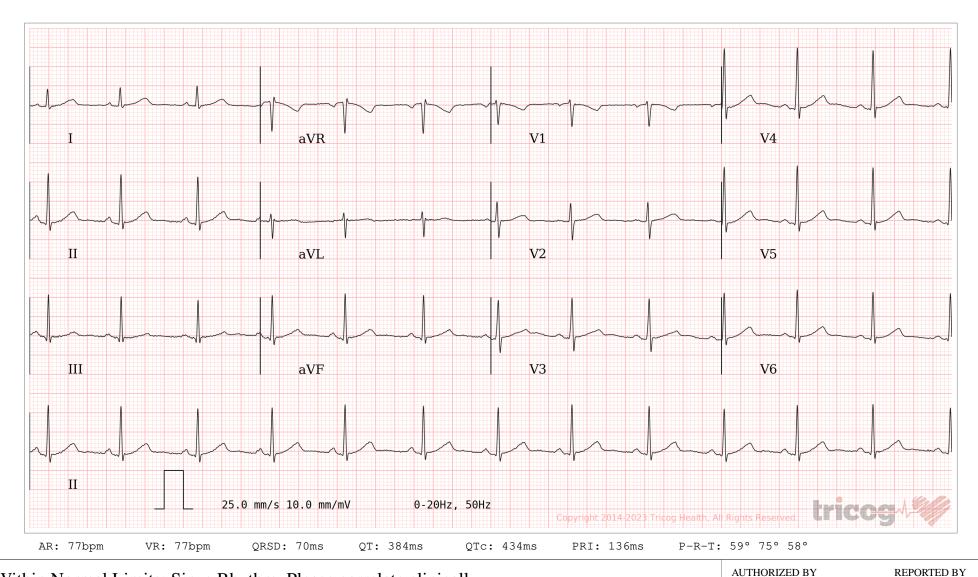
Chandan Diagnostic



Age / Gender: 28/Female Date and Time: 19th Feb 23 9:59 AM

CVAR0085912223 Patient ID:

Patient Name: Mrs.ANAMIKA SHANDILYA -BOBS20712



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

Dr. Charit MD, DM: Cardiology

Dr. Navneet Mahajan

63382

AUTHORIZED BY

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.

भारत सरकार Government of India







अनामिका शांडिल्य Anamika Shandilya जन्म तिथि/DOB: 12/08/1994 महिला/ FEMALE

8259 5946 3133

VID: 9178 3290 3571 5976

मेरा आधार, मेरी पहचान





CHANDAN DIAGNOSTIC CENTRE

Name of Company: - Mediuchoel (AHC)
Name of Executive: AM9 Mike
Date of Birth: 12 08 1994
Sex: Mate / Female
Height: LS.YCMs
Weight:6.SKGs
BMI (Body Mass Index): 2 7, 4
Chest (Expiration / Inspiration) 94,97.CMs
Abdomen:O.S
Blood Pressure:
Pulse: .7L. BPM · Regular / Irregular
RR:
Ident Mark: tide on Robade of the Nove.
Any Allergies: V
Vertigo:
Any Medications: 🏎
Any Surgical History:
Habits of alcoholism/smoking/tobacco:
Chief Complaints if any:
Lab Investigation Reports:
Eye Check up vision & Color vision:
Left eye: pup
Right eye: M
Near vision: A S



Far vision: 61 S

Dental check up: Re-





CHANDAN DIAGNOSTIC CENTRE

ENT Check up: - Mound
Eye Checkup: - Mound

Final impression

Certified that I examined ANG NAME S/o or D/o S/o or D/o is presently in good health and free from any cardio respiratory/communicable ailment, he/she is fet/Upfit to join any organization.

Client Signature:

Anamika Shandslyer

Dr. R. Radio plantos. W895, MD. Radio plantos. W895, MD. Radio plantos.

Signature of Medical Examiner

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

Date 19 / 2 /2023, Place VARANASIS

nandan Diagnostic Cente 39, Shivalt Nagar, Mahmoorgan, Varanasi-221010 (U.P.) Phone No.:0642-2223232







Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mrs.ANAMIKA SHANDILYA -BOBS20712 Registered On : 19/Feb/2023 08:50:51 Collected Age/Gender : 28 Y 0 M 0 D /F : 19/Feb/2023 10:12:47 UHID/MR NO : CVAR.0000035651 Received : 19/Feb/2023 10:17:53 Visit ID : CVAR0085912223 Reported : 19/Feb/2023 13:11:08

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF HABMATOLOGY

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

В

Rh (Anti-D)

POSITIVE

Complete Blood Count (CBC) *, Whole Blood

Haemoglobin 12.80 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) DLC	5,400	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils)	65.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	20.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	. < 20	
PCV (HCT)	36.90	%	40-54	
Platelet count				
Platelet Count	1.9	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
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.10	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE









CIN: U85110DL2003PLC308206



Patient Name : Mrs.ANAMIKA SHANDILYA -BOBS20712 : 19/Feb/2023 08:50:51 Registered On Age/Gender : 28 Y 0 M 0 D /F Collected : 19/Feb/2023 10:12:47 UHID/MR NO : CVAR.0000035651 Received : 19/Feb/2023 10:17:53 Visit ID : CVAR0085912223 Reported : 19/Feb/2023 13:11:08 Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF HABMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	90.00	fl	80-100	CALCULATED PARAMETER
MCH	31.10	pg	28-35	CALCULATED PARAMETER
MCHC	34.50	%	30-38	CALCULATED PARAMETER
RDW-CV	12.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	44.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,510.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	108.00	/cu mm	40-440	

S.N. Sinta

Dr.S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



Patient Name : Mrs.ANAMIKA SHANDILYA -BOBS20712 : 19/Feb/2023 08:50:52 Registered On Age/Gender : 28 Y 0 M 0 D /F Collected : 19/Feb/2023 10:12:46 UHID/MR NO : CVAR.0000035651 Received : 19/Feb/2023 10:17:53 Visit ID : CVAR0085912223 Reported : 19/Feb/2023 12:50:25

: 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 91.40 mg/dl < 100 Normal GOD POD

100-125 Pre-diabetes ≥ 126 Diabetes

Interpretation:

Ref Doctor

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 126.00 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.

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 mnagement.









CIN: U85110DL2003PLC308206



Patient Name : Mrs.ANAMIKA SHANDILYA -BOBS20712 : 19/Feb/2023 08:50:52 Registered On : 19/Feb/2023 10:12:46 Age/Gender : 28 Y 0 M 0 D /F Collected UHID/MR NO : CVAR.0000035651 Received : 19/Feb/2023 10:17:53 Visit ID : CVAR0085912223 Reported : 19/Feb/2023 12:50:25 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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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.

Clinical Implications:

^{*}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.

BUN (Blood Urea Nitrogen) Sample:Serum	15.00	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.90	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample:Serum	3.50	mg/dl	2.5-6.0	URICASE





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

^{*}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:





CIN: U85110DL2003PLC308206



Patient Name : Mrs.ANAMIKA SHANDILYA -BOBS20712 Registered On : 19/Feb/2023 08:50:52 Age/Gender : 28 Y 0 M 0 D /F Collected : 19/Feb/2023 10:12:46 UHID/MR NO : CVAR.0000035651 Received : 19/Feb/2023 10:17:53 Visit ID : CVAR0085912223 Reported : 19/Feb/2023 12:50:25

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	l	Jnit Bio. Ref. Inter	val Method
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	23.20	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	39.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	18.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.30	gm/dl	6.2-8.0	BIRUET
Albumin	4.00	gm/dl	3.8-5.4	B.C.G.
Globulin	2.30	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.74		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	100.50	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.10	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.40	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.70	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI), Serum				
Cholesterol (Total)	206.00	mg/dl	<200 Desirable 200-239 Borderline Hi	CHOD-PAP gh
			> 240 High	
HDL Cholesterol (Good Cholesterol)	42.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	160	mg/dl	< 100 Optimal	CALCULATED
			100-129 Nr. Optimal/Above Optim 130-159 Borderline Hi 160-189 High > 190 Very High	
VLDL	20.00	mg/dl	10-33	CALCULATED
Triglycerides	100.00	mg/dl	< 150 Normal 150-199 Borderline Hi 200-499 High >500 Very High	GPO-PAP gh

S.N. Sinla

Dr.S.N. Sinha (MD Path)









Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mrs.ANAMIKA SHANDILYA -BOBS20712 Registered On

: 19/Feb/2023 08:50:51

Age/Gender

: 28 Y 0 M 0 D /F

Collected Received : 19/Feb/2023 17:41:25 : 19/Feb/2023 17:41:39

UHID/MR NO Visit ID

: CVAR.0000035651 : CVAR0085912223

Reported

: Final Report

Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd.

Status

: 19/Feb/2023 17:42:26

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Unit Bio. Ref. Interval Method Result

URINE EXAMINATION, ROUTINE*, Urine

Color LIGHT YELLOW

Specific Gravity 1.015

Reaction PH Acidic (5.0)

Protein **ABSENT**

mg % < 10 Absent 10-40 (+)

40-200 (++)

200-500 (+++) > 500 (++++)

ABSENT < 0.5 (+)Sugar gms%

0.5-1.0(++)

1-2 (+++) > 2 (++++)

Ketone **ABSENT** mg/dl 0.2-2.81

Bile Salts ABSENT

Bile Pigments ABSENT ABSENT

Urobilinogen(1:20 dilution)

Microscopic Examination:

Epithelial cells 1-2/h.p.f **MICROSCOPIC**

EXAMINATION

BIOCHEMISTRY

DIPSTICK DIPSTICK

DIPSTICK

Pus cells 0-1/h.p.f

RBCs ABSENT MICROSCOPIC

EXAMINATION

Cast **ABSENT**

Crystals **ABSENT MICROSCOPIC**

EXAMINATION

Others **ABSENT**

SUGAR, FASTING STAGE*, Urine

Sugar, Fasting stage **ABSENT** gms%

Interpretation:

< 0.5 (+)

(++)0.5 - 1.0

(+++) 1-2

(++++) > 2









CIN: U85110DL2003PLC308206



Patient Name : Mrs.ANAMIKA SHANDILYA -BOBS20712 Registered On

: 19/Feb/2023 08:50:51

Age/Gender

: 28 Y 0 M 0 D /F

Collected Received

: 19/Feb/2023 17:41:25 : 19/Feb/2023 17:41:39

UHID/MR NO Visit ID

: CVAR.0000035651 : CVAR0085912223

Reported

: 19/Feb/2023 17:42:26

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 Test Name Result 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%

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









Toot Name

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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.ANAMIKA SHANDILYA -BOBS20712 : 19/Feb/2023 08:50:52 Registered On Age/Gender : 28 Y 0 M 0 D /F Collected : 19/Feb/2023 10:12:46 UHID/MR NO : CVAR.0000035651 Received : 19/Feb/2023 14:28:46 Visit ID : CVAR0085912223 Reported : 19/Feb/2023 14:36:26

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Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Unit Rio Rof Interval

rest name	Hesuit	Unit	Bio. Het. Interval	Method
THYROID PROFILE - TOTAL*, Serum				
T3, Total (tri-iodothyronine)	106.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	5.20	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.07	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/1	mL First Trimest	er
		0.5-4.6 μIU/1	mL Second Trim	ester
		0.8-5.2 μIU/1	nL Third Trimes	ter
		0.5-8.9 μIU/1	mL Adults	55-87 Years
		0.7-27 μIU/1	mL Premature	28-36 Week
		2.3-13.2 μIU/r	nL Cord Blood	> 37Week
		0.7-64 μIU/1	nL Child(21 wk	- 20 Yrs.)
		1-39 μΙ	J/mL Child	0-4 Days
		1.7-9.1 μIU/1	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. Sinta

Dr.S.N. Sinha (MD Path)









CIN: U85110DL2003PLC308206



: 19/Feb/2023 08:50:53

Patient Name : Mrs.ANAMIKA SHANDILYA -BOBS20712 Registered On

Age/Gender : 28 Y 0 M 0 D /F Collected : N/A UHID/MR NO : CVAR.0000035651 Received : N/A

Visit ID : CVAR0085912223 Reported : 20/Feb/2023 11:02:04

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. 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 ***

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, 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 *

*Facilities Available at Select Location 365 Days Open









Mahmurganj Shubham Iown Surya hospital, Shivaji Nagar Colony, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India Latitude Longitude

25.304962°

82.9778<u>77°</u>

LOCAL 09:50:25 GMT 04:20:25 SUNDAY 02.19.2023 ALTITUDE 22 METER