

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar Ph: 7706041643,7706041644

CIN: U85196UP1992PLC014075



Patient Name : Mr.LAVANSHU YADAV Registered On : 12/Feb/2022 10:08:44 Collected Age/Gender : 29 Y 9 M 0 D /M : 12/Feb/2022 10:19:47 UHID/MR NO : IDCD.0000133754 Received : 12/Feb/2022 10:59:22 : 12/Feb/2022 15:00:40 Visit ID Reported : IDCD0435232122

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
Rh (Anti-D) POSITIVE

Complete Blood Count (CBC) *, Blood

| Haemoglobin | 15.10 | g/dl | Male- 13.5-17.5 g/d Female-12.0-15.5 g/ | |
|-------------------------------------|----------|----------------|--|------------------------------------|
| TLC (WBC) | 6,500.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |
| <u>DLC</u> | | | | |
| Polymorphs (Neutrophils) | 57.00 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 35.00 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 5.00 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 3.00 | % | 1-6 | ELECTRONIC IMPEDANCE |
| Basophils | 0.00 | % | <1 / / 8 | ELECTRONIC IMPEDANCE |
| ESR | | | | |
| Obse <mark>rved</mark> | 12.00 | Mm for 1st hr. | | |
| Corrected | 6.00 | Mm for 1st hr. | < 9 | |
| PCV (HCT) | 45.00 | cc % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 2.40 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 16.50 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 48.20 | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.27 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 13.10 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| RBC Count | | | | |
| RBC Count | 5.10 | Mill./cu mm | 4.2-5.5 | ELECTRONIC IMPEDANCE |
| Blood Indices (MCV, MCH, MCHC) | | | | |
| MCV | 86.30 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 29.60 | pg | 28-35 | CALCULATED PARAMETER |
| | 34.30 | % | 30-38 | |
| | 15.30 | % | 11-16 | |
| | 49.80 | fL | 35-60 | - haul |
| utrophils Count | 3,705.00 | /cu mm | 3000-7000 | r. Shoaib Irfan (MBBS, MD, PDCC) |
| Garage sinophils Count (AEC) | 195.00 | /cu mm | 40-440 | i. Silvais IIIali (MDDS, MD, PDCC) |







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Patient Name : Mr.LAVANSHU YADAV : 12/Feb/2022 10:08:45 Registered On Age/Gender : 29 Y 9 M 0 D /M Collected : 12/Feb/2022 17:31:14 UHID/MR NO : IDCD.0000133754 Received : 12/Feb/2022 18:15:51 Visit ID : IDCD0435232122 Reported : 12/Feb/2022 18:50:39

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 | 91.60 | mg/dl | < 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes | GOD POD |

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 | 106.60 | mg/dl | <140 Normal | GOD POD |
|--------------------------|--------|-------|----------------------|----------------|
| Sample:Plasma After Meal | | | 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.



Dr. Shoaib Irfan (MBBS, MD, PDCC)







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Patient Name : Mr.LAVANSHU YADAV : 12/Feb/2022 10:08:46 Registered On Age/Gender : 29 Y 9 M 0 D /M Collected : 12/Feb/2022 10:19:47 UHID/MR NO : IDCD.0000133754 Received : 12/Feb/2022 12:19:52 Visit ID : IDCD0435232122 Reported : 12/Feb/2022 14:46:08

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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) | 6.00 | % NGSP | HPLC (NGSP) |
|-----------------------------------|-------|---------------|-------------|
| Glycosylated Haemoglobin (Hb-A1c) | 42.00 | mmol/mol/IFCC | |
| Estimated Average Glucose (eAG) | 125 | 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.

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.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.





^{**}Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.



Visit ID

INDRA DIAGNOSTIC CENTRE

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Test Name Result Unit Bio. Ref. Interval Method

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.











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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|---|--|--|---|
| | | | | |
| BUN (Blood Urea Nitrogen) Sample:Serum | 7.21 | mg/dL | 7.0-23.0 | CALCULATED |
| Creatinine Sample:Serum | 0.98 | mg/dl | 0.7-1.3 | MODIFIED JAFFES |
| e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum | 90.40 | ml/min/1.73m2 | 2 - 90-120 Normal - 60-89 Near Normal | CALCULATED |
| Uric Acid Sample:Serum | 7.38 | mg/dl | 3.4-7.0 | 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) | 45.10 92.50 43.70 5.99 4.34 1.65 2.63 120.27 0.50 0.15 0.35 | U/L U/L IU/L gm/dl gm/dl gm/dl U/L mg/dl 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 |
| LIPID PROFILE (MINI) , Serum | | | | |
| Cholesterol (Total) | 159.00 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol) | 39.50 97 | mg/dl mg/dl | 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | DIRECT ENZYMATIC CALCULATED |
| VLDL Triglycerides | 22.78 113.90 | mg/dl mg/dl | 10-33 < 150 Normal 150-199 Borderline High | CALCULATED GPO-PAP |







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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

200-499 High >500 Very High





Dr. Shoaib Irfan (MBBS, MD, PDCC)







Test Name

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Method

Patient Name : Mr.LAVANSHU YADAV Registered On : 12/Feb/2022 10:08:46 Age/Gender : 29 Y 9 M 0 D /M Collected : 12/Feb/2022 17:53:32 UHID/MR NO : IDCD.0000133754 Received : 12/Feb/2022 18:14:55 Visit ID Reported

Result

: IDCD0435232122 : 12/Feb/2022 18:18:34 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Unit

Bio. Ref. Interval

URINE EXAMINATION, ROUTINE *, Urine Color LIGHT YELLOW Specific Gravity 1.020 Reaction PH Acidic (6.5) DIPSTICK Protein **ABSENT** < 10 Absent **DIPSTICK** mg % 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++) **ABSENT** < 0.5 (+)DIPSTICK Sugar gms% 0.5-1.0(++)1-2 (+++) > 2 (++++) Ketone **ABSENT** mg/dl 0.2 - 2.81**BIOCHEMISTRY** Bile Salts **ABSENT** Bile Pigments **ABSENT** Urobilinogen(1:20 dilution) **ABSENT** Microscopic Examination: **MICROSCOPIC ABSENT**

Epithelial cells

EXAMINATION Pus cells **ABSENT** MICROSCOPIC

EXAMINATION

RBCs ABSENT MICROSCOPIC EXAMINATION Cast **ABSENT**

Crystals **ABSENT MICROSCOPIC**

Others **ABSENT**

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage **ABSENT** gms%

Interpretation:

< 0.5 (+)

(++)0.5 - 1.0

(+++) 1-2

(++++) > 2





EXAMINATION



UHID/MR NO

Visit ID

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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

SUGAR, PP STAGE *, Urine

Sugar, PP Stage

ABSENT

Interpretation:

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%



Dr. Shoaib Irfan (MBBS, MD, PDCC)







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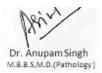
DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interva | I Method |
|-----------------------------------|--------|----------------|-------------------|--------------|
| | | | | |
| THYROID PROFILE - TOTAL **, Serum | | | | |
| T3, Total (tri-iodothyronine) | 114.52 | ng/dl | 84.61-201.7 | CLIA |
| T4, Total (Thyroxine) | 8.67 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 3.20 | μIŪ/mL | 0.27 - 5.5 | CLIA |
| | | | | |
| Interpretation: | | | | |
| . • | | 0.3-4.5 μIU/ | mL First Trimes | ster |
| | | 0.5-4.6 μIU/ | mL Second Trin | nester |
| | | 0.8-5.2 μIU/1 | mL Third Trime | ester |
| | | 0.5-8.9 µIU/1 | mL Adults | 55-87 Years |
| | | 0.7-27 μIU/ | mL Premature | 28-36 Week |
| | | 2.3-13.2 μIU/1 | mL Cord Blood | > 37Week |
| | | 0.7-64 μIU/1 | mL Child(21 wk | z - 20 Yrs.) |
| | | | J/mL Child | 0-4 Days |
| | | 1.7-9.1 μIU/ | | 2-20 Week |
| | | 1 4 4 4 | | |

- 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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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL 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:

• NORMAL SKIAGRAM



Dr. Anil Kumar Verma (MBBS,DMRD)







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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 are 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.







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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

SPLEEN

• The spleen is normal in size and has a homogenous echotexture. No focal lesion is seen.

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.

PROSTATE

Prostate gland is normal in size & echotexture.

IMPRESSION

No significant sonological abnormality is seen on this study.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, 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 *

*Facilities Available at Select Location



1800-419-0002



