



INDRA DIAGNOSTIC CENTRE

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



Patient Name	: Mrs.KESH KUMARI SINGH W/O HARDEO SI	Registered On	: 19/Aug/2022 09:45:42
Age/Gender	: 49 Y 8 M 27 D /F	Collected	: 19/Aug/2022 10:01:54
UHID/MR NO	: CDCA.0000071394	Received	: 19/Aug/2022 11:02:49
Visit ID	: CDCA0110672223	Reported	: 19/Aug/2022 12:48:12
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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

Blood Group	O
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	11.60	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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TLC (WBC)	6,500.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
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DLC

Polymorphs (Neutrophils)	65.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	31.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE

ESR

Observed	18.00	Mm for 1st hr.	
Corrected	12.00	Mm for 1st hr.	< 20
PCV (HCT)	36.00	cc %	40-54

Platelet count

Platelet Count	1.5	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)	Nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.50	fL	6.5-12.0	ELECTRONIC IMPEDANCE

RBC Count

RBC Count	3.90	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
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Blood Indices (MCV, MCH, MCHC)				
MCV	92.30	fl	80-100	CALCULATED PARAMETER
MCH	29.74	pg	28-35	CALCULATED PARAMETER
MCHC	32.22	%	30-38	CALCULATED PARAMETER
RDW-CV	13.20	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	46.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,225.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	130.00	/cu mm	40-440	



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





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UHID/MR NO	: CDCA.0000071394	Received	: 19/Aug/2022 15:34:09
Visit ID	: CDCA0110672223	Reported	: 19/Aug/2022 16:03:29
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING * , Plasma

Glucose Fasting	103.91	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

138.50	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.



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MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.70	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	39.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	117	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
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * <i>Sample:Serum</i>	11.48	mg/dL	7.0-23.0	CALCULATED
Creatinine * <i>Sample:Serum</i>	0.82	mg/dl	0.5-1.3	MODIFIED JAFFES
Uric Acid * <i>Sample:Serum</i>	4.30	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	20.10	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	19.70	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	13.69	IU/L	11-50	OPTIMIZED SZAIZING
Protein	7.17	gm/dl	6.2-8.0	BIRUET
Albumin	4.43	gm/dl	3.8-5.4	B.C.G.
Globulin	2.74	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.62		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	103.87	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.55	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.12	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.43	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	141.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	37.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	89	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
	14.44	mg/dl	10-33	CALCULATED
	72.20	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 FEMALE ABOVE 40 YRS

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URINE EXAMINATION, ROUTINE * , Urine

Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			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	OCCASIONAL			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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MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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 FEMALE ABOVE 40 YRS

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

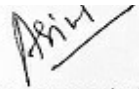
T3, Total (tri-iodothyronine)	126.38	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.47	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	0.27	μIU/mL	0.27 - 5.5	CLIA

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.




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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 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.
- **Bilateral bronchovascular markings are prominent.**
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION

- **Bronchitis.**

Recommended: Clinical correlation.




Dr. Vandana Gupta
MBBS,DMRD,DNB





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

- Liver is mildly enlarged in size measuring 15.2 cm in longitudinal span & shows mild diffuse increase in parenchymal echogenicity.

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. (4.9 mm)
- Gall bladder is well distended with a mobile calculus measuring 14.8 mm in the lumen. Wall is normal in thickness measuring upto 2.0 mm. Pericholecystic area is clear.

PANCREAS

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

RIGHT KIDNEY (10.3 x 3.8 cm)

- 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 (9.6 x 4.8 cm)

- 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.





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

SPLEEN

- The spleen is normal in size (8.3 cm) and has a homogenous echotexture.

ILIAC FOSSA

- Scan over the iliac fossa 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 senile atrophic, measures 7.1 x 4.5 x 3.2 cm.
- Ovaries could not be visualized, likely to be senile atrophic.

IMPRESSION

- Mild hepatomegaly with grade-I fatty changes.
- Cholelithiasis without sonological evidence of cholecystitis.

Recommended: clinicopathological correlation.




Dr. Vandana Gupta
MBBS, DMRD, DNB





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DEPARTMENT OF TMT

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Tread Mill Test (TMT) *

2D ECHO & M-MODE EXAMINATION VALUES MITRAL VALVE STUDY

DE Excursion :	1.80	cm/sec
E F Slope :	0.11	m/s
EPSS :	1.12	cm
VALVE AREA (MVOA)	3.61	cm ²
PERIMETRY		
PHT :	3.58	Cm ²

AORTIC VALVES STUDY

Aortic Diam :	2.91	cm
LA Diam.	3.01	cm
AV Cusp.	1.17	cm

LEFT VENTRICLE

IVSD	0.78	Cm
IVSS	0.87	Cm
LVIDD	4.51	Cm
LVIDS	3.16	Cm
LV PWD	0.87	Cm
LV PWS	0.92	Cm
EDV	93	MI
ESV	39	MI

EJECTION FRACTION :	58 %	(60 ± 7 %)
SV (Teich)	53 ml	
SHORTENING FRACTION:	30 %	(30 ± 5%)

RIGHT VENTRICLE

RVID : 2.61 cm.





INDRA DIAGNOSTIC CENTRE

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



Patient Name	: Mrs.KESH KUMARI SINGH W/O HARDEO SI	Registered On	: 19/Aug/2022 09:45:43
Age/Gender	: 49 Y 8 M 27 D /F	Collected	: N/A
UHID/MR NO	: CDCA.0000071394	Received	: N/A
Visit ID	: CDCA0110672223	Reported	: 19/Aug/2022 17:57:34
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF TMT

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

DIMENSIONAL IMAGING

MITRAL VALVE :	Normal
AORTIC VALVE :	Normal
PULMONARY VALVE :	Normal
TRICUSPID VALVE :	Normal
INTER VENTRICULAR SEPTA :	Normal
INTERATRIAL SEPTUM :	Normal
INTRACARDIAC CLOT / VEGETATION / MYXOMA :	Absent
LEFT ATRIUM :	Normal
LEFT VENTRICLE :	Normal
RIGHT VENTRICLE :	Normal
RIGHT ATRIUM :	Normal
PERICARDIUM :	Normal
OTHER :	Normal

COLOUR FLOW MAPPING

DOPPLER STUDY

	VELOCITY cm/s	PRESSURE GRADIENT	REGURGITATION
MITRAL FLOW	E: 88 cm/s A: 56 cm/s		
AORTIC FLOW	113 cm/s	Normal	
TRICUSPID FLOW	50 cm/s	Normal	
PULMONARY FLOW	90 cm/s	Normal	

SUMMARY OF FINDINGS AND ECHOCARDIOGRAPHY DIAGNOSIS

- LVEF – 58 %
- RWMA not seen.
- No Diastolic dysfunction.
- No MS/TS/AS/PS.
- No MR/TR/PR/AR.
- No pericardial effusion.
- No vegetation.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, PAP SMEAR FOR CYTOLOGICAL EXAMINATION

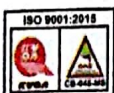


Sudhanshu
DR_SUDHANSHU_VERMA

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

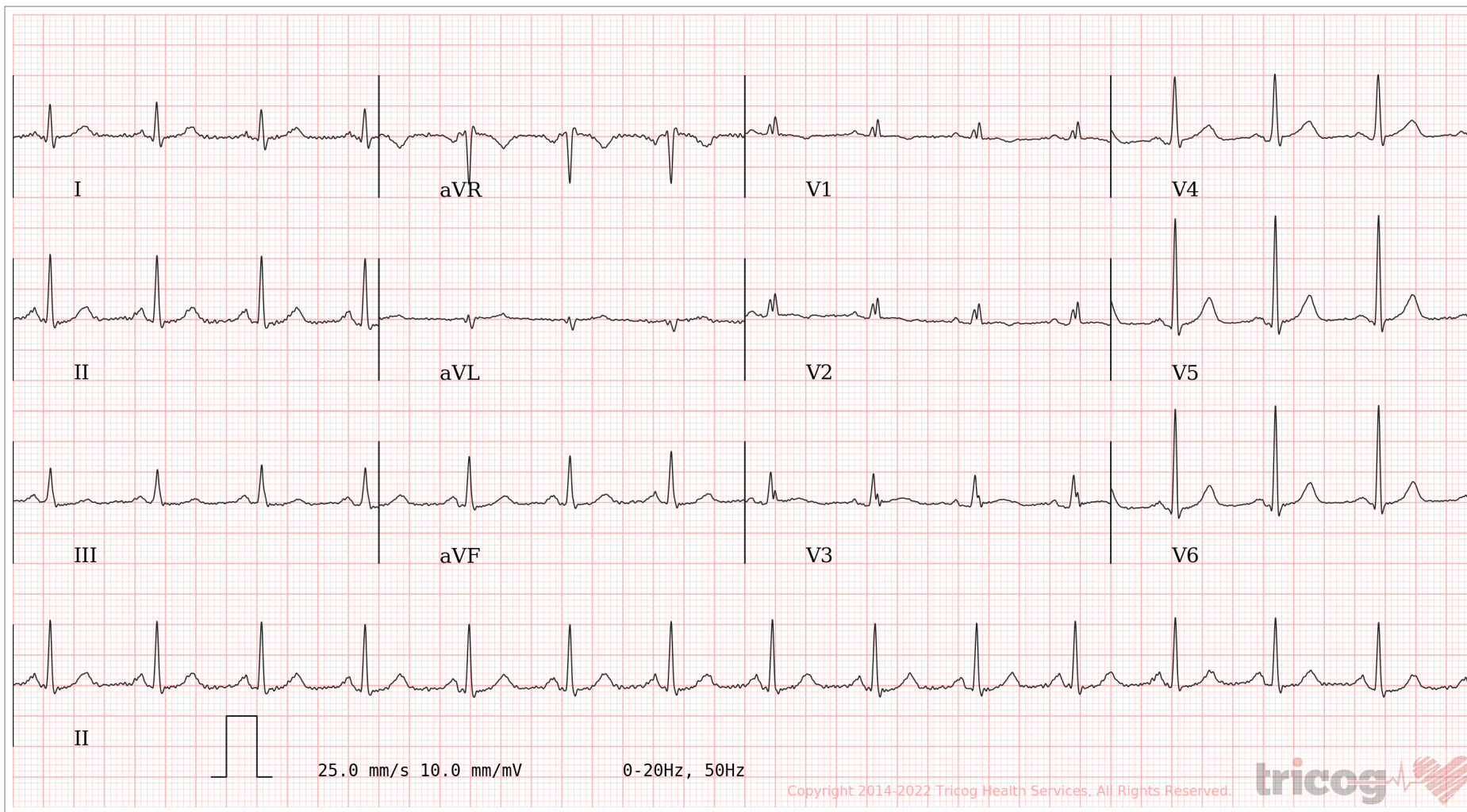
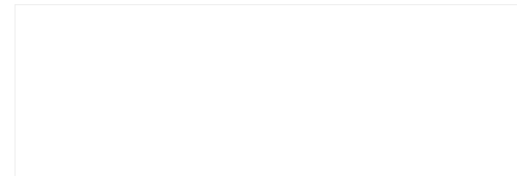


Indra Diagnostic Centre 1 Alambagh, Lucknow



Age / Gender: 49/Female
Patient ID: CDCA0110672223
Patient Name: Mrs.KESH KUMARI SINGH W/O HARDEO SINGH

Date and Time: 19th Aug 22 11:18 AM



AR: 89bpm VR: 89bpm QRSD: 84ms QT: 346ms QTc: 420ms PRI: 134ms P-R-T: 67° 68° 35°

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

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr Sadath Uzma

72392

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.