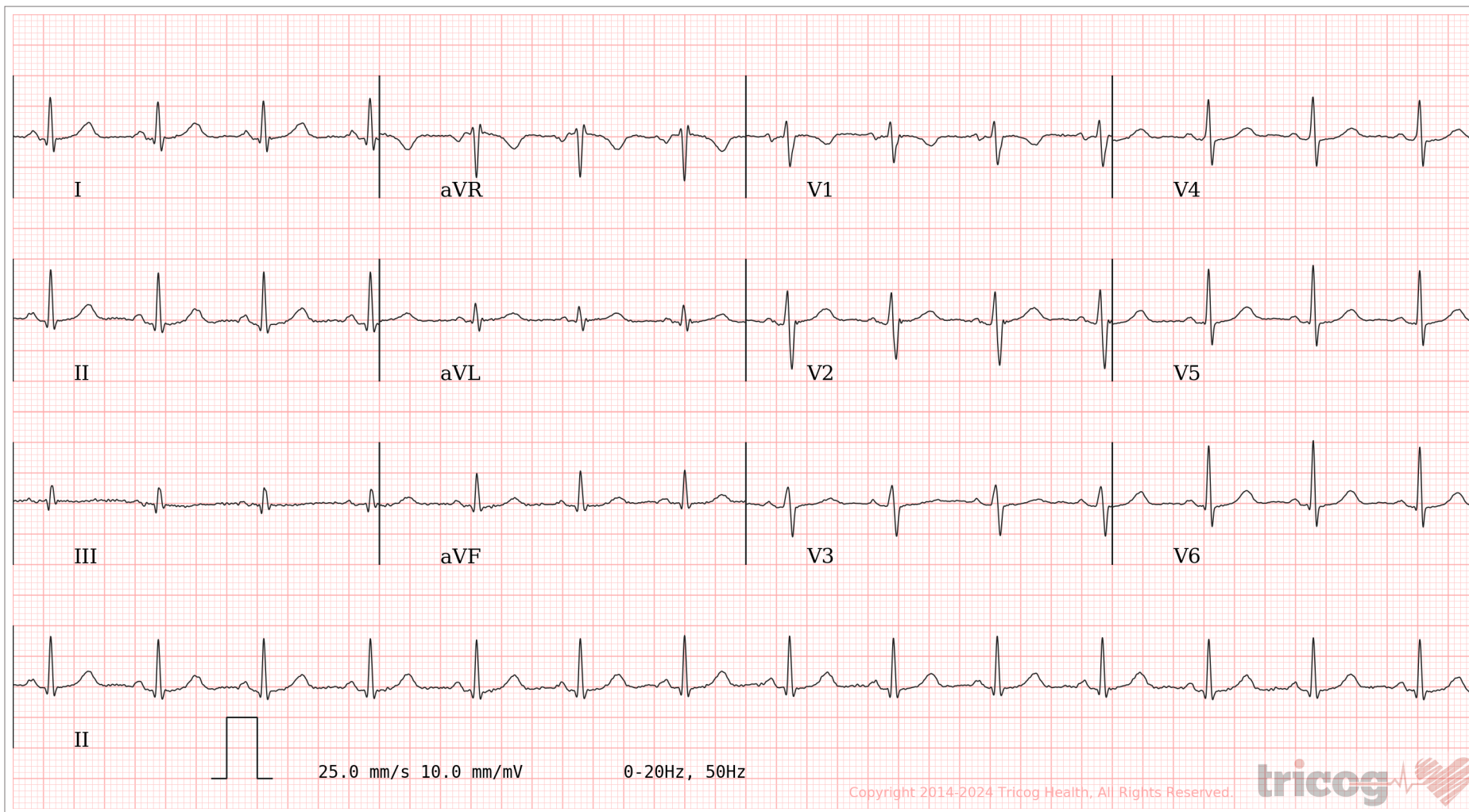


Chandan Diagnostic



Age / Gender: 37/Female
Patient ID: IDUN0176862425
Patient Name: Mrs.SWATI GAIROLA-701288

Date and Time: 24th Aug 24 9:27 AM



AR: 87bpm VR: 87bpm QRSD: 80ms QT: 366ms QTcB: 440.72ms PRI: 132ms P-R-T: 31° 46° 31°

ECG Within Normal Limits: Sinus Rhythm. q in lead III. rsr' Pattern in V2. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr Surekha B

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.

63382



CHANDAN DIAGNOSTIC CENTRE

Add: Armelia, 1St Floor, 56New Road, M.K.P Chowk, Dehradun
Ph: 9235501532, 01356617357
CIN : U85110UP2003PLC193493



Patient Name	: Mrs.SWATI GAIROLA-701288	Registered On	: 24/Aug/2024 09:14:57
Age/Gender	: 37 Y 0 M 0 D /F	Collected	: 24/Aug/2024 09:17:48
UHID/MR NO	: IDUN.0000235628	Received	: 24/Aug/2024 10:19:47
Visit ID	: IDUN0176862425	Reported	: 24/Aug/2024 15:53:28
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	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	AB			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) , Whole Blood

Haemoglobin	11.40	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)	6,890.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	51.50	%	40-80	ELECTRONIC IMPEDANCE
Lymphocytes	39.80	%	20-40	ELECTRONIC IMPEDANCE
Monocytes	4.40	%	2-10	ELECTRONIC IMPEDANCE
Eosinophils	4.10	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.20	%	< 1-2	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	6.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8 Pregnancy	





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Corrected	--	Mm for 1st hr.	<20	Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic)
PCV (HCT)	36.20	%	40-54	
Platelet count				
Platelet Count	1.56	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	19.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	52.40	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.21	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	4.00	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	90.50	fl	80-100	CALCULATED PARAMETER
MCH	28.50	pg	27-32	CALCULATED PARAMETER
MCHC	31.50	%	30-38	CALCULATED PARAMETER
RDW-CV	15.20	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	50.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,550.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	280.00	/cu mm	40-440	

DR.SMIRITI GUPTA MD (PATHOLOGY)





CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235501532, 01356617357
CIN : U85110UP2003PLC193493



Patient Name	: Mrs.SWATI GAIROLA-701288	Registered On	: 24/Aug/2024 09:14:59
Age/Gender	: 37 Y 0 M 0 D /F	Collected	: 24/Aug/2024 09:17:48
UHID/MR NO	: IDUN.0000235628	Received	: 24/Aug/2024 10:19:47
Visit ID	: IDUN0176862425	Reported	: 24/Aug/2024 16:09:20
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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	92.90	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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C), EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.90	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	41.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	123	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





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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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*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.
 **Some danger of hypoglycemic reaction in Type I diabetics. 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 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.

BUN (Blood Urea Nitrogen) Sample: Serum	12.30	mg/dL	7.0-23.0	CALCULATED
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Interpretation:

Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.

Low BUN levels can be seen in the following:

Low-protein diet, overhydration, Liver disease.

Creatinine Sample: Serum	0.78	mg/dl	0.5-1.20	MODIFIED JAFFES
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Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay





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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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could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

Uric Acid <i>Sample: Serum</i>	4.45	mg/dl	2.5-6.0	URICASE
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Interpretation:

Note:-

Elevated uric acid levels can be seen in the following:

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

LFT (WITH GAMMA GT) , Serum

SGOT / Aspartate Aminotransferase (AST)	101	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	5.44	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	18.26	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.50	gm/dl	6.2-8.0	BIURET
Albumin	4.19	gm/dl	3.4-5.4	B.C.G.
Globulin	3.31	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.27		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	110.44	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	0.36	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.18	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.18	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) , Serum

Cholesterol (Total)	184.11	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	82.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	83	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	18.49	mg/dl	10-33	CALCULATED
Triglycerides	92.43	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High	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
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>500 Very High



DR.SMRITI GUPTA MD (PATHOLOGY)





CHANDAN DIAGNOSTIC CENTRE

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Patient Name	: Mrs.SWATI GAIROLA-701288	Registered On	: 24/Aug/2024 09:14:57
Age/Gender	: 37 Y 0 M 0 D /F	Collected	: 24/Aug/2024 09:17:48
UHID/MR NO	: IDUN.0000235628	Received	: 24/Aug/2024 10:19:47
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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
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	10-12/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	5-6/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:





CHANDAN DIAGNOSTIC CENTRE

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Patient Name	: Mrs.SWATI GAIROLA-701288	Registered On	: 24/Aug/2024 09:14:57
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UHID/MR NO	: IDUN.0000235628	Received	: 24/Aug/2024 10:19:47
Visit ID	: IDUN0176862425	Reported	: 24/Aug/2024 16:23:24
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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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- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2



DR.SMIRITI GUPTA MD (PATHOLOGY)





CHANDAN DIAGNOSTIC CENTRE

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CIN : U85110UP2003PLC193493



Patient Name	: Mrs.SWATI GAIROLA-701288	Registered On	: 24/Aug/2024 09:14:58
Age/Gender	: 37 Y 0 M 0 D /F	Collected	: 24/Aug/2024 09:17:48
UHID/MR NO	: IDUN.0000235628	Received	: 24/Aug/2024 10:19:47
Visit ID	: IDUN0176862425	Reported	: 24/Aug/2024 17:17:31
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	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)	90.54	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	5.70	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.740	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.SMRITI GUPTA MD (PATHOLOGY)





CHANDAN DIAGNOSTIC CENTRE

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Patient Name	: Mrs.SWATI GAIROLA-701288	Registered On	: 24/Aug/2024 09:14:59
Age/Gender	: 37 Y 0 M 0 D /F	Collected	: 2024-08-24 09:37:48
UHID/MR NO	: IDUN.0000235628	Received	: 2024-08-24 09:37:48
Visit ID	: IDUN0176862425	Reported	: 24/Aug/2024 15:43:30
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

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

- Pulmonary parenchyma did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Diaphragmatic shadows are normal on both sides.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Bony cage is normal.

IMPRESSION : NO SIGNIFICANT ABNORMALITY DETECTED

Dr. Amit Bhandari MBBS MD RADIOLOGY





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Patient Name	: Mrs.SWATI GAIROLA-701288	Registered On	: 24/Aug/2024 09:14:59
Age/Gender	: 37 Y 0 M 0 D /F	Collected	: 2024-08-24 09:58:02
UHID/MR NO	: IDUN.0000235628	Received	: 2024-08-24 09:58:02
Visit ID	: IDUN0176862425	Reported	: 24/Aug/2024 16:29:20
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

LIVER is normal in size and measures approx 13.6 cm. It is bright in echotexture. No focal lesion is seen.

PORTAL VEIN : is normal at porta .

CBD is normal. Intra Hepatic biliary radicles are not dilated.

GALL BLADDER : seen in distended state with echofree lumen. Wall thickness is normal.

SPLEEN : is normal in size, shape and echotexture. No focal lesion is seen.

PANCREAS: Head and body appear normal. Tail is obscured by bowel gases. No evident peripancreatic collection is seen.

RIGHT KIDNEY:- is normal in size (106 mm), shape and echotexture. Cortico-medullary differentiation is maintained. Parenchymal thickness is normal. No mass/calculus/hydronephrosis seen.

LEFT KIDNEY:- is normal in size (112 mm), shape and echotexture. Cortico-medullary differentiation is maintained. Parenchymal thickness is normal. No mass/calculus/hydronephrosis seen.

LYMPHNODES: No pre-or-para aortic lymph node mass is seen.

URINARY BLADDER: seen in distended state with echofree lumen. Wall thickness is normal.

UTERUS: - is normal in size, shape and echotexture. Endometrial echo complex is normal.

Small seedling intramural fibroid seen along upper anterior part of uterus, measuring approx 4 x 5 mm.

Nabothian cyst is seen in cervix, measuring approx 4 x 6 mm.

ADNEXA: - Both ovaries are normal. No adnexal mass is seen.

FLUID : No significant free fluid seen in peritoneal cavity.

IMPRESSION: -

- GRADE I FATTY LIVER
- SMALL UTERINE FIBROID WITH NABOTHIAN CYST IN CERVIX

No any discrepancy due to typing error kindly get it rectified immediately.

*** End Of Report ***

RECOMMENDATION: -
STANDARD EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG



Dr. Amit Bhandari 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

