

Dear MR. MISHRA ANAND KUMAR,

Your Health Checkup has been successfully rescheduled with the following details.

Hospital Package Name : Mediwheel Full Body Health Checkup Female Below 40

Patient Package Name : Mediwheel Full Body Health Checkup Female Below 40

Name of Diagnostic/Hospital : Chandan Healthcare

Address of Diagnostic/Hospital- : 24/22 Vrindavan Bhawan, Karachi Khana

Booking Id : 22S31856

Appointment Date : 28-08-2024

Preferred Time : 8:30am-9:00am

Booking Status : Booking ReSchedule

Member Information		
Booked Member Name	Age	Gender
Sandhya Pandey	30 year	Female

Thanks,
Mediwheel Team

Please Download Mediwheel App



Dr. K.C. BHARADWAJ
M.B.B.S. D CARD
Reg. No. 32749

Chandan Diagnostic Centre
24/22, Karachi Khana
Mall Road, Kanpur

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K.C. Bharadwaj

भारत सरकार
Government of India

आधार

Download Date: 03/04/2021

Issue Date: 19/03/2021

संध्या पाण्डेय
Sandhya Pandey
जन्म तिथि/DOB: 15/08/1994
महिला/ FEMALE

7564 7799 8514
VID : 9170 7834 1177 5898

मेरा आधार, मेरी पहचान

Dr. K.C. BHARADWAJ
M.B.B.S. D CARD
Reg. No. 32749

Shandan Diagnostic Centre
24/22, Karachi Khana
Mall Road, Kanpur

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
D/O सिद्ध नारायण, १४१, संजय गाँधी नगर नाबस्ता
कानपुर नगर, नाबस्ता, कानपुर नगर,
उत्तर प्रदेश - 208021

Address:
D/O Siddhya Narayan, 141, sanjay gandhi
nagar naubasta kanpur nagar, Amlipur,
Kanpur Nagar,
Uttar Pradesh - 208021

7564 7799 8514
VID : 9170 7834 1177 5898

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CHANDAN DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur
Ph: 9235432757,
CIN : U85110UP2003PLC193493



Patient Name	: Mrs.SANDHYA PANDEY	Registered On	: 28/Aug/2024 10:31:06
Age/Gender	: 30 Y 0 M 13 D /F	Collected	: 28/Aug/2024 13:02:30
UHID/MR NO	: IKNP.0000035860	Received	: 28/Aug/2024 13:06:22
Visit ID	: IKNP0028842425	Reported	: 28/Aug/2024 13:52:20
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) , Blood

Blood Group	A			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) , Whole Blood

Haemoglobin	12.70	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
DLC				
Polymorphs (Neutrophils)	48.00	%	40-80	ELECTRONIC IMPEDANCE
Lymphocytes	39.00	%	20-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	2-10	ELECTRONIC IMPEDANCE
Eosinophils	8.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1-2	ELECTRONIC IMPEDANCE
ESR				
Observed	12.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8 Pregnancy	





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic)	
Corrected	8.00	Mm for 1st hr.	< 20	
PCV (HCT)	39.00	%	40-54	
Platelet count				
Platelet Count	2.00	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	37.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.23	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.19	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	94.00	fL	80-100	CALCULATED PARAMETER
MCH	30.40	pg	27-32	CALCULATED PARAMETER
MCHC	32.30	%	30-38	CALCULATED PARAMETER
RDW-CV	14.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,400.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	400.00	/cu mm	40-440	

Dr. Seema Nagar(MD Path)



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Visit ID	: IKNP0028842425	Reported	: 28/Aug/2024 14:00:10
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING , Plasma

Glucose Fasting	82.00	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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP

Sample: Plasma After Meal

Glucose PP	105.70	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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Dr. Seema Nagar (MD Path)



CHANDAN DIAGNOSTIC CENTRE

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Patient Name	: Mrs.SANDHYA PANDEY	Registered On	: 28/Aug/2024 10:31:08
Age/Gender	: 30 Y 0 M 13 D /F	Collected	: 28/Aug/2024 13:02:30
UHID/MR NO	: IKNP.0000035860	Received	: 29/Aug/2024 12:01:50
Visit ID	: IKNP0028842425	Reported	: 29/Aug/2024 13:23:08
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLYCOSYLATED HAEMOGLOBIN (HbA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	34.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	105	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 I diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated VARIANT II TURBO 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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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 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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Visit ID	: IKNP0028842425	Reported	: 28/Aug/2024 14:09:17
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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BUN (Blood Urea Nitrogen) <i>Sample:Serum</i>	8.84	mg/dL	7.0-23.0	CALCULATED
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Interpretation:

Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.

Low BUN levels can be seen in the following:

Low-protein diet, overhydration, Liver disease.

Creatinine <i>Sample:Serum</i>	0.87	mg/dl	0.5-1.20	MODIFIED JAFFES
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Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

Uric Acid <i>Sample:Serum</i>	2.90	mg/dl	2.5-6.0	URICASE
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Interpretation:

Note:-

Elevated uric acid levels can be seen in the following:

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

LFT (WITH GAMMA GT) , Serum

SGOT / Aspartate Aminotransferase (AST)	21.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	14.20	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	17.60	IU/L	11-50	OPTIMIZED SZAZING





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Visit ID	: IKNP0028842425	Reported	: 28/Aug/2024 14:09:17
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Protein	6.80	gm/dl	6.2-8.0	BIURET
Albumin	4.40	gm/dl	3.4-5.4	B.C.G.
Globulin	2.40	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.83		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	99.00	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	0.62	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.26	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.36	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) , Serum

Cholesterol (Total)	160.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	56.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	83	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	19.80	mg/dl	10-33	CALCULATED
Triglycerides	99.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Dr. Seema Nagar(MD Path)





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Visit ID	: IKNP0028842425	Reported	: 28/Aug/2024 13:57:30
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.005			
Reaction PH	Acidic (6.5)			DIPSTICK
Appearance	CLEAR			
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	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

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UHID/MR NO	: IKNP.0000035860	Received	: 29/Aug/2024 10:29:15
Visit ID	: IKNP0028842425	Reported	: 29/Aug/2024 14:07:45
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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STOOL, ROUTINE EXAMINATION ** , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic (6.5)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Others	ABSENT

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Visit ID	: IKNP0028842425	Reported	: 28/Aug/2024 13:57:31
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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SUGAR, FASTING STAGE , Urine

Sugar, Fasting stage ABSENT 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%

Dr. Seema Nagar(MD Path)





CHANDAN DIAGNOSTIC CENTRE

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Patient Name	: Mrs.SANDHYA PANDEY	Registered On	: 28/Aug/2024 10:31:09
Age/Gender	: 30 Y 0 M 13 D /F	Collected	: 28/Aug/2024 13:02:29
UHID/MR NO	: IKNP.0000035860	Received	: 28/Aug/2024 13:06:22
Visit ID	: IKNP0028842425	Reported	: 28/Aug/2024 16:43:38
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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

T3, Total (tri-iodothyronine)	151.20	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.61	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.270	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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Age/Gender	: 30 Y 0 M 13 D /F	Collected	: 2024-08-28 14:51:31
UHID/MR NO	: IKNP.0000035860	Received	: 2024-08-28 14:51:31
Visit ID	: IKNP0028842425	Reported	: 29/Aug/2024 10:16:54
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF X-RAY MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA

X- Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

*** NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

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

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER), Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXAMINATION



Dr Raveesh Chandra Roy (MD-Radio)

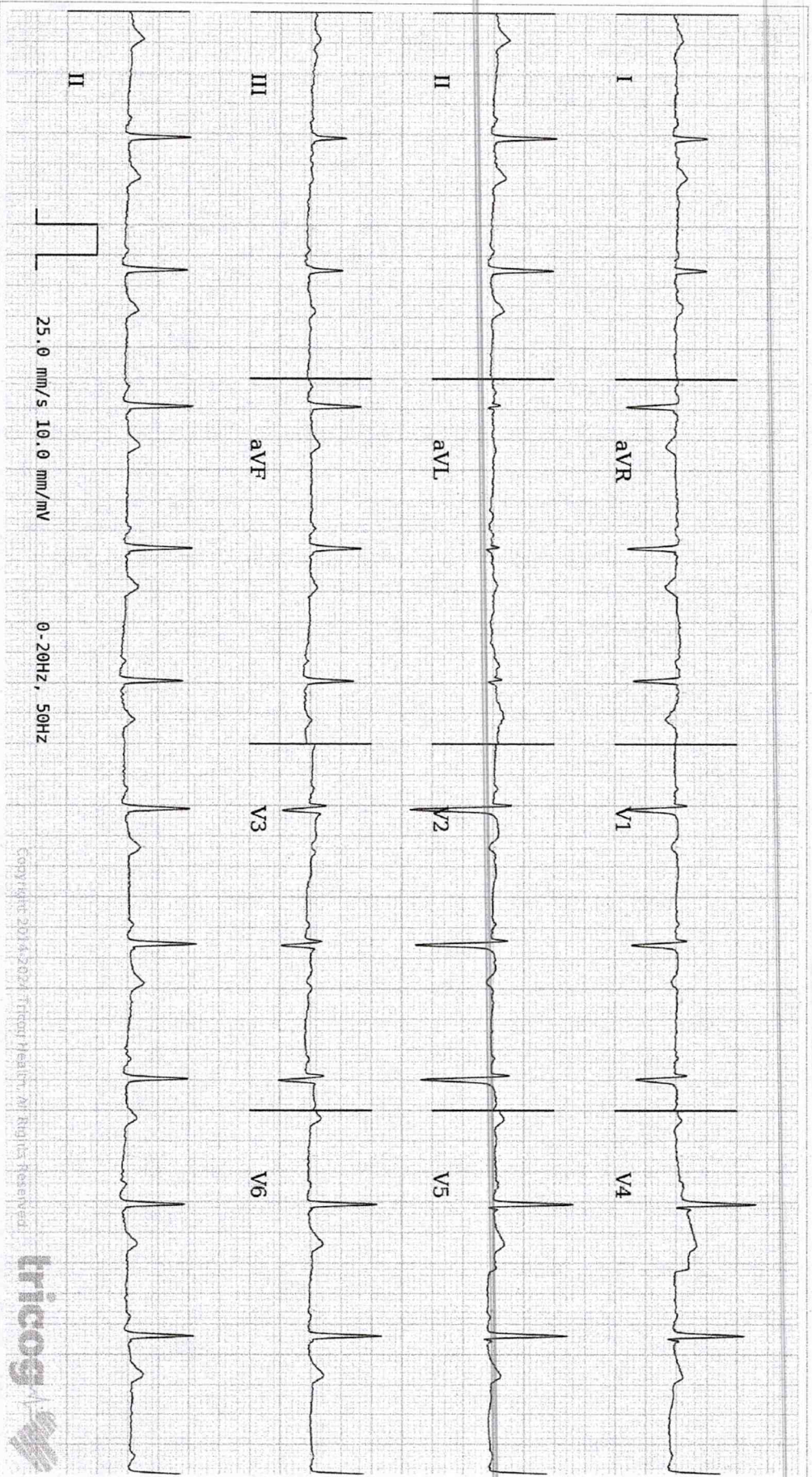
This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

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





Age / Gender: 30/Female
Patient ID: IKNP0028842425
Patient Name: Mrs. SANDHYA PANDEY



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

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.

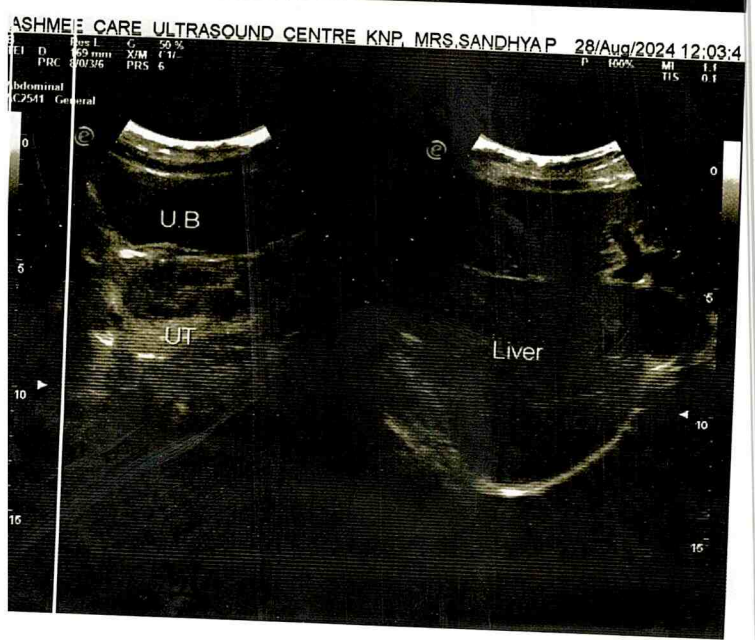
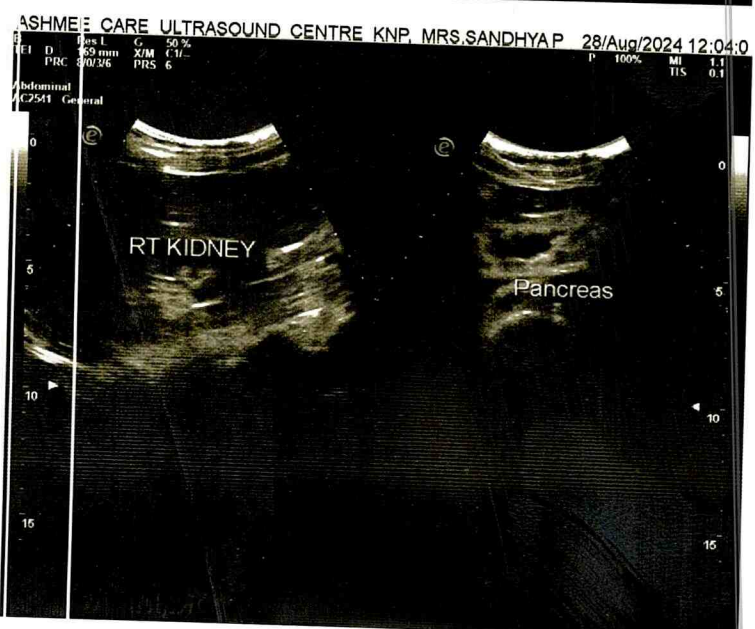
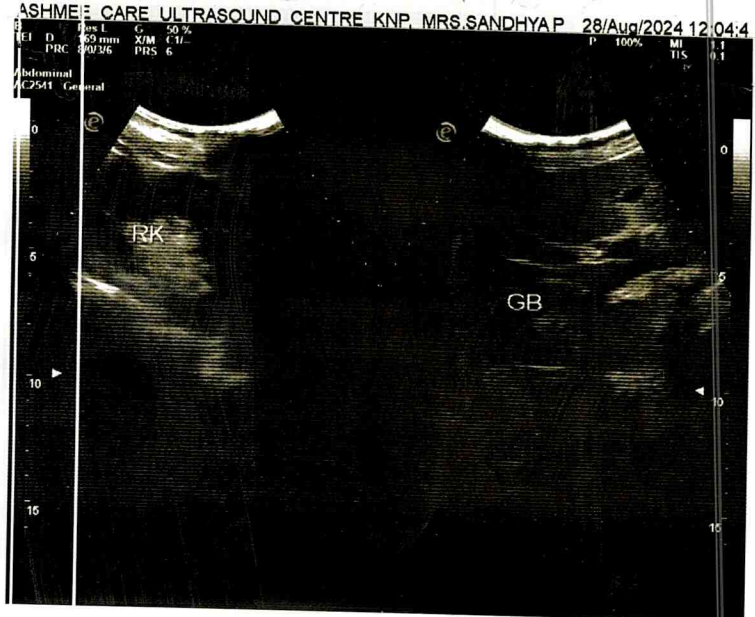
AUTHORIZED BY

Dr. Chant
MD, DM: Cardiology
63382

REPORTED BY

Dr. Abhishat N

119979



DR. A.K. GUPTA

M.B.B.S., D.C.P., I.A.P.M., P.M.H.S.
Ex Chief Medical Superintendent
Senior Consultant

ASHMEE CARE

ULTRASOUND
&
CARDIO CENTRE

2D ECHO ★ COLOUR DOPPLER ★ ULTRASOUND ★ TMT ★ ECG

NAME OF PATIENT: MRS.SANDHYA PANDEY

AGE: 30 SEX: F

REF.BY: DR.CDC

DATE: 28-08-2024

WHOLE ABDOMINAL SCAN

- LIVER** : LIVER IS NORMAL IN SIZE 134.3MM NO FOCAL LESION SEEN .THE INTRA-HEPATIC BILLIARY RADICALS ARE NORMAL.THE HEPATIC VEINS ARE NORMAL.
- PORTAL VIEN** : NORMAL IN COURSE & CALIBER
GALL BLADDER : WELL DISTENDED, NORMAL WALL THICKNESS .IT HAS AN ECHO FREE LUMEN & THERE IS NO EVIDENCE OF GALLSTONES
- C B D** : NORMAL IN COURSE & CALIBER.
PANCREAS : NORMAL IN SIZE, SHAPE AND ECHO TEXTURE. PANCREATIC DUCT IS NORMAL IN COURSE & CALIBER. NO FOCAL LESION SEEN.
- RT. KIDNEY** : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULI /HYDRONEPHROSIS LESION SEEN.
- LT. KIDNEY** : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULUS/HYDRONEPHROSIS LESION SEEN.
- SPLEEN** : SPLEEN IS NORMAL IN SIZE 119.0MM .SPLENIC VEIN IS NORMAL IN DIAMETER.
- U. BLADDER** : NORMAL IN SIZE SHAPE AND OUTLINE. ITS WALL THICKNESS IS NORMAL NO INTRALUMINAL MASS LESION/CALCULUS NOTED.RESIDUAL URINE VOLUME 4 ML
- UTERUS** : UTERUS IS NORMAL IN SIZE & SHAPE .MYOMETRIUM IS NORMAL. ENDOMETRIAL THICKNESS IS 6.1MM .
- OVARIES** : BOTH OVARY ARE NORMAL IN SHAPE AND SIZE.
- RETRO PERITONEAL VESSELS ARE NORMAL .NO RETROPERITONEAL LYMPH NODES ARE SEEN.PSOAS MUSCLES ARE NORMAL.
- IMPRESSION :** **NORMAL SCAN WHOLE ABDOMEN**

FILM & REPORT NOT VALID FOR MEDICO-LEGAL PURPOSE

SONOLOGIST



PNDT Registration No- PNDT/REG/94/2012

DR. RACHIT GUPTA

Attending Cardiologist, MD (Physician)
PG Diploma in Clinical Cardiology

SHOP NO.37/54, CAPITAL TOWER, MESTON ROAD, KANPUR NAGAR - 208001 ★ M.: 9307775184

Note : This report is to help clinician for better patient management. Discrepancies due to technical or typing errors should be reported within three days for correction. No compensation liability stands.