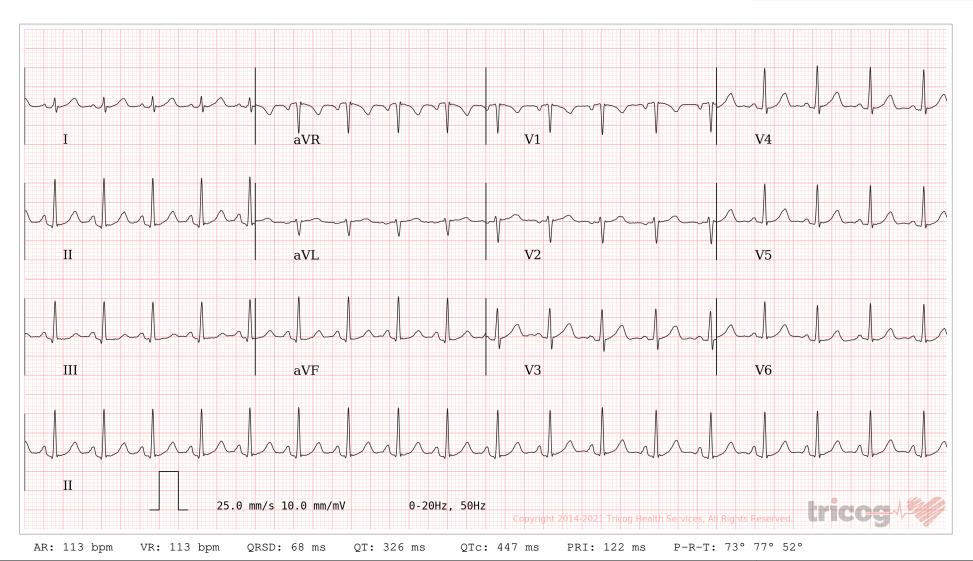
Chandan Diagnostic Centre, Varanasi



Age / Gender: 25/Female Date and Time: 30th Jul 21 11:53 AM

Patient ID: CVAR0046822122

Patient Name: Miss.SHRADHA AGRAWAL-PKG10000239



ECG Within Normal Limits: Sinus Tachycardia. Please correlate clinically.

AUTHORIZED BY

REPORTED BY



N. 😂

Dr. Charit MD, DM: Cardiology

63382

Dr. Divya N

95602

Disclaimer: 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.





Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-2223232

CIN: U85110DL2003PLC308206



: 30/Jul/2021 11:14:06 Patient Name : Miss.SHRADHA AGRAWAL-PKG10000239 Registered On Age/Gender : 25 Y 0 M 0 D /F Collected : 30/Jul/2021 11:53:50 UHID/MR NO : CVAR.0000020660 : 30/Jul/2021 11:55:08 Received Visit ID : CVAR0046822122 Reported : 30/Jul/2021 12:27:20

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	А			
Rh (Anti-D)	POSITIVE			
COMPLETE BLOOD COUNT (CBC) * , Blood				
Haemoglobin	14.20	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	7,100	/Cu mm	4000-10000	ELECTRONIC
				IMPEDANCE
DLC				
Polymorphs (Neutrophils)	65.00	%	55-70	ELECTRONIC
				IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC
				IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC
				IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC
Basophils	0.00	%	< 1	IMPEDANCE ELECTRONIC
Basophilis	0.00	70	< 1	IMPEDANCE
ESR				IIVII EDANGE
Observed	20.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.		
PCV (HCT)	43.60	cc %	40-54	
Platelet count				
Platelet Count	2.41	LACS/cu mm	1 5-4 0	ELECTRONIC
ratelet count	2.71	2,103,00 111111	1.5 4.0	IMPEDANCE
PDW (Platelet Distribution width)	16.00	fL	9-17	ELECTRONIC
,				IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC
				IMPEDANCE
PCT (Platelet Hematocrit)	0.28	%	0.108-0.282	ELECTRONIC
				IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC
				IMPEDANCE
RBC Count				
RBC Count	4.71	Mill./cu mm	3.7-5.0	ELECTRONIC
				IMPEDANCE









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Patient Name : 30/Jul/2021 11:14:06 : Miss.SHRADHA AGRAWAL-PKG10000239 Registered On Age/Gender : 25 Y 0 M 0 D /F Collected : 30/Jul/2021 11:53:50 UHID/MR NO : CVAR.0000020660 Received : 30/Jul/2021 11:55:08 Visit ID : CVAR0046822122 Reported : 30/Jul/2021 12:27:20 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. : Final Report Status

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	92.70	fl	80-100	CALCULATED PARAMETER
MCH	30.30	pg	28-35	CALCULATED PARAMETER
MCHC	32.70	, %	30-38	CALCULATED PARAMETER
RDW-CV	14.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	49.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count Absolute Eosinophils Count (AEC)	4,615.00 142.00	/cu mm /cu mm	3000-7000 40-440	



S.N. Sinha (MD Path)









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-2223232

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Patient Name : Miss.SHRADHA AGRAWAL-PKG10000239 : 30/Jul/2021 11:14:06 Registered On Age/Gender : 25 Y 0 M 0 D /F Collected : 30/Jul/2021 11:53:49 UHID/MR NO : CVAR.0000020660 Received : 30/Jul/2021 11:55:08 Visit ID : CVAR0046822122 Reported : 30/Jul/2021 14:41:55

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 Sample:Plasma	84.60 m	100-12	Normal GC 25 Pre-diabetes Diabetes	DD 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	125.00	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)	5.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	32.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	101	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



Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-2223232

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Patient Name : Miss.SHRADHA AGRAWAL-PKG10000239 : 30/Jul/2021 11:14:06 Registered On Age/Gender : 25 Y 0 M 0 D /F Collected : 30/Jul/2021 11:53:49 UHID/MR NO : CVAR.0000020660 Received : 30/Jul/2021 11:55:08 Visit ID : CVAR0046822122 Reported : 30/Jul/2021 14:41:55 : Final Report Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

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) *

7.30

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 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.





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Un	it Bio. Ref. Interv	al Method
Sample:Serum				
Creatinine Sample:Serum	0.80	mg/dl	0.5-1.2	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	4.50	mg/dl	2.5-6.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	32.20	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	25.70	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	18.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.70	gm/dl	6.2-8.0	BIRUET
Albumin	4.00	gm/dl	3.8-5.4	B.C.G.
Globulin	2.70	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.48		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	71.50	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.50	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	154.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	36.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	96	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	21.98	mg/dl	10-33	CALCULATED
Triglycerides	109.90	mg/dl	< 150 Normal	GPO-PAP
			150-199 Borderline High 200-499 High	S.N. Sinta
350055747 4784-891414			>500 Very High	Dr.S.N. Sinha (MD Path)









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



: 30/Jul/2021 11:14:06 Patient Name : Miss.SHRADHA AGRAWAL-PKG10000239 Registered On Age/Gender : 25 Y 0 M 0 D /F Collected : 30/Jul/2021 14:44:25 UHID/MR NO : CVAR.0000020660 : 30/Jul/2021 14:44:40 Received Visit ID : CVAR0046822122 Reported : 30/Jul/2021 14:45:21

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

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

URINE EXAMINATION, ROUTINE * , Urine Color	Test Name	Result	Unit	Bio. Ref. Interval	Method
Color					
Specific Gravity	URINE EXAMINATION, ROUTINE *	, Urine			
Reaction PH	Color	LIGHT YELLOW			
Protein	Specific Gravity	1.030			
10-40 (+)	Reaction PH	Acidic (6.0)			DIPSTICK
August	Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
Sugar					
Sugar					
Sugar ABSENT BILE PIGNORM KETONE BILE SAITS BILE PIGNORM BILE SAITS BILE PIGNORM MICROSCOPIC EXAMINATION PUS cellS COST CAST CRYSTAIS CRYSTAIS CORS ABSENT BROWNISH CONSISTENCY BROWNISH BROWNISH CONSISTENCY BROWNISH CONSISTENCY BROWNISH					
Ketone ABSENT Bile Salts ABSENT Urobilinogen(1:20 dilution) ABSENT Epithelial cells 2-3/h.p.f MICROSCOPIC EXAMINATION RBCs ABSENT Crystals ABSENT Crystals ABSENT Crystals ABSENT Color BROWNISH Consistency SEMI SOLID Reaction (PH) Basic (8.0) Mucus ABSENT WICH ABSENT O.5-1.0 (++) 1-2 (++++) 2 (++++) 2 (++++) 2 (++++) 2 (++++) 2 (++++) 2 (++++) 2 (+++++) 2 (++++++++++++++++++++++++++++++++++++					
Ketone Bile Salts ABSENT Bile Pigments Urobilinogen(1:20 dilution) Microscopic Examination: Epithelial cells Pus cells O-2/h.p.f ABSENT MicROSCOPIC EXAMINATION RBCs ABSENT MicROSCOPIC EXAMINATION RBCs ABSENT MicROSCOPIC EXAMINATION Cast ABSENT Crystals ABSENT Crystals ABSENT STOOL, ROUTINE EXAMINATION * , stool Consistency Reaction (PH) Basic (8.0) Mucus ABSENT Blood ABSENT MICROSCOPIC EXAMINATION MICROSCOPIC EXAMINATION MICROSCOPIC EXAMINATION MICROSCOPIC EXAMINATION BROWNISH Consistency SEMI SOLID Reaction (PH) Basic (8.0) Mucus ABSENT Blood ABSENT Worm ABSENT	Sugar	ABSENT	gms%		DIPSTICK
Ketone ABSENT 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 0-2/h.p.f MICROSCOPIC EXAMINATION RBCs ABSENT MICROSCOPIC EXAMINATION Cast ABSENT MICROSCOPIC EXAMINATION Crystals ABSENT MICROSCOPIC EXAMINATION Others ABSENT STOOL, ROUTINE EXAMINATION*, Stool Color BROWNISH Consistency SEMI SOLID Reaction (PH) Basic (8.0) Mucus ABSENT Blood ABSENT Blood ABSENT Blood ABSENT Worm					
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Bile Pigments Urobilinogen(1:20 dilution) Microscopic Examination: Epithelial cells 2-3/h.p.f MICROSCOPIC EXAMINATION Pus cells 0-2/h.p.f MICROSCOPIC EXAMINATION RBCs ABSENT MICROSCOPIC EXAMINATION MICROSCOPIC EXAMINATION MICROSCOPIC EXAMINATION MICROSCOPIC EXAMINATION Cast ABSENT Crystals ABSENT MICROSCOPIC EXAMINATION Others ABSENT STOOL, ROUTINE EXAMINATION*, Stool Color BROWNISH Consistency SEMI SOLID Reaction (PH) Basic (8.0) Mucus ABSENT Blood ABSENT Worm ABSENT					DI STICK
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RBCs ABSENT MICROSCOPIC EXAMINATION Cast ABSENT MICROSCOPIC EXAMINATION Crystals ABSENT MICROSCOPIC EXAMINATION Others ABSENT STOOL, ROUTINE EXAMINATION *, Stool Color BROWNISH Consistency SEMI SOLID Reaction (PH) Basic (8.0) Mucus ABSENT Blood ABSENT Worm ABSENT	. 45 55.15	o =/p			
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STOOL, ROUTINE EXAMINATION * , Stool Color BROWNISH Consistency SEMI SOLID Reaction (PH) Basic (8.0) Mucus ABSENT Blood ABSENT Worm ABSENT					EXAMINATION
Color BROWNISH Consistency SEMI SOLID Reaction (PH) Basic (8.0) Mucus ABSENT Blood ABSENT Worm ABSENT	Others	ABSENT			
Consistency SEMI SOLID Reaction (PH) Basic (8.0) Mucus ABSENT Blood ABSENT Worm ABSENT	STOOL, ROUTINE EXAMINATION *	, Stool			
Consistency SEMI SOLID Reaction (PH) Basic (8.0) Mucus ABSENT Blood ABSENT Worm ABSENT	Color	BROWNISH			
Reaction (PH) Mucus Blood ABSENT Blood ABSENT Worm ABSENT					
Mucus ABSENT Blood ABSENT Worm ABSENT					
Blood ABSENT Worm ABSENT					
Worm ABSENT					
1 40 0010 ± 2/11/pii	Pus cells	1-2/h.p.f			







Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



: 30/Jul/2021 11:14:06 Patient Name : Miss.SHRADHA AGRAWAL-PKG10000239 Registered On Age/Gender : 25 Y 0 M 0 D /F Collected : 30/Jul/2021 14:44:25 UHID/MR NO : CVAR.0000020660 : 30/Jul/2021 14:44:40 Received Visit ID : CVAR0046822122 Reported : 30/Jul/2021 14:45:21

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

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			
CUCAR FACTING STACE *				
SUGAR, FASTING STAGE $*$, υ	rine			

ABSENT Sugar, Fasting stage 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%



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









Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-2223232

CIN: U85110DL2003PLC308206



Patient Name : Miss.SHRADHA AGRAWAL-PKG10000239 : 30/Jul/2021 11:14:06 Registered On Age/Gender : 25 Y 0 M 0 D /F Collected : 30/Jul/2021 11:53:49 UHID/MR NO : CVAR.0000020660 Received : 30/Jul/2021 14:54:53 Visit ID : CVAR0046822122 Reported : 30/Jul/2021 14:56:20 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. In	terval Method
THYROID PROFILE - TOTAL * , Serum				
T3, Total (tri-iodothyronine)	104.00	ng/dl	84.61–201	.7 CLIA
T4, Total (Thyroxine)	8.80	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.35	μIU/ml	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μ	IU/mL First 7	Trimester
		and the second s	IU/mL Adults	21-54 Years
		•		d Trimester
			IU/mL Adults	
		0.7-64 µ]		21 wk - 20 Yrs.)
		0.7-27 μ	IU/mL Prema	ture 28-36 Week
		0.8-5.2 µ	IU/mL Third	Trimester
		1-39 μ	IU/mL Child	0-4 Days
		1.7-9.1 μ	IU/mL Child	2-20 Week
		2.3-13.2 µl	IU/mL Cord I	Blood > 37Week

- 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.



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







Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-2223232 CIN: U85110DL2003PLC308206



Patient Name : Miss.SHRADHA AGRAWAL-PKG10000239 : 30/Jul/2021 11:14:07 Registered On

Age/Gender : 25 Y 0 M 0 D /F Collected : N/A UHID/MR NO : CVAR.0000020660 Received : N/A

Visit ID : 30/Jul/2021 13:01:25 : CVAR0046822122 Reported

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

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

*** End Of Report ***

Result/s to Follow:

ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



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 * 365 Days Open *Facilities Available at Select Location









Name of Company: Medi wheel

Name of Executive: Smadha Agrawal

Date of Birth: 10/05 1996

Sex: Female

Height: 150

Weight: 60

BMI (Body Mass Index): 23. 4

Chest (Expiration / Inspiration) 39, 91

Abdomen: 74

Blood Pressure: 120170.

Pulse: 76

RR:

Ident Mark: cut nous con head

randan

Any Allergies: NO

Vertigo: NO

Any Medications: NO

Any Surgical History: NO

Habits of alcoholism/smoking/tobacco:

Chief Complaints if any: NO

Lab Investigation Reports: Reports & H.

Eye Check up vision & Color vision: No mal

Normal Left eye:

Right eye: permal

worned Near vision:







Far vision: wow and

ENT consultation:

Dental Checkup: nowowl

Eye Checkup: Nerval

Final impression-

Certified that I examined Shreched A grand S/o or D/o S/o or D/o S/o or D/o sis presently in good health and free from any cardio-respiratory/communicable ailment, he/she is Fit / Unfit to join any organization.

Client Signature

Red.

Signature of Medical Examiner

Name & Qualification Dr R C Ray, MAGI MD

Date 3 10414 Place VARANASI

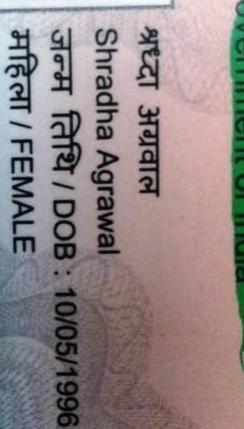


Issue Date: 18/06/2014





भारत सरकार









त्रेत आधार, मेरी पह



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

Latitude

25.305417°

LOCAL 11:54:49 GMT 06:24:49 Longitude

82.979135°

FRIDAY 07.30.2021 ALTITUDE 20 METER