogenecity seen. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- Gall bladder is well distended and is normal.
- Portal vein measures 9.6 mm in caliber. CBD measures 3.8 mm in caliber.
- Pancreas is normal in size, shape and echogenecity.
- Spleen is normal in size (10.8 cm in its long axis), shape and echogenecity.
- Right kidney measures : 10.3 x 4.0 cm. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.
- Left kidney measures: 10.8 x 4.7 cm. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated.
- Urinary bladder is normal in shape, outline and distension. Lumen is anechoic and no wall thickening seen. Prevoid urine volume 117 cc.
- The prostate is normal in size (27 x 26 x 25 mm/10gms), shape and echopattern.
- No free fluid is seen in the abdomen/pelvis.

## **IMPRESSION:**

- Mild grade fatty liver.
- Rest of the abdominal organs are normal.

# Please correlate clinically

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



NE EXAMINATION, ECG / EKG

Dr Raveesh Chandra Roy (MD-Radio)

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

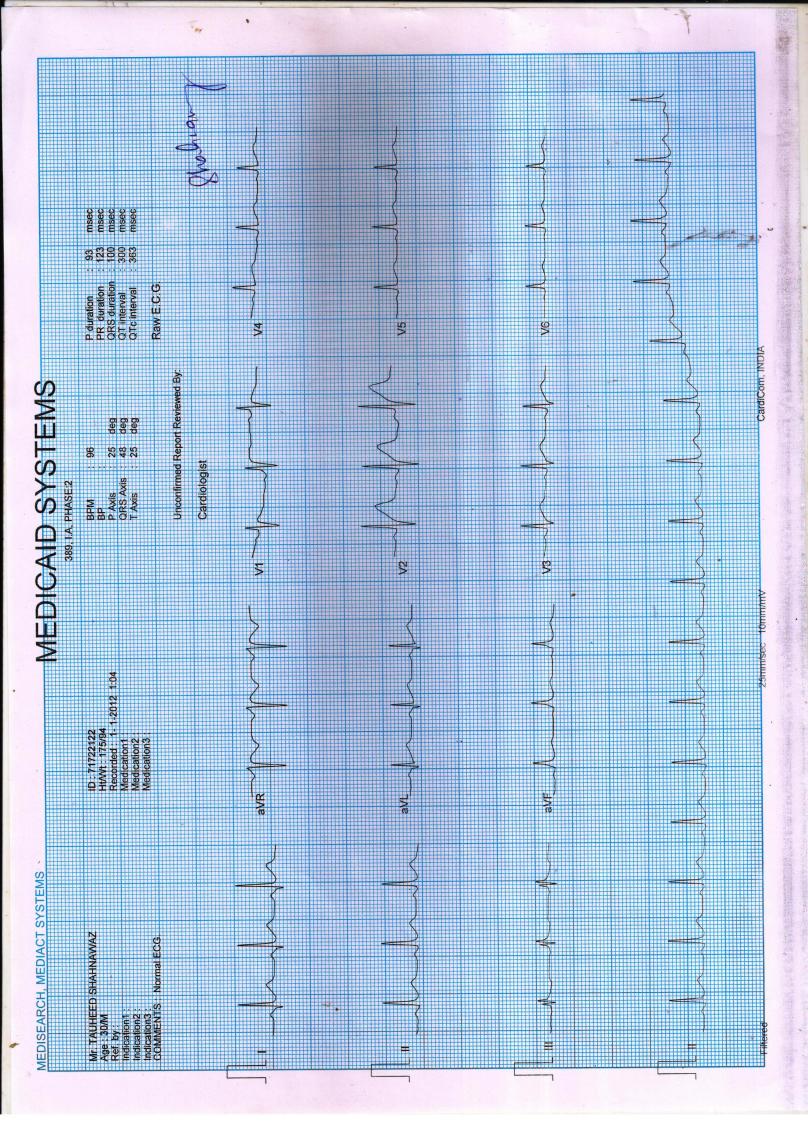
Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, 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











P- 93, Shivaji Nagar Colony, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India

Latitude

25.305413°

LOCAL 10:53 AM GMT 05:23 AM Longitude

82.979123°

SATURDAY 10.23.2021 ALTITUDE 58 FEET