



CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj, Faizabad
Ph: 9235400973, 05278-223647
CIN : U85110DL2003PLC308206



Patient Name	: Mrs. YASHI SINGH	Registered On	: 27/Mar/2022 09:53:22
Age/Gender	: 28 Y 3 M 29 D /F	Collected	: 27/Mar/2022 10:22:39
UHID/MR NO	: CHFD.0000188208	Received	: 27/Mar/2022 10:32:13
Visit ID	: CHFD0572822122	Reported	: 27/Mar/2022 13:48:28
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	B
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) * , Blood

Haemoglobin	11.10	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)	12,200.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	74.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	24.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	18.00	Mm for 1st hr.		
Corrected	8.00	Mm for 1st hr.	< 20	
PCV (HCT)	30.70	cc %	40-54	
Platelet count				
Platelet Count	2.47	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	31.70	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.26	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	10.50	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	3.75	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE



SIN No:52015114

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Home Sample Collection
1800-419-0002



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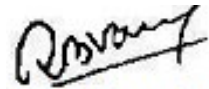
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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	82.00	fL	80-100	CALCULATED PARAMETER
MCH	29.80	pg	28-35	CALCULATED PARAMETER
MCHC	36.00	%	30-38	CALCULATED PARAMETER
RDW-CV	13.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	9,028.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	122.00	/cu mm	40-440	




Dr. R. B. Varshney
M.D. Pathology



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Patient Name	: Mrs. YASHI SINGH	Registered On	: 27/Mar/2022 09:53:23
Age/Gender	: 28 Y 3 M 29 D /F	Collected	: 27/Mar/2022 17:13:10
UHID/MR NO	: CHFD.0000188208	Received	: 27/Mar/2022 17:51:28
Visit ID	: CHFD0572822122	Reported	: 27/Mar/2022 18:16:06
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	83.89	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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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 diabetes in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impaired Glucose Tolerance.

Glucose PP

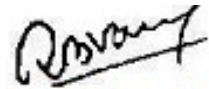
Sample: Plasma After Meal

113.31	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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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 diabetes in future, which is why an Annual Health Check up is essential.
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GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.90	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	30.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	94	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.



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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.




Dr. Anupam Singh
M.B.B.S, M.D. (Pathology)



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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) Sample: Serum	15.30	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample: Serum	0.56	mg/dl	0.5-1.2	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample: Serum	126.90	ml/min/1.73m ²	90-120 Normal 60-89 Near Normal	CALCULATED
Uric Acid Sample: Serum	3.25	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	14.51	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	13.46	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	15.30	IU/L	11-50	OPTIMIZED SZAIZING
Protein	5.99	gm/dl	6.2-8.0	BIRUET
Albumin	3.79	gm/dl	3.8-5.4	B.C.G.
Globulin	2.20	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.72		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	90.33	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.39	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.09	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	268.96	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	77.56	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	157	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	34.65	mg/dl	10-33	CALCULATED
Triglycerides	173.25	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP



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200-499 High
>500 Very High



Dr. R. B. Varshney
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M.D. Pathology



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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
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URINE EXAMINATION, ROUTINE * , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.005			
Reaction PH	Neutral (7.0)			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	OCCASIONAL			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

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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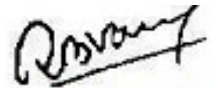
SUGAR, PP STAGE * , Urine

Sugar, PP Stage	ABSENT
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Interpretation:

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




Dr. R. B. Varshney
M.D. Pathology



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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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THYROID PROFILE - TOTAL ** , Serum

T3, Total (tri-iodothyronine)	126.38	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.49	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.37	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.



*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

ASIM
Dr. Anupam Singh
M.B.B.S, M.D. (Pathology)

www: NE EXAMINATION, ECG / EKG, X-RAY DIGITAL CHEST PA, ULTRASOUND WHOLE ABDOMEN (UPPER & I

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 *
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