

Chandan healthcare <chandanhealthcare26@gmail.com>

# Fwd: Health Check up Booking Re Schedule Request(bobE14493), Package Code-PKG10000239, Beneficiary Code-21818

1 message

anurag sri <anurag.idc@gmail.com>

To: Chandan healthcare <chandanhealthcare26@gmail.com>

Thu, Aug 11, 2022 at 5:19 PM

Forwarded message

From: Mediwheel <customercare@policywheel.com>

Date: Thu, Aug 11, 2022 at 4:46 PM

Subject: Health Check up Booking Re Schedule Request(bobE14493), Package Code-PKG10000239, Beneficiary Code-21818

To: anurag.idc@gmail.com <anurag.idc@gmail.com>

Cc: Mediwheel CC <customercare@mediwheel.in>, Mediwheel CC <mediwheelwellness@gmail.com>



011-41195959 Email:wellness@mediwheel.in

Dear Chandan Healthcare Limited,

Diagnostic/Hospital Location :B1/2 Sec-J, Aliganj, Lucknow, City: Lucknow

We regret to state that following request for Health check up appointment has been Re Scheduled by you. Please let us know if request had not been Re Schedule from your end. We will ask the user to make a fresh request for the same.

**Booking Code** 

: bobE14493

Appointment Date : 14-08-2022

Appointment Time: 9:30am-12:30pm

**Beneficiary Name** 

: MS. VERMA NOOPUR

Member Age

Member Relation

: Employee

Member Gender

: Female

Address of

Diagnostic/Hospital B1/2 Sec-J, Aliganj, Lucknow

City

: Lucknow

State

: Uttar Pradesh

Pincode

**Contact Details** 

: 226024

: 9918101664

Email

: anurag.idc@gmail.com

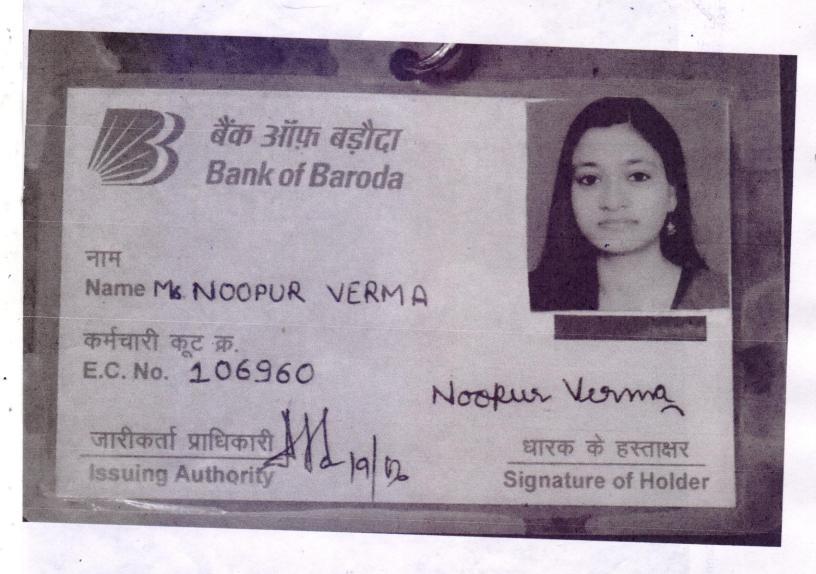
Please login to your account to confirm the same. Also you mail us for confirmation.

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Good Day

Please find the attachment

Thanks & Regards : -



## Indra Diagnostic Centre aliganj, Lucknow



Age / Gender:

33/Female

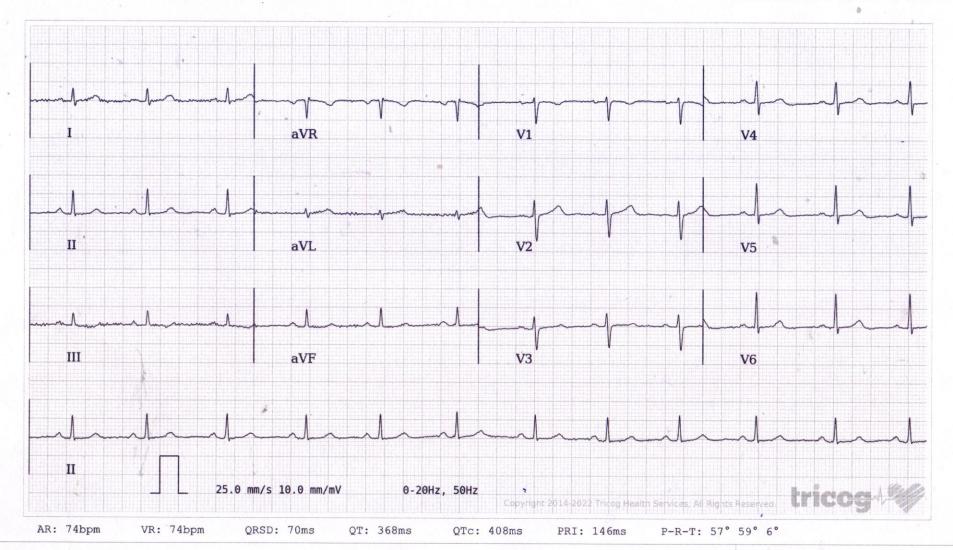
Date and Time: 14th Aug 22 11:23 AM

Patient ID:

CALI0050922223

Patient Name:

Mrs. VERMA NOOPUR



ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

**AUTHORIZED BY** 

Dr. Charit MD, DM: Cardiology

63382

72392

REPORTED BY

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.



Since 1991

## INDRA DIAGNOSTIC CENTRE

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj

Ph: 9235432681,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.VERMA NOOPUR Registered On : 14/Aug/2022 09:43:55 Age/Gender : 33 Y 0 M 0 D /F Collected : 14/Aug/2022 10:00:02 UHID/MR NO : CALI.0000036294 Received : 14/Aug/2022 11:57:56 Visit ID : CALI0050922223 Reported : 14/Aug/2022 14:53:41

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** 

О

Rh (Anti-D)

**POSITIVE** 

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

Haemoglobin 9.60 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)	5,100.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	68.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	24.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	28.00	Mm for 1st hr.		
Corrected	12.00	Mm for 1st hr.	< 20	
PCV (HCT)	27.00	cc %	40-54	
Platelet count				
Platelet Count	2.20	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)	48.60	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.24	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	3.32	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE





SIN No:52903498





 $\label{eq:Add:B1/2} Add: B\ 1/2, Sector\ J, Near\ Sangam\ Chauraha, Lda\ Stadium\ Road, Aliganj\ Ph:\ 9235432681,$ 

CIN: U85110DL2003PLC308206



Patient Name : Mrs.VERMA NOOPUR Registered On : 14/Aug/2022 09:43:55 Age/Gender : 33 Y 0 M 0 D /F Collected : 14/Aug/2022 10:00:02 UHID/MR NO : CALI.0000036294 Received : 14/Aug/2022 11:57:56 Visit ID : CALI0050922223 Reported : 14/Aug/2022 14:53:41

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#### **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	82.80	fl	80-100	CALCULATED PARAMETER
MCH	28.90	pg	28-35	CALCULATED PARAMETER
MCHC	34.90	%	30-38	CALCULATED PARAMETER
RDW-CV	13.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,468.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	153.00	/cu mm	40-440	









SIN No:52903498





Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj Ph: 9235432681,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.VERMA NOOPUR : 14/Aug/2022 09:43:56 Registered On Age/Gender : 33 Y 0 M 0 D /F Collected : 14/Aug/2022 10:00:02 UHID/MR NO : CALI.0000036294 Received : 14/Aug/2022 12:24:05 Visit ID : CALI0050922223 Reported : 14/Aug/2022 13:18:16

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 82.10 mg/dl < 100 Normal GOD POD

100-125 Pre-diabetes ≥ 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 \*\* 111.40 mg/dl <140 Normal GOD POD
Sample:Plasma After Meal 140-199 Pre-diabetes

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 (HbA1c)	33.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	102	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.





Home Sample Collection 1800-419-0002

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Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj Ph: 9235432681,

CIN: U85110DL2003PLC308206



Patient Name : 14/Aug/2022 09:43:56 : Mrs.VERMA NOOPUR Registered On Age/Gender : 33 Y 0 M 0 D /F Collected : 14/Aug/2022 10:00:02 UHID/MR NO : CALI.0000036294 Received : 14/Aug/2022 12:24:05 Visit ID : CALI0050922223 Reported : 14/Aug/2022 13:18:16 Ref Doctor : Final Report : 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
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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)	<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:**

- \*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.





SIN No:52903498



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



Since 1991

Ref Doctor

## INDRA DIAGNOSTIC CENTRE

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj Ph: 9235432681,

CIN: U85110DL2003PLC308206

: Dr.Mediwheel - Arcofemi Health Care Ltd. Status



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#### **DEPARTMENT OF BIOCHEMISTRY**

: Final Report

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

Test Name	Result	ι	Jnit Bio. Ref. Inter	val Method
BUN (Blood Urea Nitrogen) ** Sample:Serum	7.09	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample:Serum	0.54	mg/dl	0.5-1.3	MODIFIED JAFFES
Uric Acid ** Sample:Serum	3.40	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)	20.70 13.00 11.50 6.39 3.82 2.57 1.49 73.00 0.57 0.25 0.32	U/L U/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4 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)	145.00 47.30 78	mg/dl mg/dl mg/dl	<200 Desirable 200-239 Borderline Hip > 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline Hip 160-189 High > 190 Very High	DIRECT ENZYMATIC CALCULATED
VLDL Triglycerides	20.00	mg/dl mg/dl	10-33 < 150 Normal 150-199 Borderline Hig 200-499 High >500 Very High	CALCULATED GPO-PAP gh  Dr. Anupam Singh M.B.B.S,M.D.(Pathology)





**Home Sample Collection** 1800-419-0002

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Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj Ph: 9235432681,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.VERMA NOOPUR Registered On : 14/Aug/2022 09:43:56 Age/Gender Collected : 14/Aug/2022 13:10:46 : 33 Y 0 M 0 D /F UHID/MR NO : CALI.0000036294 Received : 14/Aug/2022 15:48:22 Visit ID : CALI0050922223 Reported : 14/Aug/2022 16:16:33

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

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

Color CLEAR Specific Gravity 1.005 Reaction PH Acidic (5.0) Protein ABSENT mg % <10 Absent 10.40 (+) 40.200 (++) 200.500 (++++) >500 (++++) 1.2 (++++) > 2 (++++) + 2 (++++) + 2 (++++) > 2 (++++) + 2 (++++) + 2 (++++) > 2 (++++) + 2 (+++++) + 2 (+++++) + 2 (+++++) + 2 (++++++++++		Result	Unit	Bio. Ref. Interval	Method
Color   CLEAR   1.005   Reaction PH   Acidic ( 5.0 )					
Specific Gravity	NATION, ROUTINE ** , $\iota$	Irine			
Reaction PH		CLEAR			
Protein	,	1.005			
Protein		Acidic (5.0)			DIPSTICK
A0-200 (++)   200-500 (+++)   > 500 (+++)   > 500 (++++)   > 500 (++++)   > 500 (++++)   > 500 (++++)   > 500 (++++)   > 500 (++++)   > 500 (++++)   > 500 (++++)   > 500 (++++)   > 500 (++++)   > 600 (+++++)   > 600 (+++++)   > 600 (+++++)   > 600 (++++++++++++++++++++++++++++++++++		ABSENT	mg %	< 10 Absent	DIPSTICK
Sugar  ABSENT  Bile Salts  Bile Pigments  Urobilinogen(1:20 dilution)  Microscopic Examination:  Epithelial cells  Pus cells  O-1/h.p.f  RBCs  ABSENT  ABSENT  ABSENT  Cast  Crystals  ABSENT  Cast  ABSENT  ABSENT  Others  ABSENT  ABSENT  Others  ABSENT				10-40 (+)	
Sugar				· · ·	
Sugar  ABSENT  gms% < 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++) > 2 (++++)  Ketone  ABSENT  Bile Salts  Bile Pigments  Urobilinogen(1:20 dilution)  Microscopic Examination:  Epithelial cells  3-4/h.p.f  Pus cells  0-1/h.p.f  RBCs  ABSENT  Cast  Cast  Crystals  ABSENT  ABSENT  ABSENT  Cohers  ABSENT  ABSENT  ABSENT  ABSENT  Others  ABSENT  ABSENT					
0.5-1.0 (++)     1-2 (+++)     > 2 (++++)     > 3 (++++++++++++++++++++++++++++++++++					
1-2 (+++)   > 2 (+++++)   > 2 (+++++)   > 2 (+++++)   > 2 (+++++)   > 2 (++++++++++++++++++++++++++++++++++		ABSENT	gms%		DIPSTICK
Ketone Bile Salts Bile Salts ABSENT Bile Pigments Urobilinogen(1:20 dilution) Microscopic Examination: Epithelial cells  Pus cells  O-1/h.p.f  RBCs ABSENT  Cast Crystals ABSENT  ABSENT  ABSENT  ABSENT  ABSENT  ABSENT  Cast ABSENT  Chers ABSENT  ABSENT  ABSENT  ABSENT  ABSENT  ABSENT  ABSENT  Others ABSENT					
Ketone  Bile Salts  Bile Salts  Bile Pigments  Urobilinogen(1:20 dilution)  Microscopic Examination:  Epithelial cells  Pus cells  O-1/h.p.f  RBCs  ABSENT  ABSENT  Others  ABSENT  ABSENT  ABSENT  ABSENT  ABSENT  ABSENT  ABSENT  ABSENT  Others  ABSENT					
Bile Salts Bile Pigments Urobilinogen(1:20 dilution) Microscopic Examination:  Epithelial cells  Pus cells  O-1/h.p.f  RBCs  ABSENT  ABSENT  O-1/h.p.f  Cast Crystals  ABSENT  ABSENT  ABSENT  Crystals  ABSENT  ABSENT  ABSENT  Others  ABSENT		ADCENIT	ma/dl	The state of the s	BIOCHEMISTRY
Bile Pigments Urobilinogen(1:20 dilution) Microscopic Examination:  Epithelial cells  Pus cells  O-1/h.p.f  RBCs  ABSENT  ABSENT  Cast  Crystals  Others  ABSENT  ABSENT  ABSENT  ABSENT  ABSENT  ABSENT  ABSENT  ABSENT  ABSENT			ilig/ui	0.2-2.81	BIOCHEIVIISTRY
Urobilinogen(1:20 dilution) Microscopic Examination:  Epithelial cells  Pus cells  O-1/h.p.f  RBCs  ABSENT  Cast  Crystals  Others  ABSENT  ABSENT  ABSENT  ABSENT  ABSENT  ABSENT  ABSENT					
Microscopic Examination:  Epithelial cells 3-4/h.p.f  Pus cells 0-1/h.p.f  RBCs ABSENT  Cast ABSENT  Crystals ABSENT  Others ABSENT  SUGAR, FASTING STAGE **, Urine	20 dilution				
Epithelial cells  Pus cells  O-1/h.p.f  RBCs  ABSENT  Cast Crystals  Others  ABSENT  ABSENT  ABSENT  ABSENT  ABSENT  ABSENT		ABSENT			
Pus cells  O-1/h.p.f  RBCs  ABSENT  Cast  Crystals  Others  ABSENT  ABSENT  ABSENT  ABSENT  SUGAR, FASTING STAGE ** , Urine	amination:				
RBCs ABSENT  Cast ABSENT  Crystals ABSENT  Others ABSENT  SUGAR, FASTING STAGE ** , Urine		3-4/h.p.f			MICROSCOPIC
RBCs ABSENT  Cast ABSENT  Crystals ABSENT  Others ABSENT  SUGAR, FASTING STAGE ** , Urine		0.4/1 6			EXAMINATION
Cast ABSENT Crystals ABSENT Others ABSENT SUGAR, FASTING STAGE ** , Urine		0-1/n.p.f			MICROSCOPIC
Cast ABSENT Crystals ABSENT Others ABSENT SUGAR, FASTING STAGE ** , Urine		ADCENIT			EXAMINATION MICROSCOPIC
Crystals ABSENT Others ABSENT SUGAR, FASTING STAGE ** , Urine		ABSENT			EXAMINATION
Crystals ABSENT Others ABSENT SUGAR, FASTING STAGE ** , Urine		ARSENT			LAAMINATION
Others ABSENT  SUGAR, FASTING STAGE ** , Urine					MICROSCOPIC
SUGAR, FASTING STAGE ** , Urine		ADJLIVI			EXAMINATION
		ABSENT			
Sugar, Fasting stage ABSENT gms%	NG STAGE ** , Urine				
	stage	ABSENT	gms%		
Interpretation:					

< 0.5

0.5 - 1.0

(+++)1-2

(++++) > 2





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Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj Ph: 9235432681,

CIN: U85110DL2003PLC308206



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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:**

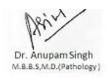
(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

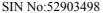
(+++++) > 2 gms%















Ref Doctor

## INDRA DIAGNOSTIC CENTRE

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj Ph: 9235432681,

CIN: U85110DL2003PLC308206



Patient Name : 14/Aug/2022 09:43:56 : Mrs.VERMA NOOPUR Registered On Age/Gender : 33 Y 0 M 0 D /F Collected : 14/Aug/2022 10:00:02 UHID/MR NO : CALI.0000036294 Received : 14/Aug/2022 12:06:07 Visit ID : CALI0050922223 Reported : 14/Aug/2022 13:27:31 : Dr.Mediwheel - Arcofemi Health Care Ltd. Status

#### DEPARTMENT OF IMMUNOLOGY

: Final Report

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

Test Name	Result	Unit	Bio. Ref. Interva	l Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	112.32	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.07	μIU/mL	0.27 - 5.5	CLIA
Interpretation:		- Control of the Cont		
		0.3-4.5 μIU/1		
		0.5-4.6 μIU/1		
		0.8-5.2 μIU/1 0.5-8.9 μIU/1		55-87 Years
		0.7-27 μIU/1		28-36 Week
		2.3-13.2 μIU/r		
		0.7-64 μIU/r		- 20 Yrs.)
			/mL Child	0-4 Days
		1.7-9.1 μIU/1	nL 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.



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

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

E EXAMINATION, ECG / EKG, X-RAY DIGITAL CHEST PA, ULTRASOUND WHOLE ABDOMEN (UPPER & I M.B.B.S.M.D.(Pathology)

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 365 Days Open







