



CHANDAN DIAGNOSTIC CENTRE

Add: M-214/215, Sec G Lda Colony Near Power House Chauraha Kanpur Road
Ph: 9235432707,
CIN : U85110DL2003PLC308206



| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mrs.PRAGYA TRIPATHI | Registered On | : 10/Mar/2024 08:58:13 |
| Age/Gender | : 31 Y 4 M 27 D /F | Collected | : 10/Mar/2024 09:20:33 |
| UHID/MR NO | : CDCA.0000124972 | Received | : 10/Mar/2024 10:13:28 |
| Visit ID | : CDCA0383192324 | Reported | : 10/Mar/2024 18:06:40 |
| 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 | O | | | ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA |
| Rh (Anti-D) | POSITIVE | | | ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA |

Complete Blood Count (CBC) * , Whole Blood

| | | | | |
|-----------------------------------|----------|----------------|--|-------------------------------------|
| Haemoglobin | 12.10 | 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) | 7,500.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |
| DLC | | | | |
| Polymorphs (Neutrophils) | 62.00 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 31.00 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 5.00 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 2.00 | % | 1-6 | ELECTRONIC IMPEDANCE |
| Basophils | 0.00 | % | <1 | ELECTRONIC IMPEDANCE |
| ESR | | | | |
| Observed | 18.00 | Mm for 1st hr. | | |
| Corrected | 10.00 | Mm for 1st hr. | <20 | |
| PCV (HCT) | 36.00 | % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 1.6 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 16.20 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 36.80 | % | 35-60 | ELECTRONIC IMPEDANCE |





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| PCT (Platelet Hematocrit) | 0.19 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 11.50 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| RBC Count | | | | |
| RBC Count | 4.20 | Mill./cu mm | 3.7-5.0 | ELECTRONIC IMPEDANCE |
| Blood Indices (MCV, MCH, MCHC) | | | | |
| MCV | 85.71 | fL | 80-100 | CALCULATED PARAMETER |
| MCH | 28.80 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 33.61 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 13.70 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 45.00 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 4,650.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 150.00 | /cu mm | 40-440 | |

Dr. R.K. Khanna
(MBBS, DCP)





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| UHID/MR NO | : CDCA.0000124972 | Received | : 10/Mar/2024 10:55:50 |
| Visit ID | : CDCA0383192324 | Reported | : 10/Mar/2024 12:51:40 |
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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 | 101.90 | mg/dl | < 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes | GOD POD |
|-----------------|--------|-------|--|---------|

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

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| UHID/MR NO | : CDCA.0000124972 | Received | : 10/Mar/2024 14:53:36 |
| Visit ID | : CDCA0383192324 | Reported | : 10/Mar/2024 18:10:10 |
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

| | | | | |
|----------------------------------|-------|---------------|--|-------------|
| Glycosylated Haemoglobin (HbA1c) | 4.80 | % NGSP | | HPLC (NGSP) |
| Glycosylated Haemoglobin (HbA1c) | 29.00 | mmol/mol/IFCC | | |
| Estimated Average Glucose (eAG) | 91 | 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 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 MALE & FEMALE BELOW 40 YRS

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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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| UHID/MR NO | : CDCA.0000124972 | Received | : 10/Mar/2024 10:26:20 |
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| BUN (Blood Urea Nitrogen) * Sample:Serum | 14.32 | mg/dL | 7.0-23.0 | CALCULATED |
| Creatinine * Sample:Serum | 1.14 | mg/dl | 0.5-1.20 | MODIFIED JAFFES |
| Uric Acid * Sample:Serum | 3.60 | mg/dl | 2.5-6.0 | URICASE |
| LFT (WITH GAMMA GT) * , Serum | | | | |
| SGOT / Aspartate Aminotransferase (AST) | 17.43 | U/L | < 35 | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 11.14 | U/L | < 40 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 11.80 | IU/L | 11-50 | OPTIMIZED SZAIZING |
| Protein | 7.32 | gm/dl | 6.2-8.0 | BIURET |
| Albumin | 4.04 | gm/dl | 3.4-5.4 | B.C.G. |
| Globulin | 3.28 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.23 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 126.19 | U/L | 42.0-165.0 | IFCC METHOD |
| Bilirubin (Total) | 0.55 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.20 | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.35 | mg/dl | < 0.8 | JENDRASSIK & GROF |
| LIPID PROFILE (MINI) * , Serum | | | | |
| Cholesterol (Total) | 190.70 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 68.31 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 105 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | CALCULATED |
| VLDL | 17.22 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 86.10 | mg/dl | < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | GPO-  |

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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 | PALE YELLOW | | | |
| Specific Gravity | 1.015 | | | |
| Reaction PH | Acidic (5.0) | | | 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 | Large number | | | MICROSCOPIC EXAMINATION |
| Pus cells | OCCASIONAL | | | |
| RBCs | ABSENT | | | MICROSCOPIC EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | ABSENT | | | |

SUGAR, FASTING STAGE * , Urine

| | | | | |
|----------------------|--------|------|--|--|
| Sugar, Fasting stage | ABSENT | gms% | | |
|----------------------|--------|------|--|--|

Interpretation:





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



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| UHID/MR NO | : CDCA.0000124972 | Received | : 11/Mar/2024 11:15:46 |
| Visit ID | : CDCA0383192324 | Reported | : 11/Mar/2024 12:29:23 |
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SUGAR, PP STAGE * , Urine

Sugar, PP Stage ABSENT

Interpretation:

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



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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) | 124.15 | ng/dl | 84.61–201.7 | CLIA |
| T4, Total (Thyroxine) | 6.60 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 2.410 | 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.

Dr. Anupam Singh (MBBS MD Pathology)





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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *


(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

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

- **NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.**


Dr. Anoop Agarwal
MBBS,MD(Radiology)





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

- The liver is normal in size and has a normal homogenous echotexture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct is normal at the porta.
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture.

RIGHT KIDNEY

- Right kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of right ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

LEFT KIDNEY

- Left kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.





CHANDAN DIAGNOSTIC CENTRE

Add: M-214/215, Sec G Lda Colony Near Power House Chauraha Kanpur Road
Ph: 9235432707,
CIN : U85110DL2003PLC308206



| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mrs.PRAGYA TRIPATHI | Registered On | : 10/Mar/2024 08:58:15 |
| Age/Gender | : 31 Y 4 M 27 D /F | Collected | : N/A |
| UHID/MR NO | : CDCA.0000124972 | Received | : N/A |
| Visit ID | : CDCA0383192324 | Reported | : 10/Mar/2024 12:54:59 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

SPLEEN

- The spleen is normal in size and has a homogenous echotexture.

ILIAC FOSSA

- Scan over the iliac fossae does not reveal any fluid collection or mass.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and regular.

UTERUS

- The uterus is anteverted and anteflexed position and is normal in size.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline.
- **Few small nabothian cysts seen in cervix.**

UTERINE ADNEXA

- Adnexa on both sides are normal.
- Both the ovaries are normal in size.

CUL-DE-SAC

- Pouch of Douglas is clear.

IMPRESSION

- **Few small nabothian cysts cervix.**

Advice:-clinicopathological correlation, Follow up & LBC

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

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STANDARD EXAMINATION, GLUCOSE PP, ECG / EKG




Dr. Anoop Agarwal
MBBS,MD(Radiology)

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

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Home Sample Collection
1800-419-0002

Mar. 2018