

# Chandan Diagnostic

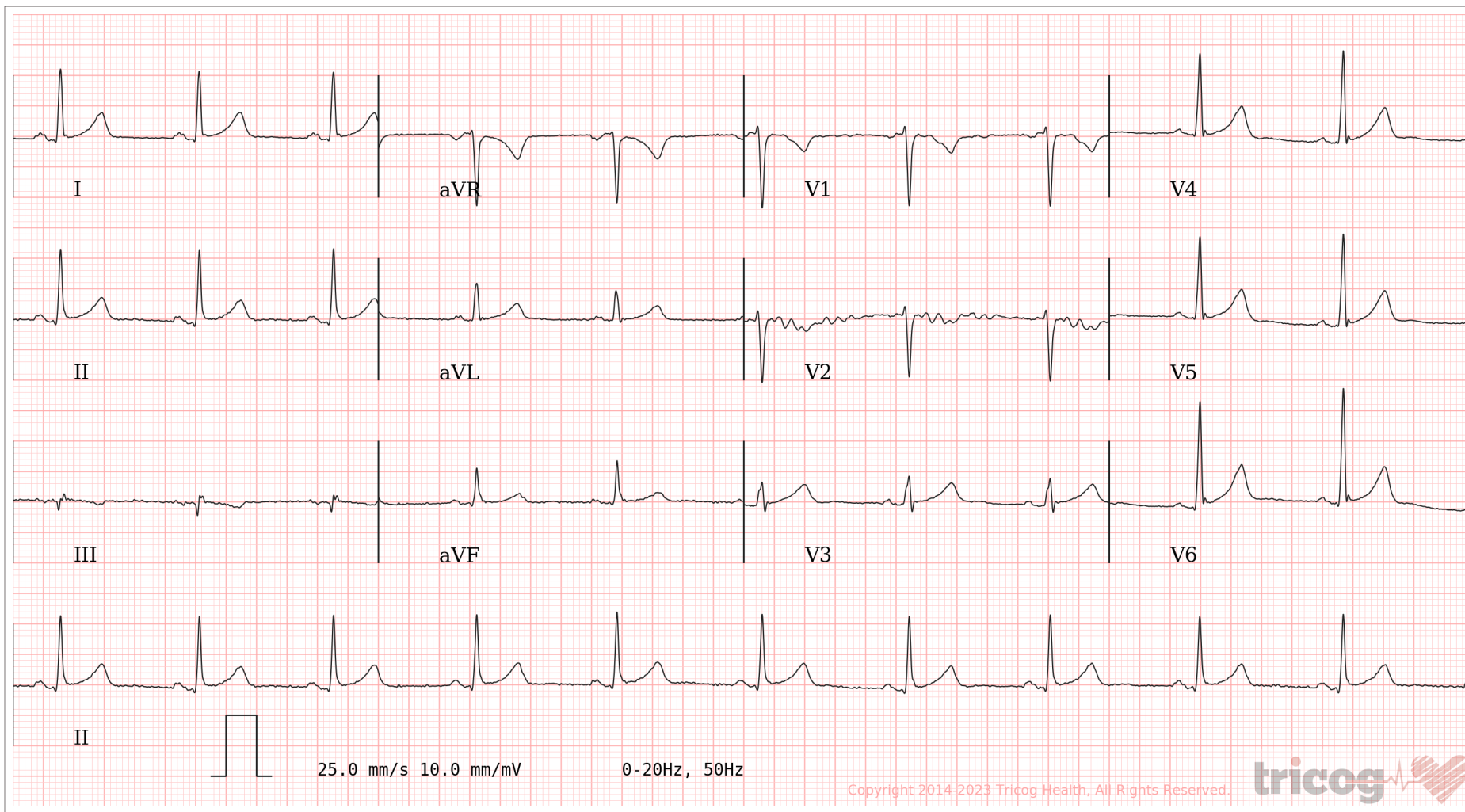


Age / Gender: 30/Female

Date and Time: 8th Oct 23 1:01 PM

Patient ID: CVAR0061492324

Patient Name: Mrs.NEHA SINGH - BOBS46673



AR: 64bpm    VR: 64bpm    QRSD: 88ms    QT: 406ms    QTcB: 418ms    PRI: 132ms    P-R-T: 31° 29° 24°

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

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY

Dr Hina Khaleel

80106

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.



# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795,0542-3500227  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.NEHA SINGH - BOBS46673	Registered On	: 08/Oct/2023 08:50:57
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: 08/Oct/2023 09:15:27
UHID/MR NO	: CVAR.0000042443	Received	: 08/Oct/2023 09:18:11
Visit ID	: CVAR0061492324	Reported	: 08/Oct/2023 10:44:45
Ref Doctor	: Dr.MEDIWHEEL VNS -	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			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

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

Haemoglobin	10.30	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)	7,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils )	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	36.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	10.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	<20	
PCV (HCT)	33.00	%	40-54	
Platelet count				
Platelet Count	2.12	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE



SIN No:64541444

Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection  
1800-419-0002



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## DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	3.71	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	88.80	fl	80-100	CALCULATED PARAMETER
MCH	27.90	pg	28-35	CALCULATED PARAMETER
MCHC	31.40	%	30-38	CALCULATED PARAMETER
RDW-CV	12.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,440.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	148.00	/cu mm	40-440	

S.N. Sinha

Dr.S.N. Sinha (MD Path)



SIN No:64541444



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Visit ID	: CVAR0061492324	Reported	: 08/Oct/2023 10:41:44
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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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#### GLUCOSE FASTING , Plasma

Glucose Fasting	88.80	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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP Sample: Plasma After Meal	126.00	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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

BUN (Blood Urea Nitrogen) Sample: Serum	11.40	mg/dL	7.0-23.0	CALCULATED
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Creatinine Sample: Serum	1.00	mg/dl	0.5-1.20	MODIFIED JAFFES
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Uric Acid Sample: Serum	4.60	mg/dl	2.5-6.0	URICASE
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#### LFT (WITH GAMMA GT) \* , Serum

SGOT / Aspartate Aminotransferase (AST)	15.60	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	9.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	17.20	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.50	gm/dl	6.2-8.0	BIURET



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

Test Name	Result	Unit	Bio. Ref. Interval	Method
Albumin	4.00	gm/dl	3.4-5.4	B.C.G.
Globulin	2.50	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.60		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	90.20	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.90	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.40	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.50	mg/dl	< 0.8	JENDRASSIK & GROF

### LIPID PROFILE ( MINI ) , Serum

Cholesterol (Total)	132.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	47.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	72	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	12.56	mg/dl	10-33	CALCULATED
Triglycerides	62.80	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

S.N. Sinha

Dr.S.N. Sinha (MD Path)



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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 ( 6.5 )			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	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	2-4/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	8-10/H.P.F			
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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UHID/MR NO	: CVAR.0000042443	Received	: 08/Oct/2023 17:39:58
Visit ID	: CVAR0061492324	Reported	: 08/Oct/2023 17:43:39
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## DEPARTMENT OF IMMUNOLOGY

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

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

T3, Total (tri-iodothyronine)	122.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.24	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	5.930	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 \*\*\*



RE EXAMINATION, SUGAR, PP STAGE, GLYCOSYLATED HAEMOGLOBIN (HBA1C), ECG / EKG, X-RAY DIGIT.  
ULTRASOUND OF HOLE ABDOMEN (UPPER & LOWER)

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

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

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

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

Haemoglobin	10.30	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	
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<u>DLC</u>				
Polymorphs (Neutrophils )	60.00	%	55-70	ELECTRONIC IMPEDANCE
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Observed	10.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	<20	
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Platelet count				
Platelet Count	2.12	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE







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Age/Gender	: 30 Y 0 M 0 D /F	Collected	: 08/Oct/2023 13:17:46
UHID/MR NO	: CVAR.0000042443	Received	: 08/Oct/2023 13:19:24
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Ref Doctor	: Dr.MEDIWHEEL VNS -	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	88.80	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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP Sample: Plasma After Meal	126.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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### 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)	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 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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Patient Name	: Mrs.NEHA SINGH - BOBS46673	Registered On	: 08/Oct/2023 08:50:58
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: 08/Oct/2023 09:15:27
UHID/MR NO	: CVAR.0000042443	Received	: 09/Oct/2023 11:43:38
Visit ID	: CVAR0061492324	Reported	: 09/Oct/2023 13:57:24
Ref Doctor	: Dr.MEDIWHEEL VNS -	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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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)





# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795, 0542-3500227  
CIN : U85110DL2003PLC308206



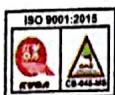
Patient Name	: Mrs.NEHA SINGH - BOBS46673	Registered On	: 08/Oct/2023 08:50:58
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: 08/Oct/2023 09:15:27
UHID/MR NO	: CVAR.0000042443	Received	: 08/Oct/2023 09:18:11
Visit ID	: CVAR0061492324	Reported	: 08/Oct/2023 10:41:44
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) <i>Sample: Serum</i>	11.40	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample: Serum</i>	1.00	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid <i>Sample: Serum</i>	4.60	mg/dl	2.5-6.0	URICASE
<b>LFT (WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	15.60	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	9.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	17.20	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.50	gm/dl	6.2-8.0	BIURET
Albumin	4.00	gm/dl	3.4-5.4	B.C.G.
Globulin	2.50	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.60		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	90.20	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.90	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.40	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.50	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) , Serum</b>				
Cholesterol (Total)	132.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	47.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	72	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	12.56	mg/dl	10-33	CALCULATED
Triglycerides	62.80	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-P

Dr.S.N. Sinha (MD Path)





# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795,0542-3500227  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.NEHA SINGH - BOBS46673	Registered On	: 08/Oct/2023 08:50:58
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: 08/Oct/2023 09:15:27
UHID/MR NO	: CVAR.0000042443	Received	: 08/Oct/2023 09:18:11
Visit ID	: CVAR0061492324	Reported	: 08/Oct/2023 15:11:15
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

## 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 ( 6.5 )			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	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	2-4/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	8-10/H.P.F			
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

S.N. Sinha

Dr.S.N. Sinha (MD Path)





# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795, 0542-3500227  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.NEHA SINGH - BOBS46673	Registered On	: 08/Oct/2023 08:50:58
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: 08/Oct/2023 09:15:27
UHID/MR NO	: CVAR.0000042443	Received	: 08/Oct/2023 17:39:58
Visit ID	: CVAR0061492324	Reported	: 08/Oct/2023 17:43:39
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

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

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

T3, Total (tri-iodothyronine)	122.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.24	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	5.930	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.

S.N. Sinha

Dr.S.N. Sinha (MD Path)





# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795,0542-3500227  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.NEHA SINGH - BOBS46673	Registered On	: 08/Oct/2023 08:50:59
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000042443	Received	: N/A
Visit ID	: CVAR0061492324	Reported	: 10/Oct/2023 17:53:55
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

## DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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:

STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, 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





## CHANDAN DIAGNOSTIC CENTRE

Name of Company: Mediwheel - B03

Name of Executive: MR / MRS. Neha Singh

Date of Birth: 19/04/1993

Sex: Male / Female

Height: 158 CMs

Weight: 63 KGs

BMI (Body Mass Index) : 27.6

Chest (Expiration / Inspiration) 92 / 95 CMs

Abdomen: 77 CMs

Blood Pressure: 110 / 70 mm/Hg

Pulse: 74 BPM -  Regular /  Irregular

Respiration Rate: 19 Resp/Min

Ident. Mark: Mark on Both side of Nose.

Any Allergies: No

Vertigo : No

Any Medications: (I) No

Any Surgical History: (I) No  
(II)

Habits of alcoholism/smoking/tobacco: (I) No  
(II)

Chief Complaints if any: No

Lab Investigation Reports: No

Eye Check up - vision & Color vision: Normal

Left eye: Normal

Right eye: Normal

## CHANDAN DIAGNOSTIC CENTRE

Near vision: N15  
Far vision : 615  
Dental check up : *map*  
ENT Check up : *map*  
Eye Checkup: *me*

### Final impression

Certified that I examined Neha Singh.....  
S/O D/O W/O ..... is presently in good health  
and free from any cardio-respiratory / communicable ailment,  
~~he~~/she is fit / Unfit to join any organization.

**Client Signature: -**

Neha Singh



.....  
Signature of Medical Examiner

**Name & Qualification** - Dr. R. C. Roy  
(MBBS, MD)

**Date**- 08/10/2023,

**Place** - VARANASI

Chandan Diagnostic Center:  
99, Shivaji Nagar, Mahmoorganj  
Varanasi-221010 (U.P.)  
Phone No.:0542-2223237

Dr. R.C. ROY  
MBBS.,MD. (Radio Diagn) Reg. No.-26918



# UNION OF INDIA Driving Licence



UP32A20190000711

जारी करने की तिथि  
Date of Issue

15/01/2019

वैधता / Validity

(NT) 14/01/2039

जन्म तिथि  
Date of Birth

19/04/1993

Blood Group

B+



नाम / Name

NEHA SINGH

पिता/पति का नाम / Son/Daughter/Wife of

ANJANI KUMAR SINGH



D63/6B-99, Shivaji Nagar Colony,  
Mahmoorganj, Varanasi, Uttar Pradesh  
221010, India

Latitude

25.305356°

Longitude

82.979034°

LOCAL 09:16:50

GMT 03:46:50

SUNDAY 10.08.2023

ALTITUDE 37 METER